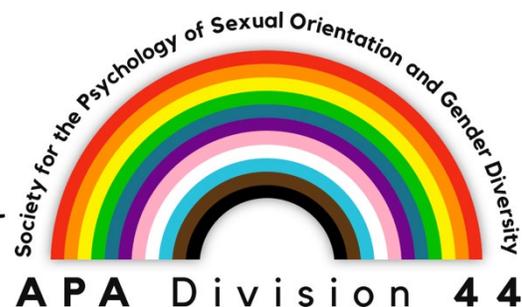




November 11, 2022

In response to the rules approved Friday by the Florida Board of Medicine and the Florida Board of Osteopathic Medicine under which doctors will no longer be allowed to provide transgender treatments to people younger than 18, the Florida Psychological Association (FPA) publicly endorses and unequivocally supports the recent Statement of Opposition to Florida Draft Rule Banning Gender Affirming Care for Adolescents released by the World Professional Association for Transgender Health (WPATH) and the United States Professional Association for Transgender Health (USPATH). See more here: <https://www.wpath.org/policies>

Additionally, please see our previously released statement in collaboration with APA Division 44 below, where we highlight the psychosocial dangers of the outdated and poor quality research used by Florida Department of Health (DOH) to move forward with its ban on adolescent gender affirming care. Misuse of scientific information not only harms Florida's LGBTQ+ population but also abuses the ethics of using scientific information for the benefit of people. Their ban clearly violates the American Medical Association's (AMA) Principles of Medical Ethics as well as the APA Ethics Code.



April 22, 2022

The Florida Psychological Association (FPA) is an organization of psychologists serving Floridians. FPA and the American Psychological Association Division 44, value evidence-based treatments that rely on a solid foundation of high-quality, recent, peer-reviewed scientific research. As psychologists, we are trained to filter and disregard outdated, poor-quality research that misguides treatment protocols and may cause harm to our patients. We uphold our professional ethical standards that call us very clearly to do no harm. After a careful review of all high-quality, recent research on the topics of evidence-based practice for the treatment of gender dysphoria in children and youth, FPA supports the guidance from the American Psychological Association ([APA](#)), the National Association of School Psychologists ([NASP](#)), the [U.S. Department of Health and Human Services](#), the World Professional Association for Transgender Health (WPATH), and the Health Professionals Advancing LGBTQ Equality (previously known as the [Gay & Lesbian Medical Association—GLMA](#)) amongst many other reputable organizations, and concludes that transgender and gender diverse youth are best served with gender-affirming care. As an organization, we stand united with these organizations and with our transgender and nonbinary patients in denouncing the recent statement issued by the Florida Department of Health (DOH).

The statement issued by the Florida DOH raises a number of concerns for members of the FPA. The research that is cited in the guidelines released by the Florida DOH is inaccurately reported, from studies with small sample sizes, relies on methodologically flawed research, and is from articles published in low-impact journals.

Contrary to the Florida DOH's claims that "evidence regarding their psychosocial and cognitive impact is generally lacking," there is, in fact, a fair amount of empirical data that contradicts the DOH's recommendations. Several professional organizations in the United States have published well-respected and widely used guidelines, which are based on peer-reviewed research (APA, American Counseling Association, Endocrine Society, American Academy of Pediatrics, the American Academy of Child & Adolescent Psychiatry, and the World Professional Association for Transgender Health). Even the Merck Manual, cited in the DOH document, states that "while there is no clinical consensus on the treatment of prepubertal gender dysphoric children, it is recognized that attempts to force the child to accept the birth-assigned gender role is usually traumatic and unsuccessful" and recommends "using a gender-affirmative model as opposed to a gender-pathologizing model. This affirmative approach supports the child in the gender expressed, sometimes including social transition prior to puberty. Prior to puberty, there is no current indication for either medical or surgical intervention with gender-dysphoric children." Instead, it would be useful and valuable for both, policymakers and psychological practitioners, to follow APA's carefully researched '[Guidelines for Psychological Practice With Transgender and Gender Nonconforming People](#),' which call for 'culturally competent, developmentally appropriate, and trans-affirmative psychological practice' with such individuals, including minors.

Research on the benefits of puberty-blocking medications (fully reversible interventions which are also used to treat precocious puberty) has demonstrated that beginning GnRH analogues shortly after the onset of puberty can prevent distressing secondary sex characteristics from developing, and therefore ease transition later in life for those who may later seek to take steps toward transition. Puberty-blockers have also been shown to decrease distress related to gender dysphoria and experiencing gender mis-aligned puberty, correlates with decreases in risk-taking behaviors, and contributes to improved family functioning and school performance (Stewart Adelson, MD; Joanna Olsen, MD).

Gender-affirming care leads to positive education, social and cognitive outcomes for transgender and nonbinary youth and allows parents to make a fully informed decision about the medical and psychological care of their children. We support the President of the American Psychological Association, Dr. Frank Worrell, in his statement recommending that "psychologists follow APA's carefully researched Guidelines for Psychological Practice with Transgender and Gender Non-Conforming People which call for culturally competent, developmentally appropriate, and trans affirmative psychological practice with such individuals, including minors." These guidelines are currently under revision but are founded on years of research and provide clinicians with tools to be culturally competent in working with this very vulnerable population. We believe the [fact sheet](#) released by the U.S. Department of Health and Human Services provides guidance on treating gender dysphoria for children and adolescents that more closely aligns with the majority of current research. While the document is not comprehensive of all the nuances of working with such a vulnerable population, it provides a good starting point and is informed by reputable research.

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### **Guidelines and Standards of Care:**

- WPATH Standards of Care v7  
[http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351&pk\\_association\\_webpage=3926](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926)
- UCSF Center for Excellence of Transgender Health <http://www.transhealth.ucsf.edu/>
- UCSF Primary Care Protocol for Transgender Patient Care - <http://transhealth.ucsf.edu/trans?page=protocol-00-00>
- Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline - <https://doi.org/10.1210/jc.2009-0345>
- APA Guidelines for Working with Transgender, Gender-Nonconforming People - <http://www.apa.org/practice/guidelines/transgender.pdf>
- National LGBT Health Education Center at Fenway Institute <http://www.lgbthealtheducation.org/>
- The Joint Commission: Advancing Effective Communication, Cultural Competence and Patient-and-Family Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. <http://www.jointcommission.org/lgbt/>