IFTCC Foundations of Practice

1. **The IFTCC Professional Register for Clinical Practitioners and Pastoral Care Workers exists to support former- and non-LGBT-identified persons** availing standard psychotherapeutic and counselling approaches to explore underlying dynamics that clients report have negatively impacted their sexuality. We support a standard of care named SAFE-T (Sexual Attraction Fluidity Exploration in Therapy). SAFE-T is not a therapeutic approach; it is a client-centred protocol to avoid therapist-driven outcomes and bias. We assert that clients' reports of underlying dynamics should not be ignored.

2. **The IFTCC is founded on scientific integrity and research objectivity, while its anthropological and ethical approach is based on a Judeo-Christian understanding** of the body, marriage and the family. We believe that scientific rigour and Christian revelation are not in fundamental conflict. Critical scrutiny and ideological diversity provides checks and balances in research endeavours and practical living, encouraging both balance and respect for difference and diversity.

3. **IFTCC registrants support clients irrespective of whether the clients have any or no religious faith, while respecting the value of any such faith** and refraining from making any disparaging assumptions about their motivations for pursuing change-oriented interventions. Clinical Practitioner Registrants are expected to understand and be comfortable with the IFTCC's Judeo-Christian ethical and anthropological approach, but there is no expectation that they should themselves be professing Christians. Pastoral Care is, however, offered in line with the IFTCC Pastoral Care Protocol, which has biblical foundations, and so it is expected that Pastoral Care Worker Registrants will have an active profession of Christian Faith. For this reason, while most the Principles listed in the table below apply to all IFTCC registrants, there are two additional Principles which are only applicable to Pastoral Care Workers.

4. **We present evidence that therapy for former- and non-LGBT-identified persons who request an exploration of emotional dynamics that they believe have impacted their sexuality, decreases distress, and improves mental health.** We do not assert that therapy will or will not result in reduction or change in attractions or discordant gender identity. Nonetheless, when clients request such therapy, and it decreases distress and mental health struggle, we believe this should continue be afforded to the client.

5. **IFTCC Registrants support gender incongruent or dysphoric individuals and work to engage with those having unwanted experiences in both gender and sexuality.** The focus of the work, with openness to the clients' preferences, values and beliefs, including the desire to become comfortable with their sex and sexuality, is to explore underlying dynamics (e.g., emotions, trauma, attachment wounds, depression, suicidality, anxiety). As requested by the client, therapy may also address gender distress and surgeries or hormone therapies that no longer serve the life- interests and/or goals of those seeking help.

6. **There is strong evidence that psychological distress for LGB-identifying people has increased as societal affirmation has increased,** while the prevalence of change efforts has not changed. Therefore, the existence of change-allowing therapy cannot be the cause of the increased distress of LGBT-identified people. Rather, there is evidence from the same data set that change-allowing therapy reduces suicidality even for people who do not change sexual feelings or behaviours. More research also has found that change-allowing therapy reduces distress and suicidality in people who are distressed by their same-sex sexuality or discordant gender identity, but they are being prevented from having this help. **For many of them, affirmative therapy is not culturally appropriate and increases their distress and suicidality**. Practitioners have not been getting training in appropriate multicultural treatment for them. Banning change-allowing therapy has not been helpful. There is evidence for other co-causes of SSA and depression, namely genes, childhood sexual abuse, and risky family environment. For this reason, bans on therapy whichallows clients to explore underlying dynamics generates distress and potential emotional harm to the clients.

7. **We show that the Memorandum of Understanding on Conversion Therapy in the UK (MoU) has not presented indisputable research to justify the freedoms and rights it takes away, and that it is abandoning clients who seek help.** Ultimately, this is discriminatory and harm-inducing. By mandating one viewpoint, the MoU dangerously stifles potential open dialogue for advances in clinical, multi-cultural, cross-cultural, theoretical, and research work.

8. **The IFTCC Pastoral Care Protocol states that 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 client dignity and empower personal choice, desired sexual ethic, and individual life goals.

9. **Pastoral care workers are not clinicians** and specialise in matters of spirituality for those who wish to explore the Christian faith. Their role complements clinical practitioners. Provision of only one kind of support, a 'one cap fits all' affirmative approach is therefore highly problematic. Pastoral care for Christians who experience shame and are vulnerable to internalised negativity towards their sexual experience has to equip itself to reduce shame and suicidality and to increase inclusion and integration into Christian communities

10. **The benefits** of support based on these research findings for former- and non-LGBT-identified sections of the UK population, are evident by interventions modelled in Principles 1-9 for all IFTCC Registrants (supporting clients of any or no faith) and additionally Principles 10-11 for Pastoral Care Workers (supporting clients who are open to the Christian faith), below: