U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

Let this be Ordered.
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U.S.D.J.
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PROGRAM STATEMENT
Management of Inmates with Gender Dysphoria

Approved by	William K. Marshall III Director, Federal Bureau of Prisons
DPI	RSD
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1. PURPOSE AND SCOPE

To establish professional guidelines for the mental health evaluation and treatment of inmates meeting the diagnostic criteria[1] for Gender Dysphoria[2] (GD) to assist their progress toward recovery, while reducing or eliminating the frequency and severity of symptoms and associated negative outcomes.

a. **Program Objectives**. Expected results of this program are:

- To ensure inmates diagnosed with GD receive timely, appropriate mental health services and individualized treatment programming, as clinically indicated. Treatment shall target psychological distress/dysphoria as well as any co-occurring mental health disorders and be tailored to the unique needs of the inmate.
- To allocate sufficient staff and resources to deliver appropriate services to such inmates.
- To enhance staff's understanding of the mental health issues associated with individuals diagnosed with GD and the appropriate treatment that accounts for the evolving scientific understanding.

b. **Institution Supplement**. None required.

[1] As defined by the Diagnostic and Statistical Manual of Mental Disorders- 5th Edition, Text Revision (DSM-5-TR); American Psychiatric Association, 2022).
[2] *Id.* at 511-520.

2. DEFINITIONS

Clinical Group Psychotherapy: a cognitive behavioral process by which a group of persons is led by a psychologist, licensed mental health professional, or qualified treatment specialist to guide interpersonal and intrapersonal growth through an examination of the persons' thoughts, feelings, experiences, and skills.

Gender Dysphoria (GD): a mental health diagnosis currently defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5 TR), or its replacement. It is a psychological disorder caused by clinically significant distress or impairment due to the perceived discrepancy between a person's expressed/experienced gender identity and his or her biological sex.

Gender Identity: a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification and cannot be recognized as a replacement for sex.

Individual Therapy: a collaborative treatment based on the therapeutic relationship between the patient and psychologist, licensed mental health professional, or qualified treatment specialist, including, but not limited to, cognitive behavioral and dialectical behavioral therapy.

Multidisciplinary Review Team (MRT): a multidisciplinary group of staff representing different disciplines, which has the responsibility for ensuring access to necessary assessment, treatment, continuity of care, and services to inmates in accordance with their identified mental health needs, and which collaboratively develops, implements, reviews, and revises the treatment plan. Additionally, institutions may request a review by the MRT of individual inmates based on treatment concerns or clinical consultation needs. The MRT is coordinated by the Psychology Services Branch (PSB), which is responsible for scheduling meetings, maintaining records, and documenting official notes. The MRT will consist of the following members (or their designee): (1) Psychology Services Branch (PSB) Administrator; (2) PSB, Chief of Mental Health; (3) Health Services Division (HSD) Chief Psychiatrist; (4) HSD Chief of Health Programs; (5) HSD Chief Pharmacist; (6) HSD Chief Social Worker; and (7) Women and Special Populations Branch (WASP) Administrator.

Psychoeducational Group Intervention: a didactic form of group therapeutic services designed to teach patients about their disorder and help them learn how to manage the related symptoms, behaviors, and consequences. These services may include workbook or homework activities, medication management, stress/anger management, prosocial skills training, coping skills exercises, and managing activities of daily living in a carceral setting.

Sex Trait Modification Surgeries: surgical procedures that seek to modify the person's physical characteristics to appear to align with the person's "gender identity" rather than the person's sex.

Examples of these surgeries include vaginoplasty, phalloplasty, orchiectomy, vulvoplasty, hysterectomy, oophorectomy, mastectomy, metoidioplasty, chest reconstruction, breast augmentation, hair removal, facial feminization surgery, and voice modification. These surgeries are also called "cross-sex," "sex reassignment," or "sex rejection" surgeries.

