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Conversion Therapy for Gay
Men and Lesbians
Commonwealth of Pennsylvania Office
of Mental Health and Substance
Abuse Services

MERCER



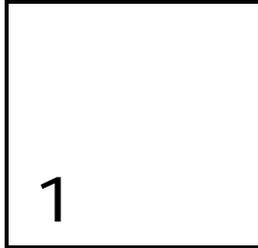
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Contents

1. Introduction.....	1
▪ Context for the discussion of conversion therapy	1
▪ Key findings and recommendations	3
2. Conversion therapy: a review of the positions of key associations	5
▪ American Psychiatric Association	9
▪ American Psychological Association.....	11
▪ National Association of Social Workers.....	13
▪ American School Counselor Association.....	14
▪ American Counseling Association.....	15
▪ American Psychoanalytic Association	17
▪ American Medical Association	17
▪ The American Academy of Pediatrics	18
3. Conversion therapy interviews.....	20
▪ Policies prohibiting conversion therapy	21
▪ Profession practice and assumed prohibitions on the use of conversion therapy.....	22
▪ Non-discrimination requirements for providers regarding LGBTQI consumers and designation of LGBTQI individuals as a special population	23
4. Recommendations.....	25
Appendix A: Glossary of terms	
Appendix B: References and sources	
Appendix C: Listing of interviewees	



Introduction

The Commonwealth of Pennsylvania (Commonwealth) Office of Mental Health and Substance Abuse Services (OMHSAS) requested that Mercer Government Health Services Consulting (Mercer), a part of Mercer Health & Benefits LLC, research the use of conversion therapy for gay men and lesbians and provide recommendations about the inclusion of this therapy as a covered OMHSAS service. The request for the research came from the OMHSAS workgroup formed to address issues of access to and inclusion in behavioral health services for lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) consumers.¹ This workgroup has the task of identifying the needs and preferences of LGBTQI consumers and defining a comprehensive, responsive system of care that addresses their behavioral health needs. The workgroup requested this research about conversion therapy to inform decision makers about its efficacy in promoting recovery from mental illness and substance use conditions.

The research and assessment of industry practices and recommendations on the use of conversion therapy for gay men and lesbians included conducting: 1) a review of the position statements, papers and recommendations of professional associations on conversion therapy and 2) interviews with individuals selected based on their academic area of concentration, experience in mental health care systems, policy development and contracting. This paper reports the current positions on the use of conversion therapy for gay men and lesbians and provides recommendations on its use.

Context for the discussion of conversion therapy

Conversion therapy, sometimes known as reparative therapy, reorientation therapy or,

¹ Please see glossary of terms in Appendix A, taken from "Issues of access to and inclusion in behavioral health services for lesbian, gay, bisexual, transgender, questioning and intersex consumers." July, 2009. Recommendations to the Pennsylvania Department of Public Welfare's Office of Mental Health and Substance Abuse Services from the LGBTQI Workgroup.

more recently, sexual orientation change efforts (SOCE), attempts to change the sexual orientation of an individual from homosexual or bisexual to heterosexual. This type of treatment assumes that any sexual or relational preferences other than heterosexual are preferences based in an illness that can be cured or an attraction that can be changed.

There are assorted individual, cultural, political and societal beliefs about homosexuality that complicate the discussion of conversion therapy for this consumer population. The American Psychiatric Association (APA) references these complications in discussing conversion therapy in its 2000 Position Statement, "Therapies Focused on Attempts to Change Sexual Orientation", and points out that the issue of changing sexual orientation has become highly politicized.² The APA notes that the integration of gay men and lesbians into the mainstream of American society is opposed by those who fear that such integration is morally wrong and harmful to the social fabric. It also states that political and moral debates concerning the integration of gay men and lesbians into the mainstream of American society have obscured scientific data about changing sexual orientation "by calling into question the motives and even the character of individuals on both sides of the issue."

Partly in response to the ongoing efforts of proponents of conversion therapy the Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation was developed in 2009³ The report states that the values of some faith-based organizations, and the belief that sexual orientation can be changed, are in conflict with the values of lesbian, gay and bisexual rights organizations that oppose the ongoing efforts to characterize members of a sexual minority⁴ group as needing therapy to change sexual orientation. The report also emphasizes the stigma that sexual minorities often face, the stress that is a result of this stigma and the role that stigma and stress play in those who seek conversion therapy. One of the Task Force conclusions is that those who undergo SOCE have experienced serious distress from attempts to change their same sex attraction. Organizations, such as National Association for Research and Therapy of Homosexuality (NARTH) and Exodus International (which are described later in this paper), are proponents of SOCE. These organizations subscribe to a disorder model of homosexuality and/or view homosexuality as sinful or immoral and as a condition from which one can recover. These beliefs are inconsistent with the American Psychological Association Task Force findings and the findings of mainstream professional organizations.

² *Position Statement on Psychiatric Treatment and Sexual Orientation*. (1998). American Psychiatric Association. Retrieved from: <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/199820.aspx>

³ APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009). *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington, D C: American Psychological Association. Retrieved from: <http://www.apa.org/pi/lgbt/resources/sexual-orientation.aspx>

⁴ Often the term sexual minority is used to identify members of the lesbian, gay and bisexual community.

Key findings and recommendations

In conducting the research on the position statements, ethical guidelines and other recommendations of the professional associations, four key themes emerged regarding the current state of conversion therapy practices and trends for behavioral health care for the LGBTQI population. They are as follows:

Theme #1: Members of sexual minorities experience stigma and are devalued by our society. This influences the quality of behavioral health care they receive.

Theme #2: Homosexuality has not been considered a mental illness for over 25 years. Hence, it is inappropriate for behavioral health professionals to try to change an individual's sexual orientation.

Theme #3: Professional mental health associations agree that conversion therapy is not only ineffective in changing an individual's sexual orientation, but it can be harmful.

Theme #4: Behavioral health professionals must develop competencies to work with these populations or, at a minimum, refer appropriately to those who have those competencies.

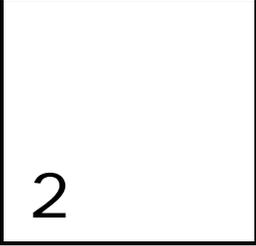
The perspectives on conversion therapy for the gay men and lesbians gleaned from qualitative interviews with select subject matter experts and LGBTQI community advocates mirrored the themes from the research on the position statements of the professional associations. All subject matter expert interviewees described the importance of training providers on the needs of the LGBTQI population and utilizing care guidelines that address their specific needs. In some instances, payers and government entities have specific prohibitions against the use of conversion therapy. In other instances, these prohibitions were assumed due to the positions of the professional associations on the use of conversion therapy and ethical treatment for gay men and lesbians. The professional associations interviewed for this research discussed their active efforts to determine the service and capacity needs for LGBTQI individuals as a special population. The OMHSAS LGBTQI workgroup initiative is recommending similar efforts in the state of Pennsylvania.

