

# **Transgender Care: Update on Evidence Base and Clinical Practice of Primary Care, Child and Adolescent Psychiatry, and Adult Psychiatry**

**APA San Francisco May 16, 2026**

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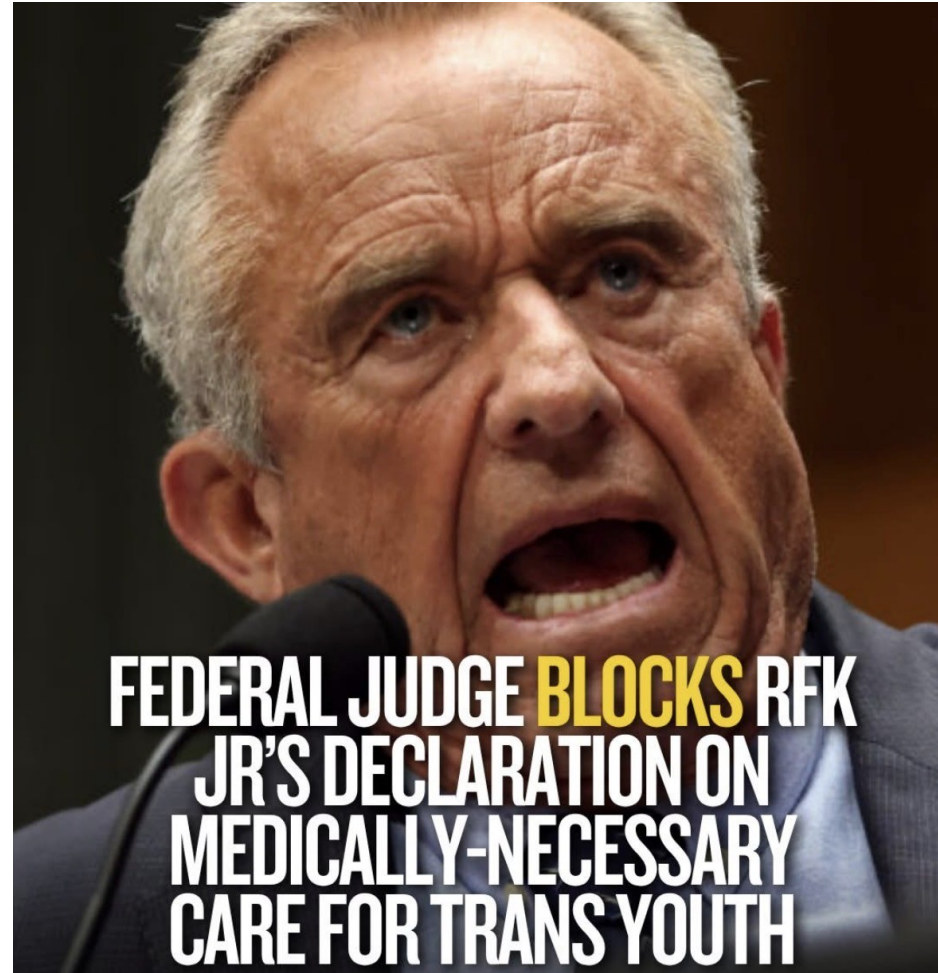
# Faculty Disclosure

- **Dan Karasic, MD** has no financial relationships to disclose relating to the subject matter of this presentation.
- **Dan Karasic, MD** has been an expert witness in numerous cases related to access to care for transgender people, with the ACLU, Lambda Legal, NCLR, and others.

# Gender affirming care targeted: December 18, 2025



# Kennedy order blocked by federal judge 4/18/26





**Andrea Wirth** ♀ 🌿 🤍 🌜 @Wirtherz · May 10



I wish there was a hell, because it would at least be some comfort to know that **Dan Karasic** would one day be going there.



**Aaron Terrell** @elegationvain · May 9

At the trans health conference this past weekend, Dan Karasic, lead author of the mental health chapter of @wpath SOC8 said severely autistic, non-verbal patients can communicate their need to transition by “drawing their gender”, & this should be accepted as a form of consent.

## From fabricated tweet to national policy

- 2023: Fake tweet and aftermath discussed as part of a USPATH 2023 presentation on disinformation campaign
- 2023: Billionaire-funded groups public figures launch “Dan Karasic is a liar” Twitter/X campaign using video of USPATH presentation and audio from Diane Ehrensaft that disproves their assertion
- 2023: Florida Assistant AG calls me as a state’s witness in Doe v Ladapo to question me on false tweet
- 2025: Reference to false tweet appears in HHS 409 page document on trans care for minors that CMS orders to supplant WPATH SOC 8.

# HHS report on Gender Dysphoria

<sup>68</sup> Strang et al. (2018).

<sup>69</sup> See description in Russell et al. (2021, p. 2074). In contrast to the 2018 Dutch guidelines that recommended more caution for patients with co-occurring ASD, leading specialists in the United States have criticized parents who are reluctant to consent to PMT for their autistic children. They have proposed clinicians “depend on drawings” for severely autistic, nonverbal adolescents who cannot speak but are able to draw pictures (Transparency Podcast, n.d.). See also: whistleblower account of therapist Tamara Pietzke (Section 11.4.3).

