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 U.S. COURT OF APPEALS FOR THE TENTH CIRCUIT

BRIEF OF *AMICI CURIAE* DR. JACK L. TURBAN AND DR. LISA R. FORTUNA IN SUPPORT OF RESPONDENTS

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TABLE OF CONTENTS

TABLE OF CITED AUTHORITIES

Page

CASES

STATUTES

OTHER AUTHORITIES

Cited Authorities

Page

Cited Authorities

Page

Page

Cited Authorities

Page

Cited Authorities

Page

INTERESTS OF *AMICI CURIAE*[1]

Amici Dr. Jack L. Turban and Dr. Lisa R. Fortuna are experts in the field of child and adolescent psychiatry with emphases in gender identity and culturally responsive models of care, including incorporating respect for religious beliefs into therapy. They submit this brief to advise the Court of the overwhelming evidence of the harm to children caused by conversion efforts and to help the Court understand the difference between the banned conversion efforts and permitted explorative therapy as well as the possible implications and dangers posed to religious patients if Petitioner's position is adopted.

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1. No party's counsel authored this brief in part or in whole, and no person other than the *Amici Curiae* or their counsel made any monetary contribution to fund the preparation or submission of this brief.

chapters on gender dysphoria and gender incongruence for *Lewis's Child & Adolescent Psychiatry: A Comprehensive Textbook* and the textbook of the International Academy of Child & Adolescent Psychiatry. He is a contributing editor for *The Journal of The American Academy of Child & Adolescent Psychiatry* and an academic editor for *PLoS One.*

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SUMMARY OF ARGUMENT

Conversion efforts harm children. The peer-reviewed scientific literature linking gender identity conversion efforts to harm is extensive and shows that people exposed to gender identity conversion efforts of any type are more likely to experience symptoms of depression, anxiety, and post-traumatic stress disorder. They are more likely to attempt suicide, particularly if they were exposed to conversion efforts during childhood. And the literature linking sexual orientation conversion efforts to harm is similarly extensive. These findings have led every major U.S. medical and mental health organization to condemn conversion efforts.

This is true whether the conversion efforts are conducted through aversive or non-aversive (primarily talk) therapy. Indeed, as Petitioner recognizes, aversive therapy is incredibly rare and has not been recently practiced in the United States. Thus, the recent studies linking conversion efforts to harm to children have primarily, if not exclusively, studied the negative impacts of non-aversive therapies. The language of Colorado's law closely mirrors that of the studies that have been conducted and the law is appropriately tailored based on the evidence.

While Colorado has appropriately banned conversion efforts directed at minors, it has carefully drafted its law to continue to permit the type of explorative therapy Petitioner claims she practices. Nor does Colorado's law prohibit therapists from working with young people on topics related to their gender identity in a way that helps youth navigate their religious backgrounds.

Conversion efforts and exploratory psychotherapy are distinct, mutually exclusive practices. And Petitioner's approval and apparent use of exploratory psychotherapy belies any contention that such care involves "pushing" young people toward transition. Medical guidelines recommend no such thing. Instead, existing medical guidelines recommend a cautious approach and comprehensive biopsychosocial mental health evaluation prior to even considering gender-affirming interventions. In fact, because Colorado's law bans attempts to *change* a person's gender identity, pushing a young person to be transgender is illegal.

Finally, a ruling in favor of Petitioners not only places LGBTQ+ children in harm's path, but threatens the mental health of children of all backgrounds. Colorado law forbids counselors from denigrating or attempting to change a patient's religious beliefs just as it prohibits conversion efforts. But if this Court were to find a First Amendment right to practice non-aversive conversion efforts, counselors would necessarily be similarly free to attempt to change a patient's religious beliefs. Such a result would endanger religious families, stripping them of the very safeguards that ensure their faith traditions are honored in treatment. By prohibiting conversion therapy, states preserve ethical space for religion in care while ensuring that therapists do not impose personal ideology on vulnerable youth.

The Court should reaffirm that Colorado may protect children and adolescents from efforts to alter aspects of identity—sexual orientation or gender identity—contrary to the patient's wellbeing and contrary to medical evidence.

ARGUMENT

The Evidence Clearly Establishes that Gender Identity Change Efforts Cause Serious Harm to Children.

