



## **Behavioral Health Guidelines for Boards of Ordained Ministry**

Division of Ordained Ministry  
General Board of Higher Education & Ministry  
[www.gbhem.org/bom](http://www.gbhem.org/bom)

### **Overview**

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, 605.7, 635.2h, 666.9, 2012 Book of 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 guidelines 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 inmost spirit transforms behavior patterns (I 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 the 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? To address these concerns, the Division of Ordained Ministry's Advisory Committee on Candidacy and Clergy Assessment (ACCCA) offers these Behavioral Health Guidelines as a resource in candidate selection. As the title suggests, these are general guidelines rather than hard-and-fast regulations. They relate to behavioral health issues, broadly defined, that the committee believes are critical to effectiveness in ministry and the avoidance of misconduct.

### **Our primary purposes in this effort:**

- Guide and advise dCOMs and BOMs.
- Assist BOMs in establishing their own standards for assessment.
- Provide a vehicle for BOMs to raise questions about standards for assessment.
- Flag areas of concern.



The ACCCA proposes standards in the categories listed below, along with brief rationales explaining our sense of their importance. Most candidates will meet these standards immediately, but some may evidence critical behaviors or conditions that would require further exploration. Questions are provided to facilitate this exploration. If the results continue to raise concerns, the Board or Committee may need to take some action, such as postponement of the candidacy process (for further exploration or remediation) or, in serious cases, permanent disqualification. Each recommendation or guideline requires interpretation on a case-by-case basis.

The Advisory Committee on Candidacy and Clergy Assessment welcomes feedback regarding these guidelines. Email the Executive Director of Candidacy and Conference Relations for the General Board of Higher Education and Ministry at [candidacy@gbhem.org](mailto:candidacy@gbhem.org).

## Definitions and Categories:

**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 Question** – a recommended question which may assist in assessing whether a critical behavior does indeed violate the standard.

**Recommendation** – a decision recommended when exploratory questions indicate that a standard is not met.

### The following categories are addressed in this document:

- Alcohol Abuse/Dependence (p. 3)
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## **Category: Alcohol Abuse/Dependence**

### **Standard:**

The candidate demonstrates no present abuse or dependence upon alcohol.

### **Rationale:**

Alcohol abuse (short-term intoxication) and/or alcohol dependence (chronic over-involvement) are mental disorders known to impair functioning in pervasive ways. Candidates who suffer from these disorders will have greatly limited effectiveness and are at much greater risk for professional misconduct.

### **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 alcoholism with about 75% accuracy.
  - Have you ever felt you should **C**ut down on your drinking?
  - Have people **A**nnoyed you by criticizing your drinking?
  - Have you ever felt bad or **G**uilty about your drinking?
  - 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 use, the following questions may be helpful:
  - Are you currently abstinent, and if so for how long?
  - If you are abstinent, how and why were you able to become abstinent?
  - What are you currently doing to maintain abstinence? (Possible answers: Alcoholics Anonymous, outpatient chemical dependency counseling, other counseling)

### **Recommendation**

- Consider requiring a minimum of one year's sobriety prior to certification for candidacy.
- If any of the critical behaviors are recent (within five years), then consider requiring a formal "substance abuse evaluation" by a certified chemical dependency treatment specialist.
- If there is clear evidence of alcohol dependence at any time, then consider requiring participation in Alcoholics Anonymous (AA) or equivalent program and continued involvement in such a program for not less than five years prior to certification for candidacy.



## Category: Chemical Abuse/Dependency

### Standard:

The candidate demonstrates no present abuse or dependence upon either non-prescribed pharmacologic agents or prescribed medications.

### Rationale:

Chemical abuse and/or dependence are mental disorders known to impair functioning in pervasive ways. 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 marijuana, cocaine, hashish, hallucinogens, sedatives, amphetamines or other stimulants.
- Misuse of prescribed pharmacological agents of any type.

### Exploratory Questions:

- What is your history of chemical abuse or dependency?
- Are you currently abstinent, and if so, for how long?
- If you are abstinent, how and why were you able to become abstinent?
- What are you currently doing to maintain abstinence? (possible answers: Narcotics Anonymous, outpatient chemical dependency counseling, other counseling)

### Recommendation:

- If the history reveals occasional and/or experimental use limited to an adolescent period, then consider requiring not less than five years of sobriety prior to certification for candidacy.
- If the history reveals any adult use of illegal substances or any misuse of prescribed pharmacological agent, then consider requiring a formal chemical dependency assessment from a credentialed chemical dependency treatment specialist. A period of not less than five years of sobriety prior to certification for candidacy would also be appropriate.



## **Category: Compulsive Gambling**

### **Standard:**

The candidate does not engage in persistent problematic gambling.

### **Rationale:**

Compulsive gambling can quickly lead to substantial debt and reflects poor discipline, impulse control, and may mask underlying substance abuse, personality disorders, or mood disorders.

### **Critical behaviors:**

The candidate gambles with increasing amounts of money, the candidate has made repeated unsuccessful efforts to control, cut back, or stop gambling, or has sustained financial losses due to gambling, resulting in debts.

