No. 24-539

IN THE

Supreme Court of the United States

KALEY CHILES,

Petitioner,

v.

PATTY SALAZAR, in Her Official Capacity as Executive Director of the Colorado Department of Regulatory Agencies, *et al.,*

Respondents.

On Writ of Certiorari to the United States Court of Appeals for the Tenth Circuit

BRIEF OF THE INTERNATIONAL FOUNDATION FOR THERAPEUTIC AND COUNSELING CHOICE AS *AMICUS CURIAE* IN SUPPORT OF PETITIONER

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INTEREST OF AMICUS CURIAE[1]

The International Foundation for Therapeutic and Counselling Choice (IFTCC) is a multi-disciplinary organization with members who provide support and counseling services in 35 countries to individuals seeking change in unwanted relational, sexual, and gender identity behaviors, feelings, and patterns. IFTCC works to preserve the rights of clients to access these services and of providers to offer them. Dr. Laura Haynes, Ph.D., is Chair of the IFTCC Science and Research Council, an IFTCC Executive Board Member, and the representative of the United States on the IFTCC Board. Amici are IFTCC and Dr. Haynes.[2]

IFTCC was founded in 2015 in response to organized legislative efforts to suppress the viewpoint that counselors ought to be able to assist clients who seek to realign their sexual identity consistent with religious or moral teachings and/or to align their gender identity with their biological sex. IFTCC's anthropological approach is grounded in a Judeo-Christian understanding of the body, marriage, and family. It advocates for scientific integrity and research objectivity. IFTCC affiliated researchers publish relevant research in peer reviewed journals.

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[1] Rule 37 statement: No party's counsel authored any of this brief; amici alone funded its preparation and submission. *See* Sup. Ct. R. 37.6.

[2] Dr. Haynes Curriculum Vitae is provided as Appendix B.

On behalf of the IFTCC Dr. Haynes has served as an expert to members in seven Parliaments and numerous other governmental bodies, including legislatures and courts. She submitted an amicus brief to the Supreme Court of Bulgaria that was quoted multiple times in the favorable decision of the Court.

SUMMARY OF ARGUMENT

The Colorado law at issue in this case is just one aspect of an organized effort to suppress access to counseling services that help clients pursue a gender identity that aligns with their biological sex. Amici contend that the Colorado law does harm by barring counseling conversations between patients and licensed mental health counselors without scientific basis, compromising freedom of speech and choice and quality of care.

At the time Colorado legislators banned counselors from speaking to children and adolescents about feelings of distress or conflict regarding their natal sex to help resolve these feelings, the researchers who opposed such counseling acknowledged there was no research evidence whatsoever that established that counseling directed at becoming comfortable with one's sex causes harm. There remains no such evidence supporting Colorado's law to this day.

Major medical and mental health organizations concede gender discordance or dysphoria is not caused by having the brain of the opposite sex. Studies have unanimously found that most children resolve discordant gender identity and gender dysphoria (unhappiness about their sex) by adolescence or early adulthood, and emerging research reflects that counseling helps them do so.

Regrettably, Colorado law deprives gender dysphoric patients who could benefit from counseling

conversations to help them overcome their dysphoria and become comfortable with their own bodies, removing a potential option to avoiding costly and life altering physical (i.e., surgical and chemical) interventions with known deleterious side effects. Studies rated as high quality by a systematic research review for the National Health Service-England (NHS-England) have found gender discordant or dysphoric children and adolescents have markedly high rates of severe mental health problems, identity problems in general, developmental disabilities, trauma from bullying for reasons other than gender presentation or gender or sexual identity, and suicidality, generally beginning before onset of discordant gender identity or dysphoria, seldom after. A counseling approach to resolving gender distress therefore cannot possibly have caused these pre-existing problems, but it may well help to address, manage, decrease, or resolve them.

As an amicus brief by the organization Do No Harm in the recent *Skrmetti* case before this Court explained, there is no published research whatsoever that meets scientific standards and has established medical gender interventions resolve mental health problems or suicidality in minors. The "affirmative" or "medicalized" approach of treating gender dysphoria with puberty blockers, cross-sex hormones and ultimately irreversible, body-altering, surgery disregards that mental health problems and suicidality may in fact create or compound gender discordance or dysphoria.

There exists no reliable scientific research indicating that counseling conversations to assist

gender dysphoric children and adolescents to become more comfortable with their own bodies is harmful. In fact, the handful of papers relied on to oppose such counseling employ motivated reasoning and are not credible. Researchers who identify as counseling-approach-opposed have (1) recruited survey participants who were not representative of gender discordant or dysphoric young people, (2) acknowledged they asked unclear questions, and as a result they themselves do not know what they studied, and (3) acknowledged they have not established that counseling for resolving gender discordance or distress causes harm, then inferred it anyway and called for therapy bans.

National health authorities in the U.K., Finland, Sweden, and the U.S., and increasingly professional organizations outside the U.S. are recommending the counseling approach for resolving gender distress and the mental health problems and suicidality that so often accompany it. The American professional organizations that favor the approach of medicalized intervention and eschew counseling are outliers.

In conclusion, counseling for resolving gender distress and conflict and underlying mental health problems is consistent with findings in medical research that has been recognized as being of the highest quality, and there is no research whatsoever that establishes that such counseling is harmful. Counseling bans are not scientifically justified and take away the opportunity for children and adolescents who experience gender distress to talk through their concerns and receive the less intrusive

(and typically less costly) intervention of counseling. Banning counseling consigns gender dysphoric youth to extreme, intrusive, and experimental medicalized options such as drug interventions, amputation of healthy breasts, and in some cases sex surgeries with known risk factors, including sterility, while denying youth (and parents assisting their children) the most basic option of talking through their problems and concerns with a qualified counselor. Such bans not only reduce freedom and drive-up medical costs, they are unsupported by any reliable research demonstrating such restrictions on counseling are even helpful, let alone medically necessary.

ARGUMENT

I. Colorado's Ban on Counseling Conversations Directed at Helping Minors Become More Comfortable with Their Biological Sex

A. The Colorado Ban Burdens and Restricts Counseling Conversations

In 2019, Colorado enacted into law the State's viewpoint that helping a child or adolescent become more comfortable with their biological sex through counseling is harmful and must be punished, while chemically sterilizing minors or amputating their healthy breasts to make them appear more like their desired sex is acceptable.

Colorado's law stigmatizes ordinary counseling conversations that do not attack a minor's gender identity but rather support the desire of some gender

distressed minors, and often their parents, for a pathway that helps the child become more at home with their innate sex.

B. The Colorado Ban Increases the Likelihood Minors will Choose Risky and Invasive Medical Interventions

Colorado's law forbids many young people the consensual counseling conversations they need and desire. If a counselor agrees to help a young person explore whether they can fulfill their goals to resolve gender distress and conflict through counseling conversations, the state of Colorado will punish the counselor. The result is that young Coloradoans are denied the opportunity to try counseling rather than (or prior to) risky and invasive hormone treatments and surgeries. Lack of access to counseling means more surgeries and more hormone treatments with side effects such as sterilization and worse, and it means less freedom to explore whether a young person's gender dysphoria could be resolved through compassionate counseling.

II. Gender Dysphoria and Discordant Gender Identity Are Recognized Psychological Conditions That Have Long Been Addressed Through Consensual Counseling

Some people experience a persisting, marked conflict between their subjectively experienced, perceived, or expressed sex ("gender identity") and the inborn sex of their body, a condition that may be described as "gender discordance" or diagnosed as

"gender incongruence." *See* World Health Organization, *International Classification of Diseases, Eleventh Revision* HA60, HA61 (2022). Some of these individuals experience clinically significant distress over this conflict that may be diagnosed as "gender dysphoria," meaning "gender distress" or unhappiness about one's sex. *See* American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* 512-513 (2022).

Rather than enforce gender role stereotypes, counseling challenges them. It challenges a view, for example, that if a male minor experiences some traits more stereotypically associated with females and strongly desires to be a female, it means he is not a male and must be a female in a male's body. Counselors who are open to the counseling approach to resolving gender distress explore the context in which the discordant gender identity arose and its meaning to the minor. They also address any co-occurring mental health problems and explore any contribution these may be making to the gender distress. Resolution of gender-sex conflict or distress may occur as a by-product of non-aversive, non-invasive, counseling conversations. Such counseling generally does not focus directly on changing gender identity. Although counseling bans refer to such counseling as "gender identity change efforts" ("GICE") or "conversion therapy," these are political terms that counselors do not use. Such counseling is better described as "counseling for resolving gender-sex-conflict or gender-distress."

A counseling approach can simply be exploratory for the purpose of resolving gender

distress. Some gender distressed minors do not know what they want from counseling, but some do have a preferred outcome. In most contexts considering a parent or child's desired outcome for care is considered foundational to an appropriate and ethical counseling relationship. But Colorado's law forbids considering the counselee's wishes in this context.

