

Open Letter: Urging Alignment with Evidence-Based Practices in the Treatment of Pediatric Gender Dysphoria Following the U.S. Department of Health and Human Services Report

February 25, 2026

To: American Psychological Association (APA) Council of Representatives

Dear Colleagues and Stakeholders,

The undersigned write this open letter in the spirit of professional responsibility, ethical integrity, and commitment to the well-being of vulnerable children and adolescents. As an organization dedicated to advancing mental health practices grounded in evidence, human dignity, and holistic care, we are compelled to address the implications of the U.S. Department of Health and Human Services (HHS) report, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices (November 19, 2025)* (hereafter HHS Report).

The HHS Report represents a landmark, multidisciplinary review of the evidence surrounding pediatric gender dysphoria (PGD). To date, APA has not issued a response to the November 2025 HHS Report. We note, however, that APA was publicly critical of a previous HHS version regarding lack of transparency of authorship, expertise, and methods. The November 2025 HHS Report effectively addressed each of these issues: listing the main contributors and their affiliations, providing complete documentation of the methods of the report, and engaging a thorough peer-review process involving a variety of relevant scholars as well as representatives from the American Psychiatric Association.

Drawing on a wide range of empirical studies, systematic reviews, international guidelines, basic physiology, and ethical analysis, the HHS Report concludes that gender-affirming care of minors (i.e., social transition, puberty suppression, cross-sex hormones, and surgeries) lacks robust evidence of long-term benefits while posing significant risks of harm for patients, including infertility, sexual dysfunction, impaired bone density, neurocognitive effects, cardiovascular risks, psychological distress, chronic pain, and regret. The HHS Report continues that these interventions are entirely inconsistent with widely endorsed principles of medical ethics which at minimum include nonmaleficence, clear and accurate informed consent, and a commitment to evidence-based care.

Current APA guidelines, specifically the 2015 *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* and the 2024 *Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals* de-emphasize exploratory psychotherapy as a primary response or first-line intervention to PGD. In contrast, the HHS Report advocates for multiple modalities of exploratory psychotherapy as the first-line approach, with a focus on resolving co-occurring mental health conditions and allowing for the natural desistance of PGD in many cases without medical intervention (see Addendum summary). While APA guidance asserts that gender-affirming interventions (e.g., social transition, puberty blockers, hormones, and surgeries) are supported by evidence, this stance stands in opposition to the conclusions of over a dozen systematic

reviews (e.g., those commissioned by Finland, Sweden, and the United Kingdom). Overall, these APA documents appear to prioritize untested gender theories over rigorous, evidence-based findings. Ironically, these very guidelines that claim to champion patient autonomy actually restrict treatment options by insisting that irreversible gender-affirmation interventions must be a primary goal of care.

Clinical guidelines and policy documents such as these from APA (2015, 2024) are frequently taken by state licensing boards as expressions of the current standard of care and are then promulgated in administrative, educational, and legal regulations affecting vast numbers of mental health professionals. Ultimately, these documents drive the perception of medical/psychological consensus regarding the treatment and care of PGD. In particular, APA documents cited above have served to require the very treatment model the HHS Report concludes to be unsupported and potentially harmful to minors suffering from PGD while also limiting access to evidence-based noncoercive psychotherapeutic care. In effect, the APA position now seems to be a cornerstone of liability for patient harm and clinician practice. There are more than a dozen such cases moving through the courts now as well as the recent large award given in a New York case for Fox Varian, who was affirmed as a child resulting in the loss of her breasts.

Relatedly, a recent policy statement from the American Society of Plastic Surgeons (ASPS) (Feb 3, 2026) emphasizes not only the lack of quality evidence for gender affirmative care surgeries for PGD, but also the known harms and the resulting ethical imperatives. As cited in the ASPS policy statement: “The HHS report underscores...significant ethical implications: when the likelihood of spontaneous resolution is unknown and when irreversible interventions carry known and plausible risks, adhering to the principles of beneficence and non-maleficence... requires a precautionary approach.” The American Medical Association provided a limited statement following the ASPS’s policy statement agreeing that surgery is not advisable for minors. Additionally, the Federal Trade Commission has now placed the American Academy of Pediatrics and WPATH under investigation for allegedly making false or unsubstantiated claims about the benefits and risks of gender-affirming care for minors. These are serious legal and ethical concerns.