Transparency Podcast. (n.d.). *Special Series—National Transgender Health Summit—*

*Ep. 2—Dr Karasic [Broadcast]*. Retrieved June 4, 2023, from

<https://www.youtube.com/watch?v=FVj6fPhjxT4>

- More disinformation in HHS report: False conflict of interest charge

Schechter also expressed concerns about language, cautioning colleagues that terms such as “insufficient evidence” and “limited data” could strengthen legal arguments claiming medical interventions are experimental, and noting his own role as an expert witness in related federal cases.<sup>103</sup> Karasic, chair of the SOC-8 Mental Health chapter, highlighted the critical legal implications of defining treatments for adolescents as “medically necessary,” stating that this determination affects court cases, policy decisions, and insurance coverage.<sup>104</sup> Elsewhere, Karasic emphasized the urgency of addressing this issue clearly in SOC-8 given multiple ongoing lawsuits—some potentially reaching the Supreme Court of the United States—concerning whether medical gender interventions are “medically necessary” or “experimental or cosmetic.”<sup>105</sup>

Further, the U.S. healthcare context was clearly a specific focus of the SOC-8 authors. Karasic (SOC-8 Mental Health chapter chair) wrote:

<sup>103</sup> Boe v. Marshall, No. 2:22-cv-00184: 700-13 (2024, p. 56).  
<sup>104</sup> Boe v. Marshall, No. 2:22-cv-00184: 560-24 (2024, p. 43).  
<sup>105</sup> Boe v. Marshall, No. 2:22-cv-00184: 700-10 (2024, p. 44).  
<sup>106</sup> Boe v. Marshall, No. 2:22-cv-00184: 560-34 (2024, p. 25).  
<sup>107</sup> Boe v. Marshall, No. 2:22-cv-00184: 591-24 (2024, p. 9).  
<sup>108</sup> Boe v. Marshall, No. 2:22-cv-00184: 700-8 (2024, p. 40).  
<sup>109</sup> Boe v. Marshall, No. 2:22-cv-00184: 560-34 (2024, p. 25).

But there are elements of the Medical Necessity statement that are critical to insurance reimbursement and access to care in the U.S., though not so in every country, and these should have a place somewhere in SOC 8. If WPATH SOC 8 fails to adequately support access to trans care in the U.S. by overgeneralizing wording, it may be globally applicable, but it is not globally useful, insofar as the U.S. is part of the globe. There should be room in SOC 8 to address concerns of national health systems, or other non-reimbursement focused systems without making SOC 8 less useful to U.S. trans care ... Medical necessity is at the center of dozens of lawsuits in the U.S. right now over state actions to make trans care inaccessible, as well as being at the center of all reimbursement for trans care in the U.S. ... it is critical that WPATH SOC 8 gets this right, which I think it does, currently.”<sup>110</sup>

Incorporation of legal advocacy goals into guideline language, explicitly for purposes of influencing policy and litigation outcomes, conflicts sharply with accepted international standards emphasizing scientific rigor and impartiality.

# Mischaracterization of the evidence base

- Misinterpretation of systematic reviews and GRADE
- Dismissal of evidence for gender affirming care while endorsing treatments with little or no evidence
  - Psychotherapy interventions for depression and anxiety in adolescents is supported mostly by low quality evidence or insufficient evidence
  - Psychotherapy to resolve gender dysphoria is not supported by any evidence

## Most medical interventions have low or very low GRADE scores

- In one large study of systematic reviews, only 5.6% of all medical interventions, and 0.0% of all endocrine interventions had a high GRADE score. Most medical interventions had low or very low GRADE scores. (Howick, et al 2022).
- In a study of systematic reviews of interventions in anesthesiology, critical care medicine, and emergency medicine, only 10% had high GRADE scores, but banning the practice of anesthesiology, critical care medicine, and emergency medicine has not been contemplated (Conway, et al, 2017).
- For complex interventions, for which gender affirming care qualifies, no high GRADE scores were found for systematic reviews of any complex intervention. (Movsisyan, et al., 2016).
- Chong, et al., 2023 found that only 36% of national guidelines for care were based on strong or moderate GRADE scores. Recommendations were often based on a comparison with alternatives; there is no evidence base to support conversion therapy or other psychotherapeutic interventions as an alternative for those who need gender-affirming medical treatment.

# McMaster University authors on the misuse of their systematic reviews



Faculty of Health Sciences  
**Department of  
Health Research  
Methods,  
Evidence, and  
Impact (HEI)**

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- Systematic reviews related to gender-affirming care

**Systematic reviews  
related to gender-  
affirming care**

Posted on August 14, 2025

It is profoundly misguided to cast health care based on low-certainty evidence as bad care or as care driven by ideology, and low-certainty evidence as bad science. Many of the interventions we offer are based on low certainty evidence, and enlightened individuals often legitimately and wisely choose such interventions. Thus, forbidding delivery of gender-affirming care and limiting medical management options on the basis of low certainty evidence is a clear violation of the principles of evidence-based shared decision-making and is unconscionable. The appropriate use of our work is in ensuring patients receive needed care and in helping TGD patients and their clinicians in decision making.

We write this in the hope that all those who use our work to inform the care of TGD patients receiving gender-affirming care, and those using our work in consideration of policy decisions, prioritize the delivery of compassionate and conscientious care that fully respects the autonomy of the TGD patient.

# Quality of evidence: Psychotherapy for depression in adolescents; AQHA systematic review 2020

Regardless of its etiology, psychotherapy as an effective intervention for depression, the most common mood disorder, has been studied extensively and is supported by high-quality evidence. For example, cognitive behavioral therapy (CBT), an (often) manualized therapy that helps patients recognize the reciprocal relationships between

