

International Foundation for Therapeutic Counselling and Choice

IFTCC Practise and Ethical Guidelines (PEG)

2023

Preamble

We emphasise that the IFTCC does not support aversive, coercive, or shaming treatments, however they are termed, and regardless of whoever applies them or wherever they are practised. We call upon our governments, local authorities, human rights, media institutions and religious organisations, to recognise that the right to self-determination is an established principle of international law, and therefore must include the right to shape and develop one's own sexual identity, feelings and associated behaviours, and to receive support to do so. The IFTCC exists to protect and promote the rights and freedoms of individuals to seek or provide help to encourage congruous sexual identities, consistent with clients' primary social, and/or religious values. The following parameters may be a helpful introduction to the practice and ethical guidelines we hold to:

- 1 Discussions around the nature and extent of movement around sexual feelings and beliefs are influenced by a socio-political climate, especially in the western world that makes nonpartisan scientific inquiry into the issue of sexual fluidity, or so-called 'sexual orientation', very difficult to achieve. This is also hampered by the dominance of a monoculture wherein 'advocacy science' (that refuses ideological diversity and operates from only one received viewpoint), over unbiased 'enquiry science', irrespective of whether a researcher (and funder) is 'progressive' or 'conservative'.
- 2 One of the most obvious concerns, irrespective of where a researcher stands on this issue, is the need to understand the nature of change, that is being promoted or opposed, and how this is influenced by conceptualisations of sexuality. Whether commentators are proponents of change, or opponents of change will depend on whether 'change' is seen in absolute, fixed terms, or along a continuum of fluidity.
- 3 Essentialists see sexuality as hard-wired, and sexuality as an unchangeable, innate characteristic. Constructivists are amenable to human sexuality moving according to a fluidity spectrum in the case of many individuals. Clearly essentialists and constructivists will have radically different opinions on the issue of change-allowing therapy approaches. Those with pessimistic views about change-allowing therapy, are likely to be essentialists promoting the idea that the only possibility for change must be categorical and 100% effective. Constructivists will understand change along a continuum, from effective, or even modest management, to a sense of some or significant change (in behaviours, attractions and or feelings) through to the exceptional case of categorical change. The IFTCC aligns itself to a more constructivist position.
- 4 In recognition of the socio-political conditions that influence language in the debate around sexuality, and to the question of therapeutic choice for those wishing to access change-allowing therapy and counselling, the IFTCC has adopted the notion of the Sexual Attraction Fluidity Exploration in Therapy (SAFE-T) protocol.
- 5 In its work on transgender issues, and training those supporting gender-confused clients, the IFTCC rejects medicalisation treatments for transgender and urges caution on transitioning protocols. This is a scientifically evidence-based approach as described in point 6 of the IFTCC Declaration 'Conversion Therapy' and Therapeutic Choice.

1) Worldview and Philosophical Perspective

We believe western secular cultures consistently fail to recognise and acknowledge the historical contribution of the Christian Gospel that has resulted in the Judeo-Christian values that underpin Western Civilization. Building on its Jewish heritage, Christian teaching espouses tolerance and acceptance of created human diversities, encourages enquiry research and critical thinking. Teachings central to the faith include the sacredness of male and female (gender) and their roles in family life revolving around fathers and mothers and children reflecting the prototype of the first human family. Christian culture has centralised the importance of healthy families and Christians generally deplore the destruction of marriage and family which is the stated goal of secular humanists such as the Gay Liberation Front (1971). Those espousing Judeo-Christian values or Christian Orthodoxy, generally reject progressivism that redefines the family, seeks to dissolve the immutability of gender and to normalise LGBT patterning. The IFTCC promotes the sacredness of these Judeo-Christian values as they relate to marriage, family and the human body.

2) What the IFTCC Stands For and Works Towards

The IFTCC Mission Statement indicates the worldview, anthropological perspective, nature of association, purpose, direction and aspirations of the organisation.

3) The Mission Statement of the IFTCC¹:

The International Foundation for Therapeutic and Counselling Choice (IFTCC) is a multi-disciplinary organisation that exists to support dedicated providers of services to individuals seeking change of their unwanted relational and sexual behaviours, attractions and patterns. It works to preserve the rights of clients to access such services, and of providers to offer services. It advocates for scientific integrity and research objectivity. Its anthropological approach is based on a Judeo-Christian understanding of the body, marriage and the family. It aspires to being guided by professional standards of association and practice, with transparent accountability. Those supporting the IFTCC include both professional and pastoral-care practitioners, educators, and legal and community leaders from around the world concerned with the promotion of sexual health.

The Objects of Association of the IFTCC provide further detail of what the purpose of our association is, including the educational and training orientation of the work. It indicates that the IFTCC functions according to well established ethical principles and that it seeks to value collegiality, transparency and accountability. The organisation also seeks to develop cross-cultural competency, around family-centred values.

