

Principles and Practices for Mental-Health Professionals Helping Latter-day Saints Respond to Same-Sex Attractions

THE FOLLOWING DOCUMENT IS THE PRODUCT OF HUNDREDS OF HOURS OF DELIBERATION BETWEEN SEVERAL MENTAL-HEALTH PROFESSIONALS WHO REPRESENT SEEMINGLY OPPOSITE ENDS OF THE SOCIOPOLITICAL SPECTRUM. WE NAMED OUR GROUP, *THE RECONCILIATION & GROWTH PROJECT*. OUR PURPOSE IS TO CLARIFY COMMON GROUND AND TO IDENTIFY “DO NO HARM” APPROACHES FOR WORKING WITH CLIENTS EXPERIENCING DISTRESS RELATED TO SAME-SEX ATTRACTIONS (SSA). OUR INTENTION AND PROCESS HAS BEEN COLLABORATIVE AND THEREFORE THE FOLLOWING ALSO INCLUDES CONTRIBUTIONS FROM OTHERS FROM VARIOUS VIEWPOINTS.

THIS DOCUMENT IS FOCUSED ON HELPING INDIVIDUALS AND FAMILIES OF THE LDS FAITH. WE CHOSE THIS FOCUS BECAUSE IT REFLECTS THE PREDOMINANT COMMUNITY IN WHICH THE AUTHORS LIVE. OUR PURPOSE IN PREPARING THIS DOCUMENT IS TO OFFER PRACTICAL GUIDELINES TO PROFESSIONALS AND LAY “HELPERS” AS WELL AS FOR FAMILY MEMBERS WHO SEEK TO BE SUPPORTIVE. OUR INTENTION IS FOR THIS DEVELOPING MODEL TO INFORM FURTHER DISCUSSIONS TO EXTEND THESE PRINCIPLES TO OTHER FAITH COMMUNITIES.

WE HAVE ALSO CREATED A *PEACEMAKING DIALOGUE SKILLS* PROTOCOL TO HELP FAMILIES AND OTHERS RESOLVE THEIR CONFLICTS REGARDING THESE ISSUES. THESE PEACEMAKING SKILLS REPRESENT THE PROCESS THAT WE HAVE USED TO DISCUSS OUR DIFFERENCES AND CAN BE FOUND AT WWW.RECONCILIATIONANDGROWTHPROJECT.COM.

THESE DOCUMENTS WERE WRITTEN WITH THE INTENTION FOR WIDE DISTRIBUTION AND TO STIMULATE FURTHER DIALOGUES ABOUT THE NUANCES AND COMPLEXITIES OF SAME-SEX ATTRACTION AND SEXUAL IDENTITY DEVELOPMENT.

WE SEEK YOUR FEEDBACK ABOUT HOW TO FURTHER REFINE THESE PRINCIPLES AND PRACTICES. WE WELCOME YOUR CRITIQUE AND FEEDBACK, WHICH CAN BE SUBMITTED AT WWW.RECONCILIATIONANDGROWTHPROJECT.COM.

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ALL OF THE PEOPLE PARTICIPATING IN THIS PROCESS OPERATE INDEPENDENTLY AND DO NOT NECESSARILY REPRESENT THE VIEWPOINTS OF THEIR VARIOUS AFFILIATIONS.

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

- Understand the doctrinal position of The Church of Jesus Christ of Latter-day Saints that addresses same-sex attractions. Components of this position include:
 - **“The distinction between feelings or inclinations on the one hand, and behavior on the other hand, is very clear. It’s no sin to have inclinations that if yielded to would produce behavior that would be a transgression. The sin is in yielding to temptation.”** (Dallin H. Oaks, Interview With Elder Dallin H. Oaks and Elder Lance B. Wickman: “Same-Gender Attraction,” Mormon News Room, 12 December 2012).
 - Church leaders and members are encouraged **“to reach out with love and understanding to those struggling with these issues”** (“God Loveth His Children,” Pamphlet by the LDS Church First Presidency and Quorum of the Twelve Apostles, 2007).
- Distinguish issues of SSA from those of gender variance (GV) or gender dysphoria (GD)—the “T” for “transgender” in LGBT. While individuals whose gender identity or gender expression vary or are incongruent with their natal sex, and who may report experiencing attractions to the same sex relative to either their natal sex or expressed gender identity, there are important differences between SSA and GV/GD. Thus, best practices for professional assistance addressing GV/GD will be different in some respects than for professional assistance addressing SSA. For the sake of clarity, this document is focused on same-sex attraction and not on gender identity.
- Understand that the experience of same-sex attraction is a complex reality for many people. Differentiate between (1) the qualitative experience of same-sex attractions with varied and complex etiology and varied levels of intensity, persistence, or proportion to other-sex attractions; (2) the persistence of such feelings in what might be termed an enduring sexual orientation; and (3) a subjective social identity that is adopted or formed around an individual’s unique experience of sexuality.
- Recognize the complexity and limitations in understanding the etiology of SSA for both female and male clients. Understand that people do not choose to experience SSA.
- Understand that while clients may experience SSA as a problem, it does not constitute a “mental disorder.” A person is not mentally ill because she or he experiences same-sex attractions.
- Understand that many individuals who present for therapy with conflicts around their sexuality may experience accompanying mental and emotional disorders. It is important to differentiate the disorder from the person’s sexual orientation.
- Respect the dignity and self-determination of all clients, including those who seek help as they respond to same-sex attraction (SSA). This includes a spectrum of client goals, including those who seek assistance to reduce feelings of or distress around SSA and those who self-identify as lesbian, gay, or bisexual (LGB).
- Recognize that client sexual self-identity and self-labeling is diverse and may include: not specifying a sexual identity; identifying as same-sex attracted; identifying as straight or heterosexual; identifying as lesbian, gay, bisexual, queer, etc. Similarly recognize also that client values, behaviors, and relational choices are varied within all of these self-identities. Know the label and language each client prefers you to use in discussing their experiences as well as how they define that usage.
- Recognize how your attitudes and level of knowledge about SSA and sexual identity formation influence assessment and treatment. Consult your supervisor, seek peer supervision, and make appropriate referrals when indicated.

