

International Foundation for Therapeutic Counselling and Choice

IFTCC Practice and Ethical Guidelines (PEG)

Revised 2026

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.

Contents

Preamble	1
1. Worldview and Philosophical Perspective	3
2. Mission Statement	3
3. Governance and Charitable Accountability	3
4. Statement of Public Benefit and Foundational Principles	4
4.1 Foundations Service Provision	4
4.2 Principles of Service Provision	5
5. Statement on 'Change'	7
6. Our Values, Ethical Standards and Guidelines	7
7. The 12 Core Guidelines for Clinical Practitioners	7
8. Principles for Approaches to Transgender Treatments	8
9. IFTCC Pastoral Care Protocol	9
10. Sexual Attraction Fluidity Exploration in Therapy (SAFE-T)	13
11. RADAR Clinical Decision-Making Framework	15
12. IFTCC Professional Development and Training	17
13. IFTCC Competency Framework	18

14. IFTCC Research-Led Symposia	18
15. IFTCC Membership Categories	18
16. International Declaration on 'Conversion Therapy' and Therapeutic Choice	19

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.

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

2. 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.

3. Governance and Charitable Accountability

The **International Foundation for Therapeutic and Counselling Choice (IFTCC)** is an international project of **Core Issues Trust (CIT)**, a registered charity in Northern Ireland (Charity No. NIC105095). The IFTCC exists to advance the charitable purposes of Core Issues Trust and, in doing so, operates within the charitable framework established by the Trust.

The IFTCC is incorporated in England and Wales as a private company limited by guarantee (Company No. 10910877). The company remains registered at Companies House under its original legal name, **The International Federation for Therapeutic and Counselling Choice**, but conducts its activities under the name **International Foundation for Therapeutic and Counselling Choice (IFTCC)**. As an incorporated company, the IFTCC is a separate legal entity with its own legal personality, capable of entering into contracts, holding assets and assuming legal obligations in its own name. References throughout this document to the IFTCC refer to that incorporated company.

Core Issues Trust exists for the advancement of education and the advancement of the Christian Faith, consistent with the Core Issues Trust Statement of Belief and for the public benefit. In pursuing these charitable purposes, the Trust seeks to educate rather than indoctrinate,

¹ <https://iftcc.org/our-beliefs/>

encouraging critical examination, respectful dialogue, freedom of conscience and informed decision-making in matters relating to human sexuality, Christian living and pastoral care.

Accordingly, the IFTCC's policies, ethical standards, professional frameworks, educational programmes, conferences, publications and related activities are intended to further the charitable purposes of Core Issues Trust and should be conducted consistently with the Trust's governing documents and the regulatory requirements of the Charity Commission for Northern Ireland.

4. Statement of Public Benefit and Foundational Principles

The International Foundation for Therapeutic and Counselling Choice (IFTCC) exists to advance the charitable purposes of Core Issues Trust through the promotion of education, professional standards, ethical practice, scientific integrity and the advancement of the Christian faith. The following Preamble and Principles of Service Provision articulate the public benefits that the IFTCC seeks to promote through the work of its Clinical Practitioners and Pastoral Care Workers. They are reproduced here in full as foundational statements informing the interpretation and application of these Practice and Ethical Guidelines.

Foundations of Service Provision

There are 10 Foundational Principles upon which our work is based²:

1: CLIENT-CENTRED EXPLORATION

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: SCIENTIFIC INTEGRITY

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 provide checks and balances in research endeavours and practical living, encouraging both balance and respect for difference and diversity.

3: RESPECT FOR CONSCIENCE

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, however, is offered in line with the IFTCC Pastoral Care Protocol, which has biblical foundations, and therefore Pastoral Care Worker Registrants are expected to have an active profession of Christian faith. Accordingly, while most of the Principles listed below apply to all IFTCC registrants, Principles 10 and 11 apply specifically to Pastoral Care Workers.

4: THERAPEUTIC AVAILABILITY

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, where clients freely request such therapy and it reduces distress and improves mental health, we believe such support should remain available.

² <https://iftccorg-aabc.kxcdn.com/wp-content/uploads/2026/09/Foundations-of-Practice.pdf>

5: WHOLE-PERSON EXPLORATION

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 clients' preferences, values and beliefs, including the desire to become comfortable with their biological sex and sexuality, is to explore underlying dynamics such as trauma, attachment, anxiety, depression and suicidality. Where requested by the client, therapy may also address gender distress and concerns relating to previous medical interventions.

