



Informed Consent: General Comments and Sample Form for Theophostic-based¹ Therapy/Ministry

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Going through a careful informed consent process with the person receiving ministry is one of the simplest and easiest things one can do to decrease the risk of misunderstandings, relationship breakdowns, and lawsuits. This essay briefly discusses the concepts and practice of informed consent, and includes a sample informed consent form for Theophostic®-based emotional healing ministry.

Origins of informed consent: Historically, the concepts and practice of informed consent evolved partly in response to the excessive paternalism in medical practice that excluded patients from decision making about their own health care,² and partly as a component of pragmatic “risk management” with respect to dissatisfaction and law suits from patients. Ethically and legally, informed consent originates from the legal and ethical right the patient has to direct what happens to her, and from the ethical duty of the care provider to involve the patient in decision-making regarding her own care.³ Finally, as Christians I think we are responsible before the Lord to go through an informed consent process as part of caring for the person and our relationship with him or her.

Purpose/value of informed consent: Directly connected to the historical, ethical, and legal origins, one important purpose of the informed consent process is to encourage the person and care providers to *collaborate* in planning the person’s care, and to provide the person with the information he needs to be able to do this. This “providing appropriate information and including the person in decision making” part of the informed consent process is very important for situations where the person comes requesting help with a specific complaint, and the care provider suggests Theophostic®-based emotional healing ministry as a treatment/ministry option. This part of the informed consent process is obviously much less important for situations where the

¹ Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbells-ville, Kentucky. We use the term “Theophostic®-based” to refer to emotional healing ministries that are built around a core of Theophostic® principles and techniques, but that are not identical to Theophostic® Prayer Ministry as taught by Dr. Ed Smith. Our own ministry would be a good example of a “Theophostic®-based” emotional healing ministry – it is built around a core of Theophostic® principles and techniques, but it sometimes also includes material that is not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry (such as our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, and medical psychiatry).

² Gutheil, Thomas G. “Legal Issues in Psychiatry” Chapter 52.1 in Kaplan, Harold and Sadock, Benjamin (Eds.), *Comprehensive Textbook of Psychiatry - Sixth Edition CD ROM*, (Williams & Wilkins: Baltimore, MD) 1996.

³ Edwards, Kelly A. “Ethics in Medicine: Informed Consent,” University of Washington School of Medicine website at <http://eduserv.hscer.washington.edu/bioethics/topics/consent.html>, 1998 (accessed 12/7/2002).

person receiving ministry is already well informed, and comes specifically requesting Theophostic®-based ministry.

Another important purpose of the informed consent process is to prevent unpleasant surprises and misunderstandings that can ruin the relationships between the person and his or her care providers.⁴ For example, if the person receiving ministry has heard only stories about miraculous healing that always happens in one or two sessions, and comes to the first session counting on being free from his presenting symptoms after three hours, he will understandably become disappointed, confused, and angry if his Theophostic®-based ministry is slower and more painful than the stories he has heard. It is very helpful if the person receiving ministry is aware of this possibility *before* he begins the ministry process. I would encourage you to look carefully at your own triggers if you don't want to have this sometimes awkward discussion with the person receiving ministry. My experience is that I have the most internal resistance to going through informed consent with the people who have the most unrealistic expectations, and "just want to get started" because they have something else to do today and are hoping to be free of their presenting symptoms by the end of the session. These are the situations where it is *most* important to go through a careful informed consent process. One can avoid the especially awkward situation of having a major expectation collision at the beginning of the first session by giving people informed consent forms ahead of time, asking them to read the forms before coming to their first sessions, and telling them you will need to discuss any questions they have regarding the informed consent forms before starting Theophostic®-based ministry.