Social Accommodations: items, including cosmetics and clothing, used to alter the person's appearance to align with the person's "gender identity." Examples of "social accommodations" include buttock padding, breast padding, binders, undergarments, makeup, and wigs.
Social Transition: the process by which a person begins to try to live and present in a way that aligns with their "gender identity" rather than the person's sex. This typically involves various non-medical actions, such as the use of "social accommodations" to alter the person's appearance to align with the person's "gender identity."

3. STAFF RESPONSIBILITIES

The following Bureau of Prisons (Bureau) components are responsible for ensuring consistent establishment of the programs, services, and resource allocations necessary for inmates diagnosed with GD.

a. Central Office

The Psychology Services Branch (PSB), Reentry Services Division, provides oversight and consultation regarding services as they apply to inmates with a diagnosis of GD, including consultation, assessment, and the provision of advice and guidance related to the identification, evaluation, and recommendations for treatment needs of inmates with GD. Therapy will focus on reducing distress associated with GD, or any other mental health concerns that may be present. Mental health care is provided in the context of a collaborative therapeutic relationship with the inmate. Crisis intervention services are offered to inmates who may be experiencing acute distress or acute symptoms of mental illness to prevent self-directed harm (in accordance with Program Statement PS 5324.08, Suicide Prevention Program) or to provide relief from symptoms of mental illness and to prevent further decompensation.

The Health Services Division (HSD) oversees the treatment of inmates for all medical and psychiatric diagnoses. Services are offered to inmates in response to referrals by staff, inmate requests, or situational factors. Clinical guidance derived from the current body of research will be provided at the direction of the Medical Director and will be used to inform the clinical medical and psychiatric care of inmates.

The Women and Special Populations Branch (WASP) oversees the provision of non-medical services to meet the needs of federally incarcerated women and other federally incarcerated populations, including those individuals diagnosed with GD.

b. **Regional Offices**

Regional Offices provide oversight and consultation to institutions regarding services and care provided to inmates, including those diagnosed with GD.

c. **Wardens**

Wardens will establish a local multi-disciplinary approach for the management of inmates diagnosed with GD. The Chief Psychologist is the primary point of contact in the institution for issues related to this population and will consult, as needed, with the Executive Team, Captain, Clinical Director, Unit Manager, or other individuals, as appropriate. Institutions will consult with the Region, Central Office, and the MRT as necessary to ensure inmates diagnosed with GD receive clinically necessary mental health programming and medical services.

4. SCREENING AND EVALUATION

a. **Screening**

Diagnostic screening and evaluation of GD can occur at any time throughout an inmate's incarceration. All diagnostic evaluations are documented in the electronic health record as a *Diagnostic and Care Level Formulation* note. If primary care medical providers are diagnosing GD, the diagnosis will be documented in the electronic health record as a *Clinical Encounter* note.

If an inmate reports or presents a documented history of GD before incarceration, Psychology staff will request the inmate to complete a BP-A0171 Record of Information Release form to authorize the Bureau to obtain the inmate's prior mental health records from community providers who diagnosed or treated the inmate. Similarly, Health Services staff will request completion of a BP-A0621, Authorization for Release of Medical Information form, to obtain prior medical records relevant to the inmate's care. Signed documents will be added to the electronic health record. These signed documents will be added to the electronic health record and Psychology staff will enter as a *General Administrative Note*. If the inmate refuses to sign the records release form, this refusal will also be documented in the electronic health record as a *General Administrative Note*.

As appropriate, a diagnosis of GD will be made by a mental health clinician or primary care medical provider. The diagnosis will be added to the electronic health record. At a minimum, the inmate will be classified and maintained as a Mental Health Care Level 2.

If referral to medical or psychiatric staff is needed, the mental health clinician will complete an electronic referral to Health Services and document that request in the electronic health record as part of a *Clinical Contact or Consultation* note.

b. **Evaluation**

A diagnosis of GD can encompass a diverse array of conditions, with widely differing characteristics depending on the patient's age of onset, mental health, intelligence, environment, and motivation for identifying as the opposite sex. Like many DSM-V psychiatric conditions, GD is complex and often accompanied by other psychiatric comorbidities.