- Provide clients with information on potential therapeutic outcomes and risks that is both accurate and sufficient for informed consent. Help clients set realistic expectations.
- Make reasonable efforts to familiarize yourself with relevant, reliable, and trustworthy professional, online, and community resources that can support clients in their self-determined goals.
- Utilize professionally accepted approaches to psychotherapeutic interventions.
- Strive to understand the effects of stigma, including the role that familial, religious, political and cultural beliefs may have on an individual's self-concept, distress, coping, and options.
- Recognize how stigma and cultural expectations can influence a client's therapeutic goals and help clients understand how their distress may be related to other factors beside their same-sex attraction.
- Strive to recognize the unique cultural dynamics affecting the functioning of each individual client.
- Strive to understand the unique problems and risks that exist for youth who experience SSA, including those who identify as LGB.
- Strive to understand the challenges faced by the parents and family members of those who experience SSA, including those who identify as LGB.
- Strive to include topics related to SSA and sexual identity formation in professional education and training.

Therapeutic Approaches That Support 'Do No Harm' Standards of Clinical Practice:

These approaches 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.

- Determine what motivated clients to seek therapy. Be clear on what the clients want to address.
- Invite clients to write or verbally share a personal history. During therapy sessions, explore ways to create safety for clients to share this personal history with you so you can acknowledge their experience. Explore if, how, and when they can then share this personal history with trusted mentors, family members, or friends.
- Help clients explore and examine questions, such as "What's wrong with me?" and "What do I want for my life?" Conduct a comprehensive assessment of the clients' sources and symptoms of distress.
- Invite clients to engage in regular journaling in which they create a picture of the current situation and how they hope the situation will be in the future. Counseling may focus on helping clients build a bridge between the two situations, grieve potential losses, and adapt to other meaningful options.
- Conduct an extensive review of the clients' sexual history (e.g., sexual contact, abuse, fantasy, pornography, masturbation, level of sex drive, romance, positive experiences with sexuality), and determine the need for additional specific assessment instruments. Help clients consider the impact of their sexual history on their experience of sexuality, while being cautious about making causal inferences.
- Recognize that a client with obsessive-compulsive disorder may ruminate on fears of being gay that have no basis in same-sex attractions, or 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.

