



2019

# **STANDARDS REGARDING CONVERSION THERAPY**

New Brunswick Association of Social Workers

*Adopted by the Board of Directors September 14, 2019*







## Preface

The New Brunswick Association of Social Workers (NBASW), in partnership with the Ethics, Practice Issues, and Professional Standards Committee, has developed these standards for social workers in New Brunswick who may be dealing with matters involving conversion therapy. The NBASW Code of Ethics (2007) served as the foundational document in developing these standards.

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## Summary

The New Brunswick Association of Social Workers (NBASW) accompanies many other professional organizations in positioning itself against all forms of conversion and reparative therapies, hereby referred to as conversion therapy. Conversion therapy involves an array of interventions that aim to alter same-sex attractions with the goal of promoting heterosexuality (George, 2017; Bright, 2004). Some interventions include the use of medication, religious rites, behavioural, cognitive, and cognitive-behavioural strategies, as well as individual and group counselling. All of these interventions are done with the purpose of achieving heterosexuality (Bright, 2004; Christianson, 2005; American Psychological Association, 2009).

Social workers have the duty to adhere to their professional Code of Ethics (NBASW, 2007) and use it to inform their social work practice. The following Standards outline the various ways in which the practice of conversion therapy directly contradicts social work ethics and values. Social workers must therefore refrain from involving themselves with conversion therapy in any way. Involvement with the practice may result in investigation and disciplinary action being taken.





## Introduction

Conversion therapy, sometimes referred to as reparative therapy, involves an array of interventions that aim to alter same-sex attraction with the goal of promoting heterosexuality (George, 2017; Bright, 2004). Interventions include, but are not limited to: the use of medication; religious rites such as exorcism; behavioural strategies including aversion treatments such as electric shocks, covert sensitization, shame aversion, systematic desensitization, orgasmic reconditioning, satiation therapy, and non-aversive treatments including education on dating, assertiveness, and affection training; cognitive strategies such as reframing desires, redirecting thoughts, and hypnosis; cognitive-behavioural strategies such as recording thoughts and behaviors, self-talk, and reframing thoughts; and individual, group and marital counselling. These interventions are done with the purpose of achieving heterosexuality (Bright, 2004; Christianson, 2005; American Psychological Association, 2009).

Please note that practitioners of conversion therapy will sometimes give an alternative label to their practice. Regardless of the name used for treatment, any practice that is done with the intention of suppressing or altering same-sex attraction and promoting heterosexuality will be referred to as conversion therapy for the purpose of this document as well as for complaint and disciplinary purposes. Conversion therapy is a banned practice for New Brunswick Social Workers. There are no exceptions and are no instances where involvement with the practice is acceptable.



## Ethical Obligations to the Profession

Social workers have the responsibility to promote excellence in social work. This is found in section 7.1.1 of the NBASW Code of Ethics (2007), which states:

*7.1.1 Social workers shall promote excellence in the social work profession.*

Promoting excellence in the social work profession means adhering to social work values and ethics, as outlined in the NBASW Code of Ethics (2007) and the CASW Code of Ethics (2005), and only utilizing practices that are empirically based. This is outlined in section 7.1.2 of the NBASW Code of Ethics (2007), which states:

*7.1.2 Social workers shall uphold the dignity and integrity of the profession and inform their practice from a recognized social work knowledge base.*

Further to this, NBASW Code of Ethics (2007) section 7.1.8 states:

*7.1.8 Social workers shall not make false, misleading or exaggerated claims of efficacy regarding past or anticipated achievements regarding their professional services.*

Conversion therapy is not empirically based, as the array of conversion therapy techniques are not supported by reliable data and are ineffective in producing change (Spitzer, 2012; Bright, 2004; Haldeman, 1994; Jenkin & Johnston, 2004).



## Integrity in Professional Practice

The NBASW Code of Ethics (2007), Value 4: Integrity in Professional Practice states:

*Social workers demonstrate respect for the profession's purpose, values and ethical principles relevant to their field of practice. Social workers maintain a high level of professional conduct by acting honestly and responsibly, and promoting the values of the profession. Social workers strive for impartiality in their professional practice, and refrain from imposing their personal values, views and preferences on clients. It is the responsibility of social workers to establish the tenor of their professional relationship with clients, and others to whom they have a professional duty, and to maintain professional boundaries. As individuals, social workers take care in their actions to not bring the reputation of the profession into disrepute. An essential element of integrity in professional practice is ethical accountability based on the NBASW Code of Ethics, the IFSW International Declaration of Ethical Principles of Social Work, and other relevant provincial/territorial standards and guidelines. Should conflicts or uncertainty exist with respect to the interpretation or application, clarification should be sought from the social worker's regulatory body.*

Furthermore, the NBASW Code of Ethics (2007), section 2.2.2 states:

*2.2.2 Social workers shall not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political or business interests.*

According to the fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (American Psychiatric Association, 2013), same-sex attraction is not a pathological disorder or disease and therefore does not require treatment. Whereas social workers must refrain from imposing personal values, views, and preferences on clients and whereas conversion therapy is based on the belief that those who do not identify as heterosexual require treatment, the practice of conversion therapy is not rooted in science and stems from an unacceptable bias (Panozzo, 2013).



