

VACP Statement on Chiles v. Salazar Ruling

The Supreme Court Ruling:

The Supreme Court of the United States issued its decision in *Chiles v. Salazar*, a challenge to Colorado's law protecting youth from conversion therapy. In an 8–1 decision, the Court ruled that Colorado's law, as applied to talk therapy, regulates speech based on viewpoint. The case will now be remanded to a lower court for review under the more rigorous First Amendment standard.

This is a significant legal development and a substantial setback for preventive protections. It is critical that we, as psychologists in Virginia, clearly understand what this ruling does and does not mean for our patients and our field.

What This Ruling Does Not Mean:

This decision is about constitutional limits on state regulation of speech, not about the validity or ethics of conversion therapy:

1. It does not find conversion therapy to be safe, effective, or ethical
2. It does not change the overwhelming scientific consensus that conversion therapy is harmful
3. It does not remove accountability for psychologists who engage in harmful practices
4. It does not alter the professional standard of care to which licensed psychologists are held

Major medical and mental health organizations, including the American Psychological Association, the American Psychiatric Association, the American Medical Association, and the American Counseling Association, continue to reject conversion therapy as ineffective and dangerous, particularly for youth.

The VACP stands in unity with the science and these rejections: Conversion therapy is both inefficacious and maleficent.

Implications for Professional Regulation:

The APA stated in response to the ruling, the Court has left unresolved a core legal question: whether states can regulate what licensed mental health professionals say to their patients in a clinical session. This determination will affect not only the fate of conversion therapy bans, but the broader authority of state licensing boards to enforce evidence-based best practices across any profession that delivers all or parts of services through speech.

In Virginia, this directly implicates the Virginia Board of Psychology and the Virginia Department of Health Professions. The ruling may erode patient protections, expose the public to non-evidence-based interventions, and place our most vulnerable patients at risk, before any harm is even recognized. Because conversion therapy remains unethical, below the standard of care, and psychologists can and should be subject to malpractice claims, licensing board discipline, and civil liability. Psychologists must not interpret First Amendment protection as a license to cause harm.

The Broader Threat to the Discipline of Psychology:

While conversion therapy remains unethical, below the standard of care, and may constitute professional negligence, the implications of *Chiles v. Salazar* extend well beyond conversion therapy bans and warrant serious attention from the profession at large. By characterizing talk therapy as constitutionally protected speech rather than regulated professional conduct, the majority opinion introduces doctrinal uncertainty that could be invoked to challenge a wide range of state-level clinical regulations. As the APA notes, psychotherapy is not just talk. Psychotherapy is a regulated medical treatment grounded in science, training, licensure, and enforceable ethical standards.

The ruling's logic, if applied broadly, could be used to contest licensing board authority over therapeutic modalities in fields ranging from substance use treatment to evidence-based behavioral interventions—, anywhere the clinical tool is verbal exchange. Justice Ketanji Brown Jackson's dissent highlighted that the majority's approach “risks grave harm to Americans' health and well-being” and “opens a dangerous can of worms” threatening states' ability to regulate harmful therapeutic practices more broadly.

This ruling shifts the landscape from front-end prevention to back-end accountability. While states may now face constitutional limits in prohibiting certain forms of talk-based treatment in advance, accountability after harm remains firmly intact. While this does not protect patients from harm, survivors in Virginia continue to have meaningful legal pathways, including malpractice claims, consumer protection actions, and professional licensing complaints.

Clinical and Ethical Guidance:

To prevent harm, the [APA's 2021 Resolution on Sexual Orientation Change Efforts](#) (SOCE), widely known as conversion therapy, lacks scientific support for efficacy and carries documented risks of depression, anxiety, self-harm, and suicidality. The APA's amicus brief in this case, joined by 13 major health organizations, presented this evidence directly to the Court. Psychological practice must be grounded in affirmative, evidence-based care that respects LGBTQ+ dignity and self-determination.

The [WPATH Standards of Care-Eighth Edition \(SOC-8\)](#) provides the internationally recognized international clinical framework for transgender and gender diverse (TGD) people. SOC-8 establishes that gender-affirming care is medically necessary and a human right, identifies minority stress as a primary driver of TGD mental health disparities, and directs clinicians to conduct thorough psychosocial assessments, ensure meaningful informed consent, and provide care oriented toward well-being.

Together, APA and WPATH guidance converge on a clinically and ethically coherent standard. In practice, this standard requires that practitioners:

1. Be knowledgeable about the peer-reviewed literature on LGBTQ+ mental health and minority stress;
2. Employ evidence-based approaches to address psychological distress without pathologizing LGBTQ+ identity or gender diversity;
3. Respect client autonomy while fulfilling the professional obligation of nonmaleficence.

The *Chiles v. Salazar* ruling does not alter these clinical or ethical guidelines. Regardless of the constitutional landscape, the professional standard of care, as defined by science and ethics, remains necessary for all licensed practitioners in Virginia.

Our Commitment as Virginia Psychologists:

This is a pivotal moment for our profession in the Commonwealth. While the courts define constitutional limits, we as psychologists define the standard of care. Our ethical compass remains unchanged: we are committed to evidence-based practice, to doing no harm, and to protecting all vulnerable populations across Virginia.

The characterization of clinical speech as unregulated expression poses a systemic risk to licensing board authority and professional integrity that transcends any single patient, population, or therapeutic context. VACP will continue to monitor litigation developments, engage with the Virginia Board of Psychology, advocate for and against state legislation, as well as collaborate with national organizations to preserve the regulatory foundations that protect the public and our profession.

Our voice grows stronger with every member who engages. As this legal landscape continues to evolve, VACP's ability to protect patients, uphold our standard of care, and advocate effectively on the Hill depends on your active participation. Together, we are a formidable force for our patients and our profession.

For questions and member support we will be scheduling a time to meet. Members seeking additional context on the research underlying this statement are encouraged to review [this recent Stanford Medicine analysis](#). Please, stay tuned for upcoming opportunities to get involved: continuing education, legislative connections, and PAC engagement.