



## Statement from the NASW-Texas SOGIE Committee on BHEC Guidance Regarding Gender Identity Related Care

The NASW-Texas Sexual Orientation and Gender Identity and Expression (SOGIE) Committee acknowledges the recent guidance issued by the **Texas Behavioral Health Executive Council (BHEC)** titled "[Guidance on the Treatment of Gender Identity-related Concerns Under Chapter 161, Subchapter Y, Texas Health & Safety Code.](#)" This guidance references an opinion issued by **Ken Paxton**, Attorney General of **Texas**, regarding the implementation of **Senate Bill 14 (Texas 88th Legislature)**.

The NASW Texas SOGIE Committee recommends that social workers in Texas understand the following:

Social workers should collaborate with clients to review treatment plans and goals, ensuring that treatment documentation prioritizes the client's safety, well-being, and self-determined needs, which is standard practice.

Social workers have an ethical responsibility to serve the LGBTQ+ community within the scope of the standard of care, our practice and professional license.

Affirmative clinical practice is the best recommended approach to care for all clients, including the LGBTQ+ community and supported by NASW and [CSWE \(CSWE, 2016\)](#). Best practice supports clients in developmentally appropriate and client-centered exploration of themselves and their self-concept. Best practice also supports a client's right to develop, explore, and grow in their understanding of self and others through the clinical therapeutic process with appropriate clinical interventions and approaches. Best practices include providing care and support to LGBTQ+ clients who experience disproportion threats, oppression, and violence due to the expression of their identity. This is inline with trauma-informed care and professional guidelines regarding cultural humility and cultural competence. These therapeutic best practices remain safe and legal for social workers to provide in the State of Texas and are discussed further in the [SOGIE Best Ethical Practice Guide](#) from NASW-TX.

Please note that the recent statement from BHEC: Guidance on the Treatment of Gender Identity-related Concerns Under Chapter 161, Subchapter Y, Texas Health & Safety Code **is guidance**.

- This is not a rule. It is guidance. While important and still integral to shaping how folks practice, it is not changing the rules at all.
- The guidance states clearly that "Therapeutic engagement that does not facilitate a prohibited medical transition is generally not restricted by Section 161.702." It goes on to list allowable types of care:
  - Treatment of co-occurring conditions: Therapy for depression, anxiety, trauma, or other mental health concerns.



- Exploratory psychotherapy: Open-ended, developmentally appropriate exploration of identity.
- Neutral supportive counseling: Providing a safe space, supporting resilience, processing family dynamics.
- Crisis stabilization and safety planning: Risk assessments, emergency interventions unrelated to prohibited procedures.
- Ethics-compliant clinical documentation: Documentation necessary for continuity of care, provided it is not intended to facilitate prohibited procedures.

We want to provide focus on this statement within the BHEC issued guidance: “Council licensees may not provide a course of treatment intended to affirm a child’s perception of sex that is inconsistent with the child’s biological sex **when that course of treatment is intended to facilitate the medical transitioning of a child through a treatment or procedure prohibited under Section 161.702.**”

This statement unfortunately may cause social workers to fear providing even basic best practices to trans youth and their families, including linking clients and their families to appropriate resources. This was the goal of Ken Paxton’s opinion, to create more fear and spur overcompliance. It is critical to note that this guidance does **NOT** prohibit you from “affirming a child’s perception of sex” or gender that is not consistent with the sex or gender they were assigned at birth. It only prohibits you from doing so when your clinical care is **specifically intended** to “facilitate the medical transitioning of a child through a treatment or procedure prohibited under Section 161.702”.

We want to stress that, since no minor can access gender affirming medical care in Texas, as SB 14 made that care illegal, it is not possible for social workers to “facilitate” any “treatment or procedure prohibited under Section 161.702”. SB 14 bans Texas healthcare professionals from providing, prescribing or referring minor patients for gender affirming healthcare. Consistent with our standard of practice, providing resources is not a prohibited activity. For you to facilitate medical transitioning in another state you’d need to be connected to those professionals and **part of the established or written plan.**

The BHEC guidance is just that, **guidance**. Similarly, the Attorney General’s opinion issued by Ken Paxton is **a legal opinion, not law. It is not binding**. It does not change social work standards of care or standards of practice. The Attorney General Opinion does not create new statutes, expand existing statutory language, or independently establish new criminal or regulatory prohibitions. Attorney General opinions may provide interpretation, but they **do not alter the text or scope of enacted legislation.**

However, we recognize that the opinion, and interpretations based on it, such as the BHEC guidelines, may contribute to **uncertainty, fear, and intimidation among behavioral health providers** regarding the boundaries of permissible professional conduct. It is important to emphasize that clinicians, providers, and their clients **retain their First Amendment rights**, as



well as their **professional duty to provide culturally responsive, and trauma-informed services consistent with applicable law and ethical standards.**

Social workers have an ethical responsibility, grounded in our Code of Ethics, to respect the dignity and worth of every person, promote self-determination, and challenge discrimination and oppression. We remain committed to **respecting, honoring, and recognizing the lived experiences of all clients**, including **transgender and gender-diverse people**, who deserve compassionate, competent, and affirming behavioral health care.

We are in solidarity with **Texas social workers and other behavioral health professionals** who continue to serve their communities under increasingly complex regulatory conditions. Ethical care requires space for thoughtful assessment, evidence-informed practice, and culturally responsive engagement with clients.

The NASW-Texas SOGIE Committee encourages providers to remain informed, seek consultation when necessary, and continue practicing in alignment with **professional ethics, evidence-based care, and applicable law**. At the same time, we affirm the importance of safeguarding the therapeutic relationship and ensuring that **all Texans, including transgender and gender-diverse youth and their families, have access to supportive, trauma-informed mental health services.**

We remain steadfast in our commitment to **dignity, human rights, and the well-being of all communities across Texas.**

In Solidarity

NASW-TX SOGIE Committee