The most comprehensive-ever study of care for gender dysphoria, commissioned by the National Health Service-England (NHS-England), concluded the counselor and the minor should "collaboratively" agree upon an individualized care plan "based both on the best available evidence" and "the client's characteristics, preferences, values and beliefs." *See* Hillary Cass, *The Cass review: Independent Review of Gender Identity Services for Children and Young People: Final Report* at 146 (2024) (hereafter, "*Cass Final Report*").

Some minors may want to become adults who enjoy what their natural sexual body has to offer them if they know this counseling path exists. *See* Marcus Evans & Susan Evans, *Gender Dysphoria: A Therapeutic Model for Working With Children, Adolescents and Young Adults*, 7-8 (Bicester, Oxfordshire, UK: Phoenix Press, 2021).

Some adolescents, due to religious convictions, are hesitant about medical body alteration and prefer to make peace with their body. They want a counseling alternative to the medical path.

In some cases, minors need or want non-invasive counseling to resolve their gender distress

because medical considerations rule out medical gender interventions for them, or they have physical appearance features that would hinder being able to pass as the other sex. *See* Kenneth J. Zucker, et al., *Gender Dysphoria in Adults*, 12 Annual Review Clinical Psychology 237 (2016); *see also* Elie Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey*, 69 Journal Homosexuality 7, 14 (2021) (hereafter, "Vandenbussche, *Detransition-Related Needs*").

Others who stopped taking puberty blockers or opposite-sex hormones need and want counseling to help them feel content with their sex after body-harming medicalized interventions did not resolve their gender pain or mental health problems. They wish they had been offered a counseling option to resolve their gender dysphoria first. Vandenbussche, *Detransition-Related Needs* at 7, 11; *see also* Lisa Littman, *Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition who Subsequently Detransitioned: A Survey of 100 Detransitioners* 50 Archives Sexual Behavior 3353, 3364 (2021).

The speech of all of these groups of counselees is burdened by Colorado's law.

A. Gender Dysphoria and Discordant Gender Identity are Not Fixed and Immutable Conditions

Advocates of counseling bans find it difficult to accept evidence that people resolve gender dysphoria through counseling because they often hold to an

assumption that a gender identity that conflicts with a person's sex is a biological trait, one that is inborn and fixed. If that were true, then counseling to help gender distressed people feel comfortable with their sex would be destined to fail. But even before Colorado enacted its counseling ban it was well known and accepted by researchers around the world that this assumption is false. The viewpoint that discordant gender identity is biologically determined or caused by having the brain of the opposite sex has never been scientifically established and has never had professional consensus in support of it.

Before Colorado's counseling ban the American Psychiatric Association accepted—and has continued to accept in its official diagnostic manuals—the findings of 11 out of 11 studies that children diagnosed in gender clinics overwhelmingly resolved gender dysphoria by adolescence or adulthood. *See* American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* at 455 (2013) (hereafter, "*APA Diagnostic Manual-2013*"); American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* at 516 (2022) (hereafter, "*APA Diagnostic Manual-2022 Text Revision*"); Kenneth J. Zucker, *The Myth of Persistence: Response to "A Critical Commentary on Follow-Up Studies and 'Desistance' Theories About Transgender and Gender Non-Conforming Children" by Temple Newhook et al.*, online, International Journal Transgenderism 2-3 (2018) (hereafter, "Zucker, *The Myth of Persistence*"). In these studies, about two-thirds (67%) of those who met, and close to all (93%) of those who nearly met,

diagnostic criteria for gender dysphoria resolved it (desisters calculated from persisters). Zucker, *The Myth of Persistence* at 4. Some studies included information that the children received counseling.

In follow-up interviews, gender clinic children told researchers what helped them accept their sex was going through puberty and experiencing feelings of sexual attraction—experiencing what their natural sexual bodies have to offer. Thomas D. Steensma, et al., *Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study*, 16 Clinical Child Psychology and Psychiatry 499 (2010). The counseling approach to resolving gender conflict and distress that Colorado bans supports children going through puberty, while the medicalized approach Colorado promotes prevents children from going through any substantial degree of experiencing puberty, thereby denying them this opportunity for natural gender dysphoria resolution.

At the time Colorado enacted its counseling ban researchers already commonly accepted that discordant gender identity and gender dysphoria are not simply biologically determined or an intersex condition of the brain.

The American Psychological Association stated this understanding of *transgender identity* in its *APA Handbook of Sexuality and Psychology* in 2014. *See* Walter Bockting, Chapter 24: Transgender Identity Development, in *APA Handbook of Sexuality and Psychology, Volume* 743, (Deborah L. Tolman & Lisa M. Diamond eds-in-chief, American Psychological Association 2014).

A highly regarded global consensus statement on intersex disorders by several endocrine societies around the world in 2016 stated this view of *gender identity*. The endocrine societies explained intersex conditions are biologically determined, but gender identity develops from a complex interplay of biological, psychological, and social influences. (It is "biopsychosocial.") They said there is no consistent evidence that the brains of gender discordant people are different from the brains of people who identify with their sex. Further, they said no biological marker had been found for gender identity. This means there is no biological thing that has been found that is "gender identity" that another person can find by conducting a biological test or looking at a person's brain. *See* Peter A. Lee, et al., *Consensus Statement: Global Disorders of Sex Development Update Since 2006: Perceptions, Approach and Care*, 85 Hormone Research Pediatrics 168 (2016). These endocrine societies included the European Society for Paediatric Endocrinology, the Paediatric Endocrine Society, the Asian Pacific Paediatric Endocrine Society, the Japanese Society of Paediatric Endocrinology, the Sociedad Latino-Americana de Endocrinologia Paediatrica, and the Chinese Society of Paediatric Endocrinology and Metabolism. *Id*. at 159.

Not only is it known that *children* resolve gender dysphoria, but there is rigorous research evidence from Germany that 90% of *adolescents* resolve "gender non-contentedness" by early adulthood. Gender non-contentedness, however, increased in 10% of gender non-contented minors who had more mental health problems throughout their

development and required more mental health services. (Calculated from percent of gender non-contented who resolved verses increased gender non-contentedness). Pien Rawee, *Development of Gender Non-Contentedness During Adolescence and Early Adulthood*, 53 Archives Sexual Behavior 1813, 1821 (2024) (hereafter, "Rawee, *Development of Gender Non-Contentedness*").

Most recently, the NHS-England four-year and most comprehensive-ever study of medicalized gender affirmative treatment confirmed there is wide acceptance of the "biopsychosocial" view of development of gender dysphoria. *Cass Final Report* at 121.

B. Gender Dysphoria and Discordant Gender Identity Can Be Effectively Addressed Through Counseling

1. The mental health link to gender dysphoria

Studies across many countries demonstrate individuals who experience gender dysphoria also experience higher rates of mental health problems. This correlation is widely accepted and not controversial. It was substantiated in an NHS-England commissioned systematic research review that evaluated 146 studies in 17 countries. *See* Jo Taylor, et al., *Characteristics of Children and Adolescents Referred to Specialist Gender Services: A Systematic Review*, 109, Archives Disease Childhood s3, s8 (2024). Most studies of this co-occurrence do not tell us which came first—mental health conditions or

gender dysphoria—but some do, and all of which amici are aware that do have found that mental health conditions came first.

Before the adoption of Colorado's counseling ban in 2019, rigorous studies had already found that mental health problems and suicidality often pre-exist the onset of discordant gender identity or gender dysphoria and therefore may (at least in some cases) be causal for them. It may be expected that proven mental health counseling approaches for mental health conditions that may predispose to, precipitate, or perpetuate gender dysphoria may decrease or resolve gender dysphoria.

A 2018 study of gender nonconforming children and adolescents in the Kaiser Permanente health maintenance organization in California and Georgia had already found that about a third (about 33%) of children (ages 3 to 9) had lifetime mental health problems prior to non-conforming gender identity. *See* Tracy A. Becerra-Culqui, et al., *Mental Health of Transgender and Gender Nonconforming Youth Compared with Their Peers,* 141 Pediatrics 4 (2018) (hereafter, "Becerra-Culqui, *Mental Health of Transgender and Gender Nonconforming Youth*"). Among adolescents (ages 10 to 17), about three-quarters (71% of males and 75% of females) had lifetime pre-existing mental health problems. These adolescent conditions were largely present during the 6 months prior to first medical record evidence of gender nonconforming identity. *Id*. at 5. By comparison, about 3% to 6% of matched children and adolescents who identified with their sex had had such conditions in their lifetime. *Id*. at 4-5. Pre-existing

mental health problems found at high rates in *children* included anxiety disorders, attention deficit disorders, autism spectrum disorders, conduct and/or disruptive disorders, depressive disorders, and eating disorders. *Id*. at 4. Pre-existing mental health problems found at high rates in *adolescents* included anxiety disorders, attention deficit disorders, autism spectrum disorders, bipolar disorders, conduct and/or disruptive disorders, depressive disorders, eating disorders, psychoses, personality disorders, schizophrenia spectrum disorders, self-inflicted injuries, substance use disorders, and suicidal ideation. *Id*. at 5. An NHS-England commissioned systematic research review rated the methodological quality of this study and a study in Finland in the "highest quality" category. *See* Lucy Thompson, et al., *A PRISMA Systematic Review of Adolescent Gender Dysphoria Literature: 2) Mental Health,* 2 PLOS Global Public Health 14 (2022).

