

**Testimony of David M. Kaplan, Ph.D., Chief Professional Officer and Past
President of the American Counseling Association to the District of Columbia
City Council Committee on Health**

June, 27, 2014

Good afternoon Chairwoman Alexander and members of the Committee. I thank you for allowing me to have some time to address you this afternoon and express the support of the American Counseling Association for B20-501. As the nation's largest professional association representing professional counselors (there are 1,100 licensed professional counselors in the District of Columbia), the American Counseling Association has a duty to voice support and concern for proposed legislation that deals with the mental health of the country's citizens.

Today, we join others in expressing support for this bill. We do so because the American Counseling Association has adopted an unequivocal policy against reparative therapy. Reparative therapy is not congruent with the American Counseling Association's Code of Ethics - the ethical code for the profession of counseling - as the effects of efforts to change sexual orientation have been found to cause damage to individuals who have been exposed to it. A basic principle across all health professions, including mental health, is maleficence. You know that as the Socratic oath – do no harm. Children are one of our most vulnerable populations and they need to be protected from the harm caused by efforts to change sexual orientation.

The definitive document that provides evidence that reparative therapy is both ineffective and harmful is provided by the American Psychological Association (APA) in a report entitled, *Appropriate Therapeutic Responses to Sexual Orientation*. In this report, APA conducted a systematic review of the available research on sexual orientation change efforts – 83 studies in all. The report concluded that, “efforts to change sexual orientation are unlikely to be successful and involve some risk of harm”. In fact, the report documented that up to 50% of participants in reparative therapy practices reported harmful effects from the attempt to change their sexual orientation.

The APA report went on to state several scientific facts: that, “same-sex sexual attractions, behavior and orientations per se are normal and positive variants of human sexuality-in other words, they do not indicate either mental or developmental disorders.” All mental health professions, including counseling, psychiatry, psychology, social work, and marriage and family

therapy have endorsed this position. As such, there is nothing to “repair” in an individual with same-sex attraction.

Some would argue that this is a freedom of choice issue. However, due to the aforementioned principle of maleficence, section C.7.c of the ACA Code of Ethics prevents clients from choosing practices and interventions that are harmful. Therefore, the 1,100 professional counselors in the District of Columbia would be violating their profession ethics by agreeing to engage in sexual orientation change efforts with a minor, even if requested by a parent.

One other important and particular point that I would like to make today is that the word “therapy” should really not be used when talking about sexual orientation change efforts. “Therapy” is a clinical word and refers to a mental health intervention. “Reparative therapy” is not a mental health intervention since it does not address the diagnosis of a mental disorder. As mentioned previously, the mental health field has concluded that same-sex attraction is not a deficit and therefore homosexuality is not categorized as a psychiatric disorder in the Diagnostic and Statistical Manual (DSM). It might be noted that heterosexuality is also not listed in the DSM as a mental disorder and that there are no interventions to change heterosexuals to homosexuals. Rather than being related to mental health, sexual orientation change efforts are religious in nature. The APA report points out that virtually all sexual orientation change efforts have been on white men from a conservative Christian background. Therefore mental health clinicians are venturing outside the appropriate boundaries of their scope of practice if they attempt to change a client’s sexual orientation.

In conclusion, when we take all of the facts into consideration, what we are left with is the reality that efforts to change sexual orientation from homosexuality to heterosexuality do not work, have the potential to do great harm to a child, and are aimed at treating a mental health problem that does not exist. The mental health community has spoken in a clear voice that this practice should not be condoned. By passing this bill, the Council can prevent children from being subjected to a very painful and damaging experience.

I want to thank you again for allowing me the time to speak and reiterate the American Counseling Association’s support for B20-501. I am also happy to answer any questions that you may have.