The third purpose of the informed consent process is to provide "risk management" regarding conflict and law suits. In my assessment, the most significant "risk management" with informed consent comes from *preventing* complaints and/or law suits by caring for the relationship. Including the person in decision making strengthens the "we're on the same team" aspect of the relationship, and avoiding surprises and misunderstandings helps prevent injury to the relationship. Furthermore, the informed consent process decreases *truth-based* liability. If you give the person receiving ministry an unrealistic picture of what to expect, then you are *appropriately* responsible and *liable* for her disappointment if her healing process is slower and more difficult than expected. If you don't tell the person receiving ministry that there are risks, then she can't take appropriate responsibility for these risks by choosing to accept the risks as an unavoidable part of Theophostic®-based ministry. If the (unknown to her) risks of possible pain and problems turn into actual pain and problems, you are *appropriately* responsible, and will be held *liable*, for the risks that she did not choose to take. One part of risk management is to provide a legal document. Documenting the informed consent process by having the person sign a form, such as the one included below, will provide some degree of protection should your relationship with the person receiving ministry deteriorate to the point of legal action. Having the form below, with signatures and dates, will certainly be helpful in court if the plaintiff claims they did not know Theophostic®-based ministry might stir up painful emotions.

I would encourage you to read *Keeping Your Ministry Out of Court* if you still don't perceive a

⁴ See Smith, Ed and Wilder, James, *Keeping Your Ministry Out of Court*, Chapters 2-5 (Alathia Publishing: Campbellsville, KY) 2002, p 26-87 for an excellent discussion of the importance of caring for the *relationship* between the person receiving ministry and the care provider. Pages 53,55, and 59-60 include specific comments on the importance of avoiding misunderstandings and unpleasant surprises as a part of this relationship care.

need for going through the informed consent process with the person receiving ministry.⁵

Basic components of informed consent: This summary of the basic components of the informed consent process is compiled from the 50+ sources reviewed in writing this essay.⁶ Going through a thorough informed consent process for Theophostic®-based ministry would include:

1. Discussing the diagnosis/assessment, and reasons for using Theophostic®-based ministry. I think it is a good discipline, for both lay ministers and professionals, to explain what they think is going on and why they think the person should receive Theophostic®-based ministry. Lay ministers *should not* make diagnoses or give labels, but they *should* be able to summarize, in lay person's terms, what they think is going on and why they think Theophostic®-based ministry will be helpful. Professionals should inform the person regarding any diagnoses they have made, and should *also* explain, in lay person's terms, what they think is going on and why they think Theophostic®-based ministry will be helpful. Note: I'm not saying that the therapist/facilitator should try to "figure out" what the underlying issues might be, but rather that they be able to explain the "big picture" in terms of Theophostic® principles. For example, if a couple comes to the therapist/facilitator complaining of communication problems, she might say "I realize that you both have described the problem as poor communication, but my assessment is that the pain each of you carry is a big part of why your communication seems to be so poor. Every one of the disagreements you just described included both of you being triggered into your pain. I think it would be worth trying Theophostic®-based ministry with each of you individually because I think it may help us find and resolve the underlying issues that get stirred up and cause you to get stuck in your communication."

Note that it is okay to say "I'm not sure what's causing your problems/symptoms, but I think Theophostic®-based ministry might help to shed more light on the situation. I think it would be good to try a few sessions and then stop to re-evaluate." The key is to be aware of the fact that the big picture doesn't make sense yet. If the therapist/facilitator continues to be unable to explain what they think is going on after a number of sessions, he should stop and carefully consider several possibilities:

- He is being triggered, and this is impairing his ability to think clearly.