- Recognize that some people who have experienced sexual abuse may replay their abuse through homosexual behavior.
- Explore the distinctions between attraction, arousal, aversion, desire, intention, orientation, behavior, and identity in considering sexuality and sexual identity.
- For clients considering marriage to someone of the other sex, assess their current capacity for other-sex attraction, sexual behavior, and the nature of that attraction (i.e., sexual desire, emotional connection, aesthetic, parental or procreative-based). Assess the client's level of aversion to emotional, physical, and/or sexual intimacy with someone of the other sex. Also, assess how they can positively experience their sexuality (e.g., attraction, arousal, identity) within the other-sex relationship and throughout the lifespan. Discuss with them potential therapeutic interventions that might realistically help them better prepare for marriage.
- Assess the clients' sense of religious identity and experience. Seek to understand pertinent aspects such as beliefs, motivations, and experiences of spiritual- and faith-identity development; experiences of spiritual conflict; religious goals; as well as the person's positive and negative ways of coping within their faith to inform understanding of both distress and strengths.
- Assess the clients' support system including their degree of disclosure of SSA to family, peers, ecclesiastical leaders, and relevant communities along with respective attitudes and responses. Explore how these factors may be impacting client experiences. Encourage clients to identify and access increased social support that is congruent with their values, goals, and self-concept.
- Discuss possible relationship ruptures in order to strengthen the vital therapeutic relationship. Engage clients with compassion to establish a deep therapeutic relationship that maintains ethical boundaries.
- Address any of the following issues as needed: shame, perfectionism, depression, pornography use, other addictions, relationship issues (peers, family, church leaders), sensitivity to rejection, obsessions, rumination, passivity, grief, and past trauma.
- Consider the application of established modalities. Here are some examples:
 - Consider using a genogram to explore family of origin relationships, attachment patterns, relational strengths, and resources.
 - Consider using motivational interviewing to help clients gain and maintain clarity regarding their goals and to address discrepancies between their ideals and the practical reality.
 - Consider using cognitive behavioral therapy or other modalities to address cognitive distortions and evaluate false beliefs about sexuality, SSA, conceptions of gender and gender identity, and those who identify as LGB.
 - Consider using acceptance and commitment therapy to help clients accept where they are, make realistic choices regarding where they want to be, and take action to get there.
 - Consider using a solution-focused approach to help clients identify personal strengths as well as instances in which they have already achieved congruence with their desired outcomes.
 - Consider using narrative theoretical approaches to aid clients in identifying their preferred discourses of sexual identity and resisting the discourses they find to be oppressive.
 - Consider using effective trauma therapies, such as EMDR, to mitigate the effects of trauma and attachment disruption.

- Consider other modalities that are well researched and have application for working with the unique issues of each individual client.
- As appropriate, consider fostering the use of positive religious/spiritual practices and coping skills to assist clients in actively reconnecting with faith values that have and have had value and meaning to the client.

FOR CLIENTS WHO DESIRE TO LIVE A LIFE IN HARMONY WITH LDS DOCTRINAL TEACHINGS:

- Assess their relationship with God. As needed, help clients move from a relationship based on fear, guilt, and shame to one based on love, compassion, commitment, forgiveness, integrity, openness, and deeper relational intimacy.
- Assess with clients to what degree they want to live in harmony with LDS doctrinal policy regarding sexual behavior or sexual desire or both.
- Ecclesiastical leaders are not bound by the same HIPAA rules of confidentiality as mental-health professionals. Before self-disclosures or consultations with ecclesiastical leaders take place, it is important to discuss with the client the level, benefit, and risk of her or his self-disclosure.
- Invite clients to practice honestly exploring and processing their sexual attractions as opposed to dismissing or compartmentalizing them. However, don't encourage clients to engage in sexual behaviors that may be contrary to their desires to remain active within their church organization and thus increase the levels of guilt, shame, and grief with which they are struggling.
- Assist clients to understand that merely turning away from or suppressing same-sex attraction can serve to make it stronger. Turning toward and seeing through the attraction, to the need for emotional connection rather than a sexual connection, will reduce the conflict regarding the expression of nonsexual affection toward those of the same sex. This process of exploring meaningful relationships will actually enable clients to explore healthy and reciprocal connections with both same- and other-sex peers.
- Help clients connect with same-sex peers in healthy, non-romantic, and non-sexual ways to satisfy their valid needs for love, acceptance, connection, support, affection, and identity. Clients may need some coaching on how to do this and how to decrease the inner conflict with such connections. Clients may also need to process any negative emotions and cognitions that block their ability to connect with those of the same and other sex.
- Encourage clients to consider the similarities and common concerns between them and someone of the same sex to whom they are attracted, rather than just focusing on the differences. Help them recognize the effect these emotional connections have on the strength and/or level of their attractions.
- Acknowledge with clients that romantic, emotional, aesthetic, and/or sexual attractions towards others of the same sex are a common experience. Help clients to process and accept their experiences honestly and develop healthy personal and relational boundaries to support their self-determined standards of conduct.
- Help clients acknowledge and process any grief or loss that may arise out of abstaining from same- sex romantic and/or sexual relationships. Be sure that a client's desire and efforts to abstain from such relationships come from an informed and empowered mindset rather than from fear, shame, or a compulsion to please others, including the therapist. Also, help clients to process any grief and pain they may experience related to not achieving a successful romantic or sexual relationship with a person of the other sex.
- Encourage healthy self-disclosure to safe individuals at first, and eventually to all others who may need to know the depth and extent of past or current feelings of SSA.

