



Assisting Those with Same-Sex Attraction (SSA) & Their Loved Ones

Five-Day Training for Clergy, Therapists, and Ministry Leaders

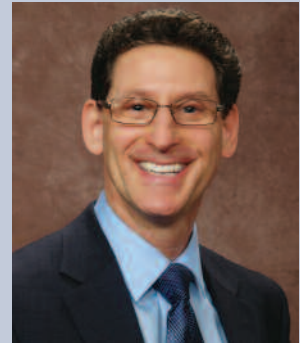
The Five-Day Training Includes:

- Understanding the causes of same-sex attraction and sexual brokenness
- Four-stage model of healing unwanted same-sex attraction (SSA)
- National resources available for individuals and families
- Therapeutic modalities to assist in greater healing
- Uncovering the meaning behind sexual fantasies and masturbation
- Preparing former SSA men and women for dating
- Procedure for group therapy / support groups
- Strategies for parents with SSA children: twelve-step protocol
- Taking care of the caregiver, preventing burn out
- Socio-political aspects of the gay rights movement
- Media training: how to prepare for interviews

Who Should Attend

The Five-Day Seminar is for pastors, therapists, ministry leaders, and anyone interested in assisting those dealing with same-sex attraction and their loved ones. In this training, you will: 1) learn how to identify the causes of SSA, 2) develop a successful treatment plan for change, 3) gain knowledge of therapeutic modalities to escalate healing, 4) discover ways to help family members and friends who have SSA loved ones, 5) create a strategy to prevent caregiver burn out, and 6) receive media training. Everyone who attends the entire course will receive a Certificate of Attendance. Those who successfully complete additional requirements will receive Certification as a Sexual Reorientation Coach.

PRESENTER



Richard Cohen, M.A.
Sexual Reorientation
Psychotherapist, Educator
and Author

Psychotherapist, educator, and author Richard Cohen will facilitate the training. He is the director of the International Healing Foundation and author of *Coming Out Straight*, *Gay Children Straight Parents*, and *Loving Gays the Right Way*. For 20 years, Cohen has helped thousands of men and women come out of homosexuality, and assisted thousands of parents restore relationships with their SSA children.

Cohen will share the "how-tos" of change. There will be allotted times for discussion.

For more information, call 301-805-6111 or visit www.ChangelsPossible.com

GENERAL INFORMATION

Dates	September 20 – 24, 2010 Monday – Friday / 8:45am – 5pm
Location	First Baptist Church of Glenarden, Ministry Center 3600 Brightseat Road, Landover, MD 20785
Cost	\$620 per church/ministry/counseling team (up to 3 representatives), includes course materials and lunch
Registration	Register using the attached form by Friday, Sept. 3, 2010 or, register online at www.ChangelsPossible.com If you are registering after this deadline, please call to verify that space is available
Further Information	For additional information and directions, call our office Tel. 301-805-6111

GENERAL INFORMATION

Dates/Times:

Sept. 20 - 24, 2010
Monday – Friday
8:45am – 5pm

Location:

First Baptist Church of Glenarden
Ministry Center
3600 Brightseat Road
Landover, MD 20785

Cost:

\$620 per 3 member team
\$550 before August 13th
Includes course material & lunch

Registration:

Please use this registration form;
for more than 3 members,
use additional forms

Registration Deadline:

Please register using attached
form by Friday, Sept. 3, 2010.
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Further Information:

For additional information and
directions, call our office
Tel. 301-805-6111

REGISTRATION FORM

Assisting Those with Same-Sex Attraction and Their Loved Ones Five-Day Seminar for Clergy, Therapists, and Ministry Leaders

NAME: CHURCH / MINISTRY / COUNSELING AGENCY _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TEL _____

FAX _____

EMAIL _____

Please complete for each member of your team:

Registrant #1

NAME _____ (TITLE) _____

ADDRESS _____

TEL _____ EMAIL _____

Registrant #2

NAME _____ (TITLE) _____

ADDRESS _____

TEL _____ EMAIL _____

Registrant #3

NAME _____ (TITLE) _____

ADDRESS _____

TEL _____ EMAIL _____

PLEASE COPY ADDITIONAL FORMS FOR MORE TEAM MEMBERS

PAYMENT

REGISTRATION (up to 3 members) \$620 \$ _____

(EARLY REGISTRATION BY AUG. 13th: \$550) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Make check payable to: **International Healing Foundation (IHF)** or

Visa Master Card Discover (No American Express)

Name on card _____ Security code on back _____

Card No. _____ Exp Date _____

Billing Address _____

Mail completed forms to:
International Healing Foundation, P.O. Box 901, Bowie, MD 20718