

March 9, 2023

The Honorable Julie VanOrden
Chair, Senate Health & Welfare Committee
Idaho State Senate
P.O. Box 83720
Boise, ID 83720-0081

Dear Senator VanOrden and Committee Members:

Our organization has serious concerns regarding House Bill 63, and we respectfully request that Committee members vote "No" on allowing this bill to proceed.

The Counseling profession has their own professional Code of Ethics which already provides for the ethical transfer of a patient if the counselor lacks the competence to be of professional assistance. In our experience with psychology's ethics code, such ethics codes have been thoughtfully developed over time and voted upon by the professionals in their field from across the nation. Counselors voluntarily agree to uphold those codes when they train and when they are licensed in the profession.

Passing this bill would put Idaho's counseling professionals on a slippery slope since House Bill 63 contradicts their professional Code of Ethics. It solves a problem that doesn't exist.

Respectfully submitted,

Lyn McArthur, PhD, Licensed Psychologist
Co-chair, Advocacy Committee

cc: Senate Health & Welfare Committee Members
Dr. Kelly Davis, President
Dr. Kendra Westerhaus, Co-chair, Advocacy Committee
Deborah Katz, Executive Director

Michelle Tierney

From: Kendra Westerhaus <kwesterhaus@healthwestinc.org>
Sent: Wednesday, March 8, 2023 8:59 PM
To: Michelle Tierney
Subject: Written testimony for H63

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Ms. Tierney:

I would like to submit the following written testimony in opposition to H63, which is on Thursday's Senate Health and Welfare Committee agenda. Thank you.

Mr. Chairman, members of the committee:

I am Dr. Kendra Westerhaus, a licensed psychologist in Pocatello, Idaho. I am writing to oppose House Bill 63.

Ethics. The ancient Greeks, from Socrates to Plato to Aristotle, thought of ethics as a defining set of moral principles. Since that time, health professionals have followed various codes of ethics as guiding principles to practice with moral character.

When I first saw this bill, I was immediately concerned about Section 1, part 4, which says, "Actions that are lawful under this section but that may be considered to violate any counseling association code of ethics shall not be grounds for the board to discipline a professional counselor or marriage and family therapist pursuant to section 54-3407, Idaho Code."

As a psychologist I am unfamiliar with the counseling code of ethics, so I took I looked it up. The American Counseling Association Code of Ethics (2014), A.4.b, is titled Personal Values and states, "Counselors are aware of — and avoid imposing — their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature."

Counselors — when it would potentially be harmful to their clients — are allowed to refer to a more appropriate colleague. This is already allowed. Stating that counselors should be permitted to do this without obeying their code of ethics is dangerous.

We already have a scarcity of behavioral/mental health providers in Idaho. Waitlists in Pocatello are months long. Reducing potential counselors will lead to longer wait times, and higher risk to Idahoans who are not receiving care.

I urge you not to pass this bill. It is not ethical to eschew ethics.

Thank you for your time and consideration.

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Michelle Tierney

From: Sheila Weaver <sheila.weaver@gmail.com>
Sent: Thursday, March 9, 2023 10:16 AM
To: Michelle Tierney
Subject: Fwd: Vote NO on H 63

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Please note I am asking for this bill to be entered as testimony. Thanks!

----- Forwarded message -----

From: Sheila Weaver <sheila.weaver@gmail.com>
Date: Thu, Mar 9, 2023 at 9:49 AM
Subject: Vote NO on H 63
To: <JVanOrden@senate.idaho.gov>, <GZuiderveld@senate.idaho.gov>, <Alee@senate.idaho.gov>, <MHarris@senate.idaho.gov>, <CBjerke@senate.idaho.gov>, <MWintrow@senate.idaho.gov>, <RTaylor@senate.idaho.gov>
CC: Representative John L. Gannon <jgannon@house.idaho.gov>, Senator Carrie Semmelroth <CSemmelroth@senate.idaho.gov>, Representative Sue Chew <schew@house.idaho.gov>

Dear Senate Health and Welfare Committee -

I am a Licensed Clinical Social Worker and Advanced Certified Alcohol and Drug Counselor. I was born in Mountain Home and have had 4 generations of my family in Elmore County. I now live in District 17 and I'm honored to have the education, professional skills, and training to serve Idahoans at some of the toughest times in their lives.