A. Gender Identity Change Efforts Harm Children and Adolescents.

Colorado's law is backed by high-quality scientific evidence. A substantial body of peer-reviewed scientific literature has linked conversion efforts (both aversive and non-aversive) to adverse mental health outcomes, including suicide attempts. This has been shown both for sexual orientation conversion efforts[2] (attempts to change

2. *See, e.g.*, John R. Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016-2018*, 110 Am. J. Pub. Health 1024-30 (2020), https://tinyurl.com/2dhbxmbv; Anna Forsythe, et al., *Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States*, 176 JAMA Pediatrics 493, 493-501 (2022), https://tinyurl.com/ymb3kshp; Trevor Goodyear et al., *"They Want You to Kill Your Inner Queer but Somehow Leave the Human Alive": Delineating the Impacts of Sexual Orientation and Gender Identity and Expression Change Efforts*, 59 J. Sex Rsch. 599, 599-609 (2022), https://tinyurl.com/v55m975a; Caitlin Ryan, et al., *Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment,* J. of Homosexuality 159, 159-173 (2018), https://tinyurl.com/a4ween82; Timothy Jones et al., *Religious trauma and moral injury from LGBTQA+ conversion practices*, 305 Soc. Sci. & Med. 115040 (2022), https://tinyurl.com/2rz7pvak; A. Lee Beckstead & Susan L. Morrow, *Mormon Clients' Experiences of Conversion Therapy: The Need for a New Treatment Approach*, 32 Counseling Psychologist 651, 651-690 (2004); Steven Meanley et al., *Lifetime Exposure to Conversion Therapy and Psychosocial Health Among Midlife and Older Adult*

a person's sexual orientation) and for gender identity conversion efforts[3] (attempts to change a person's gender identity). It is estimated that conversion efforts impose an annual economic burden of more than $9 billion in the United States.[4]

Men Who Have Sex With Men, 60 The Gerontologist 1291, 1291-1302 (2020), https://tinyurl.com/2zxpypym; Nguyen K. Tran et al., *Conversion practice recall and mental health symptoms in sexual and gender minority adults in the USA: a cross-sectional study*, 11 Lancet Psychiatry 879, 879-89 (2024), https://tinyurl.com/y9v59hkt.

3. *See, e.g.,* Jack L. Turban et al., *Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults*, 77 JAMA Psychiatry 68, 68-76 (2020), https://tinyurl.com/4ur3r2tf; Tural Mammadli et al., *Gender identity conversion efforts as a source of minority stress among transgender and nonbinary persons living in the US: Correlation with wellbeing and proximal stressors*, 22 Sex. Rsch. & Soc. Pol'y 393, 393-406 (2025), https://tinyurl.com/38t2d2aj; Yuanyuan Wang et al., *A national transgender health survey from China assessing gender identity conversion practice, mental health, substance use and suicidality*, 1 Nature Mental Health, 254, 254-65 (2023), https://tinyurl.com/2sf8bzeu; Kyle Tan et al., *Sexuality and gender change efforts in Malaysia–proximal stressors and mental ill-health amongst LGBT+ adults*, 27 Culture, Health & Sexuality, 1054, 1054-69 (2025), https://tinyurl.com/3nenr9ns; Travis Campbell & Yana van de Meulen Rodgers, *Conversion therapy, suicidality, and running away: An analysis of transgender youth in the U.S.*, 89 J. of Health Econ. 102750 (2023), https://tinyurl.com/3kkazdev; Hyemin Lee et al., *Gender Identity Change Efforts Are Associated with Depression, Panic Disorder, and Suicide Attempts in South Korean Transgender Adults,* 8 Transgender Health 273, 273-81 (2023), https://tinyurl.com/2w27x3bn.

