

I am writing to provide written testimony in support for HF2156, which seeks to prohibit conversion therapy for minors and vulnerable adults. In my role as a university professor and Ph.D. scholar, I conduct research on conversion therapy. I will briefly summarize the findings of four of those studies.

The first study was based on 762 marriage and family therapists who were members of the American Association of Marriage and Family Therapy. Data were collected using electronic surveys that assessed participants' negative beliefs about and clinical competence with lesbian, gay, and bisexual individuals. Results indicate that those who believe in the ethics of and/or practice conversion therapy report statistically higher levels of homophobia and lower levels of clinical competence working with lesbian, gay, and bisexual clients. Those that practice conversion therapy often argue that skills and beliefs are similar to other clinicians but this found that assertion is incorrect and instead those that practice conversion therapy were found to be statistically different than those who do not practice conversion therapy. The citation for this study is:

McGeorge, C. R., Carlson, T. S., & Toomey, R. B. (2015). An exploration of family therapists' beliefs about the ethics of conversion therapy: The influence of negative beliefs and clinical competence with lesbian, gay, and bisexual clients. *Journal of Marital & Family Therapy*, 41(1), 42-56.

The purpose of this second study was to explore (1) faculty members' beliefs about the ethics of conversion therapy, (2) course content related to conversion therapy, and (3) positions taken by programs associated with conversion therapy. A total of 117 faculty members from accredited marriage and family therapy programs completed an online survey for this study. The vast majority of faculty members in this study viewed the practice of conversion therapy as unethical. This suggests that faculty members' beliefs are aligned with the current literature and the position statements of the major mental health organizations regarding conversion therapy (AAMFT, 2009; ApA, 2000; Drescher, 2002; Forstein, 2002; Just the Facts Coalition, 2008; McGeorge et al., 2015; Serovich et al., 2008). The faculty members were also teaching their students about the negative effects and outcomes of conversion therapy on the lives of LGB persons, which could influence future generations of family therapists to not use this harmful practice. These findings appear to highlight a growing awareness among family therapy faculty of the harmful and unethical nature of conversion therapy. The citation for this study is:

McGeorge, C. R., Carlson, T. S., & Maier, C. A. (2017). Are we there yet? Faculty members' beliefs and teaching practices related to the ethical treatment of lesbian, gay, and bisexual clients. *Journal of Marital & Family Therapy*, 43(2), 322-337.

The third study focused on the fact that conversion therapy is frequently sought out by families who are rejecting of loved ones with marginalized sexual orientations and gender identities. This study explored the impact of religious and non-religious conversion therapy on the mental health of transgender and nonbinary adults through a secondary data analysis of the U.S. Transgender Survey. Results found that both non-religious and religious conversion therapy were associated with increased odds of suicidal ideation and attempts. This study supports ethical and legal bans on conversion therapy. The citation for this study is:

Heiden-Rootes, K., McGeorge, C. R., Salas, J., & Levine, S. (in press). The effects of gender identity change efforts on Black, Latinx, and White transgender and gender nonbinary adults: Implications for ethical clinical practice. *Journal of Marital & Family Therapy*.

The fourth study sought to explore the beliefs of marriage and family therapists (MFTs) about why conversion therapy should be labeled as unethical in the American Association of Marriage and Family Therapy (AAMFT) Code of Ethics. Utilizing an online survey, this study collected data from 208 clinicians with a range of therapeutic experiences and social location identities. Participants responded to open-ended questions, which were analyzed using thematic analysis. The analysis revealed four themes describing why MFTs support conversion therapy being labeled as unethical in the AAMFT Code of Ethics: (1) Does not fit the values/roles of being an MFT; (2) Does not fit the ethics of being an MFT; (3) Is harmful and ineffective; and (4) AAMFT has an ethical imperative. This study is under review and not yet published.

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