Asking for help from a counselor is a brave step. The decision to connect with a counselor often comes after individuals have exhausted their personal reserves, their social supports, and community resources. I'm consistently amazed and inspired by the bravery of Idahoans who are courageous enough to endure through extended periods of fear, self-doubt, and mental health issues on their path before finally asking for help.

As we sit here, counselors across the state are supporting their clients in building coping skills, ending substance abuse, recovering from mental illness, preventing suicide, and empowering them to live another day. Counselors are a crucial link to strengthening the ability for people to remain in their communities so they can continue caring for their children, holding meaningful employment, and to avoid difficult and costly psychiatric hospitalizations at a high expense to taxpayers.

What comes of the person who finally works up the strength to ask for help and is turned away? The bill gives professionals the ability to withhold their professional skills and abilities when people need them the most. Even if the counselor makes a referral elsewhere, the likelihood of a person following through is significantly diminished. Particularly when we know that 100% of Idaho is considered to be a Health Professional Shortage Area for mental health¹, it seems particularly cruel to turn Idahoans away when their ability to seek help elsewhere is challenged by a statewide lack of resources.

H 63 will harm these vulnerable Idahoans when they are struggling the most. It will harm all of us. In her last presentation, the sponsor of this bill stated that "We're writing statute for a profession. The profession needs to

conform." I ask that you allow counselors to continue to conform to our long-established ethics and thousands and hours of training our field has provided. Again, I ask you to vote no on H 63.

Thank you,

Sheila Weaver, LCSW, ACADC

sheila.weaver@gmail.com

Please note I am asking for this bill to be entered as testimony.

1. Health Professional Shortage Area source: <https://healthandwelfare.idaho.gov/providers/rural-health-and-underserved-areas/rural-health-and-underserved-areas>

Sheila Weaver

208-703-1961

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Sheila Weaver

208-703-1961

Michelle Tierney

From: Stephen Hill <STEPHENHILL8@msn.com>
Sent: Thursday, March 9, 2023 11:25 AM
To: Michelle Tierney
Subject: HB63 Written Testimony for 2pm March 9th

CAUTION: This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns.

As a psychologist I am dismayed that HB63 passed the House by a wide margin despite significant public opposition and opposition from my professional counselor colleagues. I hope you will consider the points below and vote to hold the bill in Senate committee. Or if online information is outdated and this hearing is complete, I hope you will vote NO in a full Senate vote.

The bill seems unnecessary as existing national ethics standards already would guide Counselors and Marriage and Family Therapist on how to facilitate a transfer of care in an ethical way if a therapy issue falls outside the counselor's competence areas or comfort. HB63 instead seems to give legal cover if the transfer is done in an unethical way that represents patient abandonment or does harm in other ways. Just seeking therapy for some is a difficult step, and encountering rejection from their therapist could even push some vulnerable patients closer to suicide if this were already on their mind.

More importantly, the very principle of limiting state licensure boards' authority to govern their own ethics violations and disciplinary actions seems a dangerous precedent. Licensure boards are designed to be independent, with members chosen carefully by the Governor's office after seeking thoughtful recommendations from within that profession. They also include non-counselor members of the public so that a wide array of views and values are already represented. I would want the legislature to trust their judgment and respect their independent functioning-- not limit or direct their decisions with legislation.

Stephen H. Hill, PhD, PLLC

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500 W Idaho Street, Ste 245
Boise, ID 83702
(208) 495-4050

