Dr. Royce Jalazo, P.A.
Royce Jalazo, Psy.D., Licensed Psychologist

Florida Conference of the United Methodist Church
Ministerial Assessment

Candidate:	Sophia Sample	**District:**	
DOB:		**Conference:**	Florida
Testing Date:		**Requested By:**	Rev. Sara McKinley
Interview Date:		**MAS:**	
Report Date:		**Applying For:**	Candidacy Certification

I. Opening Comments:

Ms. Sophia Sample is a 60-year-old, married, 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 **serious 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
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 average height and obese build and she was dressed cleanly and neatly in business casual 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 reported that she currently does music therapy and a music studio at church.

- *View of Authority Figures*

Ms. Sample denied any history of disagreements and/or difficulties with supervisors. The candidate stated that her view of authority figures is that she "feels that she is objective and that if she signs-on to work with someone that she should work with them." However, it should be noted that her behavior during this evaluation was consistent with someone who may have incurred such interpersonal discords.

- *Itinerancy of UMC*

With regard to the itinerant nature of the UMC, Ms. Sample stated: "To me, I know that it has its pros and cons. No system is perfect." She stated that she is okay with it and actually "finds safety in it." She explained that because UMC will match her gifts with where she needs to be and that everyone is evaluated each year, she is not "left out there" with "people who have no accountability."

VII. Mental Status Observations & Clinical Interview:

Mental Status Observations

Ms. Sample presented with what appeared to be a highly anxious mood that she was attempting to mask with hyperverbal speech and frequent laughter to the point of pressured speech and overly-dramatic expressions. She demonstrated very low frustration tolerance and she became emotionally dysregulated

to the point of being inappropriate interpersonally. To say that she missed non-verbal cues to refrain from speaking would be an understatement at best.

The candidate appeared highly defensive toward this evaluator and easily angered at this psychologist's attempts to clinically interview her. She gave the overall impression of someone who liked to think of herself as very psychologically sophisticated with regard to her past mental health issues and that she neither needed anyone to provide her feedback about herself, nor did she want it.

Ms. Sample's manner of responding to questions regarding her revelations about her mental health history, such as having "a breakdown" years ago, by letting this evaluator know in a "chip-on-the-shoulder-manner" that there was nothing that this psychologist could tell her about herself because others had already figured-out her issues and that moreover, she was well versed in a deep understanding about herself to the extent that she knew all of her issues and had worked on them openly.

The candidate was given to over-talking the evaluator during every sentence and becoming louder to make her points. The more that this evaluator attempted to ask her to slow her discussion and allow for questions to be asked, the more persistent she appeared to become at making her points.

There was one instance during which time she ended her sentence in a such a loud manner to prevent this evaluator from talking that her voice sounded like a very-brief, but nevertheless demonstration of yelling.

Moreover, she seemed incapable of allowing even a moment of silence to pass without having to pepper this evaluator with emotional statements.

Ms. Sample demonstrated very poor insight into this behavior. The irony was not lost on this psychologist that as Ms. Sample "acknowledged" that she "talked too much," she simultaneously defended it with irritable rationalizations with incredibly hyperverbal speech that was given to derailments from the topic and outright rude over-talking of the examiner with a broad smile and euphoric laughter filling the room.

So that in the observations with Ms. Sample's behavior during the clinical interview, it appeared as if she was attempting to squeeze in every aspect of herself that would ingratiate this evaluator to her and convince her that absolutely nothing was wrong with her while not appreciating that while she was behaving in this manner, she was demonstrating behaviors that were concerning.

Behaviors that one demonstrates that make one feel a sense of guilt, shame, or anxiety (or any combination of the three) can summon up the need for the psychological defense of compartmentalization in people who are unable to otherwise contain their unacceptable behavior. In this particular example, it appeared that Ms. Sample was operating under the assumption that if she just peppered the evaluator with enough contrary evidence, she could convince her of what a perfectly normal person she was and therefore she would not have to hear (and thus 'suffer') any possible negative feedback about her.