4. Forsythe, *supra* note 2, at 497.

The peer-reviewed scientific literature linking gender identity conversion efforts to harm is extensive.[5] It includes studies with large sample sizes (e.g., one study[6] included nearly 20,000 participants) and studies that used probability sampling[7] (a high intensity recruitment strategy that provides a more representative sample of the U.S. population). People exposed to gender identity conversion efforts of any type are more likely to experience symptoms of depression, anxiety, and post-traumatic stress disorder. They are also more likely to attempt suicide, particularly if they were exposed to conversion efforts during childhood.[8] Petitioner's assertion, (*e.g.* OB45-46), that there is no research examining exposure to conversion efforts during childhood and adolescence specifically is false.[9] In fact, exposure during childhood has been shown to be linked with greater odds of attempting suicide than general lifetime exposure.[10] One study used sophisticated econometric causal inference models to show that gender identity conversion efforts cause an increase in the likelihood of young people attempting suicide and running away from home.[11] Another found that people exposed to gender identity conversion efforts during childhood have a four-fold increased odds of attempting suicide, even after

5. *See* sources cited *supra* note 3.

6. Turban, *supra* note 3, at 68-76.

7. Mammadli, *supra* note 3, at 393-406.

8. Turban, *supra* note 3, at 68-76.

9. *Id.*

10. *Id.*

11. Campbell, *supra* note 3, at 102750.

adjusting for other variables like family support.[12] This research has led all relevant major medical organizations to condemn gender identity conversion efforts, including The American Psychiatric Association,[13] The American Medical Association,[14] The American Academy of Child & Adolescent Psychiatry,[15] and The American Academy of Pediatrics,[16] to name only a few. The United Nations has called for an end to the practice worldwide.[17] Of note, while the Eleventh Circuit[18] criticized past stances of The American Psychiatric Association and Petitioner attempts to criticize The World Professional Association for Transgender Health, there is broad consensus across these many medical organizations that gender identity

12. Turban, *supra* note 3, at 68-76.

13. *Position Statement on Conversion Therapy and LGBTQ Patients*, Am. Psychiatric Ass'n (2024), https://tinyurl.com/2tajxe8b (last visited August 4, 2025).

14. *See Health Care Needs of Lesbian, Gay, Bisexual, Transgender, and Queer Populations H-160.991*, Am. Med. Ass'n (2018), https://tinyurl.com/45pj8k4j (last visited August 4, 2025).

15. *See Conversion Therapy,* The Am. Acad. of Child & Adolescent Psych. (2018), https://tinyurl.com/2csfpp2c (last visited August 4, 2025).

16. Jason Rafferty, Committee on Psychosocial Aspects of Child and Family Health; Committee on Adolescence; Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness, *Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents*. 142 Pediatrics 1, 1-14 (2018), https://tinyurl.com/4ffjr22k.

17. *See Report on Conversion Therapy*, United Nations (2020), https://tinyurl.com/4czk3sn7 (last visited August 20, 2025).

18. *Otto v. City of Boca Raton*, 981 F. 3d 854 (11th Cir. 2020)

conversion efforts of any kind are dangerous. It would untenably challenge reason to presume that all of these independent organizations have come to an incorrect conclusion regarding the dangers of these practices. In any event, Petitioner's request that Colorado not rely just on professional organizations, but also "provide compelling proof," (OB48) is clearly met here.

The literature linking sexual orientation conversion efforts to harm is similarly extensive. Large and nationally-representative[19] studies have found that individuals exposed to these practices face heightened risks of suicidality, depression, and other adverse mental health outcomes.[20] For example, a study published in *The American Journal of Public Health* found that people exposed to sexual orientation conversion efforts of any type had double the odds of suicidal ideation in their lifetime.[21] As with gender identity conversion efforts, these findings have led every major U.S. medical and mental health organization to condemn sexual orientation conversion efforts, including The American Psychiatric Association,[22] The American Medical Association,[23] The American Academy of Child & Adolescent Psychiatry,[24] and The American Academy of Pediatrics.[25]

19. Blosnich, *supra* note 2, at 1024-30.

20. *See* sources cited *supra* note 2.

21. Blosnich, *supra* note 2, at 1024-30.

22. Am. Psychiatric Ass'n, *supra* note 13.

23. Am. Med. Ass'n, *supra* note 14.

24. The Am. Acad. of Child & Adolescent Psych, *supra* note 15.

25. Rafferty, *supra* note 16.

Petitioner spends a good portion of their brief (*e.g.*, OB15) claiming that there are no studies showing that such conversion effort bans cause improvements in public health (i.e., question of causality and correlation vs. causation). On the contrary, a recent study using data from the U.S. Centers for Disease Control and Prevention established, using difference-in-differences causal inference methods, that laws like Colorado's cause a decrease in suicide attempts among adolescents,[26] further emphasizing that Colorado has passed a law that achieves its interest of reducing suicidality among young people in its state.

