

## **Florida Conference of the United Methodist Church Ministerial Assessment**

<b>Candidate:</b>	Stephanie Sample	<b>District:</b>	
<b>DOB:</b>		<b>Conference:</b>	Florida
<b>Testing Date:</b>		<b>Requested By:</b>	Rev. Sara McKinley
<b>Interview Date:</b>		<b>MAS:</b>	
<b>Report Date:</b>		<b>Applying For:</b>	Appointment Request for Florida

### **I. Opening Comments:**

Ms. Stephanie Sample is a 62-year-old, Caucasian, female who was interviewed on XX/XX/XX as part of the assessment process for an appointment in the Florida Conference of The United Methodist Church (UMC).

Several third-party data were made available to this examiner in advance and reviewed and they are referenced more specifically below.

This evaluator informed Ms. Sample that information gathered during the course of this evaluation would be utilized to compile a report, which would be submitted to UMC. Additionally, she was informed of the limits of confidentiality. Ms. Sample expressed an understanding of these limits and subsequently provided her consent to the evaluation.

A Ministerial Assessment is a specialized evaluation which assesses a candidate's capacity to perform specific occupational duties, with an additional focus to identify or rule-out the presence of prominent, foreseeable, and clinically significant risk factors. The state of behavioral health science does not allow precise prediction of potentially disturbed, dangerous or inappropriate behaviors in any given individual. Psychological evaluations should be utilized as one component in a broader investigation of a candidate's potential to demonstrate inappropriate behaviors. Evaluation conclusions are limited by the information available to this psychologist at the time of the review. All conclusions and recommendations are generated based on the totality of information available at the time of the evaluation and made within a reasonable degree of medical certainty.

### **II. Conclusion:**

Based on all the data available and as summarized and analyzed below, it is this evaluator's opinion that there are **some concerns** regarding the candidate's ability to perform in the ministry. Please see Analysis section for further clarification.

### **III. Collateral Information:**

#### *Objective Means*

Minnesota Multiphasic Personality Inventory-2 (MMPI-2), dated XX/XX/XX  
Personality Assessment Inventory (PAI), dated XX/XX/XX

#### *Subjective Means*

Incomplete Sentences Blank, dated XX/XX/XX  
Personal Data Inventory (PDI), dated XX/XX/XX (Appendix)  
Recommendation Forms, dated XX/XX/XX (Appendix)

### **IV. Means of Evaluation:**

Clinical Interview With Mental Status Examination

### **V. Specific Observation:**

Ms. Sample arrived on time for her evaluation and made her way to the consultation room unassisted and with unremarkable gait. She presented as a woman of tall height and average build and she was dressed neatly and cleanly in business attire.

### **VI. Relevant Information:**

- *Entrepreneurial & Outreach Interests*

In an effort to identify candidates who may have an interest in applying entrepreneurial skills to novel outreach ministries, Ms. Sample was asked to speak to any ideas, visions, or motivations in this area. Ms. Sample stated that she is actively involved in the community by providing hot meals to people in need and that she is currently attempting to bring the ministry to this organization.

- *View of Authority Figures*

There is no self-reported history of disagreements and/or difficulties with supervisors.

### **VII. Mental Status Observations & Clinical Interview:**

#### *Psychiatric History*

- *Childhood Abuse*

Ms. Sample denied ever being abused or neglected during her formative years and she likewise denied that she ever observed domestic violence in her childhood home. However, she described emotional abuse and neglect in that her mother was “very manipulative” toward her and her father was emotionally absent in that he “did not pay attention to” her.

The candidate indicate that her mother would not allow her to express any negative emotions toward her without the consequence of loss of her love. She recalled that her mother once told her, “You can’t be angry with me or I won’t love you.”

- Emotional Health

The candidate rated her present emotional health as “good.”

Ms. Sample indicated that she has a history of chronic seasonal depression, Seasonal Affective Disorder (SAD), occurring every winter and remitting during the spring, beginning in her college years and continuing until she finally obtained treatment for the condition in her 50s.

She recalled that her seasonal depression consisted of a mixed dysphoric and irritable moods and hyper-sleep. She stated, “It was like I had PMS all the time –I was irritable, not happy.” She rated the intensity of this depression as a 4 out of 10, where 10 represents the most severe.

Ms. Sample stated that she finally began treatment for her seasonal depression in 2008, at which time she began taking Wellbutrin, 150 mgs, daily.