4) The Objects of Association of the IFTCC²:

- 1 *The promotion of the rights and freedoms for individuals to seek, to offer, and to research professional psychotherapeutic, clinical, counselling and/or pastoral support to achieve client-centred goals of reducing, managing, or where possible, overcoming unwanted relational and sexual behaviours, feelings and attractions;*
- 2 *The dissemination of accurate scientific and research information relevant to the field of practice, reflecting shared and transparent ethical premises and standards;*

¹ <https://iftcc.org/about/>

² <https://iftcc.org/about/>

- 3 *Development of an international, self-regulating educative forum, offering professional and collegial support to those providing care to individuals with unwanted relational or sexual practices and attractions:*
- 4 *The provision of continuing professional development (CPD) and basic information for those offering interventions or support to individuals with unwanted relational or sexual behaviours and attractions;*
- 5 *Encouragement of accountable practices and research initiatives, utilizing recognized standards of accuracy, duty and care among practitioners and providers;*
- 6 *Enhancement of understanding via cross- and inter-cultural competencies, and research initiatives that respect proven family-centered values.*

5) **Applying for Charitable Status:**

Currently the IFTCC is undergoing the process of becoming a Foundation Charitable Incorporated Organisation, registered with the Charity Commission in England. As per the requirements of the Charities Act 2006, our charitable objects now read as:

1. *To advance education in the field of human sexuality and Christian ethics in accordance with the IFTCC Declaration in Schedule I, for the benefit of the public. This is not a process of indoctrination but of critical thinking, through scholarship and scientific research, that informs and defends practice against ideological monocultures which stifle ideological diversity or promote siloes of intolerance.*

Such education will be advanced by:

- a) *providing peer-reviewed research, scholarly articles and maintaining archival depositories of audio, visual and documentary evidence;*
 - b) *facilitating the robust practise, education and training processes of clinical and pastoral care practitioners. These practitioners will support individuals who are seeking help with their unwanted relational and sexual behaviours, feelings and attractions, in accordance with the Professional Standard Authority (PSA) principles and our Professional Register's Code of Conduct and Practice (according to Schedule II). They will keep in mind the client-centred goals and the need to mitigate any potential risk of harm, as applied through Clinical Supervision of appropriate methodology and ethical practice and overseen by the IFTCC Education and Training Advisory Council (ETAC);*
 - c) *offering Continued Professional Development (CPD) for (1) Clinicians and Pastoral Care Workers as listed on the IFTCC Professional Register (CPD-R), (2) non-registrant or Additional Disciplines Helping Roles (ADHR) who are members of IFTCC (CPD-ADHR) and/or*
 - d) *offering Educational Development (ED) for those who are neither members of the IFTCC, nor listed on the IFTCC Professional Register, but who have an interest in learning via the IFTCC dedicated online learning platform or through our other educative efforts involving traditional curriculum of face-to-face symposia, public broadcasts and annual conferences, which are also made available after the events, through the IFTCC dedicated online learning platform; and*
2. *To promote health and saving of lives, according to the principles and approaches appearing in Schedule II. These are aimed at the appropriate training and provision of psychotherapeutic counselling, for the benefit of the public and the support of people who have unwanted relational and sexual behaviours, feelings and attractions and/or gender incongruence and who seek professional help to achieve their client-centred*

goals in this area in order to relieve their suffering of mental and emotional stresses and to improve their well-being; and

3. *To promote equality and diversity for the benefit of the public by raising awareness of discriminatory approaches and/or practices, including those which aim directly or indirectly to challenge or remove the freedom of conscience and individual choice. This will be done through our ongoing publications, communications with international governments, public health bodies, churches and the general public by using scrutinised unbiased peer-reviewed research and scholarship to educate individuals and corporations on how to respect the human rights, (and the right to self-determination), of individuals who seek counselling and therapy and/or any other form of support for their unwanted relational or sexual practices, or attractions and/or gender incongruence; and*
4. *To advance Christianity for the benefit of the public and to equip the church in the discharge of its ministry, in accordance with the 'Statement of Belief' appearing in Schedule III (and the Pastoral Protocol included in Schedule II). To do this we will resource and provide adequate training in pastoral care and mentorship to local churches, including holding prayer meetings, lectures in public meetings and/or celebrations, producing and/or distributing literature to enlighten others about foundational Christianity and Christian living, for the benefit of all but more significantly, for the sector of society who have unwanted same-sex attraction and/or gender incongruence, by nurturing them in their faith goals and their spiritual development needs, thereby contributing to their overall well-being; and*
5. *To advance such charitable purposes (according to the law of England and Wales) as the trustees see fit from time to time, in England and Wales and wherever else the trustees see fit in the world, for the purpose of public benefit.*

How the IFTCC Works to Achieve its Objects

Since its inception in 2015, the IFTCC has followed a set of guiding principles or ethical standards which we endeavour like-minded persons to ascribe to in three areas: (1) Attitudes Towards Clients in Counselling and Therapy; (2) Treatment and Support Considerations for Therapists, and (3) Continuing Professional Development.

