

The New Zealand Model for Psychological Assessment for Cross-Cultural Mission

Dr Katherine N. Thompson and Dr David Williams

Contact: dr.katherine@optusnet.com.au

Katherine N. Thompson has worked for more than 25 years as a Clinical Researcher in the field of mental health, and has served with the Australian Baptist Mission in Central Asia. She currently works as Clinical and Mental Health Social Worker in private practice part-time, and as an academic at Melbourne School of Theology and Eastern College Australia.

David Williams leads the training ministry of the Church Missionary Society of Australia, based at St Andrew's Hall in Melbourne. He is a member of faculty at Ridley College. He served as Principal of Carlile College in Nairobi, Kenya, and helped the College open a Centre for Urban Mission in Kibera informal settlement, one of the largest slums in sub-Saharan Africa.

Abstract

The Australasian Mission Assessment Project (AMAP) examined the psychological assessment of cross-cultural mission candidates across Australia and New Zealand and found practice in these two countries differed considerably. This research aimed to investigate the New Zealand Model in greater detail using a qualitative case study approach. The Assessment Coordinator, professional assessors who clinically interviewed candidates, and mission organisation staff who received written reports, were interviewed in order to document and describe the history, process and experience of this unique way of standardising assessments. The New Zealand Model represents a streamlined process, within one country, which is consistent, and centrally coordinated and disseminated. Assessors valued this team approach and wanted organisations to value and utilise the reports rather than seeing them as a necessary hurdle. Mission organisations in New Zealand described the reports as understandable and consistent. They suggested a summary paragraph or page with key recommendations could be helpful. They contained valuable recommendations to guide discernment for ministry, and feedback which fostered personal awareness and growth in candidates. The case study of the New Zealand Model provides a

template and important insights that could assist other countries to work towards a more consistent and coordinated approach that is optimal for assessors and organisations.

Key Words: mission, cross-cultural, psychological assessment, standardise, ministry candidates

Introduction

The Australasian Mission Assessment Project (AMAP) commenced with the aim of improving the efficacy of psychological assessments for cross-cultural mission candidates in Australia and New Zealand (Thompson et al., 2023a; Thompson et al., 2023b). The impetus for the project came out of a lack of consistency in method and approach in Australia, with multiple assessors and different methodologies, spread over a vast geographical region. This study unexpectedly discovered that mission organisations and assessors in New Zealand had adopted a completely different approach to psychological assessment, and already worked together in partnership to create a standardised, centrally coordinated method for screening cross-cultural workers. This paper examines the New Zealand Model, including its history, process, and method, together with feedback from key stakeholders in order to offer a prototype for the standardisation of psychological assessments in mission worldwide.

AMAP highlighted the need for more research in the area of psychological assessment for ministry and cross-cultural work (Thompson et al., 2023a; Thompson et al., 2023b). A scoping review showed that in the 20-year period 2001-2021, only five peer reviewed papers had been published regarding the use of personality tests to assess cross-cultural candidates, and two opinion pieces had been published on the topic of psychological assessment (Thompson et al., 2023a). These studies showed that cross-cultural workers had similar personality profiles to the normal population regardless of age, generation or ethnicity (Barnett et al., 2005; Cousineau et al., 2007; Dimos & Hasz, 2017; Rosik et al., 2016, 2017). Likewise, while the opinion pieces highlighted the importance of using psychological assessment to reduce attrition in cross-cultural mission, they also called attention to the need for more research in this area (Crawford & Wang, 2016; Gingrich, 2016).

Results from the AMAP research supported the observation that there were systemic problems in the way psychological assessments were being conducted in Australia (Thompson et al., 2023b). These included issues in the process of consent and adherence to Australian Privacy Law, a lack of clarity about the content, payment and cost of assessments, the choice of psychometric tests, and compliance with government recommendations for screening risk related to sexual offending (Thompson et al, 2023b; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). The research identified key areas that both mission organisations and professional assessors saw as important to screen for in candidates. These included strong interpersonal skills, physical and psychological resilience, and contentment with current relationship status (Thompson et al. 2023b). The research identified five common overarching purposes for psychological assessments: 1) screening for risk, 2) developing self-awareness and growth, 3) determining fit for role, 4) discerning call to ministry, and 5) normalising the prevention of harm (Thompson et al., 2023c). The research showed that professional assessors, who were predominantly psychologists, were an important component of the discernment process.

