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CIRCUIT COURT
DANE COUNTY, WI
2020CV000454

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

JOHN and JANE DOE 1, et al.,

Plaintiffs,

v.

Case No. 20-CV-454

MADISON METROPOLITAN SCHOOL DISTRICT,

Defendant,

and

GENDER EQUITY ASSOCIATION OF JAMES
MADISON MEMORIAL HIGH SCHOOL, et al.,

Defendant-Intervenors.

EXPERT AFFIDAVIT OF SCOTT F. LEIBOWITZ, MD

INTRODUCTION

1. I have been retained by Counsel for Intervenor-Defendant as an expert in connection with the above-captioned litigation and have been asked to address the following questions:

- a. Whether or not a youth's choice to be referred to as a different name from their legal name, and/or ask to be referred to using different pronouns from those of their birth-assigned sex, is medical treatment or requires a medical diagnosis.
- b. Whether or not the youth's use of a different name and/or pronoun means they have gender dysphoria or would increase the likelihood that gender dysphoria would last longer or become permanent.
- c. Whether or not the use of a different name and/or pronoun in a school setting can harm a youth in any way.

2. I have also been asked to address any harms or benefits that result from a school policy that allows youth to use a different name and/or pronoun, with the request that the school does not advise the parents that the youth has done so. Finally, I have been asked to respond to the assertions of Dr. Stephen Levine in his affidavit regarding gender dysphoria and its treatment.

QUALIFICATIONS

3. I have been retained by counsel for Intervenor-Defendant as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated in this affidavit. My professional background, experience, and publications are detailed in my curriculum vitae (CV), a true and accurate copy which is attached as Exhibit A to this affidavit. I

received my medical degree from the Sackler School of Medicine at Tel Aviv University, New York State American Program. I am board certified in adult psychiatry, as well as in child and adolescent psychiatry. I am currently licensed to practice medicine in Ohio.

4. As reflected in my CV, I have specialized training and expertise in the diagnosis and treatment of children and adolescents with gender dysphoria and related psychiatric conditions. I trained at Boston Children's Hospital and Harvard Medical School, where I was subsequently appointed to the faculty and worked to develop a psychosocial consultative gender identity clinic in conjunction with the nation's first formally named medical gender identity clinic for over five years. I subsequently was on faculty at Northwestern School of Medicine and served as the Head Child and Adolescent Psychiatrist for the Gender and Sex Development Program at Ann & Robert H. Lurie Children's Hospital of Chicago for almost three years. I currently serve as the Medical Director of Behavioral Health for the THRIVE program, a gender identity development program, at Nationwide Children's Hospital in Columbus, OH, where I am also an Associate Professor of Psychiatry at The Ohio State University College of Medicine.

5. In that and my former roles at Boston Children's Hospital and Ann & Robert H. Lurie Children's Hospital of Chicago, I have directly treated approximately 600 families, with youth from ages 4 through early 20's and have been indirectly involved in the clinical decision making of hundreds more youth through multidisciplinary meetings with endocrinologists, pediatricians, psychologists, social workers, and for my older patients, surgeons. This amounts to thousands of hours of direct clinical experience with a wide array of youth of varied clinical presentations and thousands more of indirect clinical care meetings and consultation hours. In my current role, I participate in the assessment and treatment planning of these youth, and am directly responsible for helping families understand whether or not certain decision-making

aspects of care are in the child or adolescent's best interest according to prevailing standards of care across disciplines.

6. I currently serve as the co-chairman of the Sexual Orientation and Gender Identity Issues Committee for the American Academy of Child and Adolescent Psychiatry for the past seven years and am on the Global Education Initiative Committee for the World Professional Association of Transgender Health (WPATH). I was the only psychiatrist to participate in the development of consensus guidelines on a joint initiative between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the American Psychological Association regarding the mental health approach to children and adolescents with gender identity concerns.