That study in Finland was conducted at one of Finland's two university gender clinics and published in 2015. Similarly to the U.S. study above, it found that three-quarters (75%) of gender clinic adolescents had mental health problems—often severe, usually beginning prior to gender dysphoria and seldom after. *See* Riittakerttu Kaltiala-Heino, et al., *Two Years of Gender Identity Service for Minors: Overrepresentation of Natal Girls with Severe Problems in Adolescent Development*, 9 Child Adolescent Psychiatry and Mental Health 1, 5, 6 (2015) (hereafter, "Kaltiala-Heino, *Gender Identity Service for Minors*"). Over half (57%) of the adolescents had suffered bullying, in most cases intensive and persistent bullying beginning

before thoughts about gender identity, usually for reasons unrelated to gender presentation or sexuality—but more often for this in boys, *id*. at 4, 6—and commonly accompanied by peer isolation and suicidal thoughts if not attempts. These adolescents had "very high expectations that SR [sex reassignment] would solve their problems in social, academic, occupational and mental health domains." *Id*. at 5 at Table 2 "e group," 4, 6. The researchers appear to suggest severe mental disorders, *general* identity confusion—not only confusion about gender identity, neurodevelopmental disabilities—especially for those diagnosed with autism spectrum disorder, *id*. at 7, and/or bullying may have been causal for gender dysphoria or transgender identity. All this was known when Colorado banned counseling for resolving gender dysphoria.

Based on research, Finland's care recommendation in 2020 said, "[i]n adolescents, psychiatric disorder and developmental difficulties may predispose a young person to the onset of gender dysphoria." Correspondingly, it recommended that "first line" care for gender dysphoria be counseling for mental health problems and developmental difficulties. By contrast, it said of the medicalized approach, "Since reduction of psychiatric symptoms cannot be achieved with hormonal and surgical interventions, it is not a valid justification for gender reassignment." *See* Council for Choices in Health Care in Finland, *Recommendation of the Council for Choices in Health Care in Finland (PALKO/COHERE Finland): Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors*, 8, 7 (2020)

(hereafter, "*PALKO/COHERE Finland*").

Also prior to Colorado's counseling ban, similar findings to those in the U.S. and Finnish studies were reached in a systematic review commissioned by NHS-England at the Gender Identity Development Service in the U.K. It found that 70% of gender cases had 5 or more associated clinical features, not just 1 or 2, and rarely none. *See* Domenico Di Ceglie, et al., *Children and Adolescents Referred to a Specialist Gender Identity Development Service: Clinical Features and Demographic Characteristics*, 6 International Journal Transgenderism 3, 21 (2002). The NHS-England final report said mental health problems may impact on gender distress *Cass Final Report* at 155, ¶ 11.36, and it recommended research on how "specific therapeutic modalities may help the core gender dysphoria." *Id*. at ¶ 11.37.

In Canada, researchers reported 78% of adolescents in a gender clinic had previous mental health counseling, 60% had "a prior diagnosis" other than a gender diagnosis, and over half had suicidal ideation. The researchers illustrated how a gender affirming course of intervention had ignored a history of mental health problems and was followed by attempted suicide. *See* Melanie Bechard, et al., *Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A "Proof of Principle" Study*, 43 Journal Sex and Marital Therapy 681, 684-685 (2017) (hereafter, "Bechard, *Psychosocial and Psychological Vulnerability*"). It appears that Colorado legislators ignored the contribution of mental health problems to the onset of gender distress and forbade counseling to resolve the distress at

serious risk to minors.

2. Counseling is effective in treating gender dysphoria

The best available research on the counseling approach at the time Colorado banned it indicated that gender conflict and distress of children could be resolved through counseling. In 2013 Canadian-American psychologist Dr. Kenneth Zucker, chaired the work group for the American Psychiatric Association's official diagnostic manual's chapter on gender dysphoria diagnosis that has been used by researchers and clinicians internationally. *See APA Diagnostic Manual-2013* at 451. Before and since, Dr. Zucker published over 300 peer reviewed articles and book chapters regarding gender dysphoria and resolving it through counseling. *See* Kenneth J. Zucker, Full C.V., Publications (2020) *available at* https://www.kenzuckerphd.com/research.

Dr. Zucker communicated his counseling approach for gender dysphoria to psychiatrists and other mental health professionals in leading American Psychiatric Association publications such as: *DSM-IV-TR Casebook, Volume 2: Experts Tell How They Treated Their Own Patients* Robert L. Spitzer et al. (Eds.) American Psychiatric Publishing (2006) at 321-334 reprinting Kenneth J. Zucker, *I'm Half-Boy, Half-Girl": Play Psychotherapy and Parent Counseling for Gender Identity Disorder; The American Psychiatric Publishing Textbook of Child and Adolescent Psychiatry, 3rd Edition,* Eds. J. M. Wiener & M.K. Dulcan, American Psychiatric Publishing (2005) at 813 reprinting Kenneth J. Zucker et al., *Gender*

Identity and Psychosexual Disorders, 3 Focus 598 (2004). Dr. Zucker also taught in universities that were among the highest ranked in Canada and the world. *See* Kenneth J. Zucker, Full C.V., Academic and Hospital Appointments, Teaching Experience (2020) *available at*: https://www.kenzuckerphd.com/research. For decades Dr. Zucker taught mental health professionals and researched and advocated for counseling that had the goal of helping gender dysphoric children to "feel more comfortable in their own skin," that is, to reduce the child's "desire to be of the other gender." Kenneth J. Zucker, *A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder*, 59 Journal Homosexuality (2012) at 388, 383 (hereafter, "Zucker, *A Developmental, Biopsychosocial Model*"). Dr. Zucker also advocated for adults requesting "help in trying to make their gender identity and gender expression more congruent with their assigned sex." Kenneth J. Zucker, et al., Gender Dysphoria in Adults, 12 *Annual Review Clinical Psychology* 237 (2016).

Zucker and colleagues published the largest and methodologically best study to date on boys who resolved discordant gender identity by young adulthood. The boys were referred to the gender clinic Zucker headed for many years at Canada's largest mental health center, and, if they received counseling, the vast majority received his approach to care and not a "social affirmation" approach to live as the opposite sex with opposite sex clothes, name, and pronouns. The outcome was that the vast majority came to identify with their natal sex by young adulthood (86%

who met full criteria for gender dysphoria diagnosis and 90% who virtually met all criteria). *See* Devita Singh, et al., *A Follow-Up Study of Boys with Gender Identity Disorder*, 12 Frontiers Psychiatry 8 (2021) (hereafter, "Singh, *A Follow-Up Study*"). Zucker and colleagues took the approach that a child's gender-atypical temperament, immature understanding of the concept of gender, parent permissiveness toward cross dressing, co-occurring mental health problems or trauma, or conflict that gets transferred from a parent to a child may contribute to the development of cross-sex identity expression. Counseling for the child and for the family can address these and parents can be taught to see the cross-sex identity as a symptom to be understood. Zucker, *A Developmental, Biopsychosocial Model* at 375-382, 389.

3. The political attack on the use of counseling to address gender dysphoria in minors

However, "gender affirming care" activists attacked the work of Zucker and his colleagues. In 2015, with the aid of what proved to be false allegations and an apparently sham investigation, they got him fired and his gender clinic closed. Accusations that ordinary counseling for resolving gender distress is harmful and stigmatizing it with the political label of "conversion therapy" has ruined the reputations and careers of professionals and clinics and chilled speech by licensed counselors for resolving gender distress. *See* Jesse Singal, *Culture Wars: How the Fight Over Transgender Kids Got a Leading Sex Researcher Fired* (2016). Zucker sued for defamation and wrongful dismissal, and the health center that

fired him apologized without reservation and gave him a settlement of over half a million dollars. See *CAMH Reaches Settlement with Former Head of Gender Identity Clinic: Mental Health and Addiction Teaching Hospital to Pay Him $586,000 in Damages, Legal Fees, Interest.* 1-2 (The Canadian Press, 7 Oct. 2018).

As explained below, because it is not supported by strong scientific research, Colorado's ban on counseling appears to spring from a political effort to suppress the speech of advocates of counseling as an aspect of addressing gender dysphoria in minors.

C. There is No Scientific Evidence of Harm Resulting from Counseling for Gender Dysphoria and/or Discordant Gender Identity

The strident claim of Colorado's counseling ban advocates that counseling minors to become comfortable with their sex *can cause harm* has never been scientifically established. This was already known when Colorado enacted its law on May 31, 2019. Mere months later, on September 11, 2019, researchers associated with Harvard and its hospitals pre-published online a research article in the journal of the American Medical Association stating, "The association of GICE [gender identity change efforts] with mental health outcomes, however, remains largely unknown." *See* Jack L. Turban, et al., *Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults*, Online, JAMA Psychiatry E1 (2019) (hereafter, "Turban, *Association Between*"). The Harvard

researchers said, "[t]o our knowledge, there have been no studies evaluating the associations between exposure to GICE during either childhood or adulthood and adult mental health outcomes." *Id*. at E2.