The results of AMAP were published and disseminated via webinars to mission organisations and assessors across Australia and New Zealand via Missions Interlink (Thompson et al., 2023a; Thompson et al., 2023b; Thompson et al., 2023c). However, the difference in practice between New Zealand and Australia remained unaddressed. Therefore, this paper aimed to describe the case study of the New Zealand Model of psychologically assessing mission and ministry candidates, and the unique learning opportunity it presents for making the assessment process more collaborative, efficient and standardised. The research question asked: how were the psychological assessments in New Zealand standardised?

Method

Participants

The sample consisted of assessors and mission member care staff. They were all based in New Zealand. They had one of three roles: 1) the Assessment Coordinator, 2) assessors who conducted the interviews and wrote the reports, or 3) mission organisation staff who received reports.

A total of 10 people were interviewed. The Assessment Coordinator provided an oral history of how the process and assessment method developed over time, including the type of psychometric tests used, and the clinical interview structure. Four additional assessors were interviewed. The Assessment Coordinator and assessors all had worked in cross-cultural mission in the past.

New Zealand has a total of 29 mission organisations listed with Missions Interlink, but not all of these necessarily undertake psychological assessments, or use the process outlined in this case study, or were available for interview. As such, a total of five mission member care staff conveyed their experience from an organisational perspective.

Participants provided informed written consent. This research protocol was approved by the Human Research and Ethics Committee from the Australian University of Theology on 8 March 2023, reference number ECo0327.

Procedure

Semi-structured interviews and assessment documents were utilised to compile a comprehensive case study. All interviews were conducted in the period between September and November 2023. Individual stories from assessors and mission staff in New Zealand were collected along with documents that were provided by the Assessment Coordinator. The main researcher (KT), who prior to 2020 had been an assessor for cross-cultural mission candidates in Australia, became the interpreter and compiler of this case study. Researcher motivation stemmed from a desire to improve member care for cross-cultural mission candidates in light of an adverse personal experience, together with extensive expertise in the area of mental health prevention and assessment.

Interviews

Interviews were conducted online and audio-recorded and uploaded to Transcribeme for electronic transcription. Transcripts were checked for textual errors. The interviews followed a semi-structured format designed to collect information about

the history of how assessments were standardised in New Zealand, who designed their structure, what psychometric tests and other information was collected, how assessments were applied by organisations, whether there were positive and/or negative aspects to this approach, and what changes if any would they like to make to the process. Participants were provided with an opportunity to raise issues that the researcher had not anticipated (Braun and Clarke, 2013; p. 78).

Data analysis

The data was analysed using a conventional case study approach as outlined by Liamputtong (2020; pp. 209-227). This method contained six suggested steps (Liamputtong, 2020; p. 221):

- 1) It considered the data as a bounded system and collected comprehensive information about the case.
- 2) It identified the case or cases. This meant selecting cases that show different perspectives of the problem and process.
- 3) Data collection.
- 4) An in-depth or holistic analysis of the whole case.
- 5) A detailed account of themes within the case (e.g. within-case analysis), and thematic analysis across all cases (e.g. cross-case analysis).
- 6) A discussion of the meaning of the case or lessons learnt from it.

An in-depth, holistic description of the history, process, psychometric tests, and clinical interview format was collected from the Assessment Coordinator in multiple forms, through documents (detailed in the results section) and a qualitative interview. A detailed account of qualitative interview themes within the assessor group and the mission organisation groups was analysed using thematic analysis (Braun and Clarke, 2013).

Results

The Assessment Coordinator

The Assessment Coordinator was a Christian psychologist with a Master of Organisational Psychology, who had worked cross-culturally for a mission organisation for a period of seven years in West Africa prior to conducting these assessments.

History

The following is a narrative summary of the information provided by the Assessment Coordinator concerning the history and development of the New Zealand Model.