⁵ See Smith, Ed and Wilder, James, *Keeping Your Ministry Out of Court*, Chapters 2-5 (Alathia Publishing: Campbellsville, KY) 2002

⁶ Sources contributing to this list of basic components of informed consent included Edwards, Kelly A. "Ethics in Medicine: Informed Consent," University of Washington School of Medicine website at <http://eduserv.hscer.washington.edu/bioethics/topics/consent.html>, 1998 (accessed 12/7/2002); Gutheil, Thomas G. "Legal Issues in Psychiatry," Chapter 52.1 in Kaplan, Harold and Sadock, Benjamin, *Comprehensive Textbook of Psychiatry- Sixth Edition CD ROM*, (Williams & Wilkins: Baltimore, MD) 1996.; American Psychological Association (no author(s) specified). "Informed Consent to Therapy," Standard 10.01 in *Ethical Principles of Psychologists and Codes of Conduct 2002*, American Psychological Association website at http://www.apa.org/ethics/code2002.html#10_01, 2002; and Smith, Ed and Wilder, James, *Keeping Your Ministry Out of Court* (Alathia Publishing: Campbellsville, KY) 2002, p. 53, 55, 59-60.

- He doesn't understand Theophostic principles and tools well enough to deal with this particular case, and should take time to study and/or obtain mentoring.
 - There is a significant medical or psychiatric issue contributing to the confusion, and he should encourage the person receiving ministry to obtain appropriate evaluation. For example, thyroid disease, a brain tumor, or schizophrenia may be causing the Theophostic facilitator to be unable to make sense out of the situation.
2. Making sure the person understands what to expect as he participates in the therapy/ministry process.
 3. Making sure the person knows that he can choose to *not* participate in Theophostic®-based ministry, and that other tools⁷ are available if he chooses to not participate in Theophostic®-based ministry.
 4. Making sure the person knows what *is* and *is not* known about Theophostic®-based Ministry, especially including that there is not yet empirical research proving that Theophostic®-based ministry is effective.
 5. Making sure the person understands the risks and benefits of participating in Theophostic®-based ministry, and also the risks and benefits of alternative therapies and ministries.
 6. The person being competent to give informed consent. With adults this is mostly a matter of common sense: "Does the person seem able to understand the issues and make a considered, adult decision?" This will not be a concern for most adults participating in Theophostic®-based ministry, and only needs to be considered when something is present that can impair the person's competence (such as mental retardation, brain damage, serious mental illness, or heavy medication). If you are unsure, it would be best to consult with a mental health professional who has experience with evaluating competence. The most common situation where competence is an issue is with children, and it is usually best to obtain parental informed consent for anyone under the age of 18. If you are in a situation where you think it is important to do Theophostic®-based ministry with a minor without parental consent, I strongly encourage you to consult with a mental health professional familiar with your state's laws regarding minors and informed consent (many states have complicated and detailed laws specifying the ages and conditions under which a child can give informed consent for themselves).
- Note that competence is something the person providing Theophostic®-based ministry needs to consider, but that we do not address on our informed consent form (other than indicating that the form may need to be signed by the person's parent or guardian). I don't see any point in including a statement like "I am competent to give informed consent." If the person is not competent to give informed consent, then they are also probably not competent to decide that they are not competent.
7. Absence of coercion. It is easy to spot dramatic situations, like veterans on disability who fear

⁷ Such as cognitive therapy, exposure therapy, EMDR, many other forms of therapy and/or ministry, and direct symptom control with psychiatric medication.

they will lose their benefits if they do not cooperate with a proposed treatment plan, or involuntary inpatient psychiatric patients who believe they will not be released unless they take their medications. Concerns regarding coercion are usually much more subtle when dealing with informed consent for psychotherapy. For example, if I have lies that cause me to feel like it is my responsibility to *make* my patients better, and if I can't feel okay unless they are okay, then it will be hard for me to let them say "No, I don't want to do Theophostic." I may not threaten or intimidate them in any intentional or direct way, but if I am triggered and feel like it is not okay for them to say "No," they will pick this up. The best way for the therapist/facilitator to accomplish absence of coercion is to be peaceful and calm (untriggered) during the informed consent process. It is important for me to address my own triggers if I am not able to do this.