6: EVIDENCE OF BENEFIT

There is evidence that psychological distress among LGBT-identifying populations has increased despite increased societal affirmation, while evidence does not support the conclusion that change-allowing therapy is the cause of such distress. Research has also suggested that change-allowing therapy may reduce distress and suicidality for some individuals seeking this form of support. The IFTCC therefore maintains that access to client-requested exploratory therapy should remain available.

7: ACADEMIC FREEDOM

The IFTCC considers that the Memorandum of Understanding on Conversion Therapy in the United Kingdom does not present sufficient evidence to justify restricting therapeutic choice and that limiting access to exploratory support may itself contribute to harm. The organisation therefore supports continued scientific enquiry, professional debate and ideological diversity in this field.

8: NON-COERCIVE CARE

The IFTCC Pastoral Care Protocol states that we reject as ineffective and harmful all practices involving physical violence, force, manipulation, shame or humiliation intended to coerce an individual to renounce an LGBTQ identity or alter their sexuality or gender experiences. We advocate voluntary, self-motivated approaches that respect dignity, informed choice and personal life goals.

9: DISTINCT PROFESSIONAL ROLES

Pastoral Care Workers are not clinicians and specialise in matters of spirituality for those wishing to explore the Christian faith. Their role complements, but does not replace, the work of Clinical Practitioners. A single therapeutic approach cannot appropriately meet the needs of every client. Pastoral care seeks to reduce shame, strengthen resilience and promote integration within Christian communities for those who desire such support.

10: APPLICATION OF THE PRINCIPLES

The benefits arising from these research findings are reflected in Principles 1–9, which apply to all IFTCC registrants, and Principles 10–11, which apply specifically to Pastoral Care Workers supporting clients who are open to the Christian faith.

Principles of Service Provision

The following 11 Principles of Service Provision³ articulate the values, public benefit objectives and professional commitments that underpin the work of the International Foundation for

Therapeutic and Counselling Choice (IFTCC). They provide the philosophical and ethical foundation upon which these Practice and Ethical Guidelines are based and should be read alongside the standards governing clinical practice, pastoral care, safeguarding, SAFE-T and the RADAR framework.

Together they describe the distinctive contribution that the IFTCC seeks to make through the promotion of informed choice, professional integrity, scientific enquiry, respect for conscience, and compassionate care.

³ <https://iftccorg-aabc.kxcdn.com/wp-content/uploads/2026/09/Principles-and-Benefits-of-Practice.pdf>Principles-and-Benefits-of-Practice.pdf

1: RECOGNITION

Creating safe spaces for former- and non-LGBT-identified persons. There is a tremendous need to acknowledge and recognise those who are non-LGBT identified.

2: CHOICE

Championing the therapeutic aspirations of the gender incongruent or dysphoric, mixed-attracted and mostly-heterosexual individuals, who seek to understand and resolve underlying dynamics which may have impacted their sexuality. These persons often reject government-prescribed sexual or gender identity which has refused to acknowledge their concerns.

3: FREEDOM OF RELIGION

Respecting clients who prioritise traditional, chaste marriage commitment over sexual licence and who seek to align sexual expression to monogamy and chastity.

4: AUTONOMY

Validating the autonomous decisions of adults to reject government-prescribed, or state-mandated, sexual identity in the pursuit of healing and recovery from the dynamics which impacted their sexuality.

5: CRITICALITY

Protecting safe spaces for former- and non-LGBT-identified persons by identifying and recognising hypotheses, ideological theories and viewpoints impacting clinical decisions and policies.

6: IDEOLOGICAL DIVERSITY

Advocating for approaches that support former- and non-LGBT-identified individuals, while addressing the possibility that research, scholarship, policy, and outputs from mental health and other bodies, both in the UK and internationally, may have inadvertently influenced Parliament with incomplete or biased information.

7: SEXUAL FLUIDITY AND BIOLOGICAL INTEGRITY

Recognising the reality of sexual fluidity and the heterogeneity of 'LGBT': reflecting the ontological claim of former- or non-LGBT-identified and homosexual desisters.

8: WELLBEING

Regardless of degree of outcomes, counselling or therapeutic work—irrespective of modality used by providers—has been demonstrated to improve participants' well-being. Access to such provision for this minority group is a product of the right of self-determination.

