

To Whom It May Concern,

The undersigned mental health advocate groups are pleased to support legislation protecting youth under the age of 18 from ineffective and dangerous sexual orientation change efforts (“SOCE”).

As organizations of mental health professionals, this bill is particularly important to us. We are deeply troubled that licensed mental health providers, many of whom are bound by a duty to “first, do no harm”,¹ are still engaged in these practices long after every major medical and mental health organization has warned that they are ineffective and potentially harmful.²

SOCE, also known as “reparative” or “conversion” therapy, are practices by mental health providers that seek to change an individual’s sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions and/or feelings toward individuals of the same sex. SOCE do not include psychotherapies that aim to provide acceptance, support, and understanding of clients or the facilitation of clients’ coping, social support, and identity exploration and development including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor do SOCE include counseling for a person seeking to transition from one gender to another.

There is virtually no credible evidence that any type of psychotherapy can change a person’s sexual orientation, gender identity or expression, and, in fact, conversion efforts pose critical health risks to lesbian, gay, bisexual, and transgender people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and suicidality.³ Nearly all the nation’s leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Psychoanalytic Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion efforts and issued cautionary position statements on the utilization of these practices.

As mental health advocates, we know that sexual and gender minorities seeking therapy can benefit from interventions that “reduce and counter internalized stigma, and increase active coping.”⁴ We are concerned that SOCE have been documented to do exactly the opposite by increasing internalized stigma and potentially resulting in numerous negative side effects.⁵ Additionally, some treatment programs using SOCE may provide inaccurate scientific information on sexual orientation and/or gender identity, and may be fear-based, again with the potential to increase distress in treatment participants.⁶ Moreover, SOCE are scientifically flawed as they are based on the notion that homosexuality is not a normal sexual expression.

¹ AMERICAN PSYCHOLOGICAL ASSOCIATION, *Just the Facts About: Sexual Orientation and Youth* 7 (2008), available at <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf> [hereinafter *Just the Facts*].

² See, e.g., American Psychological Association, *Committee on Psychotherapy by Psychiatrists (COPP) Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)* (2000), <http://www.aglp.org/pages/position.html#Anchor-55000> (last visited Mar. 24, 2014).

³ American Psychological Association, *REPORT OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION TASK FORCE ON APPROPRIATE THERAPEUTIC RESPONSES TO SEXUAL ORIENTATION* 50 (Aug. 2009), available at <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf> [hereinafter *APA REPORT*].

⁴ *APA REPORT*, *supra* note 3, at 2.

⁵ See *APA REPORT*, *supra* note 3, at 4.

⁶ See *APA REPORT*, *supra* note 3, at 4.

The American Psychological Association recommends that counseling around sexual orientation or gender identity follows the framework of an “affirmative therapeutic intervention.”⁷ This approach means that the therapist addresses the stress-inducing stigma experienced by sexual and gender minorities with interventions designed to reduce that stress, including helping the client “overcome negative attitudes about themselves.”⁸ SOCE reinforce negative attitudes about sexual minority status and has been shown to increase stress by reaffirming stigma.⁹

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors. Additionally, many state laws already prohibit certain types of controversial psychological therapies, including psychosurgery and experimental treatments or behavior modification programs that involve aversive stimuli or deprivation of rights.

This legislation prevents licensed mental health providers in states across the country from practicing SOCE with a patient under 18 years of age. As mental health advocates, we believe this is a critical issue that warrants specific legislative intervention. This bill will curb harmful practices that have documented iatrogenic effects and will thus help ensure the overall health and safety of LGBT youth. Thank you for your support.

Sincerely,

A Home Within

American Association for Marriage and Family Therapy, California Division

American Group Psychotherapy Association

American Mental Health Counselors Association

American Psychoanalytic Association

Aniz, Inc.

Bazelon Center for Mental Health Law

Child and Adolescent Gender Center

Gaylesta: The LGBTQ Psychotherapy Association

GLMA: Health Professionals Advancing LGBT Equality

Mental Health America

National Association for Children’s Behavioral Health

National Association of School Psychologists

National Coalition for Mental Health Recovery

No Health without Mental Health

The Trevor Project

⁷ APA REPORT, *supra* note 3, at 13-14, 24.

⁸ APA REPORT, *supra* note 3, at 13.

⁹ See APA REPORT, *supra* note 3, at 50.

Witness Justice

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