We encourage APA to urgently reassess this current guidance, not merely to mitigate lawsuit risks but to uphold scientific and ethical integrity, prioritize patient well-being, and restore credibility by aligning guidelines with rigorous, unbiased assessments. We suggest the APA adopt the following:

- Immediate withdrawal of the 2015 *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* and the 2024 *Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals*, and any public promotion or citation of WPATH SOC-8 and similar guidance;
- Comprehensive psychological evaluations, open-ended exploratory psychotherapy, watchful waiting, and non-invasive therapies as the first-line treatments of choice for PGD;

- Revisions to all official guidelines, ethical, and policy documents that support in any way that social and medical transition comprise a 'best practice' or 'standard of care' regarding PGD;
- Notifications and advisories to all APA members, state chapters, state licensing boards, and allied organizations encouraging mental health professionals to take cautious, conservative therapeutic stances with PGD, treating all comorbid conditions and factors with standard evidence-based psychological care while gently exploring sources of gender-related distress; and
- Provide materials to educate and support the rights of parents, educators, practitioners, and other stakeholders who believe social and medical transition is not evidence-based care, does not align with their values, or is not in the best interests of the children and adolescents in their care.

The Catholic Psychotherapy Association's paramount ethical responsibility and professional duty, endorsed by our cosignatories, is to ensure that every patient and client receives the highest standard of mental health treatment, grounded in the latest rigorous, evidence-based practices that prioritizes their well-being above all else. Likewise, we have the duty to prevent ideology from overshadowing empirical reality. We stand ready to collaborate actively, providing essential resources, expert consultations, and joint initiatives. Together, let us set an unwavering commitment to ethical practices that safeguard human dignity, consider the full spectrum of evidence with intellectual humility, and fiercely strive to help the most vulnerable.

Sincerely,

The Catholic Psychotherapy Association Board of Directors

The undersigned allied organizations:

Advocates Protecting Children
 American College of Pediatricians
 Catholic Medical Association
 Christian Medical & Dental Associations
 Christian Psychology Institute
 Do No Harm
 Franciscan University of Steubenville
 Genspect
 Genspect Canada
 Genspect USA
 International Foundation for Therapeutic and Counselling Choice
 National Association of Catholic Nurses, USA
 National Catholic Partnership on Disability
 The National Catholic Bioethics Center

Addendum

Findings of the HHS Report include the following:

- **Psychotherapy is being bypassed as first line intervention.** Multidisciplinary teams are not common or standard in a variety of healthcare settings where PGD is being treated. As a result, thorough psychological evaluation and open-ended therapy is often bypassed, giving way to a medical pathway without adequate collaboration among professionals and stakeholders. In the U.S., it is becoming increasingly unclear which professionals have the competence to determine whether social or medical transition is an appropriate treatment recommendation and how to ethically, scientifically come to such a determination. (see §14.3)

Indeed, current U.S. guidelines based on WPATH's SOC-8 are found by the HHS Report to be faulty. It critiques SOC-8 for methodological flaws, suppression of unfavorable evidence, conflicts of interest, inconsistent evidence grading, expansion of clinical indications, insufficient attention to comorbidity and developmental variability, ethical and consent challenges, and political influences over scientific rigor. Additionally, endorsements of SOC-8 have contributed to a clinical environment where brief assessments often prioritize patient self-identification over comprehensive psychological evaluation, potentially leading to iatrogenic harm.

- **Exploratory psychotherapy has been mislabeled and discredited.** Proponents of the medical pathway have successfully characterized all exploratory psychotherapeutic approaches to PGD as “conversion therapy,” falsely equating it with coercive and outdated approaches eschewed by nearly all practitioners and professional organizations today. This association with conversion therapy has created a climate of deterrence among mental health professionals. (see §§14.5.2.1 and 14.5.2.2)
- **Co-occurring mental health issues are prevalent in GD cases and do not receive appropriate consideration.** Pediatric gender distress frequently co-occurs with a variety of other mental health conditions and psychosocial stressors including anxiety, depression, trauma exposure, neurodevelopmental differences, family stressors, and social dynamics. These issues are worthy of therapeutic focus but now often go untreated or undertreated in PGD cases. In addition, the role of these various factors in the development and maintenance of PGD is not given adequate consideration. (see §14.5.1)
- **Exploratory psychotherapy has a long proven history as an effective, primary response for mental health conditions.** Psychotherapy is recognized as the international standard of care for a wide range of mental health diagnoses, is the least invasive, and can be used transdiagnostically to promote improved mental health and psychosocial functioning. (see §§14.5 and 14.5.2.3)
- **Exploratory psychotherapy could be effective for GD.** Psychotherapy for adolescents with GD is a well-suited intervention, as it is intended to help patients develop self-understanding, self-compassion, engage with emotional vulnerability, and build easily sustainable, practical strategies for managing distress. (see §14.5.2.2)

- **Multiple modalities of psychotherapy may be effective.** Psychotherapy supports the agency and autonomy of young people, empowering them to develop creative solutions to their difficulties. Patients with PGD and their families are best served when they have access to a variety of forms of gentle, holistic psychotherapeutic care. The HHS Report cites a range of therapeutic modalities as relevant for PGD including CBT, DBT, Family Therapy, and Psychodynamic therapy. (see §14.5.2.2)