7. I was previously recognized as an expert witness in gender dysphoria and gender identity issues in children and adolescents by a federal district court judge in *Doe v. Boyertown Area School District*, 276 F. Supp. 3d 324, 372 (E.D. Pa. 2017), *aff'd*, 897 F.3d 518 (3d Cir. 2018)..

8. In forming my opinions, I have relied on my scientific education and training, my research experience, my knowledge of the scientific literature in the pertinent fields, and my clinical experience in evaluating and treating children and adolescents with gender identity issues, including those with gender dysphoria. My opinions are set forth below. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

OPINIONS

9. In order to respond to the questions above, I will begin by addressing gender dysphoria, how it is conceptualized in the mainstream medical community, the approach to assessment for minors, and the research that supports the treatment interventions used in youth. In doing so, I wish to emphasize that the specific issue of a minor using a different name or

pronoun in the school setting is not a medical issue, nor does it imply that a young person requires clinical care.

Gender Dysphoria Is a Naturally Occurring Variation of the Human Experience

10. Gender dysphoria is the clinical diagnostic classification used when an individual has clinically-significant distress that results from a lack of alignment between an individual's gender identity and their assigned sex at birth. This characterizes a common emotional state of those who are transgender, a term that people choose to use to describe their experience of the incongruence between gender identity and sex assigned at birth¹. Prior to the change in nomenclature adopted by the American Psychiatric Association in the DSM 5², this condition was referred to as Gender Identity Disorder.

11. This change in the DSM from previous iterations reflects the consensus of the scientific community and major medical professional organizations that a transgender identity is inherently not pathological or a mental illness. Rather, the change to the name “gender dysphoria” refers to the experience of a person, and emphasizes that clinically significant distress resulting from the disconnect between a person's gender identity and sex assigned at birth is worthy of diagnostic classification.

12. Transgender people, when supported to live as the gender that most closely matches their gender identity- whether that be through social, medical, and/or surgical means- live highly productive, satisfying, and emotionally-fulfilling lives. In fact, many transgender

¹ AMA Policy on Medical Spectrum of Gender (2018), available at: <https://policysearch.ama-assn.org/policyfinder/detail/gender?uri=%2FAMADoc%2Fdirectives.xml-D-295.312.xml>

² American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

people exist within society without anybody knowing that they were born with a different sex assignment and socialized as the gender associated with that birth-assigned sex, because social and/or medical interventions help others perceive them as the gender that they are. Anecdotally, most members of society think that being transgender is a rare occurrence since they rely on the disclosure of a person or their outer appearance to conclude whether or not someone has a different birth assigned sex from their current expression of who they are. However, when working closely with this population it is clear that many transgender people ultimately want to blend into society- and do so successfully- once they are able to access care that helps them be perceived as the gender associated with their gender identity. The most recent demographic estimates that there are 1.4 million transgender adults living in the United States, according to the Williams Institute³.

13. Of note, there are two subtypes of Gender Dysphoria based on developmental stage of the individual: Gender Dysphoria of Childhood and Gender Dysphoria of Adolescence & Adulthood. Each subtype has a set of criteria that an individual must meet in order to be classified as having Gender Dysphoria. Neither subtype specifically lists the use of a different name or pronoun as a criterion needed for the classification of Gender Dysphoria to be made, as the request does not automatically imply one has a strong desire to be treated as the other gender. Asking to be referred to by a different name or pronoun set, by itself, is insufficient to demonstrate that a child or adolescent meets criteria for Gender Dysphoria. There are additional categories known as Other Specified Gender Dysphoria and Unspecified Gender Dysphoria.

³ Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). *How Many Adults Identify as Transgender in the United States?* Los Angeles, CA: The Williams Institute.

These categories can be applied when an individual does not sufficiently meet the full criteria for Gender Dysphoria, such as the timeframe specified to meet the criteria for Gender Dysphoria. Since name and pronoun use is not a specific criterion for the main diagnosis, it also does not apply for Other Specified or Unspecified Gender Dysphoria classifications.

