Dr. Daniel-Burke: This is Dr. Rebecca Daniel Burke, your host for the American Counseling Association’s 2015 Podcast Series. Today, we are speaking with Dr. Joel Marc Filmore about sex trafficking, reparative therapy and other topics.

Joel Marc Filmore, E.D.D., L.C.P.C., is a nationally known professional counselor, educator, researcher, author, trainer and public speaker. He is a core faculty member at Northwestern University where he teaches graduate counseling courses. As a professor, he researches LGBTQI issues, multiculturalism, trauma and abuse, sex trafficking, sex offender issues, as well as addictions and substance abuse. He also sees clients at the Family Institute at Northwestern University. Welcome Dr. Filmore.

Dr. Filmore: Thank you for having me.

Dr. Daniel-Burke: All right. Let's dive into the questions. You are a counselor/educator in the Family Institute at Northwestern University, as well as a licensed clinical professional counselor, but you actually have an interesting background. Can you tell us about that? You really do have an interesting background, so please, let our listeners know where you come from.

Dr. Filmore: I am biracial, my mother was white, my father is African American. And when I was three years old, my mother was murdered and so my brother and I went to live with our grandmother in Michigan, a small rural town of about thirteen hundred. And obviously it was an all-white community. The unfortunate thing is my family was extremely racist. And so my brother and I grew up in this environment with a lot of abuse that happened and it was specifically related to the color of our skin. So as I was growing up obviously I didn't have a lot of outlets for one, understanding who I was as someone who was a racial minority. And then I experienced a lot of sexual trauma as a child as well. And again, there wasn’t a lot of support in that area because my family really didn’t have -- really good intentions towards me. I really had a pretty traumatic childhood.

And so, as I grew into puberty that’s when I started realizing that aside from being African-American which everyone apparently seemed to hate, I also didn’t like girls. And so, that just created a whole other layer and level of abuse for me. So growing up in that environment, I was a very troubled child. As you would expect, you pick a child and you physically, mentally, sexually abuse them, they become exactly what you create. And so I was a thief and a liar. And when I was 12 years old, the FBI came to my house looking for me because I was stealing people’s mail and ordering things through the mail with their credit cards, so I was committing federal mail fraud at 12 years old.
And so, kind of fast forward. I left home at the age of 17, because the abuse I was experiencing, it was too much for me to deal with. And I took off and I kind of tooled around for a few years on my own just kind of staying here and there with friends and eventually found my way to Chicago where I was staying with my father temporarily. And obviously that didn't work out because of my [inaudible 3:43] I winded up on the street and living as a woman.

Dr. Daniel-Burke: Living as cross dresser?

Dr. Filmore: Yes, I didn’t really know a lot about it at that time. This was in the mid to late ‘80s, and keep in mind I grew up in a small town so I didn't know terminology. I just knew that I wasn’t comfortable as a male, and so I would dress as a female and then I was happy and I was comfortable and most people didn’t know that I was male. And so, whether it was day or night I could pass as a female. Unfortunately, because I grew up very naïve and very abused, I grew up into a kind of person who was always looking for some sort of connection, looking to feel loved and feel wanted and I inevitably ended up making very nefarious connections with people who were looking to use and abuse people who had grown-up with a lot of trauma.

What happened was I spent a lot of time in what’s called the Queen community in Chicago. Inevitably, I ended up kind of falling under the sway of a pimp. And of course at the time I didn’t know that this individual was a pimp. And everyone I knew told me he was but I didn't believe them because I wanted to feel loved, and he really made me feel loved. And so that’s kind of how I fell into sex trafficking. And the thing about it is contemporary sex trafficking isn’t the way it seen and it's just not like you see on TV where they snatch people off the street and beat them and take them to an abandoned warehouse and shoot them up with drugs and all that. I’m sure it happen[s] like that for some people somewhere in the world, but like domestic sex trafficking which is really what we call it here in the United States, it really doesn’t happen like that. It’s really done through coercion and coercion where they are utilizing people’s weaknesses against them.