Comparison (Duration of Treatment)	Outcome	Conclusion <sup>5</sup>	Study Design and Sample Size	Factors That Affect the Strength of Evidence	Overall Evidence Strength (Direction of Effect)	Applicability
CBT vs. wait-list control 8 weeks	Depressive symptoms, self-reported	Mean difference (BDI): -5.90; 95% CI, -10.89 to -0.92	1 RCT (n=64) <sup>21</sup>	Imprecision (wide CIs, small sample size), unknown consistency	Low for benefit	Adolescents with MDD or dysthymia
	Functional status, clinician reported	Mean difference (GAF): 6.5; 95% CI, 0.68 to 12.32	1 RCT (n=64) <sup>22</sup>	Imprecision (wide CIs, small sample size), unknown consistency	Low for benefit	Adolescents with MDD or dysthymia
CBT + TAU vs. TAU/UC 12-16 weeks	Depressive symptoms, clinician-reported	Mean difference (CDRS): -7.11; 95% CI, -10.3 to -3.90	1 RCT (n=212) <sup>23</sup>	Imprecision (wide CIs, small sample size), unknown consistency	Low for benefit	Adolescents with MDD
	Weeks to recovery	Mean difference (weeks): -7.40; 95% CI, -13.4 to -1.42	1 RCT (n=212) <sup>23</sup>	Imprecision (wide CIs, small sample size), unknown consistency	Low for benefit	Adolescents with MDD
	Recovery (at least 8 weeks of no or minimal depressive symptoms)	Risk difference: 192/1,000; 95% CI, 80 more to 304 more cases recovered	1 RCT (n=212) <sup>23</sup>	Imprecision (wide CIs, small sample size), unknown consistency	Low for benefit	Adolescents with MDD
	Response	Risk difference: 212/1,000; 95% CI 78 more to 346 more cases	1 RCT (n=212) <sup>23</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Adolescents with MDD
	Functional status, clinician reported	Mean difference (CGAS): 5.32; 95% CI, 2.73 to 7.91	1 RCT (n=212) <sup>23</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Adolescents with MDD
Relapse prevention CBT + continued antidepressant medication management vs. continued medication management 30 weeks	Relapse	Risk difference (CDRS of 40 or more): -260/1,000; 95% CI, 433 fewer cases to 87 fewer cases	1 RCT (n=115) <sup>21</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Adolescents and children with MDD
	Relapse (78 weeks)	Risk difference: -273/1,000; 95% CI, 444 fewer cases to 102 fewer cases	1 RCT (n=121) <sup>21</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Adolescents and children with MDD
Family-based IPT vs. active control (child-centered therapy) 14 weeks	Depressive symptoms, clinician report	Mean difference (CDRS-R): -7.8; 95% CI, -12.73 to -2.87	1 RCT (n=38) <sup>22</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Children with MDD, dysthymia, DD NOS
	Depressive symptoms, self-report	Mean difference (MFQ-C): -6.50; 95% CI, -7.85 to -5.15	1 RCT (n=38) <sup>22</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Children with MDD, dysthymia, DD NOS
	Depressive symptoms, parent-report	Mean difference (MFQ-P): -5.60; 95% CI, -6.49 to -4.71	1 RCT (n=38) <sup>22</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Children with MDD, dysthymia, DD NOS
Family therapy vs. active control 22 weeks	Response	Risk difference (CDRS-R decrease of 50% or more): 179/1,000; 95% CI, 25 more cases to 333 more cases	1 RCT (n=99) <sup>22</sup>	Imprecision, (small sample size), unknown consistency	Low for benefit	Adolescents or children with MDD, dysthymia, or DD NOS
Exercise vs. active control 12 weeks	Response	Risk difference (CGI of 2 or less and at least a 50% reduction in CDRS): 333; 95% CI, 59 more cases to 607 more cases	1 RCT (n=26) <sup>20</sup>	Imprecision (wide CIs, small sample size), unknown consistency	Low for benefit	Adolescents with MDD
Spirituality vs. wait-list 8 weeks	Depressive symptoms, clinician report	Mean difference (CDRS-R), -13.99; 95% CI, -22.65 to -5.33	1 RCT (n=25) <sup>21</sup>	Imprecision (small sample size), unknown consistency	Low for benefit	Adolescents with MDD

# Quality of evidence: psychotherapy for anxiety in adolescents

AACAP OFFICIAL ACTION



Check for updates

## Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders

Heather J. Walter, MD, MPH, Oscar G. Bukstein, MD, MPH, A. Reese Abright, MD, Helene Keable, MD, Ujjwal Ramtekkar, MD, MPE, MBA, Jane Ripperger-Suhler, MD, Carol Rockhill, MD, PhD, MPH

Anxiety disorders are among the most common psychiatric disorders in children and adolescents. As reviewed in this guideline, both cognitive-behavioral therapy (CBT) and selective serotonin reuptake inhibitor (SSRI) medication have considerable empirical support as safe and effective short-term treatments for anxiety in children and adolescents. Serotonin norepinephrine reuptake inhibitor (SNRI) medication has some empirical support as an additional treatment option. In the context of a protracted severe shortage of child and adolescent-trained behavioral health specialists, research demonstrating convenient, efficient, cost-effective, and user-friendly delivery mechanisms for safe and effective treatments for child and adolescent anxiety disorders is an urgent priority. The comparative effectiveness of anxiety treatments, delineation of mediators and moderators of effective anxiety treatments, long-term effects of SSRI and SNRI use in children and adolescents, and additional evaluation of the degree of suicide risk associated with SSRIs and SNRIs remain other key research needs.

**Key Words:** clinical practice guideline, anxiety, child psychiatry, assessment, treatment

*J Am Acad Child Adolesc Psychiatry* 2020;59(10):1107–1124.  

Anxiety disorders also are highly prevalent in children and adolescents. The AACAP clinical practice guidelines strongly recommend that children and adolescents (ages 6-18) be offered CBT to address social anxiety, generalized anxiety, separation anxiety, specific phobias, or panic disorder.<sup>63</sup> PDT is less-well studied for anxiety, but may also be effective.<sup>64</sup>

Because of sparse or absent empirical evidence, clinical guidance about the assessment of anxiety disorders and about the implementation of empirically based treatments is based primarily upon expert opinion and consensus as presented in chapters in leading textbooks of child and adolescent psychiatry,<sup>44-61</sup> the *DSM-5*,<sup>1</sup> previously published clinical practice guidelines,<sup>62-65</sup> and government-affiliated prescription drug information websites (<https://dailymed.nlm.nih.gov/dailymed/><sup>66</sup>; <https://www.fda.gov/Drugs><sup>67</sup>).

# Misinformation on trends in transgender care in Europe

- False testimony
- Mischaracterization of care in Europe

# Swedish guidelines: not a ban

Medical and surgical interventions are subject to equally rigorous restrictions. Treatment with puberty blockers (GnRH analogues) is confined to the context of clinical research. Until such research protocols receive ethics board approval, puberty blockers may be administered only in exceptional cases under the updated guidelines.<sup>57</sup> Similarly, the use of cross-sex hormones—testosterone or estrogen—is permitted solely within

<sup>52</sup> The official Swedish-language guidelines are Socialstyrelsen (2022c). Page numbers in this section refer to a certified, complete, unofficial translation that was submitted as evidence in a U.S. court case (Socialstyrelsen, 2022b). There is also an official English-language summary (Socialstyrelsen, 2022a).

