

The Therapy Trap: How Corruption Undermines Mental Health Treatment

Prepared by
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It's time for
reform in
Higher Education

*Handbook of
Sexual Orientation
and Gender Diversity
in Counseling and
Psychotherapy*



Ann R. Fischer
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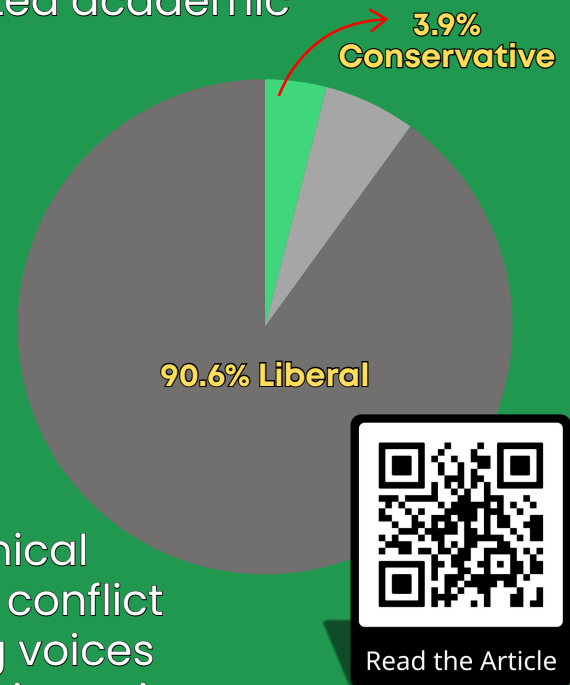


Website
www.GrassrootsTherapists.com



The Therapy Trap: How Corruption Undermines Mental Health Treatment

According to data from BHEC, the Texas state licensing board, there is no shortage of licensed mental health professionals in our state with **75,327 active licenses**. However, there is a severe lack of ideological diversity within the field. A peer-reviewed study published by **SAGE Journals**—one of the nation's most respected academic publishers—revealed that only **3.9%** of mental health professionals identify as conservative, while **5.5%** are moderate, and a staggering **90.6%** identify as liberal. This imbalance is no coincidence. Graduate programs in mental health and psychology have increasingly become breeding grounds for social justice activism, with Marxist ideology embedded into course content, supervision, and training. The aim is not clinical neutrality, but cultural disruption—creating conflict under the guise of equity so that dissenting voices are silenced or forced into submission. This is not just a professional trend; it's a cultural crisis within the very system that claims to offer help and healing.



Did you know...

In Texas, licensed mental health professionals diagnose **Gender Dysphoria** (302.85 for adults/adolescents, 302.6 for children) and bill insurance using CPT codes like 90837 with ICD-10 codes F64.1 & F64.2.

Social transitioning isn't banned—*insurance covers these services for minors.*

Worse yet, **providers can keep this secret from parents by claiming the child is suicidal**, as Texas law protects minor confidentiality for suicide prevention, substance abuse, or abuse counseling.

ICD-10-CM Codes that Support Medical Necessity

Expand All | Collapse All

Group 1 (802 Codes)

Group 1 Paragraph
Note: ICD-10 codes must be coded to the highest level of specificity.

For use with CPT codes: 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90865, 90885, 90887, 90889, 90899, G0017, G0018, G0410, G0411

Group 1 Codes

Code	Description
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified

This is the diagnostic code used to indicate the medical necessity. Since gender dysphoria is recognized as a diagnosis and treatment is NOT prohibited for therapists, they bill it and insurance pays for SOCIAL TRANSITIONING with GENDER AFFIRMING CARE