As a result of the research on the positions and recommendations of key professional associations regarding conversion therapy and appropriate behavioral health care for gay men and lesbians and the interviews with select subject matter experts and advocates, Mercer has developed two key recommendations for OMHSAS. They are as follows:

Recommendation #1: The Office of Mental Health and Substance Abuse Services should adopt a policy stating that it does not endorse or pay for conversion therapy or any other attempts to change a consumer's sexual orientation.

Recommendation #2: The Office of Mental Health and Substance Abuse Services should identify LGBTQI consumers as a special population that may be underserved and inappropriately served, and it should develop a comprehensive plan to ensure that there is appropriate system capacity and competency to provide quality care to meet the needs of this special population.

These recommendations – along with the research on the positions of the professional associations and the interviews – are detailed and discussed in the following sections of this document.

2

Conversion therapy: a review of the positions of key associations

Mercer completed a thorough literature review and online search on the use of conversion therapy for the LGBTQI population. The preliminary identification of available positions, guidelines and articles was accomplished by using the search terms “conversion therapy” and specific research on the Web sites of the key professional associations. The research list was expanded further by following up on the references from the Web site position statements and articles and recommendations of subject matter experts and consumer advocates. OMHSAS is interested in the well-being of not only lesbian, gay or bisexual consumers or those questioning their sexual orientation, but also with transgender and intersex people. The complexities of gender identity and gender expression, and the ways in which mental health practitioners either affirm or try to change these, are outside the scope of this project, and merit separate attention.

Among contemporary advocates of conversion therapy are the National Association for Research and Therapy of Homosexuality (NARTH) and religious organizations such as Exodus International.^{5, 6}

The NARTH mission statement taken from the organization's web site is:

“We respect the right of all individuals to choose their own destiny. NARTH is a professional, scientific organization that offers hope to those who struggle with unwanted homosexuality. As an organization, we disseminate educational information, conduct and collect scientific research, promote effective therapeutic treatment, and provide referrals to those who seek our assistance.”

⁵ <http://www.narth.com/>

⁶ <http://www.exodusinternational.org/>

NARTH upholds the rights of individuals with unwanted homosexual attraction to receive effective psychological care and the right of professionals to offer that care. We welcome the participation of all individuals who will join us in the pursuit of these goals.”

Additional information provided on the organization’s website contains more value-laden language, including the following:

- “Promotion of teen awareness that homosexual attractions do not necessarily make one a homosexual. Many a teen goes through temporary episodes of idealization of same-sex peers; led to believe he is gay, such a young person may later find himself trapped in an unwanted – and even life threatening – sexual habit pattern.”
- “The public must be made aware that some homosexual people do seek and achieve change. The change is neither quick nor easy, but many believe – as we do – that the goal is a worthy one.”

Through its web site, NARTH also offers an international referral service of licensed therapists offering sexual reorientation treatment, research resources and scholarly publications and literature for the general public.

Exodus International’s mission statement taken from their web site is “Mobilizing the body of Christ to minister grace and truth to a world impacted by homosexuality.” The ministry is self-described as “...a nonprofit, interdenominational Christian organization promoting the message of freedom from homosexuality through the power of Jesus Christ.” The organization offers referrals to “lay” (non-professional) ministries, professional counseling centers and church ministries. The organization states that their “...member ministries provide support for individuals who want to recover from homosexuality, as well as provide support for their family (parents, spouses, children, relatives) and friends.”

While both organizations have conversion therapy referrals available in Pennsylvania, there is no current published data available on the prevalence of conversion therapy, either at the state or national level. Newsweek reported in 1998 that Exodus did not have a system for tracking the outcomes of the 200,000 people who had contacted Exodus since its founding in 1976.⁷ Neither organization that advocates for the efficacy of conversion therapy has results published in peer reviewed journals. Furthermore, as the following summary indicates, their mission to change sexual orientation falls outside the recommendations of mainstream professional organizations for treatment of gay men and lesbians.

⁷ Mills, K. I. (1998). *Mission Impossible: Why Reparative Therapy and Ex-Gay Ministries Fail*. Human Rights Campaign. Retrieved from: http://www.hrc.org/about_us/publications.asp

While it is not considered by mainstream professional organizations as an appropriate practice, there may be individuals seeking treatment who still choose to pursue conversion therapy. Chapter Seven of the 2009 APA Task Force Report addresses ethical concerns regarding the potential for harm by experiencing conversion therapy, the client's right to choose a course of treatment, including conversion therapy, and how to balance what seem to be disparate interests – religion and sexual identity.

The positions and perspectives on conversion therapy for gay men and lesbians, along with any recommended ethical practice guidelines for behavioral health care for the LGBTQI population, were reviewed from the following associations:

- American Psychiatric Association
- American Psychological Association
- National Association of Social Workers
- American School Counselor Association
- American Counseling Association
- American Psychoanalytic Association
- American Medical Association
- American Academy of Pediatrics

To understand the positions of these various associations on the use of conversion therapy for gay men and lesbians, it is helpful to first understand that all major American mental health associations have affirmed that homosexuality is not a mental illness. This began in 1973, after the American Psychiatric Association removed homosexuality from its list of mental disorders after extensive discussion.⁸ Then, in 1975, the American Psychological Association adopted a resolution stating that "*Homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities*" and it urged all psychologists to "*take the lead in removing the stigma long associated with homosexual orientations.*"⁹

In response to the APA resolution, other major mental health associations adopted their own resolutions and policy statements regarding sexual orientation based on the principle that homosexuality is not a mental illness. These include, but are not limited to, the following mental health associations:

⁸ American Psychiatric Association. (1974). Position statement on homosexuality and civil rights. *American Journal of Psychiatry*. 131:497.

⁹ Conger, J. (1975). Proceedings of the American Psychological Association for the year 1974: Minutes of the annual meeting of the council of representatives. *American Psychologist*. 30, 620-651.

- American Association for Marriage & Family Therapy, 2001¹⁰
- American Counseling Association, 2005¹¹
- National Association of Social Workers, 2008¹²

The agreement among professional associations that homosexuality is not a mental illness is core to understanding the position statements, ethical guidelines and recommendations regarding appropriate care for gay men and lesbians, including explicit and implicit prohibitions against the attempted use of conversion therapy. This is also pertinent for public and private payers and insurance companies, as most only allow for payment of diagnosable medical conditions, and thus, would not permit medical care intended to change a person's sexual orientation.