She stated that there have also been episodic depressive episodes in reaction to life circumstances.

Ms. Sample explained that she became depressed when she left her marriage. She explained that her husband was emotionally abusive toward her and that some of his abuse was demoralizing. He stated that he informed her that she “had a gross body” when she was pregnant and that he “wouldn’t touch [her].”

She indicated that the “very impulsively” left her husband for a weekend in May of 2012 and that even though she knew that she was going to leave him permanently, she returned at the end of that weekend because she felt “guilty because good little Christian girls don’t” leave their husbands.

The candidate recalled, however, that she left him permanently two months later and that this caused her to “curl-up in a ball” and “definitely become depressed,” with a severity level of 7 out of 10, where 10 represents the most severe.

She stated that her Wellbutrin was increased to 300 mgs, daily, during this time and that she has remained on this medication and dosage ever since. She noted that while she has not experienced any more seasonal depression, since beginning Wellbutrin, but that from December of 2017 to April of 2018, she experienced symptoms that were consistent with (F43.23) Adjustment Disorder With Mixed Anxiety And Depressed Mood, which she indicated the severity of was a “6 or 7” out of 10.

She indicated that this adjustment disorder was brought about because her daughter was experiencing postpartum depression with associated suicidal ideations and that during this period she was very worried about how to find help for her daughter. She recalled that she felt depressed, anxious, and irritable, with nightly sleep disruptions, and she lost 16 pounds over a this four-month period.

Ms. Sample stated that she did not contact her prescribing provider or attend psychotherapy service during this time because she was so focused on attempting to get help for her daughter and that she also assumed that once her daughter was stabilized, her symptoms would remit.

The candidate stated that she currently receives medication management sessions from her attending prescriber, XXXX XXXX, of XXXX, Florida at the rate of once every 6 months. She stated further that she currently feels stable on her medication.

Would reach out to primary care physician and to counselor if she had SAD again or adjustment disorder  
I would not let myself get to a point where I was dysfunctional without doing something.

The candidate stated that there is no history of psychiatric hospitalizations, and she also denied any history of suicidal and/or homicidal ideation, plan, intent, or related behaviors.

### Substance Abuse History & Other Addictions

- Substance Use

With regard to the candidate's substance usage history, Ms. Sample stated that she has "never smoked pot," but that she "wants to" only that she "doesn't want to bring badness to the church."

Ms. Sample stated that she drank excessively in college in the form of binge-drinking approximately one weekend out of the month to the extent that she had "enough to be feeling pretty high --- pretty drunk." She added that she was "The beer chugging champion at XXXX University sororities in 1978."

She characterized herself as "allergic" to alcohol and stated that the last time that she drank it was sometime in her "early 40s" at which time she experienced heart fibrillation.

Ms. Sample self-reported that there is no history of inpatient detox, rehabilitation, intensive outpatient or any other formal or informal substance abuse treatment, such as attendance in a 12-step program. There is no self-reported history of tobacco products.

- Eating Disorder

The candidate self-reported a history of Bulimia during her college years and one year following graduation. She stated that she found herself bingeing and purging in response to stress and that she stopped this behavior when she discovered that it can cause varicose veins inside her throat that could rupture and cause her to die.

- Gambling & Non-Sexual Compulsive Behaviors

Ms. Sample denied engaging in behaviors such as excessive gambling, shopping, computer gaming or Internet usage.

- Sexual Behaviors

Ms. Sample stated that she has not been accused of or formally charged with sexual harassment. There is no self-reported history of pornography usage. Ms. Sample stated that she did have sexual relations with her husband prior to marriage, as he "demanded" that they do so or he would not marry her.

- Work Addiction

There are indications within the recommendations provided for her that Ms. Sample engages in behaviors consistent with work addiction. Please see Recommendation Forms section below for clarification.

- *Violation of Law / Criminal Behavior*

There is no self-reported criminal history. The candidate stated that she has never been arrested or indicted for violation of law. She stated that she has never been the defendant in a criminal proceeding, nor has she been convicted of any violation of law.

However, she stated that she “plans on being arrested if it involves protesting,” and she clarified that she “doesn’t know that she wants to be bad,” but that she “wants to do what it takes toward injustices.” She added that she does think that she has a “rebellious nature.”