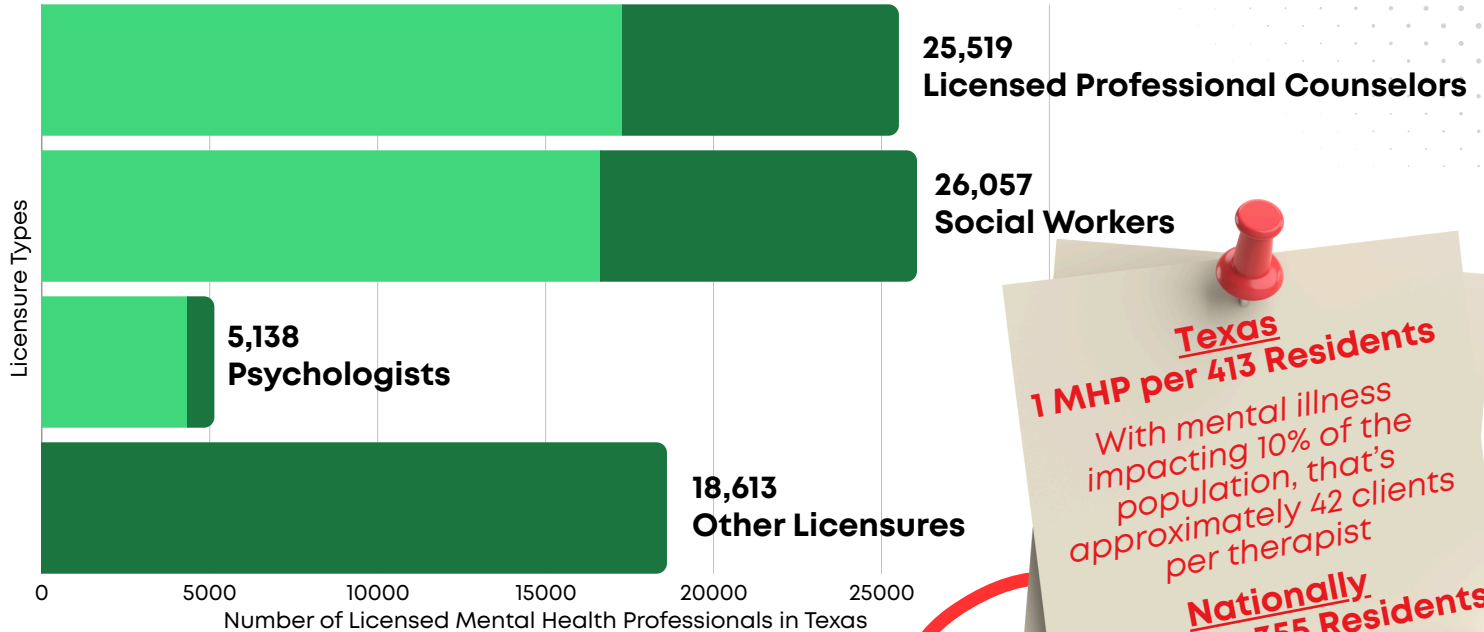
CPT Codes used to bill for the appointment with a licensed mental health professional

Group 1 Codes

Code	Description
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvc
90832	Psytx w pt 30 minutes
90833	Psytx w pt w elm 30 min
90834	Psytx w pt 45 minutes
90836	Psytx w pt w elm 45 min
90837	Psytx w pt 60 minutes

Myth: There's a shortage of Mental Health Professionals in 251 of 254 counties in Texas

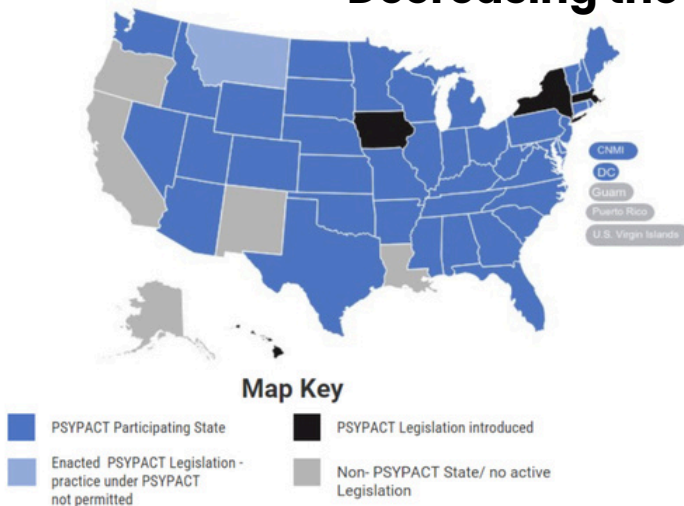
Fact: there are **75,327 ACTIVE** Licenses plus 40+ states openly practicing in Texas



Texas
1 MHP per 413 Residents
With mental illness impacting 10% of the population, that's approximately 42 clients per therapist

Nationally
1 MHP per 355 Residents

Decreasing the Ratio with the PSYPACT



In 2019, Texas joined the Psychology Interjurisdictional Compact (**PSYPACT**) through H.B. 1501 (86th Legislature), allowing licensed psychologists from participating states to **offer telehealth and temporary in-person services across state lines**.