- Opening up to others need not necessarily be a universal “coming out” process in order to obtain needed support. Thoughtful disclosure may help prevent clients from getting locked into labels and identities before they are clear about what fits best for them. Therapists may assist clients in exploring the pros and cons of various levels of disclosure as well as aid clients in processing and developing skills to deal with potentially negative responses both before and after they may occur.
- If a client is considering a mixed-orientation marriage and experiences sexual addiction or compulsion and/or intense same-sex longings, examine with her or him the difficulties this can likely create in the marriage. Be sure clients understand that marriage is very unlikely to resolve or diminish homosexual desires. Encourage clients to be transparent about these factors with a potential spouse prior to the commitment of marriage. Address any fears in doing so.
- With clients who are considering experiencing and developing same-sex sexual intimacy, including a same-sex marriage, explore the benefits and potential losses associated with their decision. These could include effects on their church participation and membership as well as their family and social connections over which they may have no recourse or control.
- Help clients considering sexual behavioral celibacy to explore their romantic, companionship, and familial needs and how they can positively adapt in the long term to potential losses and loneliness that may be associated with this choice. Explore with them how to develop a positive solitude as they also meet their relationship needs through reciprocal social support and find a balance in enjoying activities that are important to them and are emotionally fulfilling.

CONSIDERATIONS FOR SPOUSES/FIANCÉES:

- 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.
- Highlight the fact that SSA issues must be addressed in order for a sustainable meaningful relationship to be built.
- 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.
- Highlight the important role of the spouse in supporting mutually desired change in their relationship.
- Help spouses become educated about and understand SSA. For example, many of the points of this document may be helpful for the spouse.
- 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.
- 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. Church leaders, family members, friends, or professionals may be consulted.
- Help the couple understand their interactional patterns, both strengths and problems, only some of which may be linked to dealing with same-sex attractions.
- 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.

- Help spouses explore how they can care for themselves emotionally, physically, and spiritually, and help them implement plans to do so.
- Help both spouses understand and balance their needs and the benefits gained from therapy, friendships, connections, and emotional development.

CONSIDERATIONS FOR PARENTS AND FAMILIES:

- Understand that the love, empathy, and support from parents and family are vital.
- Reinforce with parents that the family is a source of protection, safety, positive socialization, self-esteem, and connection for all its members.
- Explain to the family that they will go through a process of adjustment. Family members will need to address stigma, stereotypes, disclosures, emotional processing, and resolution.
- Counsel parents and family 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.
- 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.
- 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.
- 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 his or her 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.
- Encourage parents to seek help and support as needed from their support network (family members, friends, bishop, ward members).
- If the family member is involved in a same-sex relationship, explore how parents and families are reacting 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, baptisms, reunions, holidays, and other family events.
- Reassure parents that they do not need to alter family practices or compromise spiritual or religious values to accommodate behaviors that conflict with gospel principles. Similarly, encourage parents and family members to find a balance between boundary setting and a relentless commitment to inclusion and connection.

The group of mental-health professionals, who have prepared this document, realizes that a number of critical areas have not been included. This is because we have not yet reached consensus on these topics. Since it is important to us that this document be shared as quickly as possible, we decided to release it in its current, though incomplete, format while we continue our dialogue about these other topics. We want to publicly acknowledge the following points that will be the focus of our ongoing discussion. Our commitment is to collaborate on these issues and expand this current document.

1. WHAT IS SEXUAL ORIENTATION?
2. WHAT CAUSES A PERSON TO HAVE SAME-SEX ATTRACTIONS? WHAT ARE THE DEVELOPMENTAL PATHWAYS LEADING TO ADULT HUMAN SEXUALITY?
3. HOW DO WE DEFINE DISTRESS FROM SSA?
4. WHICH ASPECTS OF SEXUALITY AND DISTRESS RELATED TO SEXUAL ORIENTATION CAN BE CHANGED THROUGH THERAPY?
5. HOW DO YOU HELP RESOLVE A CLIENT'S DISTRESS WITH HER OR HIS "UNWANTED SAME-SEX ATTRACTIONS"?
6. WHICH AREAS AND VARIABLES DO YOU ASSESS AT THE BEGINNING AND THROUGHOUT TREATMENT?
7. WHICH RESEARCH ARTICLES ARE FOUNDATIONAL TO HOW YOU TREAT SEXUAL ORIENTATION DISTRESS?
8. WHAT DO YOU THINK HAS THE POTENTIAL TO BE HARMFUL ABOUT YOUR APPROACH?
9. WHAT DO YOU THINK HAS THE POTENTIAL TO BE HARMFUL ABOUT OTHER APPROACHES?
10. WHAT DO YOU THINK IS BENEFICIAL ABOUT OTHER APPROACHES?
11. HOW CAN A MENTAL-HEALTH PROVIDER KNOW WHEN SHE OR HE IS ACTING UNETHICALLY OR OUT OF SCOPE OF PRACTICE IN TREATING SEXUAL ORIENTATION DISTRESS?

WE REALIZE THAT WE MAY NOT COME TO AN AGREEMENT ON THE ABOVE ISSUES; HOWEVER, WE ARE HOPEFUL THAT WE WILL REACH CONSENSUS REGARDING HOW TO CONSIDER THESE ISSUES THERAPEUTICALLY.