### **VIII. Mental Status Observations:**

Ms. Sample presented with what appeared to be a mixture of mild frustration and resentment at having to sit for a psychological evaluation. This was observed in her initial tendency to display what appeared to be forced smiles with underlying soured expressions. She gave the overall impression of someone who felt annoyed and slightly resentful of having to undergo a psychological evaluation, but she nevertheless was cooperative and her initially stiff interpersonal demeanor ultimately gave way to a friendlier one toward the evaluator.

Ms. Sample appeared oriented to person, place, time and situation and her eye contact was good. Her speech was logical, coherent, and goal directed as well as normal in rate and tone. She was initially more reserved and typically only answered questions as they were asked of her, but as the evaluation progressed, she became more of a spontaneous conversationalist who spoke when she felt the urge and offered up more information.

At times, she made remarks that appeared designed, in part, for shock value, toward the evaluator and leaked-out the observations of frustration with having to sit for the evaluation. These comments gave the overall impression of someone who did not like the feeling of having someone else ‘judge’ them, a position that made them feel overly vulnerable, and thus they were throwing barbs as it were to indicate that they were not about to feel powerless.

For example, Ms. Sample stated matter-of-factly that if the outcome of her evaluation did not turn-out the way that it needed to in order to allow her to continue, she would “just retire,” a comment that she made with a mild “take that” attitude. Similarly, her responses to being asked whether she had used illicit drugs or been arrested were approached with a demeanor in which one wishes to provoke a reaction from this evaluator. Where a simple “no” would have sufficed in response to having been asked whether she had ever smoked cannabis, Ms. Sample responded with a provocative response of, “No, but I want to.”

There was no evidence of aphasia, word-finding difficulty, signs of expressive or receptive language impairment, or stuttering and she demonstrated a normal flow of ideas.

There was no evidence of delusions, hallucinations, faulty perceptions, misinterpretations, phobias or other disturbances congruent with a psychotic process and the candidate denied any subjective experience of such.

Ms. Sample denied current suicidal and/or homicidal ideation, plan, intent or related behaviors.

## **IX. Psychological Testing:**

### **a. Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2):**

Ms. Sample was administered the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2), by a testing proctor, of the United Methodist Church, Office of Clergy Excellence. The outcome data was provided to the undersigned for the purpose of interpretation and integration into this evaluation. The MMPI-2 is a 567-question self-report instrument designed to aid in the assessment of a wide range of clinical conditions among persons ages 18 and older.

#### *Test Validity*

The MMPI-2 contains a number of scales designed to detect the validity of each profile by assessing various responses that may invalidate the protocol. At least one of Ms. Sample's validity scales was moderately elevated; however, the protocol is considered valid and allowed for interpretations to be made from the data. The reader is cautioned to consider the following information when assessing the overall outcome data and any predictions made from it.

An analysis of Ms. Sample's validity scales are as follows.

On a scale designed to identify persons who are attempting to appear unusually virtuous, culturally conservative, overly conscientious, and above moral reproach Ms. Sample's manner of responding fell in the "normal" range for individuals taking the test in normal situations. There is a tendency on the evaluatee's part of "putting one's best foot forward," which is not uncommon in forensic or job evaluation assessments. These scores are also seen in persons who are educated, mildly cautious, and defensive and/or in a mildly moralistic individual.

On a scale designed to reflect the degree to which thoughts, attitudes, and experiences reported by a person are different from the normative population, Ms. Sample's scores were moderately elevated.

Scores obtained in this range indicate an acknowledgment of a number of unusual experiences, attitudes, feelings, and behaviors that differ somewhat from the norm. However, it should be noted that in persons who become intensely involved in religious, political, or social causes that are different from the mainstream, the scores on this scale tend to be slightly elevated.

Occasionally, however, particularly in mental health settings, such scores will occur in persons with some psychopathology, but who have adjusted to experiencing chronic problems, and therefore are not in great immediate distress. Their problems are "contained" and perhaps ego-syntonic.

On a scale designed to assess substantial clinical information about ego strength, reality contact, and coping abilities, as well as about defensiveness, guardedness, and test taking posture, Ms. Sample received a moderate elevation. In the absence of any high elevations on the clinical scales, a pattern that is typically found in people generally described as independent, enterprising, ingenious, resourceful, enthusiastic with a wide interest, and having a variety of interpersonal relationships, all attributes suggesting good mental health. Their lives are generally well managed, and they feel in control. The prognosis for psychological insight and change is generally better when scores on this scale are in this moderate range rather than when they are lower.

