Advanced Consent Practice with Change Seeking Ego-dystonic Homosexuals

by
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This advance consent represents an ethically achievable practice of the increasingly controversial same sex change therapy that the secular mental associations are beginning to falsely but firmly describe as harmful and unethical. It is the culmination of 25 years of professional clinical practice with change seeking, ego-dystonic homosexuals—working nearly 150 cases in Iowa and Northern California—and 18 years as Chair of the AACC Law & Ethics Committee, consulting with Christian counselors about the ethics of clinical practice. I have distributed this form to hundreds of AACC members over the years, and now recommend this consent procedure to all in the association doing any kind of same sex change work.

This consent form is for mental health professionals, primarily, doing this two-stage therapy of (stage one) identity decision-making and (stage two) reparative / conversion / same sex change therapy with homosexual strugglers (and it is completely adaptable to the church and pastoral counseling). It is much more detailed and specific than a general consent form, as it directly addresses the risks of and alternatives to such therapy, and protects the right of the client to choose to change, or to suspend or get out of therapy. Working systematically through this document with your client sufficiently protects the therapist against the heightened risks associated herein. This form is structured to open the clinical process, as it gives an overview and outlines the goals and process of therapy. Introduced in the first session, the counselor and client may take 2 or 3 sessions (or more) to work through the details of this consent so that the client is truly and fully informed.

This form conceives of the change process as a 2 step endeavor, with a 3rd contingency step in case the client chooses to pursue a gay-affirming path. The first step is identity decision-making that is consistent with the SIT guidelines recently developed by Warren Throckmorton and Mark Yarhouse. Stage two involves the long-term work of change that results in either biblical and heterosexual marriage and family life, or in celibacy-based living and ministry as revealed by the Apostle Paul in the Scriptures. If necessary and the client terminates counseling or identifies as a gay or lesbian, the 3rd step is an ethical contingency that involves referral made by giving the client a list of more gay-affirming therapists in the local community (a move that is required by the disciplinary ethics of every mental health profession).

An advanced level of consent is necessary in this arena because of the potent and controversial values issues involved in this kind of therapy. The therapist in stage one of same sex change therapy discovers that the (usually) Christian client seeking change has chosen to live (or not) by the biblical revelation that homosexual behavior is wrong and that God has a different plan for their lives. If they choose a gay-affirming path, then ethical referral is usually made (but always with an invitation to return if that does not work out).

In stage two therapy—which is chosen by the vast majority who decide, in stage one, that their life in Christ is most important to them—the therapist agrees to and the client gives consent to having the therapist influence their life in the direction of seeking out and discerning that Godly call upon this lives—in line with the client's decision to leave the gay way behind and to cleave more intimately with the Person and Path of God-in-Christ. This mutually agreed position of social-moral influence is a middle ground between the coercion inherent to gay-affirming therapy, who refuses to consider their ethical duty to refer clients to change therapists, and the values neutral stance of the SIT framework.

Consent /Agreement for identity decision-making and reparative / conversion / same sex change therapy with ego-dystonic homosexuals.

This statement formalizes consent and/or professional agreement between counselor _____

and client _____ for psychotherapy services beginning on date: _____

A.. Disclosure of Policy and Practice

No client in this [agency/practice/clinic] is ever refused professional counseling and mental health services based on race, religion, gender, color, disability, national origin, socio-economic status, or sexual orientation. This policy reflects [my/our] deep respect for the cardinal ethic of client self-determination. [We/I] believe that both homosexism and homophobia, and the coercive imposition of therapist values on a client are wrong, ***including imposing one's belief about homosexuality—whether one is for or against it.***

[We/I] acknowledge the retreat of the mental health professions from labeling homosexuality as a mental disorder, and of their resistance to same sex change therapy by those who seek it. We admit to honoring the first action—that homosexuality is no longer a mental disorder per se—but not to the second as we accept the continuing viability of ego-dystonic homosexuality for those believers whose same sex attractions and behaviors cause them anxiety and distress as a spiritual conflict in their lives. Hence, though not a mental disorder, we accept as Christian counselors the biblical revelation of homosexual actions as a spiritual disorder—as a sexual sin, and therefore a biblical or moral issue—and engage in change counseling with those clients who also see homosexuality from that same perspective. These are usually confessing Christians who do not want to identify with gay lifestyles, nor with same sex attractions or behavior operating as the driving principle in their lives.