14. The assessment and treatment of gender dysphoria, and other issues related to gender identity, is guided by the WPATH Standards of Care⁴, which are the most recognized evidence-based protocols for the treatment of gender dysphoria by the medical and mental health provider community. Dr. Levine provides a substantial amount of history regarding his beliefs that WPATH is a non-scientific organization, and states that the attendance of community stakeholders at scientific meetings reduces the scientific merit of the multidisciplinary organization. I can most certainly attest to the contrary. In fact, many of those transgender community participants are individuals with doctoral degrees, board certifications, and licenses within the medical and mental health professional boards. It is not uncommon for an individual with a particular identity experience- within all areas of medicine and healthcare- to become a professional serving others with that same common experience. This does not reduce the credibility of an organization, but rather enhances it.

15. The major medical and mental health professional organizations in the country- which he referenced as diverging from WPATH's opinion- including the American Psychiatric Association⁵, the American Psychological Association⁶, the American Academy of Pediatrics⁷,

⁴ Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2011). Standards of care for the health of transsexual, transgender and gender non-conforming people, version 7. *International Journal of Transgenderism*, 13, 165-232. doi:10.1080/15532739.2011.700873

⁵ Drescher, J., Haller, E., M.D., APA Caucus of Lesbian, Gay and Bisexual Psychiatrists (2018). Eric Yarbrough, M.D., APA Caucus of LGBTQ Psychiatrists and the Council on Minority Mental Health and Health Disparities, Accessed at: <https://www.psychiatry.org/home/policy-finder>

⁶ American Psychological Association. (2015). *Guidelines for Psychological Practice with Transgender and*

the American Academy of Child and Adolescent Psychiatry⁸, the Endocrine Society⁹, and the American Medical Association¹ all have policy statements and guidelines that are in accordance with the WPATH Standards of Care. There are sections in the WPATH Standards of Care that explicitly state how practitioners should approach children and adolescents.

16. As a child and adolescent psychiatrist, it is part of our practice to do a bio-psycho-social assessment¹⁰ on all children and adolescents that we see, to guide our assessment and treatment recommendations. This involves understanding potential biological factors that underlie a person's presentation (e.g., genetic predisposition to certain psychiatric conditions, exposure in utero to certain substances, such as cocaine); psychological factors (e.g., temperament, personality characteristics such as introversion or extroversion, coping strategies, impact of family dynamics on psychological characteristics of the individual); and social factors (e.g., youth's experience of a particular school climate, living situation, socio-economic status).

17. As part of this assessment for all children, an important task of the child psychiatrist (or other developmentally trained mental health professional) is to understand the child or adolescent's gender identity development¹¹. It is therefore common practice for a child

Gender Nonconforming People. Retrieved from <http://www.apa.org/practice/guidelines/transgender.pdf>

⁷ Rafferty J, AAP COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, AAP COMMITTEE ON ADOLESCENCE, AAP SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS. Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. *Pediatrics*. 2018;142(4): e20182162

⁸ AACAP Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth (2019), available at: https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx

⁹ Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2017 Nov 1;102(11):3869-3903.

¹⁰ Leibowitz, S.L. & de Vries, ALC. (2016): Gender dysphoria in adolescence, *International Review of Psychiatry*, DOI: 10.3109/09540261.2015.1124844

¹¹ Adelson, S. L. (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(9), 957-974. doi:10.1016/j.jaac.2012.07.004

psychiatrist to ask questions about gender identity, and gender expression (i.e., how one conveys their gender to the outside world through, among other things, appearance, clothing, behavior, and mannerisms), and how they relate to emotional functioning, and cognitive capabilities. Gender identity is only one aspect of the human experience, and it is our practice to be able to understand the entire life experience of the child, adolescent, and family when assisting in decision-making related to gender issues.