And so here I was an extremely needy person who had spent his entire life abused by the people who should have cared most for him and just wanting and needing to feel loved and regardless of what that looked like. And so I had been a part of it. And so this individual brought me in. And as a child, I started drinking at the age of 12. And so drinking and smoking marijuana was my way of coping as a child. And as I got older I got involved in harder things. This individual got me introduced to cocaine and one evening introduced me to crack-cocaine. And once I started using crack-cocaine, it was an easy lead into sex trafficking and prostitution. And when I started prostituting at the
age of 21, I was in and out of jail constantly, constantly. And that was a 10-year period of my life I spent as a victim of sex trafficking. The first four years under the thumb of the pimp, but I was able to escape his clutches. I still continued to prostitute because at that time I had been four-years into the lifestyle with no other means to support myself and I was addicted to crack cocaine and heroin. And so, I continued to do what I was doing as a means of supporting that habit. And eventually, ended up going to prison for robbery.

Dr. Daniel-Burke: Was there a time, was there a point at which you said, “I want to change my life?” And if there was, what was it, what was going on?

Dr. Filmore: Well, for me, it really was going to prison in 2001, I was arrested for robbery and then I was sentenced in 2002. And going to prison, that for me was a huge catalyst. And for some people, sometimes you were a victim of sex trafficking, you were addicted to crack and heroin that didn’t do it for you. But you have to remember I grew up in an environment from the age of three on where I felt nothing but abuse and so being abused was normal for me. It was validating and it was comfortable. But I also had my freedom. In the midst of the abuse, I was still free to do what I want. But having that freedom taken from me and being sent to prison really, really, it gave me 18 months one to get clean of the drugs. But I spent that 18 months really being very self-reflective and that’s the interesting thing.

I think individuals don’t realize that people who are victims of trauma and abuse, they know what they’re going through, they understand what it is but they are afraid for anything different. You kind of internalize that experience even though you know it’s wrong, even though you know it’s not a good experience, you internalize that. And so when I was in prison, it was probably the first time in my life where I wasn’t being abused. And so, I had a lot of time to be very self-reflective and think about my life and what I wanted for myself.

My brother, he was on my mind a lot in prison because his life was the exact opposite of mine. We both experienced abuse, his to a lesser degree because while I turned out having brown skin, if you look at my brother you would see a white man. And so he didn’t experience a lot of the abuse I did based on racism and he didn’t experience any of the sexual abuse and so but he did experience physical and verbal abuse. And so he dived into religion, I dived into alcohol and drugs. With his life, he ended up becoming a nurse anesthetist and getting married and having four amazing children and a great life. And I thought, “How the heck did I end up here and we grew up in the exact same home?” And for me, the thing that differentiated us was the fact that he had this belief system.
I had gone to church as a child a lot, but it wasn’t really something that I internalized, it was just something you did - you go to Sunday school. But while I was in prison I decided, “Well, you know I might as well just read this bible since I have a lot free time on my hand.” And I just read it over and over and over again. I am not a religious person and I don’t know that I will ever be a religious person, but I saw some amazing truth in the words that I was reading. One of the things that really stood out to me was a passage, and it said, “Bad company spoils good character.” And I’ve always remembered this passage. And I thought, “Wow, if is this true, if bad company spoils good character then the inverse must be true, good company must increase good character.”

So as I was going through this process of being in prison and I was getting closer to an out date I started having this conversation with God or the universe or whatever you want to call it, and I said, “You know what, I’ve always made bad decisions in my life and I know that.” If you leave money on the table, I’m going to steal it. If your car door isn’t locked I’m going to try to steal your car.” But I’ve always known those decisions were wrong. And so as I am sitting in this prison cell I said to God or whatever, I said, “When I get out of here I’m going to do the exact opposite of everything that I would have done on any other given day. I want to see what happens, and if my life doesn’t change and change quickly, then I’m done. And I’m just going to do what I do and if I end up in prison fine, if I end up dead, fine.” And that was really the process I went through.