Absence of coercion is another issue that the person providing Theophostic®-based ministry needs to consider, but that we do not address in our informed consent form. Going through the informed consent process is a good way for the therapist/minister to find out if they *are* being triggered and pressuring the person, but I don't see any point in including a statement like "I am not being pressured or coerced to participate in Theophostic®-based ministry" because people who are being pressure or coerced in the ways just described would usually sign this statement, thus making it meaningless.

True confessions/reality check/perspective: I thought I would include this section to provide perspective, just in case you are panicking, with thoughts like "Oh, no! Everybody else has been doing this – I must be the only negligent and incompetent Theophostic facilitator not going through a careful informed consent process. I will probably be getting phone calls from five lawyers tomorrow morning!"

My personal professional experience: I have always gone through an informal informed consent process and noted this in the chart when prescribing medication, and have gone through an even less formal informed consent process (sometimes without any note) when initiating psychotherapy or Theophostic ministry, but before preparing this ministry aid I have never obtained signed informed consent for medication, psychotherapy, or Theophostic Ministry. Furthermore, I have never seen any other mental health professional go through a thorough informed consent process or obtain a signed informed consent when initiating psychotherapy or Theophostic Ministry. The theory is good, and I think we should begin to include more careful and complete informed consent as described in this essay, but I have just never yet seen anybody do it.

Other reference points: Almost 100% of the text books, professional journals, professional associations, and other resources I reviewed agreed that informed consent for mental health care (including both medication and psychotherapy) is ethically mandated and the standard of care. However, researchers who reviewed the charts of 30 psychiatrists treating patients with antipsychotic medications found that the informed consent process was documented only 23% of the time⁸. Another study found that only 28.8% of psychologists surveyed utilized a written

⁸ Schachter D, Kleinman I. "Psychiatrists' documentation of informed consent." *Can J Psychiatry* 1998;43:1012–7.

agreement for informed consent.⁹

Risk management limitations: Although they do provide some protection, it is important to realize the risk management limitations of the informed consent process and of informed consent forms. Good informed consent process provides some protection by caring for your relationship with the person receiving ministry, but it cannot prevent irrational behavior and unreasonable demands driven by the person's own unresolved issues. If the person receiving ministry has deep violation wounds, with associated "not safe," "out of control," betrayal, and powerlessness lies, the informed consent process will not stop him from feeling unsafe, out of control, betrayed, and powerless if they get triggered in the relationship with you. The person may feel that you are harming him, forcing him, betraying him, or controlling him even if you do everything correctly. Regarding informed consent forms, case law demonstrates that they do not provide complete protection if the "risks" section is too general, not specifically mentioning the problem experienced by the plaintiff. Unfortunately, it is extremely difficult to include every possible risk ("She didn't tell me that Theophostic ministry could cause me to lose the golfing championship by stirring up traumatic memories that would impair my peak performance"). In fact, informed consent forms have been invalidated for including too few risks *and* for including too many risks¹⁰ (I believe the "too lengthy" forms were felt to disqualify the informed consent process by burying the risks that were deemed necessary to explain in an overwhelming pile of risks that were deemed unnecessary to explain). Furthermore, informed consent forms using rigorous legal language are incomprehensible to many lay people and tend to feel unfriendly, and informed consent forms using friendly layman's terms tend to have legal loopholes.

I would like to be in complete control, and I would like to be able to guarantee my own safety, but this is not truth-based reality regarding informed consent and liability. For those of us with lies about not being in control and not being able to protect ourselves, the current truth-based reality regarding informed consent and liability is an intense trigger. It is true that I am not in complete control and that I cannot guarantee my own safety regarding informed consent and liability. But my lie-based thinking from childhood memories then distorts this truth-based vulnerability with respect to informed consent and liability into the lies "I'm not safe," and "I'm not going to be okay." The more complete truth is that I'm not in control and I can't guarantee my own safety, AND that my Heavenly Father *is* in control and that He is taking care of me. The bottom line "more complete truth" is "***I will be okay.***" But this more complete truth doesn't *feel* true when I am being triggered.