B. Three-stage Counseling Process and Referral

[We/I] acknowledge the common reality that homosexual clients come into therapy usually presenting one of three things: (a) confusion and distress about their homosexual behavior and attractions, not knowing who they are and not sure what they want to do about it; or (b) wanting gay affirming therapy to embrace and assimilate a gay identity into their lives; or (c) wanting same sex change therapy to leave behind and/or renounce gay behavior as wrong or immoral—as the sin that the Bible says it is—and desiring to change or control it.

(1) [We/I] offer assessment and decision-making services to the homosexual person who presents with confusion and emotional distress about homosexuality and their identity. Since we are a Christian serving practice, primarily, we tend to see clients struggling with and working through this core identity question: Am I a gay/lesbian person, embracing not just homosexual behavior, but the political and cultural meanings of gay living as well; or am I a Christian or simply a person who is struggling with same sex attractions and homosexual acting-out, choosing not to embrace or even to explicitly reject a gay identity?

a) Some clients may terminate counseling at the resolution of this core identity question, as this degree of decisional change may be satisfactory to some. Ending counseling at this stage one decision-making process is very similar to the Sexual Identity Therapy (SIT) guidelines developed by Drs. Warren Throckmorton and Mark Yarhouse.

(2) [We/I] deliver, in stage two, reparative/conversion/same sex change therapy to the person seeking services beyond (1)(a) above, who believes that homosexuality is wrong and unwanted, experiencing some level of frustration or distress about the conflict between their religious/spiritual beliefs and their homosexual attractions and behavior, and who seeks out further counseling with a desire to change or control those homosexual behavior and feelings.

a) As noted above, we are convinced of the ongoing viability of an expansive clinical-spiritual diagnosis of ego-dystonic homosexuality. Although this diagnosis was listed in DSM-III, the term has been dropped in DSM-IV. Many of our clients, therefore, might be rightly assessed under DSM-IV-TR with the code 302.93: Sexual Disorder Not Otherwise Specified (Persistent and marked distress about sexual orientation)—language that is very similar to the no-longer-used definition of ego-dystonic homosexuality. Our clients could also be diagnosed with V62.89 Religious or Spiritual Problem, as most clients who come to us are distressed about the conflict with homosexuality and their Christian faith; or even as a 309 Adjustment Disorder issue—as our clients often present with, in DSM language, "significant impairment in social… functioning."

b) We also recognize the distinction between changed behavior and changed orientation, with differing goals usually chosen by folks on either side of this distinction. Whether behavior and orientation is changed for the "behaviorally conditioned" homosexual, this person often pursues heterosexual relations and traditional marriage and family life, often succeeding in achieving these ends. It is also the case that some deeply oriented clients may never become positively attracted to the opposite sex, or even be motivated to do so, but may instead explore sexual celibacy and the complete freedom for ministry that was exemplified by the Apostle Paul, and by numerous saints in the Bible and throughout the history of the church.

c) Please recognize, therefore, that we do not treat homosexuality per se, honoring the mental health profession's increasing ethical stance against such practice. Instead, we are helping our clients resolve a conflicted spiritual problem—to live out and honor their chosen priority that their religious/spiritual values be honored above any bow to sexual orientation—client choices being done in the best traditions of client self-determination, which our professions should be fiercely protecting. Our treatment targets then, in contrast to the goals and imposition of gay-affirming therapists—which dismiss the voice of God in one's conscience as an "internal homophobe" to be silenced and squelched—to reducing the ego-dystonic confusion and distress inherent to working out one's identity as a mature and God-honoring Christian.

