

Conversion Therapy Case Study: The Case of Julie

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Abstract

Gender and sexual minorities who are victims of conversion therapy and gender identity and sexual orientation change efforts (GISOCE) are at a greater risk for suicidality and symptoms of depression, anxiety, and trauma. This case study was written to explore themes of exposure to conversion therapy and GISOCE and present ethical dilemmas for discussion. This case study was written for the Clinical Mental Health Counseling and Beyond 4th Annual Virtual Conference hosted by The Chicago School of Professional Psychology Counselor Education Department Online Campus on April 9, 2021. The case is part of the session titled “Understanding the Dangers of Gender Identity and Sexual Orientation Change Efforts and the Need for LGBTQ+ Affirming Counseling” presented by Glen Bradley and Sam Brinton on April 9, 2021, at 11:00 am Central Time.

Keywords: conversion therapy, gender identity and sexual orientation change efforts, gender and sexual minorities, transgender, ethical standards of practice, LGBTQ

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Julie is 13 years old, White, male-assigned-at-birth, and a transgender girl. Julie is not out as transgender to anyone other than you, her mental health counselor. Everyone else in her life calls her by the boy-name she was given at birth and refers to Julie as a boy.

Julie was referred to you by her school social worker for diagnosis and treatment. The school social worker stated, “[Julie] struggles to make friends, does not participate in class, has recently been skipping classes and not turning in homework. Julie does not engage in the counseling process and requires a higher level of care.” After a few months working with Julie, you have some more information.

Julie lives with her mom, dad, and three younger siblings. Julie shared how she’s always felt different, and by the age of 5 knew that she wasn’t a boy. She felt like a girl trapped in a boy’s body. She shares how she always sees herself in the girls and women characters in TV shows and movies, how she would draw herself as a girl when doodling or doing art class from a young age, and how she once asked a friend to call her Julie instead of the boy-name her parents gave her. Julie talked about how she hates her body hair and gets very anxious when she looks in a mirror or has to take her clothes off and she then sees how her body is changing with puberty. She said she feels like her body is rebelling against her and doesn’t understand why she doesn’t have a girl’s body. Julie showed you a scar on her leg where she recently tried to shave with her mom’s body razor but cut herself very deep. Julie said her parents and uncle are very conservative and do not understand her. She said she has not come out to her parents as transgender because her parents punish her when she tries to borrow her younger sister’s clothes or “acts too girly.” Julie also says she hears her parents say bad things about LGBTQ+ people and that she hears similar messages at church and Sunday school.

Julie's parents are Baptist missionaries. Julie's uncle is a pastor, and the family attends weekly Sunday service at his church. Julie shared that she was diagnosed with depression when she was about 10-years old and she had a mental health counselor around then. Julie started to cry as she tells you what it was like seeing that first counselor. She said that counselor told her that her parents need her to act normal, to toughen up, and to act like a boy. Julie said the counselor told her no one else is like her, that something is wrong with her, that God made her a boy, so she needs to act like one, and that boys like girls. Julie said her counselor often said, "God made Adam and Eve, man and woman, husband and wife. God made you a boy and God doesn't make mistakes." Julie said the counselor would start and finish each session reading from the Bible about "abominations." Julie said this counselor had her wear a rubber band on her wrist and every time she felt like she wanted to do something "girly" or anytime she started to think about wanting to kiss a boy, she was to snap the rubber band hard on her wrist, so it hurt and to then pray to God to forgive her for her "deviant" thoughts. Her parents sent her to this counselor, and she felt like they think she is broken. Julie said that the counselor's attempts to make her normal didn't work, she just learned how to hide herself from other people to avoid punishment and so her parents wouldn't make her go see that counselor anymore.

Julie said that she thought she was all alone in the world and wondered how she could keep going on like this. She said how she doesn't see the point of going to school anymore or doing homework; she said she's broken and doesn't see herself living long enough to go to high school. She shared that while the past counseling stopped when she started acting more boyish, her parents still bully her whenever she "slips up." Julie tells you a story about her uncle's church, and how her uncle singled her out during a Sunday service to "cast the demons out of

her.” Julie shared another story of an older boy at her church who came out as gay and was disowned and kicked out of the house when he “didn’t turn back to Jesus and the Bible.”

In the past two months, Julie consistently starts each session saying she wants to socially and medically transition, but she has not told her parents and is afraid of “going against God and creation.” After doing multiple informal assessments, you are confident Julie is presenting signs and symptoms of Gender Dysphoria (302.6; DSM-5 pp. 452-459). When you’ve asked Julie about what she wants, Julie states she wants to live as a girl, play sports on girls’ teams, use the girls’ restroom, look like a girl and have a girl’s body, and be called Julie by everyone. Julie gets fidgety when she talks about not being able to tell any of this to her parents. She said she’s too afraid to tell this to her parents because she “knows living that way is against God” and her parents are “close to God.” When she talks about wanting to be a girl, she often says, “But that isn’t what Jesus wants for me” or a similar comment. She shares that these thoughts and her worries of being kicked out of the house often keep her up at night.

In the midst of your last session with Julie, you grow concerned as she expressed thoughts about what it would be like if she didn’t wake up the next day. You guide Julie through making a suicide safety plan, but she has already told you she doesn’t have any friends she could talk to about this and all the adults in her life “don’t want me to be Julie.” Julie shared that she can’t sleep, she can’t focus, and she doesn’t feel like eating. She is worried about her parents finding out she is transgender and at the end of each session tells you, “You can’t tell my parents any of this! They’d kick me out!”

Additionally, the next session will be the beginning of her seventh month seeing you. Until now, you have coded Julie’s diagnosis as “Adjustment Disorder (309.0) with depressed mood.” Julie is seeing you through her parent’s insurance.

Reflection Questions

1. Identify Julie's sources of identity.
2. Using a bio-psycho-social model, identify Julie's primary concerns in counseling.
3. How would you account for Julie's previous experiences of conversion therapy and GISOCE when...
 - a. developing a therapeutic relationship with Julie?
 - b. forming treatment goals?
 - c. creating a case conceptualization?
 - d. consulting with Julie's family?
4. Identify ethical concerns in the case regarding Julie's treatment goals, her relationship with her parents, and Julie's community.
5. What counseling theories would you use when working with Julie, and how would you ensure the theories and techniques are culturally competent and trauma informed?