

**Submitter:** Melissa Chernaik, Licensed Professional Counselor

**Committee:** House Committee on Behavioral Health and Health Care

**Measure:** HB 2458, in Support

Chair Nosse and Members of the Committee:

**As a Licensed Professional Counselor who specializes in working with LGBTQIA+ Oregonians, I write in strong support of HB 2458.**

In my five-plus years of private practice, I have witnessed firsthand the damage to people's mental health that happens when *any* part of their identity is denied, shamed, or invalidated by another person. This is, in fact, one of the most common roots of both mental health and addiction—the learned belief through trauma or abuse that, “How I am is wrong.”

The damage done by these messages stays with people for our entire lives, until we undo those harmful beliefs and learn to embrace who we are. That's where counselors and therapists come in; to help our clients move toward a more balanced, healthy and compassionate view of themselves and others—which is good for them, good for their families, and good for our communities.

But imagine if, as a client vulnerably seeks help, they go into a therapist's office and are told that yes, who they are in fact not okay. Unlovable. Not good enough. “But don't worry, I can fix you.” Outrageous, no?

And yet we allow practitioners of conversion “therapy” to do just that. Instead of helping a client explore and reconcile aspects of their queer identity with religious beliefs—*conversion therapy zealots instead impose their own agenda, delivering a message to vulnerable clients that says, “I agree that it is not okay to be who you are. You are broken and need to be fixed.”*

For this reason, **conversion therapy is widely regarded among mental health professionals—and our professional associations—as unethical, ineffective, and harmful.** In 2013, the American Counseling Association concluded that, “Research does not support conversion therapy as an effective treatment modality” and “There is potential for harm when clients participate in conversion therapy. Results of studies indicate that there are clients who enter this type of treatment and then report that they function more poorly than when they entered”

(<https://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>).

Experience tells me that many of my LGBTQIA+ clients arrive in therapy having internalized anti-queer bias and even self-loathing; to meet that vulnerability with an agenda of changing their sexual orientation or gender identity is unconscionable, and deeply retraumatizing. **I applaud this committee for taking steps to ban conversion therapy.**

Melissa Chernaik, LPC