Reconciliation and Growth Project

**Summary of the**
***Best Principles and Practices for Mental-Health Professionals Helping Faith-Based Individuals Respond to Same-Sex Attractions***[1]

Recent events locally and nationally have heightened the pain and conflict for individuals and within families regarding same-sex attractions and/or a non-traditional gender, as well as all sexual and gender minorities. We are a group of mental-health professionals and academics who are a mix of conservative and liberal religious and political perspectives. Over the course of 2.5 years, through hundreds of hours of dialogue, we have developed a collaborative approach to help individuals and their families who are distressed with same-sex attractions and/or a non-traditional gender. We propose the following therapeutic principles and practices[2][3]:

## The Utah Declaration: A Call to Action

In response to the continuing polarizations regarding same-sex attractions and a non-traditional gender, including the continued debates surrounding banning or offering "conversion" therapies, we propose an alternative approach. We call upon families, mental health professionals, lawmakers, professional organizations, religious communities, and individuals to move beyond the familiar adversarial strategies and to focus instead on collaborative efforts that foster respectful dialogue and a shared commitment of two core principles of ethical mental health services: 1) facilitate individual self-determination and 2) do no harm.

The ethical principle of self-determination requires that each individual is seen as a whole person and supported in their[4] right to explore, define, articulate, and live out their own identity. For that reason, it is essential to acknowledge the broad spectrum of sexual and gender identities and expressions. In order to do so, it is necessary to have an equal understanding of and respect for sexual and gender minorities as well as the religious, spiritual, and other ideological values of individuals and communities.

To reduce the risk of harm, it is essential to understand that a person is not mentally ill or developmentally delayed simply because they experience same-sex attractions or a non-traditional gender. While acknowledging that shifts in sexuality and gender identity can and do

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1 The authors hope to expand this present document to incorporate the unique identity resolutions of transgender and intersex experiences. If you would like to be part of a working group to identify such principles and practices, please contact us at ReconciliationandGrowth.com.

2 An expanded version of these *Best Practices*, including references, will be posted at ReconciliationandGrowth.com.

3 Working draft 11-21-2015, (c) Reconciliation and Growth Project.

4 The third-person plural pronouns "they," "them," and "their" in some instances are used in this document as third person singular pronouns to avoid the use of gendered pronouns and include individuals who are gender non-binary.

occur for some people, we believe it is unethical to focus treatment upon an assumption that a change in sexual orientation or gender identity will or must occur. It is also unethical to devalue the religious and other ideological values of others.

We believe the focus of treatment should be on exploring with individuals the source(s) of their distress, their beliefs and values about sexuality/gender, the nuances of their experience with sexuality/gender, and realistic outcomes that might occur based on their unique experience. Therapies to help those in distress with their sexual orientation or gender expression are only ethical if each individual is guaranteed a safe environment in which to discover and express their whole authentic self.

Our Call to Action is for all interested parties in this debate to move beyond the battle lines of exclusion, legislation, and litigation. We challenge all parties to create bridges for collaborative engagement with those who are perceived as the "other." We believe that this respectful process will provide more hope and be a more effective route to resolve the distress associated with same-sex attractions or a non-traditional gender.

The following is a working document of principles and practices based upon our collective understanding of the current research and clinical literature. We recognize that more work is needed so that the document is comprehensive and inclusive. For example, we realize that the term "same-sex" leaves out individuals who do not identify with a binary sexuality, such as individuals who fall within the intersex and transgender spectrums. This is a demonstration of the limitation of the current language that we hope to move beyond. We welcome any feedback about how to refine this *Best Practices* document. Your critique and feedback can be submitted at RECONCILIATIONANDGROWTH.COM.

