

The Breakthrough Clinic
Joseph Nicolosi Jr. Ph.D., Clinical Director
17835 Ventura Blvd. #207
Encino, CA 91316
Telephone: (818) 609-0147

Testimony of Dr. Joseph Nicolosi, Jr. in Maine (Feb 2018)

Ladies and Gentlemen, it's an honor to be here. I'm Dr. Joseph Nicolosi Jr., licensed clinical psychologist and founder and clinical director of The Breakthrough Clinic. We have locations throughout California and in New York. I'm a member of the Society for Neuroscience and the American Academy of Clinical Neuropsychology. I have bachelor's, master's and PhD degrees in psychology. I received my PhD. from the Chicago School of Professional Psychology.

My father, who I'm named after, created reparative therapy. He treated more men with unwanted same-sex attractions than anyone in the history of the world. He treated over a thousand men with unwanted same-sex attractions and oversaw thousands more cases in his busy clinic over the 40 years he practiced. Individuals fly in from around the world to receive authentic reparative therapy at our clinic. I have taken over the clinic.

Despite what some may have you believe, you can look up his record with the Board of Psychology in California... as a licensed clinical psychologist, his record is public. He has a perfect ethics record.

As do I. I have treated hundreds of men with unwanted same-sex attractions.

If this amazes you, it's because you don't know the difference between conversion therapy and reparative therapy. Let me explain.

Conversion therapy is broad, ill-defined, there's no ethics code, no governing body, and it's practiced predominantly by unlicensed individuals.

Conversion therapy in some forms may be harmful to some people. The American Psychological Association has expressed legitimate concern about some of these approaches.

In reparative therapy, the client is in the driver's seat. He sets his own goals, which the therapist helps him achieve. We use established, evidence-based treatments, the same treatments found in other clinics throughout the world, to treat trauma and sexual addiction. And as those underlying issues are resolved, the sexuality begins to change on its own.

There is absolutely no documented evidence in the empirical literature showing that reparative therapy causes harm. None.

But this is what is documented—

My family owns the trademark rights for reparative therapy. The United States Patent and Trademark Office will tell you that I am using the correct definition of reparative therapy. It is quite different from conversion therapy.

Unfortunately, this bill would ban not only conversion therapy, it could also ban reparative therapy. And, it poses another grave risk. Allow me to explain.

The bill bans “any practice or treatment that seeks to change an individual’s sexual orientation” and goes on to say the therapist cannot “eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.”

Think about it. Think of the ramifications. Cannot “reduce sexual or romantic attractions or feelings toward individuals of the same gender?”

So if a person has unwanted same sex attractions as the result of sexual abuse by an older person, as one-third of my entire practice has, then I cannot treat them? After all, the American Psychological Association, in its 2014 handbook, has said that there are some cases in which same-sex attraction can be the result of sexual abuse. These individuals have the freedom to find therapy and support to help them achieve their desired goals, which is to decrease the confusing sexual thoughts and feelings which emerged as a result of these experiences.

The bill says I can only “address” situations that involve unlawful conduct. It makes no mention of being able to treat the problem, however. Addressing and treating are two very different things, as anyone in the medical and psychological profession can tell you.

What I’m about to tell you is a true story— a woman called me just earlier this week. “I’ve discovered my 16 year old son has a pornography addiction to anime characters,” she said. In case you don’t know, anime are Japanese cartoon figures.

Now let’s imagine this phone call were to be happening in your state if you pass this legislation. Here’s how the conversation would go. “Were the anime characters male or female? Because I can only treat his addiction to the female characters, not the male ones.” I would say.

This woman would obviously and understandably be perplexed. “So, you can only treat his addiction to the female cartoon characters, but not his addiction to the male?” She would reiterate that this was an addiction the boy himself wanted to stop. He was getting lost in sexual fantasies toward characters who don’t even exist.

Under your legislation, I cannot help him resolve his pornography addiction toward the male characters, but I can toward the female characters.

