

Testimony to the House Human Services Committee
From: Elizabeth Anderson, MS, LPCC
RE: House Bill No. 1430
January 20th, 2025

House Human Services Committee members, I want to take a moment to thank you for the opportunity to submit this testimony in opposition to House Bill 1430. My name is Elizabeth Anderson. I am a licensed professional clinical counselor (LPCC) and see ND clients of all ages. I wish to speak with you today as a therapist and a concerned citizen.

I do not know the motives that have driven some of this committee's representatives to create HB 1430. I will choose to believe that this effort is due to the recognition of the unique challenges faced by members of the LGBTQ+ community and the desire to diminish these challenges in their lives. However, let me be clear about my opposition to this bill. The overwhelming consensus of professional organizations (see list below) is that the types of therapy that promise a transition to heterosexuality or the individual's biological sex in the context of an LGBTQ+ experience are not effective and cause more harm than healing.

Let me explain: the language of this bill does not specify any specific type of therapy but does refer to therapy practices that can be labeled as Sexual Orientation Change Efforts - SOCEs, which are defined as sustained efforts to discourage or change behaviors related to LGBTQ+ identities and expressions. The practice of SOCEs are often associated with religious theology against homosexuality and outdated psychological theories about dysfunctional family dynamics and childhood trauma. The implementation of SOCEs are harmful, utilizing shame and aversive techniques, but even if the implementation itself isn't outright harmful, because it is not effective, the false hope in and of itself causes harm to a lot of people. Negative side effects of SOCEs include low self-esteem, depression, suicidality, anxiety, social withdrawal, and sexual difficulties.

While I would love to discuss the specific effects of SOCEs further, the true matter at hand is social worker ethics and how that impacts the individuals seeking treatment. As an LPCC, I follow the American Counseling Association (ACA) Code of Ethics, who clarified in 2017 that the use of SOCEs is a significant and serious violation of the code. The National Association of Social Workers Code of Ethics uses different labels for their categories of codes, but the unethical impacts on services are all the same.

I think it is important to break these violations down. Starting with, do no harm, it has already been detailed that there is no evidence that SOCE are effective, though, there is evidence that they often cause more distress and negative side effects. Next we need to look at counselors' bounds of competence; counselors are trained to diagnose and treat disorders from the DSM 5-TR, using evidence-based practices. It has already been clarified that SOCEs are not evidence-based, but even beyond that, sexual orientation is not a psychological disorder and, therefore, outside of the boundary of competence. The vast majority of SOCEs have existed and currently exist within settings that are religion-focused. Due to the nature of where SOCEs are currently practiced, it is important to note that a counselor's choice to utilize SOCEs may be due to their personal beliefs about their client's experiences, leading to an imposition of personal values. Finally, nondiscrimination refers to avoiding the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category. In facilitating SOCEs, a counselor would be practicing discrimination by harming their client, practicing incompetently, and/or imposing their values on their client strictly because that client experiences life in a way that falls outside of heteronormativity.

I do not discount the fact that some LGBTQ+ individuals have the desire to no longer be a part of a minority experience and may ask for SOCEs. When a client brings me concerns about

their LGBTQ+ experiences versus concerns about diagnosable mental illnesses, the difference is that struggles with attraction and identity are not illnesses to be cured. Rather, they are experiences that help individuals perceive the world and interact with the people around them. These experiences of attraction and identity often take time to be identified and understood, but once they are, the impact is usually more positive overall. In addressing struggles up until that point, it is my role in the process, first and foremost, to build health and safety. This looks like treating any identified diagnoses and processing safe practices to promote effective coping and utilization of safe connections and support systems. It is my role to build a stable emotional foundation so that my clients can examine their beliefs and values and discern how they want to live their lives, not for me as a professional to try to change or take away their LGBTQ+ experience.

An individual can ultimately choose not to explore every experience or pursue every attraction they have, and that choice can be a perceived burden in their life. However, allowing that burden to be received with harmful practices, promises that cannot be kept, and ultimately false hope would truly be a disgrace to the State of North Dakota and all the professionals who work tirelessly to support its citizens most effectively and ethically. Thank you for listening. For the sake of mental health treatment in this state, I urge a Do Not Pass recommendation on House Bill 1430.

Thank you,

Elizabeth Anderson, MS, LPCC

Professional organizations against SOCEs

American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Association of Sexuality Educators, Counselors and Therapists
American Counselling Association
American Group Psychotherapy Association
American Medical Association
American Medical Student Association
American Mental Health Counselors Association
American Psychiatric Association*
American Psychoanalytic Association
American Psychological Association
American School Counsellor Association
Association of Christian Counsellors
Association of Lesbian, Gay, Bisexual, Transgender Issues in Counseling
Australian and New Zealand Professional Association for Transgender Health
British Association for Counselling and Psychotherapy
British Association of Behavioural and Cognitive Psychotherapies
British Psychoanalytic Council
British Psychological Society
Canadian Association for Social Work Education
Canadian Association of Social Workers
Canadian Professional Association for Transgender Health
Canadian Psychiatric Association
Clinical Social Work Association
College of Registered Psychotherapists of Ontario
College of Sex and Relationship Therapists
Gay and Lesbian Medical Association
GLADD (The Association of LGBT Doctors and Dentists)
International Federation of Social Workers
National Association for Children's Behavioral Health
National Association of School Psychologists
National Association of Social Workers National Committee on LGBT Issues
National Coalition for Mental Health Recovery
National Counselling Society
NHS England
NHS Scotland
Pink Therapy Professional
Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec (Order of social workers and conjugal and family therapists of Quebec)
Ordre professionnel des sexologues du Québec (Professional order of sexologists of Quebec)
Royal College of General Practitioners
Society for Adolescent Health and Medicine