PRINCIPLE 9: REDUCING SUICIDALITY

Participation in change-exploring therapies has been shown to lower—not increase—suicidality and indicates there is no correlation between suicidality for those undertaking change-exploring therapies.

10: INCLUSION

Recognising the place of theologically conservative (TC) former- and non-LGBT-identified sexual minorities associated with Christian communities, potentially increases the potential for their inclusion and integration into Christian communities and thereby reduces shame. SOCE is perceived as helpful by this minority, regardless of whether change takes place. This is not the perception of LGBT-identified persons in receiving change-exploring work. LGBT-identified and former- and non-LGBT-identified persons cannot be considered a homogenous group and grateful recipients of LGBT affirming work, because each group has different support needs and goals.

11: PROVIDING HELPFULNESS

Research that has claimed harm has made serious methodological mistakes. Studies claiming harm often incorrectly infer that an association between two factors reveals a cause-and-effect relationship, a logical error known as the "fallacy of association." However, individuals who are former- or non-LGBT-identified often perceive therapeutic interventions or change-exploring therapies as beneficial rather than harmful. Support providers should feel confident in offering assistance and not be deterred or intimidated from providing the support these individuals seek.

Benefits of Service Provision

1: RECOGNITION

By recognising the existence of former- and non-LGBT-identified persons in UK society, who do not take an LGBT identity, and who are protected under the Equality Act 2010, we safeguard them against discrimination and afford public access to clinical and pastoral care that is quality marked and assured. Such care is regulated in the same way, to the same level, and under the same authority as all other non-statutory providers in the UK.

2: CHOICE

We assert that individuals have the right and freedom to reject imposed or mandated ideologies which do not reflect their own chosen direction or life goals. There must be a protection of the rights of individuals to detransition and/or those seeking to enhance the heterosexual side of their mixed attractions. Consequently, we afford individuals the freedom to reject government mandated ideology which seeks to impose its own ideology, and which disparages the choices of people to maximise heterosexual identity and practices. Individuals should not be deprived of choice in seeking therapy.

3: FREEDOM OF RELIGION

Individuals should never be denied access to professional, quality marked, publicly accountable support, that respects their religious understanding and ethical values. Respecting freedom of religion and the right to practise such religion recognises that all major faith groups uphold that permissible marriage is between a single male and female, only. Individuals of faith may validly prioritise sexual fidelity in committed, monogamous relationships because they reject same- sex sexual relationships, or marriage, as a viable or desired alternative.

4: AUTONOMY

We can respect and understand clients better by critically examining the rigid belief that sexuality is hardwired and the concept of fluid gender. Exploring the role of counselling and psychotherapy allows us to identify alternative pathways for individuals who oppose government interference in matters of sexual and gender identity, while also preserving treatment options for those experiencing confusion or dissatisfaction in these areas.

5: CRITICALITY

Helping clients to discern ideological and political initiatives that threaten their rights and freedoms to access professional and pastoral care is an important contribution to this population. Whatever highlights the injustice and both active and passive discriminatory practices in defending LGBT rights at the expense of former- and non-LGBT identified individuals empowers this group. Criticality protects democracy.

6: IDEOLOGICAL DIVERSITY

Preserving clients' rights to choose is essential in fostering an ethical, fair and inclusive approach to sexual and gender identity, orientation, and related practices. The failure to challenge totalitarian monocultures that suppress ideological diversity has enabled PSA accredited statutory and non-statutory bodies, as well as the UK Parliament, to overlook scientific evidence that contradicts or questions prevailing LGBT ideologies. By addressing these issues, we can encourage open dialogue and ensure that patients, clients, and their supporters or practitioners are empowered with diverse and multiculturally appropriate treatment options and perspectives.

7: SEXUAL FLUIDITY AND BIOLOGICAL INTEGRITY

Recognizing the fluidity of sexuality alongside the biological foundation of gender is critically important. It establishes the essential framework for providing meaningful and effective support to individuals grappling with unwanted sexual and gender-related issues. This recognition enables them to explore and, where possible, resolve challenges tied to their desires, behaviours, and identity, ensuring their needs are addressed with compassion and respect.