6) Statement on 'Change':

1. The IFTCC will not endorse any Member who directly or indirectly communicates to Clients that categorical change is a regular occurrence and the panacea of change-allowing therapeutic work in the area of human sexuality.
2. Members must demonstrate a clear understanding of the limitations of change-allowing therapies and the relative value of goals that enhance management or modification of sexual behaviours, desires and feelings.
3. Members are encouraged to recognise the complexity and limitations in understanding the aetiology of unwanted sexual behaviours, attractions and patterns.
4. The IFTCC aligns with the scientific evidence showing that:
 - Sexuality is not innate
 - Sexuality is fluid
 - Change-allowing therapies do not cause harm, *ipso facto*
 - Gender is fixed
 - Transgender is neither immutable or innate.

5. Scientific research, in the area of sexuality and identity, can be complex and nuanced, and the IFTCC endeavours to encourage careful examination of the literature. To hold the opposite viewpoint dogmatically is scientifically incorrect and the IFTCC encourages Members to ensure that aligning with the political mono-cultures promoting LGBT ideologies is avoided. All Members are aware of the science and will pass on sound scientific evidence to the Client, avoiding that which has no scientific basis.

7) Our Values, Ethical Standards and Guidelines

Our primary goal as an organisation is to provide clients who interact with Members, who support our goals, with a safe and caring environment, free from pressure to conform to political ideologies or religious indoctrination. The client's right to self-determine their own life choices are central to our approach, as we seek to offer people a place where they can explore their feelings and determine how they want to live their lives. This is further developed in the section below focusing on SAFE-T, an acronym standing for Sexual Attraction Fluidity Exploration in Therapy.

8) The 12 Core Guidelines for Clinical Practitioners

Below are the 12 core guidelines for clinical practitioners expected to be embraced, promoted and used to assess activities and frameworks of those associated with the IFTCC. The guidelines have some relevance for other Member roles. The IFTCC does not promote any one therapeutic approach with respect to addressing issues around sexuality and gender. The following principles³ can be applicable to multiple standard, non-directive and client-led, recognised modalities:

1 Attitudes Toward Clients in Counselling or Therapy

Guideline 1.

Practitioners are encouraged to respect the dignity and self-determination of all their clients and to respect their choices.

Guideline 2.

Practitioners are encouraged to recognize the complexity and limitations in understanding the aetiology of unwanted sexual behaviours, attractions, and patterns.

Guideline 3.

Practitioners are encouraged to understand how their values, attitudes and knowledge about identity and sexuality affect their assessment of and intervention with clients who present with unwanted attractions and behaviours.

Guideline 4.

Practitioners are encouraged to respect the value of clients' religious faith and refrain from making disparaging assumptions about their motivations for pursuing change-oriented interventions.

Guideline 5.

At the outset of support or treatment, practitioners are encouraged to provide clients with information on change-oriented processes and intervention outcomes that is both accurate and sufficient for informed consent.

³ <https://iftcc.org/standards/>

Guideline 6.

Practitioners are encouraged to consider and understand the pressures from culture, religion, and family that are confronted by clients who struggle with unwanted sexual attractions or want to explore their identity.

Guideline 7.

Practitioners are encouraged to recognize the special difficulties and risks that exist for youth who experience unwanted sexual feelings, including same-sex attractions. They should also appreciate the greater fluidity of sexual orientation and identity that appears to exist among young people.

2 Treatment and Support Considerations for Therapists

Guideline 8.

Practitioners are encouraged to utilize accepted psychological approaches to therapeutic interventions.

Guideline 9.

Practitioners are encouraged to be knowledgeable about the psychological and behavioural conditions that often accompany gender identity problems and unwanted relational or sexual behaviours, attractions and patterns.

Guideline 10.

Practitioners are encouraged to offer or refer clients for relevant treatment services to help them manage their issues.

3 Continuing Education

Guideline 11. *Practitioners are encouraged to make reasonable efforts to familiarize themselves with relevant medical, mental health, spiritual, and religious resources that can support clients in their pursuit of change.*

Guideline 12. *Practitioners are encouraged to increase their knowledge and understanding of the literature relevant to clients who seek change, and to seek continuing education, training, supervision, and consultation that will improve their work in this area*

IFTCC Principles for Approaches to Transgender Treatments

Full downloadable document here: <https://archive.iftcc.org/iftcc-principles-for-approaches-to-transgender-treatments/>

VALUES FOUNDATION:

We maintain that a human being consists of both a physical and a spiritual component, inseparable as a “living soul,” and that the body is to be treated with as much respect as the mind/soul. A person will be most at peace through accepting the biological realities of the body and the outside world. Thoughts and feelings, however significant, do not shape material reality.

