

Testimony to the Senate Human Services Committee  
From: Elizabeth Anderson, MS, LPCC  
RE: House Bill No. 1430  
March 11th, 2025

Thank you, Senate Human Services Committee for allowing me to speak in opposition to HB 1430. I am Elizabeth Anderson, LPCC. I had the privilege of testifying in opposition several weeks ago. In that testimony, I discussed the ethics around Sexual Orientation Change Efforts and why they go against the ethical standards for therapists. Given that testimony is still available to you, I encourage you to listen and/or read it for a more holistic understanding of this issue as I will be speaking from different points today.

Before I continue, I want to thank the House Human Services Committee for amending the bill to address concerns that myself and others raised about the bill. They did not do enough to gain my support, and I will explain why. I just want to recognize that they made a notion of hearing the opposition perspective. I heard them as well. From what I ascertained through deliberation in favor of the bill, there is a clear pattern of assumptions and ignorance regarding what a therapist does.

It is reckless and dangerous for lawmakers to introduce and pass bills rooted in unfounded assumptions, bias, and ignorance. Not one sponsor of this bill is a social worker or a therapist. It is a privilege for me to continue this testimony by providing some education on what therapy involving LGBT experiences should look like, so at the very least, there might not be a foundation built on assumptions and ignorance as deliberation for this bill continues.

I would like to break this down into two sections, processing safe practices and identifying boundaries. Members of the LGBT community are at higher risk for suicidal ideation

(SI) and self-harm, to be clear, this is not due to their sexual orientation alone, but instead due to mistreatment and stigmatization in society. If SI and/or self-harm is a part of any client's experiences, it needs to be a primary concern and safety planning is imperative. In therapy, processing safe practices go beyond SI and self-harm. This expands to assessing whether clients have the resources available to them that support their basic physical and medical needs. If necessary, and requested, therapists may provide clients with information regarding appropriate, evidence-based medical and community resources. It is not our role to write referrals or arrange these things for clients, but knowledge is power for client self-determination.

Finally, processing boundaries is the most important section regarding therapist roles as it relates to this bill. Processing boundaries means allowing the client to determine what choices and behavior from themselves and others that they personally find comfortable, acceptable, distressing, and/or unconscionable. Processing boundaries means identifying values and beliefs that are at the forefront of the client's experience, so that they themselves can determine how they can live the most authentic and fulfilling life. This is what social worker ethics of self-determination refers to. It is the gift and honor of being a therapist to receive clients as they are and present them with a safe space to talk about their experiences, how they understand them, and in what ways those experiences intersect within their interactions with others.

What the proponents of this bill do not understand, is that it is more than ethical for a therapist to provide a space for a client to question their sexuality and for that client to determine that their boundaries do not allow for them to explore same-sex encounters. It is more than ethical for a client to present with gender dysphoria, and for them to decide that their boundaries do not support social or medical gender transition, or even change their boundaries and decide to

de-transition. It is more than ethical for a therapist to hear and receive expressions of hardship from boundaries like these and help the client establish supports that uphold these boundaries and help them live the lives they are comfortable living via their self-determination.

Now, as I close out this testimony, I recognize that what I just said sounds a lot like what the bill is trying to ensure is possible, yet I still oppose the bill. HB 1430 is unnecessary first and foremost. It does not change what an informed and ethical therapist can and should do. Instead, it creates grey areas and loopholes for uninformed and unethical therapists to potentially implement ineffective and harmful therapy techniques.

I do not believe the use of “conversion therapy” and the given definition is enough to detail what practices are unethical. As I had previously testified, conversion therapy is one approach that falls under the umbrella term of Sexual Orientation Change Efforts, but if we expand to include gender, the umbrella term would be Sexual Orientation Gender Identity Change Efforts (SOGICES). The definition of SOGICES from the NIH is slightly different than what has been given in the bill under “conversion therapy”, referring to “practices that attempt to repress and alter” as opposed to the given language of “treatment with the goal of changing”. I question whether this definition includes therapies like reintegrative therapy, which is still considered an SOGICE, but seeks to alter sexual orientation and/or gender identity through the treatment of trauma and addiction. I fully support the treatment of trauma and addiction, but for the sake of treating the trauma and addiction, not for the undertone of “this process might change your sexuality or gender.” The current definition provides space for a dangerous grey area.

I further believe that grey areas and loopholes are created in the allowances made by the sections referring to it not being an ethical violation to counsel in alignment with the individual's

personal or spiritual beliefs and in alignment with the individual's self-determination. They beg the question, does the ethical violation for conversion therapy become negated if a client expresses that they have determined a desire and an ability to change their sexual orientation or gender identity based on spiritual beliefs or self-determination? I agree that therapy should be led by client guidance in their personal and spiritual convictions, summarized into self-determination, but client self-determination applies to how a client chooses to live their life, it does not determine what is ethical, effective, and evidence-based for a therapist to do. The language of this bill makes that distinction very cloudy.

Finally, the amended bill adds a clear section on alignment with self-determination, the section on client authorization lacks a clear requirement for the individual authorization of minors and vulnerable adults under guardianship. I work with both, and recognize the inability for minors and some vulnerable adults to take complete control of decision-making. I respect the need to receive authorization from the appropriate parent/guardian/representative. Therapy is an intensely personal process and individual authorization is imperative to avoiding harm in the therapeutic process and also a key factor in achieving therapeutic success. In no way can you support client self-determination while also not requiring authorization from all.

I trust our social worker board of ethics to do everything in their power to ensure ethical, consensual, and effective therapeutic services through their licensees. Please, express your trust in them as well and stop trying to do their job. I hope to see HB 1430 left behind in this chamber and I request that you vote DO NOT PASS.

*Elizabeth Anderson, MS, LPCC*