Assessment Coordinator: I returned from West Africa to Auckland, New Zealand in 1995, and took up a role in my mission organisation working with new candidates. At the same time our organisation had already begun working with two psychologists from Australia who were coming over once per year to debrief and assess our missionaries. These two Australian psychologists started to train me so that I could do some of the work under their supervision. Their health needs changed and they could no longer travel to New Zealand so they put me in touch with another psychologist in Wellington who wanted to prepare people better for service based on what he experienced himself in cross-cultural mission. He developed his own assessment process and a small team of psychologists assisted him. He explained his process for assessments to me and we began collaborating together. In 2005, he decided to hand over the administrative part of his work to me, and I became the new contact person while completing further training in a Master of Organisational Psychology. After this, the process kept bringing in more people with enough understanding of the cross-cultural mission context to do the interviews and reports. In 2008, the Presbyterian Church contacted me, requesting assistance with their psychological assessments. This led onto expansion to other denominations, the Baptists, Anglicans and Salvation Army.

Process

The Assessment Coordinator provided additional information concerning the process of how assessments were conducted in New Zealand. The psychometric tests and questionnaires were sent out to candidates before the interview and are listed in Table 1 below. This was then followed by an interview.

Assessment Coordinator: The agencies and the churches who want an assessment contact me. I liaise with the client, explaining what is going to happen. I send them the psychometric tests. When the tests come back to me, my assistant scores and formats this information into an initial report of the results. Then I allocate someone to do their interview and report according to

availability. This process used to be geographic, but Zoom [online video meetings] changed this. I take the work that I can do as this is currently my sole work. If I cannot do it, I ask my colleagues if they are available to take the assessment. I also try to give some consistency in who denominations and organisations are relating to. For example, working with the same three people rather than five. The assessor then does the interview and writes up the report.

Assessment

The following information was collated based on the interview with the Assessment Coordinator, together with documents they supplied, including the Referral Form, the Brief Background Checklist, the Life History Questionnaire, and the Interview Template.

The Referral Form was sent out to organisations requesting the contact details of the receiving agency, the candidate(s) (and their family), and asked whether children required an assessment, whether the interview would be conducted online, the likely placement, role and term of service, along with any concerns that might need follow-up.

The Brief Background Checklist was a checklist (tick if present) of positive or negative experiences, behaviours, and feelings that candidates checked if they occurred in their lifetime, or within the last year, or within the last month. For example, bullying or having a friend they could confide in (lifetime), death of a family member or time to relax (past year), or feeling helpless or hopeful (past month).

The Life History Questionnaire requested further information in brief, written form concerning mental health (psychological treatment, family history of mental illness, personal medical problems), work (current occupation, work satisfaction), family of origin (divorce, adoption, parent occupation, family substance use, childhood abuse or neglect, parent absence, self-esteem, patterns of conflict and anger), sexuality (history miscarriage, abortion, sexual abuse, pornography, sexual addiction, sexual harassment, sex outside marriage, sexual misconduct – but not sexual orientation), self-description (written response asking how people would describe you, including

spouse, closest friend, someone with whom you were unable to resolve a conflict, and yourself), a list of hobbies, spiritual history (relationship with Christ, call to ministry, past involvement with the occult), other issues (substance abuse, obsessions/ compulsions, chronic pain, disordered eating, irritable bowel syndrome, premenstrual syndrome), and a written autobiography summarising childhood through to present time.

The psychometric tests have changed over time and continue to be reviewed as indicated in Table 1.

Table 1

Questionnaires and Psychometric Tests Used in New Zealand Assessments

Test or Questionnaire	Original Protocol	Current Protocol
Brief Background Checklist	X	X
Life History Questionnaire	X	X
Tennessee Self Concept Scale	X	
California Personality Inventory (CPI)	X	X (leadership only)
NEO		X
Kessler 10	X	X
Maslach Burnout Inventory		X (as needed)
DASS21		X (as needed)

The Tennessee Self Concept Scale (Marsh and Richards, 1988) measured how a person saw themselves across different areas of life and included a validity score: physical, moral, personal, family, work and social self concept. The California Personality Inventory (CPI260; Gough and Bradley, 2005) was a personality assessment specifically used for executive recruitment and leadership development. The NEO-PI-3 (McCrae and Costa, 2005) was a test of normal personality based on the Five-Factor Model, which evaluated a person across five domains: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. The Kessler 10 (K10; Kessler et al., 2003) was a measure of psychological distress which asked 10 questions about emotional states. The Maslach Burnout Inventory (Maslach, Jackson and Leiter, 1997) was a questionnaire used to assess three

dimensions of burnout: emotional exhaustion, depersonalisation and personal accomplishment. The Depression Anxiety and Stress Scale (DASS21; Lovibond and Lovibond, 1995) was a 21-item version of a questionnaire that measured depression, anxiety and stress.