With the **explosive growth in active licenses** and the expanded ability for out-of-state providers to practice in Texas, the narrative of a mental health provider shortage deserves reexamination. Currently, 251 of Texas's 254 counties remain designated as mental health professional shortage areas.

SB 646 "Expanding Texas's Mental Health Professional Loan Repayment Program"

- Signed into law by Gov. Abbott on June 22, 2025 and goes into effect on September 1, 2025
- Passed in a simple majority on May 28, 2025 with 55 Democrats and 15 Republicans

Using your tax dollars to fund higher education indoctrination for "Social Justice" Activists

Thousands of Mental Health Professionals from Texas practice Gender Affirming Care with minors as young as **3 years old**.

“

I specialize in providing neurodiversity-affirming and gender-affirming care to individuals age 3 and up. I focus on differences rather than deficits, while still working within the medical model to provide appropriate diagnoses and guide affirming supports and accommodations.

age 3 and up

Briana Hoffman, Psy.D.

Mental Health Professionals write WPATH gender letters after **1 session** with the client!

No More Gatekeeping Provider

This provider has agreed that the person will provide an assessment letter for affirming care (medical procedures and/or name/marker changes) in just one session.

If the person request more than one session, please email us at NoMoreGateKeeping@gmail.com

just one session.

Mental Health Professionals will NOT stop using Gender Affirming Care



Annie Loraine Top contributor

If everybody resists, they really aren't gonna have resources to push back. RESIST !



Bernard Mungin

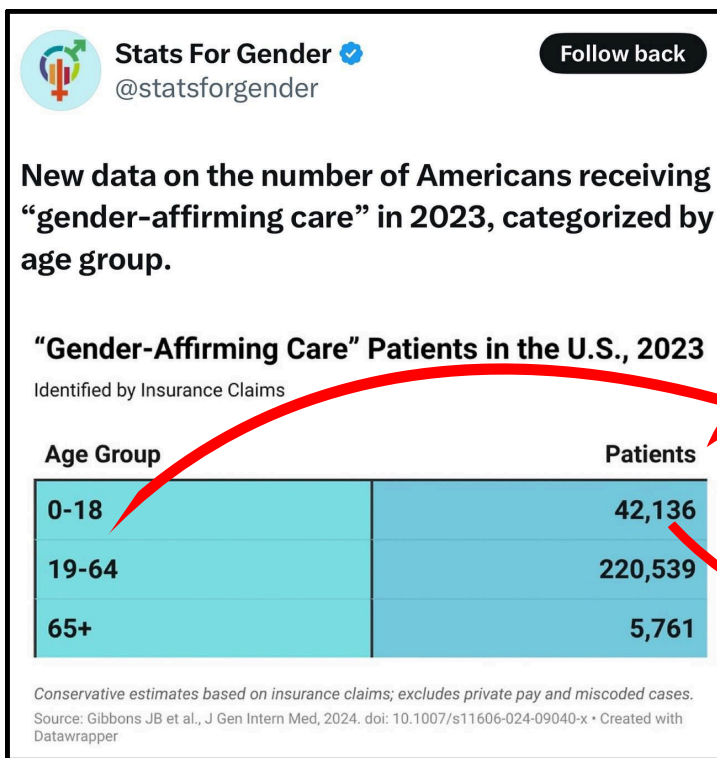
We have to remember to meet our client where they are. I will identify my client as they want to be identified as.