<sup>53</sup> Swedish Agency for Health Technology Assessment and Assessment of Social Services (2022).

<sup>54</sup> Socialstyrelsen (2022b, p. 63).

<sup>55</sup> Socialstyrelsen (2022b, p. 66).

<sup>56</sup> Socialstyrelsen (2022b, p. 69).

<sup>57</sup> Socialstyrelsen (2022b, p. 85).

research studies, with narrowly defined exceptional cases allowed.<sup>58</sup> Only adolescents who meet stringent eligibility criteria for gender-affirming hormone therapy may be considered for surgery, again under exceptional circumstances.<sup>59</sup> Across all interventions, the emphasis is on minimizing risk and ensuring that treatment decisions are based on the best available evidence.

## Decisions on treatment in an individual case

To guide the decision on puberty-suppressing treatment for an adolescent in Tanner Stage 3 and for gender-affirming hormone therapy, the National Board of Health and Welfare recommends the criteria whose use has been documented and monitored within the framework of the “Dutch protocol” [5-7]. The criteria include the existence of the incongruence since childhood, the stability of gender identity over time, clear distress caused by the onset of puberty, and the absence of factors that complicate the diagnostic assessment. According to the participating experts, puberty-suppressing treatment can in some cases be considered to be of great benefit even in Tanner stages 4 and 5, particularly for young people with a registered sex of male at birth whose masculinisation in later puberty makes it very difficult to pass as an adult.

# Finnish studies: Kaltiala, et al 2020

	During and before gender identity assessment	During real life phase	<i>p</i> Value
Need for psychiatric treatment	50% (26/52)	46% (24/51)	0.77
Need for treatment due to ...			
depression	54% (28/52)	15% (8/52)	<0.001
anxiety	48% (25/52)	15% (8/52)	<0.001
suicidality/self-harm	35% (18/52)	4% (2/52)	<0.001
conduct problems/antisocial	14% (7/52)	6% (3/52)	0.18
psychotic symptoms/psychosis	2% (1/52)	4% (2/52)	0.56
substance abuse	4% (2/52)	2% (1/52)	0.56
autism	12% (6/52)	6% (3/52)	0.30
ADHD	10% (5/52)	2% (1/52)	0.09
eating disorder	2% (1/52)	2% (1/52)	1.0

# Anti-trans laws restrict care for adults as well as youth

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STATE

## 'We're just people': As care ban becomes law, trans Floridians face excruciating decisions



[Kathryn Varn](#)

USA TODAY NETWORK – FLORIDA

Published 7:44 a.m. ET May 18, 2023 | Updated 2:23 p.m. ET May 18, 2023

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POLICY AND POLITICS

## A rundown of Florida bills causing 'massive panic' in transgender, LGBTQ communities



[Kathryn Varn](#)

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# March 2026: Fourth Circuit reversal permits adult care bans

\* \* \*

The judgment below cannot stand in light of *Skrmetti* and *Medina*. The Supreme Court has made clear that States can reasonably regulate treatments for gender dysphoria without discriminating against any protected class, and that these regulations are not inherently irrational. And there is no cause of action to bring Plaintiffs' Medicaid Act claims. We therefore reverse the district court's grant of summary judgment to Plaintiffs, vacate the injunction and declaratory judgment, and remand with instructions to enter summary judgment for Defendants.

*REVERSED AND REMANDED*

# Government efforts to ban adult care



**Oklahoma Voice**  
PART OF STATES NEWSROOM



GOVERNMENT & POLITICS

## **Lawmakers overhaul bill seeking to block Oklahoma adults from receiving gender-affirming care**

Bill would bar Oklahoma minors from receiving gender-affirming counseling

BY: **EMMA MURPHY** - MARCH 30, 2026 3:53 PM

# Idaho: Up to 14 years in prison for prescribing hormones to trans adults if state setting or funds involved

## THE PUBLIC-FUNDS STATUTE

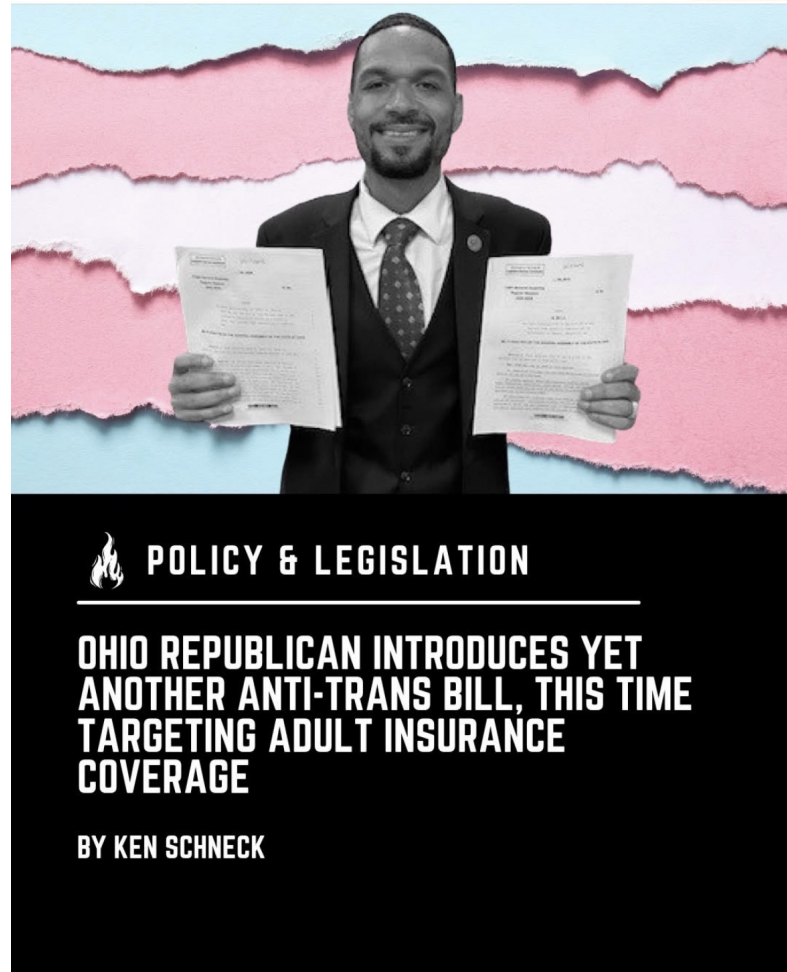
Idaho Code § 18-8901(2) prohibits the use of public funds “for the provision or subsidy of any surgical operation or medical intervention described in Idaho Code § 18-1506C(3) for purposes of altering the appearance of an individual in order to affirm the individual’s perception of the individual’s sex in a way that is inconsistent with the individual’s biological sex” (with certain exceptions not relevant here). The statute declares that “a surgical operation or medical intervention is never necessary to the health of the minor or adult on whom it is performed if it is for the purpose of altering the appearance of an individual in order to affirm the individual’s perception of the individual’s sex in a way that is inconsistent with the individual’s biological sex.” Idaho Code § 18-8901(1)(a). The statute also prohibits physicians or other health care professionals in the course and scope of employment by the State from providing such surgical operations or medical interventions, Idaho Code § 18-8901(5), and prohibits the use of any state property, facility, or building to provide such surgical operations or medical interventions. Idaho Code § 18-8901(6).

