

Alliance for Therapeutic Choice and Scientific Integrity

Statement on the ACC's Removal of Core Issues Trust from Membership

Approved by the Alliance Board of Directors on January 22, 2015

The Alliance for Therapeutic Choice and Scientific Integrity (hereafter referred to as the *Alliance*) is compelled to express in the strongest terms our consternation at the Association of Christian Counsellors' (ACC) recent decision to remove Core Issues Trust (CIT) from their organizational membership. We register this dismay particularly in light of statements made by ACC to justify their decision, statements that mimic the talking points of gay activists and clearly misrepresent CIT's counselling practices.

In his recent correspondence with ACC members on this subject,¹ ACC executive chair Tony Ruddle indicated that the primary basis for the decision to remove CIT from membership was that "...counsellors should not impose or assume pre-determined outcomes in counselling, including sexuality, and that client autonomy is of first importance." The Alliance agrees with this statement wholeheartedly and requests that Mr. Ruddle provide evidence that CIT has in fact violated this guiding principle. We wish to point out that the Alliance's own practice guidelines for the treatment of unwanted same-sex attractions and behaviors², to which CIT subscribes, state explicitly that, "In treatment settings, professionals respect the autonomy and right of self-determination of individuals who seek change interventions for unwanted same-sex attractions and behavior, as well as those individuals who do not desire such interventions" (p. 21). It appears that CIT's sole "crime" is to provide therapeutic care for clients who autonomously and with informed consent desire to modify their unwanted same-sex attractions and behaviors.

We would also remind Mr. Ruddle of the rapidly developing literature on sexual fluidity and the frequent occurrence of spontaneous change in same-sex attractions, behaviors, and identities among non-heterosexual men and women³. Given that such change is occurring all around us, the Alliance is disappointed that ACC leaders seem to believe the professional counsellor's office is the only setting where change should not be allowed to occur.

Mr. Ruddle later implicitly accuses CIT of poor practices by stating, "ACC counsellors are expected to approach every client with respect and show no discrimination." This is a serious charge and deserves unambiguous and specific examples where CIT has been disrespectful and discriminatory in a counselling context. We again would ask Mr. Ruddle to provide such evidence so as to avoid the appearance of slandering CIT.

¹ E-mail from Tony Ruddle to ACC members dated 6 January, 2015.

² Alliance for Therapeutic Choice and Scientific Integrity (2010). Practice Guidelines for the Treatment of Unwanted Same-Sex Attractions and Behaviors. *Journal of Human Sexuality*, 2, 5-65. Retrieved from <http://www.scribd.com/doc/115506183/Journal-of-Human-Sexuality-Vol-2>

³ Katz-Wise, S. L. (2014). Sexual fluidity in young adult women and men: Associations with sexual orientation and sexual identity development. *Psychology & Sexuality*. Advance online publication. doi: 10.1080/19419899.2013.876445; Katz-Wise, S. L., & Hyde, J. S. (2014). Sexual fluidity and related attitudes and beliefs among young adults with a same-gender orientation. *Archives of Sexual Behavior*. Advance online publication. doi: 10.1007/s10508-014-0420-1

Moreover, the Alliance finds ironic Mr. Ruddle’s apparent blaming of “the furore created around these issues” for the difficulty in conducting ethically sound research. The Alliance concurs that further research in change-oriented psychological care is needed. However, we wonder how exactly does Mr. Ruddle intend to advance the research he purports to value by making it impossible to provide the very counselling that would be the subject of study?

In light of the recent Memorandum of Understanding (MoU) against change-supportive counselling⁴, for which the ACC was a cosignatory, we again address the MoU’s central charge that such care is “potentially harmful.” In addition to lacking a foundation in methodologically sound research, such a speculative and unscientific standard is a remarkably low threshold on which to restrict the sexual self-determination of potential clients and professional counsellors who might assist them in their goals toward change. The Alliance reminds the ACC that psychotherapy in general is “potentially harmful,” with deterioration occurring among 5-10% of adult clients and 14-24% of child and adolescent clients⁵.

We would further point out to the ACC leadership that the American Psychological Association’s *Task Force on Appropriate Therapeutic Responses to Sexual Orientation*⁶ concluded, “[T]here are no scientifically rigorous studies of recent SOCE [sexual orientation change efforts] that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom” (p. 83; cf. p. 67, 120). We also note that at least one of ACC cosigners on the MoU, Pink Therapy, promotes resources that encourage sadomasochism and anal sex, practices that are associated with *established* harms⁷ far outweighing any alleged “potential” harms of professional counselling that supports the possibility of change. We are thus perplexed as to why the ACC leadership was so willing to align itself with organizations such as Pink Therapy, a group that appears to share little of the historic Christian sexual ethic, while removing from its membership CIT, an organization that only wishes to assist individuals who seek to live within that same Christian sexual framework.