## Pursuing Social Justice

The NBASW Code of Ethics (2007), Value 2: Pursuit of Social Justice states:

*Social workers believe in the obligation of people, individually and collectively, to provide resources, services and opportunities for the overall benefit of humanity and to afford them protection from harm. Social workers promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs. Social workers oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype particular persons or groups.*

The NBASW Code of Ethics (2007) also speaks to this obligation in section 8.1.1:

*8.1.1 Social workers shall promote social justice.*

Section 1.1.2 of the NBASW Code of Ethics (2007) explains that social workers have the responsibility to advocate against all discrimination, including discrimination based on sexual orientation:

*1.1.2 Social workers shall not discriminate against any person on the basis of age, abilities, ethnic background, gender, language, marital status, national ancestry, political affiliation, race, geographical location, religion, sexual orientation or socio-economic status.*



The NBASW Code of Ethics (2007) indicates that one of the professional responsibilities of social workers is to advocate against all cases of discrimination and work towards social justice. Conversion therapy “violates the values of social justice and the dignity of every person by proscribing that only those who aspire to or achieve heterosexual behavior are deserving of all the rights and privileges of the society” (Panozzo, 2013, p. 372). By pathologizing and attempting to change people’s sexualities, conversion therapy discriminates against members of the lesbian, gay, bisexual, transgender, intersex, asexual, and two-spirit (LGBTQIA2+) community. Social workers have the professional responsibility to not be affiliated with the practice of conversion therapy and should work to eliminate this practice in society, to make a more just society.

## Standard Four

### Working in the Best Interest of the Client

The NBASW Code of Ethics (2007) defines the term best interest of the client by stating the following:

***Best Interest of the Client*** means

*(a) that the wishes, desires, motivations, and plans of the client are taken by the social worker as the primary consideration in any intervention plan developed by the social worker subject to change only when the client’s plans are documented to be unrealistic, unreasonable or potentially harmful to the client or others or otherwise determined inappropriate when considered in relation to a mandate requirement,*

*(b) that all actions and interventions of the social worker are taken subject to the reasonable belief that the client will benefit from the actions, and*

*(c) that the social workers will consider the client as an individual, a member of a family unit, a member of a community, a person with a distinct ancestry or culture and will consider those factors in any decision affecting the client.*



Conversion therapy is harmful on both individual and community levels (Christianson, 2005; Behrmann & Ravitsky, 2014) and has been found to have negative outcomes for those who experience it including increased self-hatred, decreased self-esteem, difficulty sustaining relationships, sexual dysfunction, isolation, dehumanization, depression, anxiety, self-harm, suicidal ideation, and suicide (Christianson, 2005; George, 2017; Shidlo & Schroeder, 2002; Haldeman, 2001).

In some cases, clients may request conversion therapy services for themselves. A key ethical principle is that of self-determination, as stated in the NBASW Code of Ethics (2007) section 1.3.1:

*1.3.1 Social workers shall respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify goals.*

While recognizing that clients have the right to self-determination, the NBASW Code of Ethics (2007) section 1.3.3 clarifies that there are cases where self-determination can and should be limited:

*1.3.3 Social workers may limit clients' rights to self-determination when, in the social worker's professional judgment, clients' actions or potential actions pose a serious, foreseeable and imminent risk to themselves or others.*

Based on these principles, social workers have the ethical obligation to limit client self-determination in cases where the client is requesting treatment that is not in their best interest and is unrealistic, unreasonable, potentially harmful, or poses a risk to themselves or others. Conversion therapy is a harmful and unethical practice that is inherently biased, does not treat a pathological disorder, is not supported by empirical evidence, and imposes significant harm on individuals and communities (Bright, 2004). Therefore, conversion therapy can not be provided to clients, even in cases where they adamantly request these services.



## Acknowledging Diversity

Social workers must demonstrate cultural awareness and sensitivity in their practice, as stated in section 1.2 of the NBASW Code of Ethics (2007). This section includes point 1.2.2 which states:

*1.2.2 Social workers shall acknowledge the diversity within and among individuals, communities and cultures.*

Social workers must recognize diversity and respond to the array of identities that exist. Social workers should also be cognizant of larger social forces at play and understand the many ways in which homophobia and heterosexism impact individuals and communities (Jenkins & Johnston, 2004). In cases where a client has requested to undergo conversion therapy, social workers may work with the client to examine the religious or societal messages that have led them to seek these services. During this discussion, social workers should also inform clients of the empirical literature regarding conversion therapy (Jenkins & Johnston, 2005) and of the many potential harms associated with the practice.

## Professional Accountability

The NBASW Code of Ethics (2007) section 4.1.4 states that:

*4.1.4 Social workers shall work toward the best possible standards of service and shall be accountable for their practice... social workers appropriately challenge and work to improve policies, procedures, practices and service provisions that are not in the best interest of clients; are inequitable; are in any way oppressive, disempowering or culturally inappropriate; and demonstrate discrimination.*





Social workers have the professional responsibility to uphold the values and ethical principles found in the Code of Ethics (2007) and are encouraged to practice affirmative and client-centered therapeutic practices (Beckstead, 2012). Social workers must inform their practice from a recognized social work knowledge base and must work to eliminate harmful, oppressive, and discriminatory practices, such as conversion therapy.

This document, the Standards Regarding Conversion Therapy, outlines the many ways in which conversion therapy violates the NBASW Code of Ethics (2007). Social workers who are found to be affiliated with the practice in any way, whether through practice, referral, or otherwise, may be subject to investigation and disciplinary actions. Conversion therapy is a banned practice for New Brunswick Social Workers. There are no exceptions and are no instances where involvement with the practice is acceptable.



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