This is a consent form for participation in Sexual Identity Therapy (SIT), which is a client-centered, identity-focused approach to sexual identity concerns that also emphasizes healthy coping and social support. This form is available to you because you are requesting professional services with respect to your sexual identity.

Informed consent is an important part of the therapeutic process. Growing in part out of a consumer model of service delivery, informed consent has emerged as a useful means of establishing treatment goals in therapy. This form will offer a little background as part of informed consent.

When we discuss sexual identity, we are referring to the labels people use to think about themselves and present themselves to others. In that sense, sexual identity can be private (how you think of yourself) or public (how you present to others, or how others describe you). Common sexual identity labels used by people today include gay, straight, bi, bicurious, lesbian, same-sex attracted (SSA), questioning, and queer.

**Identify What Is Causing Concern**

SIT as it is practiced today emphasizes the ways people think about their same-sex sexuality in light of the culture they live within and their personal or religious beliefs and values. People make meaning out of their same-sex sexuality in many different ways, and this meaning-making can be informed by the stories people write about themselves or others navigating this terrain. Some stories are helpful and encouraging; other stories can be counterproductive and quite upsetting. Different stories establish different expectations for what same-sex sexuality will mean in a person’s life. SIT can help you identity these
stories—there may be many of them—and reflect on what is helpful or unhelpful about them as you write your own story. The goal of this process is to help you identify what is causing your concerns (or the conflict that you wish to discuss in therapy). You and your therapist can work together to develop a story about yourself that is accurate and meaningful, a story in keeping with your beliefs and values. Any story you write about yourself can be supported by others around you who share your beliefs and values and self-understanding. Inviting others to share this story with you is a way of developing your social support, which is one of the purposes of SIT.

The Context of the SIT Model

Two contrasting approaches to therapy preceded SIT: sexual orientation change efforts (SOCE) and gay affirmative therapy (GAT). Most professional organizations have moved away from and been critical of SOCE, which has as its goal a fixed outcome in which clients shift toward a heterosexual orientation. Whether such services are provided via professional therapy or through religious ministry organizations, they are widely discouraged, in part because their effectiveness is in doubt and in part because homosexuality is no longer viewed as a mental illness by major mental health organizations such as the American Psychological Association (hereafter APA) and the American Psychiatric Association. There have been particular concerns raised about providing such services to minors.²

An alternative to SOCE is GAT. GAT often also has a fixed outcome, which is the integration of same-sex sexuality into a private and public gay identity and corresponding intimate relationships. GAT itself is not a protocol for therapy; rather, it is a lens through which people view being gay and determine what is in a person’s best interest. There has at times been a tension between GAT and traditional religious beliefs and values regarding sexuality and sexual behavior. Because many mental health professionals today believe it can be helpful to provide a safe therapeutic environment to explore these tensions or conflicts, SIT exists to provide such an environment.
Recommended Professional Approaches

In 2009 the APA task force report on appropriate therapeutic responses to sexual orientation recognized that some clients are not good candidates for GAT as it has sometimes been practiced. For example, a person could have personal or religious beliefs and values that preclude them from participating in GAT insofar as a clinician holds a foregone conclusion about the best way for the client to resolve perceived conflicts between faith and sexuality. In such cases, a client may be better served by models of therapy that are client-centered and identity-focused, that emphasize social support and healthy coping while allowing them to explore potential conflicts between sexual and religious identities and potential resolutions to those conflicts.

The SIT Framework and an article on narrative SIT (Yarhouse, 2008; Yarhouse & Beckstead, 2011) were cited in the 2009 task force report and are examples of alternative approaches to either SOCE or GAT as it has sometimes been practiced. These alternative models (and others like them) have in common that they are client-centered and identity-focused, and that they emphasize healthy coping and social support. Toward that end, SIT does not have a fixed outcome in view for the client’s sexual identity or for what it means for the client to achieve congruence in light of the client’s beliefs and values. Also, since models of care for mental health concerns are moving toward evidence-based practice, it is important to acknowledge that there are no well-designed outcome studies that address sexual identity and religious identity conflicts or concerns. That is, whereas therapy models should ideally be based on empirical research showing the likely results of a therapeutic approach, none of the approaches for therapy in this realm—whether SOCE, GAT, or client-affirmative/sexual identity approaches like SIT—have been evaluated with extensive research on outcomes.