SCIENTIFIC FOUNDATION:

1. Gender dysphoria is both a multi-factorial adaptation and a mental health diagnosis.
2. The natural course of gender dysphoria is desistance by adulthood, which occurs by conservative estimates in 85% of gender dysphoric minors.^{3 4 5 6 7}
3. Minors have developing yet immature brains; their minds change often; they are prone to risk taking behavior; they are vulnerable to peer pressure; and they don't grasp long-term consequences.^{8 9 10 11}

4. Gender dysphoria carries the overwhelming likelihood of underlying mental health problems, adverse childhood experiences/traumas, family issues, and impressively higher rates of neurodevelopmental issues like autism spectrum disorder, all of which usually predate the onset of gender dysphoria.^{12 13 14 15 16 17}
 - a) In adults with gender dysphoria, personality disorders are often a factor.¹⁸ If male, auto-gynephilia (sexual arousal from imagining or adopting of female persona) is common.^{19 20}
5. Gender/transition “affirming” medical interventions have not been shown to be superior to skilled mental health interventions.^{21 22 23}
6. Scientific and legal evidence is driving an international pushback against gender/transition “affirming” medical interventions in favour of intensive psychological evaluation and support.^{24 25 26 27 28 29 30}

TREATMENT PRINCIPLES:

7. “The right to align one’s feelings and behaviours to biological sex, in order to live according to the values and beliefs that bring them true happiness, is a human right.” – The International Foundation for Therapeutic and Counselling Choice (IFTCC)³¹
8. Mental health interventions pose none of the medical risks of gender/transition “affirming” medical and surgical interventions. A healthy body remains intact and functional.
9. Skilled, thorough, and ongoing mental health evaluation and support are needed by both the gender dysphoric minor and their families, as well as adults with the issue.^{32 33 34 35 36} They have the same right to access any commonly available treatment modality as any other person.
10. Social transitioning -- the first of four recognized steps available in gender transition/imitation (social transitioning, puberty blocker use, cross-sex hormone use, and surgery) -- is itself recognized as derailing natural desistance in favor of persistence.^{37 38 39 40} It has not been proven beneficial.⁴¹ Subversion of natural desistance and the resultant non-beneficence indicates it is to be avoided in minors.^{42 43}
11. For once-transitioned individuals who have regret or simply wish to detransition to their natal/biological sex, the help of both an experienced endocrinologist (to address hormonal needs) and a skilled mental health expert are essential.
12. Client self-direction in choosing to opt for mental health intervention for gender dysphoria should be professionally and legally protected.

To access the full citation list for this document, please access this link; https://iftcc.org/wp-content/uploads/2023/04/IFTCC-Principles-for-Approaches-to-Transgender-Treatments.Final_.pdf.

IFTCC Pastoral Protocol

Full downloadable document here: <https://archive.iftcc.org/iftcc-pastoral-protocol/>

This protocol is directed toward Christian care workers who intend to support men and women who experience same-sex attraction or gender incongruence. IFTCC prioritizes the dignity of the individual seeking support and honours their conscience. With this in mind, we recognize these biblical foundations, essential priorities, and ethical principles as requisite for pastoral care workers associated with our organization.

FOUNDATIONAL PRINCIPLES:

Jesus Christ taught a relational ethic in which His disciples could whole-heartedly love one another with honour and sincerity.¹ He was concerned about the ways people harm and objectify one another and taught how to protect human dignity through pure-hearted attention to the well-being of others— even for those with whom we have conflict or distrust.² Sin disrupts our relationships with one another. All of humanity are victims of the effects of sin because of the disobedience of Adam, and our salvation through Jesus Christ establishes pathways of restoration and wholeness.³ By His wounds, we are healed.⁴

Jesus Christ taught that immorality, in all its forms, impacts the soul and called everyone to repentance and faith, which cause radical renewal.⁵ He responded to individual instances of sexual immorality with compassion and understanding.⁶ His mercy in the face of human weakness was restorative: amid her public humiliation and personal failure, when she was ostracized and about to be stoned, Jesus Christ invited the woman caught in adultery to begin again and follow Him.⁷

Pastoral care workers represent Jesus Christ amid deep crises to connect the marginalized to their heavenly Father, where they will find His mercy, compassion, direction and new identity as a son or daughter of God.⁸ IFTCC recognizes this role as essential to the well-being of men and women with unwanted same-sex sexual feelings and/or gender incongruence. Pastoral care workers guide individuals through life by offering prayer and spiritual direction, by facilitating community and belonging, and by offering the love of Jesus Christ in practical ways. With this in mind, IFTCC recognizes the following essential priorities and ethical principles as a fundamental guide for all pastoral care workers within our organization.