When the Colorado law was enacted, there was a paucity of high-quality research for either the affirmative medicalized approach or the counseling approach to resolving gender distress or conflict in minors. Hence there was neither a scientific basis for Colorado's endorsement of the medicalized approach nor for banning the counseling approach. The "Do No Harm" amicus brief in the *Skrmetti* case, with which the Court is already familiar, addressed gold standard systematic research reviews that have found the evidence for the medicalized approach to resolving gender dysphoria or suicidality is remarkably weak. *See* Brief of Amici Curiae Do No Harm at 14, 25, *United States v. Skrmetti, et al.*, ___ U.S. ____ (23-477). Yet, the dramatic harms of the medicalized approach—intentionally suppressing or destroying reproductive health, inducing potentially permanent loss of fertility, sexual function, and sexual pleasure, increasing risk of fatal diseases, *see* Eli Coleman, et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8,* 23(sup1) International Journal Transgender Health, S102, S119, S167 (2022); Department of Health and Human Services, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* 112-128 (2025) (hereafter, "DHHS, *Treatment for Pediatric Gender Dysphoria*"), and amputating healthy breasts—are self-evident. In contrast, counseling is the least

invasive care for resolving gender distress or conflict, yet Colorado forbids it.

In ordinary counseling clients are allowed to have preferred outcome goals. Colorado's argument against the counseling approach, that minors are capable of initiating body harming, sterilizing medicalized interventions but incapable of initiating consensual counseling conversations to reconnect with their sexual self is irrational.

D. There is No Evidence Medical Interventions are More Successful than Counseling for Treating Gender Dysphoria and/or Discordant Gender Identity

There is no well-founded scientific research supporting Colorado's restriction on the topics that can be discussed in counseling. In fact, the NHS-England review of care for gender dysphoria recommends the same counseling approach be applied for gender dysphoria as is used for other mental health problems in children and adolescents. See Hillary Cass, *The Cass Review: Independent Review of Gender Identity Services for Children and Young People: Interim Report* at 69, ¶ 6.8 (2022) (hereafter, "*Cass Interim Report*").

The original Dutch studies that became the international protocol for medicalized gender interventions permit a comparison of the medicalized and counseling approaches. Adolescents who were excluded from these medicalized interventions because of greater mental health problems were still

given counseling. At a four-year follow-up evaluation, these adolescents had become significantly less gender dysphoric, and the vast majority had no regret that they did not undergo body-altering interventions. Quality of life scores were not significantly different for the medically treated and medically untreated groups. *See* Yolanda L.S. Smith, et al., *Adolescents with Gender Identity Disorder Who Were Accepted or Rejected for Sex Reassignment Surgery: A Prospective Follow-Up Study* 40 Journal American Academy Child Adolescent Psychiatry 477, 478 (2001).

Also, at the U. K. Gender Identity Development Service, that was the largest child gender clinic in the world, a study of children who were eligible to receive puberty blockers found there was no significant difference in mental health functioning improvement between those who only received counseling and those who received both counseling and puberty blockers. See Rosalia Costa, et al., *Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria*, 12 Journal Sexual Medicine 2212 (2015).

Advocates for the medicalized approach claim children have better mental health if they receive parent support for gender identity transition. However, parent and peer support for a child, but *not* support for living as the opposite sex, was found to account for improved mental health of children in a German university gender clinic. Consequently, the clinic provided individual and family counseling. This study was among the two highest rated studies on treating gender dysphoria in children in the systematic research review conducted for NHS-

England. *See* Elisabeth D.C. Sievert, et al., *Not Social Transition Status, But Peer Relations and Family Functioning Predict Psychological Functioning in a German Clinical Sample of Children with Gender Dysphoria*, 26 Clinical Child Psychology Psychiatry 79, 90 (2021).[3] The same clinic had similar findings for adolescents. *See* Naina Levitan, et al., *Risk Factors for Psychological Functioning in German Adolescents with Gender Dysphoria: Poor Peer Relations and General Family Functioning* 28 European Child Adolescent Psychiatry 1487, 1494 (2019).

Since Colorado barred access to counseling for resolving gender distress, the evidence against Colorado's position has only become worse. The comprehensive NHS-England review, based on four years of intensive, gold standard, research concluded that there are "well proven" counseling interventions for mental health problems associated with gender dysphoria, that they might also help "core gender dysphoria," and that research should look at this. *See Cass Final Report* at 155, ¶ 11:36-37. It called for a return to the normal counseling approach used for addressing other child and adolescent mental health problems. *Cass Interim Report* at 69. More government health authorities, based on research, are prioritizing counseling, including Sweden's National Board of Health and Welfare, *see* Society for Evidence Based Gender Medicine, *SEGM Summary of Key Recommendations from the Swedish National Board of Health and Welfare Feb. 2022 update*, at 1, 2 (2022), the Council for Choices in Health Care in Finland, *see*

[3] Study rated in *Cass Final Report* at 161.

PALKO/COHERE Finland at 7-8, and the U.S. Department of Health and Human Services. *See* DHHS, *Treatment for Pediatric Gender Dysphoria, at* 15-16.

Perhaps most notably, organizations that are prioritizing counseling over medicalized interventions include the Academy of Royal Medical Colleges (23 medical societies and faculties from the U.K. and Ireland are members) that supports the NHS-England Cass Report. *See* Academy of Royal Medical Colleges (U.K.) (n.d.). Academy statement: Implementation of the Cass Review. Appendix A contains a list of additional organizations concerned with the medicalized approach and increasing the need for the counseling approach.

III. The Papers Attacking Counseling Are Methodologically Flawed

A. Bias in Selecting Participants

Surveys that have claimed counseling for resolving gender distress or conflict is harmful have tended to recruit only gender-discordant participants from transgender advocacy organizations resulting in serious bias. For example, medicalization-aligned researchers have recruited participants through advocacy organizations such as the Trevor Project, *see, e.g.*, Amy E. Green, et al., *Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults*, 110 American Journal Public Health, Open-Themes Research at 1222 (2020) (hereafter, "Green, *Self-Reported Conversion Efforts*"), or the U.S. 2015 Transgender Survey data set. *See, e.g.*, Travis

Campbell & Yana van der Meulen Rodgers, *Conversion Therapy, Suicidality, and Running Away: An Analysis of Transgender Youth in the U.S.,* 89 Journal Health Economics 3, 4 (2023) (hereafter, "Campbell, *Conversion Therapy*"); Katie Heiden-Rootes et al., *The Effects of Gender Identity Change Efforts on Black, Latinx, and White Transgender and Gender Nonbinary Adults: Implications for Ethical Clinical Practice*, 48 Journal Marital and Family Therapy 930 (2021) (hereafter, "Heiden-Rootes, *The Effects of Gender Identity Change Efforts*"); Tural Mammadli, et al., *Understanding Harms Associated with Gender Identity Conversion Efforts Among Transgender and Nonbinary Individuals: The Role of Preexisting Mental Well-Being*, 26 International Journal Transgender Health, 162 (2025) (hereafter, "Mammadli, *Understanding Harms*"); Turban, *Association Between*, at E1, E2. This method produces non-representative, low quality data. Demographic research has shown participants in the most-commonly-used U.S. 2015 Transgender Survey data set, for example, despite being large in number, are far from representative of incongruent gender identified people in the U.S. *See* Roberto D'Angelo, et al., *One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria*, 50 Archives Sexual Behavior 2, 3 at Table 1 (2020). The researchers effectively excluded individuals who are not politically active or who are traditionally religious and may have different needs, preferences, values, and beliefs regarding their gender dysphoria.

By including only currently, not formerly discordant-gender-identified people, researchers

excluded by research design the vast majority who resolved their gender conflict by adolescence or early adulthood as seen in population representative research, *see* Rawee, *Development of Gender Non-Contentedness* at 1821, and gender clinic studies, *see, e.g.*, Zucker at 2-3, *The Myth of Persistence;* Singh, *A Follow-Up Study* at 8. Most crucially, they exclude all who successfully embraced their sex through counseling the surveys seek to ban. Singh, *A Follow-Up Study* at 14. Further, tragically, they exclude all who sought counseling to resolve gender dysphoria after medicalized affirmation did not resolve it and they felt affirmative counselors and transgender communities had abandoned them. *See* Vandenbussche, *Detransition-Related Needs at* 14-15. The researchers' recruitment methods preselect participants who are highly likely to bias the outcome.

