Testimony on Oregon House Bill 2458

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Family Research Council opposes counseling bans like Oregon's H.B. 2458. As more and more Americans are grappling with confusion and distress related to same-sex attraction and gender dysphoria, the therapy they need is being outlawed. Counseling bans like H.B. 2458 harm individuals with unwanted same-sex attraction or gender dysphoria by restricting how licensed mental health care professionals can counsel them and by imposing penalties on those professionals in the event that they fail to comply. Further, counseling bans restrict mental health care professionals and patients from engaging in therapy consistent with their sincerely-held religious beliefs and worldview.

Most counseling bans pertain to both sexual orientation and gender identity, mandating that mental health care professionals use a "gender-affirming" model of care with their clients. The use of this language outlaws any form of therapy that doesn't affirm one's self-prescribed sexuality.

Counseling bans currently restrict the rights of mental health professionals and patients alike. Bans are also in violation of some professions' code of ethics and are inconsistent with responses to treatment modalities that clearly lack good evidence to support their use.

Here's an example of one mental health profession's code of ethics. **The National Association for Social Workers** code requires its affiliates to abide by the following:

> **1.02 Self-Determination**
>
> Social workers **respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.** Social workers may limit clients' right to self-

> determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.[1]

1. We know that those who identify as LGBT have high rates of adverse childhood events,[2] including sexual abuse.[3] If a client determines that they want to explore possible reasons for same-sex attraction, a counseling ban would prohibit the mental health provider from adhering to their professional code in Section 1.02. The provider would be forced to comply with an affirmative stance and ignore the client's wishes. No language could be used in a clinical session that could even infer the possibility that there could be underlying issues responsible for sexual attraction or gender identities. This ban would truly eliminate any idea that counseling could be an open and safe space to discuss anything the client wishes.

2. There are currently-used clinical treatments for other psychological diagnoses, such as posttraumatic stress disorder, that have substantial scientific evidence demonstrating they are ***actually*** harmful – yet these have ***not drawn any attention*** from those who claim to be concerned about "harm" (unlike H.B. 2458). For example, Critical Incident Stress Debriefing (CISD) has been used to treat traumatic stress, but there is much research showing it can be harmful to those who have experienced a recent trauma.[4] Despite longstanding evidence (dating from the early 2000s) demonstrating that this treatment can be harmful to trauma survivors, it has not been banned, nor have there been any attempts to ban this practice at the federal or state level. Moreover, no lobbying efforts have pushed to ban this practice, and clients are still free to choose this treatment modality.

Meanwhile, there is evidence that the gender-affirming practices H.B. 2458 would mandate are harmful and that change efforts[5] can reduce suicidality.[6]

Rather than bills like H.B. 2458, counseling protection acts must be enacted to ensure freedom and autonomy for both mental health professionals and patients. The alternative might be a country in which struggling minors are denied proper care because of their personal beliefs and goals.

[1] *Code of Ethics* (National Association for Social Workers, 2021).

[2] John R. Blosnich and Judith P. Andersen, "Thursday's child: the role of adverse childhood experiences in explaining mental health disparities among lesbian, gay, and bisexual U.S. adults," *Social Psychiatry and Psychiatric Epidemiology* 50, no. 2 (2015): 335-38, accessed July 20, 2021, https://pubmed.ncbi.nlm.nih.gov/25367679/.

[3] Ilan H. Meyer, Bianca D.M. Wilson, and Kathryn O'Neill, "LGBTQ People in the US: Select Findings from the Generations and TransPop Studies," UCLA School of Law – Williams Institute, June 2021, https://williamsinstitute.law.ucla.edu/wp-content/uploads/Generations-TransPop-Toplines-Jun-2021.pdf.

[4] "Critical Incident Stress Debriefing: Helpful, Harmful, or Neither?" *Journal of Emergency Nursing* 45, no. 6 (2019): 611-612, accessed May 2, 2022, https://www.jenonline.org/article/S0099-1767(19)30453-2/fulltext.

[5] Donald Sullins, "Sexual Orientation Change Efforts (SOCE) Reduce Suicide: Correcting a False Research Narrative," The Catholic University of America; The Ruth Institute, December 8, 2020, accessed May 2, 2022, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3729353.

[6] D. Paul Sullins, "Absence of Behavioral Harm Following Non-efficacious Sexual Orientation Change Efforts: A Retrospective Study of United States Sexual Minority Adults, 2016–2018," *Frontiers in Psychology*, February 2, 2022, accessed May 2, 2022, https://www.frontiersin.org/articles/10.3389/fpsyg.2022.823647/full.