



February 9, 2015

The Honorable Mitch Greenlick
Chair, The Oregon House Health Care Committee
900 Court St. NE H-493
Salem, Oregon 97301

Re: Support for HB 2307, (2015 Regular Session)

Dear Chairman Greenlick:

The American Counseling Association (ACA) is pleased to support Oregon bill HB 2307, which prohibits mental health care professionals from providing any service to persons under 18 years of age for the purpose of attempting to change sexual orientation. As a professional association of over 55,000 members, ACA has adopted a position opposing the promotion of “reparative therapy” as a “cure” for individuals who are homosexual.

HB 2307 would prevent licensed mental health providers in Oregon from performing conversion efforts with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The bill will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the overall health and safety of LGBTQ youth. We thank you for introducing this important legislation. There is no credible evidence that any type of psychotherapy can change a person’s sexual orientation, gender identity or expression, and, in fact, conversion efforts poses critical health risks to lesbian, gay, bisexual, and transgender people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and suicidality.

Research shows that LGB youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.¹ Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.² Young people who experience family rejection based on their sexual orientation, such as being exposed to conversion efforts, face especially serious health risks. Research reveals that lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.³ 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.

Conversion efforts, sometimes referred to as sexual orientation change efforts or so-called “reparative therapy,” are practices by mental health providers that seek to change an individual’s sexual orientation, gender identity or expression. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions and/or feelings toward individuals of the same sex. Conversion efforts 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 conversion efforts include counseling for a person seeking to transition from one gender to another.

The word “therapy” should really not be used when talking about sexual orientation change efforts. “Therapy” is a clinical word and refers to a mental health intervention. “Reparative therapy” is not a mental health intervention since it does not address the diagnosis of a mental disorder. The mental health field has concluded that same-sex attraction is not a deficit and therefore homosexuality is not categorized as a psychiatric disorder in the Diagnostic and Statistical Manual (DSM).

It might be noted that heterosexuality is also not listed in the DSM as a mental disorder and that there are no interventions to change heterosexuals to homosexuals. Rather than being related to mental health, sexual orientation change efforts are religious in nature. The APA report points out that virtually all sexual orientation change efforts have been on white men from a conservative Christian background. Therefore mental health clinicians are venturing outside the appropriate boundaries of their scope of practice if they attempt to change a client’s sexual orientation.

1. 2011 CDC, “Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12.”
2. Arnold H. Grossman & Anthony R. D’Augelli, *Transgender Youth and Life-Threatening Behaviors*,
3. 7(5) SUICIDE LIFE THREAT BEHAV. 527 (2007).

A handwritten signature in black ink that reads "Richard Yep". The signature is written in a cursive, flowing style.

Richard Yep, CAE, FASAE
Chief Executive Officer
The American Counseling Association