B. Counseling-Opposed Researchers Acknowledge Methodological Errors

Some counseling-opposed researchers have used obscure and biased questions that simply assume coercion. For example, Trevor Project researchers said, "questions examining attempts to convince young people to change their sexual orientation and gender identity were endorsed by two thirds of respondents; however, these questions were too broad to be operationalized as formal SOGICE [sexual orientation and gender identity change efforts]." They also said many participants who experienced change efforts would not endorse use of the language "reparative therapy or conversion therapy." Green, *Self-Reported Conversion Efforts* at 1225 (2020). The researchers threw out 105 respondents who said they

experienced "conversion or reparative therapy" but not someone trying to "convince" them to change, hence potentially respondents who experienced consensual counseling conversations. *Id*. Most surveys asked the U.S. 2015 Transgender Survey question, "Did any professional (such as a psychologist, counselor, religious advisor) try to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)?" Researchers acknowledged the survey question was broad enough to include experiences that were not "conversion counseling." *See, e.g.*, Campbell, *Conversion Therapy* at 4. In a recent survey using these same questions, researchers said, "…we did not disaggregate GICE exposure based on the setting in which it was administered (i.e. religious vs. non-religious). Future studies should examine whether the administration of GICE in religious vs. non-religious settings is associated with differing outcomes." Mammadli, *Understanding Harms* at 175. Other researchers who used these questions said, "We also lack data regarding the degree to which GICE [gender identity change efforts] occurred (eg, duration, frequency, and forcefulness of GICE, as well as what specific modalities were used." Turban, *Association Between* at E8.

Due to these methodological weaknesses these surveys are not useful sources of information about young-person-led consensual counseling conversations that are the subject of the *Chiles* case and the target of counseling bans.

C. Counseling-Opposed Researchers Acknowledge Their Inability to Prove "Change Efforts" Cause Harm

Survey researchers who identify as opposed to counseling for resolving gender conflict or distress report they find an *association* between a reported experience of "change efforts" and a reported experience of mental health problems and suicidality. However, correlation does not equal causation. Association between two things does not demonstrate that one was caused by the other. It is likely that people who go to any mental health counseling—whether gender conflict resolving or any other type of counseling—may be associated with higher rates of mental health problems than people who do not go to mental health counseling, just as it is likely that people who go to cardiologists are associated with more heart problems than people who do not go to cardiologists.

To prove harm resulted from counseling, a study would need to document the mental health of a representative sample at 2 different times, *before and after* counseling by licensed mental health counselors that are open to a goal of gender conflict resolution to shed light upon whether participants' mental health became better than it was before, became worse, or stayed the same. A survey that assesses participants at only one point in time, i.e., a "cross-sectional" survey, that attempts to infer causation is fatally flawed and cannot prove an intervention caused benefit or harm.

In one of the most often cited surveys that

claims harm from counseling, the researchers acknowledged their survey's, "[l]imitations include its cross-sectional study design, which precludes determination of causation." Turban, *Association Between* at E8. Other studies that have relied on the same 2015 U.S. Transgender Survey data set as this survey have also acknowledged they did not prove harm. See, *e.g.*, Heiden-Rootes, *The Effects of Gender Identity Change Efforts* at 940; Mammadli, *Understanding Harms* at 175. Researchers for another survey attempted unsuccessfully to create before and after comparison groups from the data set but acknowledged their method of "heaping is an issue." Campbell, *Conversion Therapy* at 11. They also acknowledged, they were "constrained by some formidable data and methodology limitations." *Id*. at 14. Another often-cited survey using a Trevor Project data set acknowledged, "[f]or example, our data were cross sectional; thus, temporality cannot be determined." Green, *Self-Reported Conversion Efforts* at 1225. These counseling-opposed researchers admit their surveys do not establish that "change efforts" (whatever that means) were harmful. They provide no scientific justification for banning counseling.

D. Counseling-Opposed Researchers Have Not Addressed Evidence That Mental Health Problems for Which There Are Proven Counseling Interventions May Cause Both Gender Distress/Discordance and Suicidality

A critical additional difficulty for the surveys of researchers who oppose counseling for gender

dysphoria is that, as previously discussed, studies recognized by systematic research reviews as high quality have found that people who were professionally diagnosed with gender incongruence or dysphoria were also professionally diagnosed at high rates with serious mental health problems, suicidal thoughts and attempts, and difficulties with accomplishments and functioning *before onset of gender discordance and dysphoria, seldom after, therefore before counseling to resolve gender conflict and distress occurs*. *See, e.g.*, Becerra-Culqui, , *Mental Health of Transgender and Gender Nonconforming Youth* at 1; Bechard, *Psychosocial and Psychological Vulnerability* at 681; Kaltiala-Heino, *Two Years of Gender Identity Service* at 6. Counseling to resolve gender conflict and distress cannot have caused these pre-existing mental health problems and impacts, and counseling-opposed surveys have ignored this or only addressed it unsuccessfully. *See, e.g.*, Campbell, *Conversion Therapy,* at 11.

Further, when Colorado enacted its counseling ban it was already known that mental health problems are themselves a leading cause of suicides. Decades before, the U.S. Centers for Disease Control said, "psychopathological problems are almost always involved in suicide." Patrick W. O'Carroll & Lloyd B. Potter, *Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop*, 43 MMWR 4-5 (1994). Indeed, a global mental health autopsy systematic research review had found that, worldwide, 90% of people who committed suicide had unresolved mental health problems. The researchers' number one recommendation for preventing suicides

was care for mental health problems. J.T.O. Cavanagh, et al., *Psychological Autopsy Studies of Suicide: A Systematic Review*, 33, Psychological Medicine 395 (2003).

Among adolescents, a U.S. nationally representative study found 96% who experienced suicidal thoughts, plans, or attempts had at least one mental health problem. Matthew K. Nock, et al., *Prevalence, Correlates and Treatment of Lifetime Suicidal Behavior Among Adolescents: Results from the National Comorbidity Survey Replication—Adolescent Supplement*, 70 *JAMA Psychiatry,* 305 (2013).

A large mental health autopsy study conducted in the U.S. found that one-third of LGBT-identified adolescents and young adults who committed suicide were in some kind of professional care for mental health problems. Geoffrey L. Ream, et al., *What's Unique About Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and Young Adult Suicides? Findings from the National Violent Death Reporting System*, 64 Journal Adolescent Health 607 (2019).

Notably, over the course of 30 years of increased transgender acceptance in the cities of Toronto, Amsterdam, and London, suicides of transgender adolescents did not change and remained strongly associated with mental health problems. See Nastasja M. de Graaf, et al., *Suicidality in Clinic-Referred Transgender Adolescents*, 50 European Child Adolescent Psychiatry 67, 77-78 (2020).

The NHS-England report said, "Tragically deaths by suicide in trans people of all ages continue to be above the national average, but there is no evidence that gender affirmative treatments reduce this. Such evidence as is available suggests that these deaths are related to a range of other complex psychosocial factors and to mental illness." *Cass Final Report* at 195, ¶ 16.22.

A systematic review of 17 systematic research reviews by the U.S. Department of Health and Human Services similarly found that mental health problems that commonly co-occur with gender dysphoria in children and adolescents are by themselves associated with suicidal thoughts and behavior, but gender dysphoria by itself is not. It also found there is no evidence that medicalized gender interventions reduce suicide in minors, which, it said, fortunately remains very low. DHHS, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* at 16.

Affirmation of gender conflict denies mental health problems may be causing both gender conflict or distress and suicidality or suicides. Instead, it blames and bans counseling that addresses these connections. The most serious risk of this negligence is that it may leave minors with a combination of harmed bodies and physical health and protracted suffering from unresolved mental health problems and may result in some cases in completed suicides.

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Thus, the data overwhelmingly supports the conclusion that there exists no robust evidence indicating that counseling for minors that is open to discussions of aligning the minor's gender identity with their natal sex precipitates worsened health outcomes for gender dysphoric youth. Indeed, there are strong evidence-based reasons to believe counseling is more effective for treating gender dysphoria in youth than medicalized intervention.

These basic takeaways from the publicly available research data expose the apparent real reason for Colorado's ban on unrestricted gender counseling for minors: counseling provides a better, less intrusive means of addressing gender dysphoria and gender discordance than expensive, life-altering and likely useless surgeries and hormone interventions which are destined in most cases to only compound human suffering by rendering minors infertile, with their bodies irrevocably altered and with a need for continuing, perhaps life-long, and always expensive, follow-up medical care. In other words, Colorado's counseling ban increases the number of expensive medical interventions performed on minors.

CONCLUSION

Increasing numbers of government health authorities and professional organizations are moving away from the medicalized approach to resolving gender dysphoria in minors that Colorado endorses and instead prioritize counseling as the first approach for gender dysphoria and incongruity in minors. By contrast, American organizations that favor surgeries

and hormone treatment as a first line treatment before counseling are outliers.

Counseling conversations with licensed counselors that help children and adolescents resolve gender conflict and distress are consistent with best practices and research. There is no high-quality research evidence establishing such counseling is harmful. Colorado's counseling ban unjustifiably restricts freedom of choice, chills freedom of speech, blocks the free flow of information to patients and should be overturned.

