

Findings and Recommendations Regarding Proposal Referred to Ethics Committee by CAMFT Board

December 20, 2010

The Committee conducted research and engaged in a discussion about the June 9, 2010 Proposal for Statement from CAMFT Board of Directors on Ethical Treatment of Sexual Orientation and Gender (the “Proposal”) that was referred to the Ethics Committee by the Board and discussed the specific requests of the Board. The Committee addressed each of the requests as follows:

1. Determine how the proposal coincides with or goes beyond what the American Psychological Association (APA-1) has passed.

The Committee reviewed the policies approved by the APA-1, the American Psychiatric Association (APA-2), the American Counseling Association (ACA), the American Association for Marriage and Family Therapy (AAMFT), American Psychoanalytic Association (APA-3), International Society of Psychiatric Mental Health Nurses (ISPMHN), and the National Association of Social Workers (NASW). The Committee found that five of the seven other major mental health organizations concur with the APA-1 conclusion; however, none prohibit the practice of conversion or reparative therapy in their codes of ethics.

The Committee found substantial distinction between the Proposal and the APA-1 standards. In comparing the Proposal with the APA-1 Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts (2009), the essential difference is in the Proposal’s strict proscription against providing or supporting treatments seeking to alter a person’s sexual orientation or mode of gender expression. The Proposal creates a “treatment-specific” ethical ban. In the APA-1 Resolution, ethical considerations employed are broad principles and are pertinent in the health provider’s decision-making process. In its Resolution, the APA-1 cites the following standards and general principles that should be considered in the decision making process: scientific bases for professional judgments, benefit and harm, justice, and respect for people’s rights and dignity. In the Report of the APA-1 Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) (“Task Force Report”), each of these standards and general principles is examined. A psychologist who provides sex orientation change efforts (SOCE), depending on all of the facts and circumstances, may be in violation of one or more of the APA-1’s Ethical Standards, but in no event has the APA-1 categorically prohibited therapies that may result in sexual orientation changes. Therefore, APA-1 does not prohibit a treatment or an outcome without consideration of the case specific circumstances, as the Proposal does. Instead, APA-1 specifies ethical principles of clinical judgment and practice in this area.

2. Determine if it is within CAMFT’s purview to make statements on theoretical orientations.

While it is within CAMFT’s purview to make statements on theoretical orientations, the Committee determined that theoretical orientation is not the issue at hand. A variety of orientations could be employed to engage in conversion or reparative therapy. The Committee recommends that CAMFT not declare an object of therapy or a patient’s goals for therapy unethical. The Committee determined that CAMFT should apply its thinking to practices in light of ethical principles. This determination is consistent with the statements and actions of the other professional organizations. The Ethics Committee pursued a similar approach in its recommendations regarding the *CAMFT Code of Ethics* and how it applies to treatment outcomes, treatment plans, goals, and techniques.

3. Determine from a survey of the existing codes of ethics and research what other entities have concluded.

A review of the existing codes of ethics and policy statements of the other prominent organizations reveals that they have not declared conversion or reparative therapy per se unethical, however, their codes of ethics contain many provisions that could be used in addressing a relevant ethical complaint.

4. Review the existing *Code of Ethics* to see what sections might relate to this issue if there was a complaint.

The Committee conducted a review of the existing Code of Ethics and determined that the following sections would relate to this issue if a complaint were filed with the Committee.

CURRENT CODE SECTIONS:

➤ INTRODUCTION

“ . . . Ethical behavior must satisfy not only the judgment of the individual marriage and family therapist, but also the judgment of his/her peers, based upon a set of recognized norms.”

“ . . . While the specific wording of these standards is important, the spirit and intent of the principles should be taken into consideration by those utilizing or interpreting this code. . . .”

- 1. RESPONSIBILITY TO PATIENTS: Marriage and family therapists advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.
- 1.2 DUAL RELATIONSHIPS—DEFINITION: Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. . . .
- 1.5 THERAPIST DISCLOSURES: Marriage and family therapists provide adequate information to patients in clear and understandable language so that patients can make meaningful decisions about their therapy.
- 1.5.1 RISKS AND BENEFITS: Marriage and family therapists inform patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of physical harm that could result from the utilization of any technique.
- 1.6 EXPLOITATION: Marriage and family therapists do not use their professional relationships with patients to further their own interests.
- 1.7 PATIENT BENEFIT: Marriage and family therapists continually monitor their effectiveness and take steps to improve when necessary. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship.
- 3. PROFESSIONAL COMPETENCE AND INTEGRITY Marriage and family therapists maintain high standards of professional competence and integrity.