The interview followed a standard question template, and typically took 90 minutes per person, and an additional four hours to write up. It began with informed consent that explained how the assessment information was going to be used and shared. Candidates were also debriefed about the results from their questionnaires and psychometric tests. After this, a standard interview template was used by assessors to gather further detailed information (see Table 2).

Table 2
Interview Structure Used in New Zealand Assessments

Sections	Example Questions
Readiness and Motivation	What are you hoping to do? What would you do if you are turned down?
Family Background	Who are the people in your family? How have your experiences shaped you?
Current Relationships	Who are the people you are close to? What was their reaction when you told them you want to do cross-cultural work?
Stress Management	What has been the toughest situation you have had to face? What did you learn about yourself from that?
Mental Health	How often have you felt down in the past 6-months? Have you ever had counselling?
Personality	How would you describe yourself? How do you react to conflict?

Feedback from the assessors

There were five key themes that arose from the interviews with assessors: a team approach, understandability, consistency, cross-cultural awareness, and application for personal growth.

A team approach

The assessment team, the Assessment Coordinator and assessors, regularly met to discuss whether to make changes to the process, introduce any new assessors, and modify and improve questions where needed. Assessors said they found it helpful when the Assessment Coordinator highlighted pertinent follow-up questions that could be asked, based on the analysis of candidate psychometric tests and questionnaires.

Assessor: I feel like [the people] who inducted me have really supported me through engaging in the process and check with me when I am not sure about things. I can go back to them and say, “What do I do about this situation?”. And I have received very good support.

Understandability

Based on feedback, the assessors stated both candidates and mission organisations understood the reports and felt comfortable with them. They were able to ask questions for further clarification if needed. Where possible, the language used in reports was normalised for readers so that they could understand it accurately without a deep knowledge of the tools used.

Assessor: I think I could give you any report that anybody has done and you would be able to read through it and understand it.

Consistency

There was consistency in the process and the people who contributed to the assessment team. This led to a clear understanding of what was being done. Assessors were familiar with the psychometric tests and questionnaires they were using. There was capacity to change practice uniformly in consultation with one another.

Assessor: If we are asking the same questions then in theory, we are reporting on the same issues.

Cross-cultural awareness

Assessors thought a key aspect they brought to their work was their rich cross-cultural training. They were aware that assessments came from a Western perspective and there was a need for cultural awareness to establish rapport, flexibility with time, and ability to meet the needs of candidates.

Assessor: I worked with a lady from the Pasifika and I spent extra time, half an hour extra, and got a great snapshot of this person. So if [the candidate] is [a person] whose communication style is narrative, is storytelling, which most non-Western people are, then naturally those interviews take longer because they are not going to give you a succinct answer.

Application for personal growth

Assessors expressed their frustration when mission organisations used the assessments as a necessary hurdle to accepting candidates, rather than applying them as a tool for individual growth. They believed candidates needed time to learn from what was reported and to follow up recommendations to benefit from the process. They could learn and become aware of some of the patterns that enhance their ministry, but also some that could hinder them.

Assessor: I believe it is a really helpful tool for an individual's growth. But not to have done it a year before somebody is about to go on the field does not make sense to me because you cannot create growth on the field. It's just not practical. Growth areas need to be taken back to the pastoral carers.

Feedback from the mission agencies

There were five key themes which emerged from the qualitative interviews with missions agency member care staff: utility of the summary and recommendations, benefits of standardisation, importance of partnership, need for training, and the importance of multifaceted assessments.

Utility of the summary and recommendations

Mission organisations highlighted the importance of having a clear summary and recommendations in the report. They wanted a summary that was able to be read outside of the remainder of the report. They wanted comprehensive recommendations. This was because they relied on this list to inform them as they supported and prepared candidates for placement; for example, suggesting counselling, further assessment for mental health conditions, or mentoring and coaching.