Respectfully submitted,

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June 13, 2023

APPENDIX

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Academy of Royal Medical Colleges (23-member medical organisations and faculties from the U.K. and Ireland)
https://www.aomrc.org.uk/publication/academy-statement-implementation-of-the-cass-review/

Royal College of General Practitioners (U.K.)
https://www.rcgp.org.uk/representing-you/policy-areas/transgender-care

Alliance for Therapeutic Choice and Scientific Integrity (U.S.)
https://www.therapeuticchoice.com/transgender

American College of Pediatricians (U.S.)
https://biologicalintegrity.org

Association of American Physicians and Surgeons (U.S.)
https://aapsonline.org/aaps-statement-on-gender-affirming-care-for-minor-children/

Catholic Medical Association (U.S.)
https://www.cathmed.org/the-pulse/cma-praises-hhs-for-its-recent-report-on-gender-dysphoria-in-youth/

Christian Medical and Dental Associations (U.S.)
https://cmda.org/policy-issues-home/position-statements/

European Society of Child and Adolescent Psychiatry
https://doi.org/10.1007/s00787-024-02440-8

Gender Exploratory Therapy Association
https://www.genderexploratory.com

128th German Medical Assembly (250 delegates from 17 medical associations)
https://segm.org/German-resolution-restricts-youth-gender-transitions-2024?inf_contact_key=dd71900c33a0e6838d687473d0bbc509d18a532c4142cb79caf2b269de1401fa

Indiana State Medical Association (U.S.)
https://donoharmmedicine.org/2023/09/13/progress-at-indianas-main-medical-association/

Italian Psychoanalytic Society
https://feministpost.it/en/primo-piano/gli-psicanalisti-italiani-stop-ai-puberty-blockers/

National Academy of Medicine (France)
https://segm.org/sites/default/files/English%20Translation_22.2.25-Communique-PCRA-19-Medecine-et-transidentite-genre.pdf

National Association of Practicing Psychiatrists (Australia)
https://www.napp.org.au/wp-content/uploads/2021/10/Managing-Gender-Dysphoria_Incongruence-in-Young-People-A-Guide-for-Health-Practitioners-v13.10.21.pdf

Royal Australian and New Zealand College of Psychiatrists
https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria

Society for Evidence Based Gender Medicine (international)
https://www.segm.org

The American Society of Plastic Surgeons https://www.foxnews.com/media/american-society-plastic-surgeons-breaks-consensus-medical-establishment-transgender-care.

The Royal College of Psychiatrists (U.K.) www.rcpsych.ac.uk/news-and-features/latest-news/detail/2024/04/22/detailed-response-to-the-cass-review's-final-report

Even the *Endocrine Society's* guideline for the medicalized approach acknowledges "psychological interventions may be useful and sufficient" for some. (Hembree et al., 2017, p. 12) https://doi.org/10.1210/jc.2017-01658

VITA

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8 June 2025

Laura Haynes, Ph.D. is a psychologist retired from clinical practice after 40 years of experience. She now reviews research, writes, and speaks on sexuality and gender internationally. Her mission is advocating for the freedoms and rights of individuals who feel distress from their sexuality or gender identity to receive professional and pastoral counseling to decrease distress, improve psychological well-being, and manage, reduce, or change undesired same-sex attraction or behavior or undesired gender-sex discordant identity or expression, and to live according to the preferences, beliefs, and values that bring them true happiness. Dr. Haynes has served as an expert internationally for professional organizations, members of parliaments and legislatures, government bodies, courts, United Nations delegates, and high-level government officials. People in over 80 nations and in 19 languages have heard, read, or received research reviews from Dr. Haynes.

EDUCATION:

BIOLA UNIVERSITY, Rosemead Graduate School of Psychology

La Mirada, California (free standing school in

Rosemead when I graduated).

Ph.D., Counseling Psychology (Clinical emphasis), May 1977

M.A., Counseling Psychology (Clinical emphasis), June 1974

SOUTHERN METHODIST UNIVERSITY

Dallas, Texas

M.A., Experimental-General Psychology, May 1972

WESTMONT COLLEGE

Santa Barbara, California

B.A., Sociology (with equivalent of a minor in New Testament Greek), June 1970

FULLER THEOLOGICAL SEMINARY

Pasadena, California

M.A., Theology, June 1979

CERTIFICATIONS:

1978 to present: California Licensed Psychologist (PSY5850).

1979-2018 National Register of Health Service Providers in Psychology.

2016 EMDR Trained.

POST LICENSE TRAINING (past 10 years):

2015 Reintegrative Therapy, audited advanced course. Andy Rodriguez, Certified Reintegrative Therapist, Director of Training, Reintegrative Therapy Association.

2023 Reintegrative Therapy, audited basic course. Luke Dougherty, LMFT, Certified Reintegrative Therapist, Instructor.

2016-2018 EMDR peer-consultation group led by Curt Rouanzoin, Ph.D., Approved EMDR Consultant, Instructor. Served as a Senior Facilitator and Specialty Presenter for the EMDR Institute until 2017.

2003-2017 Psychoanalysis reading group and case tutorial group with Lawrence E. Hedges, Ph.D., Psy.D., A.B.P.P., A.B.F.E., California Board of Psychology Expert Witness, founding training and supervising psychoanalyst, Newport Psychoanalytic Institute (NPI).

PROFESSIONAL ORGANIZATIONS:

2020-present	Sexual and Gender Identity Task Force Member, Christian Medical and Dental Associations (CMDA).
2018-present	International Foundation (previously Federation) for Therapeutic and Counselling Choice: Executive Board Member (as of 2023, previously General Board Member), Country Representative for the U.S.A., Chair (since 2023, previously Member) of Science and Research Council. IFTCC Award, October 19, 2024, to Chairman, IFTCC Science and Research Council: "In Recognition of her Scholarship Excellence in Service to the IFTCC, Internationally". Poland.
1993-present	Alliance for Therapeutic Choice and Scientific Integrity (ATCSI) (formerly National Association for Research and Therapy of Homosexuality): Member 1993 to present, Member Research Committee 2017 to present.
1992-1995	Christian Association for Psychological Studies—Western Region (CAPS-West, covering the western United States and western Canada): President Elect, 1992-1993, President 1993-1994, Past President 1994-1995.

1979-present	American Psychological Association, Member since 1979, Lifetime Member.

RELEVANT WORK EXPERIENCE:

2019	ALLIANCE DEFENDING FREEDOM Research consultant for expert declarations and cross examination questions.
2018-present	Speaking and writing about research on sexuality and gender as they relate to the right to change-exploring therapy in law.
1978-2018	Private practice, variously in Hacienda Heights and Tustin, California, U.S.A. Areas of Practice: Individual Psychotherapy for Adults, Marriage Counseling, Homosexuality, Psychological Evaluations, Faith-Based Concerns.

PRESENTATIONS (Past 10 years):

2020-present	Confidential: Addressed, advised, or gave interviews to United Nations

	diplomats, high-level government officials, and members of parliaments.
2018-present	Various oral and written expert reports and testimonies internationally to government bodies, government regulatory agencies, and courts.
2016-present	Various oral and written testimonies presented to legislative hearing committees of U.S. states on proposed legislation.
2024-10-20	Introducing the Science and Research Council. Presentation. Conference of the International Foundation for Therapeutic and Counselling Choice. Poland.
2024-10-19	Gender Dysphoria Treatment: The Cass Review and Other Research Updates. Presentation. Conference of the International Foundation for Therapeutic and Counselling Choice. Poland.
2023-2-23	Summary Expert Report on the Coalition Against Conversion Therapy Memorandum of Understanding on Conversion Therapy in the UK.

2025-2-23	Expert Report on the Coalition Against Conversion Therapy Memorandum of Understanding on Conversion therapy in the UK. (book)
2024-4-27	Protecting the Legal Right to Therapy: Support from Research on Sexuality and Gender Published in English. Webinar for the International Christian Medical and Dental Association—Latin America.
2024-4-24	Protecting the Legal Right to Professional and Pastoral Counselling Support from Research on Sexuality and Gender. IFTCC Parliamentary briefing, London.
2024-3-19, 20	LGBT Ideology and Activism Are Causing Serious Harms; Let's Change This—Latest Update. Tepeyac Leadership Institute. Online presentation for Western students; repeated for international students.
2023-11-4	Protecting the Right of Children in Barbados to Sing That Jesus Changes Lives. Family-Faith-Freedom, Barbados. Online conference.
2023-10-20	Research and Leading Clinicians on Gender Dysphoria Psychotherapy. Invited plenary presentation. Conference of the International Foundation for Therapeutic and

Counselling Choice. Poland.

2023-3-21, 22 LGBT Ideology and Activism Are Causing Serious Harms; Let's Change This--Updated. Tepeyac Leadership Institute. Online presentation for Western students; repeated for international students.

2022-12-7 Transing Kids Is a Bad Idea—3 Reasons Why. Parliament of the European Union, Brussels, Belgium. Educational meeting for parliamentarians and staffers sponsored by Christine Anderson, Member of the European Parliament representing Germany (political party AfD—Alternative for Germany).

2022-10-29 Transing Kids Is a Bad Idea—3 Reasons Why. Marriage, Sex, and Culture (MSC) Conference, Transing Kids: A Good Idea? Part 10. (MSC is based in the United Kingdom.) Zoom event with Christine Anderson, Member of the European Parliament representing Germany (political party AfD—Alternative for Germany).