<sup>1</sup> Since the Court has previously rejected Defendants’ arguments that the PLRA prohibits the Court from serially issuing renewed 90-day preliminary injunctions, see Dkt. 95 at 3-4, Defendants do not repeat those arguments here. To preserve the issue, however, Defendants incorporate their previous arguments in Dkt. 87 and ask the Court to deny the preliminary injunction on the grounds that the PLRA prevents it from serially issuing renewed preliminary injunctions for 90-days each.

RESPONSE TO PLAINTIFFS’ MOTION FOR EIGHTH  
PRELIMINARY INJUNCTION [DKT. 187]—2

Under Idaho Code § 18-8901(7), “Any intentional violation of the provisions of this chapter by a public officer or public employee shall be considered a misuse of public moneys punishable pursuant to Idaho Code § 18-5702,” which punishes misuse of public moneys as a felony subject to a fine up to \$10,000 and imprisonment for one to fourteen years, along with termination of employment, disqualification from future public employment, and distribution of retirement moneys for restitution.

# State efforts to restrict access to care for adults



 POLICY & LEGISLATION

**OHIO REPUBLICAN INTRODUCES YET  
ANOTHER ANTI-TRANS BILL, THIS TIME  
TARGETING ADULT INSURANCE  
COVERAGE**

BY KEN SCHNECK

# States are passing laws restricting rights of adults



**Tennessee Republicans advance  
flurry of bills to make life  
unlivable for transgender people**


# Efforts to restrict trans adults in schools

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## Department of Education opens investigation into Smith College for admitting trans women

3 HR AGO ▾

By  Zoe Sottile



Smith College campus, a women's liberal arts ... ▾

# Efforts to restrict trans adults from housing

**Trump targets where transgender people can be housed in an emergency**

Republicans want shelters to decide who is woman enough. Some women in crisis would have to prove it.



# Challenging disability claims

## **How a legal challenge over gender dysphoria became a fight for disability rights**

Republican AGs continue quietly pushing for a rollback of civil rights in Section 504 disability case.

BY: **ANNA CLAIRE VOLLERS** - MAY 6, 2026 5:00 AM

# Passports, birth certificates, driver's licenses

**Supreme Court allows  
Trump administration's anti-  
trans and anti-nonbinary  
passport policy (for now)**

The Supreme Court decided that  
Trump's anti-trans and anti-nonbinary  
policy can stand for the time being.



*Supreme Court / Abbie Fitz/Shutterstock*

# US Counterterrorism Strategy 2026

Email

whitehouse.gov

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extremists, including the assassination of Charlie Kirk by a radical who espoused extreme transgender ideologies.

In addition to cartels and Islamist terror groups, our national CT activities will also prioritize the rapid identification and neutralization of violent secular political groups whose ideology is anti-American, radically pro-transgender, and anarchist. We will use all the tools constitutionally available to us to map them at home, identify their membership, map their ties to international organizations like Antifa, and use law enforcement tools to cripple them operationally before they can maim or kill the innocent. We will do the same with the state sponsors of such groups and those governments undertaking lethal plots on U.S. soil or against Americans anywhere.

# Government attempts to ban discussion of gender affirming care

Filing # 237297891 E-Filed 12/09/2025 10:26:43 AM

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR ST. LUCIE COUNTY, FLORIDA

OFFICE OF THE ATTORNEY  
GENERAL, STATE OF FLORIDA,  
DEPARTMENT OF LEGAL  
AFFAIRS,

*Plaintiff,*

v.

WORLD PROFESSIONAL  
ASSOCIATION FOR  
TRANSGENDER HEALTH,  
ENDOCRINE SOCIETY, and  
AMERICAN ACADEMY OF  
PEDIATRICS,

*Defendants.*

Case No. \_\_\_\_\_

## COMPLAINT

1. Gender dysphoria is “a condition that involves distress regarding one’s sexed body and/or associated social expectations.”<sup>1</sup>
2. Pediatric gender dysphoria was a rarity a decade ago. In fact, researchers did not begin tracking the phenomenon until 2017.<sup>2</sup> However, the

# Florida lawsuit to disband WPATH, ES, AAP and ban discussion of “safety” and “efficacy” of care

## PRAYER FOR RELIEF AND DEMAND FOR JUDGMENT

Plaintiff respectfully requests this Court:

- A. Declare that Defendants' representations, which mislead reasonable consumers about the reversibility and efficacy of pediatric sex interventions, constitute an unfair trade practice under FDUTPA.
- B. Pursuant to section 501.2075, impose the statutory penalty of \$10,000 for each instance in which Defendants transmitted false or misleading claims about the safety, reversibility, or efficacy of sex interventions.
- C. Declare that Defendants' repeated misleading advertisements regarding the reversibility and efficacy of pediatric sex interventions constitute a pattern of racketeering activity.