**I. Therapeutic Practices That Support Client Self-determination**

As a result of our ongoing dialogue, we encourage mental-health providers to

1. Assess the role of spirituality and religion in the client's life.
2. Assess the role of sexuality and the impact of same-sex attractions on the client's life.
3. Maintain a clinical perspective that is inclusive of a spectrum of client goals, acknowledging equally those who seek assistance to reduce feelings of or distress around same-sex attractions (SSA) and those who identify as lesbian, gay, bisexual, and/or transgender (LGBT).
4. Discuss how other cultural issues (e.g., racial, economic status, geographic status) may impact sexuality and vice versa.
5. Assess the impact of stigma, prejudice, bias, and minority stress.
6. Provide information on potential therapeutic outcomes and risks that is both accurate and sufficient for informed consent. Help clients set realistic expectations.
7. Strive to understand the unique problems and risks that exist for youth who experience SSA, including those who identify as LGBT.
8. Identify and prioritize their needs over the short and long-term for emotional intimacy, deep connection, and bonding with same-sex individuals. Additionally, explore whether there is a role or need for sexual and romantic intimacy.

9. Consider exploring how being married to someone of the other sex would impact their life in the short and long-term and any strengths and vulnerabilities to do so.
10. Consider exploring how experiencing and developing same-sex sexual intimacy, including a same-sex marriage, would impact their life in the short and long term and any strengths and vulnerabilities to do so.
11. Consider exploring how choosing to live celibately would impact their life in the short and long term and any strengths and vulnerabilities to do so.
12. Strive to understand the challenges faced by the parents and family members of those who experience SSA, including those who identify as LGBT.
13. Strive to include topics related to SSA, sexual and religious identity formation, and minority stress in professional education and training.

**II. Therapeutic Practices That Support 'Do No Harm' Standards of Clinical Practice**

Harm has been reported when highly religious, sexual minority clients are (a) pressured to identify "one way or another" and thus reject and/or suppress core aspects of self, (b) misinformed about realistic outcomes regarding their sexuality and social and religious impacts, (c) misled with unsubstantiated theories and treatments, (d) blamed for not being able to change their sexual orientation and thus internalize treatment failure, (e) reinforced that being LGBT must be avoided (e.g., agreeing with or not countering false information, prejudice, and minority stress), and (f) restricted from education or exploration of a wide-range of options.

To counter these possible harms and increase the likelihood of benefit, the following approaches are suggested. They are not intended as a treatment-plan template and the therapist must use discretion regarding when, how, and with whom they employ any specific technique. We also recognize that many other appropriate approaches may exist.

As a result of our ongoing dialogue, we encourage mental-health providers to

1. Conduct a comprehensive assessment of the client's sources and symptoms of distress.
2. Explore various ways to resolve the dissonance between their sexuality and other aspects of their identity.
3. Rather than boxing clients into an 'either-or" solution, explore ways of developing both their sexual and religious identities and integrating them when possible.
4. Help determine realistic ways to integrate the multiple and intersecting areas of their life to increase health and well being.
5. Explore the distinctions between their attractions, arousal, aversion, desire, intention, motivation, values, beliefs, orientation, behavior, culture, context, and identity in considering sexuality and sexual identity.
6. Invite clients to explore and examine any negative beliefs and feelings about their sexuality and gender and consider a range of options for integrating their sexuality and gender into a positive sense of self.
7. As appropriate, consider fostering the use of positive religious/spiritual practices and coping skills that have, or have had, value and meaning.
8. Utilize current and evolving research, along with professionals guidelines, regarding gender to help resolve any distress with their gender, gender roles, and/or gender expressions

9. Assess the client's support system including their degree of disclosure of SSA to family, peers, ecclesiastical/faith leaders, and relevant communities along with respective attitudes and responses
10. Assess and respond to the following issues as needed: shame, perfectionism, anxiety, depression, pornography use and other addictions, relationship issues (i.e., peers, family, religious leaders), sensitivity to rejection, obsessions, rumination, passivity, co-dependence, grief, and past trauma.
11. Recognize that a client with obsessive-compulsive disorder may ruminate on fears of being gay that have no basis in actual same-sex attractions. Also, a client who is questioning gender identity may initially present with concerns about sexual orientation. Others who are heterosexual, particularly adolescents, may confuse feelings of same-sex curiosity or affection with homosexuality.
12. Recognize that some people who have experienced sexual abuse may replay their abuse through homosexual behavior.
13. Utilize professionally accepted approaches to psychotherapeutic interventions.

