******DRAFT 4******

House Bill 18-1245

Prohibit Conversion Therapy Mental Health Provider: Concerning a Mental Healthcare Provider Engaging in Conversion Therapy with a Patient Under Eighteen Years of Age

An Economic Analysis

April 23, 2018

House Bill 18-1245 will prevent mental health professionals from practicing conversion therapy, also known as reparative therapy, on patients under 18 years of age. This bill defines "conversion therapy" as any practice meant to change an individual's sexual orientation, which includes practices to alter gender expressions, social behaviors, and/or quell romantic feelings towards members of the same sex. This analysis provides a brief background on conversion therapy and rationale in support of passing HB 18-1245.

As explained by Moss, the practice of conversion therapy presumes that homosexuality is a mental disorder. This practice utilizes the psychological techniques of psychoanalysis, hypnosis, reframing desires, social skills training, and aversive behavioral therapy. In addition, there are cases in which therapists include social isolation, shaming, and/or physical pain into the treatment plan. Both opponents and proponents of the therapy generally agree that it is a choice treatment when parents cannot reconcile their child's sexuality in the context of their religion (Moss, 2014).

Children identifying as lesbian, gay, bisexual, and transsexual (LGBT) tend to experience discrimination, maltreatment, isolation, and instability as a result of their sexual orientations (McCormick, Schmidt, & Terrazas, 2017). Additionally, parents may disapprove of their children's LGBT status for religious reasons (Moss, 2014). In addressing

social isolation or religious conflict, LBGT people or parents of LBGT youth respectively may opt for conversion therapy (McCormick et al., 2017; Moss, 2014).

Despite the continued use of this therapy, existing studies, and a large quantity of patient narratives, caused many mental health professionals to conclude that conversion therapy is ineffective, and even harmful, towards patient health (Moss, 2014). There is no scientific evidence that conversion therapy alters sexual orientation (Drescher et al., 2016).

However, some organizations, like Focus on the Family, have taken to citing Dr. Robert Spitzer's flawed clinical research study to advocate for the use of conversion therapy (Johnston, 2014). Spitzer's study claimed that one's sexuality can be changed via therapy (Spitzer, 2003). Spitzer recalled that critics of his study urged him not to publish (NPR, 2012). One critique of the study was Spitzer's recruitment of patients who were invested in demonstrating the efficacy of conversion therapy, putting the credibility of patient reports at risk (Hill & Diclementi, 2003). Realizing his error, Spitzer denounced his study and wrote an apology which was reprinted by the Truth Wins Out (Becker, 2012; Carey, 2012; NPR, 2012). Spitzer also stated that "there is no way to judge the credibility of subject reports of change in sexual orientation" (Drescher et al., 2016).

The American Psychological Association states that "[s]ame-sex attractions, feelings, and behaviors are normal variants of human sexuality" (Moss, 2014). This is echoed by other reputable mental health and medical organizations such as the American Psychiatric Association and the World Health Organization (Human Rights Campaign, 2018). As a result of homosexuality's official designation as a normal human behavior, many mental health professionals agree that conversion therapy is a waste of time for both the patient and the provider as there is nothing to cure (Moss, 2014).

Conversion therapy can potentially harm its patients as patients can be misled into thinking that their sexual orientations can be altered by this therapy. A lack of results can lead to depression, anxiety, and/or suicidal ideation (Drescher et al., 2016; Glassgold et al., 2009). These are substantial risks for undertaking a therapy which has no clinical validity. But given that adults are able assess the risks of different treatment plans on their own behalf, adults should have the ability to choose whether they enroll in this therapy.

The issue of current conversion therapy practices concerns those under 18 years of age. Under Colorado laws and regulations, parents have the right to dictate both the religious upbringing of their children and the medical care their children receive (Colorado Association for School-Based Healthcare, n.d.; Moss, 2014). As it stands, parents have the authority to enroll their children in conversion therapy treatment without the consent of their children (McCormick et al., 2017; Moss, 2014).

The difference in therapy enrollment between adults and children is the basis of HB 18-1245. The harms experienced by an adult from therapy is considered a private cost as the adult makes the choice to enroll in the therapy with the ability to assess its risks. The government is not concerned with addressing private costs.

Parents who force their children into conversion therapy subject their children to negative externalities, costs or harms experienced by children from circumstances beyond their control. In these cases in which the "[parents'] decision places the child's health or safety in danger," the government must override parental authority to address the downstream harms of conversion therapy on the child's development (Moss, 2014).

These harms are cited in numerous scientific reports and large quantities of patient testimonies (Drescher et al., 2016; Glassgold et al., 2009; McCormick et al., 2017; Moss,

2014). However, the lack of reports on conversion therapy visits makes it difficult to quantify the frequencies of disorder development on child-victims of this treatment.

As a result of their therapy, some children can develop severe depression. LGBT children experiencing familial rejection as a result of their sexuality are 5.9 times more likely to report high levels of depression compared to children who report low or no familial rejection (Ryan, Huebner, Diaz, & Sanchez, 2009). Depression can impair children's academic achievement, ability to cope with family changes, and ability to establish peer networks, all of which have implications for adult productivity and quality of life (Rao & Chen, 2009). Rao and Chen also state that depressed children may experience depressive episodes in adult life and have a higher likelihood of developing bipolar disorder.

