

Submitter: Julie Reimann

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2458

I am a therapist with 23 years' of experience, 15 of which was in university settings working with adolescents. Exploratory therapy models have been the standard model of care within the mental health professions. These models are routinely applied across a wide range of presenting concerns and they are evidence-based care. Within an exploratory model (examples include cognitive behavioral therapy, dialectical behavior therapy, emotionally focused therapy, acceptance and commitment therapy, EMDR, and ego state therapy), clinicians use curiosity, collaboration, and positive regard--these are the foundation of most therapeutic models. There is no evidence to suggest that exploratory therapy is contraindicated with topics related to gender or sexuality, and yet currently, clinicians are discouraged from using anything outside of an "affirmative" model. Because of well-intentioned laws such as HB2458 which define conversion therapy quite broadly--too broadly--some clinicians fear censure by licensing boards if they use the same exploratory model of therapy that they would use without question when working with a wide range of other concerns. Within an exploratory model, clinicians consider information about how identity and developmental stages intersect, as well as the impact of biopsychosocial factors in a patient's life. There is no assumed correct outcome, as the therapist works with the patient to find the best course to meet that individual's short-term and long-term needs. The patient retains autonomy in decision-making. This is not conversion therapy.

Currently, many experienced mental health clinicians abstain from seeing patients with gender-related concerns in their practices due to the rigid expectations of the "gender affirming" model of mental health care. Many clinicians are afraid of being accused of performing "conversion therapy" if they take a neutral, exploratory approach with their patients. Even if they successfully defend their licenses against such claims, in some states such inquiries will always show up on searches related to their licenses, malpractice insurance premiums will likely increase, and sleep will be lost. As a result of laws such as the one proposed by HB 2458, many therapists (and other health providers) opt out of treating these patients in a time when there is a particularly high demand for mental health care, particularly for adolescents. This deepens the already problematic shortage of mental healthcare providers facing our country. Patients are desperate to find care, and parents of adolescents are swimming in deep waters trying to find evidence-based care for their children and families. Please vote no on HB2458.