One option is to flee into denial and avoidance: "This whole informed consent process is too complicated and time consuming. I can't believe anybody really does this. I don't think I really need to do this, and I certainly don't have time to think about it right now..." A more subtle form of denial is to work desperately to provide such thorough and conscientious care that "nobody will ever sue me" (be in control by being perfect). I can also try to avoid the feelings of vulnerability by ranting and raving at those &@%\$&*&# lawyers who are "making" me feel unsafe (the delux version of this option is to include fantasies about how to fix the problem). Another subtle

⁹ Handelsman, M.M., Kemper, M.B., Kesson-Craig, P., McLain, J, & Johnsrud, C. "Use, content, and readability of written consent forms for treatment." *Professional Psychology: Research and Practice*, 1986;17:514-518.

¹⁰ Palmisano, Donald, M.D., J.D. "Informed Consent," at INTREPID® resources website, http://www.intrepidresources.com/html/informed_consent.html, 1995.

variety of denial is to develop longer and more complex forms for the person to sign, which make it easier to bury the truth-based vulnerability under the illusion of having an adequate defense. I have given the first three options pretty thorough trials, but they never quite got rid of my triggered feelings of “I’m not safe” and “I’m not going to be okay,” or my truth-based sense that I should be doing something more about informed consent. I have observed others trying option number four, and it doesn’t feel right either.

I think my triggering prevented me from seeing that there is “middle ground.” I can’t be in complete control, and I can’t guarantee my safety, but I can go through a reasonable informed consent process that will care for my patients and provide *some* risk management protection, and I can use a form that will care for my patients and that will provide *some* protection as a legal document. In the Lord’s providence, working on this essay has helped me to perceive more validity in the core principles of informed consent and to realize how this issue triggers me, and this helped me to discover this “middle ground” solution that really feels right.

If we are able to face the truth-based vulnerability, and deal with our triggers around not being in control and not being able to guarantee our safety, then we will be able to stand on the more complete truth that the Lord *is* in control and that we will be okay in His care. We will also be able to hear the Lord’s guidance and make the right choices when things get hot. Remaining peaceful and calm (untriggered) is one of the best things you can do when interacting with someone who is making unreasonable demands and/or displaying irrational behavior. One of the best ways to get in a really big mess is to get angry, defensive, and controlling from your own triggering when dealing with someone who is feeling unsafe, out of control, and powerless from his triggering.

Additional information regarding informed consent: One of the easiest ways to obtain additional information about informed consent is to use one of the search engines on the internet and search for “Informed consent” and “psychotherapy informed consent”. I did this with Yahoo and obtained 1,350,000 and 13,700 matches (respectively). I didn’t review them all, but most of the first 30 matches for each of these searches provided helpful and understandable information.

Comments regarding the “sample” form for informed consent for Theophostic ministry:

The most important thing to remember is that the goal of the informed consent process is not to obtain a signature and date at the bottom of a legal document. The most valuable function of a good informed consent form is to provide structure and reminders that help in going through a good informed consent process. For example, the informed consent form I use (below) makes sure I address the possibility of unrealistic expectations and disappointment, specifically mentioning my experience that the Theophostic®-based process is slow and difficult for some people.

As is probably obvious from the comments above, the “sample” informed consent form below will not provide complete legal protection. It is the form that I am presently using, it will provide structure and reminders for going through a good informed consent process, and it is certainly better than nothing, but it does not include a comprehensive list of specific risks and it has not yet been reviewed by an attorney.¹¹ Most importantly, regulations regarding informed consent

¹¹ We would be happy for comments from any of our readers who are attorneys, and especially from any who are familiar with Illinois regulations regarding mental health care informed consent.

tend to vary from state to state, and can also be different for different professional groups.¹² As far as I am aware, at this time there are no laws in Illinois regarding informed consent for licensed professionals providing psychotherapy.¹³ It is more an issue of standard of care and liability – you are not violating any legal regulation if you don't go through the informed consent process with your client, but it is considered to be the standard of care and your defense will be greatly weakened if you go to court and you didn't obtain and document informed consent. I know that this is also the case in some other states, but there are states, such as California and Colorado, that *do* have specific legal regulations regarding informed consent for licensed professionals providing psychotherapy (check your own state)¹⁴.