1. God longs to be in communion with all of humanity through the reconciling work of Jesusⁱ Christ in His life, His death by crucifixion, and His resurrection.⁹ He is our creator and the source of human identity.¹⁰ Although human rebellion, unbelief, and immorality distance us from God, His divine intent for humanity to know Him cannot be rewritten.¹¹
2. The image of God is portrayed not only in human sexuality as male or female, but also in the moral and rational character of humans. Male and female are unique, interdependent, and equal expressions of God's divine nature.¹² Jesus Christ, the eternal Son of God who became man, is the supreme visible image of the invisible God the Father.¹³ He is renewing the image of God in those who trust and follow Him.¹⁴ Therefore, all people are invited into the restoration project of God.¹⁵
3. Jesus Christ points to Genesis to emphasize the significance of human identity specifically in the male and female bond through covenant marriage, which is a unique representation of God's intimate relationship with humanity.¹⁶ Therefore, God intends that our sexuality be a powerful expression of love designed for intimacy within biblical marriage and the creation of life for His glory alone.

The love of God brings us to repentance.¹⁷ The role of the pastoral care worker is to reinforce the truth that a loving God came to us offering hope and redemption because we were unable to come to Him. God's ways bring wholeness and peace.

3. And, His love is the foundation of Christian life. Our appropriate response as believers is deference to His instruction through a relationship of mutual self-giving love.¹⁸ This interchange of love and surrender to His ways embodies the life of the disciple.
4. Pastoral care workers model this discipleship process for those under their care (1 Corinthians 11:1). Their exercise of the spiritual disciplines leads others into the wholeness of life in Jesus Christ as they follow their example.
5. The power and authority of the Holy Spirit creates life and renewal.¹⁹ Through prayer, pastoral care workers lead individuals to connect with God and the presence of the Holy Spirit so that

relationships with God are restored and that hearts are made whole.²⁰ Ministry to others involves leadership into God's presence to process their perceptions, beliefs, and emotions with Him. There are many effective modalities of care offered in the wisdom of God. IFTCC recognizes care that prioritizes the dignity and purity of the believer and exhibits effective outcomes that yield peace, relational wholeness, and belonging within the Christian community.

ESSENTIAL PRIORITIES:

8. Healing from the wounds of sin is a complex, non-linear process of repenting from lies we have believed (about ourselves, God, and others), feeling our pain, grieving our losses, receiving comfort, forgiving others, surrendering false preconceptions, and yielding to God in faithfulness and perseverance. It requires the faithful oversight of pastors and caregivers who are fully invested in the dignity and thriving of those under their care, who also recognize the limitations of their ministry to meet every need.
9. Pastoral Care workers accompany men and women in their journey of faith in God and must anticipate the challenges of disappointment and perseverance. Their care compassionately responds to questions of God's goodness and mercy in the face of ongoing temptation. Surrendering one's weaknesses to Jesus Christ yields a lifetime of self-discovery that guides the individual in their calling and destiny.
10. Pastoral care workers must evaluate how they will most benefit the individual under care. At times, for example in cases addressing trauma, this may require making referrals to professional therapists. It is vital pastors and care givers recognize the signs that necessitate outside professional counselling. Pastoral care may supplement professional therapy by offering encouragement, prayer, and community as the individual pursues emotional healing.

ETHICAL CONSIDERATIONS:

11. Unlike professionals in a clinical therapeutic setting, pastoral care workers model and facilitate appropriate relational boundaries within a congregation. They may play a role in introducing and informing sex-based attitudes and discipleship expectations within the Christian community. Therefore, great consideration and foresight should be applied when directing members of the same sex as well as the opposite sex.
12. Pastoral care workers must have proper oversight and accountability frameworks. Individuals under care must be made familiar with avenues of communication with senior overseers or trusted outside ministerial support (ex. Church pastor) and encouraged to offer feedback. Openness and transparency among the pastoral caregiver, his or her overseer, and the individual under care must be facilitated, while also maintaining essential confidentiality restrictions. The boundaries of openness, transparency, and confidentiality should be clarified and agreed upon by the relevant individuals. Records may be kept of private meetings if agreed upon by all parties, in which case mutual understanding of the intent and usage of such confidential records should be made clear in writing with confirming signatures.
13. Pastoral care workers may be legally mandated reporters in some localities or jurisdictions. While confidentiality needs to be maintained, pastoral care workers need to educate themselves on any legal exceptions to confidentiality in their locality or jurisdiction. Exceptions to confidentiality may be necessary or required if a counselee gives evidence of eminent intent to harm self or others and steps must be taken to protect the counselee or others. Local legal requirements must be maintained.
14. Legal and pastoral protections for care workers must be always considered, and regular intervals of review are recommended between overseers and care workers on their work and cases. Intermittent interviews of counselees by senior overseers are recommended. Appropriate informed consent documents exchanged and signed between counselee and counsellor outlining such procedures provide avenues for the counselee to confidentially air concerns and for the counsellor to receive input.

15. We reject as ineffective and harmful all practices that include forms of physical violence, force, manipulation, shame, or humiliation to coerce an individual to renounce LGBTQ identity or change sexuality or gender experiences. We advocate for accessible, self-motivated approaches that affirm one's dignity and empower personal choice, desired sexual ethic, and individual life goals.