### **Exploratory questions:**

- What is your history with gambling?
- Are you currently abstinent from gambling? If so, for how long have you been abstinent?
- Under what circumstances are you vulnerable to relapse?
- What is your plan to deal with thoughts and impulses to gamble?

### **Recommendations:**

- The candidate should have a minimum of three years of consistent abstinence from gambling.
- All gambling debts, including personal loans, should be paid in full before entering candidacy. The candidate remains abstinent from any underlying substance abuse.
- Any underlying mental/emotional disorder has been successfully resolved.



## Category: Divorce or Infidelity

### Standard:

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?

### Recommendation:

- If there is a recent divorce (within 2-3 years), then the candidate should be able to articulate any dysfunctional patterns in intimate relationships and have taken steps to safeguard current or future marriage covenants.
- If there is insufficient evidence that sufficient exploratory or reparative work has been done, the Board may wish to recommend or require a course of psychotherapy and/or other conditions, such as a delay of one year.



## 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.

### Recommendation:

- The candidate shall ordinarily have not less than three years without reports as described.
- The presence of any critical behaviors requires an investigation into the facts and circumstances and an appropriate period may be required prior to certification for candidacy or continuance.
- The candidate shall acknowledge his/her behaviors and may have entered into family counseling or other appropriate treatment.



## **Category: Interpersonal Relationship Style**

### **Standard:**

The Candidate displays no significant impairment in his/her capacity to relate to others.

### **Critical behaviors:**

- The Candidate is abrasive, or arrogant, in manner.
- The Candidate is obsequious or unusually passive.
- The Candidate displays emotions inappropriate to the circumstance.

### **Exploratory Questions:**

- How well do you relate to authorities?
- How wide is your circle of friends? How do you maintain contact with them?
- Describe your range of emotions; for example, “What makes you cry?”
- How often do you become sad or tearful?
- What generates rage in you? How often?
- How do you feel now? How anxious, or uncomfortable are you?
- (If apparent) You seem sad...tearful.... annoyed... (as the circumstances warrant), how often do you experience these feelings?
- Tell us when your expression of feelings, of any kind, has caused problems for you.

### **Recommendations:**

- The more intense or troubling the range of emotions, the more important the need for direct consultation with a mental health practitioner. The Board may wish to bring in its own mental health consultant in order to evaluate the candidate’s capacity to relate to others in ministry.
- The candidate should not display any emotions of such intensity or nature as to impair his/her ability to relate clearly and reasonably with the committee, team, or Board conducting an interview.
- If any display of affect is troubling to the interviewing entity, the candidate must acknowledge that fact, and demonstrate the ability to articulate a plan of intervention, and expresses willingness to engage such a plan.





## 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 three years.
- An arrest or conviction for any misdemeanor.
- An arrest or conviction for any felony.
- Note: "Conviction" includes a "no contest" plea without admission of guilt, deferred adjudication and/or probation.

### Recommendation:

- Candidates may have no more than three moving violations (traffic) within the preceding three years.
- A history of arrest for any misdemeanor or felony requires investigation of the circumstances of the arrest including review of the offense (police) report. Results of the investigation may require an appropriate period without history of difficulty or further arrest prior to certification for candidacy or continuance.
- A history of conviction for any felony is, under most circumstances, permanently disqualifying.



## 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.
- Arrest, conviction, or written accusation for any sex-related crime.
- Written allegations of any sex-related crime.

### Recommendation:

- If the candidate has committed 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.
- The recommendation for permanent disqualification reflects the massive legal exposure an Annual Conference would take on were it to place in ministry a known sex offender. Behind that reality, however, is the awareness that currently available treatments for such offenses are of limited utility, with high rates of recidivism.



## Category: Mental Illness

### Standard:

The candidate has no current or recurring disqualifying psychological impairment.

### Critical Behaviors:

- The candidate has received a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, any other psychotic disorder, or any other major mental illness. Note: This category includes obvious situational anxiety or depression as may be seen in interviews, including, but not limited to, shaking, trembling, tearfulness, inability to speak, etc.
- The candidate has received a diagnosis of a personality disorder.
- The candidate has been hospitalized for psychiatric treatment.
- The candidate has been prescribed psychiatric medications (including antidepressants and/or anxiolytics).
- The candidate has had suicidal ideation, or 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?
- Should your symptoms return what is your plan to address them?
- Would you be willing to authorize communication between those who have treated you and this committee?

### Recommendation:

- The more severe the psychiatric impairment, the more important the need for direct consultation with the treating mental health practitioners. The Board may wish to bring in its own mental health consultants in order to evaluate the candidate's situation.
- The candidate has a history of remission from any moderately-to-severely impairing conditions for not less than five years without necessity for psychiatric hospitalization, though treatment may continue.
- The candidate has a history of responsible management of any mildly-to-moderately impairing conditions for not less than five years, and has an effective treatment program in place.



## Category: Personal Finances

### Standard:

The candidate is not in debt so as to embarrass the church and him or herself.

### 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. Financial difficulties may also 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 money judgments filed against him/her.