If you think that's absurd, this is just getting started.

Frotteuristic disorder is an established psychological diagnosis that involves "an interest in rubbing, usually one's pelvic area or erect penis, against a non-consenting person for sexual pleasure." Think of people who grope others on subways. Amazingly, I as a licensed clinical psychologist, could not treat a teenage boy's frotteuristic sexual impulses if they are directed toward males, but I could if they were toward females.

You may notice that the bill makes an exception to "prevent or address unlawful conduct." You may think that this solves the problem. However, there is no way to predict who will act out on their frotteuristic desires. If a teenage male comes to me and says he has these impulses, but would never act out on them, I couldn't treat him.

I'll give you another example. Say a 17 year old client calls me, admitting he has sexual desires toward males who are 5 years old. Like most people with pedophilic disorder, an established, recognized diagnosis in all 50 states, he might say to me, "but I don't think I would ever act out on it." He might say this to me because of shame in admitting that he might act out those desires, or it may be because he genuinely thinks he wouldn't.

Regardless of the situation, the moment this adolescent says he doesn't think he'll follow through on his pedophilic impulses, I legally cannot treat him. Because, according to your bill, I can only "prevent or address unlawful conduct." The client is not breaking the law, yet. And he insists he wouldn't. Therefore, this isn't a prevention case, because he says there is nothing to prevent. Perhaps in his mind, he's still a safe person. Ironically, it's people like these we SHOULD be helping, because they're literally asking for help.

This goes for Voyeuristic Disorder, Exhibitionistic Disorder, and strangely, even for Obsessive Compulsive Disorder. The American Psychiatric Association recognizes that a common theme of OCD is intrusive, unwanted sexual thoughts. Under this proposed legislation, a clinician cannot treat those thoughts. Because the therapist cannot "reduce sexual or romantic attractions or feelings toward individuals of the same gender," I would have to leave OCD sufferers with these thoughts without treatment, and therapists would be stuck in fear of treating them, under threat of punishment.

I understand the concern of reasonable people wanting to stop kids from being harmed in therapy. No one, children especially, should be subjected to any therapy that involves shame, pain or coercion. It doesn't matter what the person's sexual orientation or gender identity is. Methods using shame, pain or coercion could be banned. That's understandable.

If you want to regulate something, regulate therapeutic methods to put a stop to it, not therapeutic goals.

You should know, however, that methods which involve shame, pain or coercion of a child are already prohibited by Standard of Care Guidelines in all 50 states.

We don't need new laws.

If therapists are using these methods, it's up to the clients to report them to the licensing boards. Their job is to deal with this right away. Do you know how many clients complained to the mental health boards in your state about being subjected to therapy to get them to change their sexuality or gender expression? Zero. Not one. There is no epidemic. But if there is, let the mental health boards handle it. That's one reason why they were created.

If you pass this bill, you will be hurting people with a variety of recognized psychological disorders. This is wrong. It could lead to sexual abuse. It likely will. And it will be on your consciences.

In summary, everyone should be free to find therapy and support to help them achieve their desired goals and outcomes. Unethical methods are already in violation of Standard of Care Guidelines. The mental health boards' job is to use disciplinary action toward therapists who act unethically.

This bill is so wide-ranging in scope, it will be damaging to minors. Many of the minors who need help the most.

Would any of you allow your children or grandchildren to be sacrificed to this therapy ban if your children or grandchildren suffer sexual or emotional abuse? How would voters respond, finding out you banned treatment for sexual abuse victims?

I'd also like to ask, to the people who may vote yes on this bill, why you aren't willing to amend the bill to include language that only outlaws aversion techniques such as electroshock, but not professional psychotherapy for children who want and need sexual trauma resolution? If you truly care about ALL children it would be better to not allow one group of children to suffer in order to protect another group, a group that's not even being harmed by licensed professionals, as we can see from the fact that there have been zero complaints.

I'm available if you have any questions.