To access the full citation for this document, please use this link: <https://archive.iftcc.org/iftcc-pastoral-protocol/>.

9) Sexual Attraction Fluidity Exploration in Therapy (SAFE-T)⁴.

Terms popularised by the media such as 'gay cure' 'pray away the gay', conflate legitimate change-allowing therapies with 'conversion therapy', promoted as an exotic therapeutic style with many styles, a one cap-fits-all approach. 'Sexual Orientation Change Efforts' (SOCEs)⁵ coined by the APA represents the research literature and professional practise literature in the field of change-allowing therapies which, by definition, cannot be coercive. For the IFTCC, SAFE-T is now the preferred term given to sexuality change-allowing therapy initiatives and ethical frameworks where such work is provided. The term is focused on sexuality, restricted to same-sex attraction, behaviour and identity. To engage with the approach of change-allowing therapy for gender 'dysphoric' clients, the principles and guidelines relative to treating Transgender clients are relevant.

The following reasons were provided by the originators of SAFE-T terminology, regarding the need to disassociate from terms associated with essentialist notions making sexual 'orientation' innate and immutable, outlined above:

1. *These terms imply that categorical change (from exclusive Same-Sex Attractions [SSA] to exclusive Opposite-Sex Attractions [OSA]) is the goal. This is a degree of change that is statistically rare and not demanded of any other psychological experience as a condition of legitimate psychological care.*
2. *The current terms imply there is a specific and exotic form of therapy that is being conducted (not standard therapeutic modalities)⁶*
3. *These terms imply that sexual orientation is an actual entity (i.e., the terms all reify sexual orientation as immutable).⁷*
4. *The terms imply that change is the therapist's goal and not that of the clients (i.e., it's coercive rather than self-determined).⁸*
5. *These terms (especially SOCEs [Sexual Orientation Change Efforts]) do not differentiate between professional conducted psychotherapy and religious or other forms of counselling practice.⁹*

⁴ <https://learning.iftcc.org/sexual-attraction-fluidity-exploration-in-therapy-safe-t/>

⁵ The IFTCC recognises that the term 'SOCE' may have, when originally adopted in 2009 by the APA Task Force, intended to avoid dignifying change-exploring therapy, but the term has received considerable attention and is used by both sides of the research divide on the topic (cf Sullins, 2022; Sullins, Rosik, & Santero, 2021.)

⁶ The IFTCC notes however, that SOCEs is valid terminology as far as it embraces change-allowing therapies which presuppose that sexual orientation is changeable in some cases and, given that US Trade Law indicates 'reorientation therapies' are client led, refute assumptions that 're-orientation' is necessarily coercive <https://trademarks.justia.com/876/99/reparative-87699798.html>.

⁷ The IFTCC notes however that whilst 'gay cure'-type terminology claims same sex attraction, behaviours and identity (SSABI) are immutable, change-allowing (or change exploring) terminologies such as 'SOCEs' and 'reorientation therapy' do not hold to the immutability of sexual orientation.

⁸ The IFTCC holds that populist terms 'gay cure' 'pray away the gay' are intended to highlight coercive practices. However, terms like 'SOCEs' and 'reorientation therapy' (change-allowing or -exploring therapies) places focus on *client effort* and not *therapist effort*.

⁹ The IFTCC recognises that Professional therapy is not only dealing with fluidity, and that SAFE-T is an inadequate term for the following reasons: Fluidity is a technical term for attraction that changes with circumstances and can change this way now and that way another

6. *These terms have been demonized and/or developed by professionals completely unsympathetic to therapies that allow for change in same-sex attractions and behaviours.*¹⁰

10) How We Learn: IFTCC Professional Development and Training Initiatives

IFTCC Professional development initiatives are accessible to those interested at the dedicated IFTCC Learning site (learning.iftcc.org). IFTCC Learning serves the IFTCC as its public education body. It is led by the IFTCC Education and Training Advisory Council (ETAC), chaired by Professor Carolyn Pela and managed by Dr Michael Davidson. The EATC reports to the IFTCC Executive.

The aim of the IFTCC Learning site¹¹ is to provide:

- 1 Further training for qualified counsellors and psychotherapists seeking to upskill their existing knowledge in the field;
- 2 Specific knowledge, current best-practise, research findings and understanding of the field of counselling and psychotherapy for those seeking to leave LGBT identities and practises;
- 3 Pastoral carers and persons of other helping disciplines with a structured approach to care, including the knowledge of when to refer persons to mental health professional services.

11) How We Assess Our Work: The IFTCC Competency Framework

The IFTCC Competency Framework¹² focuses on sexuality and exists to train people in SAFE-T¹³ (Sexual Attraction Fluidity Exploration in Therapy). SAFE-T is not a therapy – it is a protocol, helping counsellors and therapists who work non-directively (which fully respects, prioritises and gives place to clients' autonomy and sense of personal values) to explore the issues around sexual fluidity, and how these impact on our lives. Scientifically, the fluidity of sexual orientation (and, for our purposes, especially same-sex attractions) for many women and men is now beyond question (Diamond & Rosky, 2016; Katz-Wise, 2015; Katz-Wise & Hyde, 2015). This makes SAFE-T a protocol centred on scientific scholarship. Likewise, the IFTCC guidelines for treatments of transgender (or gender 'dysphoria') are centred on scientific findings.