A consortium of educational, health, mental health and religious organizations recently published a booklet addressing the topics of sexual preference and conversion therapy entitled "Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel."¹³ Out of a shared concern for the health and education of all students in schools, this group collaborated to update a 1999 version of the booklet. Their goal was to provide principals, educators and school personnel with accurate information about sexual orientation and to respond to a recent upsurge in promotion of efforts to change sexual orientation through therapy and religious ministries.

The publication makes a number of strong and clear statements about sexual orientation and conversion therapy. The following excerpts illustrate the consensus opinions of the consortium:

- "The idea that homosexuality is a mental disorder or that the emergence of same-sex attraction and orientation among some adolescents is in any way abnormal or mentally unhealthy has no support among any mainstream health and mental health professional organizations."
- "Despite the general consensus of major medical, health, and mental health professions that both heterosexuality and homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy have been

¹⁰ *AAMFT code of ethics*. (2001). American Association for Marriage and Family Therapy. Washington, DC: AAMFT. Retrieved from: http://www.aamft.org/resources/lrm_plan/ethics/ethicscode2001.asp

¹¹ *Code of ethics*. (2005). American Counseling Association. Retrieved from: <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

¹² *Code of ethics of the National Association of Social Workers* (2008). National Association of Social Workers. Retrieved from: <http://www.naswdc.org/pubs/code/code.asp>.

¹³ *Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel*. (2008). Washington, DC: American Psychological Association. Retrieved from: www.apa.org/pi/lgbcc/publications/justthefacts.html.

- adopted by some political and religious organizations and aggressively promoted to the public.”
- “...the nation’s leading professional medical, health, and mental health organizations do not support efforts to change young people’s sexual orientation through therapy and have raised serious concerns about the potential harm from such efforts.”
 - “Because ex-gay and transformational ministries usually characterize homosexuality as sinful or evil, promotion in schools of such ministries or of therapies associated with such ministries would likely exacerbate the risk of marginalization, harassment, harm, and fear experienced by lesbian, gay, and bisexual students.”

These consortium statements, with regard to sexual orientation and conversion therapy, are further echoed in the individual professional association position statements and guidelines detailed in the following sections.

American Psychiatric Association

The American Psychiatric Association is a medical specialty professional association recognized world-wide with over 38,000 U.S. and international members. Over the years, it has issued definitive statements with regard to the best practices and appropriate psychiatric care for gay men and lesbians, including opposition both to the notion that homosexuality is a mental illness and to the use of conversion therapy with gay men and lesbians.

In 1998, the Association issued a position statement that it opposes any psychiatric treatment, such as conversion therapy, which is based upon the assumption that homosexuality, per se, is a mental disorder or based upon the assumption that an individual should change his or her sexual orientation.¹⁴ In 2000, the Association expanded and elaborated upon that initial statement *“in order to further address public and professional concerns about therapies designed to change a patient’s sexual orientation or sexual identity.”*¹⁵ The text of the 2000 position statement itself on “Therapies Focused on Attempts to Change Sexual Orientation” is as follows (bold added for emphasis):

“In the past, defining homosexuality as an illness buttressed society’s moral opprobrium of same-sex relationships. In the current social climate, claiming homosexuality is a mental disorder stems from efforts to discredit the growing social acceptance of homosexuality as a normal variant of human sexuality. Consequently, the issue of changing sexual orientation has become highly politicized. The integration of gays and lesbians into the mainstream of American

¹⁴ *Position Statement on Psychiatric Treatment and Sexual Orientation*. (1998). American Psychiatric Association. Retrieved from: <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/199820.aspx>.

¹⁵ *COPP Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Re-parative or Conversion Therapies)*. (2000). American Psychiatric Association. Retrieved from: <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200001.aspx>.

*society is opposed by those who fear that such an integration is morally wrong and harmful to the social fabric. The political and moral debates surrounding this issue have obscured the scientific data by calling into question the motives and even the character of individuals on both sides of the issue. This document attempts to shed some light on this heated issue. **The validity, efficacy and ethics of clinical attempts to change an individual's sexual orientation have been challenged. To date, there are no scientifically rigorous outcome studies to determine either the actual efficacy or harm of 'reparative' treatments.** There is sparse scientific data about selection criteria, risks versus benefits of the treatment, and long-term outcomes of "reparative" therapies. The literature consists of anecdotal reports of individuals who have claimed to change, people who claim that attempts to change were harmful to them, and others who claimed to have changed and then later recanted those claims.*

Even though there are little data about patients, it is still possible to evaluate the theories which rationalize the conduct of 'reparative' and conversion therapies. Firstly, they are at odds with the scientific position of the American Psychiatric Association which has maintained, since 1973, that homosexuality per se, is not a mental disorder. The theories of 'reparative' therapists define homosexuality as either a developmental arrest, a severe form of psychopathology, or some combination of both. In recent years, noted practitioners of 'reparative' therapy have openly integrated older psychoanalytic theories that pathologize homosexuality with traditional religious beliefs condemning homosexuality. The earliest scientific criticisms of the early theories and religious beliefs informing "reparative" or conversion therapies came primarily from sexology researchers. Later, criticisms emerged from psychoanalytic sources as well. There has also been an increasing body of religious thought arguing against traditional, biblical interpretations that condemn homosexuality and which underlie religious types of "reparative" therapy.

Additional appendices in the American Psychiatric Association's position statement include clear references to the potential harm of conversion therapy, as well as a specific prohibition on the use of it:

- "The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying

interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing the effects of societal stigmatization discussed.”

- “...the American Psychiatric Association opposes any psychiatric treatment, such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual homosexual orientation.”

The background section of the document also points to the sensitive political and religious nature of the issue of conversion therapy and appropriate treatment for gay men and lesbians by noting that “...*recent publicized efforts to repathologize homosexuality by claiming that it can be cured are often guided not by rigorous scientific or psychiatric research, but sometimes by religious and political forces opposed to full civil rights for gay men and lesbians.*” The Association recommends that it “...*respond quickly and appropriately as a scientific organization when claims that homosexuality is a curable illness are made by political or religious groups.*”

The Association further comments on the efficacy and potential harm in the use of conversion therapy with gay men and lesbians:

“Psychotherapeutic modalities to convert or ‘repair’ homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of ‘cures’ are counterbalanced by anecdotal claims of psychological harm. In the last four decades, ‘reparative’ therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, APA recommends that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to First, do no harm.”

American Psychological Association

The American Psychological Association is a professional organization that represents psychologists in the United States. With 150,000 members, it is the largest association of psychologists worldwide. The most comprehensive publication regarding SOCE from the APA is the 2009 Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation.³ The report had three purposes:

1. Update the 1998 Resolution on Appropriate Therapeutic Responses to Sexual Orientation.
2. Discuss appropriate application of affirmative therapeutic interventions for children and adolescents, as well as adults; discuss education and training regarding therapeutic interventions; discuss the presence of coercive inpatient facilities treating adolescents; discuss treatment protocols to lessen behaviors among adolescents that are perceived to lead to a homosexual orientation as the child matures.
3. Inform the response to groups that promote SOCE or sexual orientation expression and support public policy that advances affirmative therapeutic interventions of the response.