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- D. Pursuant to section 895.05(9)(a), impose a civil penalty of \$1 million on each Defendant.
- E. Pursuant to section 895.05(1), enjoin Defendants from continuing to make misleading advertisements regarding the safety, reversibility, or efficacy of pediatric sex interventions.
- F. Award attorney's fees and investigative costs.
- G. Issue any additional relief it finds necessary, including:
  - Ordering Defendants to divest their interests in the enterprise;
  - Imposing reasonable restrictions upon Defendants' future activities;
  - Ordering the dissolution or reorganization of Defendants' enterprise;
  - Ordering the suspension or revocation of all licenses, permits, or prior approvals granted to Defendants by any agency of the State; and
  - Ordering the forfeiture of Defendants' charters and the revocation of certificates authorizing Defendants to conduct business within Florida.

# Weaponizing government investigations against healthcare organizations and providers

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## Federal judge blocks FTC probes into trans medicine groups, citing ‘extensive evidence of animus’

Chief Judge James Boasberg said the Trump administration showed “wafer-thin justifications” in targeting WPATH and the Endocrine Society.



*James Boasberg, chief judge of the US District Court for the District of Columbia, attends a panel discussion at the annual American Board Association (ABA) Spring Antitrust Meeting at the Marriott Marquis in Washington, DC, on April 2, 2025. / DREW ANGERER/AFP via Getty Images*

# NYU Langone criminal subpoena from DOJ

ERIN IN THE MORNING

## NYU Langone Releases Grand Jury Subpoena: Feds Want Names Of Every Trans Youth Care Patient

NYU Langone has released the subpoena it received from DOJ officials—but there may be ways to fight back.



S. BAUM  
TODAY AT 11:57 AM

▶ Listen



NYU Langone Health Site

Documents sufficient to identify each patient who underwent Sex-Rejecting Procedures.

For each such patient identified in Subpoena specification 12, *supra*, documents relating to the clinical indications, diagnoses, or assessments that formed the basis for providing Sex-Rejecting Procedures, including the prescribing of puberty blockers or hormones, and all documents relating to the Sex-Rejecting Procedures care provided

All communications with the World Professional Association for Transgender Health (“WPATH”) or any of its members relating to Sex-Rejecting Procedures, including but not limited to communications regarding the safety and efficacy or Sex-Rejecting Procedures, the Standards of Care 8, and billing guidance for Sex-Rejecting Procedures

# Forced detransition in federal prisons

NEWS

## Federal Prisons Are Beginning to Force Trans Inmates Off Hormone Therapy

Federal inmates will also no longer have access to social accommodations such as binders and makeup.

BY ABBY MONTEIL

March 10, 2026



NATIONAL CENTER  
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LANGUAGE



All posts

## The Federal Bureau of Prisons Is Running a Conversion Therapy Program. We Must Not Let It Stand.

SHANNON MINTER | MAR 16, 2026

# Federal correctional policy: Replacing hormones with psychotherapy “helping patients identify how they deceive themselves.”

## DECLARATION OF KRISTOPHER E. KALIEBE, M.D.

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## OPINIONS

20. Hormone therapy is unproven and experimental treatment for Gender Dysphoria that generally should not be available to those in the custody of the Federal Bureau of Prisons (“BOP”).

B. Psychotherapy is the preferred treatment approach for Gender Dysphoria, particularly within correctional environments.

43. While patient-driven medicine characteristic of the affirmation model carries significant risks because humans have immense powers to deceive themselves and because patients may be susceptible to clinicians’ suggestions of affirmative treatment, both primary psychotherapeutic schools within mental health, Psychodynamic Therapy and Cognitive Behavioral Therapy, focus largely on identifying self-deception. A major target of treatment is helping patients identify how they deceive themselves.

# Minority stress in trans people associated with depression, suicidality, and suicide attempts

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Review

Associations between minority stress, depression, and suicidal ideation and attempts in transgender and gender diverse (TGD) individuals: Systematic review and meta-analysis



