



March 31, 2026

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VIA USPS and wendiwilliams@apaboard.org

Dear Dr. Williams,

Thank you for taking the time to respond to my letter. I very much appreciate it. Please know that I read your words carefully, and I found common ground in them. For example, the psychologist's role is to provide “a therapeutically neutral space where patients can explore their distress without the therapist directing them toward any predetermined conclusion.” That principle is at the heart of CPA’s mission. After some time had passed from my letter to you in January, our Board of Directors decided to write a more detailed ‘Open Letter’ that was sent to you and the APA Council of Representatives. Our Board sees this issue as urgent.

Although our common ground is promising, some questions remain; hence why I am writing to you again seeking explanation on key points that were broadly addressed in your response. I am certain that you know as a person imbued in a leadership position, responding to our constituents is very important. Mine want to know.

The question I hear most often from our members is what is APA’s position following the publication of the HHS report. As you know, the U.S. Department of Health and Human Services published *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* in November 2025 (HHS report). It is research based, multidisciplinary peer review, and its conclusions were clear and significant: that gender-affirming medical interventions for minors lack robust evidence of long-term benefit while posing significant risks of harm.

In APA’s 2024 *Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals* (Statement), there are the following Resolutions that support the medical pathway for pediatric gender dysphoria:

- THEREFORE, BE IT RESOLVED that insurance plans should extend coverage for healthcare services tailored to the developmental needs of children, adolescents, and adults identifying as transgender, gender-diverse, or nonbinary, encompassing both psychological and medical gender-affirming care; and
- THEREFORE, BE IT RESOLVED that equitable health insurance access is necessary to facilitate essential gender-affirming care, including access to mental health supports; and

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- THEREFORE, BE IT FURTHER RESOLVED that the APA urges support for policies facilitating access to comprehensive, gender-affirming healthcare for children, adolescents, and adults, recognizing the positive impact on mental health outcomes; and
- THEREFORE, BE IT FURTHER RESOLVED that the APA encourages insurance providers to offer coverage addressing the healthcare needs of children, adolescents, and adults who identify as transgender, gender diverse, or nonbinary; and
- THEREFORE, BE IT FURTHER RESOLVED the APA affirms the essential role and legal rights of parents and caregivers in taking action to ensure the well-being of children and adolescents while honoring their expressed gender identity, including involvement in the process of healthcare decision-making, as well as the role of parents, caregivers, and providers in supporting developmentally appropriate youth self-advocacy.

Additionally, the 2015 *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (Guidelines) contains numerous instances of support for the medical pathway including gender-affirming interventions, social transition, puberty suppression, cross-sex hormones, and surgeries for pediatric gender dysphoria, for example as follows:

- Guideline 7. Psychologists are encouraged to provide written affirmations supporting TGNC people and their gender identity so that they may access necessary services (e.g., hormone therapy).
- Guideline 8. One approach encourages an affirmation and acceptance of children's expressed gender identity. This may include assisting children to socially transition and to begin medical transition when their bodies have physically developed, or allowing a child's gender identity to unfold without expectation of a specific outcome (A. L. de Vries & Cohen-Kettenis, 2012; Edwards-Leeper & Spack, 2012; Ehrensaft, 2012; Hidalgo et al., 2013; Tishelman et al., 2015).
- Guideline 8. Nonetheless, there is greater consensus that treatment approaches for adolescents affirm an adolescents' gender identity (Coleman et al., 2012). Treatment options for adolescents extend beyond social approaches to include medical approaches. One particular medical intervention involves the use of puberty-suppressing medication or "blockers" (GnRH analogue), which is a reversible medical intervention used to delay puberty for appropriately screened adolescents with gender dysphoria (Coleman et al., 2012; A. L. C. de Vries et al., 2014; Edwards-Leeper, & Spack, 2012). Because of their age, other medical interventions may also become available to adolescents, and psychologists are frequently consulted to provide an assessment of whether such procedures would be advisable (Coleman et al., 2012).
- Guideline 12. Research has primarily shown positive treatment outcomes when TGNC adults and adolescents receive TGNC-affirmative medical and psychological services (i.e., psychotherapy, hormones, surgery; Byne et al., 2012; R. Carroll, 1999; Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008; Davis & Meier, 2014; De Cuypere et al., 2006; Gooren, Giltay, & Bunck, 2008; Kuhn et al., 2009), although sample sizes are frequently small with no population-based studies. In a meta-analysis of the hormone therapy treatment literature with TGNC adults and adolescents, researchers reported that 80%

of participants receiving trans-affirmative care experienced an improved quality of life, decreased gender dysphoria, and a reduction in negative psychological symptoms (Murad et al., 2010).

CPA's members are asking me straightforwardly so I must ask the same of you: what is APA's position regarding the HHS report conclusions and does APA continue to support a medical pathway for pediatric gender dysphoria?

Another comment you made in your letter involved the psychologist's role as providing a space where patients can explore their distress "without the therapist directing them toward any predetermined conclusion." I could not agree more. But, unfortunately in practice, many clinicians understand that the APA Statement and Guidelines defines the therapeutic task to facilitate transition without exploring and avoiding anything that could be interpreted as a preconceived conclusion regardless of the client's direction.

So to clarify, is a psychologist who conducts a comprehensive evaluation, identifies significant co-occurring depression, anxiety, and autism spectrum traits and recommends a course of exploratory psychotherapy, without recommending social or medical transition steps, acting within the standard of care according to the APA Statement and Guidelines? What if this client's family, having been told elsewhere that gender affirmation transition should ethically be recommended, files a licensing board complaint alleging that the psychologist's treatment plan is inconsistent with professional guidelines? I trust you can see where liability questions develop: the APA Statement and Guidelines endorse the medical pathway and the HHS concludes the medical pathway lacks evidence and poses significant risks or harm. You state in your letter that the APA does not share a view of liability created by the APA guidelines. Please clarify this seemingly direct contradiction.

This scenario is a serious issue that some clinicians are facing. The medical and psychological 'landscape' is shifting in ways that make clarifying these questions urgent. As our Open Letter documented, more than a dozen cases involving gender-affirming interventions on minors are currently in the legal system, including the Fox/Varian case in New York that held the psychologist liable. The American Society of Plastic Surgeons issued a policy statement in February 2026 emphasizing the lack of quality evidence and the known harms. The Federal Trade Commission has placed the American Academy of Pediatrics and WPATH under investigation. Aligning APA's Statement and Guidelines with best clinical practice impacts those we serve as well as our constituents' livelihood.

Dr. Williams, there are mounting systematic, evidence-based reviews based on medical data, expert input, and public comment that seem relevant. Besides the HHS report, the Cass Review, and more than a dozen international systematic reviews present substantial new evidence. Thank you for saying that APA values dialogue with all parts of the psychology community. With that shared value, we stand ready to keep the timely dialogue going and pursue clarification for clinicians as quickly as possible. I look forward to your responses and thank you in advance for your help.

With respect,

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Cc: APA Council of Representatives via email