18. Coming to the conclusion that a child or adolescent meets criteria for gender dysphoria involves detecting and addressing any mental health condition(s) that might interfere with procuring diagnostic clarity related to the young person's gender identity assertion.

19. In reading Dr. Levine's affidavit and CV, he is neither a board-certified child and adolescent psychiatrist with the specialized developmental training required for this subspecialty of general psychiatry, nor is he a professional with significant clinical experience working with children, adolescents, and families presenting with gender identity related concerns.

20. Dr. Levine educates the court about levels of evidence in his affidavit, providing a hierarchy of the source of scientific knowledge, ranging from expert opinion (lowest confidence in evidence) to a meta-analysis of multiple trials (highest confidence in evidence). He opines: "unfortunately in this field opinion is too often confused with knowledge, rather than clearly locating what is exactly is scientifically known." However, much of his affidavit relies on opinion and/or citations with research that reflects the lower levels of evidence to justify his position that a request to use a different name and/or pronoun means a youth is: 1) gender dysphoric; 2) socially transitioning; 3) eventually going to medically transition if you use a different name/pronoun. None of these conclusions are accurate.

21. Dr. Levine implies that a gender affirming model means a provider will

recommend transition interventions within an hour. This is a very narrow view of what gender affirmation means. A bio-psycho-social assessment typically requires many sessions with the child and family members in order to comprehensively understand all of the factors that are influencing a specific child or adolescent's development. In the literature, which is consistent with my clinical and professional experience, gender affirming means^{12 13} 1) accepting the notion that an individual can have a gender identity that differs from the gender associated with their birth-assigned sex; 2) that the medical or mental health provider helps to create an environment that does not reinforce stereotypes around femininity and masculinity; and 3) accepts a transgender person's experience as valid. It *does not* mean that a young person who requests to be referred to by a different name and/or pronoun means they should be provided hormones or surgery within one hour.

22. Social gender transition refers to steps that one takes to present themselves as the gender with which they most identify. While it can include the adoption of a different name and/or use of a different pronoun set, there is a lot more that characterizes social gender transition. Individuals will often wear clothing and/or hairstyles typically associated with their experienced gender identity. They might wear a breast binder or breast padding to simulate the experience of having a male or female chest, respectively. Social gender transition can help to alleviate gender dysphoria and is also a useful and important tool used by clinicians to ascertain whether, and the extent to which, living in the affirmed gender improves the psychological and

¹² Edwards-Leeper, L., Leibowitz, S., Sangganjanavanich, F. (2016) Affirmative Practice with Transgender and Gender NonConforming Youth: Expanding the Model. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 165-172.

¹³ Hidalgo, M. A., Ehrensaft, D., Tishelman, A. C., Clark, L. F., Garofalo, R., Rosenthal, S. M., . . . Olson, J. (2013). The gender affirmative model: What we know and what we aim to learn. *Human Development*, 56, 285–290. <http://dx.doi.org/10.1159/000355235>

emotional functioning of the individual.

23. Dr. Levine mischaracterizes the research on social gender transition and the impact of using a different name and/or pronoun at different points in development. He notes “there is now data that suggests that a therapy that encourages social transition dramatically changes outcomes.” This is an overstatement of the publications he cites¹⁴, and fails to acknowledge the distinction between causation and correlation.

24. The most recent research^{15 16} on identity outcomes of prepubertal children with gender issues suggests that the more intense a child’s identification with another gender, the more likely that their gender dysphoria will remain or intensify as they enter puberty. Another finding from the same group of Dutch researchers is that social gender transition in prepubertal children, itself may be a predictor of a persistent gender identity that differs from birth-assigned sex. This in no way means that using a name or a different pronoun *causes* gender dysphoria.

