Dear Members of the Joint Committee on the Review of Administrative Rules

I am writing to strongly urge you to approve Clearinghouse Rule 19-166. This rule updates and modernizes the Conduct Code for marriage and family therapists, professional counselors and social workers. This Conduct Code was developed in the early 1990’s when Google, tele-mental health and social media did not exist. Any professional Conduct Code needs to be reviewed and revised periodically as society changes and new ethical issues present themselves.

I understand that there have been some concerns expressed regarding the ban on Conversion Therapy in the document. Conversion therapy is the practice of counseling that attempts to change one’s sexual orientation or gender identity. Every major mental health and the most influential medical national organizations have expressed opposition to conversion therapy.

Conversion/reparative therapy or sexual orientation change efforts are based on the false belief that being gay, lesbian, bisexual or transgender is a sickness or disorder requiring conversion therapy. Sexual orientation and gender identity are not mental disorders or diseases. There is no scientific evidence that sexual orientation change efforts are effective in “curing” someone of being LGBT. 2 In fact this practice can be very dangerous for LGBT children. Mental health professions believe it poses major risks to the mental health of LGBT children.

The American Psychological Association’s Task Force on Appropriate Therapeutic Responses to Sexual Orientation concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources. 3

Young people who experience high levels of family rejection face serious health risks, including 8.5 times more likely to report having attempted suicide and 5.9 times more likely to report high levels of depression. Research shows that lesbian, gay and bisexual youth are 4 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have thought about taking their own lives and one quarter report they have made a suicide attempt.4

In Cincinnati, Ohio in 2014, transgender teenager Leetah Alcorn committed suicide after her parents forced her to engage in conversion therapy. We know this because of the suicide note she left.5

At a time that Wisconsin is suffering from a suicide rate higher than the national average, why would we want to support and encourage a practice that makes it more likely that children who identify as LGBTQ could commit suicide?

Conversion/reparative therapy has been banned in twenty states, Puerto Rico and the District of Columbia. In addition ten Wisconsin cities have banned Conversion therapy including; Milwaukee, Madison, Racine, Cudahy, Shorewood, Eau Claire, Sheboygan, Superior, Glendale and Appleton.6

You may wonder if Conversion Therapy is going on in Wisconsin. There are currently fifteen licensed mental health professionals in our state who are on the clinical network for the national group, Focus on the Family. Focus on the Family actively promotes and supports Conversion Therapy. One of these fifteen practitioners actually lists one of his specialties as “homosexual issues”.

In the discussion on this rule, there have been some false statements made on the impact of a ban on Conversion Therapy. First there is the argument that this will ban Talk Therapy. Talk Therapy is what licensed mental health professionals throughout the United States engage in every day. Banning conversion therapy simply means that licensed mental health professionals as part of their Talk Therapy cannot engage in a practice that is unprofessional and harmful to clients.

A second argument is that banning talk therapy threatens freedom of speech of the practitioner. This is another completely false argument. Any licensed mental health professional is free to express their opinions by writing letters to the editor, speaking on talk shows, speaking at forums, writing their legislator or speaking at a public hearing. Freedom of speech in this country however does not allow a professional whether it is an electrician, engineer, doctor or clinical social worker to engage in professional practice that is dangerous to their clients and determined unprofessional by their profession.

A third argument against this rule states that this ban on conversion therapy will not allow therapists to discuss risky behavior of their clients. This is completely false. Clinicians do discuss risky behavior with their clients and will continue to do so with a ban on conversion therapy. The wording of this rule explicitly allows “counseling on unsafe sexual practices…”

A fourth argument against this rule states that this conversion therapy ban will not allow a client to explore their feelings, struggles or issues related to gender identity. This is completely inaccurate. As long as the practitioner does not engage in treatment for the purpose of changing a person’s sexual orientation, it is completely within the scope of good professional practice to assist a client to explore their feelings, struggles or issues related to gender identity.

To protect the mental health of all children in our state and reduce suicides among young people, please vote in favor of Clearinghouse Rule 19-166.

Sincerely yours

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