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## ARTICLE INFO

**Keywords:**  
Depression  
Suicide  
Transgender  
Minority stress  
Meta-analysis

## ABSTRACT

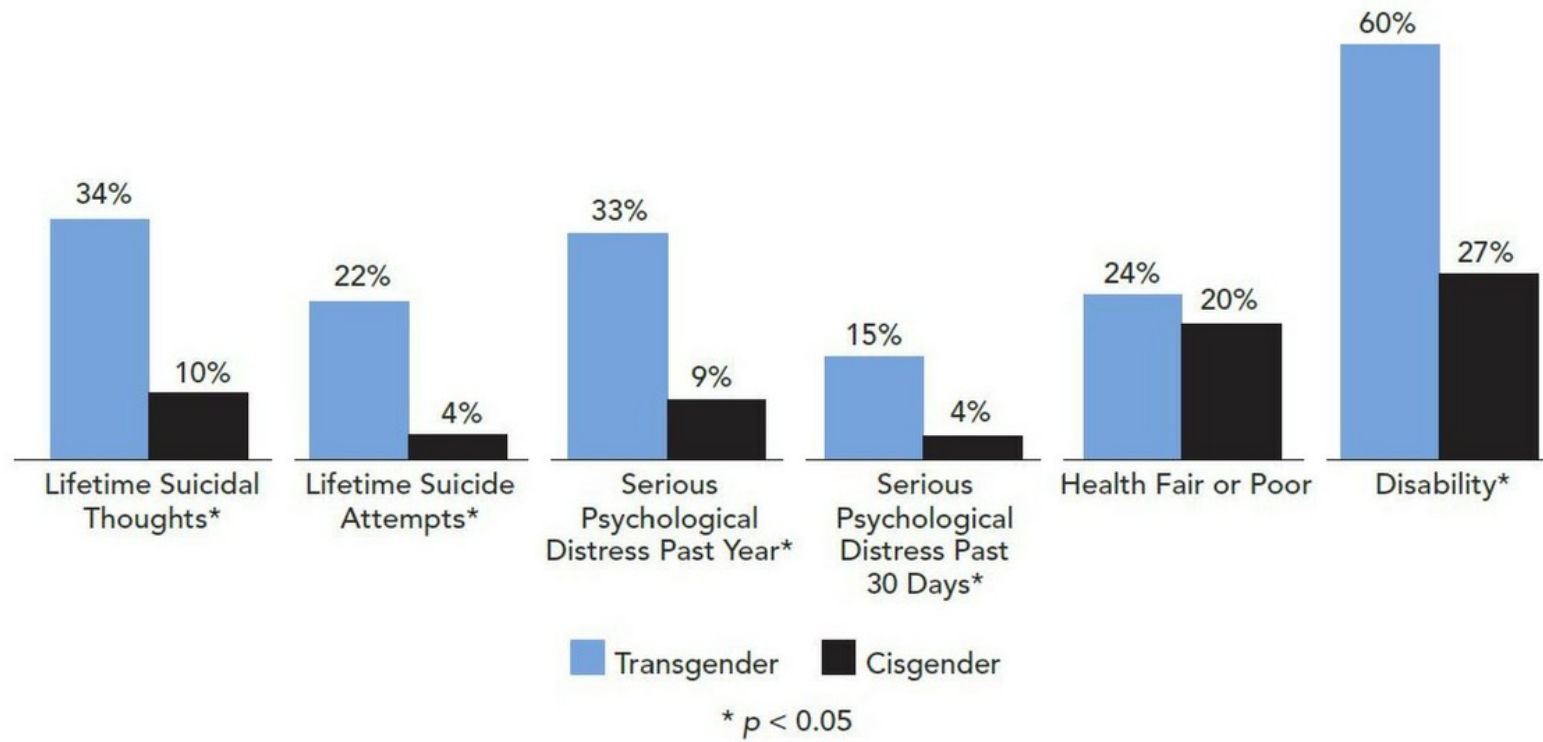
Minority stress theory posits that transgender and gender diverse (TGD) individuals exhibit greater rates of depression and suicidality due to internal (proximal) and external (distal) stressors related to their TGD identity. Yet, the magnitude of the relationship between minority stress processes and mental health outcomes has not been quantitatively summarized. The current research meta-analyzed the relationship between minority stress constructs and depression, suicidal ideation, and suicide attempt. Results from 85 cross-sectional quantitative studies indicate that distal stress, expectations of rejection, internalized transphobia, and concealment are significantly associated with increased depression, suicidal ideation, and suicide attempt. Greater effect sizes were observed for expectations of rejection and internalized transphobia when compared to distal stress and concealment. Future research on the relationship between minority stress, depression, and suicide would benefit from longitudinal designs and more diverse and representative samples of TGD individuals.

# Patient responses to recent government actions

- Stress response: Increased anxiety, hopelessness, anger
- Changing focus to that which is in their control
- Planning for worsening conditions
- Moving abroad or planning move
- Hoarding medications
  - Recurrence of symptoms taking  $\frac{1}{2}$  doses of medications

# Increased Mental Health Symptoms in Trans Populations

Mental and Physical Health Indicators for Transgender and Cisgender Adults  
CHIS 2015-2016



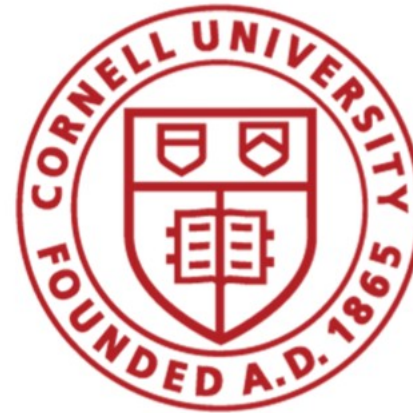
# Surgical regret is rare: less than 1% in 27 published studies with 7928 patients (Bustos et al 2021)

➤ [Plast Reconstr Surg Glob Open](#). 2021 Mar 19;9(3):e3477. doi: 10.1097/GOX.00000000000003477. eCollection 2021 Mar.

## Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence

Valeria P Bustos <sup>1</sup>, Samyd S Bustos <sup>2</sup>, Andres Mascaro <sup>3</sup>, Gabriel Del Corral <sup>4</sup>, Antonio J Forte <sup>5</sup>, Pedro Ciudad <sup>6</sup>, Esther A Kim <sup>7</sup>, Howard N Langstein <sup>8</sup>, Oscar J Manrique <sup>8</sup>

Analysis of 72 studies 1991–2017 demonstrates transition care reduces gender dysphoria and improves quality of life, with a low regret rate



[www.whatwecnow.info](http://www.whatwecnow.info)

**What does the scholarly research say about the effect of gender transition on transgender well-being?**

Systematic review of 20 studies of gender affirming hormones and mental health show improved quality of life, decreased depression, decreased anxiety

JOURNAL ARTICLE

## Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review

Kellan E Baker , Lisa M Wilson, Ritu Sharma, Vadim Dukhanin, Kristen McArthur, Karen A Robinson