Six months before I got out of prison I applied to the University of Illinois Chicago. I filled out my financial aid FAFSA form and I mailed them in. And a couple of months later I got a letter from the UIC saying you have been admitted. I got a letter from the federal government saying you have been approved for financial aid. And then I started talking to the prison counselor about after care and they hooked me with a halfway house in Chicago. And on June 14th of 2004, I was released from prison. I started college in August of 2004 and the rest as they say is history. I just started going to college year round because I was afraid I would relapse on drugs so I went spring, summer, fall for the next 10 years, I’ve earned three degrees.

**Dr. Daniel-Burke:** Your story is going to touch many, many people. The next question - -I feel like I have to kind of get myself together after that story. The next question: Along with your experience as a victim of sex trafficking which was pretty bad, you also have first-hand experience with the controversial practice called conversion or reparative therapy; can you tell us about that?
Dr. Filmore: Absolutely. Around 1995, when I was living on the streets and this was after I had gotten away from my pimp. I was still on the street, still prostituting, still addicted to crack cocaine and heroin. I came into contact with an organization here in the city of Chicago that does outreach to males who were involved in prostitution. They had a drop-in center and I would go there – and like you could go there and take showers and eat and get cleaned up and get clothes and stuff like that. And through that relationship with these individuals, I thought about wanting to change my life. Now keep in mind they had a very specific agenda which was to make you a believer in whatever it is they believed in. And so again, remember who I am or who I was. And I was somebody who was always looking for validation, always looking for love and was pretty much willing to do anything to get it. Here I found this group of people who saw me at my worst and said, “Come on, we want you.”

And so I began to ascribe to these kind of religious tenants and through this process of working with them, they said, “Well, you know, let’s get you clean so we can do drug treatment. And after drug treatment, they said, “Well, now that you’ve gotten your drug treatment, you need to deal with your sexual orientation.” And I said, “Well what’s wrong with my sexual orientation?” “Well, you know, it’s against the word of God and so we need to do something about that.” And so they convinced me to go to - for lack of a better word - a religious Christian commune. And mind you, this wasn’t specifically a commune for LGBT individuals, it was just a commune for people who have life issues. So the person on my left might have an eating disorder; the person on my right might be a habitual liar; the person in front of me might be a cutter. So there were all these different issues that people were dealing with but they were dealing with them in a way trying to utilize scriptures and prayer and community and things of that nature. So I used to go to this religious commune for a year and I did all the right things, I said all the right words, but the entire battle was so hard, so difficult. And when I fell, I fell farther than as if I had never started in the first place because of the extreme guilt that I experienced because I felt like I was living two different lives.

Dr. Daniel-Burke: What does the literature or research say about this therapeutic intervention, this conversion or reparative therapy?

Dr. Filmore: That’s interesting. Back in 2007, the American Psychological Association, they did a thorough review of the research, the existing research that was out at the time. And if you look at their report, one of the things that they found was first of all there was very little research that is scientifically valid or had very good methodology. And the research that actually did have very good methodology, what they found was that there was no sound study that it’s effective, what they actually found was the inverse that it’s actually harmful. And so, currently there’s no current research that’s been done as of
these last seven years or so on sexual orientation change. And I think that part of that has to do with the fact that there are very few people who could get it through IRP. I mean it would be very, very challenging to do this sort of study in this current day and age. And so people are working off antiquated research and literature most of which wasn’t very well done and of that that actually had some scholarship to it, it really doesn’t support the usage of it.

**Dr. Daniel-Burke:** What were some of the effects of the treatment on you personally?

**Dr. Filmore:** Well, I think the biggest thing was – and again it’s really ties back to what sort of treatment they are using. Depending on where you go, what you’re going to experience is different. So if you go to an organization, whether or not they have licensed professionals, they may be Christian laymen. Some places use a high-level of shaming. And we all know what the effects of shaming are. There are some places that are very kind of extreme where they actually kidnap youth, at the request of their parents, they kind of spirit them off out of the country to these “camps”. And there they are open to physical abuse, emotional abuse, and there have been instances where some of these kids have died at these camps. And so there are all of these different kinds of levels of experiences for people who have been through sexual orientation change efforts.