Ms. Sample rationalized that her overly dramatic and hyper manner was due to "just being clinically hyper" and that she was somebody who "just needed to use" her "energy," while not appreciating that the words in-and-of-themselves spoke to the presence of psychopathology that she was denying and minimizing away.

Ms. Sample explained further that because she had a psychological "breakdown" years ago and that she was told that her "transmitters" (i.e., neurotransmitters, I believe) in her brain "have to work harder." The candidate inevitably drew all of her rationales back to her self-reported severe clinical depression that occurred years ago and how she had reportedly traversed all of it but was also left with residual issues (compartmentalizations and rationalizations).

There was no evidence of an active psychotic process and the candidate denied the experience of such.

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

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.

- *Emotional Health*

The candidate rated her emotional health as "Excellent."

She self-reported that she attended approximately 60 psychotherapy sessions between XX/XX/XX and XX/XX/XX to address the following: "Ministry burnout issues, marriage counseling, divorce recovery, and counseling with and for my children."

Ms. Sample stated that due to her "burnout time," she has been prescribed "off-and-on" doses of Wellbutrin and Xanax "for focus, winter doldrums, PTSD, and clinical hyperactivity at night." She noted on her PDI that "post-divorce" she was diagnosed with Posttraumatic Stress Disorder, which she has "diligently treated over the years."

Ms. Sample stated that she believes that she is taking 100 mgs daily of Wellbutrin, but that she could not recall the dosage of Xanax.

The claimant self-reported that she was raised in a religious cult and that her father was the minister. She indicated that the thinking of the adults in her childhood milieu was "black-and-white." She offered that her father convinced everyone in their cult that Jesus Christ would return on 6/6/1966, so they all "sat in the yard waiting for Him to return and when He didn't they ran up into the hills thinking that the rapture had occurred and that they had missed it."

She stated that she lived in fear, shame, and guilt. She recalled that she felt "fearful and terrified" that she would "do something that was not proper or within the guidelines" of her religion.

She stated that she has a history of severe depression that included one admission into a partial hospitalization program for psychiatric treatment. Ms. Sample stated that after her divorce in 1999, she felt "shut down physically, mentally and emotionally" about her divorce for an approximate two-year period. She stated that she was experiencing a depressed mood on a daily basis and that she had to "force" herself to get out of bed each morning.

The candidate stated that she admitted herself into a partial-hospitalization program and that she remained there for approximately 8 to 12 days, receiving 6 hours daily of individual and group psychotherapies and psychotropic medication management appointments with an attending psychiatrist. She noted that during her personal time she would journal and that she realized that she was experiencing "guilt and shame" and the burgeoning recognition that she had Adult Attention Deficit Disorder and symptoms of Posttraumatic Stress Disorder.

The candidate denied any current or former history of suicidal and/or homicidal ideations, plan, or intent.

Substance Abuse History & Other Addictions

- *Substance Use*

With regard to the candidate's substance usage history, Ms. Sample stated that she currently drinks alcohol in the form of "a few times a year, a half-a glass of alcohol." Ms. Sample stated that she used cannabis during the 70s a few times, but there has been no use since that time.

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 stated that there is no history of food addiction or formal eating disorder diagnosis. She stated that she has not engaged in behaviors such as binging and/or purging foods or engaging maladaptive means to maintain a desired weight, such as withholding of caloric intake below what would be considered healthy.

Ms. Sample stated that she is currently engaged in Medi-Fast weight loss program and that she is exercising with water-aerobics, under the care of her primary care physician.

- *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 sexual misconduct and/or sexual promiscuity involving another person(s). Ms. Sample stated that there is no history of pornography usage. She stated that she remained celibate until her first marriage.

- *Work Addiction*

The candidate revealed that she engages in behaviors consistent with work addiction. She stated that when she was growing up, she was told that "taking a day off was a sin." Frequent references to Ms. Sample's tendency for overworking and concerns about setting boundaries between her work and personal lives were mentioned by her recommendees.