## III. Considerations for Spouses/Fiancées:

1. Involve both partners in determining their individual commitment to their marriage and to co-creating their safety guidelines (for example, what they need from the other and from themselves to feel safe enough to address these issues).
2. Highlight the fact that SSA issues must be addressed in order for a sustainable meaningful relationship to be built.
3. Encourage spouses to not accept responsibility for their partner's attractions or behaviors. Spouses may personalize their partner's same-sex attraction and make it about what they are, or are not, doing.
4. Highlight the important role of the spouse in supporting mutually desired change in their relationship.
5. Help spouses become educated about and understand SSA. For example, many of the points of this document may be helpful for the spouse.
6. Help spouses understand that punishing, threatening, bribing, or preaching to their partners will not motivate their spouse nor increase intimacy and that it is not healthy for either spouse. Help them understand the limited nature of their ability to affect their spouse's sexuality.
7. Advise spouses of the potential importance of their own individual counseling to help them effectively adjust to their current situation and to the changes that may develop as their spouse undergoes his/her own therapy. Encourage spouses to talk with someone they trust to get needed support. Spiritual or faith leaders, family members, friends, and professionals may be consulted.
8. Help the couple understand their interactional patterns, both strengths and problems, only some of which may be linked to dealing with same-sex attractions.
9. Help spouses process negative feelings about and toward their partner to help them eventually experience intrinsically generated forgiveness. Some spouses may need to be taught that forgiveness does not mean forgetting, condoning, or absolving their partner of responsibility for unacceptable behavior.
10. Help spouses explore how they can care for themselves emotionally, physically, and spiritually, and help them implement plans to do so.

11. Help both spouses understand and balance their needs and the benefits gained from therapy, friendships, connections, and emotional development.

## IV. Considerations for Parents and Families:

1. Normalize family members' reactions and needs (e.g., sense of loss, desire for information, coming to terms with difference between hopes and reality and doctrine and practice).
2. Understand that unconditional love, mercy, forgiveness, respect, empathy, autonomy, dialogue, and support from parents and family are effective ways to resolve family distress.
3. Reinforce the vital role that the family plays in providing protection, safety, positive socialization, self-esteem, and connection for all its members.
4. Explain to the family that they will go through a process of adjustment. Family members may need to address stigma, stereotypes, disclosures, various types of loss, emotional processing, and resolution.
5. Counsel parents and family members to remember that SSA is one part of the individual's experience. This one aspect of experience shouldn't dominate the relationship or the conversations with the individual.
6. Advise parents and family members to seek for mutually enjoyable activities, common feelings, and shared values, while also seeking to understand the individual's experience with same-sex attraction. Ask simple questions and strive to listen without judgment, checking in to ensure clear understanding.
7. When misunderstandings occur, maintain compassionate engagement, negotiate how to resolve those misunderstandings, and then try again. Families may need support and training in how to communicate and sustain positive emotional connections, even during interactions that involve conflict. One conversation will not solve everything. Leave the door open for ongoing dialogue.
8. Ensure that parents and families don't preach, threaten, shame, blame, or alienate. They should instead strive to understand and show their love for the family member. Help families accept that they have no power to alter the individual's sexuality and very limited positive power to shape their identity and life goals. On the other hand, they have great ability to influence positive outcomes, such as the individual feeling loved, accepted, and safe within the family.
9. Encourage parents to seek help and support as needed from their support network (family members, friends, faith community and faith leaders).
10. If the family member is involved in a same-sex relationship, explore how parents and families react to situations that arise and assist them to make plans for how they will deal with predictable events, such as whether or not to include the partner in family marriages, religious events, reunions, holidays, and other family events.
11. Reassure parents and family members that they do not need to alter family practices or compromise spiritual or religious values to accommodate behaviors that conflict with their religious beliefs. However, explore with them how to maintain their identity while offering the SSA family member respect and individuality. Similarly, encourage parents and family members to find a balance between boundary setting and a relentless commitment to inclusion, love, and connection.