8: WELLBEING

Provision of LGBT-affirmative therapies alone, is insufficient given that former- and non-LGBT identified persons also need support – consistent with their own values. Insisting that these individuals accept unwanted feelings or behaviours as their core identity, is damaging and harmful. Bans preventing change-exploring therapies discriminate against conscience, freedom of association and religious liberty. Imposing mono-cultural viewpoints is indoctrinatory and profoundly unethical. Therapy results in wellbeing, regardless of whether or not clients experience any shifting of unwanted feelings, should be the goal.

9: REDUCING SUICIDALITY

Research failing to identify suicidal ideation before therapy interventions are examined, have distorted understanding of the relationship between change- exploring work and suicidality. Likewise, failure to distinguish between suicidal ideation and suicidal completers, has also distorted our understanding of the role of change-exploring therapy – especially for former- and non-LGBT-identified groups. No research has been conducted that explores suicidal completion as a result of refusal to allow individuals to access change-exploring therapies.

10: INCLUSION

Prejudice and ‘homonegativity’ will impact both former- and non-LGBT-identified persons. When this is experienced within faith communities because of fear, prejudice and misinformation, it is important that support works for integration and inclusion. Those celebrating LGBT identity will be supported by LGBT communities. Those who do not assume the socio-political identity of LGBT, and who reject that same-sex feelings are innate, are likely to find support from Christian ministers and churches (or other faith groups) which support their goals to leave unwanted practices and desires, rather than with the LGBT community who only wish to affirm LGBT practices.

Theologically conservative Christians who reject ‘gay Christian’ constructs for themselves will experience rejection from LGBT communities who do not recognise either their counselling goal or identity as former- or non-LGBT-identified. Inclusion into and recognition of communities suited to clients is therefore essential.

11: PROVIDING HELPFULNESS

Recognizing the challenges faced by former- and non-LGBT-identified individuals and fostering their inclusion within Christian communities can significantly enhance their well-being and help prevent suicidality. Offering support aligned with the values of conservative Christians who reject progressive, LGBT-affirming agendas is essential for addressing the needs of this minority segment of the UK population. Criminalizing or restricting such assistance marginalizes and fails to serve those who reject government-mandated views on sexuality and identity.

5. Statement on ‘Change’

1. The IFTCC will not endorse any Member who directly or indirectly communicates to Clients that categorical change is (the only or) a regular occurrence and the panacea of outcomes from 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.

6. Our Values, Ethical Standards and Guidelines

Our primary goal is to enable the provision of potential clients with Members (professional therapists and pastoral care workers) who support our goals, within 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 is 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 and a related protocol which we refer to as RADAR.

7. The 12 Core Guidelines for Clinical Practitioners

Below are the 12 core guidelines for clinical practitioners⁴ 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.

IFTCC members and adherents should note that when distinguishing **professional guidelines** from **professional standards**, the wording matters because they carry different levels of authority.

- **Professional guidelines** generally describe recommended practices. They provide direction about what professionals should consider doing, but they may allow for clinical judgment, contextual exceptions, or alternative approaches.
- **Professional standards** generally describe expected or required levels of professional conduct or competence. Departing from a standard can potentially raise questions about whether the professional acted appropriately, competently, or ethically.

The following principle guidelines 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.*

⁴ Adapted from the Alliance for Therapeutic and Scientific Integrity Principles

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.*

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*

These clinical guidelines are also available at: <https://learning.iftcc.org/clinical-guidelines/>

8. Principles for Approaches to Transgender Treatments

These IFTCC principles for treatments of transgender (or gender ‘dysphoria’) are centred on scientific findings.

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. 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.
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. In adults with gender dysphoria, personality disorders are often a factor. If male, auto-gynephilia (sexual arousal from imagining or adopting of female persona) is common.

5. Gender/transition “affirming” medical interventions have not been shown to be superior to skilled mental health interventions.
6. Scientific and legal evidence is driving an international pushback against gender/transition “affirming” medical interventions in favour of intensive psychological evaluation and support.

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).
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. 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. It has not been proven beneficial. Subversion of natural desistance and the resultant non-beneficence indicates it is to be avoided in minors.
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.

This document, with the full citation list (43 references) is available at: <https://learning.iftcc.org/principles-of-transgender-treatments/>.

9. IFTCC Pastoral Care Protocol

Purpose

This Protocol provides guidance for Christian pastoral care workers who support individuals

experiencing unwanted same-sex attraction, gender incongruence, or related questions concerning identity, relationships, discipleship and Christian living. It establishes the theological, pastoral and ethical framework within which pastoral care associated with the International Foundation for Therapeutic and Counselling Choice (IFTCC) should be offered.