For myself, I think that the biggest effect was the shaming. And keep in mind for me the people that I was around they weren’t the kind of people that, “You are a horrible person.” They actually were very loving in their own way. The shaming came from my own self, because I was trying to be, trying to live this life that they said I should live and be the type of person that I should be and on the inside that wasn’t my reality. So what I was doing to myself was so much worse than what they could have possibly or would have possibly done to me. Inevitably what happened is I became so distraught so I developed obsessive compulsive disorder. And I was actually diagnosed and I was on medication for years because of the anxiety that I felt because of the dichotomy between my external and internal reality.

**Dr. Daniel-Burke:** Yes, yes. And I am certain that you also developed some sort of dependency on these people because some part of them was kind to you.

**Dr. Filmore:** Absolutely, absolutely. And I suffered from chronic and severe depression as well, so I was on medication for that. And I was very suicidal because I was letting these people down. Even though they didn’t know a lot of the “sin” I was committing was internal, it was like thought. But then when I did act out, I really acted out. Like when I relapsed on drugs, I relapsed on drugs and when I relapsed sexually I really -- I mean
the amount of high risk behavior I engaged in when I was trying to be godly, I guess is the best word, was substantially more destructive than the behavior I exhibited prior to ever trying to take this path.

**Dr. Daniel-Burke:** Given that, why would someone choose to undergo conversion or reparative therapy if there's no evidence to support that it is effective and plenty of evidence to support that it is harmful, why do people do it?

**Dr. Filmore:** Well again, I think different people have different reasons for it. And if you ask ten people, you're going to get ten different answers. I think it goes from one end where you have where individuals who have very strong, very heartfelt religious beliefs and values, but have same-sex attractions. And they are saying, "You know what, I really truly genuinely want to live out this belief that I have. And the only way that I can do that and do it joyously is to get rid of these invasive thoughts, these feelings that go against what I believe. And then on the other end, you have people like me I think, who just want someone, anyone to love them, to care about them, and if that means I have to do this thing, then okay, because that means more to me than my own happiness.

**Dr. Daniel-Burke:** Considering your experience with religion and conversion therapy, do you find yourself able to work with clients who have strong religious or socially conservative values or beliefs?

**Dr. Filmore:** I get that question a lot. I get it from my students that I teach. I get it from my friends and stuff. For me, it's not an issue at all, because I always say jokingly, "I'm biracial and I'm gay. No matter where I go there's going to be somebody who has a problem with me." And so I always try to be very intentional about one, keeping my own biases in the forefront and I'm continuously trying to work on those. And again, I was part of the church. I was part of the religious life and so, you see some people who are kind of extremist and who are almost the antithesis of love and compassion, and they do it in the name of religion and I think that's not the norm.

I think most people who have genuinely held religious beliefs, I think they are people who are loving and compassionate and they just don’t know how to reconcile what they believe with the fact that they actually love the person that’s sitting next to them who may have things that attracts them. A very perfect example of this is I just recently finished teaching a multicultural counseling course and one of my students has very strong religious beliefs and they are very firmly held beliefs. In my course, I asked my students to journal every week about the different topics and what they're feeling and what they are experiencing. And it was so amazing to watch this young man who in the very first class said, “My religion teaches that homosexuality is a sin.” I watched him go
from that to say, “You know what Dr. Filmore, up until this moment I didn't know anyone who was gay, and now I know you I really, really like you and I don't know what to do with that.”