This publication provides a comprehensive review of the literature evaluating the efficacy of SOCE and the reported outcomes of SOCE. Many of the studies that have reported successful outcomes of SOCE have been criticized for lacking scientific rigor and raising methodological concerns, such as poor construct validity (are researchers measuring sexual orientation versus sexual orientation identity), non-standardized patterns of intervention and lack of standardized outcomes measurement. The report states that "...the low quality of the research on SOCE is such that claims regarding its effectiveness and widespread applicability must be viewed skeptically" (p.27). This evaluation of the research calls into question the outcomes reported from studies that do not have the scientific rigor to support the outcomes or long term changes related to SOCE.

Perhaps the most important aspect of the evaluation of the efficacy of SOCE by the APA is the evidence that attempts to change sexual orientation often resulted in poorer mental health status including increased depression and suicidal ideation. Researchers such as Beckstead and Morrow (2004), Nicolosi et al. (2000) and Schidlo and Schroeder (2002) have found that some who have experienced SOCE report initially feeling relieved, happy or improved mental health. However, many in the long run experience negative effects of the treatment. Noting that there is not causal evidence of harm, the report states that some individual believe they have been harmed by SOCE. As stated in the report:

"Among those studies reporting on the perceptions of harm, the reported negative social and emotional consequences include self-reports of anger, anxiety, confusion, depression, grief, guilt, hopelessness, deteriorated relationships with family, loss of social support, loss of faith, poor self-image, social isolation, intimacy difficulties, intrusive imagery, suicidal ideation, self-hatred, and sexual dysfunction" (p.42).

The APA resolutions that conclude the 2009 Task Force report include the following selected statements. That the American Psychological Association:

- "...affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;"
- "...reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;"
- "...concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;"
- "...encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation;"

- "...concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation;"
- "...concludes that the emerging knowledge on affirmative multicultural competent treatment provides a foundation for an appropriate evidence-based practice with children, adolescents and adults who are distressed by or seek to change their sexual orientation (Bartoli & Gillem, 2008; Brown, 2006; Martell, Safren & Prince, 2004; Norcross, 2002; Ryan & Futterman, 1997);"
- "...advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth;"

The American Psychological Association published one of the most comprehensive statements on appropriate mental health care for gay men and lesbians in its "Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients" in 2000.¹⁶ This document details sixteen guidelines for care, organized into four broad categories – attitudes toward homosexuality and bisexuality, relationships and families, issues of diversity and education.

Additionally, the Association's "Ethical Principles of Psychologists and Code of Conduct" document prohibits discrimination and harassment by psychologists based upon sexual orientation.¹⁷ The ethical principles also require psychologists to obtain the training, experience, consultation or supervision necessary to ensure the competence of their services with regards to sexual orientation and other consumer demographic factors or to otherwise make appropriate referrals to professionals who have the appropriate training and experience.

National Association of Social Workers

The National Association of Social Workers is the largest membership organization of professional social workers in the world, with roughly 150,000 members. In 1992, the organization issued a position statement entitled "Reparative or Conversion therapies for Lesbians and Gay Men."¹⁸ This paper provided the following guidance with regards to the use of conversion therapy with gay men and lesbians:

¹⁶ *Guidelines for Psycho therapy with Lesbian, Gay, and Bisexual Clients*. (2000). American Psychological Association. Retrieved from: <http://www.apapracticecentral.org/update/2007/01-18/lgb-guidelines.aspx>

¹⁷ *Ethical Principles of Psychologists and Code of Conduct*. (2002). American Psychological Association. Retrieved from: <http://www.apa.org/ethics/code/index.aspx>

¹⁸ *Position statement: Reparative or conversion therapies for lesbians and gay men*. (1992). National Association of Social Workers, National Committee on Lesbian and Gay Issues. Washington, DC.

- If a consumer is uncomfortable about his or her sexual orientation, the social worker should explore the sources of discomfort without assumption that same-sex attraction is dysfunctional.
- Social workers are obligated to use nonjudgmental attitudes and to encourage nurturing practice environments for lesbians, gay men and bisexuals.
- Social workers are discouraged from providing treatments designed to change sexual orientation or from referring clients to practitioners or programs that claim to do so.

In 2000, the National Association of Social Workers expanded its discussion of conversion therapy in another position paper entitled "'Reparative' and 'Conversion' Therapies for Lesbians and Gay Men."¹⁹ This second position paper explicitly addresses conversion therapy as follows (bold emphasis from original document):

*"...the increase in media campaigns, often coupled with coercive messages from family and community members, has created an environment in which lesbians and gay men often are pressured to seek reparative or conversion therapies, which **cannot and will not change sexual orientation**. Aligned with the American Psychological Association's position..., " the NASW National Committee on Lesbian, Gay, and Bisexual Issues "...believes that such treatment potentially can lead to severe emotional damage. Specifically, transformational ministries are fueled by stigmatization of lesbians and gay men, which in turn produces the social climate that pressures some people to seek change in sexual orientation. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful."*

The position statement explicitly addresses the propagation of conversion therapy by political and religious groups as follows:

"Reparative and conversion therapies, sometimes called 'transformational ministries,' have received wider attention against the backdrop of a growing conservative religious political climate, and through recent media campaigns supported by the Christian Coalition and the Family Research Council. By advancing their efforts through such propaganda, proponents of reparative and conversion therapies, such as the most commonly cited group NARTH, claim that their processes are supported by scientific data; however, such scientific support is replete with confounded research methodologies."

American School Counselor Association

Youth are a particularly vulnerable population who may receive mental health and substance abuse services. It is critical that the professional school counselors, with whom these youth would likely be in contact, ascribe to the ethical code of the American School Counselor Association to advocate and affirm all students, regardless of sexual orientation or gender identity.

¹⁹ "Reparative" and "Conversion" Therapies for Lesbians and Gay Men. (2000, January, 21). National Committee on Lesbian, Gay, and Bisexual Issues, NASW. Retrieved from: <http://www.socialworkers.org/diversity/lgb/reparative.asp>

The 2007 Position Statement of the Association not only promotes equal opportunity for LGBTQ students but sets the expectation that school counselors will eliminate barriers students may encounter in their academic and social development. The position statement states that a youth identifying as LGBTQ is not a sign of a mental illness or emotional problems. With regard to conversion therapy, the position states that: "It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being."²⁰

American Counseling Association

The American Counseling Association is the professional and educational organization for the counseling profession. It has nearly 45,000 members. This organization has also issued a number of statements regarding appropriate mental health care for gay men and lesbians as well as specific prohibitions against the use of conversion therapy.

