

TO: California State Senate, Standing Committee on Business, Professions and Economic Development

April 23, 2012

The National Association for Research and Therapy of Homosexuality (NARTH) wishes to be on record as objecting to SB 1172 and strongly recommending that this bill not be passed out of committee. NARTH is a professional, scientific organization whose members include fully qualified academics and therapists who are fully licensed professionals and who abide by high standards of ethical care. NARTH supports the freedom of individuals to claim a gay identity or to explore their unwanted attractions and make changes in their lives. NARTH objects to this bill for the following reasons:

1. SB 1172 inaccurately represents the science on sexual orientation change efforts (SOCE).

SB 1172 makes serious errors in its representation of both the issue of change in sexual orientation and in the likelihood of harm from efforts to change. SB 1172 references the report by the American Psychological Association's task force on Appropriate Therapeutic Responses to Sexual Orientation (2009). When the task force committee was being formed, NARTH and others submitted the names of highly esteemed professionals who either practice or were sympathetic to the informed and professional provision of SOCE. However, none of these individuals was appointed to this committee, which ended up being comprised of professionals who essentially were in ideological lock-step with one another in their preconceived notions regarding SOCE. In NARTH's view, this limits the scientific authority of the task force document. However, even with this highly restricted range of viewpoints, the task force's statements related to change of sexual orientation and the resulting harm seem to be ignored by the crafters of SB 1172 in several important ways.

First, SB 1172 presents the issues of change and harm in a partisan manner. In Section 1(c) (and again in Section 865.1[b]), the bill states that “there is no evidence that any type of psychotherapy can change a person’s sexual orientation.” The task force report, however, actually “concluded that there is little in the way of credible evidence that could clarify whether SOCE does or does not work in changing same-sex attractions” (p. 28). Absence of conclusive evidence of effectiveness is not logically equivalent to positive evidence of ineffectiveness. A more accurate statement regarding SOCE’s effectiveness based on the task force report would include a statement that there is also not sufficient scientific evidence to conclude that SOCE is not effective and that in the end, the current research allows the sole conclusion that “we simply do not know.” We would submit that this omission seriously misrepresents the science on SOCE as presented in SB 1172.

Second, regarding the issue of harm, SB 1172 states that SOCE “may cause serious and lasting harms” (as amended in April 16, 2012 version, section 1 c).¹ While we have no doubt that harm can occur in SOCE—as it can occur in any form of psychotherapy—the task force report’s statements about harm rely heavily on a study by Shidlo and Schroeder (2002). The authors of this study make clear what the task force report failed to mention and what SB 1172 therefore neglected: “The data presented in this study do not provide information on the incidence and prevalence of failure, success, harm, help, or ethical violations in conversion therapy” (p. 250). Again, we can say with confidence that some SOCE clients report harm and others report benefit, and we do not know from the scientific literature how often either outcome occurs. To present the issue of harm as done in SB 1172 constitutes a clear failure to provide necessary context and therefore creates an unfair characterization of SOCE.

NARTH believes that the task force employed unrealistically stringent methodological standards in dismissing the research on SOCE in order to make the blanket

¹ Section 1 (n) of the 09/05/12 and final version of the law mentions California “protecting its minors against exposure to serious harms caused by sexual orientation change efforts.”

conclusion that it is not effective. By these standards, it is quite conceivable that other approaches to psychotherapy currently in practice could be considered ineffective and potentially harmful. Does the committee really wish to become an arbitrator of psychotherapeutic approaches? We would further note that, to its credit, the task force also acknowledged that the gay-affirmative therapeutic approach “has not been evaluated for safety and efficacy” (p. 91) and that research meeting its methodological standards is still needed to establish this. Based on such considerations, we believe it is inappropriate for SB 1172 to single out SOCE for questioning on the grounds of efficacy.

2. SB 1172 would restrict the rights of parents to determine the appropriate psychological care for their minor child and would hinder the ability of adult clients to make informed choices regarding their preferred therapeutic approach.

SB 1172 frequently mentions the necessity for informed consent in clients’ pursuit of SOCE. NARTH fully affirms the need for informed consent that provides accurate scientific information leading to autonomous choices by clients regarding the nature of their psychological care. Unfortunately, the informed consent mandated by SB 1172 in Section 865.1(b) of the bill repeats the inaccuracies we noted above concerning what science can currently tell us about SOCE. This incomplete and therefore inaccurate portrayal of the science seems likely to bias consumers against SOCE in a manner not warranted by the relevant literature and may therefore hinder the exercise of free trade within the profession.

NARTH finds particularly egregious the complete ban SB 1172 would place on the availability of SOCE to minors and the accompanying restrictions on parental rights. We affirm that no minor should be subject to a form of psychological care that the minor or his/her legal guardians do not wish to pursue and that great care must be undertaken by mental health professionals providing SOCE to assure that client freedom and autonomy is respected with minors. However, we need to point out that the great majority of co-

ercive experiences of minors purported to have occurred in SOCE—which are almost exclusively anecdotal in nature—took place in religiously based programs with pastoral providers who do not fall under the jurisdiction of this bill. In addition, mechanisms already exist within licensing boards and professional mental health organizations to address unethical behavior or malpractice by licensed clinicians. It is curious to us that the impediments and prohibitions SB 1172 places on consumers of SOCE far exceed the cautions already put into place by the relevant professional associations, which again brings into question the objectivity of those who are lobbying for this bill.

3. SB 1172 represents a usurping of the role of mental health organizations and licensing boards to provide oversight in psychological care.

As alluded to above, NARTH is concerned that SB 1172 transfers the oversight of proper psychological care from mental health professionals and licensing boards into the hands of politicians. In so doing, this bill would unfairly and unethically subvert the purposes of mental health associations and licensing boards and place in the hands of politicians the regulation of professional mental health practices. We believe that such oversight should be the sole purview of professional mental health associations and licensing boards. Such regulation should not be given to legislators who cannot be familiar with the breadth of the science on SOCE and, therefore, are at risk of making laws based on inaccurate or incomplete representations of the science provided by highly partisan activist groups.

The fact that this legislation is solely directed at SOCE should be a red flag suggesting that ideological and political motivations may motivate backers of this legislation as much or more than any concern for consumers derived from the relevant science. It appears that those opposed to the ethical and professional provision of SOCE, having been unable to impose their will on professional organizations and licensing boards, are now attempting an end-around power grab through the legislative process. NARTH believes

Official NARTH Statement on SB 1172—Sexual Orientation Change Efforts (SOCE)

this effort, if successful, would set a dangerous precedent for the mental health professions, unjustly restrict client rights, and almost certainly invite legal action.

In summary, NARTH respects each client's dignity, autonomy, and free agency in choosing his or her preferred form of psychological care to address same-sex attractions. We believe that SB 1172 would make for bad law based on its misrepresentation of the science pertaining to SOCE, its potential to unnecessarily restrict client and parental choices, and its assumption of the regulatory functions of mental health associations and licensing boards. We urge committee members who are open to broadening their information base regarding SOCE to visit our website at www.narth.org and to review both our recent statement about SOCE and our Practice Guidelines for the Treatment of Unwanted Same-Sex Behavior and Attractions.

We deeply appreciate your willingness to consider our concerns.

Sincerely on behalf of the NARTH Board of Directors,

Christopher H. Rosik, PhD

NARTH President

Licensed Psychologist PSY10532

References

American Psychological Association. (2009). *report of the APA task force on appropriate therapeutic response to sexual orientation*. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer's report. *Professional Psychology: Research and Practice*, 33(3), 249–