Similarly to depression, childhood anxiety negatively impacts academic performance and social development to hamper the potential and quality of their adult lives (Center on the Developing Child, 2010).

Compared to children facing low or no familial rejection on the basis of sexuality, LBGT children are 8.4 times more likely to attempt suicide (Ryan et al., 2009). The social cost of each suicide is calculated as $1,329,553 (Shepard Donald S., Gurewich Deborah, Lwin Aung K., Reed Gerald A., & Silverman Morton M., 2016). Lost productivity accounts for 97.1% of the cost of each suicide with the residue composing of medical costs.

There exist safer alternatives to conversion therapy. The American Psychological Association recommends that those who experience a conflict of faith and sexuality enroll in affirmative therapeutic interventions (Moss, 2014). In these therapies, mental health professionals retain a neutral position, allowing patients to choose how to reconcile their identities in the context of their social situations or their faith – such as practicing

abstinence. An added benefit of affirmative therapeutic interventions is that their effectiveness is better-supported and their use poses low risks to patients (Moss, 2014).

The government has a responsibility to protecting the health of minors from the negative externalities of forced conversion therapy enrollment. As affirmative therapeutic interventions exist as proven, safer alternatives, there is no need to continue the use of conversion therapies for minors in Colorado. Therefore, this analysis strongly encourages the Assembly to pass HB 18-1245.

Works Cited

Becker, J. M. (2012, April 25). EXCLUSIVE: Dr. Robert Spitzer Apologizes to Gay Community for Infamous "Ex-Gay" Study | Truth Wins Out. Retrieved April 22, 2018, from //truthwinsout.org/news/2012/04/24542/

Carey, B. (2012, May 18). Dr. Robert L. Spitzer, Noted Psychiatrist, Apologizes for Study on Gay "Cure." *The New York Times*. Retrieved from https://www.nytimes.com/2012/05/19/health/dr-robert-l-spitzer-noted-psychiatrist-apologizes-for-study-on-gay-cure.html

Center on the Developing Child. (2010). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development*. Harvard University.

Colorado Association for School-Based Healthcare. (n.d.). *Understanding Minor Consent and Confidentiality in Colorado*.

Drescher, J., Schwartz, A., Casoy, F., McIntosh, C. A., Hurley, B., Ashley, K., … Tompkins, D. A. (2016). The Growing Regulation of Conversion Therapy. *Journal of Medical Regulation*, *102*(2), 7–12.

Glassgold, J. M., Beckstead, L., Drescher, J., Green, B., Miller, R. L., Worthington, R. L., & Anderson, C. W. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. American Psychological Association.

Hill, C., & Diclementi, J. (2003). Methodological limitations do not justify the claim that same-sex attraction changed through "reparative therapy." *Archives of Sexual Behavior*, 141–146. https://doi.org/10.1300/5503_17

Human Rights Campaign. (2018). Policy and Position Statements on Conversion Therapy. Retrieved April 15, 2018, from http://www.hrc.org/resources/policy-and-position-statements-on-conversion-therapy/

Johnston, J. (2014, June 9). The Right to Counseling for Unwanted Same-Sex Attractions. Retrieved April 22, 2018, from https://www.focusonthefamily.com/socialissues/sexuality/leaving-homosexuality/the-right-to-counseling-for-unwanted-same-sex-attractions

McCormick, A., Schmidt, K., & Terrazas, S. (2017). LGBTQ Youth in the Child Welfare System: An Overview of Research, Practice, and Policy. *Journal of Public Child Welfare*, *11*(1), 27–39. https://doi.org/10.1080/15548732.2016.1221368

Moss, I. (2014). Ending Reparative Therapy in Minors: An Appropriate Legislative Response. *Family Court Review*, *52*(2), 316–329. https://doi.org/10.1111/fcre.12093

NPR. (2012, May 21). Spitzer's Apology Changes "Ex-Gay" Debate. Retrieved April 19, 2018, from https://www.npr.org/2012/05/21/153213796/spitzers-apology-changes-ex-gay-debate

Rao, U., & Chen, L.-A. (2009). Characteristics, correlates, and outcomes of childhood and adolescent depressive disorders. *Dialogues in Clinical Neuroscience*, *11*(1), 45–62.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics*, *123*(1), 346–352. https://doi.org/10.1542/peds.2007-3524

Shepard Donald S., Gurewich Deborah, Lwin Aung K., Reed Gerald A., & Silverman Morton M. (2016). Suicide and Suicidal Attempts in the United States: Costs and Policy Implications. *Suicide and Life-Threatening Behavior*, *46*(3), 352–362. https://doi.org/10.1111/sltb.12225

Spitzer, R. L. (2003). Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation. *Archives of Sexual Behavior*, *32*(5), 403–417. https://doi.org/10.1023/A:1025647527010