

Behavioral Health Standards for Candidates of the Michigan Conference

Board of Ordained Ministry and District Committees on Ordained Ministry

In the process of selecting candidates for ministry District Committees on Ordained Ministry (DCOM) and Boards of Ordained Ministry (BOM) must discern each potential candidate's "gifts, evidence of God's grace, and usefulness" (§301.2, see also ¶605.6, 2008 Discipline). The constant pastoral concern for both the Church and candidates is to maximize effectiveness in ministry (on the positive end of the continuum) and minimize ineffectiveness and harm to all involved, both now and in the future.

These mental and behavioral health standards seek to describe the boundaries of healthy functioning, beyond which distortions of health become serious problems for the Church and its ministry as well as for the person involved. The central question is how experiences impact a person's inner being or spirit and how a person's innermost spirit transforms behavior patterns (1 Cor. 13, Romans 12). Concern about a person's mental and emotional status and behavioral patterns, including mental processing, emotional states, identity, personal boundaries, and responses to stress, are part of our pastoral concern in selecting candidates.

Since our ministries are treasures of God in earthen vessels (2 Cor. 4:7), we seek to discern how human vessels can be refined and strengthened in order to be more durable and useful in the ministry of Christ in the world. Where negatives exist, can they be sufficiently healed and transformed with the available resources to enable a candidate to incarnate love in ministry? Where positives exist, can they be used to strengthen trust, enable safety, and express grace and love in relationships without giving in to temptations and distortions?

Most candidates will meet these standards immediately, but some may evidence critical behaviors or conditions that would require further exploration. Questions and appropriate actions are provided to facilitate this exploration. If the results continue to raise concerns, the Board or Committee may take some action, such as postponement of the candidacy process (for further exploration or remediation) or, in serious cases, permanent disqualification.

Definitions

Category: A general area of concern.

Standard: A minimum requirement necessary to address the area of concern.

Rationale: An explanation of the standard.

Critical Behavior: A specific behavior or condition that indicates the standard has not been met.

Exploratory Questions: Recommended questions which may assist in assessing whether a critical behavior does indeed violate the standard.

Action: Corrective measures to be taken when exploratory questions indicate that a standard is not met.

Candidate: Refers to a person seeking any change of status in early and advanced candidacy.

Category: Physical Health

Standard:

The candidate has no current or recurring disqualifying physical health concerns.

Rational:

Neglect of physical health is known to impair function in pervasive ways. Responsible preventative health care maximizes the functional abilities of the individual and minimizes the health care costs to the annual conference.

The physical health concerns listed below may have a strong psychological component and may reflect psychological disorders.

Critical Behaviors: (considered in cultural context)

- Morbid obesity (body weight 100 lbs or more above maximum ideal weight).
- Markedly underweight (body weight at least 10% or more below the candidate's healthy minimum weight).
- An un-treated, chronic, medical condition such as hypertension, diabetes, etc.
- Non-compliance with prescribed medical treatment for any condition.

Exploratory Questions:

- How do you evaluate your overall physical health?
- What steps do you take to care for your physical health?
- When was your last medical checkup?
- Do you have any current or chronic health problems?
- If so, what steps are you taking to care for yourself?
- How does your physical health impact your ability to be an effective minister?

Action – Prior to any change of status the candidate will:

- Articulate their plans for physical health care.
- Demonstrate medical consultation and cooperation with treatment plans when a medical problem exists.

Category: Management of Personal Finances

Standard:

The candidate is not in debt so as to embarrass the Church.

Rationale:

While this may not, on the surface, seem to be a behavioral health issue, personal financial management has to do with general maturity, including the ability to set priorities, maintain discipline and delay gratification. Difficulties in this area raise concerns about judgment and impulse control.

Critical Behaviors:

- The candidate has been reported to a credit bureau for nonpayment.
- The candidate has a history of a personal bankruptcy.
- The candidate has had monetary judgments filed against him/her.
- The candidate has student loans and other personal debt (excluding mortgages greater than

twice the Michigan Conference Minimum Base Compensation Schedule for their applicable category.