And so having those experiences really helps me to kind of keep some of the angst and some of the troubling thoughts that I might have about another individual who has conservative thoughts, because let’s face it, we all have biases. And I think the difference is in counseling we teach our students and we are taught to constantly be doing kind of an internal evaluation. I like to call it “cleaning out the kitchen” and I like to clean out the kitchen regularly, because otherwise that food gets rotten if you don’t throw it away. Sometimes you have to do it weekly, sometimes monthly, sometimes every day. And I think for me, because being a victim of trauma, I can be pretty dogmatic and pretty emphatic in the way that I communicate with people and turn them off. But a lot of that is kind of self-protection and it is a coping mechanism, so I have to constantly be aware of what’s going on inside me when I’m meeting with my clients.

And even though I have my Doctor degree and everything, I have individuals that I consult with, with clients. I don’t believe that you ever arrive to a place where you never need to consult with an individual.

**Dr. Daniel-Burke:** Absolutely, yes.

**Dr. Filmore:** And so I have people in my sphere that I work with and so you know what, this client is particularly challenging to me today, and I would just like to have some time with you so that I can work through some feelings I may have. And I think that it's really important to have people who know that you’re a human being in your life. And I think that is the best message I can get out there. This idea that you have to be beyond bias is just ridiculous.

**Dr. Daniel-Burke:** I had been a counselor for 30 years and I think I was five years into my counseling work, when a gentleman who was an athlete came to see me. And it was interesting because he ended up calling me much later and giving me permission to tell his story. But just to briefly tell you, he came in and he said to me, “I had a homosexual experience and I want you to make sure that that never happens again. So that’s why I’m here.” And it was the first time he had ever gone to counseling in his life. And I said, “Well I want you to be who you are, so we’ll work together to help you be comfortable with whoever you are.” And then he tracked me down many years later, and he said, “I’m gay and I always thought about you because you were the first person in my life that didn’t say you shouldn't be gay.” And he said, “I really thought when I came to see you that day you were going to say, “Yeah, we will make you not gay. That’s what I
thought you were going to say." So it was so interesting. And you'll never know these baby counselors, how five years into my practice and how you have a profound effect on somebody.

**Dr. Filmore:** Well, you know that's interesting. I had an exact same experience with a counselor when I was trying to kind of turn things around in school. I was in Michigan going to a very conservative fundamentalist Christian school, because again, this was again tied to that identity of wanting to change and not be gay. So prior to going to UIC, I went to this conservative Christian school, and I'm intentionally not naming any school. But when I was there I was really struggling. And I went to the counseling center expecting that the counselor - because it was a Christian school - was going to tell me, “Well you just need to not give in to those thoughts.” And he looked at me and he said, “What's wrong with being gay?” And that changed my life. I looked and I said, “But you are a Christian counselor you are not supposed to say that.” And he said, “Where did you get that idea?” And it just literally changed my life to have him say that, absolutely.

**Dr. Daniel-Burke:** Okay. Your life has changed so drastically from being a child of trauma and abuse to sex trafficking to conversion or reparative therapy, how do you explain such a profound paradigm shift?

**Dr. Filmore:** One of the first things I did when I got out of prison in 2004 was get connected with a counselor and I went to them. And prior to that, I had never been in counselling in my life. I was 34 years old, just out of prison and was scared to death. I was scared that I was either going to relapse on drugs or something. And so I would be going to this counselor because I knew that there was a lot of anger, a lot of anger and that's very common to children of abuse, people of abuse, they have a lot of pent-up rage and anger. And often times it was that rage and anger that led me back into my addiction and everything else. And so I wanted to work on that.

And so I would see this counselor every single week for an entire year and that was the greatest experience of my life. And it was literally the thing that led me to become a counselor, was that year I had with this counselor. He was a heterosexual male. It was so many firsts for me. The first time I was able to – and I was 34 years old then, and it was the first time I was able to say I am gay and be okay with it. I was 34 years old and it was the first time that I had been in a relationship with a heterosexual man and I felt like this is somebody who cared about me and didn’t want anything from me. Because prior to that pretty much any and every male relationship I had ever had it was either based on sex or based on something else that they wanted from me. And so to be able to have this experience with a heterosexual man that was platonic and loving, it was everything that I had been looking for. And suddenly, I found confidence in this newness
in myself that I had never experienced before. And I really experienced a lot of freedom from some of that anger that had kept me bound my whole life.