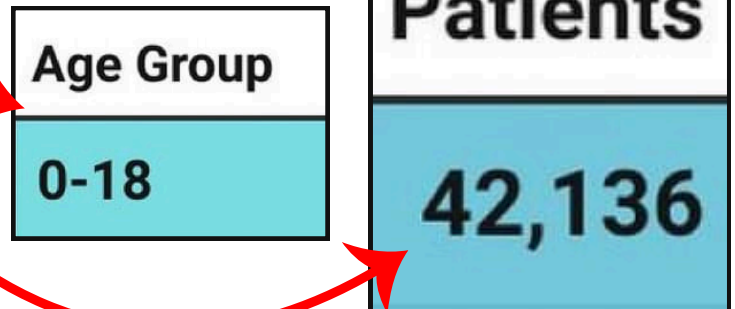
Brit Hudson

These guidelines are for state agencies, not therapists, and I would not follow them either way.

There is an urgent need to ban **“gender affirming care”** —including social transition practices—across all sectors and professions. Until mental health providers are held accountable and prohibited from engaging in these **alienating interventions**, the spread of gender ideology will continue to infiltrate our schools, clinics, and communities. We must act now to protect our children from identity confusion and the normalization of deviant behaviors disguised as therapy. True reform begins with confronting the corruption within the mental health system, starting with graduate programs, and restoring a standard of care rooted in **truth, stability, and child protection**.



THIS MUST STOP



Emelie Schmidt
26 years old



ALIENATING
behaviors
are
GROOMING
behaviors

“My TEXAS school socially transitioned me without parental knowledge or consent.”

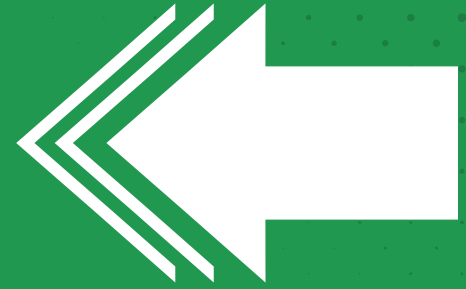
Emelie Schmidt



Shanna K. Kattari, PhD, MEd, CSE
(they/them/theirs) is an associate professor at the School of Social Work, in the Women's and Gender Studies Department (by courtesy), and is the director of the [Sexuality|Relationships|Gender] Research Collective. A white, Jewish, nonbinary, disabled, chronically ill, neurodivergent (AuDHD), polyamorous, queer fat Femme, their practice and community background is as a board-certified sexologist, certified sexuality educator and social justice activist.

Kattari's multi-methodological research focuses on three areas that often overlap: disability and ableism (including neurodivergence, Mad studies and disability justice), sexuality and sexual health (including reproductive justice), and queer and trans affirming practice (in behavioral, physical and sexual health spaces).

**This is not an uncommon
bio for a professor of
higher education in
mental health for all
licenses**



There is a growing and deeply alarming corruption within the fields of mental health and education—two institutions once built to heal and guide. Modern psychology, originally founded to treat disorders like psychosis, is now increasingly hijacked by ideologies that normalize mental illness as identity and pathologize healthy boundaries as bigotry. Instead of confronting delusions, the system affirms them. Instead of pursuing truth, it rewards compliance. What was meant to restore minds is now reprogramming them, and our children are paying the highest price.

**Normalizing
sexually deviant
behaviors**

**better equipped to support their
kinky clients...the BDSM community**



Kink-Affirming Therapy 101: Breaking Bias

While there has been a far-reaching movement to de-stigmatize the LGBTQ+ community in psychotherapy, the same considerations have not yet been applied to BDSM practitioners. This understudied population risks great psychological and kink identity to capture. This webinar will help therapists understand and become better equipped to support their kinky clients through learning key concepts about the BDSM community, discerning the difference between kink and abuse, and become familiar with common clinical concerns and strategies for working with this population. A follow-up advanced webinar on this topic is available: Clinical Work with Kinky Clients: Beyond the Basics.

