

# Psychological & Marital Evaluation

## I. Purpose

The purpose of the Pre-Ordination Psychological & Marital Evaluation process is to assess the psychological and marital health (if married) of ordination applicants.

## II. Process

1. Prior to the appointment, the candidate and spouse (if married) complete and submit the following assessments to the counselor, who will forward the results to the Office of Leadership Development.

- Ordinand completes:
  - APA Level 1 Screener and/or Adult Intake Form
  - Emotionally Healthy Spirituality Assessment
  - PHQ-9
  - GAD-7
  - 16 Personalities Assessment
- Ordinand's Spouse completes:
  - Emotionally Healthy Spirituality Assessment
- Ordinand and Spouse complete:
  - Gottman Relationship Check-up
  - Release Forms

2. Upon completion of the above, appointments are scheduled with the diocesan Counselor.

3. The candidate and spouse (if married) meet with the counselor.

4. The counselor provides the assessment reports and a written evaluation to DCH.

5. The diocese compensates the counselor for services.

## **Authorization to Release Information**

I am voluntarily seeking ordination in the Diocese of Christ our Hope and I understand that part of the ordination process requires me and my spouse to undergo an assessment (hereafter, "Assessment") by a licensed professional approved by my pastor to evaluate my psychological and marital health.

I (and my spouse, if applicable) consent to participate in the Assessment and understand that such an Assessment may include questionnaires, inventories, other tests or interviews. I understand that I (and my spouse) may be asked questions related to, but not limited to, family history, medical history, criminal history, marital history, sexual behavior, education and employment. I (and my spouse) agree that all the information we provide will be truthful and not misleading.

I (and my spouse) authorize the counselor or other mental health professional to release a confidential written report to the Office of Leadership Development and to my supervising bishop.

I (and my spouse) authorize the counselor to discuss, either in written form or orally, the written report with either the Bishop or a member of the Office of Leadership Development.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Applicant's name (Please Print)