The IFTCC recognises clinical practice and pastoral care as distinct but complementary

ministries. Pastoral care workers are not clinical practitioners unless separately qualified to practise as such, and clinical practitioners are not acting as pastors simply by virtue of their professional qualifications. Each role has its own responsibilities, competencies, boundaries and accountability structures. Where appropriate, practitioners in either role should recognise the limits of their competence and work collaboratively through appropriate referral in the best

interests of the individual seeking support.

Pastoral care is an ecclesial ministry rather than a therapeutic discipline. Its primary purpose is to nurture Christian discipleship through prayer, biblical teaching, spiritual direction, encouragement, accountability and participation in the life of the Church. While pastoral care may complement professional counselling or psychotherapy, it neither replaces nor seeks to replicate clinical practice. Pastoral care workers must recognise the limits of their competence and, where appropriate, encourage or facilitate referral to suitably qualified mental health or healthcare professionals.

The IFTCC prioritises the dignity of every individual seeking support and honours their conscience, personal agency and freedom to pursue goals consistent with their sincerely held beliefs and values. Pastoral care must always be voluntary, respectful, non-coercive and characterised by compassion, humility and truth.

The IFTCC unequivocally rejects all practices involving physical violence, force, manipulation, intimidation, shame or humiliation intended to coerce an individual to renounce an LGBTQ identity or to alter their sexual or gender experiences against their will. Pastoral care should instead encourage personal responsibility, spiritual maturity, informed choice and faithful Christian discipleship.

Biblical Foundations

The pastoral ministry of the Church is rooted in the life and teaching of Jesus Christ, who consistently combined truth with grace, conviction with compassion, and holiness with mercy. He called all people to repentance and faith while treating those burdened by shame, brokenness and sexual sin with dignity and compassion. His response to the woman caught in adultery demonstrated both His refusal to condemn and His invitation to new life through obedient discipleship.

Scripture teaches that every person is created in the image of God and therefore possesses inherent dignity and worth. Human relationships have been disrupted by sin, yet through the life, death and resurrection of Jesus Christ God has provided the means of reconciliation, restoration and renewal. Pastoral care therefore seeks not merely behavioural change but the restoration of relationship with God, growth in Christlikeness and participation in the life of His Church.

Pastoral care workers represent Christ by helping those under their care encounter God's mercy, truth and transforming grace through prayer, Scripture, spiritual direction, discipleship and loving Christian fellowship. They seek to cultivate hope, belonging and faithful perseverance while recognising that spiritual growth is often gradual and lifelong.

Accordingly, the IFTCC recognises the following foundational principles, essential priorities and professional responsibilities as the basis of pastoral care within the organisation.

FOUNDATIONAL PRINCIPLES

1. God desires all people to be reconciled to Himself through the life, death and resurrection of Jesus Christ. He is our Creator and the source of human identity. Although sin, unbelief and human brokenness separate us from God, His purpose to restore humanity through Christ remains unchanged.
2. Every person bears the image of God and therefore possesses inherent dignity and worth. Scripture presents humanity as created male and female, equal in value and complementary in God's purposes. Through faith in Christ believers are progressively renewed into His likeness and invited to participate in God's work of restoration.
3. Jesus Christ affirmed the Genesis pattern of covenant marriage between one man and

one woman as God's design for sexual intimacy and family life. Pastoral care therefore encourages Christian sexual ethics while treating every individual with compassion, respect and dignity.

4. The love of God calls people to repentance, forgiveness and renewal. Pastoral care workers seek to communicate God's grace and truth, encouraging confidence that His purposes always lead towards wholeness, peace and spiritual flourishing.
5. Christian discipleship is characterised by loving obedience to God through a relationship of trust, self-giving love and faithful surrender. Pastoral care seeks to nurture this lifelong process of spiritual formation.
6. Pastoral care workers are called to model mature Christian discipleship (1 Corinthians 11:1). Through prayer, Scripture, wise counsel and personal example they encourage those under their care to grow in holiness, maturity and Christlike character.
7. The Holy Spirit brings conviction, healing and renewal. Through prayer and dependence upon God's presence, pastoral care workers seek to help individuals process their experiences, beliefs and emotions in ways that promote peace, relational health and faithful participation within the Christian community. The IFTCC recognises that there are many appropriate pastoral approaches which honour both biblical truth and the dignity of those seeking support.