### Exploratory Questions:

- Describe the history (sequence) of your difficulties.
- Are there extenuating circumstances (possible mitigating circumstances: major medical expenses, divorce, etc.)?
- Note: Business failures and unemployment are not necessarily mitigating conditions, but require further exploration to assess if the business failures reflect poor judgment, or poor planning, and if unemployment reflects job related difficulties, or work inhibition

### Recommendation:

- If the candidate has a history of having been reported to the credit bureau, then three years of a good credit history is recommended.
- If the candidate has a history of a personal bankruptcy, then five years of good credit is recommended.
- If the candidate has a history of money judgments, then it is recommended that the judgments be satisfied prior to continuance.



## Category: Physical Health

### Standard:

The candidate demonstrates no obvious physical health concerns.

### Rationale:

Neglect of physical health is known to impair function in pervasive ways. Responsible preventive 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):

- Obesity (Body Mass Index (BMI) of 30-40 is obese, while a BMI over 40 marks extreme obesity).
- Markedly underweight (BMI is less than 18.5).
- 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?

### Recommendations:

Candidates should be able to articulate their plans for physical health care. Candidates with medical problems should demonstrate medical consultation and cooperation with treatment plans.



## Category: Pornography

### Standard:

The candidate has no present use/dependence upon pornography.

### Rationale:

Dependence upon pornography is known to impair functioning in pervasive ways, including impaired relationships, time lost to sleep and work, and negative self-esteem.

### Critical Behaviors:

- A history of being disciplined or dismissed from a job because of accessing pornography.
- A history of regularly visiting pornography sites.
- Downloading pornography from a site.
- Erasing computer history files in an effort to conceal pornography sites.
- Time on pornography sites takes away from or prevents doing other tasks and activities.

### Exploratory Questions:

- Are you currently abstinent, and if so for how long?
- If you are abstinent, how and why were you able to become abstinent?
- What are you currently doing to maintain abstinence?
- What is your understanding of how pornography functioned in your life?

### Recommendation:

If the candidate is not abstinent, require participation in Sex Addicts Anonymous, Sexual Recovery Anonymous, Sexual Compulsives Anonymous, or similar group.

### Recommended Reading:

- *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography* – Wendy and Larry Maltz. Harper Paperbacks, (2008).
- *In the Shadows of the Net: Breaking Free from Compulsive Online Sexual Behavior* – Patrick Carnes, et. Al. Hazelden Publishing, (2007).
- *The Pornography Trap: Setting Pastors and Layperson Free from Sexual Addiction* – Ralph Earle & Mark Laaser. Beacon Hill Press of Kansas City, (2002).
- Christian Century (Sept. 4, 2007), “Addictive Behavior: Pastors and Pornography”.
- Psychotherapy Networker (Dec. 1, 2009), “Out of the Shadow”.

### Websites for support:

- [www.clergyrecovery.com](http://www.clergyrecovery.com)
- [www.helpguide.org](http://www.helpguide.org)
- [www.netaddiction.com](http://www.netaddiction.com)
- [www.healthysex.com](http://www.healthysex.com)



## Category: Sexual Misconduct and Sexual Harassment

### Standard:

The candidate has no history or complaints of sexual misconduct or charges of sexual harassment having been brought against him/her.

### Rationale:

The role of ministry carries with it an authority and power differential that can create a trust and vulnerability on the part of those entrusted to one's care. It is thus imperative that the candidate understands this differential and demonstrates good capacity to maintain sexual boundaries.

### Critical Behaviors:

- A history of one or more complaints or charges (either formal or informal) of sexual misconduct, or sexual harassment.

### Exploratory Questions:

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

### Recommendation:

- The committee should explore with the candidate the steps the candidate has taken to identify and understand and deal with the psychological vulnerabilities that contributed to the behavior, and what safeguards the candidate has put into place to guard against the possibility of similar behavior in the future.
- The candidate should have no evidence of sexual misconduct for a minimum of three years.
- A candidate must articulate a plan to insure that such behavior is unlikely to recur. This plan may include intensive psychotherapy and/or ongoing supervision, or other conditions required by the Board of Ministry.
- Generally more than one complaint or charge should be considered grounds for permanent disqualification for ministry.



## **Definitions and Examples of Sexual Misconduct and Sexual Harassment**

### **Sexual Misconduct:**

Incorporates a range of behaviors that are sexual in nature, nonconsensual, and has the purpose or effect of threatening, intimidating or coercing another person and usually involves a power and authority differential. This may occur in person or through social media. Some examples are:

- Stalking
- Voyeurism
- Making nonconsensual photographs, video, or other visual or auditory recordings of a sexual nature of another person, which may or may not involve sharing such recordings
- Sharing or displaying pornographic material
- Sexting
- Requesting a date
- Kissing and or fondling
- Intercourse

### **Sexual Harassment:**

Includes unwelcomed comments and conversations that are sexual in nature, usually where there is a power and authority differential. It may include or imply a promise of rewards in exchange for sexual favors. This may occur in person or through social media. Some examples are:

- Making sexual comments about an individual's appearance or body
- Suggesting that an individual should dress in a sexual manner
- Initiating conversation regarding the sexual problems, preferences, or fantasies of either party
- Telling sexual jokes
- Touching an individual when not invited