

TO: Members of the Committee on Health Care & Wellness

February 7, 2018

Washington State House of Representatives

FROM: The Washington State Psychological Association

Re: SB 5722, relating to the practice of conversion therapy

The Washington State Psychological Association (WSPA) represents psychologists engaged in research, teaching and practice of psychological theory and systems of practice. WSPA again supports legislation, which would amend RCW 18.130 and make the practice of conversion therapy for children under the age of 18 an act of unprofessional conduct.

In addition to providing today's testimony, WSPA is also re-introducing written testimony provided by Dr. Douglas Haldeman in 2013, the first year this legislation was introduced in the Washington State Legislature. Dr. Haldeman is a licensed psychologist who maintained a clinical practice in Seattle for thirty years, and documented in testimony his treatment of hundreds of clients attempting to recover from the adverse effects of conversion treatments.

As has been reported many times, both WSPA and the American Psychological Association (APA) along with every professional association in the fields of Psychology, Psychiatry, and Social Work as well as the Academy of Pediatrics and other health care associations nationwide oppose the practice of conversion techniques. Additionally, in 2015 the Substance Abuse & Mental Health Services Administration (SAMHSA) published the report, *Ending Conversion Therapy: Supporting & Confirming LGBTQ Youth*. It's conclusion: **"Specifically, conversion therapy – efforts to change an individual's sexual orientation, gender identity, or gender expression – is a practice that is not supported by credible evidence and has been disavowed by behavioral experts and associations."** WSPA concurs with the conclusion reached by SAMHSA that conversion techniques can put children and adolescents at serious risk of both bodily and emotional harm (SAMHSA executive summary, 2015. P.1. <https://store.samhsa.gov/shin/content/SMA15-4928/SMA15-4928.pdf>.)

It is a misnomer to refer to conversion techniques as real therapy because they are based on a *priori* beliefs that LGBTQ lifestyles are bad and not a normal part of the spectrum of gender expression or identity. A technique or therapy which, by it's very name, defines a specific treatment outcome such as gender conformity is coercive and not an appropriate mental health treatment (American Psychiatric Association, 2013; American Psychological Association, 2010; National Association of Social Workers, 2008.) The presumptive goal of these techniques is "conversion" of the client.

All children grow through similar developmental processes including development of gender identity and sexual orientation. LGBTQ children and adolescents, however, carry the additional burden of feeling marginalized, may lack family and community support or acceptance, and are at increased risk of developing mental health disorders including depression, anxiety, substance abuse and higher likelihood of suicidal ideation. Children and adolescents experiencing gender dysphoria – defined in the Diagnostic & Statistical Manual of Mental Disorders, Vol 5 (DSM-5) as "Distress that may accompany the incongruence

between one's experience or expressed gender and one's assigned gender" – may feel even more alienation and distress.

The APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) recommends that all therapies for children and adolescents expressing gender orientation and/or identity distress include a comprehensive clinical evaluation, developmentally appropriate therapies, accurate information, identification of sources of distress, efforts to increase family support, and provision of appropriate and effective information to clients, families, schools and communities.

([file:///Users/lucyhomans/Downloads/APA 2009 Appropriate%20Therapeutic%20Responses%20to%20SO%20\(1\).pdf](file:///Users/lucyhomans/Downloads/APA%202009%20Appropriate%20Therapeutic%20Responses%20to%20SO%20(1).pdf).)

WSPA is concerned about the veracity of print materials sent to members of this Committee and would like to address the most egregious statements offered in them. Overall, these comments suffer from the twin errors of omission and lack of accurate context. For example, it is simply not true that the effects of childhood sexual abuse can be treated if the effects are heterosexual but not if they are homosexual. The quotes from the *APA Handbook of Sexuality and Psychology* here and throughout these documents are simply lifted out of context and bear no relevance to what is actually in the Handbook. A link to the entire Handbook is provided, above.

The notion that there is a "recent epidemic of troubled adolescents, especially girls, many of whom have autism spectrum disorders who are flooding sex change clinics..." is based on one unreplicated study with inadequate data on which to support any conclusions at all. To suggest that adolescent girls diagnosed with neurodevelopmental disorders such as autism are "flooding sex change clinics" is dangerously inaccurate.

To be clear, sexual identity is not a disorder. The notion that the APA would establish what a mental disorder is or is not is patently incorrect, even though the "Dear Legislator" letter attributes this to the aforementioned Handbook of Sexuality and Psychology. The DSM-5 is the authority for determination of disorders and diagnoses (second bullet point in letter).

The SAMHSA report includes a Statement of Professional Consensus from the APA, the American Psychiatric Association and the National Association of Social Workers, based on their respective codes of ethics:

"Behavioral health professionals respect human dignity and rights. The foundational ethical principle of "self-determination" requires that children and adolescents be supported in their right to explore, define and articulate their own identity. The principles of "justice" and "beneficence" and "nonmaleficence" require that all children and adolescents have access to behavioral health treatments that will promote their health and welfare. Children and adolescents have the right to participate in decisions that affect their treatment and future. Behavioral health professionals respect human diversity and strive to incorporate multicultural awareness in their work." (SAMHSA report 2015. P. 11).

WSPA believes that notwithstanding the passage of marriage equality and other laws supporting acceptance of LGBTQ individuals, devaluation and punishment still occurs. We see this online, in schools, in our neighborhoods and in our psychology practices. This sort of devaluation may lead many families to think that an aversive practice like conversion is a necessary option. It is not. WSPA urges passage this year

of SB 5722. For additional information or questions, please contact WSPA's Director of Professional Affairs, Dr. Lucy Homans at [lucy.homans@gmail.com](mailto:lucy.homans@gmail.com). Thank you.