2022-10-17 Pathways to Heterosexuality and Homosexuality; Psychoanalytic Theories Made Easy. Plenary presentation. Conference of the International Federation for Therapeutic and Counselling Choice.

Hungary.

2022-9-27, 28 LGBT Ideology and Activism Are Causing Serious Harms: Let's Change This. Belize City, Belize. Presented at the invitation of the Diocese of the Catholic Church that serves Belize City and the national capitol city, Belmopan. Separate presentations to priests, lay leaders in Diocese churches, superintendents responsible for the education of 70% of secondary school students in the nation of Belize, and an ecumenical group of Protestant pastors.

2022-8-6 Research on Gender Incongruence: Causes, Change, and Treatment. Online presentation, Conference: Critical Conversations on Gender and Identity. Hendricks Center, Dallas Theological Seminary. Dallas, Texas.

2022-8-6 Research Help for Sexuality Questions the Church Faces Today: Causes, Change Through Life Experience, Therapy, and Faith-Based Care. Online presentation, Conference: Critical Conversations on Gender and Identity. Hendricks Center, Dallas Theological Seminary. Dallas, Texas. Zoom.

2022-4-18 Health and Human Services Section 1557 Proposed Amendment—

	Opposed. Testimony on behalf of the IFTCC to the Office of Information and Regulatory Affairs (OIRA) of the White House Office of Management and Business (OMB).
2022-3-22	LGBT Ideology and Activism Are Causing Serious Harms; Let's Change This. Tepeyac Leadership Institute. Online presentation for Western students.
2021	Expert interview in documentary: D. James Kennedy Ministries, The Tragedy of Gender Confusion.
2021-Nov. 6	Protecting the Right to Therapy: Same Sex Attraction and Incongruent Gender Identity: Research on Causes and Change Through Life Experience, Therapy, and Faith-Based Care. Webinar presentation, co-sponsored by Dallas Theological Seminary and the Christian Medical and Dental Associations.
2021-Oct. 18	Research on Gender Incongruent Identity: Causes, Change, Treatment, & Bans. Plenary presentation, conference of the International Federation for Therapeutic and Counselling Choice, Hungary. Simultaneous translations.
2021-Oct. 17&18	Pathways to Heterosexuality and

Homosexuality: Psychoanalytic Theories Made Easy. Workshop presented on both dates, conference of the International Federation for Therapeutic and Counselling Choice, Hungary. Simultaneous translation.

2021-Sept. 22 Haynes, L. & Davidson, M. IFTCC Oral Submission to members of the Judicial Committee of the New Zealand Parliament on the "Conversion Practices Prohibition Legislation Bill". https://www.facebook.com/JUSCNZ/videos/2962519317294188/?extid=NS-UNK-UNK-UNK-IOS_GK0T-GK1C

2021-Sept. 2 Conversion Therapy: Should It Be Banned? Protecting the Right to Therapy. Invited webinar for the International Christian Medical and Dental Association. Simultaneously translated into Mandarin, Arabic, and Russian. https://www.youtube.com/watch?v=1ZSd1fmcvZk

2021-July 17 Introducing the International Federation for Therapeutic and Counselling Choice (IFTCC) and The Highlights of the IFTCC Report on Gender to the Bulgarian Constitutional Court. The Summit (conference), Ruth Institute, Lake Charles, Louisiana.

2021-June 3 SOGIE [Sexual Orientation and Gender Identity and Expression] Challenges and Change Allowing Therapy. Interview for Media Matters, radio podcast for the Christian Medical and Dental Associations (USA). https://cmda.org/cmda-matters/

2020-Nov. 28 Protecting the Right to Therapy. Updated and invited presentation, virtual conference of the International Federation for Therapeutic and Counselling Choice.

2020-Nov. 28 Same Sex Attraction and Childhood Gender Dysphoria May Have Treatable Psychological Causes. Updated and invited presentation, virtual conference of the International Federation for Therapeutic and Counselling Choice.

2020-Nov. 28 'Tools in the Toolbox": Refining and promoting best practices in supporting SAFE-T (sexual attraction fluidity exploration in therapy). Plenary panel presentation and discussion. Michael Gasparro (U.S.), Dr. Laura Haynes (U.S.), Dr. Julie Hamilton (U.S.), Dr. Melvin Wong (U.S.), Dr. Mike Davidson (U.K.), Dr. Ann Gillies (Canada), Dr. (med) Keith Vennum (U.S.).

2020-Nov. 27 Politics and Society: Therapy bans, "equality" legislation, civil unions, and imposed sex education: How do we strive for freedom, maintain rights and

promote self-determination in our work and witness: Plenary panel presentation and discussion. Dr. Melvin Wong (U.S.), Roger Kiska, attorney (U.K.), Dr. Laura Haynes, (U.S.), Walt Heyer, ex-trans and minisitry (U.S.), Dr. Ann Gillies (Canada), Alexis Lundh (Norway).

2020-Nov. 27 Science and Research: Skewed sampling, ideological monocultures and viewpoint discrimination: How is ideology masquerading as science—how do we tackle the misuse of scientific data? Plenary panel presentation and discussion. Dr. (med) Andre Van Mol (U.S.), Agnieszka Marianowicz-Szczygief (Poland), Dr. Laura Haynes (U.S.), Dr. Julie Hamilton (U.S.), Dr. (med) Peter (U.K.), Dermot O'Callaghan (U.K.), Dr. Christopher Rosik (U.S.A.).

2020-Sept. 26 Sexual Orientation and Childhood Gender Dysphoria Change, May Have (Treatable) Psychological Causes—and Other Confessions of the American psychological Association—

Updated. Invited plenary presentation, conference of the Catholic Medical Association, Philadelphia, Pennsylvania.

2020-April 3 Sexual Orientation and Childhood Gender Dysphoria Change, May Have (Treatable) Psychological Causes, Change allowing Therapy is Non-Aversive—and Other Confessions of the American psychological Association—Updated. Webinar, Catholic Psychotherapist Association.

2019-Nov. 16,17 Workshop on Protecting the Right to Therapy, a repeated workshop, also panel Q&A of speakers. Conference, International Federation for Therapeutic and Counselling Choice, Hungary. Trained therapists, formerly LGBT identified individuals, and others from 25 nations in protecting the right to change-allowing therapy in their countries.

2019-Nov. 16 Protecting the Right to Therapy. Conference plenary presentation, International Federation for Therapeutic and Counselling Choice, Hungary.

2019-Sept. 27 Trending Issues: Sexual Orientation and Childhood Gender Dysphoria Change, May Have (Treatable) Psychological Causes—and Other

Confessions of the American Psychological Association, Updated, Alliance for Therapeutic Choice and Scientific Integrity. Convention, Phoenix, AZ

2018-Nov. 19 Sexual Attraction is Not Biologically Determined, Changes, and May Have [Treatable] Psychological Causes; Change Therapy Uses Non-Aversive Methods—and Other Confessions of the American Psychological Association. Convention, Catholic Social Workers National Association, Washington D. C.

2018-Oct. 15 Protecting the Right to Therapy in the United Kingdom." Invited presentation, International Federation for Therapeutic and Counseling Choice, London, UK, https://youtu.be/SHzCAFi6NWU

2018-Sept. 21 "Sexual Orientation and Childhood Gender Dysphoria Change, May Have (Treatable) Psychological Causes, and Other Confessions of the American Psychological Association." Convention, Catholic Medical Association convention, Dallas TX, https://nsp.performedia.com/cma/aec18/welcome#/ then scroll to choose 9/21/2018, scroll to choose Laura Haynes, Ph.D. talk).

2017-Sept. 20	Panel Presentation on the National Task Force for Therapy Equality, May 2, 2017, "Report to the Federal Trade Commission; In Their Own Words: Lies, Deception, and Fraud—Southern Poverty Law Center, Human Rights Campaign, and National Center for Lesbian rights' Hate Campaign to Ban Psychotherapy for Individuals with Sexual and Gender Identity Conflicts." Conference, Alliance for Therapeutic Choice and Scientific Integrity, Salt Lake City, Utah.
2015-2016	Several oral testimonies presented to the Board of the California Association of Marriage and Family Therapists on various proposed organization position statements on treating undesired same sex attraction.

