Saint Luke Institute has provided psychological assessments for applicants to the priesthood and religious life for nearly 30 years. The Saint Luke Institute Candidate Assessment Protocol (SLI-CAP) is a multidisciplinary team approach to psychological assessment using two clinicians and one trained spiritual director. This collaborative, holistic model integrates a variety of perspectives and provides the candidate and diocese/order with a richer, more positive experience.

A primary goal of a psychological evaluation is to screen for psychopathology, identifying obvious reasons that priesthood or religious life is not a good fit for a candidate. The evaluation can also be a tool for positively impacting the formation process of those coming forward for service in the Church. When done well, the combination of interviews, psychological testing, and specific feedback provides seminary staff and formation personnel with a clear understanding of how best to support a candidate in the discernment process and beyond.

The Psychological Evaluation

Element One: Psychosocial History
A core component of the psychological evaluation is a thorough psychosocial interview. A psychologist obtains basic information about the candidate’s personal history. Content areas include family history, academic and occupational experiences, and peer support and relational history.

The psychosocial interview also includes a psychosexual component, i.e., a series of questions to explore the candidate’s understanding of his/her own sexuality and sexual identity, and a review of dating history. The interview explores potential areas of problem behavior related to sexuality, along with the candidate’s understanding of celibacy and how to live an authentic, chaste lifestyle. Facilitating healthy dialogue around this topic is critical. This not only opens the door to explore problematic behavior, but also encourages the candidate to think honestly about his or her own sexuality and how he/she envisions living out a celibate life.

Element Two: Clinical Interview
For mental health professionals, a clinical interview is a structured discussion, focused on the presence of mental health issues. Candidates are asked to share areas of difficulty either in their mood or behavior, and then the clinician determines whether this is diagnosable, along with forming a professional opinion about how this may or may not impede the individual’s ability to succeed. In addition to their own personal mental health history, candidates are asked to describe notable instances of mental health problems within their immediate and extended families.

Element Three: Psychological Testing
This core component typically includes personality testing and an intelligence measure. Psychologists rely on personality testing to gain objective data and important insights into the person being evaluated. These include: assessing the presence of acute distress at the time of evaluation, understanding how the candidate views his/her relationships with others, self-perception, problem-solving strategies, psychological makeup, and emotional strengths and vulnerabilities.

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Case Study James
by Emily Cash, Psy.D.

James grew up in a traditional Catholic family. His parents regularly attended Mass; his mother served as a Eucharistic minister; and his father served two terms on the parish council. Catholicism and the integration of their faith tradition was an important part of James’ upbringing and family history.

When James was a teenager, his father lost his job; this resulted in financial stressors along with an increase in his father’s alcohol use. At the time, James began to rely heavily on his parish priest for support and began working part-time to lessen the financial burden. James conveyed during the psychosocial interview that this was when he began considering the priesthood. He also identified it as a pivotal moment in his development, as he no longer felt like a child.

James was a high achieving student, performing well in high school and securing an academic scholarship to college, where he studied religion and business. He said he wanted to continue nurturing his interest in theology while also having something practical to fall back on should he not pursue seminary. During college, James performed well academically, was involved in Catholic activities on campus, and worked part-time at the student center. Prior to graduating James decided to apply to the seminary of his local diocese; he recognized a growing sense of a vocation, which felt confirmed both by his vocation director and by other peers who knew him.

James entered the psychological evaluation in an open and cooperative manner; he was highly verbal, socially skilled, and presented himself in a very positive way and as a strong candidate for seminary. However, when the evaluation team spoke to him in greater depth about his family, James revealed notable feelings of shame about his father’s struggles with alcohol and how hard it had been on him as an adolescent to shoulder that weight. In addition, James identified how his image of himself became tied to how well he could perform in school or the extent of his extracurricular activities, citing that a part of him felt that if he were “better,” perhaps his father could stop drinking.

Psychological testing validated several of his strengths... it also reiterated many of the vulnerabilities he was able to identify for himself.

Psychological testing data validated several of his strengths: he was bright, hard-working, achievement-oriented, and very rooted in ethics and morality. However, it also reiterated many of the vulnerabilities that James was able to identify for himself: struggles with low self-esteem, a strong desire to please others, and a high level of conscientiousness about his impact on those around him. Testing also suggested a high potential for addiction and underlying symptoms of mild anxiety, which Mr. James appeared to have been managing through staying busy and overperforming.

In integrating the information from the three interviews and the accompanying psychological testing data, the evaluation team was able to see the big picture of James’ life experiences and better understand how they informed his understanding of his vocation and of himself. The evaluation team, in turn, was able to provide recommendations that essentially generated a road map for James, his vocation director, and the formators to help him better integrate knowledge of these vulnerabilities and capitalize on his existing strengths.

Examples of the types of recommendations that were offered included:
1. Exploring his concept of self-worth in spiritual direction, especially given that much of his identity had been associated with what he does as opposed to who he is as a person.

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Finally, clinicians may offer recommendations on how best to address areas of vulnerability. Recommendations are tangible steps on how to effectively address the noted areas, thereby helping seminary personnel and formators develop ongoing formation goals.

**Element Six: Verbal Feedback Summary**

The final component of the evaluation process is a meeting between the Saint Luke Institute assessment team, the candidate, and his/her vocation director. This hour-long verbal feedback session is an important part of understanding and interpreting the evaluation findings. It is also an opportunity to model healthy, open dialogue about the candidate’s strengths and areas of growth. As clinicians, we hope that the entire process, from start to finish, is ultimately helpful for the candidate and can provide a clearer understanding of strengths and vulnerabilities as well as some tools to aid in a full and healthy discernment and formation experience.

Emily Cash, Psy.D. is director of the Saint Luke Center in Louisville, Kentucky.
Conference on Human Formation: Mental Health Matters

Religious and diocesan leadership, vicars for clergy, rectors, and formation and vocation personnel are encouraged to participate in the biennial Conference on Human Formation: Mental Health Matters cosponsored by Saint Luke Institute and Saint Meinrad Archabbey, Seminary and School of Theology—April 20-23, 2020 in St. Meinrad, Indiana.

Psychological well-being is an essential consideration when screening, forming, and supporting priests and religious in their vocation. The third Conference on Human Formation will address mental health concerns that commonly arise among those pursuing priesthood and religious life. Topics include addressing mood disorders and anxiety, understanding personality disorders, screening for emotional and psychosexual concerns, and more.

For More Information
Contact Beth Davis, 502-632-2471, bethd@sli.org, or visit: sliconnect.org/conferences.

Allowing God to Guide Our Resolutions

The end of the year provides an opportunity to reflect on the past and look ahead to new possibilities. Many people identify resolutions on January first; promises of change to self or others. But our resolutions can often give way to old patterns or the pressure of time and we might be tempted to negative thoughts or feelings about our inability to stay the new course. If this pattern seems familiar, perhaps we can recast our understanding of resolutions?

This January let us consider a spiritual resolution, letting God initiate the change desired. In prayer we open ourselves to God’s Word, we listen to what God wants for us, and how his Word can take root in us and be more fruitful. Being open to God’s grace in our daily living is a spiritual resolution that can make all the difference.

Prayer for a New Year
Remember us, O God; from age to age be our comforter.
You have given us the wonder of time, blessings in days and nights, seasons and years.
Bless your children at the turning of the year and fill the months ahead with the bright hope that is ours in the coming of Christ.
You are our God, living and reigning, forever and ever.

Amen.

—Catholic Household Blessings & Prayers

For more information on Saint Luke Institute or to donate: sli.org/donate