Mission Representative: I would find a more simplified summary version as well as the long one helpful so that maybe I could look at that first in some detail. But you can do that anyway. You can flick to the back of the summary recommendations, the strengths and weaknesses, and then go back and look at the detail of the interpretation.

Benefits of standardisation

Mission organisation member care staff said that they mainly assessed long-term candidates, and this could be done either in person or via online video call. Reports were completed to a high standard. They were understandable, consistent and similar in format.

Mission Representative: I was really impressed with how comprehensive it was, how they listened to the candidates and got feedback... I can be confident that they are all going to be a similar standard... Different people assessed each of our candidate couples, but still the final outcome seemed very consistent.

However, one factor that was not standardised, was that organisations differed as to when in the process of screening candidates they requested a psychological assessment.

Importance of partnership

Member care staff acknowledged the long-term partnership that had been formed between assessors and mission organisations, which meant the process for assessments was relatively easy. They appreciated being able to contact assessors

when further clarification was needed to understand a report. They said that when changes were made to the process, this was clearly communicated.

Mission Representative: I recall an opportunity once with [the coordinator], where she invited a group of mission organisations to a seminar and talked through it [the assessment process]... I remember that was an opportunity to ask questions and for the process to be just communicated with everyone and give feedback for her to use with her [assessors] and the process... Other than that, I think she would be available via phone.

Need for training

Mission organisations identified the need for further training in order to enable them to understand and use the reports more effectively. They wanted to be confident that they understood the nature of the issues the assessor had highlighted so they could address them.

Mission Representative: How do we read between the lines in understanding things that perhaps we need to spend more time on with that person?

Importance of multifaceted assessments

Member care staff acknowledged that screening and onboarding candidates was multifaceted, with the psychological assessment forming only one component of the discernment process. For example, candidates often had a physical health check, reference checks, a discussion about their placement and role, and developed a relationship with mission representatives. They were looking for people who had high self-awareness and insight.

Mission Representative: The thing that worries us the most is when a person has lack of insight and just does not see in themselves what other people are seeing. Some of that only comes up when you are spending time with a person.

Discussion

The New Zealand Model for psychologically assessing cross-cultural mission candidates provided a unique insight into using a standardised approach. The model demonstrated clear benefits of working collaboratively over an extended period of time. It resulted in a process that was centrally coordinated by a highly experienced

psychologist with cross-cultural experience. The model had some features, such as a Life History Questionnaire (Schubert, 1999) and psychometric tests (Schubert and Gantner, 1996; Dimos and Hasz, 2017; Barnett et al., 2005; Rosik et al., 2016), which have been based on previous suggested practice in the missions literature (Gingrich, 2016; Donovan and Myers, 1997; Hay et al., 2007). It also mapped to the five overarching purposes for assessments that were found in the AMAP study (Thompson et al., 2023c). Feedback from both the assessors and mission member care staff who received these reports was overwhelmingly positive, suggesting that a standardised assessment is both possible and extremely efficacious.

The New Zealand Model

It is important to note that a common motivation for this research and the development of the New Zealand Model was the lived experience of cross-cultural mission workers. This reflects a desire to improve member care for candidates and staff to protect them from adverse outcomes through utilising professional knowledge and expertise. In New Zealand, this has brought about a robust, standardised model, which incorporates suggested best practice in the missions literature. Approaches to best practice include a comprehensive pre-interview questionnaire (e.g. the Life History Questionnaire; Schubert, 1999), personality based psychometric tests (Cousineau et al. 2007; Rosik et al., 2016; Dimos and Hasz, 2017; Rosik et al., 2017), measures that are commonly used in clinical practice in both Australia and New Zealand for mental health and wellbeing (e.g. DASS21 (Lovibond and Lovibond, 1995), distress (K10; Kessler et al., 2003), and burnout (Maslach Burnout Inventory; Maslach, Jackson and Leiter, 1997), together with an interview framework and Brief Background Checklist which asked questions that were pertinent to enduring the high stress of cross-cultural work. One area which could have been improved slightly is the current inclusion of a new psychometric test which detected response bias. Even so, this psychological assessment model addressed the purposes identified in the AMAP, namely, 1) screening for risk, 2) improving self-awareness, 3) assessing role fit, 4) discerning call, and 5) preventing harm (Thompson et al. 2023c). It demonstrated assessments could be standardised and centrally coordinated, and offered a prototype for doing this.