### Clinical Scales

Ms. Sample's MMPI-2 outcome scores were not elevated to a level that would indicate the presence of psychopathology.

However, she did receive one moderately-high score that indicates the presence of a mild difficulty in the area of her self-esteem, especially as it relates to her belief that she is a lovable by those for whom she cares. Persons with her manner of responding to the MMPI-2, feel inadequate and interpersonally sensitive where sexual relations are concerned. They may feel uncomfortable that they are going to be "discovered" and experience a decrease in self-esteem because they believe that they will be "judged" for their self-perceived defects.

These persons may experience anger that they block awareness of because of the guilt and fear of rejection that would be experienced if expressed.

Childhood experiences of people who have this outcome score pattern may have the sense of having been treated unfairly by their early childhood caregivers or even that they were disliked. They may harbor resentment but have difficulty expressing it. Thus, their resentments are channeled into non-conforming and non-conventional attitudes. They may be seen as stubborn and opinionated and alternatively generous, peaceable, and sentimental.

- Lack of Ego Mastery, Conative (inclination to act purposefully)

Ms. Sample's scores are consistent with people who are pessimistic, feel that life is a strain, and that it is not interesting. They have difficulty coping with everyday life and regress into fantasy when overwhelmed.

- Psychomotor Retardation (lower energy in the body)

Ms. Sample's scores suggest that she may be dealing with inhibited aggression and a lack of energy, vigor, and initiative. In some cases, this may translate into a lack of participation in social interactions as this individual is utilizing rigid controls against hostile or aggressive expressions. There may also be present indecisiveness at least as much as physiologic slowing.

- Social Responsibility

The candidate's scores on a scale designed to measure an individual's dutifulness was analyzed. This scale especially measures a form of responsibility that is most likely to be manifested in institutional settings where creative demands are low. The institution may be as small as a family or club or as large as a multinational corporation.

The evaluatee obtained a higher score on this scale, the interpretation of which is as follows. The individual who obtains a higher score on this scale appears to be one whose performance and achievement are best manifested in structured settings that place a premium on cooperation with others, persistence, and a "duty-bound" variety of conscientiousness.

High scorers are conventional and conforming but tolerant. They are even-tempered persons who have benign expectations of others, exhibit self-control, and are considered to be "team players," who are able and willing to pledge allegiance to the collectives of which he or she chooses to be a part. These responsible people are ones whom others can rely on to observe the institution with which the individual

identifies. Persons who obtain scores in this range tend to accept their present value system and intend to keep using it.

**b. Personality Assessment Inventory (PAI):**

Ms. Sample was administered The Personality Assessment Inventory (PAI), by a testing proctor, of the United Methodist Church, Office of Clergy Excellence. The outcome data was provided to the undersigned for the purpose of interpretation and integration into this evaluation. The PAI is one of the most frequently utilized tests in forensic and clinical cases, a 344-item self-report, empirically validated, assessment for adults who are being evaluated for emotional, behavioral, or interpersonal difficulties. It contains several Validity Scales designed to assess for possible response distortion and numerous Clinical Scales designed to assess for possible mental health problems.

Test Validity

Validity Scales were determined to be within acceptable limits and therefore the following interpretations are offered.

Clinical Scales

There were no high elevations on the candidate's clinical scales that would indicate the presence of significant psychopathology.

According to the candidate's self-report, she describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; antisocial behavior; problems with empathy; undue suspiciousness or hostility; extreme moodiness and impulsivity; unhappiness and depression; unusually elevated mood or heightened activity; marked anxiety; problematic behaviors used to manage anxiety; difficulties with health or physical functioning. Also, she reports NO significant problems with alcohol or drug abuse or dependence.

- Self-Concept

Ms. Sample's self-concept appears to involve a generally stable and positive self-evaluation. She is normally a confident and optimistic person who approaches life with a clear sense of purpose and distinct convictions. These characteristics are valuable in that they allow her to be resilient and adaptive in the face of most stressors. She describes being reasonably self-satisfied, with a well-articulated sense of who she is and what her goals are.