Furthermore, Petitioner's assertion that Colorado is causing harm because conversion efforts help young people (OB46-47) is completely without evidence, let alone any causal evidence. While they attempt to critique the extensive body of literature detailing the harms of conversion efforts, they provide essentially no data to support their preferred treatment modality, let alone any that would meet their standard of what they would consider to be acceptable evidence. Their assertion that other countries take a "counseling-first" approach to gender dysphoria (OB14) is misleading; these countries recommend exploratory therapy, not conversion efforts (distinct practices, as we explain below). Petitioner's assertion (OB13) that treating anxiety, eating disorders, or body dissatisfaction resolves gender dysphoria is without any empirical basis or support from peer-reviewed academic literature. Their similar assertion that "several studies" suggest psychotherapy can non-invasively cure

26. Michael C. Overhage et al, *State Bans on Sexual Orientation and Gender Identity Change Efforts and Youth Suicidality*, Health Servs. Res. e14635 (2025).

gender dysphoria (OB13) is false—no such studies exist. Their assertion that most children with gender dysphoria outgrow it "naturally or through counseling" (OB7) is also false, and their citation does not support their assertion. This has been discussed in detail by Princeton Psychologist and McArthur Genius Grant recipient Dr. Kristina Olson in several peer-reviewed scientific publications: one showed that studies like the one cited by Petitioner were not of kids who actually had gender dysphoria or were transgender,[27] one showed that social transition does not "lock in" a trans identity,[28] and one showed that gender identity for transgender children was highly stable over a 5-year period.[29]

B. Both Aversive and Talk-Based Conversion Efforts Harm Children.

In *Otto v. City of Boca Raton*, the Eleventh Circuit held that similar conversion effort bans in Florida were not sufficiently tailored because they banned both aversive (e.g., shock) and non-aversive (i.e., primarily talk-based) conversion efforts.[30] To reach that conclusion, the Eleventh Circuit claimed there was no evidence of harm caused

27. Kristina R. Olson, K. R., *Prepubescent Transgender Children: What We Do and Do Not Know*, 55 J. Am. Acad. Child Adolesc. Psychiatry 155, 155-6 (2016).

28. James R. Rae et al, *Predicting early-childhood gender transitions*, 30 Psychol. Sci. 669, 669-81 (2019).

29. Kristina R. Olson et al, *Gender identity 5 years after social transition*, 150(2) *Pediatrics* e2021056082 (2022).

30. *Otto*, 981 F.3d 854.

by "speech-based" conversion efforts.[31] This is incorrect, and their citation of a 2009 report from The American Psychological Association is outdated. Aversive conversion efforts are rare and have not been recently practiced in the United States. Petitioner admits she is not "aware of any counselor who engages in [aversive] practices." (OB5, cleaned up). Because of the rarity of aversive conversion efforts, the recent literature focuses on non-aversive conversion efforts. For example, the study by Turban et al. in *JAMA Psychiatry* limited its sample to those who endorsed yes to "Did you ever discuss your gender identity or trans identity with a professional (such as a psychologist, counselor, religious advisor" before asking more detailed questions about conversion effort exposure.[32] As Petitioner notes, aversive conversion efforts are uncommon and thus not likely to have been included in that sample, with the data collected in 2015. Goodyear et al. in *The Journal of Sex Research* similarly note that participants in their study underwent various types of conversion efforts, all of which were non-aversive, including "formalized individual and group counselling sessions (e.g., with faith leaders and/or healthcare providers; at conversion therapy camps and/or retreats), other faith-based practices (e.g., guided prayer sessions, exorcisms), and more general experiences of queerphobia in which participants were pressured to repress their sexual and gender identities."[33] Participants in that study explained that the "messaging" and things they were "told" in the context of conversion efforts led to their mental health difficulties, further making it clear

31. *Id.* at 868.