IFTCC Learning offers three distinct programmes that cover: (1) Scholarship, (2) Clinical Practice and (3) Pastoral Care. These lead to three certificate-level awards, which may be endorsed at basic, intermediate or advanced level.

- 1 Principles of Scholarship (for AHDR Members),
- 2 Principles of Clinical Practice (for CP Members),
- 3 Principles of Pastoral Care (for PCW Members).

The IFTCC Competency Framework Circle¹⁴ similarly has three Learning Domains and these are explored in our curricula at three levels: Basic, (A) Intermediate (B) and Advanced (C). The current curriculum for 2022-2023 is widely accessible¹⁵ and all courses are associated with the 10

time, and so on. We are also treating trauma and attachment, and fluidity just is not adequate as a term for what change-exploring therapists actually do.

¹⁰ The IFTCC notes however, that any terminology promoting the rights and freedoms of clients to work on sexual reorientation in change-exploring therapeutic contexts is likely to be 'demonised' given the contested nature of the discourse on this issue.

¹¹ <https://learning.iftcc.org/>

¹² <https://learning.iftcc.org/framework/>

¹³ <https://learning.iftcc.org/sexual-attraction-fluidity-exploration-in-therapy-safe-t/>

¹⁴ <https://learning.iftcc.org/framework/>

¹⁵ <https://learning.iftcc.org/curriculum-2022-2023/>

consistent themes covered by each annual conference, referred to as the 'Curriculum Themes'¹⁶. Annual curricula since 2018 are organised according to these 10 themes:

- 1 *Philosophy and Anthropology*
- 2 *Clinical Therapy and Counselling*
- 3 *Medical and Diagnostic Aspects*
- 4 *Ethics and Guidelines*
- 5 *Research*
- 6 *Culture and Society*
- 7 *Media-Communication and Advocacy*
- 8 *Law and Therapeutic Choice*
- 9 *Education and Family*
- 10 *Pastoral Care*

12) How We Teach: IFTCC Research-Led Symposia

Other initiatives offering continuing professional development include scholarship or research-led seminars such as the Symposium event held in London in November 2021¹⁷ at which world-experts raised safety concerns as they examined research presented by the UK Government on the issue of banning "Conversion Therapy". Research- and scholarship-led Symposia commenced from 2014 and form part of the available curricula on learning.iftcc.org.

13) IFTCC Membership Categories - How We Build Our Community:

Association to the IFTCC, via adherence to this document "IFTCC Practice and Ethical Guidelines (2023)" has reference to five possible categories:

1. Senior Fellow*
2. Fellow*
3. Member:
 - Licensed and Qualified Clinical Practitioner membership
 - Pastoral Care Worker membership
 - Additional Helping Disciplines Roles
4. Associate/Trainee
5. Friend/Supporter
6. Organisational Associate

Not all categories are likely to be listed on the IFTCC Professional Register with respect to its members.

- 1 By invitation, we acknowledge first, **IFTCC Senior Fellows** who by merit and standing hold the highest level of IFTCC recognition. These are persons willing and able to hold this position and may serve as *ad hoc* advisors to the ETAC contributing to the development of the IFTCC Professional Register. Such individuals would have experience in associating with a professional body in respect of their own membership and be familiar with good practise in how a professional person properly maintains professional association with any professional fraternity. The category would be for counselling and psychotherapeutic, clinical and medical practitioners, pastoral care workers or Scholars with an interest and expertise in some aspect relating to our work. IFTCC Senior Fellows might no longer be actively engaged in practise.