- *Violation of Law / Criminal Behavior*

There is no self-reported criminal history.

VIII. 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.

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. Ms. Sample's test-taking approach was highly defended to the extent that the profile data is considered uninterpretable. Her manner of responding to the MMPI-2 was consistent with what has been classified as a "false negative" or a "test miss" in that it was consistent with person's who are believed to have a high likelihood of obtaining elevations on the MMPI-2 clinical scales, but do not obtain these elevations due to the evaluee's failure to report psychological pain and distress with the likelihood of overcontrol, emotional shutdown, and conscious or unconscious denial of problems playing a role.

b. <u>Personality Assessment Inventory (PAI)</u>:

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.

<u>Test Validity</u>

Ms. Sample's test-taking approach to the PAI indicates that she may not have answered in a completely forthright manner; the nature of her responses might lead the reader to form a somewhat inaccurate impression of her. Her style of responding indicates a tendency toward positive impression management, in that she answered questions in a manner that suggests that she tends to present herself in a consistently favorable light, and as being relatively free of common shortcomings to which most individuals will admit.

Ms. Sample appears reluctant to admit to minor faults, and she may minimize problems or other areas where functioning might be less than optimal. Given this apparent defensive tendency, the interpretive hypotheses in this report should be reviewed with caution. Ms. Sample's clinical profile may underrepresent the extent and degree of any significant findings in particular areas due to her reluctance to acknowledge personal problems or limitations.

<u>Clinical Features</u>

The PAI clinical profile reveals no marked elevations that should be considered to indicate the presence of clinical psychopathology. Scores on one or more scales do, however, show moderate elevations that may reflect sources of difficulty for the person.

<u>Self-Concept</u>

The self-concept of the candidate appears to involve a generally positive, and, at times, perhaps uncritical self-evaluation. She does describe approaching life with a clear sense of purpose and distinct convictions, but this may represent more of an effort to make a favorable impression than an accurate self-perception. Assuming that this reflects the candidate's self-perception, responsibility for any setbacks that do occur is more likely to be attributed externally than to personal failings in an effort to maintain the positive self-image.

<u>Interpersonal and Social Environment</u>

Ms. Sample's interpersonal style seems best characterized as involving strong needs for affiliation and positive regard from others. This may result in rather uninhibited social behavior that may be seen by others as attention-seeking and dramatic. These needs for attention and affiliation can be so strong that the quality of her social interactions may be relatively unimportant as compared to their quantity. These behaviors, perhaps intended as friendly and sociable by the candidate, might be viewed as somewhat overbearing by those around her.

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 she reports having experienced very few stressful events in the recent past. Furthermore, she describes that she has a large number of individuals to whom she can turn for support when needed. The combination of a stable and relatively stress-free environment with the extensive social support system is a quite favorable prognostic sign for future adjustment.

c. Incomplete Sentences Blank:

The sentence completion method of studying personality is a semi-structured projective technique in which the evaluee 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 evaluee's own wishes, desires, fears and attitudes in the sentences that he or she makes.

An item analysis of Ms. Sample's responses to the 42 sentence stems provided her includes the following items that have been selected for interpretation.

Ms. Sample self-reported that she experiences racing thoughts (i.e., my mind works too fast sometimes) and hyperverbal speech (i.e., talks too much sometimes) and that she may also feel pressured to act quickly (i.e., slow moving people can annoy her), that she overworks herself and realizes that she should take a day off. It is interesting to note that some of these tendencies were found in each of her parents as she stated that her mother was methodical, and her father was impulsive.

The candidate's answers contained many references to her self-reported attentional difficulties for which she appears to cite as the main cause for many of her life's difficulties. She lamented that she struggled academically both in childhood and in adulthood due to her reported attention deficits and that she feels that she could have been helped earlier in life if her teachers would have known about this condition.