Interpersonal and Social Environment

The candidate's interpersonal style seems best characterized as controlling and rather distant. She is likely to view relationships more as an opportunity than as a source of enjoyment. As a result, her relationships are likely to be pragmatic and businesslike, and she likely seeks to take more from them than she gives. She may be quite competitive in relationships; she will tend to be skeptical of close attachments and she will avoid commitment, perhaps viewing it as a sign of dependency or weakness. She is not one to forgive a social slight and may have a reputation as someone who nurtures a grudge.

In considering the social environment of the candidate with respect to perceived stressors and the availability of social supports with which to deal with these stressors, her responses indicate that both her recent level of stress and her perceived level of social support are about average in comparison to normal



adults. The reasonably low stress environment and the intact social support system are both favorable prognostic signs for future adjustment.

### Subscales

Ms. Sample received elevations on two subscales:

- Somatic Complaints – Health Concerns

Ms. Sample received a moderately-high score on a scale that is designed to indicate concerns regarding one's health and physical functioning. This subscale is related to the self-perceived complexity of the individual's health problems and the intensity of his or her efforts to ameliorate these problems. Such people will tend to strike others as quite stoic about their problems, whereas a person who is elevated on this scale may focus a great deal upon health issues. They may report that their daily functioning has been compromised by some physical problems or they may have a history of medical issues.

- Dominance

Ms. Sample received a high elevation on a scale designed to measure dominance, a dimension of interpersonal behavior that represents an individual's desire for control in relationships. Persons with high scores on this scale are likely to be seen as domineering and overcontrolling. Such people have strong needs to control others and expect respect and admiration in return. They may be driven to appear competent and authoritative and are likely to have little tolerance for those who disagree with their plans and desires. Such people tend to be quite uncomfortable about the prospect of appearing weak, submissive, or passive in these relationships.

### **c. Incomplete Sentences Blank:**

The sentence completion method of studying personality is a semi-structured projective technique in which the evaluatee is asked to finish a sentence for which the first word or words are supplied. As in other projective devices, it is assumed that the subject reflects the evaluatee's own wishes, desires, fears and attitudes in the sentences that he or she makes.

### Interpretation of Incomplete Sentences

- Inappropriate Guilt

Ms. Sample noted that while participating in a hospital rotation in college, she shared with her teacher that her friend had indicated that she wanted to leave early that day and that her friend was subsequently kicked-out of the program the following week. The candidate indicated that she felt guilty about this for years, even after they finally discussed it and her friend attempted to convince her that it was not her fault. While Ms. Sample indicated that she intellectually understood this, she simultaneously related that she still feels somewhat guilty.

- Lack of Social Support

The candidate indicated that her move to Florida from XXXX in XXXX of 2017, took her away from friends that she has had for 30 years. She indicated further that she "needs close friends." Thus, there is some indication of an adjustment in her social life that may make her feel lonely.

Ms. Sample's answers to the Incomplete Sentences and discussion of them revealed that she feels confused about romantic relationships with men as her parents' relationship did not provide her with a good role model of marriage and her own marriage was not a happy one, as her husband was emotionally cruel to her.

She indicated that "men have disappointed" her and that while she is aware that women look for friendship in marriage, she is not sure of what qualities a man looks for in a woman.

There is evidence that she wishes to be married again but is ambivalent about this or perhaps even slightly anxious that she may never enjoy a happy marriage in her life.

#### **X. Recommendation Forms:**

Ms. Sample was asked to speak to some of the above areas of concern (growth) as indicated by those making recommendations for her:

- Taking on too much responsibility
- Finding balance between work and personal life
- Learning to say "no"
- Personal love for herself
- Self-awareness

#### **XI. Diagnosis:**

	<b>ICD-10</b>	
<b>Axis I:</b>	F32.8	Other Specified Depressive Disorder (Seasonal Affective Disorder), in remission, controlled by medication
	F10.20	Alcohol Use Disorder, Moderate, Sustained Full Remission
	F50.2	Bulimia Nervosa (in full remission)

#### **XII. Analysis:**

Ms. Sample self-reported a long history of depression in two forms, seasonal depression and the propensity to develop major depressive episodes in response to significant life stressors. The candidate revealed that despite taking psychotropic medication, she experienced an adjustment disorder with mixed depressed and anxious moods over a 4-month period, ending 5 months ago.

Psychological testing does not indicate the presence of any psychopathology at this time. However, it does indicate that she has some mild difficulties in the area of self-esteem and that she may feel a lack of social support at this time in her life, due to her recent move to Florida, a transition that took her away from friendships of 30-years.

