



September 16, 2015

Ron Ross, Ph.D., CPM  
Executive Director  
State Board of Psychology  
77 S High St # 1830  
Columbus, OH 43215

Dear Mr. Ross,

As per our phone conversation on September 4, 2015, I am forwarding information provided by Alison Gill, Esq., Senior Legislative Counsel at the Human Rights Campaign. Below Alison Gill's information is further material provided by Danielle Smith, MSW, MA, LSW, Social Worker, Executive Director, National Association of Social Workers - Ohio Chapter. The section titles are my creation based on notes I took during our conversation. They appear in purple.

### *1) Summary of legislation, consumer fraud cases and other regulatory actions from other states*

States that introduced anti-conversion therapy legislation this legislative cycle include AZ, CO, CT, FL, IL, IA, MA, MN, NV, NY, OH, OK, OR, PA, RI, TX, VA, VT, WA, WV. Bills passed in IL and OR, and it is possible we will see passage before the end of the year in MA. Each of these bills was similar in that they restricted the ability of licensed practitioners to provide conversion therapy to minors. So far, there are 5 jurisdictions have passed anti-conversion therapy legislation - DC, CA, NJ, OR, and IL.

There has not been much in the way of regulatory action from states, except that the Attorney General of MD issued a (nonpublic) letter making clear that professional boards have the ability to regulate conversion therapy done by the professions they license. This approach has not proven very effective because it does little to educate the public about the issue or encourage survivors to bring claims.

### *2) Context around what spurred those efforts*

CA was the first state to consider a bill to protect youth from conversion therapy, which was brought by CA state Senator Ted Lieu (who is now in Congress). After that bill passed, state legislators around the country began to consider similar legislation. HRC and NCLR has worked with lawmakers to ensure that this introduced legislation is consistent and legally sufficient.

### *3) How to put new regulations into language*

There are a number of administrative avenues that regulations might take. I would need additional context regarding how you would like to go about restricting these harmful practices. However, here is some simple language that you can adapt for regulations. I limited it to psychologists, but that list can be expanded based on what professions are covered. I am happy to speak with you and help with drafting if that would be helpful.

## **1. CONVERSION THERAPY DEFINED.**

As used in this section, "conversion therapy" means any practices or treatments that seek to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy shall not include counseling that provides assistance to a person



undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

## 2. VIOLATIONS AND ENFORCEMENT.

a. A licensed psychologist, or a person who performs counseling as part of the person's professional training in psychology, shall not engage in conversion therapy with a person under 18 years of age.

b. Any conversion therapy practiced by a licensed psychologist on a patient under 18 years of age shall be considered unprofessional conduct and shall subject them to discipline by the Ohio Board of Psychology.

*Subsection of 3)*

### *a) How to deal with issues of parental consent*

In our view, conversion therapy is a harmful and inappropriate practice, and so parental consent does not make the practice acceptable, nor should it absolve a practitioner from discipline. Therefore, it should either not be addressed in the regulation, or it should be addressed in the context of the importance of family acceptance for LGBT youth and helping families understand the dangers of conversion therapy.

### *2) How to allow counselors to work with minors around exploring their sexuality without running up against these new regulations*

The definition of conversion therapy we provided specifically exempts counseling that focuses on identity exploration, acceptance, social support, coping. Such counseling would be perfectly acceptable as long as they are not provided in the context of conversion therapy.

End of information from Alison Gill

The following is information provided by Danielle Smith, MSW, MA, LSW, Social Worker, Executive Director, National Association of Social Workers - Ohio Chapter. Some of this is repetitive but may be useful separately.

- Legislation or a rule could specifically mention that any therapy with someone who is seeking treatment for concerns related to gender identity or sexual orientation needs to be based on affirmative therapeutic interventions. In some ways I think it is easier to say what to do then what not to do. Affirmative therapeutic interventions should be culturally competent; not based in stigma or based on the inaccurate notion that their identity is a mental illness or disorder; and the therapeutic alliance and relationship are based in empathy, positive regard, honesty, and other factors encompassed in the affirmative perspective on therapeutic interventions.
- Clients have the right to self-determine. Forced conversion therapy relies on collusion between the therapist and the parent/guardian against the client, the minor. Yes there are times when parental rights trump the child's rights but I do not believe that this is the case in the use of conversion therapy.





- The language in the California law highlights these points. I also think it clearly states that treatments related to sex offenders like Ron mentioned would not be related to this ban.
  - o Sexual orientation change efforts' means any practices by mental health providers that seek to change an individual's sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.
  - o 'Sexual orientation change efforts' does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and (B) do not seek to change sexual orientation.
- I have attached the amicus brief that NASW signed on to after the constitutionality of the New Jersey law was challenged. It gives some good arguments, particularly on the excuse of the law being 'vague.'

Please let me know if other questions arise or if more clarity is needed. Thank you for being willing to explore this with us.

Sincerely,

A handwritten signature in cursive script that reads "Kim Welter".

Kim Welter  
Deputy Director