In 1999, the Governing Council adopted a statement "*opposing the promotion of reparative therapy as a cure for individuals who are homosexual*" and in a 2006 article in **ACA in the News** entitled "Ethical issues related to conversion or reparative therapy,"²¹ the ACA Ethics Committee addressed the ethical issue of conversion therapy. The committee provided direction as to how a professional counselor should handle the situation when a client is seeking conversion therapy. The detailed ethical guidelines advise "...professional counselors to discuss the potential harm of this therapy noted in evidence-based literature from scholarly publications in a manner that respects the client's decision to seek it." The counselor must also include detailed "informed consent" materials for clients who are seeking referral for conversion therapy. The Association requires that the following information must be given to clients who are seeking referral for conversion therapy:

- "Conversion therapy assumes that a person who has same-sex attractions and behaviors is mentally disordered and that this belief contradicts positions held by the American Counseling Association and other mental health and biomedical professional organizations. Additionally, the ACA passed a resolution in 1999 stating that it does not endorse reparative therapy as a 'cure' for homosexuality. Any professional who engages in conversion therapy is not offering the professional standard of care and would need to include that he or she is offering it not as a professional counselor but is providing counseling within the scope of practice of some other profession (i.e., Christian counselor)."

²⁰ *The Professional School Counselor and LGBTQ Youth (Adopted 1995, Revised 2000, 2005, 2007)*. American School Counselor Association Position Statements. Retrieved from <http://www.schoolcounselor.org/content.asp?pl=325&sl=127&contentid=178>

²¹ Whitman, J., Glossoff, H., Kocet, M., and Tarvydas, V. (2006, May 22). Ethical issues related to conversion or reparative therapy. *ACA In The News*. Retrieved from: <http://www.counseling.org/PressRoom/NewsReleases.aspx?AGuid=b68aba97-2f08-40c2-a400-0630765f72f4>

- “Conversion therapy as a practice is a religious, not psychologically-based, practice. The premise of the treatment is to change a client's sexual orientation. The treatment may include techniques based in Christian faith-based methods such as the use of “testimonials, mentoring, prayer, Bible readings, and Christian weekend workshops”.²² It may also use cognitive-behavioral techniques such as aversion therapy (i.e., stopping clients from masturbating to same-sex images; encouraging imagery of getting AIDS paired to same-sex arousal), reinforcement techniques that emphasize traditional gender role behavior (i.e., for men to ‘engage in team sports, to go the gym, and to attend Promise Keepers’ and for women ‘to learn how to cook, sew, and apply make-up’),²² and use of sexual surrogates. However, there is no training offered or condoned by the American Counseling Association to educate and prepare a professional counselor wishing to engage in this type of treatment.”
- “Research does not support conversion therapy as an effective treatment modality. There have been ‘no objective screening criteria, no consensus about outcome measurement, and no blinded or side-by-side studies’ and there is ‘no article in a peer reviewed scientific journal’ stating that conversion therapy alters someone's sexual orientation.²³ The results of some research indicate that some clients seeking this treatment do change their behavior approximately 30% of the time, but the same clients report changing only their behaviors but not their sexual orientation. This is an important distinction to share with clients, helping them understand the difference between behaviors and sexual identity. Further, no long-term studies have been conducted to discern whether research participants who reported a change in their behaviors maintained these changes over time.”
- “There is potential for harm when clients participate in conversion therapy. Results of studies indicate that there are clients who enter this type of treatment and then report that they function more poorly than when they entered.”²⁴
- “There are treatments endorsed by the Association for Gay, Lesbian, and Bisexual Issues in Counseling (see <http://www.aglbic.org/resources/competencies.html>), a division of the American Counseling Association and the American Psychological Association (<http://www.apa.org/pi/lgb/guidelines.html>) that have been successful in helping clients with their sexual orientation. These treatments are gay affirmative and help a client reconcile his/her same-sex attractions with religious beliefs.”

Additionally, the Association states that “...*counselors who offer conversion therapy are providing ‘treatment that has no empirical or scientific foundation’*” and must also offer referrals to gay, lesbian, and bisexual-affirmative counselors. Counselors who offer

²² Schroeder, M., & Shidlo, A. (2001). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay & Lesbian Psychotherapy*, 5, p. 131-166.

²³ Forstein, M. (2001). Overview of ethical and research issues in sexual orientation therapy. *Journal of Gay and Lesbian Psychotherapy*, 5(3/4), 167-179.

²⁴ Nicolosi, J., Byrd, A. D. & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports*, 86, 1071-1088.

conversion therapy “...must explore with clients the underlying reasons for their interest in changing their sexual orientation and discuss the social, political, and religious influences that underpin homophobia that may be harming the client.”

American Psychoanalytic Association

The American Psychoanalytic Association is a professional organization for psychoanalysts in the United States. As with other professional mental health associations, it has taken a clear position against the use of conversion therapy with gay men and lesbians. In its 2000 “Position Statement on Reparative Therapy”²⁵, the Association affirms that *homosexuality “...cannot be assumed to represent a deficit in personality development or the expression of psychopathology.”* The brief statement contains two key points:

- “As with any societal prejudice, anti-homosexual bias negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism in people of same-gender sexual orientation through the internalization of such prejudice.”
- “As in all psychoanalytic treatments, the goal of analysis with homosexual patients is understanding. Psychoanalytic technique does not encompass purposeful efforts to ‘convert’ or ‘repair’ an individual’s sexual orientation. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized homophobic attitudes.”

American Medical Association

The American Medical Association is the largest association of physicians and medical students in the United States with 240,000 members. While not specifically a behavioral health professional association, it has taken very firm positions on appropriate care for gay men and lesbian patients. It has issued an AMA “Policy Regarding Sexual Orientation”²⁶ which includes a section specifically entitled “Health Care Needs of the Homosexual Population.” The policy statements in this section include the following with regards to medical care for gay men and lesbians (bold added for emphasis):

- The AMA “...believes that the physician’s nonjudgmental recognition of sexual orientation and behavior enhances the ability to render optimal patient care in health as well as in illness. In the case of the homosexual patient this is especially true, since **unrecognized homosexuality by the physician or the patient’s reluctance to report his or her sexual orientation and behavior can lead to failure to screen, diagnose, or treat important medical problems.** With the help of the gay

²⁵ *Position on Reparative Therapy* (2000). American Psychoanalytic Association. Retrieved from: http://www.apsa.org/About_APsaA/Position_Statements/Reparative_Therapy.aspx

²⁶ *AMA Policy Regarding Sexual Orientation*. American Medical Association. Retrieved from: <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-t-advisory-committee/ama-policy-regarding-sexual-orientation.html>.

and lesbian community and through a cooperative effort between physician and the homosexual patient effective progress can be made in treating the medical needs of this particular segment of the population.”

