

Dear Members of the Committee:

My name is Lily Cunningham, and my pronouns are she/they. I have a Master's degree in Education in Clinical Mental Health Counseling. I am an independently licensed professional clinical counseling supervisor, a constituent of Dr. Beth Liston, and I own my own practice, a small business in the State of Ohio. I am a member of the American Counseling Association, the Ohio Counseling Association, and am a parent of school-aged children, in addition to my professional qualifications. I would like to personally thank the offices of Mr. Denson and Dr. Liston for responding to my concerns following the initial hearing for this bill.

As a mental health professional who has worked in the field of mental health since 2007, including working with youth and children in foster care, residential treatment, outpatient, and inpatient, and crisis environments, I am well versed in childhood development within the scope of my profession and well acquainted with the ethics of my field and how I and others who are licensed, may practice ethically.

HB 454, as it is written, goes against the ethics of practicing counselors. The Ethics Codes for Licensed Counselors is set forth by the American Counseling Association, and it is noted that these codes are revised as needed to reflect societal shifts and changes, and to enhance the outcomes for all. Gender-affirming care has been adopted by the American Counseling Association as best practice due in part, to the DSM 5 definition of gender dysphoria. I will note that this diagnosis itself exists because of the construct of gender in the society with which we live: while the DSM 5 was quoted at the initial hearing, it was misrepresented. I would like to note that it states very clearly in the DSM 5 that, "Distress may not be manifest in social environments supportive of the child's desire to live in the role of the other gender, and may emerge only if the desire is interfered with." (*DSM V, p. 455*)

"Such distress may, however, be mitigated by supportive environments and knowledge that biomedical treatments exist to reduce incongruence. Impairment, (e.g., school refusal, development of depression, anxiety, and substance abuse) may be a consequence of gender dysphoria."

"For individuals with gender dysphoria without a disorder of sex development, some genetic contribution is suggested for (weak) familiarity of transsexualism among nontwin siblings, increased concordance for transsexualism in monozygotic compared with dizygotic same-sex twins, and some degree of heritability of gender dysphoria." (*DSM V, p. 457*)

"The equivalent of gender dysphoria has also been reported in individuals living in cultures with institutionalized gender categories other than male or female. It is unclear whether with these individuals the diagnostic criteria for gender dysphoria would be met." (*DSM V, p. 457*)."

Information which was provided that was incomplete, out of context, and misrepresented during the hearing by Mr. Click and others. Using the DSM 5 as it is for this purpose would completely negate the writing and implementation of a law that is so grossly against human rights, that it is causing evidence-based harm.

I find bills like this to be the act of legitimizing hate for the purpose of further discriminating against those who are gender expansive. This is validated via research done on societies which

are gender expansive. As a person who understands what that it means personally in various ways--and who works with adult clients who are gender expansive--it is very imperative to note that legislation proposed for HB 454 not only would go against the research and literature that gender-affirming care is appropriate, ethical, and important to the well-being of folks who present on the gender spectrum, but it actually causes harm to those who are not validated in their gender expression. The effects of this are seen in the higher suicide attempt and death rate for LGBTQIA people, particularly youth, as well as higher rates of substance use. Sadly, the cause of this is lack of care in a larger, protective sense, regarding personhood and systemic treatment based on discrimination and bigotry, such as what we are seeing in this very moment in the Statehouse.

Thank you for your time.

Lily Cunningham, M.Ed., LPCC-S