d) These client choices—including the right to deliver them by licensed Christian counselors and therapists—are protected by ***First Amendment Religious Freedom constitutional rights*** (both federal and state rights), ***by religious diversity ethics*** incorporated fully into every new revision of the secular mental health codes of ethics, and also by ***long-standing ethical and legal precedents in informed consent practices.***

(3) [We/I] make professional referral—by delivering a list of other licensed mental health professionals in the area—to persons who decide or desire to affirm and assimilate his or her gay and lesbian practices, as these goals create a significant values conflict for us as counselors, as we view them as being set against the biblical revelation about homosexual behavior. We do, however, respect a client's right to such a pursuit, and will make ethical referral to that end.

C. Risks in Same Sex Change Efforts

There are three substantial risks to engaging in same sex change therapy:

1. The risk of failing to achieve change goals is substantial. My own (GO) practice, working with nearly 150 cases over 25 years, has shown outcomes following an approximate rule of thirds: a third of the cases—working with what I have come to describe as the "conditioned" homosexual—has learned to control homosexual behaviors, has become positively attracted to the opposite sex, with some going on the satisfying marriage and family life; another third—the truly oriented homosexual—has shown no motivation toward opposite sex attraction, but has embraced celibacy and sexual control, with some moving into full-time ministry (see 1 Cor. 7:7-9); and a third have failed to change in either way, usually dropping out of therapy prematurely and, for some clients, with some level of residual anger about the change process.

Recent research with mostly Christian populations—research that is consistently and nearly completely ignored by gay apologists—have shown success rates by Shaeffer and colleagues of between 60 and 70%; by Jones and Yarhouse of between 50-60%; and by Spitzer who showed that 66% of the men and 44% of the women had achieved their change goals. To state it from the opposing vantage point: failure here happens in one-third to as many as one-half of all cases.

2. The therapy and support work needed for successful change takes a long time—usually between one to four years of work—and is rarely shown to be effective with any kind of brief therapy. Hence, successful therapy may involve from 50 to 200 or more sessions together (assuming we meet once weekly) over the next few years. Involvement in an outside support group may reduce the time involved, but may also increase the likelihood of success over the same period of time.

3. During the therapy process, it has been my experience that the client will have at least one period of deep confusion and strong anger about the change process, with some suspending or even dropping out of therapy as a result. It is not uncommon for the client to have spent time with gay friends who have communicated the failure and 'harm' suffered by change therapy just prior to such incidents, to consider him/herself to be duped, to blame the therapist for misleading the client, and to threaten lawsuit or other punitive actions toward the therapist. If and when such incident happens in this therapy, the counselor will suspend change efforts and return to a discussion of client identity and motivation, and will even terminate therapy with referral, if the client chooses.

D. Reasons for Hope in Same Sex Change Efforts

It is also important to list the most important reasons for hope—in contrast to this explication of failure and risk. It is necessary to delineate the primary factors that have consistently been present in clients in successful change therapy in my practice over the years. The four primary factors include:

(1) A deep-seated, and usually, a developing faith in Christ as a key religious motivating factor—something the client has embraced and hung onto in spite of the attempts by gay militants to convince the client that change is hopeless and harmful if tried. This often precipitates the crisis noted in C.3. above, and is often a reason for significant advance on goals when the client's dedication to Christ intimacy is chosen above all other values and choices.

(2) A commitment to stay in therapy as long as it takes—which is often a period of between one to four years, but can be longer for some….

(3) Changing social networks—disconnecting from gay friends and the gay sub-culture of the client's community, and connecting instead with a loving and supportive church community; a supportive and responsive church community, though sadly hard to find for some, is a critical factor in successfully navigating the many periods of emotional doubt and confusion in this process;

(4) Embracing change goals with the proper fit to the client's sexual orientation status. This means, especially, that the deeply oriented gay client does not pursue changing that orientation to become sexually attracted to the opposite sex (a goal for the 'conditioned' but not the 'oriented' homosexual), but that person will often more likely embrace the goal of sexual celibacy and complete freedom for ministry that is not possible for someone else.

