North Carolina Society for Clinical Social Work

ADVOCACY - EDUCATION - SUPPORT

Dear Representative,

We are writing as mental health professionals of North Carolina to share our support for HB516/S426, the legislation that bans so-called conversion or reparative therapies and our repudiation of these supposed therapies provided to those who identify as gay, lesbian, bisexual, transgender or questioning (LGBTQ) in an attempt to change a person's sexual orientation or gender identity. Our role as mental health professionals is to treat mental illness, to improve the lives of those we serve and to not worsen or exacerbate the conditions we seek to treat. We train and use treatments that are evidence-based and studied to be effective in providing relief and remediation to people in pain.

According to the Williams Institute of the UCLA Law School in a January 2018 Executive Summary, "20,000 LGBT youth (ages 13-17) will receive conversion therapy from a licensed healthcare professional before they reach 18, in 41 states." In addition, they found "6,000 LGBT youth (ages 13-17) who live in states that ban conversion therapy would have received such therapy from a licensed health care professional before age 18 if their state had not banned the practice."

We regard approaches that endeavor to treat LGBT children and adults by changing their sexual orientation or gender identity, to be not only unethical, unprofessional and ineffective, but given our position of power in the lives of those we serve, to be potentially irreparably damaging and detrimental. This understanding is predicated on the following:

- Homosexuality is not a diagnosis in Diagnostic and Statistical Manual (DSM), and therefore does not require treatment. Efforts to change sexual orientation are religiously driven to address a moral assessment, not a medical treatment for a diagnosable condition.

- While Gender Dysphoria is a diagnosable condition according to the DSM, there is no evidence-based or proven clinical treatment that can change a person's gender identity. Gender dysphoria is the result of discord and dissonance between the person's gender identity and the gender they were assigned at birth. Experience and research have shown that effective treatment is aimed at helping the person to achieve congruence between their experienced gender identity and their gender expression and physical and emotional presentation. There is no evidence that methods that try to make a person's gender identity align with the gender they were assigned at birth, are effective. In fact, they have been shown to increase dysphoria and distress significantly (WPATH Guidelines).

- Mental health professionals are trained and required to use treatment approaches that have been proven to be effective. There is no evidence based or research proven treatment that has been developed that can change a person's gender identity or sexual orientation. As a result, professionals cannot be trained nor ethically use these unproven methods. Others, outside the medical or mental health arena, that claim to have methods to change a person's sexual

orientation and gender identity, are doing so without proper understanding of gender and sexuality, including an understanding of the distinction between changing behavior and changing identity, and are therefore making claims fraudulently and opportunistically.

- Medical and mental health Associations and Organizations have stated positions that prohibit the use of reparative or conversion approaches to work with people who are LGBT, and have made it unethical to do so in their codes of ethics.

- Research has shown the traumatic impact of shame and rejection on those who identify as LGBT. One study showed that LGBT young adults who experienced family rejection in adolescence were 8.4 times more likely to report attempting suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers who reported coming from families where there was no or low levels of rejection (Caitlin Ryan, et al., 2009).

- Children are our most vulnerable, because they lack the power, resources and developmental capacity to refuse the authority of the adults and have agency cover their lives. Mental health providers must be cognizant and sensitive to their unique position and role in either mitigating parental rejection and shame, or in contrast reinforcing these damaging messages, thus exacerbating attachment trauma prevalent in this vulnerable population. We know from research that this type of trauma can shape behavioral and mental health outcomes throughout the person's life.

- Finally, we see it as an abuse of power and malpractice for mental health providers to use conversion or reparative therapy approaches, since they are coercive and impose the providers values on clients, run counter to medical and treatment standards and efficacy, violate professional ethics, ignore research demonstrating the traumatic effects of this intervention and represent emotional and sometimes physical abuse to adults, and especially children.

In summary, we ardently endorse legislation that bans the use of conversion and reparative therapies by mental health professionals in the state of NC. We welcome the opportunity to further share our clinical insights, to support a greater understanding of the importance of this legislation to the health and wellbeing of LGBT North Carolinian adults, children and their families.

Respectfully,

Michelle Topal, MSW, LCSW
Advocacy Chair, NC Society for Clinical Social Work
Change for Living Counseling PLLC

Matt Kreiner, MSW, LCSWA, CSAT-C

Hayden Dawes, MSW, LCSW, LCASA

Dorothy Blake, MSW, LCSWA

Joanna Fullmer, MSW, LCSW

Bree Kalb, MSW, LCSW

Kimberly Jeffs, MA, LPCS, SEP

Brittney Asch, MSW, LCSW, LCASA

Laurie M. Conaty, MSW, LCSW, LCAS

Jessica Jeremiah, MSW, LCSW, LCAS

Christie Smith, MSW, LCSW

Semra Kecelioglu, MSW, LCSW

Amy Markin, MSW, LCSW

Barbara Marotto, MSW, LCSW, LCAS

Celia Hartnett, MSW, LCSW

Rob Reinhardt, M.Ed., LPCS

Anita Schimizzi, PhD

Gary S. Grubb, LCSW, MD, MPH

Rev. Amanda Lee Morris, MSW, LCSW

Jessica Kasinoff, MSW, LCSW, SEP

Eileen Cleary, MA, LPC, SEP

Elizabeth Liepold, MSW, LCSW

Katherine Prakken, PhD

Elizabeth Lansing, MSW, LCSWA

Toni Georgiana, MSW, LCSW

Sandi Gray-Terry, MSW, LCSW

Tim Martin, MSW, LCSWA, CSAT-C

Susan Gale Orovitz, PhD, CGP

Kathy Mock, MSW, LCSW

Jessica Massey, MA, LCSW

Miriam Lieberman, MA, LPCS, HTCP

Mary K. Grigsby, MEd, LPC, EEM-AP

Melanie Roskin, MSW, LCSW

Jeanne M. Steffen, PhD.