She self-reported a history of unresolved emotional wounds with regard to her parents' who were either emotionally manipulative (mother) or emotionally neglectful (father), and an emotionally abusive marriage, the combination of which appears to linger with her to the extent that she doubts her own worth as a lovable individual and fears that she will never have the opportunity to have a loving marriage.

She appears to have the propensity toward acting-out her conflicts to relieve stress (i.e., bulimia in college, fantasy to smoke pot, protest and possibly get arrested in her senior years). Psychological testing indicates that her psychological approach to the world is one that is domineering and overcontrolling, which may be her manner of warding-off feelings of vulnerability or unworthiness. She expressed the tendency to harbor inappropriate guilt for long-ago self-perceived transgressions.

### **XIII. Recommendations:**

#### Psychiatric Evaluation

Ms. Sample could benefit from a psychiatric evaluation to determine the efficacy of her current psychotropic medication in assisting her with maintaining a prophylaxis against chronic seasonal affective depression and reactive depressions to stressful life events.

#### Psychotherapy

Given the evaluatee's long history of depression and current life changes, it is recommended that she attend the minimum standard of care in the mental health industry for psychotherapy. That is, attendance in individual outpatient sessions at least once every two weeks.

- Depression

Ms. Sample could benefit from learning how to verbally express an understanding of the relationships between depressed mood and repression of feelings, including feelings of hurt, anger, and guilt. Psychotherapy should include assisting her with exploring the origin of her feelings of guilt and learn how to incorporate positive self-statements about herself to ameliorate the guilt.

- Seasonal Affective Disorder (SAD)

Seasonal Affective Disorder (SAD) is a type of depression that comes and goes with the seasons, typically starting in the late fall and early winter (i.e., "winter blues") and going away during the spring and summer. People can experience seasonal depressive episodes in the spring and summer, but these are much less common.

Treatment for SAD includes four major approaches which may be used alone or in combination: psychotropic medication, psychotherapy, light therapy, and Vitamin D. Selective Serotonin Reuptake inhibitors (SSRIs) are typically prescribed (but a psychiatric evaluation is first required to make any and all medication decisions). Light therapy replaces the diminished sunshine of the fall and winter months by sitting in front of a light box first thing in the morning, on a daily basis from the early fall until spring. People with SAD were found to have low levels of vitamin D which may factor into their seasonal depressions. Psychotherapy can assist with increasing coping skills for negative thoughts and depressive feelings along with their derivatives from unresolved conflicts, abuse, or other issues.

- Low self-esteem

Ms. Sample could benefit from developing a consistent, positive self-image and demonstrate improved self-esteem through more positive self-talk. Her therapy process should include identifying and exploring aspect of past incidents of verbal, physical, emotional and/or sexual abuse that have impacted how she views herself. Any identified incidents should be processed carefully to assist the evaluatee in gaining

insight into faulty self-beliefs that arose from them. Ms. Sample could benefit from learning to engage in positive self-talk as a way of boosting her confidence and positive self-image.

- Work Addiction

Ms. Sample has indicated a possibility of work addictive behaviors. As such, Ms. Sample should be provided with psychoeducation regarding the negative consequences of work addiction, such as stress-related physical and psychological problems to include an increase of insomnia, fatigue at work, low job satisfaction, low satisfaction in life, low work performance (working harder, but less effectively), an increased risk for job burn-out and interpersonal conflicts (lowered frustration tolerance) as well as poor physical health.

Some of the influencing factors associated with a work addiction should be explored such as: significant care-givers who role-modeled excessive responsibility and over-achievement; social leaning factors such as receiving praise from teachers, friends and supervisors when working excessively; and personality factors that favor perfectionism.

Mentors and/or psychotherapists are encouraged to work toward assisting Ms. Sample in developing and maintaining a healthy work-life balance.

Continued Mentoring

Mentors are encouraged to work with Ms. Sample in terms of assisting her in further reviewing areas of growth that were identified by those making recommendations for her as well as her overall ministerial growth.

Proposed Interview Questions

1. Ms. Sample should be invited to elucidate the comments that she made about wishing to smoke cannabis and getting arrested due to protesting.
2. Given Ms. Sample's history of depression and her relocation away from lifelong friends, what is she currently doing to increase her social activities?