SIT was first developed in light of research on the milestones associated with sexual identity development and synthesis. In other words, there are specific milestones, such as first awareness of one’s same-sex attraction, that have been identified by adults who are gay as important
in the formation of their identity. Research studies of those in religious communities suggest that they often experience these milestones very differently, both from their nonreligious counterparts and from one another (Stratton, Dean, Yarhouse, & Lastoria, 2013; Yarhouse, Stratton, Dean, & Brooke, 2009). In other words, different people attach different meanings to similar experiences in light of their personal and/or religious beliefs and values. SIT provides a place for you to explore possible meanings of your own experience of same-sex sexuality.

Alternatives to Professional Therapy

It can be difficult to identify alternates to professional therapy today. People from a religious background may express an interest in faith-based ministries. These ministries vary considerably and may have different goals than I have been discussing. For example, some ministry approaches may emphasize healing or change of sexual orientation (or view these two as synonymous; Jones & Yarhouse, 2011). We can discuss your interest in paraprofessional ministry approaches if that interests you.

A Collaborative Approach to SIT Goals

The overarching goal of SIT is to help you experience greater congruence, which involves living and forming an identity in ways that are consistent with your beliefs and values. Additional goals of this approach vary considerably from person to person, but have included (1) identifying and treating any co-occurring concerns, such as depression or anxiety; (2) identifying and writing your story in a way that reflects congruence; (3) identifying and practicing healthy coping activities; (4) expanding social support in keeping with your ideas about congruence; (5) disclosing same-sex sexuality to family and others; and (6) improving family and other relationships that may have been strained through the process of disclosure of same-sex sexuality.

Informed consent exists to help you make a truly informed decision
about the goals you have for treatment and the kinds of services that are available. If you find you are not making much headway in this approach, it is important (just as in any other approach) to revisit your goals and reevaluate whether the program itself is the best fit for your needs.

**Potential Benefits/Risks/Outcomes with or without Therapy**

In addition to sexual identity concerns, many people I meet with discuss other co-occurring issues. These concerns vary considerably but have included depressed mood, anxiety, and family conflicts. I try to identify and address these concerns early on, as I find it helpful for clients to make decisions regarding sexual identity out of a normal mood state (rather than a state of depression, for example). This may be one benefit of therapy: even if you conclude that SIT is not a good fit for you, I may recommend that you pursue therapy with someone to address any co-occurring issues.

Another potential benefit of therapy, of course, is the resolution of the sexual identity conflict. This resolution is what I refer to as congruence. Congruence refers to living and forming an identity in keeping with your beliefs and values. I do not know of any specific risks of pursuing therapy to discuss these concerns, but there is an emotional and financial commitment to any therapy.

**Services Provided to Minors**

Generally speaking, minors must obtain permission from their parent or guardian to receive most mental health services, including sexual identity therapy. If parents are bringing a minor in for counseling, I ask that the minor indicate if they assent to counseling by signing the informed consent form.

My approach with minors is in keeping with several of the recommendations made by a panel of experts to the Substance Abuse and Mental Health Services Administration: I use client-centered and
identity-focused interventions that allow for developmentally appropriate identity exploration, reduction of distress, adaptive coping, and family support.

**Services Provided to Couples**

SIT can also be provided as part of a larger approach to working with couples in a mixed-orientation marriage. The approach I take is referred to as the PARE model: (1) Provide SIT to the spouse navigating sexual identity concerns; (2) Address relationship concerns and especially “interpersonal trauma” if present; (3) (foster) Resilience through marital counseling; and (4) Enhance sexual intimacy (Yarhouse & Kays, 2010). Parallel services are typically provided to the spouse navigating sexual identity concerns and to the heterosexual spouse prior to marital counseling as such.

**Consent to Sexual Identity Therapy**

I have read this document, have had an opportunity to discuss its content with my therapist, and agree to its terms. This authorization constitutes informed consent for sexual identity therapy. A photocopy or facsimile of this form and signature(s) shall be considered as valid as the original.

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