Exploratory Questions:

- Describe the history (sequence) of your difficulties.
- Are there extenuating circumstances? (Possible mitigating circumstances: major medical expenses, divorce. NOTE: Business failures and unemployment are not necessarily mitigating conditions but require further exploration.)

Category: Mental Illness

Standard:

The candidate has no current or recurring disqualifying psychological impairment.

Critical Behaviors:

- The candidate has been evaluated or diagnosed by a mental health professional (as referenced in *The Diagnostic and Statistical Manual*).
- The candidate has been hospitalized for psychiatric treatment.
- The candidate has been prescribed psychiatric medications.
- The candidate has attempted suicide.

Exploratory Questions:

- Describe the history (sequence) of your treatment for your difficulties.
- What specific potential vulnerabilities do these difficulties create for your ministry, and how do you see yourself protecting both yourself and the people you would serve?
- Would you be willing to authorize communication between those who have treated you and this committee (NOTE: the more severe the psychiatric impairment, the more important the need for direct consultation with the treating mental health practitioners).

Action – Prior to any change of status:

- The candidate will exhibit a history of remission from any moderately-to-severely impairing conditions for at least three years without necessity for psychiatric hospitalization, though treatment may continue.
- The candidate will exhibit a history of responsible management of any mildly-to-moderately impairing conditions and has an effective treatment program in place.

Category: Alcohol Use Disorder

Standard:

The candidate demonstrates no present alcohol use disorder.

Rationale:

Alcohol use disorder is a chronic neurobiological disease, evidence of which is seen in marked impairment in any or all of the following areas: social, behavioral, physical, school/employment, decision making, and safety.

Critical Behaviors:

- A history of drinking to the point of intoxication.
- A history of arrest for driving while intoxicated.
- A history of an arrest for public intoxication.
- Complaints by family or others regarding the candidate's use of alcohol.

Exploratory Questions:

The "CAGE" questions below may be helpful: two or more "yes" answers predict alcohol use disorder with about 75% accuracy.

1. Have you ever felt you should **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (**E**ye-opener)

Where there is a history of alcohol misuse, the following questions may be helpful:

- Are you currently in recovery/remission, and if so for how long?
- How did you achieve this?
- What are you currently doing to maintain your recovery? (Possible answers: Alcoholics Anonymous, outpatient substance use disorder counseling, other counseling, medications.)

Action – Prior to any change of status:

- The candidate will evidence a minimum of one year in remission.
- If any of the critical behaviors are recent (within five years), a formal "substance use disorder evaluation" by a certified and licensed addiction treatment provider may be required at the candidate's expense.
- If there is clear evidence of alcohol use disorder, the individual will evidence participation in substance use disorder treatment which may include Alcoholics Anonymous.

Category: Substance Use Disorder
(Opioids, Stimulants, Sedatives, Cocaine, Marijuana, Hallucinogens)

Standard:

The candidate demonstrates no present misuse or abuse of either nonprescribed pharmacologic agents or prescribed medications.

Rationale:

Substance use disorder is a chronic neurobiological disease, evidence of which is seen in marked impairment in any or all of the following areas: social, behavioral, physical, school/employment, decision-making, and safety. Candidates who suffer from these disorders will have greatly limited effectiveness and are at much greater risk for professional misconduct.

Critical Behaviors:

- Any use of illegal or non-prescribed substances, including but not limited to prescription opioids, heroin, marijuana, cocaine, hashish, hallucinogens, sedatives, amphetamines or other stimulants.

- Misuse of prescribed substances or pharmacological agents of any type, including marijuana.

Exploratory Questions:

- Do you have a history of substance misuse or substance use disorder? If yes, what is your substance of choice?
- Are you currently in recovery from this substance? If so, for how long?
- How were you able to achieve this?
- What are you currently doing to maintain your recovery? (Possible answers: Narcotics Anonymous, outpatient substance use disorder counseling, other counseling, medication.)

Action – Prior to any change of status:

- If the history reveals any use of illegal substances, or any misuse of prescribed pharmacological agents within the past five years, a formal substance use disorder assessment from a credentialed and licensed addiction treatment provider may be required at the candidate’s expense.
- The candidate will exhibit a period of not less than two years in full remission.