ESSENTIAL PRIORITIES

1. Healing and spiritual growth are often gradual rather than immediate. Pastoral care workers should prepare those they support for a journey of repentance, healing, perseverance and renewed hope, recognising that restoration rarely follows a simple or linear path.
2. Those receiving pastoral care should be accompanied with patience, compassion and realism. Pastoral care workers should anticipate seasons of struggle, disappointment and temptation while continually encouraging trust in God's goodness, faithfulness and transforming grace.
3. Pastoral care workers must recognise the limits of their role and competence. Where significant trauma, mental illness, safeguarding concerns or other clinical needs are evident, referral to an appropriately qualified professional should be encouraged. Pastoral care may appropriately complement professional therapy through prayer, encouragement, discipleship and Christian community.

PROFESSIONAL AND SAFEGUARDING RESPONSIBILITIES

1. Unlike clinical practitioners, pastoral care workers exercise ministry primarily within the context of Christian community and discipleship. Appropriate relational boundaries must always be maintained, and particular care should be exercised in relationships involving vulnerability, dependency or significant differences in age, authority or gender.
2. Pastoral care workers must be accountable to appropriate church or organisational oversight. Individuals receiving care should know how to raise concerns or seek additional support. Expectations concerning confidentiality, transparency and accountability should be clearly explained from the outset. Where appropriate and with informed consent, confidential records of meetings may be maintained.
3. Pastoral care workers must familiarise themselves with the safeguarding and legal requirements applicable within their jurisdiction. Confidentiality is important but is not absolute. Where there is a serious risk of harm to the individual or to others, or where reporting is required by law, appropriate action must be taken.
4. Regular supervision, accountability and review should form part of responsible pastoral

practice. Appropriate informed consent procedures, safeguarding arrangements and opportunities for feedback should be established to protect both those receiving care and those providing it.

5. The IFTCC rejects as unethical and harmful any pastoral practice involving physical violence, coercion, manipulation, intimidation, shame or humiliation. Pastoral care associated with the IFTCC must always respect the dignity, conscience and freely chosen goals of the individual, encouraging spiritual growth through voluntary participation, biblical discipleship, compassionate support and informed personal choice.
6. The IFTCC encourages appropriate collaboration between clinical practitioners and pastoral care workers where this is desired by the individual, ethically appropriate, and undertaken with informed consent. Such collaboration must respect the distinct responsibilities, competencies and accountability of each role and should never confuse pastoral ministry with clinical practice or clinical practice with pastoral ministry.

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

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. This makes SAFE-T a protocol centred on scientific scholarship.

Terms popularised by the media such as 'gay cure' or '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. Such 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. Such terms imply there is a specific and exotic form of therapy that is being conducted (not standard therapeutic modalities)⁶
3. Such terms imply that sexual orientation is an actual entity (i.e., the terms all reify sexual

⁵ The IFTCC recognizes 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>.

orientation as immutable).⁷

4. Such 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. Such terms (especially SOCEs [Sexual Orientation Change Efforts]) do not differentiate between professional conducted psychotherapy and religious or other forms of counselling practice.⁹
6. Such terms have been demonized and/or developed by professionals completely unsympathetic to therapies that allow for change in same-sex attractions and behaviors.¹⁰

For all these reasons and more, the IFTCC has adopted the protocol: "Sexual Attraction Fluidity Exploration in Therapy" (the acronym of which is SAFE-T). We believe this term has many advantages that commend its usage. First, it addresses all of the concerns noted above. It does not imply that categorical change is the goal and in so doing create unrealistic expectations for many clients. Nor does it imply that change which is less than categorical in nature cannot be meaningful and satisfying to clients. It also makes clear that SAFE can occur in any number of mainstream therapeutic modalities.

Furthermore, by focusing on sexual attractions it avoids the implicit assertion that orientation changes or that orientation as an immutable reality even exist. By stressing therapeutic exploration, SAFE-T accurately conveys that the therapist is not being coercive but merely assisting individuals in a client-centered examination of their sexual attractions.

