

Conception Seminary College Guidelines for Psychological Evaluation

All applicants to Conception Seminary College are required to complete a full battery of psychological tests, and receive an interpretive psychological report by a *licensed clinical psychologist* as a condition for admission.

These *Guidelines* are designed to inform the applicant, any sponsoring agent, and the psychologist as to specific requirements regarding this evaluation.

I. Evaluation Procedures

1. The applicant is responsible for having the psychological evaluation completed. If there is a sponsoring diocese or religious order, the applicant should make arrangements through this sponsor. Applicants without a sponsor can contact the Seminary to receive further direction about how to complete this requirement.
2. The applicant is to sign the attached release form, permitting the examining psychologist to send psychological test and clinical interview results to the Director of Counseling services. The Admissions Committee will not have direct access to this material. The Director of Counseling Services will advise the Admissions Committee as to the applicant's general acceptability. The Admissions Committee consists of the Director of Admissions, the Rector, the Deans, and the Director of Counseling Services.
3. In addition to the clinical interview, the school requires the use of at least one personality test normed to screen for psychopathological tendencies. It is recommended that the Minnesota Multiphasic Personality Inventory (MMPI-2) be used. The school also strongly recommends the use of projective tests, preferably the Rorschach Inkblot Test and the Thematic Apperception Test (TAT). Intelligence test (WAIS-IV) requirements are listed on the next page.
4. The psychological evaluation should take place within one year prior to making application. The evaluation is a necessary element in the application process and therefore should be received by Conception Seminary College as early as possible, but no later than one month prior to anticipated matriculation at Conception.
5. The written interpretive report should be sent to:
Director of Counseling Services
Conception Seminary College
P.O. Box 502
Conception, MO 64433-0502
6. As a resource for determining suitability for admission and also for any further counseling undertaken, the report is kept in a locked file in the Department of Counseling Services for the time the individual is at Conception Seminary.

II. Evaluation Process & Testing for Evaluating Psychologist

A. Behavioral observations/Clinical interview

1. Mental status evaluation
2. Clinical interview, including family of origin, psychosocial development, self-perceived strengths and weaknesses, psychosexual development.

B. Objective measures

1. Minnesota Multiphasic Personality Inventory (MMPI-2) preferred.
2. Sexual misconduct screening (see attached form)
3. Other instruments may be added at discretion of evaluating psychologist.

C. Projective testing

1. Rorschach Ink Blot Test preferred
2. Other techniques such as the TAT, Sentence Completion, may be added

D. Intelligence testing (WAIS-IV) is necessary if any of these three apply to applicant:

1. Applicant's GPA is low
2. There is indication of possible learning or attention difficulties
3. If the applicant scores less than 18 in any single area of the ACT. (Please note that the applicant's ACT scores must be submitted before an admissions decision will be made. Scores should be revealed to examining psychologist.)

NOTE: The WAIS-IV is preferred, but WAIS-III results will also be accepted.

III. Focus of Psychological Report

A. Overall assessment of level of psychological functioning

1. Any Axis I or Axis II disorders
2. Presence and degree of symptoms of depression, anxiety, personality disorders
3. Personality traits, predominate needs or drives, personality strengths and weaknesses, areas of conflict, addictive tendencies.

B. Assessment of psychosocial maturity

1. Assessment of residual conflicts from family of origin and social history
2. Significant aspects of social history that may affect current functioning: family history, early experiences, school and work history, medical and mental health history in family and self, legal issues, substance use or abuse

C. Assessment of psychosexual maturity

1. Assessment of psychosexual development and sense of sexual identity
2. Assessment of affectivity and capacity for empathy and intimacy
3. Assessment of readiness to live the "charism of celibacy" (i.e. evidence of abstaining from sexual activity for a sustained period)

D. Assessment of personal autonomy and attitude toward authority figures

E. Assessment of flexibility and emotional resilience

1. Consideration of such issues as impulsivity, tolerance for frustration, coping patterns, coping skills
2. Capacity for personal insight and growth, level of motivation for growth

F. Psychologist's opinion concerning applicant's honesty and thoroughness in significant assessment areas

G. Recommendations

BACKGROUND QUESTIONNAIRE CONCERNING SEXUAL MISCONDUCT

1. Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment, or sexual exploitation?

Yes_____ No_____

2. Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, physical abuse, sexual harassment, or sexual exploitation?

Yes_____ No_____

3. Have you ever terminated your employment, or had your employment terminated for reasons related to allegations of civil or criminal complaints of sexual abuse, physical abuse, sexual harassment, or sexual exploitation?

Yes_____ No_____

4. Have you ever received any medical or psychological treatment, including counseling, involving your sexual abuse, physical abuse, sexual harassment, or sexual exploitation of another person?

Yes_____ No_____

5. Did you enter into an agreement with any past employer not to divulge the true reason for termination of employment?

Yes_____ No_____

If you answered "yes" to any of the above five questions, you may be asked to execute an authorization for information.

I have personally read and completed this background questionnaire, answered it honestly, and released it to my examining psychologist, _____, as part of my psychological evaluation.

Signature

Print name

Date

CONSENT TO RELEASE OF PRIVELEGED INFORMATION

I, _____, hereby authorize

to release an interpretive psychological report concerning me to:

Director of Counseling Services
Conception Seminary College
P.O. Box 502
Conception, MO 64433-0502

I understand that the report will be kept confidential and on file with the Director of Counseling Services at the Seminary for the time I am a student at the Seminary, and that the Admissions Committee will be advised by the Director of Counseling Services as to my suitability from a purely psychological point of view to enter priesthood formation at Conception Seminary College.

I give permission for the Director of Counseling Services to consult with the examining psychologist as is necessary in order to fully understand the report and its recommendations.

Signed _____

Date: _____, 20_____

This release expires when the material is sent by the examining psychologist and accepted as complete by the Seminary within a one-month period.