- The AMA “...is committed to taking a leadership role in:
 - Educating physicians on the current state of research in and knowledge of homosexuality and the need to take an adequate sexual history; these efforts should start in medical school, but must also be a part of continuing medical education;
 - Educating physicians to recognize the physical and psychological needs of their homosexual patients;
 - Encouraging the development of educational programs for homosexuals to acquaint them with the diseases for which they are at risk;
 - Encouraging physicians to seek out local or national experts in the health care needs of gay men and lesbians so that all physicians will achieve a better understanding of the medical needs of this population; and
 - Working with the gay and lesbian community to offer physicians the opportunity to better understand the medical needs of homosexual and bisexual patients.”

The AMA “...opposes, the use of ‘reparative’ or ‘conversion’ therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation.”

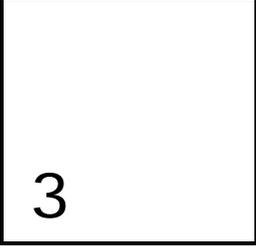
The American Academy of Pediatrics

The American Academy of Pediatrics has taken an affirming position for LGBTQ youth and rejected conversion therapy efforts as appropriate treatment. The 2001 pamphlet “Gay, Lesbian, and Bisexual Teens: Facts for Teens and their Parents” advises youth that “...counseling may be helpful for you if you feel confused about your sexual identity. Avoid any treatments that claim to be able to change a person’s sexual orientation, or treatment ideas that see homosexuality as a sickness.”²⁷ In 2008, “Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel”²⁸ was published. This publication, which was also endorsed by twelve other

²⁷ American Academy of Pediatrics. *Gay, Lesbian, and Bisexual Teens: Facts for Teens and their Parents [pamphlet]*. 2001.

²⁸ *Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel*. (2008). Washington, DC: American Psychological Association. Retrieved from www.apa.org/pi/lgbcc/publications/justthefacts.html

professional organizations, many of them already discussed in this paper, was a direct response to the increase in promotion of conversion therapy and the request for “equal time” in schools. With regard to conversion therapy, the publication specifically states “The most important fact about these ‘therapies’ is that they are based on a view of homosexuality that has been rejected by all the major mental health professions...such efforts have serious potential to harm young people.”²⁸

3

Conversion therapy interviews

To expand our understanding about perspectives on conversion therapy for gay men and lesbians and trends for behavioral health care for the LGBTQI population, Mercer conducted interviews with ten individuals. These individuals were selected based on their academic area of concentration, experience in mental health care systems, policy development and contracting. These interviews included individuals in Pennsylvania and other regions of the country. A complete list of the individuals interviewed is included in Appendix B.

During all of the interviews, individuals reported their knowledge of the positions of the professional associations on conversion therapy discussed in the previous section, and all of them reported surprise that conversion therapy would still be used in the mainstream behavioral health community. In most instances, the interviews changed from a focus on the use of conversion therapy itself to broader discussions about how to better serve LGBTQI individuals as a special population and how to build appropriate provider capacity and competency for ethical care.

The perspectives on conversion therapy and best practices for behavioral health care for the LGBTQI population from these select interviews can be grouped into three categories:

- Policies prohibiting conversion therapy for gay men and lesbians
- Professional practice and funding standards prohibiting the use of conversion therapy for gay men and lesbians
- Non-discrimination requirements for providers regarding LGBTQI consumers and designation as LGBTQI individuals as a special population

The details of each of these areas are described further in the following section.

Policies prohibiting conversion therapy

One of the subject matter experts interviewed for this paper was Nicola Simmersbach, PsyD, LMFT.²⁹ Dr. Simmersbach is the Mental Health Program Coordinator for the Sacramento County Division of Mental Health, part of the Department of Health and Human Services in Sacramento County. Dr. Simmersbach works in provider contracting and oversees the contracts for providers who offer mental health services to children and youth. She has been a part of a task force to address diversity issues for serving the LGBTQI community and also has a private practice as a Licensed Marriage and Family Therapist in Sacramento, California.

Recently, her department has just added language in provider contracts that specifically prohibits the use of conversion or reparative therapy amongst a list of other “unconventional mental health treatments”. The contract language is as follows:

“CONTRACTOR is prohibited from using any unconventional mental health treatments on children. Such unconventional mental health treatments include, but are not limited to: Rebirthing Therapy, Holding Therapy, Quiet Play Program, Strong Sitting Time Out, Isolation, Wrapping, EMDR, Eco-Therapy, Theraplay and Reparative or Conversion Therapy for LGBT persons. Such unconventional treatments also include, but are not limited to, any treatments that violate the children’s personal rights as provided in Title 22, Division 6, Chapter 1, Section 80072(3) of the California Code of Regulations. Use of any such treatments by CONTRACTOR or any therapist providing services for CONTRACTOR shall constitute a material breach of this Agreement and be grounds for immediate termination of the Agreement for cause pursuant to Section XXIX.B.”³⁰

Mercer notes the following key points with regards to this provider contract language:

- The prohibition against conversion therapy is simply listed amongst other treatments that are prohibited. This approach of delineating non-covered services is common in provider contracting and presents an easy way to prohibit conversion therapy with network providers without adding a separate section to standard contracts.
- The use of conversion therapy and other unconventional treatments by providers has serious consequences. Their use is considered a material breach of the contract and can result in immediate termination of the provider’s contract.

²⁹ Interview with Dr. Simmersbach, June 2, 2010.

³⁰ Interview with Nicola Simmersbach, PsyD, LMFT, June 2, 2010

Profession practice and assumed prohibitions on the use of conversion therapy

Several of the interviewees noted that, while they did not have specific prohibitions on the use of conversion therapy for gay men and lesbians, such prohibitions were assumed due to the previously noted positions of the professional associations. In the interview with Marion Freedman-Gurspan, a Policy Analyst for Child/Adolescent Services at the Massachusetts Department of Mental Health, she stated that clearly conversion therapy is not approved, and she points to the American Counselor Association's statements on ethical guidelines on conversion therapy as a guide for how she expects providers to provide care.³¹ According to Ms. Freedman-Gurspan, conversion therapy is not a practice used in the mainstream behavioral health community in Massachusetts. She pointed out that Massachusetts allows same-sex marriage, and she believes that the provider community is very sensitive to LGBTQI issues. The Department of Mental Health addresses the needs of the LGBTQI community as part of "cultural sensitivity" with providers, where they are required to make sure that they can meet the needs of consumers that reside in their service areas.