CRITERIA FOR SUBSTANCE (INCLUDING ALCOHOL) USE DISORDERS

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria, modified as mild, moderate, or severe, depending on how many of the 11 criteria are met.

- 1. Taking the substance in larger amounts or for longer than you’re meant to.*
- 2. Wanting to cut down or stop using the substance but not managing to.*
- 3. Spending a lot of time getting, using, or recovering from use of the substance.*
- 4. Cravings and urges to use the substance.*
- 5. Not managing to do what you should at work, home, or school because of substance use.*
- 6. Continuing to use, even when it causes problems in relationships.*
- 7. Giving up important social, occupational, or recreational activities because of substance use.*
- 8. Using substances again and again, even when it puts you in danger.*
- 9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.*
- 10. Needing more of the substance to get the effect you want (tolerance).*
- 11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.*

Category: Gambling Disorder

Standard:

The candidate demonstrates no present gambling disorder.

Rationale:

Our Social Principles state that “Christians should abstain from gambling” and describe

gambling as “a menace to society, deadly to the best interests or moral, social, economic, and spiritual life, destructive of good government and good stewardship.” BOD ¶163.G

Critical Behavior:

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four or more of the following in a 12-month period:

- a. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- b. Is restless or irritable when attempting to cut down or stop gambling.
- c. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- d. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- e. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
- f. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
- g. Lies to conceal the extent of involvement with gambling.
- h. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- i. Relies on others to provide money to relieve desperate financial situations caused by gambling.

Exploratory Questions:

- Do you have a history of gambling disorder?
- Are you currently in recovery, and if so, for how long?
- How were you able to achieve this?
- What are you currently doing to maintain your recovery?

Action – Prior to any change of status:

- If the history reveals any use of illegal substances, or any misuse of prescribed pharmacological agents within the past five years, a formal gambling disorder assessment from a credentialed and licensed therapist or counselor may be required at the candidate’s expense.
- The candidate will exhibit a period of not less than one year in full remission.

Category: Legal (general)

Standard:

The candidate shall be respectful of the law and evidence legal responsibility in personal habits.

Rationale:

This may not, on the surface, appear to be a behavioral health issue, but similar issues around maturity, discipline, and judgment come into play. In addition, one’s approach toward the law

often is a barometer of one's respect for authority generally, and unresolved authority issues may significantly hamper clergy effectiveness.

Critical Behaviors:

- More than three moving violations (traffic) within the preceding year.
- Conviction for any misdemeanor.
- Conviction for any felony.

NOTE: "Conviction" includes a "no contest" plea without admission of guilt, deferred adjudication and/or probation.

Exploratory Questions:

- What is your driving record?
- Explain to us the circumstances of any conviction.

Action – Prior to any change of status:

- Candidates may have no more than three moving violations (traffic) within the preceding year.
- A history of conviction for any felony is, under most circumstances, permanently disqualifying.

Category: Family Violence

Standard:

The candidate has a history of resolving family conflict in a nonviolent manner.

Critical Behaviors:

- Any report or complaint (against the candidate) of family violence.
- Any history that a law enforcement unit has been called to the candidate's residence because of his/her behavior.
- Any report or complaint (against the candidate) to protective services for inappropriate treatment of children or adults.
- Any history of protective orders against the candidate.

Exploratory Questions:

- Is there a history of violence in your immediate or extended family?
- Is there any pending legal process?

Action – Prior to any change of status:

- The candidate will have at least three years without reports of the above mentioned critical behaviors.
- The presence of any critical behaviors requires an inquiry into the facts and circumstances.
- The candidate shall acknowledge his/her behaviors and may have entered into counseling or other appropriate treatment.

Category: Divorce or Infidelity

Standard:

The candidate reflects an understanding of the significance of the quality of his or her married life on ministry.

Rationale:

If the candidate has been divorced, or if there is evidence of infidelity, the candidate must have done sufficient exploratory and reparative work to demonstrate and /or articulate the impact of the health of married life on quality of ministry.

Critical Behaviors:

- A divorce in the past three years.
- A history of having been married more than twice.
- A history of infidelity.