Blurred Lines:

How Modern Psychology Is Embracing Alternative Sexuality

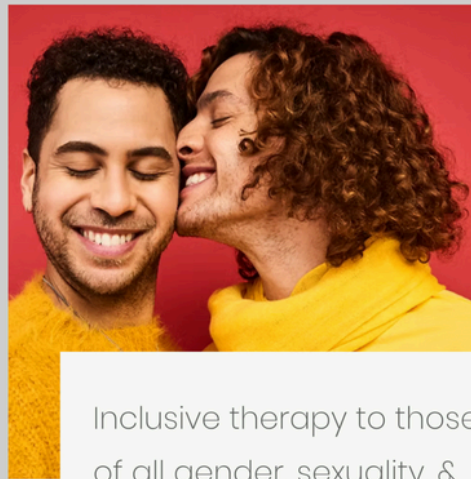
In recent years, there has been a noticeable increase in the study and clinical training surrounding **BDSM** (*Bondage, Discipline, Dominance, Submission, Sadism, and Masochism*) and kink within the mental health field. These practices are now often classified as alternative sexual behaviors falling under the broader umbrella of consensual non-normative sexuality. Many clinicians approach **BDSM** and **kink** through the lens of sexual health and identity, promoting what is known as "**affirmative care**"—a therapeutic model that supports and *validates* clients' exploration of these practices. As a result, universities and professional organizations have begun to offer academic coursework and specialized training in **kink-aware therapy**, reflecting a shift toward integrating these topics into mainstream mental health education and practice.

I am neurodivergent, witchy, kink positive, I cuss a lot, I am unapologetically Black, and I absolutely center my life and survival around pleasure. By embodying an existential, person-centered, and social justice approach, I strive to support my community in exploring and embracing the parts of ourselves that shame, guilt, sorrow, and oppression have tried to bury. We cannot reclaim the fruits and flowers of our light, without also honoring the guttural and soil-like darkness that lies within us! Together, let us reclaim, rebirth, and rebel!



LGBTQIA2S+ & Sex

LGBTQIA2S+ and sex trainings personalized to the unique needs of your agency and audience. Topics may include (but are not limited to): gender affirming care practices, behavioral health evaluations and letters, sex and kink, and consensual non-monogamy/polyamory.



Inclusive therapy to those of all gender, sexuality, & relationship identities. Kink & sex work included.

To read more
about the woke
CEUs
Scan the QR Code



It's Time to Question the Texas Psychological Association's Agenda: Are They Prioritizing Politics Over Children's Well-Being?

The Texas Psychological Association (TPA) is increasingly shifting away from its core mission of promoting mental well-being and instead embracing political activism—particularly around controversial issues like **gender-affirming care for minors**. The TPA endorses interventions such as puberty blockers and hormone therapy, labeling them “evidence-based,” despite growing concerns about their irreversible impacts on bone density, fertility, and long-term mental health. **Emerging research and professional concerns are often dismissed or silenced.**

The recent creation of the **TPA's Political Action Committee (PAC)** signals a clear shift toward policy-driven advocacy. Rather than focusing on improved mental health services, the PAC promotes an ideological agenda that includes expanding prescription privileges for psychologists, lobbying for taxpayer-funded loan forgiveness, and pushing gender-affirming care as a moral imperative—often without room for debate or caution.

- Concerns about “desistance” do not provide reasons against prepubertal social transition or peripubertal medical transition because “desistance” often occurs before evidence-based, cutting-edge transition interventions are available (Ashley, 2021).
- Exploration of identity is an organic, healthy part of development which, if delayed or discouraged, causes harm to all people—even people who transition during youth and eventually grow up to be cisgender (Ashley, 2021).



It is TPA's goal to promote and apply the knowledge of psychology to issues related to diversity, including race, ethnicity, gender identity and expression, sexual orientation, disability, and religion. TPA's specific objectives include:

- encouraging culturally sensitive research on traditionally marginalized groups and culturally sensitive and responsive treatment;
- promoting standards of practice that are culturally and linguistically affirming;
- promoting legislative initiatives that further the training, research, and practice of psychology with marginalized groups and advance culturally competent care;

The growing influence of political advocacy within professional mental health organizations is a red flag.

The Politicization of Mental Health — A Wake-Up Call for Texas



GENDER-AFFIRMING CARE

- Gender-affirming care encompasses a range of social, psychological, behavioral, and medical interventions "designed to support and affirm an individual's gender identity" when it conflicts with the gender they were assigned at birth. These interventions help transgender people align various aspects of their lives — emotional, interpersonal, and biological — with their gender identity. (World Health Organization)
- "Children who are supported by their parents and family are more likely to experience better physical and mental health, according to the AAP. In one study, 56 percent of youth who identified as transgender reported thinking about suicide at some point, and 31 percent reported a previous suicide attempt. That compares, respectively, to 20 percent and 11 percent of youth who identify as cisgender, a term to describe a person who identifies a gender consistent with the sex they were assigned at birth." (American Academy of Pediatrics)

The *Texas Counseling Association* (TCA) and *American Counseling Association* (ACA) continue to advocate for **gender-affirming care** for minors, promoting irreversible medical interventions over comprehensive mental health treatment and long-term well-being. Major mental health organizations are reinforcing policies that fast-track vulnerable youth into life-altering decisions.