Scientifically, the fluidity of sexual orientation (and, for our purposes, especially same-sex attractions) for many women and men is now beyond question¹¹. The language of SAFE-T highlights this reality and points to human experience that cannot be denied, again without the complicating focus on orientation. The only counterarguments to SAFE-T on fluidity grounds might be that therapy-assisted fluidity has not been proven to occur and such efforts could be harmful. These arguments are much easier to defend against with SAFE-T than when one is trying to defend implications of complete orientation change. First, we know that sexual attraction fluidity occurs in response to relational and environmental contexts, the very factors that therapists routinely address in their work¹².

Second, there is research in progress to support the occurrence of therapy-assisted sexual attraction fluidity¹³, not to mention a rich history of past research, as good as any research of its

⁷ The IFTCC notes however that whilst 'gay cure'-type terminology claims same sex attraction, behaviors 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 popularist 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 recognizes 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 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 'demonized' given the contested nature of discourse on this issue.

¹¹ Diamond & Rosky, 2016; Katz-Wise, 2015; Katz-Wise & Hyde, 2015

¹² Manley, Diamond & van Anders, 2015.

¹³ Santero, Whitehead, & Ballesteros, 2016; Pela & Nicolosi, 2016

era¹⁴. Finally, recent research on “ex-ex-gays”¹⁵ tells us no more about SAFE-T than research focused on divorced consumers of marital therapy would tell us about its safety and efficacy. While it is reasonable to conclude that more research is needed to better comprehend the extent of therapy-assisted sexual attraction fluidity, denying the potential for such a therapeutic process would seem to be much more a matter of ideological compulsion than it is one of theoretical or scientific implausibility.

Due to all of these important considerations, the IFTCC encourages Members and supporters to employ the protocol of SAFE-T in their professional work. One might say, for example, “I practice a cognitive form of SAFE-T” or “I practice SAFE-T from an interpersonal perspective” or “There is no scientific basis for banning any form of SAFE-T” or even “I don’t do SOCE, I only practice SAFE-T.” The IFTCC considers that the professional interests of these therapists and the public policy interests of supporters will be much better served by SAFE-T.

The SAFE-T Protocol, with scientific references, can be accessed at: <https://learning.iftcc.org/sexual-attraction-fluidity-exploration-in-therapy-safe-t/>

11. RADAR Framework (Rosik 2026)¹⁶

RADAR is a structured clinical decision-making and safeguarding framework that operationalises the IFTCC's Sexual Attraction Fluidity Exploration in Therapy (SAFE-T) protocol. It is **not** a therapeutic model and does not prescribe therapeutic outcomes. Rather, it provides a procedural framework that promotes transparency, informed consent, therapist–client alignment, ongoing review and, where appropriate, timely referral.

RADAR may be applied within three broad categories of therapeutic practice:

- **GAT** – Gender Affirming Therapies
- **SIT** – Sexual Identity Therapies
- **SAFE-T** – Therapies operating within the IFTCC SAFE-T protocol

¹⁴ Phelan, Whitehead, & Sutton, 2009

¹⁵ e.g., Bradshaw, Dehlin, Crowell, & Bradshaw, 2015; Flentje, Heck, & Cochran, 2013

¹⁶ unpublished

The framework is procedural rather than outcome-driven. It neither endorses nor rejects any particular therapeutic orientation but provides a common ethical and safeguarding structure through which practitioners and clients may navigate areas of contested practice while respecting client autonomy, professional competence and informed choice.

Overview

RADAR comprises five stages:

1. unRecognised Conflict
2. Ambivalence and Assessment
3. Decision with Informed Consent
4. Alliance and Action
5. Reassessment

Progression is not necessarily linear. Individuals may move forwards or backwards as insight develops, values become clearer, circumstances change or therapeutic understanding evolves.

Stage One: Unrecognised Conflict

The individual has not yet recognised or articulated a conflict between personal experience, identity, beliefs or values. Therapeutic intervention directed towards resolving conflict is therefore inappropriate. No assumptions are made about goals or outcomes, protecting against premature intervention or the pathologising of experience.

Stage Two: Ambivalence and Assessment

The individual recognises a potential conflict and seeks help in understanding it. The purpose of this stage is assessment and clarification. Practitioners explore the client's values, beliefs, expectations and goals without assuming or promoting any particular therapeutic outcome.

Where practitioners adopt a particular therapeutic orientation, this should be made explicit so that clients can make informed choices.