Feedback by assessors and mission organisations

The feedback from both the assessors and the mission organisations was positive and supportive. Assessors appreciated working in a team with a consistent approach. They thought the reports were understandable for both the candidates and their organisation. As assessors had personal cross-cultural experience, they were able to adapt their interview to accommodate candidates who might have a different cultural background. They expressed that they would like their assessments to be utilised optimally by mission organisations rather than being seen as a hurdle in the screening process, as they represent an important opportunity for personal growth and awareness.

The mission organisation staff held a similar view, emphasising the importance of partnership between the assessment team and themselves. They appreciated the standardisation and consistency of reports and sought to utilise the recommendations provided for the benefit of candidates. They wanted to have a deeper understanding of how assessors expressed concerns and issues, and the nuance of how the reports were written so they could assume correct meaning and respond appropriately. They recognised that the assessments were an important part of a larger screening and discernment process. Perhaps more importantly, neither assessors nor mission organisations gave negative feedback. They had some suggestions for minor improvements, acknowledging there was capacity to feed this back into the review process, thereby showing that this approach was well received and utilised by everyone concerned.

Implications for cross-cultural mission

The New Zealand Model demonstrated that a consistent, standardised approach to psychological assessment is possible. It limited the number of psychometric tests administered, thereby reducing cost. It prioritised screening for issues that have arisen from the lived experience of cross-cultural mission. The model was reflexive, with built-in patterns for review that responded to changes in need and developments in psychological practice and knowledge.

The Life History Questionnaire contained a section which specifically asked candidates to write an autobiography. This personal story would reveal a candidate's

sense of identity, the integration of life events and meaning, relationship patterns and the person's ability to mentalise (i.e. be aware of their own thoughts and feelings, and the thoughts and feelings of other people). These processes provide additional information about the coherence of self and whether the candidate might have a personality disorder, empathy for other people, a healthy attachment style, and reveal issues arising from their family of origin which inevitably influence their relationship with God (McGlone and Sperry, 2020; Bateman, Fonagy and Campbell, 2018).

The psychometric test selection was focused on building self-awareness and growth through the NEO (McCrae and Costa, 2005) and CPI (Gough and Bradley, 2005). Applied well, this allowed candidates to understand their natural strengths and weaknesses rather than seeing themselves through a deficit lens. The additional DASS21 (Lovibond and Lovibond, 1995), K10 (Kessler et al., 2003), and Maslach Burnout Inventory (Maslach, Jackson and Leiter, 1997), offered quick unlicensed measures of mental health and distress that are cost effective, widely used, and can provide a baseline measurement that could be useful for monitoring changes in health and wellbeing while working cross-culturally, and on return to the sending country. As none of these tests contain a validity scale, the addition of the Tennessee Self Concept Scale provided a way to measure whether candidates engaged in perception management. The selection of tests had the advantage of being time and cost effective, informative, practical, and useful in professional development and growth. The disadvantage was that it did not include a screen for mental health disorders (including personality disorders). This could have been addressed through the addition of the Personality Assessment Inventory which also contains a validity scale (PAI: Morey, 2004), or the MMPI (Cattell and Mead, 2008), or the SCID-5-SPQ (First et al., 2016). These questionnaires would however add to the length and cost of psychometric tests.

The New Zealand Model clinical interview was tailored to the main issues that arise in cross-cultural work, and that are possible to screen within a 90 minute session. However it did not include a systematic clinical assessment of mental health disorders, and relied on candidates to self-disclose any illness past or present, and treatment, within the question framework. Similarly, other issues of risk, for

example, family violence or sexual abuse, might be minimised or not disclosed in the Life History Questionnaire and therefore not followed up in the interview. These issues highlight an important tension between comprehensive diagnostic and risk assessment, and efficiently screening for risk within limited resources.