We understand the tremendous pressures the ACC leadership must be operating under and its desire to remain within the good graces of secular mental health associations in the United Kingdom and preserve their referral status with the NHS. However, we believe that time is fast approaching, if not upon them now, when the ACC leadership will have to choose which sexual values they will serve. Their treatment of CIT certainly gives the impression that the ACC leadership has chosen to side with a secular progressive sexual ideology and its advocacy-compromised reading of the relevant science. “Salt is good for seasoning. But if it loses its flavor, how do you make it salty again?” (Luke 14:34).

⁴ Memorandum of Understanding on Conversion Therapy in the UK (January 2015). Retrieved from http://www.psychotherapy.org.uk/UKCP_Documents/policy/MoU-conversiontherapy.pdf

⁵ Lambert, M. J. (2013). The efficacy and effectiveness of psychotherapy. In Michael J. Lambert (Ed.), *Bergin and Garfield’s Handbook of Psychotherapy and Behavior Change* (6th Edition), (pp. 169-218). Hoboken, NJ: Wiley.

⁶ American Psychological Association (2009). *Report of the APA task force on appropriate therapeutic response to sexual orientation*. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

⁷ Beyer, C., Baral, S. D., van Griensven, F., Goodreau, S. M., Chariyalertsak, S., Wirtz, A., and Brookmeyer, R. (2012, July 28). Global epidemiology of HIV infection in men who have sex with men. *The Lancet*, 380, 366-377.

We are grieved at the ACC decision to remove CIT from its membership and urge Mr. Ruddle and the association to rethink this decision which gives support for a position that dictates what counselling goals are to be off limits to clients in professional counselling. In his correspondence Mr. Ruddle states that for those unhappy with their sexual orientation “there may be grounds for exploring therapeutic options to help them live more comfortably with [same-sex attractions], reduce their distress and reach a greater degree of acceptance of their sexual orientation.” This effectively requires ACC counsellors to promote a scientifically unjustifiable belief—that homosexual feelings are immutable. After decades of failed attempts to prove otherwise, the innate and immutable myth of homosexuality remains unsubstantiated by research.

Mr. Ruddle further states that “ACC’s Statement is...based not on scientific evidence alone but on the grounds of ethical and practical principles that have been used by Christians working in the field of counselling and psychotherapy for many years.” Given the ACC’s clear support of CIT and the client’s right to pursue change-oriented counselling and therapeutic practices as recently as December of 2012⁸, it is difficult not to interpret Mr. Ruddle’s current words as a disingenuous claim designed to re-write the ACC’s historical record on this subject.

ACC leadership should not underestimate the despair some non-heterosexual clients will experience when told by ACC counsellors that their association does not allow them to assist people toward change in their same-sex attractions and behaviors. For example, a past Alliance board member, Dr. Dean Byrd, reported treating an adolescent client with unwanted same-sex attractions following suicide attempts which were triggered by previous counsellors telling him change was not possible. The Christian married man who wants to preserve his heterosexual marriage and family or individuals whose new found faith motivates them to leave a gay or lesbian lifestyle and pursue their potential for change are two more real world examples of people the ACC leadership appears to have abandoned.

The Alliance and CIT support the rights of individuals with unwanted same-sex attractions and behaviors to make scientifically informed, self-determined, and autonomous decisions that include the pursuit of change with the assistance of a professional counsellor. This includes the necessity of informed consent and the absence of any hint of coercion. Our professional counsellors do not offer “cures” as the activist talking points allege, but rather find that some individuals respond to established psychological techniques and facilitated emotional processes by experiencing an alteration of unwanted same-sex attractions and behaviors along a continuum of change. While the Alliance does not believe that change is the only acceptable outcome for professional counselling, we see no genuine religious, ethical or scientific barrier to allowing clients to exercise their right to self-determination in the pursuit of change with a professional counsellor.

For all of the reasons presented above, the Alliance finds that the ACC leadership’s decision to remove CIT from its membership, while politically expedient, violates both sound science and sound ethics. We believe the majority of ACC members agree with us and urge the ACC to inquire of its constituents in this regard.

⁸ Association of Christian Counsellors (December, 2012). ACC Statement to its Members, *e news*, Issue 31. Retrieved from http://www.core-issues.org/uploads/acc-uk.org_Enews31_Dec12.pdf