Exploratory Questions:

If a recent divorce:

- What steps have you taken to understand the nature of your own contribution to the dissolution of the marriage?
- What steps have you taken to move yourself through a healthy grief process?

If multiple marriages:

- What steps have you taken to identify and deal with any dysfunctional patterns in intimate relationships?

In either case:

- Have you maintained fidelity in marriage? If not, what steps have you taken to understand your actions and decisions so as to safeguard current or future marriage covenants?

Action – Prior to any change of status:

- If a history of divorce is present, then at least two years shall have elapsed since the divorce.
- If the individual has been married more than twice, then at least five years either in singleness or in a stable marriage shall be required prior to certification.
- In either case, and particularly where there is evidence of an individual's infidelity, the Board requires professional counseling with a focus on relationship issues or requires evidence of previous counseling.

Category: Improper Sexual Conduct

Standard:

The candidate has no history, complaints, or charges of improper sexual conduct. See addendum for definitions.

Rationale:

Candidates must model in their personal life and behavior a healthy and sacred view of sexuality so as not to misuse the clerical office.

Critical Behaviors:

- A history of complaints or charges (either formal or informal) of sexual harassment.
- A history of improper sexual conduct.

Exploratory Questions:

- Have you ever had a complaint or charge (either formal or informal) of sexual harassment or misconduct brought against you? (If so, describe the circumstances.)
- What steps have you taken to ensure that the behavior does not occur in the future?

Action – Prior to any change of status:

- The candidate will have no evidence of sexual misconduct for at least three years.
- A candidate will articulate a plan to ensure that such behavior is unlikely to recur. This plan may include intensive psychotherapy and/or ongoing supervision, or other conditions required by the Board.

Category: Legal – Sex related crimes**Standard:**

The candidate shall have no history that poses risk of sexual harassment, sexual assault to adults or children, nor history of any sex-related offense.

Critical Behaviors:

- Treatment for any sex-related crime.
- Conviction for any sex-related crime.
- Written allegations of any sex-related crime.

Action:

- If the candidate has been convicted of a sex-related crime, he or she should be permanently disqualified.
- Certainly the candidate is entitled to be considered innocent until proven guilty, so a written accusation or arrest alone is not sufficient for disqualification, but either one would raise significant questions which the Board would need to explore in depth.

ADDENDUM

DEFINITIONS OF IMPROPER SEXUAL CONDUCT INCLUDES, BUT NOT LIMITED TO
THE FOLLOWING MODALITIES:

PHYSICAL CONTACT, PHONE, TEXT, OR INTERNET

1. Sexual harassment

Includes solicitation, physical advances, or verbal or nonverbal conduct consisting of a single intense or severe act, or of multiple persistent or pervasive acts, by a candidate toward another individual, that are sexual in nature and occur whether in connection with the candidate's clerical activities or personal life, and that are unwelcome, offensive, or create a hostile environment for the affected individual.

2. **Sexual impropriety**

Sexual impropriety (in person, by phone, text, or internet) is deliberate or repeated comments, gestures, or physical acts of a sexual nature that include but are not limited to:

- a. behavior, gestures or expressions which may reasonably be interpreted as inappropriately seductive or sexually demeaning,
- b. making inappropriate comments about an individual's body,
- c. making sexually demeaning comments to an individual,
- d. making comments about an individual's potential sexual performance,
- e. in a counseling relationship, requesting details of a person's sexual history when not clinically indicated for the type of consultation,
- f. requesting a date,
- g. initiating conversation regarding the sexual problems, preferences, or fantasies of either party,
- h. kissing of a sexual nature,
- i. sharing or displaying pornographic material with another person.

3. **Deviant sexual behaviors**

Deviant sexual behaviors include, but are not limited to, behaviors such as pedophilia, exhibitionism, or other paraphilias, and preoccupation with pornographic materials for sexual stimulation and gratification.

Social Media Guidelines

The BOM uses submitted materials and interactions with the candidate during the interview time as materials contributing to the Board's discernment. In addition, the BOM and the Interview Teams consider postings on social media as a source of information that may be included in the larger group of material that provides information about the ability of the candidate to exercise self-control, to understand the representative role of the ordained person, and to communicate disagreement in a manner that is constructive and respectful.