

Submitter: Ed Diehl
On Behalf Of: Anonymous 3
Committee: House Committee On Behavioral Health and Health Care
Measure: HB2458

I am an LPC and have practiced in Oregon under that license for 15 years. I have worked in the mental health field and in agencies in Oregon since 1996.

I don't believe that the traditional form of conversion therapy that many people think of is practiced in Oregon except for in very rare cases. I do not support this traditional type of conversion therapy and believe that sexual identity is not something that can be changed. However, currently gender self-identification has been associated with conversion therapy, and mental health therapists are put in a position to only affirm this identity out of fear of running up against this rule.

I practiced affirmative therapy with a client of mine, partly out of fear of being vulnerable to this perception of "conversion therapy." When she was 21 she decided to move forward with both cross sex hormones and a double mastectomy. Initially she presented as happy with this. However within 2 years she felt she made a horrible mistake, and she had not addressed trauma that was a major contributor to her initial desire to transition. She lives with those choices she made that will continue to cause lifelong consequences. I live with the knowledge that I contributed to her current circumstances. If I had listened to my professional instincts and guided her through her distress the way I do with any other mental health issue she likely would be a healthy, lesbian woman today. How many more young people will go through this? She made this choice as an "adult."

I don't believe mental health providers can give proper, ethical care to patients if we are afraid to lose our livelihood just for doing what we have always done, and what we believe to be right.

What we need to be able to practice is exploratory therapy, examining causes of depression, anxiety and suicidal ideation that often have causes unrelated to gender dysphoria. We need to be able to gently challenge thought processes that explore gender roles and not just focus on one. We need to be able to explore social experiences and interactions due to the possibility of social contagion that is not just present in adolescents. The physical and emotional damage that can be done to an individual is significant if these themes are not properly and thoroughly explored prior to any chemical or medical transition as evidenced by my previous example. I have worked with a handful of others, most of whom are in the LGBTQ community, that have chosen to desist as they processed their mental health issues.

I also believe that affirmative therapy is most damaging to young gay and lesbian individuals. By not allowing them to explore their attractions from the perspective of

their biological sex it negatively affects their ability to lead a healthy lifestyle and accept that they may be female with strong male traits or a male with strong feminine traits. Again, the way this bill is currently written, including gender identity, it prevents proper exploration of gender identity and co-occurring mental health disorders that may be contributing to their current identity.

For all these reasons, I strongly oppose HB2458, and support proper mental health care for Oregonians, especially our LGBTQ community.