**Dr. Daniel-Burke:** Probably ten years ago I became friends with somebody who had gone through reparative therapy twice, had married a woman twice, and was still gay and finally got married to the man he is with now and I was so happy for him. But I was thinking people around him weren’t happy for him. He was leaving the state of Louisiana. He was leaving all of this -- not that everybody in Louisiana is homophobic, but for him at that point there were a lot of homophobic people. And he was leaving Louisiana, he was leaving his parents, he was moving to San Francisco and he wanted to just be who he was. Because he had given this two tries and married two women telling both of them, “You know, I’m Christian, I want to be straight. I want to marry you and I want to love you and I want you to help me become and stay straight.” And these two women were like, “Yes, I will help you.”

So, anyway, that brings me to our next question because I think people do face a lot of others around them who are not going to accept some of their decisions. So what can counselors do to assist clients who are either considering conversion reparative therapy or those clients would have already undergone the process and are suffering as a result of those decisions?

**Dr. Filmore:** That’s a great question and I think it’s also a kind of a challenging tricky question, because one of the things you want to do is when you think about conversion or reparative therapy, most people fall within one of two camps - they are either for it or they are very, very much against it. And so depending on where you fall on that it’s going to really impact how – and if you are a person who is very, very much against it like I am, your knee-jerk reaction is going to be to say, “Oh, no, no, run away, run away quickly,” to your client. And it kind of goes against the tenet of counselling - and even though we know that this is probably one of the most horrible experiences that they can do to themselves, I think first and foremost what the counselors really need to do is to get to know the client and understand exactly, one: who is this client, what’s their foundational belief system because this desire is coming from some place and often times it’s coming from either their own beliefs or beliefs they have adopted from other people.

And so I think it really is about understanding your client and getting to know them and in many cases helping them to get to understand themselves and to know themselves. Take myself for instance, I knew I was gay, I have always known that I was gay since I was very, very young but I was always trying to live for other people because I knew that if I just got rid of this one thing, then they would love me. It’s bad enough I’m black
but now I’m gay. I can’t do anything about the color of my skin, but at least I can not be gay. If I can just get rid of that then they will love me. And so understanding your clients - the motivation behind the desire to change - is going to be really important.

And the second thing is and this is real important: Counselors need to be really able to provide that unconditional positive regard for their client. That more than anything, I think is going to going to create an intense paradigm shift, much like the story that you told of the client, and the similar story that I told when the counselor said, “Well, what’s wrong with being gay?” That’s not giving an opinion saying, “It’s okay to be gay.” It is saying, “Well, what’s wrong with?” What is it about your lifestyle has you so bound? And so I think that is really really powerful. And counseling is such an amazing profession, and we’re taught that our clients - our clients have their own answers. Oftentimes they are looking outside of themselves for permission to be who they are. And I think for a clinical professionals, we have to be able to be neutral in a way that says who you are is okay with me even if it’s not okay with you.

Dr. Daniel-Burke: When you were going through all of the changes throughout your life, tremendous changes, did you have a mentor or did you find a person that you looked to for inspiration?

Dr. Filmore: I think at different stages of my life I had different people. Right after getting out of prison, I had someone in my life who was very much a powerful mentor to me. And unfortunately that relationship completely tanked when I came to a place of understanding and said, “I’m gay and that’s okay.” Maybe this person had very very strong religious beliefs. I mean, prior to that, based on my history, I mean I had numerous numerous relapses on drug, numerous relapses into prostitution, but when I got to a place and I said, “You know what I’m happy with who I am,” that was too much for them. And I realized, at least for me, I realized in that moment that there was nothing unconditional about them. And that was really devastating to me to have this person whom I love very dearly in effect abandon me, because well, “I can be there for you if you relapse on drugs. I will be there for you if you relapse into prostitution, but if you have decided once and for all that you are gay, then I just can’t be there anymore.” So that was really hard.