Stage Three: Decision with Informed Consent

Once sufficient clarity has been reached, the client decides whether and how to proceed. Informed consent requires that the client understands:

1. the practitioner's therapeutic orientation;
2. the aims and limitations of the proposed work;
3. foreseeable benefits, risks and uncertainties; and
4. reasonable alternatives, including referral where appropriate.

Therapy proceeds only where practitioner and client are appropriately aligned. Where they are not, referral is regarded as good clinical practice and an important safeguarding measure.

Stage Four: Alliance and Action

Therapeutic work proceeds according to the agreed goals.

Practitioners remain responsible for maintaining alignment between the client's goals, informed consent and the therapeutic process. Emerging disagreement, uncertainty or distress should prompt discussion and, where necessary, reconsideration of the agreed approach.

Stage Five: Reassessment

Reassessment is an ongoing safeguard rather than a final stage.

Practitioners should periodically review:

1. continuing informed consent;
2. alignment between therapeutic goals and client values;

3. progress and emerging difficulties; and
4. any risks of harm.

This may result in continuation of therapy, modification of goals within the practitioner's competence, or referral where continued work is no longer appropriate.

Referral

Referral is a central safeguarding mechanism and may occur before therapy begins, during treatment or following reassessment. Appropriate referral protects client autonomy, maintains professional boundaries, reduces foreseeable risks arising from therapist–client misalignment or practice beyond competence, and promotes ethical care.

Application

RADAR is intended for therapeutic contexts in which goals relating to sexuality, identity or gender may be ethically contested. Although therapeutic approaches may differ, the procedural safeguards of informed consent, therapeutic alignment, ongoing reassessment and appropriate referral remain constant.

RADAR therefore provides a common ethical and safeguarding framework without requiring agreement on theories of causation, identity or anticipated therapeutic outcomes.

Scope

RADAR does not:

1. prescribe therapeutic outcomes;
2. predict or promise change;
3. override client autonomy;
4. determine which therapeutic model is correct;
5. permit practice beyond professional competence; or
6. replace existing professional standards, ethical codes or regulatory requirements.

Its purpose is to support ethical decision-making, safeguarding and professional accountability.

Public Protection

By embedding transparency, informed consent, therapist–client alignment, ongoing reassessment and appropriate referral throughout the therapeutic process, RADAR promotes public protection, strengthens professional accountability and reduces foreseeable risks of harm while respecting professional diversity, client autonomy and freedom of therapeutic choice.

12. How We Learn: IFTCC Professional Development and Training Initiatives

IFTCC Professional development initiatives are accessible to those interested at the dedicated IFTCC Learning site <https://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 ETAC reports to the IFTCC Executive Board.

The aim of the IFTCC Learning site 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.

13. How We Assess Our Work: The IFTCC Competency Framework

The IFTCC Competency Framework¹⁷ is a framework for assessing competence in our Practise and Ethical Guidelines, SAFE-T, principles of transgender treatment and pastoral protocol.

IFTCC Learning offers three distinct informal certificate-level programmes that cover: (1) Research and 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
2. Principles of Clinical Practice
3. Principles of Pastoral Care

The IFTCC Competency Framework Circle 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 is widely accessible and all courses are associated with the 10 consistent themes covered by each annual conference, referred to as the 'Curriculum Themes'¹⁸. Annual curricula since 2018 (known as the Frankfurt Model) 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

14. 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 2021 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.

15. How We Build Our Community: IFTCC Membership Categories

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

1. Senior Fellow*
2. Fellow*
3. Member:
 - Licensed and Qualified Clinical Practitioner membership (CP)
 - Pastoral Care Worker membership (PCW)
 - Additional Helping Disciplines Roles (AHDR)
4. Associate/Trainee

¹⁷ <https://learning.iftcc.org/framework/>

¹⁸ <https://learning.iftcc.org/iftcc-curriculum-themes/>

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.
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** hold professional recognition in their field, and typically are 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** are typically 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** typically do 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 Associates** are a formal association between like-minded organisations and the IFTCC, sharing values and practice principles, consistent with the IFTCC Practice and Ethical Guidelines.

16. An International Declaration on Therapeutic Choice

The IFTCC has prepared a Declaration¹⁹, available in 19 languages, providing factual information to inform decision makers in countries across the world on the implications of banning therapeutic choice and of 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 reads:

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

¹⁹ <https://iftcc.org/the-declaration/>

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.

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 Document.
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 Document.
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.

Reviewed 17 September 2026