¹⁶ <https://learning.iftcc.org/iftcc-curriculum-themes/>

¹⁷ <https://iftcc.org/is-the-government-ban-on-conversion-therapy-safe/>

- 2 By invitation, **IFTCC Fellows** are senior members of the register, achieved through qualification and experience – distinguished from Senior Fellows perhaps by longevity expected of Senior Fellows. IFTCC Fellows would typically currently practise in their field of expertise and actively engage in clinical or pastoral care work for the population group we serve. Typically, this category would be con-currently licensed practitioners, or active members of professional bodies anywhere else in the world, those offering pastoral care to former LGBT clients, or scholars with active publication records.
- 3 **IFTCC Members** would hold professional recognition in their field, and typically be seeking to develop expertise in the field and seek to benefit from the collegiality of the IFTCC and training opportunities provided by the organisation. Membership maintenance would require ongoing evidence in the form of a professional portfolio record reflecting continuing professional development (CPD) undertaken and where relevant, hours of experience gained in the counselling, therapy practice or pastoral care context with which they are associated. Both fellows and members would constitute the so-called “recognised provider” or IFTCC Professional Register to whom the organisation might link those approaching the IFTCC for assistance.
- 4 **IFTCC Trainee/Associates** might typically be in training, would typically benefit from ongoing supervision and if trainee therapists or counsellors, would not be licensed or part of a mental health body except as forming part of a trainee register of professional bodies.
- 5 **IFTCC Friends/Supporters** would typically not hold recognised professional qualifications in counselling, therapy or pastoral care but nevertheless reflect a high level of interest, facility and experience in serving the population group with which the IFTCC concerns itself. They might be self-taught or currently in training and have direct involvement as mentors, informal pastoral care providers or ministry leaders.
- 6 **IFTCC Organisational Associate** would be a formal association between like-minded organisations and the IFTCC, sharing values and practice principles, consistent with the IFTCC Practice and Ethical Guidelines.

14) An International Declaration on ‘Conversion Therapy’ and Therapeutic Choice¹⁸

The IFTCC opposes the banning of therapeutic choice and the curtailment of the right and freedom to seek help for unwanted same-sex or transgender behaviour, feelings or identity issues. The preamble of the IFTCC Declaration reads¹⁹:

Signatories of this International Declaration call upon our governments, local authorities, human rights, media institutions and religious organisations, to recognise that the right to self-determination is an established principle of international law, and therefore must include the right to shape and develop one’s own sexual identity, feelings and associated behaviours, and to receive support to do so. We acknowledge that this International Declaration primarily addresses western nations in the northern hemisphere. We recognise that around the world, some cultures and subcultures differ markedly from these social contexts - and they may have a different understanding of terminology such as ‘conversion therapy’ and therapy bans. We emphasise that we do not support aversive, coercive, or shaming treatments, however they are termed, and regardless of whoever applies them or wherever they are practised.

¹⁸ <https://iftcc.org/the-declaration/>

¹⁹ <https://iftcc.org/wp-content/uploads/2022/03/FINAL-09.03.22-DECLARATION-Review-Doc-.pdf>

The Review Document²⁰ upon which 10 declaration propositions (listed below) are based, is available in 17 languages²¹. These statements are extracted from a full IFTCC Review Document entitled: 'An International Declaration on 'Conversion Therapy' and Therapeutic Choice'. This document (2022) reviews, with a full list of citations supportive of SOCEs, the field and summarises the most important issues relating to change-allowing therapies from the perspective of the IFTCC.

The following 10 points summarise the declaration review document and form the basis of the viewpoint IFTCC Professional Members are asked to support:

- 1 *Banning 'conversion therapy' infringes human rights and freedoms, imperilling both therapeutic choice and pastoral, professional and parental rights. See paragraphs 1-6 of Review Document²².*
- 2 *Professional bodies promoting discriminatory monocultural viewpoints prevent ideological diversity and critique. See paragraphs 7-8 of Review Document.*
- 3 *'Mostly-heterosexuals', the largest non-heterosexual minority group, are being denied therapeutic support to affirm their heterosexual aspirations. See paragraphs 9-11 of Review Document.*
- 4 *Sexual fluidity happens in both directions but this is being ignored. See paragraphs 12- 17 of Review Document.*
- 5 *Banning 'conversion therapy' will extend 'cancel culture', silence dissent and inhibit free speech. See paragraphs 18-25 of Review Document.*
- 6 *Political aspirations sacrifice much needed therapy for children and adults who feel distress about their sex. See paragraph 26 of Review Document.*
- 7 *'Conversion therapy' bans are unsafe while potential causal links between trauma and same-sex attractions and 'gender dysphoria' remain unexamined. See paragraph 27 of Review Document.*
- 8 *Change-allowing therapies do not actually cause 'harm' or increase suicidality according to peer-reviewed research. See paragraphs 28-31 of Review Document*
- 9 *Torture claims in 'conversion therapy' are unsubstantiated and are designed to silence dissent. See paragraphs 32-36 of Review Document²³.*
- 10 *Church leaders conceding to unsafe 'conversion therapy' bans defame and undermine the potentially complementary roles of pastoral and professional counselling. See paragraphs 37-39 of Review Document.*

1 December 2023

²⁰ <https://iftcc.org/wp-content/uploads/2022/03/FINAL-09.03.22-DECLARATION-Review-Doc-.pdf>

²¹ https://iftcc.org/wp-content/uploads/2022/05/09.03.22-Summary-DECLARATION-FINAL_MT.pdf

²² This term, 'conversion therapy' is being used to malign and ban [SAFE-T or] professional therapy that explores sexuality and gender experiences in a comprehensive way that includes capacity and experiences in some individuals for shifts or change or to ban or pastoral counselling for individuals who wish help to live according to their religion.

²³ <https://iftcc.org/wp-content/uploads/2022/04/FINAL-09.03.22-Summary-DECLARATION.pdf>