Post that experience, all of my mentors, all of my supporters for the most part have come from the counseling profession. I mean I have grown to love my mentors and my counsel ed program. Going through my doctoral program changed me the most, I would say. It was probably the first time in my life I was surrounded by so many people who just couldn’t care less what the color of my skin was or who I went home to at night. All they cared about was me. And that was really, really powerful and I would say probably
the most profound supporter I have in my life is my husband. We have been together 11 years, and he knows me in and out. He knows about the drugs, he knows about the sex trafficking and the prostitution and he looks at me every day with nothing but love and that is the epitome of unconditional.

**Dr. Daniel-Burke:** That absolutely is. Do you think counseling as a profession is doing enough to combat this destructive practice of conversion reparative therapy?

**Dr. Filmore:** I think that's a tricky question. One, because clearly ACA has come out against it. The issue is, in my opinion - and I think it is more than just an opinion - is this: We have numerous counseling programs that are accredited, that are CACREP accredited, that have very strong religious mission statements that are anti-gay. To me that flies in the face of our code of ethics. And I understand ACA and CACREP’s hesitation, there’s politics involved there. And I get that, I get that. And so part of it is or may be that their hands are tied in a way that could be detrimental to the profession. Because at the end of the day, if you think about our code of ethics and what it says, technically, anyone who is practicing - we give them an out, we said, “Well, as long as you tell people this is experimental or there is no research that supports it you’re okay.” Well we pretty much give people free range to do whatever they want at that point. So I think my short answer is, “No, they are not,” but I understand some of the nuances behind it. And honestly, I don’t know what the answer is that doesn’t alienate a huge population of counselors.

**Dr. Burke:** Within the counseling profession and even more within the counselor-educator group of the counseling profession there are strong discussions that are had all the time, how do you feel when you see that? What does that do to you?

**Dr. Filmore:** Well, on some levels I appreciate people’s willingness to be able to share their truth. Anyone who knows me, knows that I’m really quick to share my truth, sometimes to other people’s chagrin.

**Dr. Daniel-Burke:** I like the way you share but the kind of polarization that is taking place amongst counseling groups and amongst counselor educators, why does the polarity keep increasing, like why can't we come closer together?

**Dr. Filmore:** Again, this is just my opinion, but I think that counseling is a microcosm of our society. And so you see people being pulled based on their politics or based on their value system. And society is becoming so polarized that it can't help but infect the profession. I think the challenge is that some people want to have honest, open, non-defensive conversations and discussions, but it’s hard. It's hard because you're talking
about something that makes people who they are, whether it’s their sexual orientation, or whether it’s their religious beliefs, whether it’s their value system, those are integral parts of an individual. And so how do you have a conversation and look someone in the eye or look someone in the text message or the email and say, “Who you are is not right.”

**Dr. Burke:** That’s right.

**Dr. Filmore:** It happens on both sides and so it’s not one sided. It happens on both sides. And so it’s really, really difficult to talk about these issues without passion, without anger, because they are personal. You are touching on people’s woundedness, their profound woundedness, and that’s when you see the flare ups when you pluck the right string.

**Dr. Daniel-Burke:** I agree. Tell me, are you familiar with the Eastern Michigan case?

**Dr. Filmore:** Absolutely, I think we all are familiar with it.

**Dr. Daniel-Burke:** Could you talk a little about it and your thoughts about it. And particularly, to me the bottom line is it’s about the client, it’s not about me, it’s about the client. But say a few words about that and your thoughts about it.

**Dr. Filmore:** I think the end result was the right thing. My concern, I think with that whole experience, was how did that client got to a practicum or internship without them knowing this. And I think it’s easy for me to ask that question and I’m not there and I’m outside and I guess I can see how it can happen. But part of me says, “Oh, I don’t know.” A student can go through two years of your program and you never have been challenged about this, at no point? That I think is the bigger question. And again, I’m speaking from the outside, so I mean take that with a grain of salt. Ultimately, I think that what happened was the right thing. But I do feel badly for the student because she got through so far into the program right through to the end. And I think that if there had been more intentionality and I think that’s a great word. If there has been more intentionality and we either in the admission process or in the early on experiences of student there’s an opportunity to weed that out.