All inmates diagnosed with GD will be individually evaluated. Anxiety, depressive, personality, and posttraumatic stress disorders are mental health disorders that may coexist in those with GD. Because any co-occurring medical or psychiatric disorders may complicate the treatment of GD, a complete diagnostic and psychiatric/medical assessment of those with GD will be performed by Psychology Services clinicians and Health Services, respectively. Documentation of this evaluation will be entered into the electronic medical record.

Mental health clinicians or primary care medical providers will conduct a detailed clinical interview, and consider the use of the following instruments (as applicable) to evaluate the inmate:

- Clinical interview
- Beck Depression Inventory-II (BDI-II)
- Beck Anxiety Inventory (BAI)
- Wechsler Adult Intelligence Scale, 5th Edition
- Kaufman Brief Intelligence Test- 2nd Edition (KBIT-2)
- Montreal Cognitive Assessment (MoCA)
- Personality Assessment Inventory (PAI)
- Columbia Suicide Severity-Rating Scale Lifetime Recent (C-SSRS)
- Beck Scale for Suicidal Ideation (BSS)
- Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)
- Utrecht Gender Dysphoria Scale- Gender Spectrum (UGDS-GS)
- If diagnosed with an autism spectrum disorder (ASD), the inmate may be additionally assessed with the Adaptive Behavior Assessment System 3rd edition (ABAS-3)

The evaluation and testing results will be documented in the electronic health records as *Psychological Testing* with results summarized in the *Diagnostic Care Level Formulation* note. Primary care medical providers may document their diagnosis and evaluation of additional medical concerns or treatment needs as a *Clinical Encounter* note.

5. **TREATMENT**

Executive Order 14,168, *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, 90 Fed. Reg. 8,615 (Jan. 30, 2025), prohibits the Bureau from expending federal funds for "any medical procedure, treatment, or drug for the

purpose of conforming an inmate's appearance to that of the opposite sex" "to the extent consistent with applicable law." *Id.* at 8,617-18. The Bureau will comply with this Executive Order unless compliance with the Executive Order is prohibited by a court injunction or court order. Though Executive Order 14,168 supports this policy, the Bureau also adopts this policy independently of Executive Order 14,168.

a. **Individualized Treatment Plan**

If treatment for GD is likely to be necessary based on the results of the foregoing evaluation, the following treatment protocol should be followed:

All clinicians will review available documentation in combination with clinical interview(s) to determine the appropriate treatments addressing all identified medical and psychiatric concerns. Because treatment is individualized, treatment plans are tailored to the specific clinical needs of the inmate.

In general, identified medical and psychiatric comorbidities should be addressed before treatment for GD proceeds. As appropriate, medical and psychiatric comorbidities should be addressed through psychotherapy, psychotropic medication, or other appropriate medically accepted interventions. When comorbidities are addressed before GD, further treatment for GD may be necessary and may proceed once these medical and psychiatric comorbidities are resolved or ruled out as the potential cause of GD.

Psychotherapy should be prioritized. Treatment should include, at a minimum, therapy in accordance with their mental health care level as outlined in Program Statement PS 5310.16, **Treatment and Care of Inmates with Mental Illness**. Additionally, other treatments, such as psychoeducational group interventions, may be added as clinically indicated. Treatment interventions will focus on managing the psychological distress/dysphoria, assisting with adjustment to incarceration, community re-entry, and strengthening resilience. Follow-up mental health care should target any associated emotional or behavioral problems and should emphasize supportive treatment modalities.