32. Turban, *supra* note 3, at 68-76 (emphasis added).

33. Goodyear, *supra* note 2.

that their adverse outcomes were not due to aversive shocks, but rather talk-based conversion efforts.[34]

The language of Colorado's law closely mirrors that of the studies that have been conducted in looking at *all* conversion efforts (i.e. attempts to change a person's sexual orientation or gender identity). This represents appropriately narrow tailoring of the law to the evidence. The Eleventh Circuit's approach creates a slippery slope of asking researchers to evaluate narrower and narrower subtypes of conversion efforts, which could create an impossible-to-reach scientific threshold, and force studies on a practice already clearly linked to harm.

Explorative Therapy Is Not Banned under Colorado Law; Forcing Children and Adolescents into a Particular Gender Identity (Transgender or Cisgender) Is.

In their brief, Petitioner claims that Colorado's law banning conversion efforts would ban exploratory therapy related to gender identity. (OB50). This assertion is false. As an initial matter, on its face Colorado's law excludes from conversion therapy "practices or treatments that provide: [a]cceptance, support, and understanding for the facilitation of an individual's coping, social support, and identity exploration and development … as long as the counseling does not seek to change sexual orientation or gender identity."[35]

Petitioner cites aspects of their therapy, including helping clients achieve "the goals they set for themselves,"

34. *Id.*

35. C.R.S. § 12-245-203(3.5)(b).

(OB27) and "assisting them in building their own sense of self" (OB28). These types of non-directive therapies do not constitute conversion efforts under Colorado's Statute.[36] Instead, these types of exploratory, non-directive counseling techniques are recommended under current guidelines[37] for treating gender dysphoria by The Endocrine Society[38] and The World Professional Association for Transgender Health[39].

Petitioner's approval (and apparent use) of these approved modalities contradicts any implication that such care involves "pushing" young people down a certain "path" (i.e., toward transition). Medical guidelines recommend no such thing. Far from pushing young people to be transgender, existing medical guidelines recommend a cautious approach and comprehensive biopsychosocial

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36. C.R.S. § 12-245-202(3.5)(a) (banning only treatments that "attempt[] or purport[] to change an individual's sexual orientation or gender identity") (emphasis added).

37. Petitioners also assert that the protocols from these medical organizations have not been shown to reduce death from suicide. (OB17). This is highly misleading, since the interventions have been strongly linked to lower rates of suicidal ideation and suicide attempts. Death from suicide is simply a much more difficult outcome to study from a technical perspective, and suicide attempts and suicidal ideation are independently important adverse outcomes to prevent.

38. W.C. Hembree et al, *Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline*, 102(11) J. Clinical Endocrinology & Metabolism 3869, 3869-903 (2017).

39. Elaine Coleman et al, *Standards of care for the health of transgender and gender diverse people, version 8*, 23 Int'l J. Transgender Health, Suppl. 1, S1-S259 (2022).

mental health evaluation prior to even considering gender-affirming interventions. In fact, because Colorado's law bans attempts to *change* a person's gender identity, pushing a young person to be transgender is illegal under Colorado's law. Petitioner's claim that "The State wants counselors to encourage young people to pursue a gender transition" is clearly erroneous, as such conduct is illegal under Colorado's statute. OB35 (emphasis added).[40]

Conversion efforts and exploratory psychotherapy are distinct, mutually exclusive practices, as made clear by The American Academy of Child & Adolescent Psychiatry.[41] As the organization's policy statement notes, conversion efforts (or "therapies") are those that have a specific outcome goal in mind in terms of gender identity or sexual orientation. The policy statement goes on to explain that "comprehensive assessment and treatment of youth that includes exploration of all aspects of identity, including sexual orientation, gender identity, and/or gender expression is not 'conversion therapy'." Colorado's law mirrors this language, in defining prohibited practices as those that attempt to change an individual's sexual orientation or gender identity, rather than explore those aspects of identity in nondirective ways.

Colorado's law also in no way prohibits therapists from working with young people on topics related to their gender identity in a way that helps them navigate their religious backgrounds.

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40. *See* C.R.S. § 12-245-202(3.5)(a).

