



UNIVERSIDAD DE PUERTO RICO
RECINTO DE RÍO PIEDRAS
FACULTAD DE CIENCIAS SOCIALES
ESCUELA GRADUADA DE CONSEJERÍA EN REHABILITACIÓN

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Hon. Eduardo Bathia Gautier
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Senado de Puerto Rico

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Reacción al Proyecto del Senado Núm. 1000

Saludos cordiales de parte del Comité Multisectorial de Identidad Profesional y Política Pública constituido por la Escuela Graduada de Consejería en Rehabilitación (EGCORE) de la Universidad de Puerto Rico, Recinto de Río Piedras; la Junta Examinadora de Consejeros en Rehabilitación (JECR-PR) y el Colegio de Profesionales de la Consejería en Rehabilitación (CPCR-PR). La misión de este comité es evaluar piezas legislativas relacionadas con la población con impedimentos o diversidad funcional en las áreas de vida independiente, educación, salud y empleo; orientar a los profesionales, ciudadanos con impedimentos y otros sobre los procesos de rehabilitación que promueven la integración de estos a la sociedad; promover su calidad de vida y apoderamiento al igual que promover la profesión de la consejería en rehabilitación en diferentes sectores. En esta ocasión nos dirigimos a ustedes para reaccionar al Proyecto del Senado Núm. 1000 cuyo propósito es:

...enmendar el Artículo 1.06 de la Ley 408-2000, según enmendada, conocida como “Ley de Salud Mental de Puerto Rico”; enmendar los Artículos 3 y 41 de la Ley 246-2011, según enmendada, conocida como “Ley para la Seguridad, Bienestar y Protección de Menores”; enmendar el Artículo 10 de la Ley 20-2015, según enmendada, conocida como “Ley de Fondos Legislativos para Impacto Comunitario”, a los fines de ampliar las protecciones de la salud física y mental de los menores de

edad, mediante la prohibición de la práctica de la terapia de conversión sobre sus personas; y para otros fines relacionados.

Como profesionales del campo de la salud mental endosamos el proyecto por entender que las terapias de conversión no han demostrado ser efectivas y que más aún, pueden ser dañinas en menores y adultos. De hecho, el tratamiento basado en la evidencia (EBP) constituido por los tratamientos más efectivos (EBT), las competencias de los profesionales, el perfil de los pacientes y el contexto no han demostrado científicamente que este tipo de intervención sea eficaz. Al contrario, se han reportado casos donde como consecuencia de este modo de intervención las personas desarrollan psicopatologías como la ansiedad, la depresión e ideas suicidas. La Organización de Naciones Unidas (ONU) la clasifica como una tortura. La **American Academy of Child and Adolescent Psychiatry** y otras organizaciones profesionales la contraindican. A continuación, presentamos las declaraciones y enlaces de éstas:

American Academy of Child and Adolescent Psychiatry, *The AACAP Policy on “Conversion Therapies”* (2018), available at https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx.

"The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any “therapeutic intervention” operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such “conversion therapies” (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, “conversion therapies” should not be part of any behavioral health treatment of children and adolescents."

American Academy of Pediatrics, *Homosexuality and Adolescence*, 92 Pediatrics 631 (1993), available at <http://pediatrics.aappublications.org/content/92/4/631.full.pdf>.

“Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”

American Association for Marriage and Family Therapy, *AAMFT Position on Couples and Families* (2009), available at http://www.aamft.org/imis15/content/about_aamft/position_on_couples.aspx.

“[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available.”

American College of Physicians, *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*, Ann Intern Med. Published Online (2015), available at <http://annals.org/article.aspx?articleid=2292051>.

“8. The College opposes the use of “conversion,” “reorientation,” or “reparative” therapy for the treatment of LGBT persons.

Available research does not support the use of reparative therapy as an effective method in the treatment of LGBT persons. Evidence shows that the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons. Research done at San Francisco State University on the effect of familial attitudes and acceptance found that LGBT youth who were rejected by their families because of their identity were more likely than their LGBT peers who were not rejected or only mildly rejected by their families to attempt suicide, report high levels of depression, use illegal drugs, or be at risk for HIV and sexually transmitted illnesses. The American Psychological Association literature review found that reparative therapy is associated with the loss of sexual feeling, depression, anxiety, and suicidality.”

American Counseling Association, *Ethical Issues Related to Conversion or Reparative Therapy* (2013), available at <http://www.counseling.org/news/updates/2013/01/16/ethical-issues-related-to-conversion-or-reparative-therapy>.

“The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. . . . In 1999, the Governing Council adopted a statement ‘opposing the promotion of reparative therapy as a cure for individuals who are homosexual.’ . . .

[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite

ACA's position and the Ethics Committee's statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics."