All clinicians will ensure individuals with GD are not experiencing acute distress during any clinical contact. If the individual is experiencing suicidal ideation, a suicide risk assessment and appropriate protocols related to decreasing distress will be prioritized (in accordance with Program Statement PS 5324.08, **Suicide Prevention Program**). The psychologist may deem it appropriate to refer the individual for trauma treatment, if clinically indicated. Additional areas of focus may include adjustment to incarceration, other mental health diagnoses, community re-entry, and strengthening resilience. Follow-up mental health care should target any associated emotional or behavioral problems and should emphasize supportive treatment modalities.

Psychotropic medication should be considered to determine if its use may alleviate the symptoms of GD.

Diagnosis and treatment of GD will be discontinued if it is determined by a mental or medical health professional that the inmate no longer meets the criteria for the diagnosis based on clinical outcomes. The treatment plan will be updated, and a *Diagnostic Care Level Formulation* note will be entered into the electronic health record to reflect the diagnosis as "Resolved."

All clinicians shall ensure that individuals with GD receive informed care. The medical provider is responsible for ensuring that the inmate understands and signs the informed consent form, before any medication orders. Consent must be voluntary, and the inmate must be able to understand and appreciate the risks and potential side effects of the prescription. If the required documented evidence is insufficient, or if the inmate fails to sign the consent form, the clinician shall not prescribe medication or provide the procedure.

b. **Availability of Sex Trait Modification Surgeries to Address Gender Dysphoria**

In instances when an inmate is diagnosed with GD, the Bureau will not provide sex trait modification surgeries to address GD and the inmate will not receive sex trait modification surgeries to address GD.

For inmates who have had sex trait modification surgery, medical care will be provided as necessary to address any complications or resulting conditions, such as urethral stricture and pelvic infections.

c. **Availability of Hormones to Address Gender Dysphoria**

i. **Inmates Not Currently Receiving Hormones to Address Gender Dysphoria**

In instances when an inmate is diagnosed with GD but is not currently receiving hormones to address GD, the Bureau will not provide hormones to address GD and the inmate will not receive hormones to address GD. Such inmates will continue to have an individualized treatment plan to meet the inmate's needs. The individualized treatment plan may include psychotherapy, group counseling, psychiatric services, and psychotropic medications.

ii. **Inmates Currently Receiving Hormones to Address Gender Dysphoria**

In instances when an inmate is previously and currently diagnosed with GD and is currently receiving hormones to address GD, the MRT shall review and approve or disapprove the tapering plan submitted by the Primary Care Provider for all such inmates. Each tapering plan shall consider the appropriate factors, such as the duration the inmate

has been receiving hormones to address GD, the initial rationale for receiving the hormone intervention, the response by the inmate to the intervention, and whether the inmate has undergone sex trait modification surgery.

For inmates that have recently begun receiving hormones to address GD, the Primary Care Provider shall develop a tapering plan that includes a rapid discontinuation of the hormone intervention.

For inmates that have been receiving hormones to address GD for an extended period of time, the Primary Care Provider shall develop a tapering plan that includes an appropriately paced discontinuation of the hormone intervention.

For inmates who (1) are post sex trait modification surgery or (2) have been receiving hormones to address GD for an extended period of time and develop severe physiological and psychological withdrawal effects from tapering, it may not be appropriate in all cases for the initial tapering plan to include cessation of hormones. But tapering plans should be reevaluated regularly with respect to cessation of hormones, including during the inmate's chronic care clinic appointments.

Medical and mental health professionals shall evaluate the inmate before beginning tapering. Based on that evaluation and patient-specific needs, medical and mental health professionals shall develop a monitoring and follow-up evaluation plan. All inmates who are tapering and were receiving mental health treatment before tapering shall continue to receive counseling and pharmacological treatment as appropriate as part of the inmate's individualized treatment plan. Tapering plans may be adjusted as necessary based on monitoring and follow-up evaluations, but the adjusted tapering plans must still be consistent with the purpose of this policy and based on all relevant factors, including security and prison-administration concerns.