✓ Please VOTE YES on H63

Why Therapists in Idaho Need Protection for Their Deeply Held Beliefs

<i>What I Discovered About the Goals of the Idaho Department of Health & Welfare and the Organizations That Govern Counseling (APA, ACA, NASW)</i>	<i>Here's the Proof (Slide #'s)</i>
Therapists are required to embrace and promote all forms of "sexual orientation and gender identity and expression," such as Drag Queens and Third Sex, and Bi-Gendered individuals.	3, 4, 5, 6, 7, 8,
Since the associations that govern counseling believe that a child's transgender identity will emerge as early as age 3, Idaho therapists must assess for emerging sexual orientation in Idaho Medicaid children, birth to age 18.	9, 10, 24, 25, 26, 27
When a child self-diagnoses a new gender identity, therapists are required to use the "gender-affirming model" and to help that child to socially and medical transition.	7, 8, 9, 10, 11, 12, 25, 26, 27
There is no credible science to support the efficacy of the gender affirmative model. True science shows that the gender affirming model is a path to permanent harm and increased suicide risk over the lifespan.	13, 14, 15
Therapists who do not use the gender affirming model, who believe gender is based upon biological sex, are deemed unethical, incompetent, and discriminatory.	3, 4, 5, 7, 8, 20, 21, 22, 23
Therapists are required to use an "intersectionality" (critical race theory) approach that emphasizes how clients are victimized and oppressed in every aspect of their lives.	16, 17, 19, 22, 26, 27
Words like diversity, inclusion, compassion, empathy, and humility. have been weaponized to silence therapists and parents who do not support gender ideology and critical race theory.	3, 4, 5, 20, 21, 22, 23, 25, 26, 27
Parents who do not support their child's self-diagnosed gender identity are deemed as oppressive and discriminatory. Therapists are required to connect children to mentors who support the child's new identity, even if those mentors do not support parent values.	26, 27

Why Idaho Therapists Need Protection for Their Personally Held Beliefs

→ Please VOTE YES on H63

I have been in private practice for the past 12 years, but in Fall 2022, I decided to take a job with an agency that required me to treat Idaho Medicaid clients. I was shocked and heartbroken to discover that Idaho therapists are required to help kids to confusion to become transgender. I have spent my entire career helping young girls who hate their bodies. I have spent my entire career combat the toxic messages of today's media. Girl's need help to discover that being a girl is special. Girl's need help to a beautiful purpose. Now I'm being told by the professions that govern counseling that it is healthy and normal for a girl to hate her body. I am being told that if I don't support a client's goal to medically alter her body, then I am unethical and guilty of discrimination. The following screenshots will provide evidence of what I discovered. My story, which led to H63, was published in *The Epoch Times*.



Heartbroken Over Girls Hating Their Bodies, Counselor Mom Pushes for State Law Change

THE EPOCH TIMES | November 7, 2022 | [Read Full Story](#)

My name is Peggy McFarland. I am a licensed clinical professional counselor in Idaho. My story, which led to H63, was published in *The Epoch Times*.

"Gender variance is a normal expression of human diversity...A normative life cycle event."

NASW, 2009.

THE TRANSGENDER UMBRELLA

The term transgender can include a broad spectrum of people who identify with many names including:

- Transsexuals
- Crossdressers
- Transmen
- Transwomen
- Bi-Gendered or Third Sex
- Gender-Non-conforming
- Gender-Queer
- Masculine females (butches)
- Feminine males ("queens")
- Entertainer
- Female impersonator
- Male impersonator
- Drag (King or Queen)

©NASW 2009

The NASW "Transgender Umbrella" gives examples of transgender identities. It says that individuals who express these genders can live "fully functioning" lives. If a transgender individual is sterilized due to medical transitioning, would you say they are "fully functioning?" Is a Drag Queen male who dances erotically in front of small children "fully functioning?" **Can you see the danger in the definition of diversity being promoted?** Source: American Counseling Association. 2019. ALGBTIC Competencies for Counseling Transgender Clients, p. 1. Retrieved from: https://www.counseling.org/docs/default-source/competencies/algbtic-competencies.pdf?sfvrsn=d8d3732f_16

NASW What Social Workers Need to Know about Gender Identity: Transsexual, Transsexual, and Gender Non-Conforming Experience ©2009 p. 8. Josephine Tittsworth, LMSW, BSW, AA Arlene Istar Ley, LCSW-R, CASAC. Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=JZB4otcz2XE%3D&portalId=0>

Lyon Martin Community Health Guaranteed Income for Trans People (GIFT) Application

- **17** different forms of sexual orientation (including BDSM/Kink)
- **15** different sets of pronouns
- **94** different forms of gender identity and expression