41. The Am. Acad. of Child & Adolescent Psych., *supra* note 15.

Prohibiting Conversion Therapy Protects, Rather than Suppresses, Religious and Cultural Values and a Ruling for Petitioner Would Endanger Protections for Religious Patients

Major professional organizations make clear that prohibiting conversion therapy is consistent with, and not contrary to, respecting patients' religious and cultural values. The American Academy of Child and Adolescent Psychiatry has found that "conversion therapies" lack scientific credibility, risk harm, and should not be part of treatment; instead, clinicians should develop individualized, evidence-based care plans with youth and families in a non-coercive manner that allows exploration of sexual orientation and gender identity.[42] The American Academy of Child & Adolescent Psychiatry further instructs psychiatrists to inquire about and respect families' religious and cultural beliefs in assessment and treatment.[43,44] The American Psychiatric Association (APA) similarly directs psychiatrists to "maintain respect for their patients' beliefs" and "neither ignore nor disparage" patients' religious or spiritual identities.[45] The

42. *Id.*

43. *Culturally Informed Child Psychiatric Practice,* The Am. Acad. of Child & Adolescent Psych. (2020). https://tinyurl.com/32tvztmu (last visited August 4, 2025).

44. *Religion, Spirituality, and Your Mental Health Care (Facts for Families No. 107),* The Am. Acad. of Child & Adolescent Psych. (2018), https://tinyurl.com/ms2cck8y, (last visited August 4, 2025).

45. *Resource Document on Religion, Spirituality and Psychiatry,* The Am. Acad. of Child & Adolescent Psych. (2021), https://tinyurl.com/ytyvuba7, (last visited Aug. 4, 2025).

World Psychiatric Association (WPA) urges integration of patients' spiritual and religious beliefs into care where appropriate, while prohibiting proselytizing.[46] These standards confirm that bans on conversion therapy do not censor religious counseling; rather, they safeguard youth from coercion while requiring clinicians to respect and appropriately integrate patients' religious and cultural values.

Just as Colorado law prohibits counseling that seeks "to change sexual orientation or gender identity,"[47] it likewise prohibits counseling that denigrates religion, proselytizes, or attempts to change religious beliefs.[48]

Petitioner and her amici mischaracterize conversion therapy bans as censorship of religious counseling. That is incorrect. Professional standards already require clinicians to respect patients' and families' religious and spiritual values.[49] What the law prohibits is not faith-informed discussion, but coercive efforts to alter aspects of identity—sexual orientation or gender identity—

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46. *WPA Position Statement on Spirituality and Religion in Psychiatry*, World Psych. Ass'n, 15 World Psychiatry 87 (2016), https://tinyurl.com/4uka37hd (last accessed Aug. 4, 2025).

47. C.R.S. § 12-245-203(3.5)(b).

48. *See id.* § 12-245-224(1)(g)(I) (counseling that "does not meet the generally accepted standards of the professional discipline under which the person practices" constitutes prohibited activities); RB at 8 (Section 12-245-224(1)(g)(I) precludes therapists from "imposing their own values, attitudes, beliefs, and behaviors on patients").

49. See The Am. Acad. of Child & Adolescent Psych., *supra* note 15; Am. Psychiatric Ass'n, *supra* note 13; World Psych. Ass'n, *supra* note 46.

contrary to the patient's wellbeing and contrary to medical evidence. To accept Petitioner's position would invert these protections: if there were a First Amendment right to practice "conversion therapy," clinicians could likewise claim a right to attempt to change a child's religion under the guise of talk therapy.[50] Such a result would endanger religious families, stripping them of the very safeguards that ensure their faith traditions are honored in treatment. By prohibiting conversion therapy, states preserve ethical space for religion in care while ensuring that therapists do not impose personal ideology on vulnerable youth.

50. *Chiles v. Salazar*, 116 F.4th 1178, 1211 (10th Cir. 2024) (noting that adopting petitioner's position would "effectively immunize talk therapy from regulation" and "undermine the state's ability to" enforce C.R.S. § 12-245-224(1)(g)(I)) (cleaned up).

CONCLUSION

Conversion efforts harm children. Consistent with the overwhelming evidence supporting that conclusion for both aversive and non-aversive conversion efforts, Colorado passed an evidence-based regulation to protect children from harm. Petitioner's arguments are contrary to evidence, misstate Colorado law, and would eliminate important protections for all children, including religious children. We request the Court affirm the judgment of the lower court.

Respectfully submitted,

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