Terrie Baker, MS, MSW, LCSW

Amy Leach, MSW, LCSW

Pat Webster, Ph.D.

Elizabeth Dondero, MSW, LCSW

Nicole Rider, MSW, LCSW

Donna Bartlett, MSW, LCSW, LCAS

Rebecca Abbott Kelley, MSW, LCSW

Heather McKenzie, MS, LPCS

Justin Kretzschmar, MSW, LCSW, LCASA

Andrea Shapiro, MSW, LCSW

Natalie J Dunn, MSW, LCSW

Elisa Ford, MSW, LCSW

Julia Corley, LPC-A, NCC, SEP

Mary Beth Tobin, MSW, LCSW

Aimee Vandemark, MSW, LCSW

Patricia M. Key, MSW, LCSW, ACSW

Amanda Eaves, MSW, LCSW

Stephanie Nilsen, PhD

Rajiv Soni Jr., MSW, LCSWA

Tiffany Ashe, MPH, MSW, LCSW

Alice Drozdiak, MSPH, MSW, LCSWA

Bohdan Hrynewych, MSW, LCSW

Kristin B. Webb, PsyD

Elisa Klein, MSW, MPH, LCSW

Catherine Atchison, LCSW, ACSW

Debbie Hill, MSW, LCSW

John Fleming, MSW, LCSW

S. Bennett Kirkpatrick, MA, LPC, CEDS

Ashley Trice, MSW, LCSW

Elizabeth Kunreuther, LCSW, LCAS

Terri Gallant, MSW, LCSW

Heather R. Ferreira, MSW, LCSW

Ronald G. Begley, MSW, LCSW

Matt Case, LPC

Linda Chupkowski, MSW, LCSW

Leon Monroe, MSW, LCSW

Verena Socolar, PhD, PMHNP-BC

Liza Sagor, MSW, LCSW

Rabbi Jonathan Gerard, DMin

Holly Rae Culton, LPA

Jennifer Begun, MSW, LCSW, LCAS

Dan Perry, LPC

Clare Brown, LPC

Lili Sznaidman, MS, LPCS

Joanna deSupinski, PsyD

Jennifer C. Franklin, PhD

Rachel Clark, MSW, LCSW, LCAS

Katie Brader, LMFT, LPC

Irene Lazarus, PhD, LMFT

Lisa Stevens, MSW, LCSWA

Wendy Kadens, MSW, LCSW

Kathy Likens, MSW, LCSW

Eva Miller MPS, ATR, LPC

Susan Dawson, MSW, LCSW

Merideth Tomlinson, PhD

Debra A Parker, MSW, LCSW

Jenny Tilford MSSW, LCSW

Sophia Davis, AM, LCSWA

Kristin Wade, MS, LMFT

Miki Jaeger, MSW, LCSW

Laura Brightwood, M-Div, LCSW

Jane B. Finch, MSSW, LCSW

Barb Gau, MSW, LCSW

Louise Hudak, MSW, LCSW

Christie Laramore, MS, LPC

Alyssa Draffin, LCSW, CCTP

Deni White, MSW, LCSW

Martha L. Diehl, MSW, LCSW

Janet Mittman, Ed.D, LPC

Adia Smith, MSW, LCSWA

Heather Langan, MA, LPCS, CSAT, SEP

Jennifer Perkinson Walker, LPCS

Amanda Seavey, Ph.D.

Qin Hu, Ph.D.

Shelley Gilmore, MSW, LCSW

Laura Ellington, MSW, LCSW

Angela Annas, MSW, MEd., LCSW

Deborah Klinger, MA, LMFT, CEDS-S

Kate Gotelli, MSW, LCSW, SEP

Jo-Anne V. Ludwig, MA, LPCS, LCAS, CCS, SAP

Holly Harris, MSW, LCSW

Christine Dicks, MSW, LCSW, SEP

Celeste Phillips, MSW, LCSW

James McCracken, MSW, LCSW

Brad Rappaport, Psy.D.

Allison Grubbs, LCSW, LCAS, CCS

Karen Catoe, MPH, MSW, LCSW

Christine Gellings, MSW, LCSW

Laurea Glusman McAllister, MDiv, MSW, LCSW, CEDS

Meg Hamilton, LPC, ATR

Cheryl Yanuck, MD

Clare A. Stadlen, LCSW, CEDS

Lita W. Russell, Ph.D.

Terri Onstad, M.Ed, LPC

Stephanie Bittle, LCSW

Chase Rayfield, MS, CRC, LPC, LCAS

Alexis T. Franzese, Ph.D.

Jessica Revels, M.Ed., LPCA

Claudia Shapiro, MSW, LCSW

Jamie Gutterman, MSW, LCSW

Miriam Brodersen, MSW, LCSW

Lisa Dumain, MSW, LCSW

Erin E. Gaudreault, MSW, LCSW

Kristen Russell, MSW, LCSW

Hyun Hee Kim, MD

Sarah Nelson, MD

Jodie Neukirch Elliott, MSW, LCSW

Joshua Harris, MSW, LCSW

Dane R. Whicker, PhD

Ahmad Adi, MD, MPH

Haseeb Haroon, MD

Abby Sandling, LCSW

Jennifer Moynihan Wynn, LMFT

Felix C. Blumhardt, PhD, LCSW

Jarrett Clifford, MA, LPCS, LCASA

William S. Meyer, MSW, LCSW

Lizzie Elder, MSW, LCSWA

Kathy Spurlock, LPC

Amanda Graham, MS, LPC, PLLC

Margaret J. Dorfman, MD, DLFAPA