25. Similarly, prominent research studies in highly reputable peer-reviewed journals on the cognitive understanding of gender identity and mental health outcomes of prepubertal children who assert a different gender identity (and whose parents take part in supporting the social gender transition), support the notion that social gender transition in these children may in

¹⁴ C. Guss et al. (2015), *Transgender and Gender Nonconforming Adolescent Care: Psychosocial and Medical Considerations*, CURR. OPIN. PEDIATR. 26(4) 421 at 421 (“TGN Adolescent Care”).

¹⁵ Wallien, M. S., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 1413–1423. <http://dx.doi.org/10.1097/CHI.0b013e31818956b9>

¹⁶ Steensma, T. D., McGuire, J. K., Kreukels, B. P., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: A quantitative follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52, 582–590. <http://dx.doi.org/10.1016/j.jaac.2013.03.016>

fact be *helpful*^{17 18 19}. My clinical experience supports this notion- typically parents go through a period of resisting allowing their children to live as a different gender- and once they come to the conclusion to allow their child to partially or fully live in the gender role affirmed by the child, the capacity for positive and healthy emotional and psychological development of the child is typically improved. Not only does Dr. Levine fail to cite this research, he fails to provide accurate context for the research that he *does* cite. He states that “a review of multiple studies of children treated for gender dysphoria across the last three decades found that early social transition to living as the opposite sex severely reduces the likelihood that the child will revert to identifying with the child’s natal sex, at least in the case of boys.” Not only has this has never been studied- it would be unethical to do so and would not be approved by any mainstream institutional review board.

26. As for adolescents who choose to socially transition to another gender, similarly there is no research that clearly demonstrates the social gender transition itself is *causative* of persistent gender dysphoria into adolescence. He cites and quotes a review article to make the point that affirming a young person’s gender identity will alter outcomes in the future. Specifically, the quote he pulls from the Guss et. al 2015 review paper is “the gender identity affirmed during puberty appears to predict the gender identity that will persist into adulthood.” However, he misunderstands that it is the adolescent who is affirming that particular identity. There is a false implication that “gender affirming methodology” means that outside entities are *causing* gender dysphoria to persist from adolescence into adulthood. My clinical experience

¹⁷ Olson, K., Key, A., & Eaton, N. (2015) Gender Cognition in Transgender Children. *Psychological Science*. 26(4) 467-474. DOI: 10.1177/0956797614568156

¹⁸ Olson, K., Durwood, L., DeMeules, M., McLaughlin, K. (2015). Mental Health of Transgender Children who Are Supported in Their Identities. *Pediatrics*. 137(3):e20153223.

¹⁹ Durwood, L., McLaughlin, K., Olson, K. (2017). Mental Health and Self-Worth in Socially Transitioned Transgender Youth. *J Am Acad Child Adolesc Psychiatry*. 56(2):116-123.

supports the notion that affirming an adolescent's own assertion of who *they* affirm to be, in no way leads to the creation or intensification of gender dysphoria. Rather, it creates a healthy therapeutic environment to explore and understand the young person's experience of gender, without any notions of bias or intention.

27. Another issue with a low level of evidence that he chooses to address, is regarding the controversial term "rapid onset gender dysphoria" that was coined in one recent study²⁰. The term- despite not being a formally recognized medical entity- has become increasingly popular by clinicians and families alike, to justify not validating a young person's recent declaration of being another gender in adolescence (mostly assigned females at birth) that may seem sudden to parents. Without the context that the data simply came from one online survey of parents, recruited from a forum specifically designated for parents who are skeptical of their adolescents' assertions, represented one point in time, and did not factor in any longitudinal experiences of the young people themselves, to the layperson this might seem like an actual scientifically validated entity. It is not, and balanced and measured responses to it, have been issued²¹.