PUBLICATIONS AND SUBMISSIONS (past 10 years):

2020	Reviewer, *Journal of Marriage and Family*
2019ff	Reviewer, *Journal of Human Sexuality*.

2011-2018	Reviewer, *Linacre Quarterly*.
1997-2018	Guest Reviewer, *Journal of Psychology and Theology*.
2012-present	Various written testimonies submitted to legislative hearing committees in several US states on proposed legislation and to city councils on proposed ordinances.
2025-2	Summary Expert Report on the Coalition Against Conversion Therapy, Memorandum of Understanding (MoU) on Conversion Therapy in the U.K., https://iftcc.org/wp-content/uploads/2025/06/MoU-Haynes-Full-Report.pdf.
2025-2	Full Expert Report on the Coalition Against Conversion Therapy, Memorandum of Understanding (MoU) on Conversion Therapy in the U.K. (book). https://iftcc.org/wp-content/uploads/2025/06/MoU-Haynes-Full-Report.pdf.
2024-10	(English) Marianowicz-Szczygiel A., Margasinski A., Haynes L., Smyczynska J., van Mol A. Pietruszewski K., Próchniewicz J., Chazan B., Wozinska K., Chochel K., Białecka B., Kolodziejczyk A. (2024). Standards and Guidelines of the

Association of Christian Psychologists in Poland for the Diagnosis and Therapy of Children and Adolescents with Gender Identity Issues. Association of Christian Psychologists in Poland, Warsaw. https://www.spch.pl/wp-content/uploads/2024/10/2024-SPCh-Standards_03.pdf

(Polish) Marianowicz-Szczygieł A., Margasiński A., Haynes L., Smyczynska J., van Mol A., Pietruszewski K., Próchniewicz J., Wozinska K., B. Chazan, Chochel K., Białecka B., Kołodziejczyk A. (2024). Standardy i wytyczne Stowarzyszenia Psychologów Chrześcijańskich w zakresie diagnozy oraz terapii dzieci i młodzieży z problemami identyfikacji płciowej. Warszawa: Stowarzyszenie Psychologów Chrześcijańskich. https://www.spch.pl/zespol-spch-ds-plci-i-seksualnosci/

2024-4-2 IFTCC Submission to Ending Conversion Practices in Scotland: Consultation—Opposed. https://iftcc.org/iftcc-submissions-to-scotlands-conversion-practices-consultation/

2024-3-15 Haynes, L., Sullins, P., & Rosik, C. The IFTCC Is Specially Positioned to Help the Government Fulfill Its Plan

	to Improve the Lives of All People of Sexual or Gender Diversity in the United Kingdom Without Exception.
2024-2-6	Response to Emily Sargent's "Invited" Investigation in the Times on Former LGB-Identified Persons Who Benefit from Change Allowing Therapy. https://core-issues.org/response-to-emily-sargents-invited-investigation-in-the-times-on-former-lgb-identified-persons-who-benefit-from-change-allowing-therapy/
2024-1-31	Submission of the IFTCC to the World Health Organisation: A Guideline for Adult Hormone Treatment Would Be Scientifically Unfounded and Premature. https://iftcc.org/submission-of-the-iftcc-to-the-world-health-organisation/
2023-6-19	IFTCC Testimony Opposing California AB 665 Minors Consent to Treatment – Politicians Will Take Children Away From Parents—Letter to California Senators.
2023-Feb. 13	IFTCC Testimony Opposing Oregon HB2458 Therapy Ban Bill for Adults. https://archive.iftcc.org/testimony-opposing-oregon-hb2458-therapy-ban-bill/

2023-Jan 16 Testimony of the International Federation for Therapeutic and Counselling Choice in Opposition to Therapy Ban Bill HF16 in the State of Minnesota, U.S.A. https://archive.iftcc.org/testimony-opposing-minnesota-hf16-therapy-ban-bill/

2022 Davidson, M., Haynes, L., James, S., & May, P. An International Declaration on "Conversion Therapy" and Therapeutic Choice. https://iftcc.org/the-declaration/

2022 Davidson, M., Haynes, L., James, S. Extract from the submission of the international Federation for Therapeutic and Counselling Choice to the U.K. Government's Consultation on Conversion Therapy. https://archive.iftcc.org/extract-from-the-submission-to-the-uk-governments-consultation-on-conversion-therapy/

2022-Sept 9 Open Letter to the U.S. Department of Education from the IFTCC—The DOE's Intention to Coerce Gender Ideology Compliance in Schools by Changing Title IX Will Have Seriously Harmful Consequences. https://archive.iftcc.org/open-letter-to-the-us-department-of-education-from-the-iftcc-the-does-intention-to-

coerce-gender-ideology-compliance-in-schools-by-changing-title-ix-will-have-seriously-harmful-consequences/

2022-May 3 San Diego County, California, U.S.A. Proposed Ordinance Based on the U.N. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) While Defining Woman by Gender Identity—Opposed. IFTCC Testimony Submitted to the San Diego Board of Supervisors. https://archive.iftcc.org/haynes-l-may-3-2022-san-diego-county-california-u-s-a-proposed-ordinance-based-on-the-u-n-convention-on-the-elimination-of-all-forms-of-discrimination-against-women-cedaw-while-defining-wo/

2021-Sept. 24 Matters Arising from Questions put to the IFTCC Oral Presentation on Thursday 23rd September 2021. IFTCC letter to the Justice Select Committee of the New Zealand Parliament. https://archive.iftcc.org/letter-to-new-zealand-justice-select-committee-24th-september-2021/

2021 Sept. 8 IFTCC Submission to New Zealand Government's Proposed "Conversion Practices Prohibition Legislation Bill"

September 2021. https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2021/09/IFTCC-Submission-to-NZ-MPs-Opposing-Conversion-Practices-Prohibition-Bill-2021-9-7-4-pp-with-endnotes-.pdf?x86993

2021-June 19 International Federation for Therapeutic and Counselling Choice expert opinion on the constitutional meaning of "sex" and "gender": Medical gender affirming treatment, Case no. 6 of 2021, Bulgarian Constitutional Court. https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2021/07/IFTCC-Brief-for-Cassian-Constitutional-Courts-in-Bulgaria-on-Gender-2021-6-19-FINAL-Full-edits-English-Post-2021-7-2-.pdf?x28941

2021-April 20 Davidson, M. & Haynes, L. for the IFTCC Science and Research Council. Letter to Doug Beattie, MLA North Ireland Assembly, on "Conversion Therapy".

2021 Williams, W.V., Brind, J., Haynes, L., Manhart, M.D., Klaus, H., Lanfranchi, A., Migeon, G., Gaskins, M., Seman, E.I., Ruppersberger, L., Raviele, K.M. (2021). Hormonally

active contraceptives, part II: Risks acknowledged and unacknowledged, *The Linacre Quarterly,* in press. https://doi.org/10.1177/00243639209827709

2021 Williams, W.V., Brind, J., Haynes, L., Manhart, M.D., Klaus, H., Lanfranchi, A., Migeon, G., Gaskins, M., Seman, E.I., Ruppersberger, L., Raviele, K.M. (2021). Hormonally active contraceptives, part I: Risks acknowledged and unacknowledged, *The Linacre Quarterly,* online, 1-23. https://doi.org/10.1177/00243639209827709

2020-Spring Uncovering treatable causes of same-sex attraction and childhood gender dysphoria. *The Pulse* (an online publication of the Catholic Medical Association).

2019-Dec. 21 Davidson, M.R., Rosik, C., Moseley, C., and Haynes, L. Submission to Victor Madrigal-Borloz Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. For consideration towards a Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity with focus on practices of so-called "conversion

	therapy" to the 44th Session of the Human Rights Council. https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/12/IFTCC-to-UN-HRC-individual-Submission-to-Victor-Madrigal-FINAL-2019-12-21.pdf?x13266
2019-Nov. 17	Contributing author: International Federation for Therapeutic and Counselling Choice Declaration - 2019 (Nov. 17, 2019), https://d3uxejw946d7m5.cloudfront.net/wp-content/uploads/2019/11/IFTCC_Post conference_Statement_2019_English.pdf?x91403
2018-Sept. 21	The American Psychological Association Says Born-That-Way-and-Can't-Change Is Not True of Sexual Orientation and Gender Identity—Updated. https://www.acpeds.org/wordpress/wp-content/uploads/8.21.17-APA-Handbook-Born-That-Way-Not-True-16-9-21-Haynes-Update.pdf
2019-Sept. 16	"Are Religious Californians Really Harming the Mental Health of People Who Identify as LGBTQ?" Essay at Public Discourse. https://www.thepublicdiscourse.com/author/laura-haynes/

2019-May 16	Haynes, L. & Rosik, C.H. "Comment on Proposed Updated APA 'Resolution on Sexual Orientation Change Efforts,'" submitted to the Society for the Psychology of Sexual Orientation and Gender Diversity and the Committee on Sexual Orientation and Gender Diversity that drafted the proposed updated position statement on sexual orientation change efforts for the American Psychological Association. 99 pages.
2018 to present	Letters/Fact Sheets to federal, state, county, and city lawmakers and agencies on sexual orientation/gender identity and religious freedom laws and policies. Example: TherapyEquality.org/HarmsOfTherapyBans (periodically updated).
2016-Sept. 27	The American Psychological Association Says Born-That-Way-and-Can't-Change Is Not True of Sexual Orientation and Gender Identity. Published online by professional, religious, ministry, and activist organizations. Example: https://www.therapeuticchoice.com/important-research-articles
2015-2016	(2015-Sept/Oct), (2016-Jan/Feb), (2016-July/August) Letters to the Editor, *The Therapist*, a periodical of the California Association of

Marriage and Family Therapists. Urging the Board to end its censoring positions in opposition to therapy that is open to sexual orientation change.