Patients may submit a request for additional medical or mental health care or evaluation if they have acute concerns during the tapering process. All requests shall be considered in a reasonable amount of time in accordance with standard procedure, and decisions concerning such requests shall be based on all relevant factors, including security and prison-administration concerns.

d. **Social Accommodations**

The Bureau will not provide social accommodations, including to inmates diagnosed with GD, and the inmate will not receive social accommodations. If the inmate currently has social accommodations, the Bureau shall no longer provide the social accommodations and, when practicable, remove or confiscate the social accommodations. When appropriate, and in accordance with standard procedure, inmates may still have access to purchase items on the standardized list of Commissary items available to inmates in their facility.

6. DOCUMENTATION AND TRACKING OF MEDICAL AND MENTAL HEALTH INFORMATION

Medical and mental health information for this population will be maintained in the current electronic recordkeeping system or health record system in accordance with PS 6090.04, **Health Information Management** and PS 5310.17, **Psychology Services Manual**. Medical and mental health information is considered confidential and may only be released in accordance with appropriate laws, rules, and regulations.

7. ADMINISTRATIVE REMEDIES

Inmates who wish to seek formal review of any issue relating to this policy may use the procedures in PS 1330.18, **Administrative Remedy Program**.

8. SEVERABILITY, APPLICATION OF THIS POLICY AND NO PRIVATE RIGHT OF ACTION

If any provision of this policy, or the application of any provision of this policy to any individual or circumstance, is held to be invalid, the remainder of this policy and the application of its provisions to any other individuals or circumstances shall not be affected. The intent of this policy is for federal funds to not be expended for any medical procedure, treatment, or drug for the purpose of conforming an inmate's appearance to that of the opposite sex to the maximum extent permitted by law, including the Eighth Amendment to the U.S. Constitution.

Nothing in this policy shall prevent a prison official from providing care required by federal law, including the Eighth Amendment to the U.S. Constitution. The Bureau shall ensure that all inmates diagnosed with GD receive care in accordance with federal law, including the Eighth Amendment to the U.S. Constitution.

Nothing in this policy is intended, nor shall it be construed, to create a private cause of action.

REFERENCES

Program Statements

1330.18	Administrative Remedy Program (1/6/2014)
5310.17	Psychology Services Manual (8/25/2016)
5310.16	Treatment and Care of Inmates with Mental Illness (2/18/2025)
5324.08	Suicide Prevention Program (4/5/2007)
6031.04	Patient Care (3/14/2025)
6090.04	Health Information Management (3/2/2015)

Additional Resources for Clinicians

Diagnostic and Statistical Manual of Mental Disorders (DSM), most current version.

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition: *5-ACI-1C-09, 5-ACI-1D-12, 5-ACI-1D-13, 5-ACI-2C-02, 5-ACI-1D-08, 5-ACI-3D-05, 5-ACI-3D-08(M), 5-ACI-3D-09, 5-ACI-3D-10, 5-ACI-3D-11, 5-ACI-3D-12, 5-ACI-3D-13, 5-ACI-3D-14, 5-ACI-3D-15, 5-ACI-3D-16, 5-ACI-6A-21(M), 5-ACI-6A-32(M), 5-ACI-6C-14(M).*

Performance-Based Standards and Expected Practices for Adult Local Detention Facilities, 5th Edition: *5-ALDF-2A-27, 5-ALDF-2A-30, 5-ALDF-2A-32, 5-ALDF-6B-03, 5-ALDF-2C-03, 5-ALDF-4C-23M, 5-ALDF-4C-29M, 5-ALDF-4D-22, 5-ALDF-4D-23, 5-ALDF-4D-24, 5-ALDF-4D-25, 5-ALDF-4D-26, 5-ALDF-4D-27M, 5-ALDF-4D-28, 5-ALDF-4D-29, 5-ALDF-7B-08, 5-ALDF-7B-10, 5-ALDF-7B-11.*

Records Retention

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.