Additionally, interviews were conducted with key staff members of two of the Behavioral Health Managed Care Organizations (BH-MCOs), Community Care Behavioral Health (CCBH) and Magellan. In both cases, the interviewees stated that while they did not have specific policies against the use of conversion therapy with gay men and lesbians, they were not aware of any of their network providers advertising or doing conversion therapy, nor would they consider it appropriate care. In the interview with James Schuster, MD, MBA and Beth Pickering, MS – Chief Medical Officer and Southeast Regional Director of CCBH respectively – both state that they are always looking for diversity within their provider network and that they ask about specialty training or certification of LGBTQI issues.³²

The CCBH provider application includes a section entitled Areas of Specialization, where providers can indicate if they have staff with additional training or special certification in roughly 40 areas, including the following:

- Lesbian issues
- Gay issues
- Bisexual issues
- Transgender issues
- Sexual questioning (identity) issues
- Intersex issues

Dr. Schuster and Ms. Pickering noted that they have a fair number of providers who say they have expertise in this area and that, while they do not publish this information in

³¹ Interview with Marion Freedman-Gurspan, June 3, 2010

³² Interview with James Schuster, MD and Beth Pickering, MS, June 4, 2010.

their provider directory, they provide it to consumers when requested. Dr. Schuster pointed out that the CCBH Organization Performance Standards included the following requirements:

“Treatment services should be delivered within models supported as evidence-based practices in behavioral health literature. Community Care encourages clinicians to use modalities that have the strongest possible scientific support, e.g. time limited interpersonal or cognitive behavioral therapy or medications for the treatment of major depressive disorder, family psychoeducational programs and medications for the treatment of schizophrenia, motivational interviewing and motivational enhancement therapy for the treatment of substance abuse disorders, etc.”

He stated that, given the positions of the key professional associations on the use of conversion therapy, these performance standard requirements about the use of evidenced-based practices would prohibit its use by network providers. Dr. Schuster stated that the organization does annual member profiling and needs analysis and that it would make sense to use this as a time to look more closely at the needs of the LGBTQI community to ensure that there is appropriate access to quality services. Lastly, he expressed concern about making certain that LGBTQI individuals felt comfortable accessing care within the provider network and spoke of wanting to ensure that network providers were “welcoming” to this special population.

Additionally, an interview was conducted with Scott Donald, the Field Network Director of Magellan Health Services’ Pennsylvania Health Choices plan,³³ another BH-MCO. As with Dr. Schuster and Ms. Pickering of CCBH, Mr. Donald reported that he is not aware of any of his plan’s network providers offering and advertising the use of conversion therapy with gay men and lesbians. He noted that the organization has a number of non-discrimination policies, and as with CCBH, the Magellan plan tracks competencies for working with the LGBTQI population. (He pointed out that this credentialing process, which includes tracking LGBTQI population competencies, is part of Magellan’s national credentialing process for all of its health care plans.)

Non-discrimination requirements for providers regarding LGBTQI consumers and designation of LGBTQI individuals as a special population

As noted from the interview with Ms. Freedman-Gurspan, the Massachusetts Department of Mental Health considers the LGBTQI population to be a special population whose needs must be appropriately addressed by network providers. She noted that the department does not have any major training initiatives underway with regards to building provider competencies in the best practices for providing services to the LGBTQI population, but stated that there are numerous training resources for this special population by providers and other groups. Ms. Freedman-Gurspan also noted that the Comprehensive Assessment of Service Needs form used by the Department of Mental Health, while it does not specifically ask LGBTQI status, has case managers

³³ Interview with Donald D. Scott, June 4, 2010.

addressing this as part of the very first question regarding how the consumer describes and identifies him or herself.

In California, the Department of Mental Health (DMH), in partnership with Mental Health Services Oversight and Accountability Commission (MHSOAC), and in coordination with California Mental Health Directors Association (CMHDA) and the California Mental Health Planning Council, have called for a key statewide policy initiative as a means to improve access, quality of care and increase positive outcomes for racial, ethnic and cultural communities. This initiative, entitled the California Reducing Disparities Project, is focused on five special populations:

1. African Americans
2. Asian/Pacific Islanders
3. Latinos
4. Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
5. Native Americans

One of the interviewees for this paper was Poshi Mikalson, MSW, the LGBTQ Project Coordinator for Mental Health America of Northern California.³⁴ She is the project manager for the LGBTQI special population in the California Reducing Disparities Project, and she described this two year initiative:

- The five groups were selected because they were identified as underserved or inappropriately served in the state's mental health system. For the LGBTQ population, Ms. Poshi noted that her previous research has show that there has been inappropriate care for this population (examples, including some mental health professionals who have labeled homosexuality as an illness or wrong and/or have intentions to use conversion therapy, if possible, to change an individual's orientation). Additionally, she noted a need for non-discrimination, diversity and educational training on LGBTQ issues to increase the system's capacity of appropriate services for this special population.
- Her goal is to develop a plan that will include community-defined evidence and culturally appropriate strategies to improve access, services, outcomes and quality of care for LGBTQ consumers.
- The second phase of the project will include implementing the strategic plans for reducing disparities in mental health services for LGBTQ consumers at the local level. The current plan is to fund selected approaches across these five communities for four years with a strong evaluation component.

³⁴ Interview with Poshi Mikalson, June 3, 2010.

4

Recommendations

The mission and vision of the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) is that “Every individual served by the Mental Health and Substance Abuse Service system will have the opportunity for growth, recovery and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family members and friends.”³⁵ The Office’s guiding principles include providing quality services and supports that “...recognize, respect and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation,” and “...ensure individual human rights and eliminate discrimination and stigma.” The recommendations detailed in this section were developed based upon this mission and these guiding principles, with regards to all consumers and the topic of conversion therapy for LGBTQI behavioral health care.

The key objective of this paper was to inform decision makers about the efficacy of conversion therapy, coverage and reimbursement for this service. The American Psychiatric Association provides clear direction – which is consistently echoed throughout all the mainstream professional behavioral health associations – on its Health Minds Healthy Lives Web site:

“There is no published scientific evidence supporting the efficacy of reparative therapy’ as a treatment to change one’s sexual orientation, nor is it included in the APA’s Task Force Report, Treatments of Psychiatric Disorders. More importantly, altering sexual orientation is not an appropriate goal of psychiatric treatment. Some may seek conversion to heterosexuality because of the difficulties that they encounter as a member of a stigmatized group. Clinical experience indicates that those who have integrated their sexual orientation into a positive sense of self-function at a healthier psychological level than those who have not. “Gay

³⁵ Office of Mental Health and Substance Abuse Services. Pennsylvania Department of Public Welfare. <http://www.dpw.state.pa.us/about/omhsas>.