American Medical Association, *Health Care Needs of Gay Men and Lesbians in the United States*, 275 J. Am. Med. Ass'n 1354 (1996), available at <http://jama.jamanetwork.com/article.aspx?articleid=401656>.

"Aversion therapy (a behavioral or medical intervention which pairs unwanted behavior, in this case, homosexual behavior, with unpleasant sensations or aversive consequences) is no longer recommended for gay men and lesbians. Through psychotherapy, gay men and lesbians can become comfortable with their sexual orientation and understand the societal response to it."

American Medical Association, *H-160.991 Health Care Needs of the Homosexual Population*, (reaffirmed 2012), available at <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glb-t-advisory-committee/ama-policy-regarding-sexual-orientation.page>.

"Our AMA: (c) 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."

American Psychiatric Association, *Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)* (2000), available at http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2000_ReparativeTherapy.pdf.

"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, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm.

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 with the effects of societal stigmatization discussed.

Therefore, 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 a patient should change his/her sexual homosexual orientation.”

American Psychoanalytic Association, *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression* (2012), available at <http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.

“As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.”

American Psychological Association, *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts* (2009), available at <http://www.apa.org/about/policy/sexual-orientation.pdf>.

“Therefore be it resolved 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; Be it further resolved that the American Psychological Association **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;** Be it further resolved that the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation; Be it further resolved that the American Psychological Association 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; Be it further resolved that the American Psychological Association 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; Be it further resolved that the **American Psychological Association 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; Be it further resolved that the American Psychological Association encourages practitioners to consider the ethical concerns outlined in the 1997 APA Resolution on Appropriate Therapeutic Response to Sexual Orientation (American Psychological Association, 1998), in particular the following standards and principles: scientific bases for professional judgments, benefit and harm, justice, and respect for people's rights and dignity[.]”

American School Counselor Association, *The Professional School Counselor and LGBTQ Youth* (2014), available at <http://www.schoolcounselor.org/school-counselors-members/about-asca-%281%29/position-statements>.

“The professional school counselor works with all students through the stages of identity development and understands this may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student's sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student's sexual orientation or gender as these practices have been proven ineffective and harmful (APA, 2009). School counselors provide support to LGBTQ students to promote academic achievement and personal/social development. Professional school counselors are committed to the affirmation of all youth regardless of sexual orientation, gender identity and gender expression and work to create safe and affirming schools.”

American School Health Association, *Quality Comprehensive Sexuality Education* (2007).

“[T]he American School Health Association . . . expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research . . . [and recommends] that teachers be well-trained and competent to teach sexuality education as defined by . . . insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience.”

National Association of Social Workers, *“Reparative” or “Conversion” Therapies for Lesbians and Gay Men* (2000), available at <http://www.naswdc.org/diversity/lgb/reparative.asp>.

“[P]roponents 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. . . [Reparative and conversion therapies] cannot and will not change sexual orientation. Aligned with the American Psychological Association's (1997) position, NCLGB believes that such treatment potentially can lead to severe emotional damage.” (emphasis in original)

National Association of Social Workers, *Policy Statement: Lesbian, Gay, and Bisexual Issues* (2005), available at <http://www.socialworkers.org/da/da2005/policies0505/documents/lgbissues.pdf>.

“Taken to the extreme, homophobia in social workers and other practitioners can lead to the use of conversion or reparative therapies, which are explicitly condemned by NASW. . . . NASW reaffirms its stance against reparative therapies and treatments designed to change sexual orientation or to refer practitioners or programs that claim to do so.”

Pan American Health Organization: Regional Office of the World Health Organization, *“Cures” for an Illness That Does Not Exist: Purported Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically Unacceptable* (2012), available at http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703.

“‘Reparative’ or ‘conversion therapies’ have no medical indication and represent a severe threat to the health and human rights of the affected persons. They constitute unjustifiable practices that should be denounced and subject to adequate sanctions and penalties.”

Con estas declaraciones queda claro que los profesionales de la salud mental y las organizaciones bona fide que los representan **no endosan** la terapia de conversión. Por otro lado, desde la ética profesional, estas terapias utilizadas con menores cuando ya están contraindicadas y reconocidas como ineficaces, implican negligencia profesional y violación a principios éticos. En el caso de la consejería en rehabilitación, podrían constituir una violación a los principios de beneficencia, no maleficencia, autonomía y justicia.

Finalmente, deseamos establecer que la orientación sexual hacia personas del mismo sexo y sus variantes (según identificadas en las siglas LGBTTT) no constituye una patología sino un espectro de subjetividades, representaciones sociales e identidades asumidas que deben ser respetadas dentro de la amplia gama de características que denominamos diversidad.

Cordialmente,

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