IX. Recommendation Forms:

Ares of perceived strengths, areas of concern, and ability to communicate as indicated by those making recommendations for Ms. Sample are as follows:

Strengths

- Faith: loves God, understands Scripture, knows how to apply God's word to everyday life.
- Loves people: will pray with people, listen to their problems, offering great wisdom and advice.
- Recognizes God's work in her life, in the church, and in the lives of those around her
- Comfortable and Very Skilled at Corporate Prayer Financial (2x): lives debt free.
- Focus: puts her mind to a task or project, she delivers beyond expectations.
- Compassionate, particularly for those with special needs or in hardship
- Ability to determine the "end game" & steps to get there
- Friend: She is loyal to the max and is quick to forgive.
- Very strong relationship with God
- Caring and generous with time & resources

- Amazing Ability to Minister through Music
- Creative
- Teachable

Areas of Concern

- Hard on herself: forgives others, but she does not forgive herself easily, needs to let go
- Sometimes accepts too much responsibility for her children's decisions.
- Sees solutions before others, and sometimes does not allow them to process.
- Needs to learn when to give up on a project.
- Needs to slow down to listen before trying to help fix a problem
- Extremely intense when she is anxious or overwhelmed
- People are priority over paperwork
- Can put ministry before caring for self
- Needs to be careful not to assume that others are spiritually refreshed in the same ways she is.
- sometimes comes on too strong and can offend people without realizing it.
- could work on a spirit of humility.
- Listen more, speak less or at least reflect more before speaking.
- Needs to learn when to give up on a project

Candidate's Response

Ms. Sample was asked to speak to some of the above areas of concern (growth) as indicated by those making recommendations for her and she demonstrated a host of behaviors that were consistent with poor insight.

She appeared to vacillate between intellectualizations in defense of areas in which people suggested that she could benefit from growing to more extreme defensive posturing during which times she actually defended her propensity to engage in the behaviors that others were identifying as maladaptive.

At times, Ms. Sample demonstrated intellectual insight in the absence of emotional insight. She made statements that consisted of the ideas associated with improved self-knowledge without the benefit of corresponding emotional insight that would bring with it a change in behavior as a result. Moreover, Ms. Sample appeared to further defend herself from the deeper recognitions of change by rationalizing that she was "working on it" or "trying." She would repeat colloquiums such as "it's not hopeless until it's hopeless," in chipper ways that appeared devoid of thoughtful introspection and designed to steer the evaluator away from questioning her further on a topic.

At other times, she would make statements that suggested that she had already grown past what the recommendee was saying about her. For example, when it was mentioned to her that several people had indicted that she would benefit from listening more rather than speaking, she reiterated the axiom that one should be "swift to listen and slow to speak" without any awareness of the hypocrisy that others were asking her to become aware of her need to do this very behavior.

When people are attempting to avoid experiencing the psychological pain (i.e., guilt, shame, anxiety, confusion) born of recognizing their own conflicting values, thoughts, emotions, beliefs or behaviors, they may psychologically defend against it by unconsciously compartmentalizing them into 'separate containers' if you will. To the average observer, this appears to be indistinguishable from hypocrisy. Compartmentalization happens in everyday life in ways such as someone who espouses "living by the Golden Rule," yet who also states frequently that he or she should "look out for Number One." Typically, confrontation of such compartmentalized ideas or behaviors will result in rationalizing away the contradictions.

X. Diagnosis:

		ICD-10	
Axis I:	R/O	F31.9	Unspecified Bipolar Disorder
	R/O	F43.10	Posttraumatic Stress Disorder
Axis II:		F60.89	Antisocial & Narcissistic Features

XI. Analysis:

Ms. Sample's approach to the evaluation process was extremely defensive and indicative of someone who experiences a possible personality disorder, a bipolar spectrum mood disorder and/or unresolved Posttraumatic Stress Disorder. The candidate has self-reported that she had a very significant depressive episode years ago that required her to seek a higher level of behavioral health care, a partial hospitalization program. Her PDI indicates that she has experienced ongoing depression in the form of seasonal depressions (i.e., "winter doldrums"), possibly racing thoughts, subclinical hypomania, and Posttraumatic Stress Disorder.

Psychological testing with the PAI resulted in narcissistic and antisocial personality features.