This movement is not rooted in compassion, but in ideology. Voices of detransitioners, concerned families, and professionals urging caution are routinely silenced. Therapists are increasingly being *trained to affirm rather than assess*, limiting the scope of ethical and individualized care.

Now is the time for Texas citizens to take a stand. Legislative action is needed to protect children from premature medicalization and to uphold mental health practices that value critical thinking, balanced care, and informed consent.

Children deserve protection—not politicized treatment.

Human Rights



A Basic Human Right: Access To Public Restrooms That Match An Individual's Gender Identity

The American Counseling Association (ACA) stands in solidarity with all individuals and their basic human right to access public restrooms and changing facilities that match their gender identity.

ACA and its members believe that forcing individuals to use a public restroom that does not match their gender identity is a form of discrimination, harassment, and marginalization that can affect a person's developmental processes, self-esteem, and self-concept.

National Association of Social Workers

The social work profession is **deeply rooted in advocacy**, with its core mission centered on enhancing human well-being and prioritizing the needs of vulnerable, oppressed, and impoverished populations. Since its formal organization in 1950, the *National Association of Social Workers* (NASW)—the largest professional body for social workers nationwide—has led efforts to **institutionalize social justice as a foundational principle**. Social workers are trained and expected to champion economic and **social equity**, and this has evolved into a steadfast commitment to *Diversity, Equity, and Inclusion* (DEI) initiatives. While intended to promote fairness, this unwavering devotion to DEI and social justice activism often comes with a sharp ideological tilt. **Conservative values, including traditional family structures, religious convictions, and differing views on gender and morality, are dismissed and viewed as obstacles to progress within the profession.** As a result, the field increasingly reflects a narrow worldview—one that prioritizes political activism over ideological balance and risks alienating clients and professionals who hold different beliefs.

HIPAA Loopholes

Tex. Fam. Code Ann. § 32.004 also provides that “[a] licensed or certified physician, psychologist, counselor, or social worker having reasonable grounds to believe that a child has been sexually, physically, or emotionally abused, is contemplating suicide, or is suffering from a chemical or drug addiction or dependency may: (1) counsel the child without the consent of the child’s parents or, if applicable, managing conservator or guardian; . . . Unless consent is obtained as otherwise allowed by law, a physician, psychologist, counselor, or social worker may not counsel a child if consent is prohibited by a court order.”

Trump’s DEI Executive Order: Only the Beginning of Attacks on Diversity, Equity, and Inclusion

Mel Wilson, LCSW, MBA
Senior Policy Advisor

President Trump’s recent executive order (EO) terminating diversity, equity, and inclusion (DEI) initiatives is a shattering setback for communities of color, the disabled, LGBTQ+ individuals, and women. By dismantling policies designed to promote equal opportunities and create diverse workplaces that look like America, this order undermines decades of progress toward a more inclusive society. The aggressive and almost gleeful announcement by President Trump demonstrates his absence of concern about the divisive implications of his decision on a national level. It is more likely that the president’s eagerness to roll out his DEI executive order on “day one” is rooted in both the politics of pleasing his base and his own personal antagonism toward righting the wrongs of past racial, gender, and sexual orientation discrimination in the workplace.

Reimagining Policing: Strategies for Community Reinvestment Pre-Arrest Diversion; and Innovative Approaches to 911 Emergency Responses

The tragic and unjust murders of George Floyd, Breonna Taylor, Ahmaud Aubrey, Tony McDade, Eric Garner, and so many other Black and Brown Americans by police officers has led our nation to reexamine the systems that we look to for safety and justice. Policing in America has a long history of preserving the violent legacy of slavery and upholding white supremacy.

HIPAA loopholes pose serious concerns when it comes to the treatment of minors.