*affirmative psychotherapy” may be helpful in the coming out process, fostering a positive psychological development and overcoming the effects of stigmatization.*³⁶

Furthermore, the organization reiterates the positions held by the other key behavioral health profession associations about the potential danger of conversion therapy to consumers when it states that “Efforts to try to force an individual to change his or her orientation are very likely to be unsuccessful and in the end can seriously damage the self-esteem of people who fail.”³⁷

Given these strong and long-standing professional stances on conversion therapy, Mercer makes the following key recommendations to the Pennsylvania Office of Mental Health and Substance Abuse Services.

Recommendation #1: The Office of Mental Health and Substance Abuse Services should adopt a policy stating that it does not endorse or pay for conversion therapy or any other attempts to change a consumer’s sexual orientation.

- **Discussion:** There are multiple reasons for this recommendation. The consensus of the professional community is that conversion therapy is inappropriate and potentially harmful. OMHSAS should not permit or pay for services that are considered inappropriate by the professional community; that are treatments for a condition that does not have a medical diagnosis (homosexuality); that could result in liabilities in the instances that conversion therapy attempts have poor outcomes; and that could potentially cause harm. This is not the best value and best practice for public health care dollars nor does it provide the culturally competent services and supports needed by LGBTQI consumers in Pennsylvania. This recommendation supports “Goal A: Protection from Discrimination and Harassment, Recommended Action 2. Adopt a policy clarifying that OMHSAS does not endorse or pay for so-called conversion therapy” of the Keystone Pride Recovery Initiative (KPRI), documented in “Issues of Access to and Inclusion in Behavioral Health Services for Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Consumers,” July 2009.³⁸

Recommendation #2: The Office of Mental Health and Substance Abuse Services should identify LGBTQI consumers as a “special” population that may be underserved and inappropriately served, and it should develop a comprehensive plan to ensure that there is appropriate system capacity and competency to provide quality care to meet the needs of this special population.

³⁶ *Sexual Orientation*. American Psychiatric Association, Healthy Minds Health Lives. (2010). Retrieved from <http://www.healthyminds.org/More-Info-For/GayLesbianBisexuals.aspx>.

³⁷ *Lets Talk Facts About Sexual Orientation*. American Psychiatric Association, Healthy Minds Health Lives. (2009). Retrieved from: <http://www.healthyminds.org/Document-Library/Brochure-Library/Lets-Talk-Facts-Sexual-Orientation.aspx>.

³⁸ http://www.parecovery.org/documents/OMHSAS_LGBTQI_Recommendations.pdf

- **Discussion:** OMHSAS has already embarked on efforts to better serve LGBTQI consumers by establishing the LGBTQI workgroup, KPRI and developing the recommendations in the July 2009 document. Because of the unique minority nature of LGBTQI consumers, it is essential that data are gathered on this special population and their experiences in the public mental health and substance abuse services system to ensure a comprehensive plan be developed and executed in order to ensure that all consumers have access to appropriate services and any experiences with conversion therapy are documented.

These recommendations will help ensure that OMHSAS better meets its mission and vision in serving LGBTQI consumers, and they embrace the goal of helping all consumers moving toward recovery and resiliency in a best-practice, best-value system of care.



Appendix A

Glossary of terms³⁹

Bisexual: A person who identifies as being attracted relationally and sexually to men as well as women

Conversion therapy or reparative therapy

Gay: A man who identifies primarily as being attracted relationally and sexually to other men. Although it can be used for any sex (e.g. gay man, gay woman, gay person), “lesbian” or other terms are used more frequently for women who are attracted to women.

Homosexual: A clinical term for people who are sexually attracted to members of the same sex. Some gay men and lesbians find this term offensive, as it has been used in the past to pathologize people.

Intersex: A term used for “a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.” Intersex people may have various combinations of genitalia, reproductive organs, secondary sex characteristics and combinations of sex chromosomes. These conditions occur in approximately 1 out of 2000 births. At birth or more preferably later in physical and mental development, intersex people may undergo surgery to make their genitalia conform to the conventions of the gender binary (i.e. either male or female). Many intersex people struggle with issues of shame and secrecy. Some struggle with the implications of surgery or gender assignment earlier in life, which may not match their gender identity and/or may have caused them permanent physical damage.

³⁹ Definitions within the glossary (with the exception of sexual orientation change efforts) are taken from the “Issues of access to and inclusion in behavioral health services for lesbian, gay, bisexual, transgender, questioning and intersex consumers.” July, 2009. Recommendations to the Pennsylvania Department of Public Welfare’s Office of Mental Health and Substance Abuse Services from the LGBTQI Workgroup.

Lesbian: A woman who identifies primarily as being attracted relationally and sexually to other women.

Questioning: A person who is unsure about their sexual orientation and/or gender identity, or chooses at a given time to hold off in defining their sexual orientation and/or gender identity.

Sexual orientation change efforts: methods that aim to change a same-sex sexual orientation (e.g., behavioral techniques, psychoanalytic techniques, medical approaches, religious and spiritual approaches) to heterosexual, regardless of whether mental health professionals or lay individuals (including religious professionals, religious leaders, social groups, and other lay networks, such as self-help groups) are involved.³

Transgender: A person who lives either full or part time in a gender role other than the gender assigned to them at birth. This may include transsexuals, cross dressers, drag queens, drag kings, gender queer people and intersex people. Some transgender people undergo surgeries or take hormones to change the sex characteristics of their bodies, and others do not. The medical and psychological communities continue to view the behavior of such people as psychopathological. Many are diagnosed as having a gender identity disorder. Other transgender people express themselves in the traditional role assigned them at birth, but do not identify themselves with the traditional gender-binary language of male and female.

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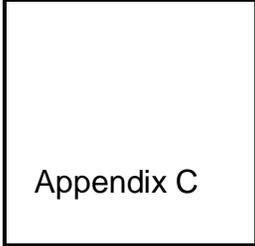
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Appendix C

Listing of interviewees

Interviewees referenced in this document

Marion Freedman-Gurspan, Policy Analyst for Child/Adolescent Services,
Massachusetts Department of Mental Health

Poshi Mikalson, MSW, LGBT Project Coordinator, Mental Health America of Northern
California

Beth Pickering, MS, Southeast Regional Director, Community Behavioral Health
Donald D. Scott, Field Network Director. Magellan Health Services' Pennsylvania Health
Choices

James Schuster, MD, MBA Chief Medical Officer, Community Behavioral Health
Nicola Simmersbach, PsyD, LMFT, Mental Health Program Coordinator, Sacramento
County Division of Mental Health

Additional interviewees who provided information and perspectives of the topic

Ted Faigle, Program Manager and Grant Writer, LGBT Health Program, Drexel
University

Constance R. Matthews, Ph.D., NCC, LPC, Managing Partner, New Perspectives, LLC

Kathryn Newton, Ph.D., Assistant Professor, Department of Counseling and College
Student Personnel, Shippensburg University

Sherry Snyder, Acting Deputy Secretary, Office of Mental Health & Substance Abuse
Services, PA

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