The candidate appears to have struggled significantly with her spiritual life (ministered in 5 religions before UMC) and self-reported being raised in a "religious cult" that was sometimes confusing, chaotic, and traumatizing. She has indicated that she has struggle with a life-long religious guilt stemming from this environment, but that her passion for ministry has nevertheless remained.

The candidate's highly defensive manner resulted in an invalid MMPI-2 and interpersonally intense and inappropriate behaviors during her clinical interviewing. Other psychological testing indicates the presence of personality traits consistent with persons who are given to grandiose self-evaluations and who may not consider the rights of others toward their end goals.

Ms. Sample demonstrated an overall low frustration tolerance and a propensity to become emotionally dysregulated. These behaviors have also been observed by her recommendees who have indicated that she can become "extremely intense when she is anxious or overwhelmed" and that she "sometimes comes on too strong and can offend people without realizing it."

Ms. Sample also appears to be someone who is very liked by her peers and even admired for what they describe as her very loyal, wise, caring, and faithful ways. Her peers indicate a concern for her given that they see this loved individual needing to "learn when to give up on a project" and "sometimes needs to be told to take a rest." She is seen as a friendly, charismatic, passionate person and gifted musician and performer.

XII. Recommendations:

Psychiatric Evaluation

Ms. Sample could benefit from a psychiatric evaluation to determine the efficacy of her current psychotropic medication regimen in reducing the frequency and intensity of her above diagnosed behavioral health condition(s).

Psychotherapy

Given the evaluee's behavioral health symptoms, 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, preferable weekly.

Unspecified Bipolar-Spectrum Disorder

Psychotherapy services should focus on assisting Ms. Sample in coping with the ups-and-downs of a mood disorder which causes her to experience depressive episodes alternating with racing thoughts, anxiousness, and sleeplessness.

- *Depression*

Ms. Sample could benefit from learning how to verbally express an understanding of the relationships between depressed mood and repression of feelings such as hurt, disappointment, shame and anger that have not been expressed and processed. The evaluee could be encouraged to identify cognitive self-talk that is engaged in to support depression. She may also keep a daily record of dysfunctional thinking that includes each situation associated with depressed feelings and the thoughts that triggered those feelings.

- *Hypomania*

Classical signs of manic-type behaviors include speaking with a fast rate, impulsive behavior, flight of ideas and high energy. People who experience increased psychical energy should be encouraged to talk about underlying feelings of low self-esteem or guilt and fears of rejection, dependency, and abandonment. Goals of treatment should include differentiating between real and imagined losses. Overarching treatment goals include achieving controlled behavior, moderated mood, and thought processes.

Posttraumatic Stress Disorder

The long-term goal in the treatment of posttraumatic stress disorder is to reduce the negative impact that the traumatic event has had on the many aspects of the evaluee's life and assist her in being able to recall the traumatic event without becoming overwhelmed with negative emotions, to develop and implement effective coping skills, and to terminate the destructive behaviors that serve to maintain escape and denial while implementing behaviors that promote healing, acceptance of past events, and responsible living.

To this end, psychotherapy should include assisting the evaluee in exploring in detail her feelings surrounding the traumatic incident(s), allowing for a gradual reduction in the intensity of the emotional response with repeated retelling.

The therapist could also explore the negative self-talk that is associated with the past trauma and the predictions of unsuccessful coping or catastrophizing. The evaluee could be encouraged to make a list of her negative self-defeating thinking and replace each thought with self-enhancing self-talk.

- *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. It may be important to ask the candidate how she felt that her interview with the undersigned went to gauge her level of insight and viewpoint?

2. Similarly, it may be important to ask the candidate how she believed that she approached her psychological testing?

3. Finally, given that Ms. Sample has indicated on her PDI the need for psychotropic medication to assist her with some self-reported behavioral health issues, does she believe that she could benefit from continued behavioral health support in the form of a medication evaluation with a psychiatrist and beginning individual outpatient psychotherapy with a psychotherapist?

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