Clinical practice issues

This raises an important issue of how comprehensive psychological assessments need to be within the resources available, in light of significant advances in the fields of mental health in the past 20 years. Personality disorders are recognised as significant forms of mental illness which can be treated (Chanen and Thompson, 2014). Left unaddressed they have detrimental effects on social and occupational functioning, and relationships with other people (Chanen and Thompson, 2018). The perpetration of family violence and/or sexual abuse pose a risk for partners, children, and other innocent victims, often resulting in lifetime trauma and mental health issues. It is therefore important that the ministry and culture of the Church, manages this risk, and promotes models of ministry that are safe (Langberg, 2020; McKnight and Barringer, 2020). To assess all these factors comprehensively would take an excessive amount of time. One potential way forward might be to screen for these issues and then recommend a follow-up in-depth assessment if clinically indicated.

While this model of psychological assessment for mission is effective in the New Zealand context, in a relatively small geographical area and population, it is unclear if this approach would generalise to other contexts. For example, countries such as Australia have a vast area, and might find implementation of this model easier at a state-based level, or alternatively standardisation might be more feasible at an international level. These options are pertinent now that online interview tools provide greater flexibility.

The New Zealand Model could be transferable to other contexts if mission agencies and professional assessors have chosen to collaborate and not compete. This trust would be especially important in order to appoint a central coordinator or coordinating authority. The New Zealand model also assumes an adequate professional density of appropriate Christian psychologists. Future research that investigates long-term outcomes of candidates who have been assessed using this

model would be advantageous, as this would provide information about whether this model is effective.

Conclusion

The New Zealand Model offers a comprehensive, standardised approach for psychologically assessing cross-cultural mission candidates. It has streamlined the process and provided a common language and understanding across assessors and mission organisations. This approach was found to be time and cost effective and practical. It is our hope that by presenting an in-depth case study of this model, other countries might develop a similar approach to improve the overall quality and process for conducting psychological assessments.

Acknowledgements

We wish to thank our New Zealand colleagues for being so willing to share their work so that other people can learn from it.

References

- Barnett, K. L., Devall, N. S., Edwards, K. J., & Hall, M. E. L. (2005) Psychological and spiritual predictors of domains of functioning and effectiveness of short-term missionaries. *Journal of Psychology and Theology*, 33(1), 27-40.
- Bateman, A., Fonagy, P., Campbell, C. (2018). Mentalization-Based Treatment. In .J. Livesley and R. Larstone (Eds.), *Handbook of personality disorders: Theory, research and treatment*. Guilford Press.
- Ben-Porath, Y. S., & Tellegen, A. (2020). *Minnesota Multiphasic Personality Inventory-3 (MMPI-3): Manual for administration, scoring and interpretation*. University of Minnesota Press.
- Braun, V., & Clarke, V. (2013). *Successful Qualitative Research*. Sage.
- Cattell, H. E. P., & Mead, A. D. (2008). The Sixteen Personality Factor Questionnaire (16PF). In G. J. Boyle, G. Matthews, & D. H. Saklofske (Eds.), *The SAGE Handbook of personality theory and assessment, Vol. 2 personality measurement and testing*. Sage Publications.
- Chanen, A. M., & Thompson, K. N. (2014). Preventative strategies for borderline personality disorder in adolescents. *Current Treatment Options in Psychiatry*, 1, 358-368.
- Chanen, A. M., & Thompson, K. N. (2018). Early intervention for personality disorder. *Current Opinion in Psychology*, 21, 132-135.
- Cousineau, A. E., Hall, M. E., L., Rosik, C. H., & Hall, T. W. (2007). The 16PF and