In November 2022, the City and County of San Francisco implemented the "GIFT" program which provides guaranteed minimum income payments of \$1200 per month for trans people. The application for the GIFT program helps us to understand what we are to normalize when we embrace and promote "sexual orientation and gender identity and expression." The application lists 17 different forms of sexual orientation including bondage domination sadism and masochism. There are 15 different sets of pronouns, and 94 different forms of gender identity and expression, including transgender sex workers. San Francisco demonstrates the long-term goals of those who embrace and promote gender diversity and expression. **Is this the kind of "diversity" you want to embrace and promote in Idaho?**

https://www.giftincome.org/files/uqcd/40a234_fa065a88c69b481bbee6e47c5598270c.pdf

7

Join our provider network!
Over 1000 Idaho providers have joined our network!
Idaho Behavior of Health Plan

GUIDELINES & POLICIES

Sexual Orientation and Gender Identity Policies

Sign up!

LEARN More

Additional Training Available

“Across the Sexual Orientation and Gender Identity Spectrum: A Call to Action”

The Idaho Department of Health & Website provides links to research and training so therapists will know and use “best practices.”

<https://www.optumidaho.com/content/ops-optidaho/idaholen/provider/guidelines---policies.html>;

<https://www.providerexpress.com/content/lope-provexp/rus/en/clinic-al-resources/culturalsensitivitytrainings.html>;

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Gender Diversity and Expression

“Across the Sexual Orientation and Gender Identity Spectrum: A Call to Action”

A “Best Practices” Training promoted by IDHW

So some people identify as gay, I say I'm gay, sometimes I say I'm queer, I'm lesbian, I'm pansexual, asexual. There's so many terms that it's hard to keep up honestly. But just asking questions to people will enlighten you. So personally, I don't know all the terms. And the younger people are, the more terms there tends to be. And I just ask them, what does that mean? Because a term for me could mean something different than a term for you. Okay. And as you can see here between gender identity and sexual orientation, you have queer in both. So somebody could identify as queer as their identity, as like the gender they feel, and then as their sexual orientation. Okay. So let's start with our cases.

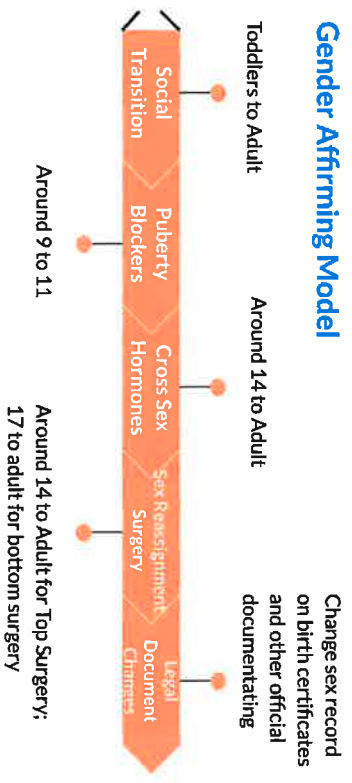
Transcript- Across the Sexual and Gender Identity Spectrum' p. 8

I encourage you to read this slide. The title of this training calls professionals to action. What action are we being called to take? Imagine the confusion of a child whose parents have multiple, changing identities like this? Is this the norm for families we want to promote in our state?

Transcript:

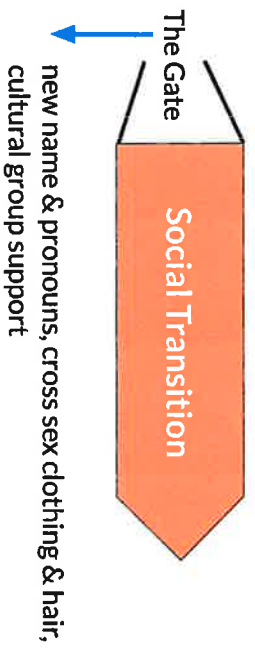
<https://www.optumhealtheducation.com/sites/default/files/course/2022-03/Transcript%20-%20Across%20the%20Sexual%20Orientation%20and%20Gender%20Identity%20Spectrum%20VF.pdf>

Gender Affirming Model



When children come into therapy believing they were “born in the wrong body,” the Gender Affirming Model is considered the “best practice,” “standard of care,” by the organizations that govern counseling. Notice that there is Social Transitioning, Medical Transitioning, and Legal Transitioning. My focus is on how Idaho therapists are required to socially transition children.