Furthermore, I have intentionally avoided using rigorous legal language because my perception is that legal language almost always conveys an adversarial (even antagonistic) attitude, as opposed to the “we are on the same team” attitude I try to establish with my clients. My perception at present is that it is more important to convey the basic concepts *without* the adversarial legal language than to have a maximally rigorous legal document. Our hope is that caring for the relationship will be more valuable in the long run than using legal language that will provide the most rigorous technical protection in court.

As mentioned above, each therapist/minister needs to be aware of any regulations in his or her state regarding informed consent. Other than this, it is important that each therapist/minister make his own judgment calls regarding how to address informed consent. Please consult with an attorney and/or use rigorous legal language if you feel it is necessary/right for you to do so.

The informed consent form below is written from the perspective of a mental health professional, but we are hoping that it will also provide a helpful starting place for non mental health professionals (feel free to adapt it to your personal setting). Charlotte is working on a sample informed consent form from the perspective of a lay facilitator, and we will post this as soon as it is completed.

Regarding our place in the Theophostic® community: We and Dr. Ed Smith, developer of Theophostic® Ministry, are concerned about the increasing number of people who seem to be

¹² For example, in Louisiana there are regulations that require physicians to obtain informed consent and that specify many of the details about how this should be done. These regulations were written for medical procedures, but technically also pertain to psychiatrists performing psychotherapy. But as far as I could find, Louisiana does *not* have any legal regulations regarding informed consent for *non-physicians* performing psychotherapy.

¹³ At the time this essay was first written, December 6, 2002, I found regulations requiring informed consent for electroconvulsive therapy, psychotropic medication, and admission to mental health facilities, but I could not find any regulations requiring or governing informed consent for psychotherapy. If any of our readers are aware of Illinois regulations regarding informed consent for psychotherapy, please e-mail me at drkarl@kclehman.com.

¹⁴ I have been going to the website for a given state (usually easy to guess in a few tries, such as www.stateofillinois.com, or www.az.gov), and then clicking on a menu item along the lines of “statutes and laws.” The “statutes and laws” page then usually has a search engine function, which I use to track down “informed consent” and/or “psychotherapy.” If any of our readers has a better way to locate state laws regarding informed consent for psychotherapy, please e-mail me at drkarl@kclehman.com.

confused about our place in the Theophostic® community. We respect Dr. Smith tremendously and value our friendship with him, however, we are not in any way officially connected with or endorsed by Dr. Smith and Theophostic® Prayer Ministry. We want to share our reflections, experiences, and discoveries regarding the Christian ministry of emotional healing, and many of the thoughts we share have arisen as we have integrated Theophostic® principles and process into our professional psychiatric and lay pastoral counseling practices. But we want to be clear that the material on our web site does not *define* Theophostic® ministry. “Theophostic®” is a trademarked name, and Dr. Ed Smith, the founder and developer of Theophostic® ministry, is the only one who has the right to define Theophostic® ministry.

We have studied many sources, including medical psychiatry and neurology, psychological research, various secular psychotherapies, and various Christian emotional healing ministries. Our emotional healing ministry includes the core Theophostic® principles and techniques, but we also include “non-Theophostic®” material. For example, our material on medical psychiatry and the biological brain, our material on EMDR, our material on dealing with curses, our material on dealing with spiritual strongholds, our material on dealing with generational problems, our material on journaling, our material on spiritual disciplines, our material on community, and our material on dealing with suicide-related phenomena are not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry.