Licensed mental health professionals can cite vague concerns about potential abuse—*without requiring proof or parental consent*—to justify treating children independently. This creates a dangerous “*better safe than sorry*” environment where therapists operate with **near-complete immunity**. By the time a parent becomes aware of what’s happening, the *psychological and relational damage may already be done*. Safeguards must be put in place to ensure that parental rights are respected and that mental health care for minors is grounded in transparency, accountability, and verified need.

All the things wrong with Mental Health—and how the field will not stop until it has completely eroded the western culture and destroyed faith, family, and freedom!

- **Gender ideology** imposed on clients with gender affirming care
- **BDSM/Kink** normalizing *sexually deviant behavior* and breaking up traditional family values
- **Polyamory** is accepted and seemingly encouraged, normalizing multiple partners simultaneously and again *breaking up the family*
- **Social activists** in the name of justice which creates conflict and stigma for anyone that honors tradition and family
- Fighting any religious values and listing **religious trauma** as a specialty so atheism or satanic worship is pushed onto the client
- Over sharing and labeling to normalize inappropriate and unhealthy behaviors
- Over diagnosing and **victimizing** by labeling everything as trauma
- Creating diagnoses that are not real like “neurodiverse” and then telling people they have a disorder rather than just simply acknowledging that people are different
- **Withholding information from parents** with fake labels of suicide
- **Manipulating and coercing parents** to accept the unacceptable with threats of suicide leading to more harm with surgical mutilation and chemical castration of children
- Forcing graduate students to join **woke professional organizations** in an effort to reinforce the indoctrination in grad school
- Creating a **false narrative** claiming there’s a shortage of mental health providers
- **Licensure reciprocity** allowing *groomers* to practice across state lines which opens states up to ideological grooming even if it’s been banned by law because the sanctuary states will still serve the patient
- **Advocates for inclusion** of boys in girls spaces and vice versa
- **Advocates for DEI** to continue and expand as it is equated to ADA and thus linked to discrimination if DEI is banned
- **Supports drag queen shows** for audiences of all ages, including small children

Mental health is a lawless field that is fighting tradition and family values every step of the way. If reform to the field is forsaken then the traditional family will fall!

When Diversity Excludes: The Progressive Rejection of Traditional Values

We must **stand unwavering** in our commitment to the timeless values that have anchored Western civilization, refusing to compromise in the face of *queer theory's* deliberate chaos and conflict. This ideology thrives on extracting concessions, exploiting any compromise as a foothold to erode the binary truths of identity rooted in biology and divine order. If society holds resolute in upholding these truths—**male and female as created by God**—the clamor of the queer community will be silenced, not through force, but through the steadfast clarity of our convictions. Yet, this victory will be fleeting unless we **instill a moral foundation** centered on God's eternal truth. By rooting our families, communities, and culture in faith, we ensure that these values endure, safeguarding future generations from the cyclical resurgence of ideologies that seek to unravel the very fabric of our society.

Let us stand firm, unyielding, and resolute, trusting in the divine wisdom that has guided us through the ages.



Chante Woods

[Stefanae ShaeLyn](#) girl please shut up, and I mean that in the meanest of ways
 your privilege is ridiculously loud.



Anonymous member 466

[Lorraine Rogers](#) "we are going to respect your beliefs* - Not applicable to conservative Christians - you are the scum of the earth, bigots, and homophobes. I noticed you didn't mention anything other than respecting the liberal beliefs. Just sayin'



McCall Evans

[Stephanie Shelvey Juddo](#) That is why Trump is going after transfolk. He is a grifter. A scavenger. A fraud. A predator.



Stephanie Shelvey

Juddo ♡ All-star contributor

I sometimes wonder if Trumpers have deficient sex lives, as they seem so utterly obsessed with genitalia.



Michael Brian · [Follow](#)

[Timothy Miles](#) IT HAS EVERYTHING TO DO WITH MY CLIENTS! EVERY DAMN THING! I would not expect a straight white Republican male to get it. Bye.



Jules Cloud

[Anonymous member 590](#) boo hoo. I guess when you support a bigot/racist sociopath felon to lead you, your coherence and qualifications as a someone to guide others will obviously be questioned.