Social Transitioning is the Gateway to a Lifelong Path of Harm



Social transitioning includes calling children by new names and new pronouns, and helping them to connect to social groups that support their new gender. Social transitioning is the “gate” to medical transitioning. Once kids begin the process of social transitioning through gender-affirming therapy, research shows that will then seek puberty blockers, cross-sex hormones, and sex reassignment surgeries, believing that each step will bring them the personal peace they desire.

“There is no persuasive evidence that gender transition reduces gender dysphoric children’s likelihood of killing themselves.”

Based on studies cited by the American College of Pediatrics

One of the most common arguments used to support the gender affirming model is the risk of suicide. Desperate parents are told, “If you don’t support your child in transitioning, they will commit suicide. In fact, there is no credible evidence that social and medical transitioning reduces anxiety or depression.

Source:

<https://acped.org/assets/SUICIDE-MYTH-HANDOUT-1592593440.pdf>

We have 30 years of research that shows individuals who medically transition are **19 times more likely to complete suicide** than the general population.

Although kids may experience a brief period of euphoria after medical transitioning, we have 30 years of valid science that show that children who transition are 19 times more likely to commit suicide than the general population.

Source: Cecilia Dhejne et al., “Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden,” PLOS ONE 6 (February 2011): e16885.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>

Studies have consistently shown that **80 to 95% of youth resolve gender confusion by late adolescence if they DO NOT receive "gender affirming therapy."** There are safe therapies for these kids. **Therapists need protection to provide those therapies and say "NO" to gender affirming therapy.**

Source: For a discussion of the studies, see Paul R. McHugh, Paul Hruz, and Lawrence S. Mayer, Brief of Amici Curiae in Support of Petitioner, Gloucester County School Board v. G.G., Supreme Court of the United States, No. 16-273 (January 10, 2017), 12.

<http://files.eqcf.org/cases/16-273-amicus-brief-mchugh/>

Intersectionality examines forms of oppression, discrimination, and domination as they manifest themselves through diversity components. NASW, 2003. Many people experience multiple identities correlated with active oppression. IDHW, 2022.



Here is another screenshot from the Idaho Department of Health and Welfare and Idaho Medicaid. To be a "multi-culturally competent" therapist according to the Idaho Department of Health and Welfare and the professional organizations that govern counseling, I am required to use an "intersectionality" approach, and to see the client's identity through the lens of "oppression" and "discrimination." This website page links to a talk from a woman named Kimberle Crenshaw.

<https://www.optumidaho.com/content/ops-optidaho/idaholen/DASHBoard1/Diversity.html>

Kimberle Crenshaw is described as “a pioneer in critical race theory.” She says that it is “urgent” for us to “look boldly at the reality of race and gender bias.”



Kimberle Crenshaw is described as “a pioneer in critical race theory.” Who’s driving the push to help kids transition even though we know that the vast majority of kids will resolve gender confusion if they are not affirmed? All of the definitions provided by the IDHW, their partners, and the counseling associations, are coming from the lens of critical race theory. Taxpayers need to know that the funding this harmful ideology. Parents need to know that the therapists who see their children are being trained with this perspective.

Source:

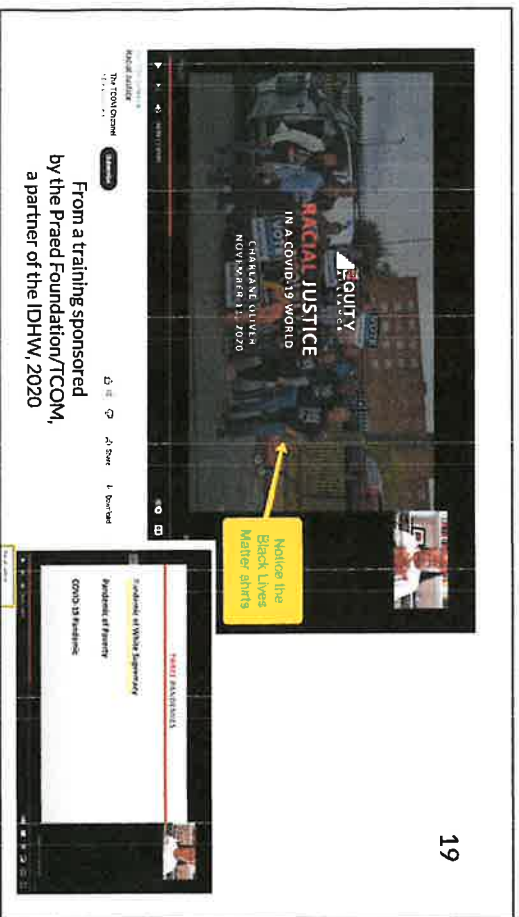
https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intellectual_race_sectionality?language=en

- Supports human service agencies through a conceptual framework called Transformational Collaborative Outcomes Management (TCOM).
- US Charitable Organization 501.c.3 based in Chicago; tax exempt status was revoked 5-14-2011 for not filing IRS 990 form for three years; exempt status granted 8-29-2014.
- Received a 51% “poor” score from Charity Navigator which measures the financial health of charities.
- 2019 IRS FORM 990, showed a negative asset/liability ratio of <\$261,962>

The Praed Foundation, based in Chicago, is a non-profit organization that is partnered with the Idaho Department of Health & Welfare. I will explain more about the Praed Foundation in later slides. Out-of-state non-profit organizations like the John Praed Foundation have goals that sound so promising, but do we really know what we are investing in when we partner with these out-of-state groups?

Source: <https://www.charitynavigator.org/ein/364322205>

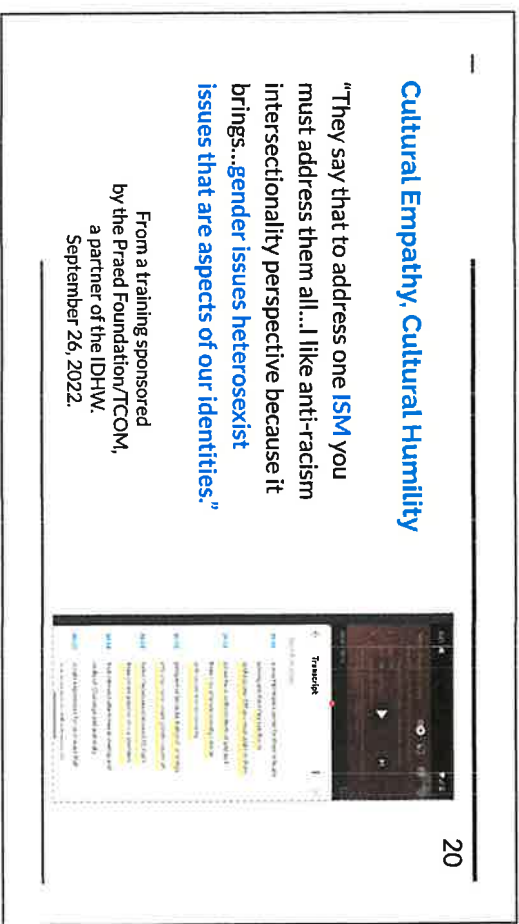
https://apps.irs.gov/pub/epostcard/cor/364322205_201912_990_2021030217779027.pdf



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These screenshots are from the annual Praed/TCOMS 2020 conference. The title of this presentation is “Racial Justice in a COVID-19 World,” presented by Charlene Oliver, the founder of a group called The Equity Alliance. At one point the presenter said, “In the wake of the Trevor Martin being killed... seeing the injustice could come to my doorstep by having a black son, feeling like we are endangered species here, just getting picked off by the police.” If you look closely, you will see the Black Lives Matter t-shirts in the slide which promotes the Equity Alliance. Notice the presenter defines “white supremacy” as a “pandemic.” This “lens” of racism and oppression is the lens by which therapists in Idaho are being asked to view the clients they treat.