*Journal of the Endocrine Society*, Volume 5, Issue 4, April 2021, bvab011,

<https://doi.org/10.1210/jendso/bvab011>

**Published:** 02 February 2021    **Article history** ▼

# Gender affirming psychotherapy

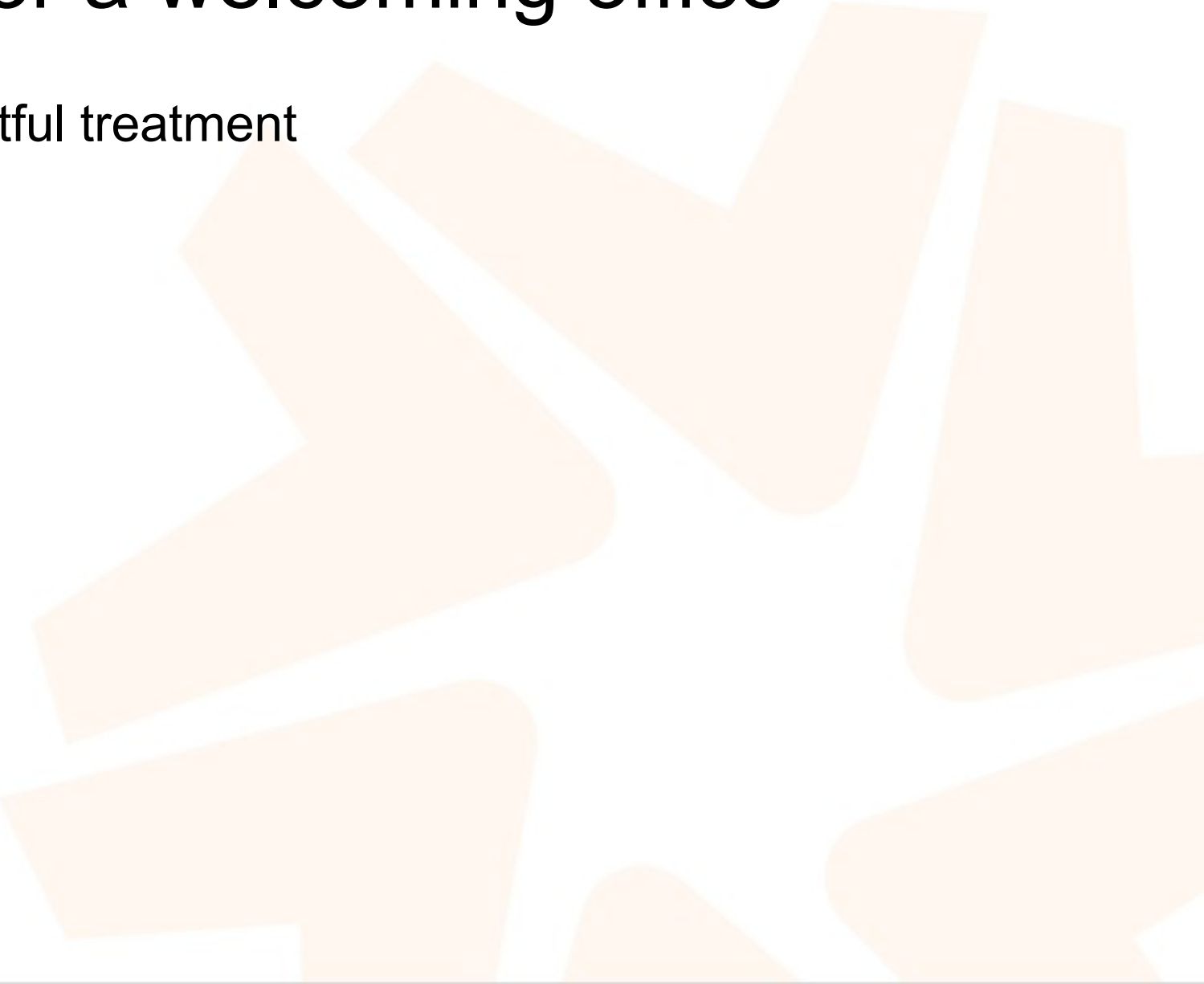
- Psychotherapy that is respectful of the patient and allows them the space to explore or express their gender identity, without preconceptions imposed by the therapist.
- **“What is Gender Affirmative Therapy (GAT)?**
- Gender affirmative therapy (GAT) is any form of counselling or psychotherapy which seeks to help people to come to a consensual, comfortable, and self-accepting place with their gender. It is founded on the position that no gender identity, expression, or experience is any more valid, ‘natural’ or ‘normal’ than any other. In this way GAT sits in opposition to any form of conversion therapy which attempts to change a person’s gender identity or suppress their experience or expression of their gender.”

# Approach

Rather than impose a given narrative on patient,  
assist patient in finding own path



# Principles for a welcoming office

- Training for all staff on respectful treatment
  - Restroom access
  - Safety
  - Privacy
  - Charting
- 
- A decorative graphic on the right side of the slide consists of several overlapping, stylized hands in a light orange or peach color. The hands are arranged in a way that suggests a supportive or welcoming gesture, with fingers pointing towards the center of the slide.

# Gender affirming mental health care

- In psychotherapy, allowing space for the individual to explore gender, as desired, without imposing the therapist's preconceptions or pre-ordained directions
- In assessments, a respectful approach to understanding the patient as one assesses for the Gender Dysphoria diagnosis and SOC 8 guidelines
- Avoiding "trans broken arm syndrome" in not assuming that all symptoms are caused by Gender Dysphoria
- Recognizing impacts of trauma, discrimination, current family and occupational circumstances, need for practical and family/peer support with transition

# ASD and transition

- Issues with communication with care providers and others
- Impairment of social communication and interaction can complicate transition, eg having social support (sometimes found in different ways)
- Parents sometimes attribute gender diversity or dysphoria to the intense focus on circumscribed interests
- Environmental and sensory sensitivity can affect doctor's visits and transition care.

# Depression and anxiety and transition

- Depression and anxiety are more common in trans people. They can impede people making life-changing decisions, including transition
- Depression impairs energy, motivation, optimism
- Anxiety can obstruct seeking care.
- Anxiety and depression can cause social isolation, lessening opportunities for social support
- However, many studies have showed benefit from transition, with less depression, anxiety, and SI/self-harm

# Suicidality, self-harm, and transition

- Transition can lessen suicidality and self-harm– per large surveys and clinical studies
- However, stressors during transition– especially relationship conflict and loss – can cause increase in SI and self-harm
- DBT and other psychotherapies may be helpful, as well as supportive psychotherapy

# Treatment guidelines for trans people with severe mental illness are in Mental Health chapter of SOC 8

- [Wpath.org](http://Wpath.org) free download
- WPATH SOC 8 are practice guidelines from review of literature and consensus of international experts.

# Discussion

- Audience discussion