28. Lastly, although irrelevant to the issue at hand regarding name and pronouns, people with gender dysphoria who medically and/or surgically transition live lives that are as fulfilling and happy as any other non-transgender person. The American Medical Association,²²

²⁰ Littman L (2018) Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. PLoS ONE 13(8): e0202330. <https://doi.org/10.1371/journal.pone.0202330>

²¹ WPATH Rapid Onset Gender Dysphoria Statement (September 4, 2018), available at wpath.org/policies (last accessed August 2, 2020).

²² AMA Policy on Clarification of Medical Necessity for Treatment of Gender Dysphoria (2016), available at: <https://policysearch.ama-assn.org/policyfinder/detail/gender?uri=%2FAMADoc%2FHOD-185.927.xml>

affirms this treatment as do other studies²³ ²⁴. Dr. Levine relies on a Swedish study²⁵ to justify a position that transgender people who underwent surgery have a 19.1 times higher likelihood of suicide than controls. However, he fails to mention that there was no control group (which would be transgender individuals who did not have surgery) in this study. Rather, the “control” was the suicide rate of the general population of Sweden, and what is often a highly neglected point with this study is that the downward trend of the suicide rate of transgender adults is very much notable when stratified into groups receiving surgery before 1987 from those receiving surgery after that time.

29. In summary, Dr. Levine’s affidavit provides a substantial amount of hand-picked research findings without context, defines what constitutes an expert clinician (although he isn’t trained as a child/adolescent psychiatrist himself), cautions about clinicians in this field being biased when interpreting studies (and portrays numerous inaccuracies and partial conclusions to justify his positions); and educates on the importance of rigorous methodology in research (and then emphasizes the importance of findings of studies that have low levels of evidence). Regardless of Dr. Levine’s characterization of transgender people, the clinical issues in childhood and adolescence, and various ethical frameworks and treatment models he raises, the most important point is that this lengthy summary is irrelevant to the main issue at hand: youth needing protections in a school setting. The lack of my addressing the remainder of the details he

²³ Lawrence, A.A. (2003). Factors associated with satisfaction or regret following male-to-female sex reassignment surgery. *Arch Sex Behav*, 32:299-315.

²⁴ Smith, Y. L., van Goozen, S. H., & Cohen-Kettenis, P. T. (2001). Adolescents with gender identity disorder who were accepted or rejected for sex reassignment surgery: a prospective follow-up study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(4), 472-481.

²⁵ C. Dhejne et al. (2011), Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, *PLOS ONE* 6(2) e16885 (“Long Term”)

makes in his affidavit, should not be construed as agreement with those points.

Using a Different Name and/or Pronouns is not Medical Treatment and does not warrant a Clinical Diagnosis

30. When youth choose to use a different name (from their legal name) or ask to be referred to by a different pronoun in a particular setting (from the pronouns associated with their birth assigned sex), it does not constitute medical treatment. This choice does not mean that a young person meets the criteria for Gender Dysphoria. Name and pronoun use is often related to identity exploration and expression, and is not necessarily a clinical treatment matter.

31. Conversely, there is no scientific evidence to demonstrate the use of a different name or pronoun in a school setting will lead a young person to become transgender or have lifelong medical treatment needs. In fact, many young people who I have treated, who have opted to use a different name and pronoun for a period of time, ultimately choose to return to using their own birth assigned name and/or birth assigned pronouns as more fitting for their identity after experiencing what it is like to be referred to as something different.

32. While using a different name and/or pronoun set may be a part of social gender transition that many transgender and/or gender dysphoric youth opt to partake in, by no means does this action automatically imply that a young person is socially transitioning.

33. Dr. Levine claims that a youth's request to use a different name or pronoun amounts to "extended secrecy and a double life." He opines that this is not psychologically healthy. Having dealt with countless clinical situations, this blanket statement is highly reductionistic and does not account for the realities that exist for children, adolescents, and families today. In many situations, it is protective for a youth to come to their own conclusions when they feel comfortable or not sharing aspects of their identity with caregivers. This is part of

a self-discovery process that can take years and does not automatically lead to psychological problems. For those youth who might have psychological problems, this would usually manifest in some alternative way that would bring awareness to the parents that clinical attention is needed.