Source: <https://www.youtube.com/watch?v=vGbbpizDDP85M>
<https://theequityalliance.org/team/>



20

This screenshot is from the 2022 TCOM Annual Conference is talking about “ISMS.” I am required to see my belief in gender as inherently male or female as a character flaw, an “ism,” like racism, sexism, heterosexism, and “Cissism.”

Source: Cultural Humility: Bridging the Divide and Filtering the Air that We Breathe, Miguel E. Gallardo. TCOMS Conference, September 26, 2022.

https://www.youtube.com/watch?v=BuktQK4_TM

Cissism

21

Cissism is discrimination against individuals who identify with and/or present as a different sex and gender than assigned at birth...it is a form of **sexism based on sexual and gender identity and expression.**

NASW, 2003.

Proponents of critical race theory believe that cissism, the belief that gender is based upon biological sex, is a form of discrimination that needs to be dismantled.

Source: NASW Standards and Indicators for Cultural Competence in Social Work Practice, 2003.Q4.11, p. 12.

<https://www.socialworkers.org/LinkClick.aspx?fileticket=7dV6kZAYUmk%3D&portalid=0>

<https://www.blacklivesmatteratschool.com/13-guiding-principles.html>

22

"Cultural empathy which I think is so critical it's been talked about as this ongoing consciousness about the interaction of **power privilege and oppression** in every circumstance..."



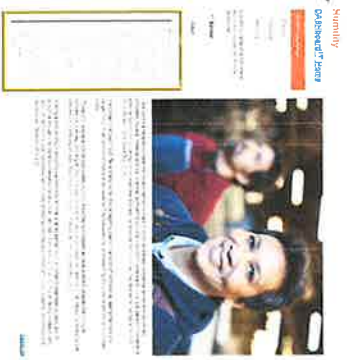
From a training sponsored by the Praed Foundation/TCOM, a partner of the Idaho Department of Health and Welfare. September 26, 2022.

This screenshot is from the Praed Foundation/TCOM 2022 Conference. Therapists know that empathy is a critical part of building a therapeutic relationship, but to have empathy with a child/teen with gender confusion, I must acknowledge my sense of "power and privilege" as a white heterosexual. Using an intersectionality approach, I must see the transgender client as a victim of oppression by those who don't understand or agree with his choices.

Source: Cultural Humility: Bridging the Divide and Filtering the Air that We Breathe, Miguel E. Gallardo. TCOMS Conference, September 26, 2022.

<https://www.youtube.com/watch?v=BuKtOK4TM>

Humility requires me to deeply held beliefs and true science.



IDHW Website, 2022.

Humility, as defined by the Idaho Department of Health & Welfare and the counseling associations require me to abandon deeply held beliefs about the concept of male and female, and suspend my understanding of true behavioral science. The prevailing ideology is that children are the experts in their own mental health. As a therapist, I am literally being asked to assume that what the child "thinks and feels" is superior to my professional judgement and superior to the parents' judgment and values. If I don't support these expectations, I am out of compliance with the ethics and expectations of my profession. The livelihood of many good therapists is on the line if they don't comply with this harmful agenda.

The Praed Foundation: CANS Assessment 24

IDAHO CHILDREN'S MENTAL HEALTH
Child and Adolescent
Needs and Strengths
Birth – 18 Years of Age



INTRODUCTION

THE CANS
The CANS (Child and Adolescent Needs and Strengths) is a standardized assessment tool used to assess the needs and strengths of children and adolescents with mental health concerns. It is designed to be used by mental health professionals, including therapists, counselors, and social workers, to gather information about a child's or adolescent's current and past functioning, as well as their strengths and resources. The CANS is used to inform treatment planning and to monitor progress over time.

The Praed Foundation owns the copyright to an assessment tool called the Child and Adolescent Needs and Strengths (CANS) which is being used with Idaho Medicaid children/teens birth to age 18. To access the CANS:
<https://www.optumidaho.com/content/dam/ops-optidaho/itdaho/docs/NetworkP-Providers/targeted-care-coordination-forms/CANS%20AppIndex%20A.pdf>

“To provide **culturally responsive care** and work from a **culturally humble approach**,” “the CANS Core has shifted items and domains to align with **SOGIE** (Sexual Orientation, Gender Identity and Expression).”

