



## **Conversion Therapy Executive Summary**

### **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.<sup>1</sup> 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 summarizes 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 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 attraction that can be changed. It is not the intention of this paper to cover all aspects of best practice for individuals who identify as a member of a sexual minority, but to focus on the place of conversion therapy in best practice for the LGBTQI population.<sup>2</sup>

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<sup>1</sup> 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.

<sup>2</sup> Often the term sexual minority is used to identify members of the lesbian, gay and bisexual community.

The American Psychiatric Association, in its 2000 Position Statement, pointed out that the issue of changing sexual orientation has become highly politicized.<sup>3</sup> In this position statement on "Therapies Focused on Attempts to Change Sexual Orientation," the Association 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 2009.<sup>4</sup> The Task Force report states that the values of some faith-based organizations and 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 minority 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 this plays 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.

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

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

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<sup>3</sup> *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>

<sup>4</sup> *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. (2009) Retrieved from: [www.apa.org/pi/lgbcc/publications/](http://www.apa.org/pi/lgbcc/publications/)

<sup>5</sup> <http://www.narth.com/>

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

in 1976.<sup>7</sup> 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.

## **Key findings**

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.

Mercer completed a thorough literature review and online search about the positions of the key mental health and medical professional associations on the use of conversion therapy. The preliminary identification of available positions, guidelines and articles was accomplished by using the search terms "conversion therapy" on the web sites of the 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 consumers 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.

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<sup>7</sup> Mills, K. I. (1998). Mission Impossible: Why Reparative Therapy and Ex-Gay Ministries Fail. Human Rights Campaign.

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.<sup>8</sup> 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.*"<sup>9</sup>

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:

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

<sup>9</sup> 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, 2001<sup>10</sup>
- American Counseling Association, 2005<sup>11</sup>
- National Association of Social Workers, 2008<sup>12</sup>

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.

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

All of the interviewees described the LGBTQI community as a population whose behavioral health needs required specialty education and care guidelines. 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. There were examples of active efforts to determine the service and capacity needs for LGBTQI individuals as a special population akin to those being undertaken by OMHSAS with its LGBTQI workgroup initiative.

## **Recommendations**

As a result of the research on the positions and recommendations of key professional associations regarding conversion therapy and the interviews with select subject area

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<sup>10</sup> *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](http://www.aamft.org/resources/lrm_plan/ethics/ethicscode2001.asp)

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

<sup>12</sup> *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>.

experts and advocates, Mercer has developed two key recommendations for the Pennsylvania 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 label 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.