34. Since the use of a particular name or pronoun is not a part of the criteria for Gender Dysphoria, and many youth request to use a different name or pronoun for a variety of reasons, Dr. Levine's focus on the definition of sex, gender dysphoria assessment, gender dysphoria treatment, and the varying viewpoints related to these issues are largely irrelevant to this specific issue.

35. His affidavit also justifies eliminating a school policy he disapproves of by raising unnecessary alarm about irrelevant issues, such as hormone therapy. By speculating that youth who want to use a different name or pronoun in school have gender dysphoria, he makes an overreaching leap by raising fear that these youth will start hormones. Not only is this impossible in the absence of parental consent, it is also demonstrative of a very narrow way of thinking about gender and adolescent identity development, by making an assumptive conclusion that choosing to be referred to by a different name and pronoun in school means an adolescent will and/or want to transition medically. I have encountered a substantial number of patients who have chosen to use a different name and/or pronoun in the school setting and have no intention of starting any medical treatments.

36. However, for the young people who are transgender and/or gender nonconforming, there is research²⁶ that demonstrates the use of a chosen name in different

²⁶ Russell, S., Pollitt, A., Li, G., & Grossman, A. (2018). Chosen Name Use is Linked to Reduce Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *Journal of Adolescent Health*.

settings (including schools) reduces depressive symptoms, suicidal ideation, and suicidal behavior. The research demonstrates evidence of potential harm when *not* using the chosen name for the transgender adolescent.

37. When a youth, who might be exploring their identity in a particular setting is able to do so, it can be *beneficial* to the young person's emotional wellbeing and/or identity self-exploration process. My clinical experience strongly supports this. With patients of mine- both transgender and those who do not declare they are transgender but are exploring their identity- being allowed to use a different name or pronoun helps the adolescent feel supported to express themselves how they see fit, and not according to rigid societal expectations that reinforce stereotypes of femininity and masculinity.

Best School Practices and Policies Allow Students to Use Different Names and/or Pronouns at School

Subsection 1: Developmental Considerations Related to School Policies

38. In order to understand the benefits of a particular school policy related to name and pronoun use, it is important to have a comprehensive understanding of child and adolescent development.

39. In school-aged/pre-pubertal children (i.e., children who have not yet entered puberty, approximately 6-11 year olds), gender dysphoria often presents through manifestations of behavior that represent the dichotomous genders (male and female). They typically demonstrate distress by expressing an extreme desire to exclusively participate in activities of another gender and they insistently reject aspects of the gender that they were assigned at birth. For children whose emotional, psychological and social development becomes hampered when

they are unable to live as the gender they consistently declare or express they are, that is classified as having Gender Dysphoria of Childhood according to the DSM-5.

40. These prepubertal children are developmentally at a stage where they are not yet individuating from their caregivers. They are not yet typically yearning to become independent beings.

41. Therefore, the likelihood of a child at this age would be independent enough to approach a school educator or teacher to ask them to use a different pronoun set or name without help from a parent or caregiver is extremely low. In addition, the likelihood of them wanting to do so *and wanting to keep this private* from their parents, is even lower considering the obvious signs that a child this age would show if they were experiencing gender dysphoria. In my 12 years of clinical practice, I have never encountered a situation where a child in this developmental age group has asked the school to do such a thing without parental or caregiver involvement or awareness that there were signs that a child was experiencing a gender related concern.

42. Adolescents, unlike children, are typically in a developmental stage where they are seeking independence, exploring the meaning of their experiences as it relates to their overall identity, and therefore are typically individuating from their caregivers.