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Informed Consent for Participating in Theophostic®-based Emotional Healing Ministry

Diagnosis/assessment, and reasons for using Theophostic®-based ministry: It is important for you to understand my diagnosis/assessment regarding your symptoms/problems, and for you to understand why I think Theophostic®-based ministry will be helpful. The best way for us to accomplish this is to discuss these two issues at the beginning of your first session.

What to expect: It is important for you to know the basic details of what to expect as you participate in Theophostic®-based ministry. The best way to do this is to read *Genuine Recovery*¹⁵ and/or the essay “Theophostic®-based Ministry: A Brief Review”¹⁶ before your first ministry session, and then take time at the beginning of the first session to ask any questions you have about the Theophostic®-based emotional healing process.

Not yet research-proven as effective: There is not yet any empirical research proving that Theophostic®-based ministry is effective (several research projects are in process, but we do not yet have statistically significant empirical research results proving that Theophostic®-based ministry is effective). However, Theophostic®-based ministry does include many of the core principles of cognitive-behavioral therapy, exposure therapy, and EMDR¹⁷, forms of psychotherapy that are strongly supported by empirical research. Furthermore, my personal clinical experience is that Theophostic®-based ministry is as effective, or even more effective, than each of these research supported forms of psychotherapy.¹⁸

Differences in individual experience: It is important to realize that there is a wide range of experiences with Theophostic®-based emotional healing ministry. Some receive healing very quickly, and are free of their presenting symptoms in one or two sessions. For others the process goes more slowly. Sometimes, even when the process is working correctly, the presenting symptoms can still be present after many months of hard work. (See the “How Long Will it Take For Me To Be Healed?” essay for a careful discussion of why Theophostic®-based ministry can sometimes go more slowly and/or take longer than initially expected).

No guarantee: It is also important to realize that there is no way to guarantee results with any form of psychotherapy or ministry, including Theophostic®-based therapy/ministry. Some people receive important healing with Theophostic®-based therapy/ministry, and others are unable to use Theophostic®-based therapy/ministry effectively (for reasons we sometimes do not understand).

¹⁵ Smith, Ed, *Genuine Recovery*. (Alathia Publishing: Campbellsville, KY), 2000.

¹⁶ “Theophostic®-based Emotional Healing Ministry: A Brief Review,” Articles and FAQs page of www.kclehman.com.

¹⁷ EMDR refers to Eye Movement Desensitization and Reprocessing, a secular therapeutic process for dealing with emotional wounds from traumatic events. See “Theophostic & EMDR: F.A.Q.'s and Common Misunderstandings” on our website for further information.

¹⁸ See “Theophostic®-based Emotional Healing Ministry: Assessment and Recommendations,” “Cognitive Therapy and Theophostic Ministry,” “Exposure Therapy and Theophostic ministry” (forthcoming), and “Theophostic & EMDR: F.A.Q.'s and Common Misunderstandings” on the Articles and FAQs page of www.kclehman.com for additional discussion of the efficacy of Theophostic®-based ministry and careful discussion of the similarities and differences between Theophostic®-based ministry and cognitive-behavioral therapy, exposure therapy, and EMDR.

Options other than Theophostic®-based therapy/emotional healing ministry: I use Theophostic®-based therapy/emotional healing ministry in all the work that I do because I believe it is the most effective tool available and because of stewardship considerations.¹⁹ However, it is important that you realize there are other options. If you do not wish to participate in Theophostic®-based therapy/emotional healing ministry, and would rather use other healing tools, such as cognitive therapy, exposure therapy, EMDR, relaxation techniques, psychiatric medications, or other forms of prayer for emotional healing, I can refer you to therapists, psychiatrists, and ministers who provide other options. It is also important for you to be aware of the option to use psychiatric medication in combination with Theophostic®-based therapy/emotional healing ministry.

