

## Testimony in Opposition to SB 1332:

Traditionally, there has been a lot of freedoms extended to mental health providers (social workers included) to practice in a way that is in line with their training, education, and experience. It is very rare for a particular type of therapy to be raised up as harmful. However, “treatments that attempt to change or repair the sexual orientation or gender identity of lesbian, gay, bisexual, transgender, and queer individuals” represents one of the rare interventions that has overwhelming research suggesting ineffectiveness and harm. The National Association of Social Workers [position statement](#) indicates “no data demonstrate that SOCE or reparative therapy or conversion therapy is effective, rather have succeeded only in short term reduction of same-sex sexual behavior and negatively impact the mental health and self-esteem of the individual.”

As a psychologist, my experience with this confirms the research. The best way to allow a person to explore their gender identity and sexual orientation is through Socratic questioning and a nonjudgmental stance. It is openness to explore that has allowed many people to come to a true understanding of themselves. I have had many people who have come to me with questions and confusion about their identity and sexual orientation that have finished treatment with a renewed understanding of themselves as a heterosexual and/or identity aligned with their biological sex. There is nothing unethical about assisting patients in exploring the effects of trauma and societal pressures on identity and sexual development. We understand that this exploration, without assuming one outcome over another, is what allows people to become their true selves. It is unethical to push change but completely permissible to explore change.

I am particularly concerned about how this bill will impact our youth. If parents bring their young people to a social worker who is biased towards a particular sexual orientation or gender outcome, it is likely to lead to harm. Increased levels of depression, relational issues, sexual problems, and, in some cases, increased risk for suicide can be the results.

In summary, this is an issue that is best left for our numerous oversight boards (including social work) to manage. If this bill was passed, it would not take away the reality that social workers would still be in ethical violation of their state and local boards for the practice of reparative therapy. We would be encouraging practitioners to consider providing a type of therapy that is dangerous to their clients. I strongly urge a DO NOT PASS VOTE on SB 1332.