E. Decision and Action

If at any time during the course of counseling—and it is not uncommon for any of these impasses to arise at some point in the process—the client becomes discouraged and balks at going further in therapy, or gets confused and angry about the therapy process, or feels duped by and becomes threatening toward the therapist, or simply changes his or her mind about the goals and values of same sex change therapy, [we/I], in full consultation with and direction by the client, shall either

(1) return to stage one assessment and decision-making as a primary goal, or

(2) suspend counseling for a time to allow for reflection and 'cooling off,' or

(3) make referral to another therapist if the client should so decide.

This policy of therapeutic practice, we affirm, respects differing client beliefs, desires, and goals about homosexuality—including the goals of the client who wants either gay-affirming or homosexual changing therapy—and it also honorably fulfills my duties to my client, to the law of the state, to my ethics as a professional Christian therapist, and to my God.

[CLIENT: CIRCLE A CHOICE]
I have discussed these choices with this therapist and choose to:

(4) engage in assessment and decision-making about my homosexual struggles, with a goal of freely choosing and embracing my primary identity as a person; or to

(5) go forward with a determined course of reparative/conversion/same sex change therapy to attempt to change or, if unable to change, to control my homosexual feelings/beliefs/ behavior; or to

(6) as an alternative course, accept a referral to another counselor for gay affirming therapy from a list of counselors given to me by this therapist.

F. Client Consent (Read Aloud with Client)

I have read and discussed this form with this counselor and understand its meaning and implications. We have discussed the course of counseling, the goals and content of identity decision-making, and of reparative/conversion/same sex change therapy, have discussed its risks and appropriate alternatives to treatment, and the likely time and cost of engaging in such work. I understand that I may be entering the most profound struggle of my life in this counseling, that there is a fair risk of failure in this counseling, that I may get angry and want to quit therapy, and that I may even feel like suing this counselor. However, I have reviewed these disclosures and choices with one other trusted person, and choose now to go ahead with it.

This counselor has respected me and honored my right to choose my goals and the best way to achieve them. If I change my mind or become overly confused during the course of therapy about our stated goals, I agree to return to assessment and decision-making about whether to continue or to stop counseling and see someone else on referral. I agree that this counselor honors this policy without violating my rights, or the laws of God or the state as I understand them.

Therefore, I give my full consent to this policy and agree to honor this practice as stated.

Initial here:

G. Counseling Agreement

We (both counselor and client together) acknowledge that this client has read, discussed, and adequately understands the choice he or she is making about counseling services. We agree to begin counseling for the purpose of identity decision-making and may or may not continue with reparative/conversion/same sex change therapy with this counselor (or to make referral if the client wishes to do so).

This client could change his or her decision to engage in same sex change therapy, and may suspend or terminate therapy—even with much anger and threat of litigation. The counselor shall offer to return to stage 1 above or to refer this client to another therapist. Regardless of how this counseling terminates, the client agrees to hold the counselor harmless for any changed decision about therapy and its consequences on their part.

Dispute resolution agreement. Any dispute about any aspect of this therapy shall first, in accordance with the broader principles of Matthew 18, ***be negotiated directly*** by the counselor and client; second, shall ***be mediated*** by a mediator acceptable to both, and thirdly shall ***be arbitrated*** by an arbitrator acceptable to both. If a third-party conciliator cannot be found acceptable to both, then the conciliator preferable to the counselor shall be appointed to help resolve the dispute.

Litigation by either party against the other shall not be pursued, in accordance with the principles of 1 Corinthians 6, nor shall the client depose, subpoena, or in any way force the counselor or his/her notes into court for any adversarial dispute related to this counseling. Instead of litigation, ***binding arbitration***—a form of 'private judging'—may be elected by agreement of both parties, if the dispute resolution process noted above is not successful.

_____ _____

Client Date

_____ _____

Counselor Date

_____ _____

Witness (optional) Date