And again, I share - I have a student in one of my classes who has very, very strong religious beliefs but he is under no misconception about his needing to be able to separate himself from what he believes from working with the clients. If he has gay, lesbian, transsexual, bisexual clients, I know that he can and he will be able to work with them. I think more to the point, it was specifically about this one topic or this one population of people. And I think the issue was the young woman said “Well it goes against my religious beliefs.” But at no point in time did she have any issues working
with someone who is divorced or someone who is single and had children out of wedlock or somebody who had an abortion. None of those things were an issue. It was only people who had same sex attraction. And so then, you have to question, “Is this really about your religious beliefs?” And if it is, for lack of a better term, is it bigoted? Because either you believe or you don’t, and if you believe, then all of those things should come into play, and they didn’t.

Dr. Daniel-Burke: And the truth is it’s not about me it’s about the client. It’s not about what I believe, it's about the client.

Dr. Filmore: I am a gay black man. I promise you, I promise you, I can work with clients who are racist; I can work with clients who are anti-gay. I work with sex offenders, one of my favorite populations to work with. Not because I believe in what they do and that I approve of it. Absolutely not, but I know everyone is a human being and I’m able to separate their actions from who they are. I'm able to see their humanity. And I think that’s what counseling is about. Counseling is about being able to look at the individual across the table from you and see their humanity and help them see their humanity.

Dr. Daniel-Burke: Absolutely. Okay, well this has been fascinating. I have one more question for you and that is: ACA now has over 55,000 members, most of whom are clinicians, is there anything I have not asked you that you want our members to know?

Dr. Filmore: Well, I think that you pretty much asked me everything I can think of in the moment. I would like for those that listen to this to really think about who they are as a counselor, as a clinical professional, and how comfortable are they with working with a client who identifies as LGBT. And I don’t just mean the fact that they are gay, but can you have conversations - if your client comes in and wants to talk about their sex life, are you comfortable? If they come in and they want to talk about intimate details, are you comfortable? And the thing maybe, you may not be comfortable talking about sex with anyone and that’s a whole another topic for a whole another person.

But at this point there aren’t a lot of programs, as a matter of fact there is very few programs you can go to and get specialized training in working with LGBT population. And so, it’s important for clinical professionals to be intentional about reaching out to individuals because we have a lot of really amazing counseling professionals and counselor educators in ACA who are experts in working with sexual minorities. And so, if you go to the American Counseling Association Conferences you're going to be able to interact with individuals who go to sessions and you are going to get very, very good training, very specialized sessions about issues that are relevant to this population.
We are seeing this huge paradigm shift and in terms of the way that society sees this population. And because of that, because of such a positive paradigm shift, you are going to get to a place in your practice where you are almost guaranteed to work with clients who identify as LGBTQ. And so it behooves you to be intentional about learning as much as you can, because while a lot of the issues are very similar they have some very specialized issues that just aren’t. I mean when you think about marriage, you think about adoption, you think about same-sex families having children, there are issues, that can and do happen within that paradigm that are very specific to that population of heterosexual couples and families just don’t experience. And so it’s important. It's important to be intentional about developing the skills that you need to work with a population that you are almost guaranteed to experience.

**Dr. Daniel-Burke:** Absolutely. I want to want to thank you so much Dr. Joel Marc Filmore, for joining us today to discuss reparative therapy, sex trafficking and so many other important topics. Is there any last word you want to say?

**Dr. Filmore:** I just want to thank you, Rebecca and the American Counseling Association, for this opportunity to just create a platform to get this message out there and hopefully have people talking about it. Because I mean, let's face it, it's not on your radar it’s not on your radar. And so, this was a really amazing and unique opportunity and thank you so much.

**Dr. Daniel-Burke:** Thank you.

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