- 3.5 STAYING CURRENT: Marriage and family therapists remain abreast of developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay abreast of changes in the field, maintain relevant standards of scholarship, and present accurate information.
- 3.6 CULTURAL SENSITIVITY: Marriage and family therapists actively strive to identify and understand the diverse cultural backgrounds of their clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.
- 3.7 THERAPIST CULTURAL VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identity, values, and beliefs affect the process of therapy.
- 3.9 SCOPE OF COMPETENCE: Marriage and family therapists do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.

5. Review the various requests received from all stakeholders and make recommendations for the Board’s consideration.

Stakeholders have expressed conflicting views regarding the legitimacy or efficacy of therapies focused on SOCE. Rather than focus on the concept of a particular form of therapy, the Committee recommends that the most effective approach is to ensure that the *Code of Ethics* provides the basis for the evaluation and determination of ethical conduct in all cases. The *CAMFT Code of Ethics* must contain adequate standards so that more guidance and notice is given to practitioners, so that patients receive ethical services, and for the Committee to take action, if warranted. Our profession is both an art and a science and is continuously evolving. The Committee recommends strengthening the *CAMFT Code of Ethics* and believes declaring a particular form of therapy unethical per se sets a dangerous precedent.

The Committee identified the main components necessary to protect patients and guide professionals in this area of practice. Therapists should obtain appropriate informed consent that respects patient autonomy and discloses a therapist’s values and beliefs whenever such values and beliefs substantially influence his or her practice decisions. Therapists should also examine their own values, ideas, and beliefs and should not exert undue influence on patients. Therapists are expected to recognize and avoid the perpetuation of historical and social prejudices because such conduct may lead to misdiagnosing and pathologizing patients.

In reviewing the standards of the other professions and the *CAMFT Code of Ethics* the Committee recommends that various sections of the *CAMFT Code of Ethics* be modified or added as follows:

1.1.1 Marriage and family therapists are aware of and do not perpetuate historical and social prejudices when diagnosing and treating patients because such conduct may lead to misdiagnosing and pathologizing patients.

Marriage and family therapists respect the right of patients to choose whether to enter into or remain in a therapeutic relationship. (near 1.5)

1.5.1 RISKS AND BENEFITS: Marriage and family therapists inform patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of ~~physical~~ harm that could result from the utilization of any technique.

1.6 EXPLOITATION: Marriage and family therapists do not use their professional relationships with patients to further their own interests **and do not exert undue influence on patients.**

3.7 THERAPIST ~~CULTURAL~~ VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. **Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values, and beliefs.**

3.9 SCOPE OF COMPETENCE: **Marriage and family therapists take care to provide proper diagnoses of mental and emotional disorders or conditions** and do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.

PATIENT CHOICES: Marriage and family therapists respect patient choices and work jointly with patients to develop and review treatment plans that are consistent with patients' goals and that offer a reasonable likelihood of success. (near 1.4)

DISCLOSURE: Where a marriage and family therapist's personal values, attitudes, and/or beliefs are a substantial factor in the diagnosis and treatment provided to a client, the marriage and family therapist shall disclose such information to the patient. (near 3)

Ethics Committee Recommendations

1. The Ethics Committee recommends that the Board of Directors not make the statement proposed on June 9, 2010 entitled *Statement on the Ethical Treatment of Sexual Orientation and Gender*.
2. The Committee recommends that CAMFT not declare an object of therapy or a patient's goals for therapy unethical.
3. The Committee recommends that the most effective approach to this issue is to ensure that the *Code of Ethics* provides the basis for the evaluation and determination of ethical conduct in all cases.
4. The Ethics Committee recommends that the Board of Directors direct the Executive Director to publish the recommended modifications and additions to the CAMFT Code of Ethics (see #5) for member comment and for implementation according to the usual procedure for adoption of changes to the Code.

5. The Committee has serious concerns that one or more CAMFT Chapters have declared that reparative or conversion therapy is unethical. Chapters do not have the authority to craft or enact ethical standards that are distinct and different from the *CAMFT Code of Ethics*. The Committee recommends that the CAMFT Board of Directors address this concern.