Risks and benefits of Theophostic®-based therapy/emotional healing ministry and of other options: In any form of therapy and/or ministry that includes working with traumatic memories, there is a real risk that “things will feel worse before they feel better.” You may experience intense negative emotions, and even painful physical sensations, as a part of going through traumatic memories. Theophostic®-based therapy/emotional healing ministry may uncover unresolved issues, traumatic memories, and painful emotions that you have not anticipated. Sometimes the issues and/or memories brought forward during a session cannot be fully resolved by the end of the session. You may continue to process painful material between sessions, and this processing between sessions may include uncovering additional painful material. One often unanticipated “risk” is that you will change. If you receive significant healing, *you will change*, and this will affect many aspects of your life (for example, your satisfaction with your current career and how you relate to your family and friends). The biggest benefit – the biggest reason to use a treatment option that involves the risks of working with traumatic memories – is that these treatment options resolve the roots of the problem and thereby accomplish permanent healing. These risks and benefits pertain to any form of therapy or ministry that involves working with traumatic memories, including Theophostic®-based therapy/ministry, all other forms of prayer for emotional healing that I am aware of, some forms of cognitive-behavioral therapy, exposure therapy, and EMDR. Regarding comparative risks and benefits: my personal assessment is that, for most people, Theophostic®-based therapy/ministry works more quickly and with less risk of symptom exacerbation than any other therapy or ministry that includes working with traumatic memories.

Forms of treatment that focus primarily on symptom control, and that do not include working with old traumatic memories, include very little risk of temporarily increasing symptoms by “uncovering” painful memories and emotions. Relaxation techniques, some forms of cognitive therapy, and many psychiatric medications are examples of “symptom control” treatment options. Each psychiatric medication has its own risks and side effects, but the biggest risk/con of these symptom control treatment options is that they are temporary solutions and do not address the underlying issues. If they are not used in combination with a therapy or ministry that resolves the underlying roots, then various symptoms/problems will keep coming back, often at very inconvenient times and places. Another risk of “symptom control” treatment options is that they can make it more difficult to find and resolve the underlying roots of the symptoms.²⁰

¹⁹ Since there is much more demand for Theophostic®-based therapy/ministry than people able to provide it, I think it is important for those of us who can provide Theophostic®-based therapy/ministry to reserve our spaces for the people who want to include this as a part of their care.

²⁰ See “Depression and Theophostic®-based Emotional Healing Ministry: General Comments and Frequently Asked Questions,” and “Mind *and* Brain: Separate but Integrated” on the Articles and FAQs page of www.kclehman.com for careful discussion of the appropriate place of psychiatric medications.

Consent to participate in Theophostic®-based therapy/ministry: I have read the above and have been given copies of the essays: “Theophostic®-based Emotional Healing Ministry: Assessment and Recommendations,” and “How Long Will it Take For Me To Be Healed?” I have discussed diagnosis/assessment, and the reasons for using Theophostic®-based therapy/ministry with _____ (*name of Theophostic facilitator*). I have read about Theophostic®-based therapy/ministry as recommended above, and/or discussed the basic details of Theophostic®-based therapy/ministry with _____, and I am comfortable with my understanding of what to expect as I participate in the Theophostic®-based process. I understand that Theophostic®-based therapy/ministry has not yet been proven effective by empirical research. I understand that Theophostic®-based therapy/ministry can result in very rapid healing, but that it can also sometimes be a much slower process. I understand that I may receive important healing through Theophostic®-based therapy/ministry, but that there is no way to guarantee results. I understand that there are risks with Theophostic®-based therapy/ministry, as described above. I understand that there are other treatment options, that I can choose to *not* participate in Theophostic®-based therapy/ministry, now or at any time in the future, and that if I choose to not participate in Theophostic®-based therapy/ministry I will be given referrals to therapists and/or ministers who provide other options. Being fully aware of these things, I agree to including Theophostic®-based therapy/ministry in my care, and I request that Theophostic®-based therapy/ministry be included in my care.

(Signature of client, or parent/guardian)

(Date)

(Minor client, 12-17 years inclusive)

(Date)

(Witness)

(Date)