- Marital Satisfaction Inventory as predictors of missionary job success. *Journal of Psychology and Theology*, 35(4), 317-327.
- Crawford, N. A., & Wang, D. C. (2016). A brief history of psychology and missions in `JPT: Looking back, around and forward. *Journal of Psychology and Theology*, 44(4), 263-267.
- Dimos, J. K., & Hasz, M. (2017). Missionary candidate differences on the MMPI-2: Maintaining a competent psychological assessment process during the ongoing generational shift. *Journal of Psychology and Christianity*, 36(1), 63-69.
- Donovan, K., & Myers, R. (1997). Reflections on attrition in career missionaries: A generational perspective into the future. In W. D. Taylor (Ed.), *Too Valuable to Lose*. William Carey Library.
- First, M. B., Williams, J. B. W., Benjamin, L. S., & Spitzer, R. L. (2016). *Structured Clinical Interview for DSM-5: Screening Personality Questionnaire (SCID-5-SPQ)*. American Psychiatric Association.
- Gingrich, F. C. (2016). Assessing families (not just individuals) for missionary service. *Journal of Psychology and Theology*, 44(4), 329-347.
- Gough, H. G., & Bradley, P. (2005). *CPI 260® Manual*. CPP, Inc.
- Hay, R., Lim, V., Blocher, D., Ketelaar, J., & Hay, S. (2007). *Worth keeping: Global perspectives on practice in missionary retention*. William Carey Library.
- Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., et al. (2003). Screening for serious mental illness in the general population. *Archives General Psychiatry*, 60(2):184-9.
- Langberg, D. (2020). *Redeeming power: Understanding authority and abuse in the church*. Brazos Press.
- Liamputtong, P. (2020). *Qualitative Research Methods*. Oxford.
- Lovibond, S.H., & Lovibond, P.F. (1995). *Manual for the depression anxiety stress scales* (2nd. ed.). Psychology Foundation.
- Marsh, H. W., & Richards, G. E. (1988). Tennessee Self Concept Scale: Reliability, internal structure, and construct validity. *Journal of Personality and Social Psychology*, 55(4), 612-624.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach Burnout Inventory (3rd ed.). In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources*. Scarecrow Education.
- McCrae, R., & Costa, P. (2005). The NEO-PI-3: A more readable revised NEO personality inventory. *Journal of Personality Assessment*, 84, 261-270.
- McGlone, G., & Sperry, L. (2020). Psychological evaluation of catholic seminary candidates: Strengths, shortcomings, and an innovative plan. *Spirituality in Clinical Practice*, 7(4), 262-277.
- McKnight, S., & Barringer, L. (2020). *A church called Tov: Forming a goodness culture that resists abuses of power and promotes healing*. Tyndale.
- Morey, L. C. (2004). The Personality Assessment Inventory (PAI). In M. E. Maruish

(Ed.), *The use of psychological testing for treatment planning and outcomes assessment: Instruments for adults*. Lawrence Erlbaum Associates Publishers.

- Rosik, C. H., Rosel, G., Slivoskey, M. M., Ogdon, K. M., Kincaid, T. M., Roos, I. K., & Castanon, M. R. (2017). MMPI-2 profiles among Asian American missionary candidates: Gendered comparisons for ethnicity and population norms. *Asian American Journal of Psychology, 8*(2), 167-175.
- Rosik, C. H., Silvoskey, M. M., Ogdon, K. M., Kincaid, T. M., Roos, I. K., & Castanon, M. R. (2016). MMPI-2 profiles for evangelical missionaries in candidate and clinical settings: Examining differences by setting, generation, and marital status. *Journal of Psychology and Theology, 44*(4), 315-328.
- Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final report: Preface to the executive summary*. Commonwealth of Australia. <https://www.childabuseroyalcommission.gov.au/report>
- Schubert, E. (1999). A suggested prefield process for missionary candidates. *Journal of Psychology and Theology, 27*(2), 87-97.
- Schubert, E., & Ganter, K. (1996). The MMPI as a predictive tool for missionary candidates. *Journal of Psychology and Theology, 24*(2), 124-132.
- Thompson, K. N., Kimber, T., Williams, D., Matthews, D., Grossmann, M., & Brautigam, M. (2023a). A scoping review of psychological assessment in mission and ministry candidates. *Journal of Psychology and Theology, 51*, 19-31.
- Thompson, K. N., Williams, D., Kimber, T., Matthews, D., Grossmann, M., & Brautigam, M. (2023b). Psychological assessment of cross-cultural mission candidates in Australasia. *Journal of Psychology and Theology, 51*, 223-238.
- Thompson, K. N., Williams, D., Kimber, T., Matthews, D., Grossmann, M., & Brautigam, M. (2023c). Isn't a call enough? What is the purpose of psychologically assessing cross-cultural mission workers? *Journal of Psychology and Theology, 51*, 477-491.