CULTURAL STRESS

This item identifies circumstances in which the youth and family’s cultural identity is met with hostility or other problems within his/her environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the youth and his/her family). Rating: reactivity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

From the TCOM Measure
<https://comconversations.org/2016/10/24/cultural-responsibility-app/>

In order to be “culturally humble” The CANS assessment has four questions that assess “sexual orientation and gender identity and expression (SOGIE)” in children/teens. The parent consent form **does not inform parents that their children will be asked these questions**. Nor does it set limits on the age that children can be asked these questions.

Source: From the TCOM Website discussion of “Cultural Responsibility,”

<https://comconversations.org/2016/10/24/cultural-responsibility-app/>
<https://comconversations.org/2016/10/24/cultural-responsibility-app/>

Cultural Identity

For each item, indicate the extent to which the statement is true of you, based on your own cultural identity. The rating scale may be adapted to a number of items including the Culture Change, Immigrant, and Gender items to best suit your needs.

Question/Statement	Always/Very Often True	Sometimes True	Not True	Always/Very Often False
1. I have a strong sense of my cultural identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a strong sense of my cultural identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have a strong sense of my cultural identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have a strong sense of my cultural identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My job is to identify the child/teen’s many cultural identities including SOGIE. If he has not connected to others who share his SOGIE, it is my job to help him connect.

This CANS question instructs me that I am to evaluate the child’s identity based upon the many cultures of the child (an intersectionality approach). The question defines culture as race, religion, ethnicity, geography, sexual orientation or gender identity and expression. (SOGIE) Because sexual orientation and gender identity and expression are considered a culture, and because the American Counseling Association has established that a child’s transgender identity will emerge as young as age 3, I am required to assess young children for emerging gender and sexuality issues. Therapists are required to use the CANS assessment for treatment planning; therefore, I am required to assist the child in finding others to support his cultural identity. How would you feel, as the parent of a vulnerable, mentally ill child, to find out that your child’s therapist was helping your child connect to a cultural group that hates your values? **Under the pretense of “diversity and inclusion,” I have opened the gate to social transitioning and permanent harm.**

Cultural Stress

11. CULTURAL STRESS
The client/adolescent is asked to indicate the individual's cultural identity in one or more problems under the child's name and to indicate the extent to which the behavior or belief of others (the culture) is different from the child's own culture. The client/adolescent is asked to indicate the extent to which the behavior or belief of others is different from the child's own culture.

0 No evidence of stress between the individual's cultural identity and current environment to being a concern

1 Some evidence of stress in the rating between the individual's cultural identity and current environment to being a concern

2 Moderate to severe evidence of stress between the individual's cultural identity and current environment to being a concern

3 Severe evidence of stress between the individual's cultural identity and current environment to being a concern

4 Extreme evidence of stress between the individual's cultural identity and current environment to being a concern

This question measures "stress" when the child/teen's family does not support the new cultural identity. The role of the therapist is to relieve "cultural stress" for the child by assessing the family's understanding of "discrimination" and "oppression,"

This CANS question assesses whether there is hostility in the child's environment due to differences in "attitudes," behavior, or beliefs of others" ... including differences between the "individual and their family." Since this question is to be used in treatment planning, I am required to relieve stress for the child by helping the family to recognize that they are causing stress for the child because of their "discrimination" and "oppression" when the family's values do not support a child's cultural identities. **Can you see how this drives a wedge between the child and their primary caregivers?** Because the CANS is uploaded onto a state database, schools and agencies with access to the CANS will also support the child's chosen sexual orientation and gender identity and expression, further usurping the parents' influence on the child.

Protect therapists who provide safe therapies and say "NO" to gender affirming therapy

Protect access to mental health care that supports the values and the rights of parents.

→ Please VOTE YES on H63

State legislatures have an obligation to protect their citizens from mandates of outside organizations that restrict protected freedoms and impose harm on the citizens of Idaho.

[Tennessee has passed a bill](#) to protect their therapists from ACA, Section A.11.b. Idaho needs to follow their lead. Please vote YES on HB63.