43. Some adolescents may feel that using a different name or pronoun is a part of a self-exploration process to understand more about who they are. A desire to have others use a different name and/or pronoun set may or may not reflect an underlying gender identity that differs from their birth assigned sex. This assertion alone- in the absence of any other mental health issues or statements about gender identity- would not lead a mental health or medical provider who is experienced working with this age group to automatically conclude that the

adolescent has specific treatment needs.

Subsection 2: Protective School Policies Are Beneficial to all Children and Adolescents

44. The ability to explore one's identity through the use of a different name or pronoun in a non-home setting could be of immense benefit to an adolescent who feels unsafe to do so at home. This is true whether or not an adolescent meets criteria for gender dysphoria. In my clinical experience, being able to explore or express ones' identity in one or more settings is an important aspect of healthy individuation for young people that has the best potential for positive long-term life satisfaction.

45. A young person needing clinical attention would typically demonstrate more signs of emotional, psychological, or behavioral distress such as depression, anxiety, and/or high-risk behaviors, to name a few. A young person asking to be referred to as a different name or pronoun, in the absence of other challenges, would not automatically need clinical treatment.

46. There is research^{27 28 29} that gender nonconforming youth (who are not necessarily gender dysphoric) are at risk for poor mental health outcomes when not supported in different settings, including the school. Gender nonconforming individuals who do not meet criteria for gender dysphoria often feel comfortable exploring the difference between gender identity and gender expression in non-home settings where they do not have to fear rejection and putting their

²⁷ Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment. *Developmental psychology*, 46(6), 1580-1589. doi: 10.1037/a0020705

²⁸ Robinson, J. P., Espelage, D. L., & Rivers, I. (2013). Developmental trends in peer victimization and emotional distress in LGB and heterosexual youth. *Pediatrics*, 131(3), 423-430. doi: 10.1542/peds.2012-2595

²⁹ O'Shaughnessy, M., Russell, S., Heck, K., Calhoun, C., & Laub, C. (2004). *Safe place to learn: Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer*. San Francisco, CA: California Safe Schools Coalition.

basic needs (shelter, food, clothing) at risk.

47. For gender nonconforming LGBT adolescents (including but not limited to transgender youth), the use of a chosen name has been linked to lower rates of depression, suicide, and/or negative mental health outcomes²⁶.

48. For certain youth in certain families, particularly those where parents or caregivers are unaccepting of what they believe it means when the youth asks to be referred to by a different pronoun or name, a potentially unsafe environment might exist for the young person if this parent were to learn of the young person's request. This could occur, for example, if a school informed a parent of their adolescent's request to use a different name or pronouns at school.

Subsection 3: Protective School Policies Are Inclusive of All Youth and are Harmful to None

49. School policies that protect youths' privacy regarding the choice to use a different name or pronoun are designed to best serve some of the most vulnerable youth- those who have caregivers who may not support identity *exploration*- regardless of whether or not they meet criteria for gender dysphoria.

50. Outside the school setting, it is a well-established clinical practice when working with minors and families for a provider to maintain as confidential from their parents a young person's disclosures about a non-life-threatening aspect of their identity that they ask provider not to share with their family. Young people are often exploring aspects of themselves and are not quite ready to disclose certain personal issues to their caregivers or parents. Having a confidential outlet of this sort can be extremely beneficial for young people.

51. Some caregivers or parents may interpret the request to use a different name or pronoun to mean that their adolescent is transgender. For some adolescents whose parents might

conclude this, such a disclosure could lead to fear of rejection and/or threats of being disowned, thrown out of the home, or potentially physically or emotionally victimized^{30 31}.

52. Caregiver acceptance is closely associated with positive emotional health outcomes for LGBTQ youth. Highly cited research clearly demonstrates the importance of caregiver acceptance and support for the larger group of gender nonconforming youth, many of whom are LGB and not necessarily transgender³². The findings in this significant study in a highly reputable journal are alarming: LGB/gender nonconforming youth with less accepting parents have a nine times higher likelihood for suicidality.

53. While gender exploration would ideally involve caregivers in the process, not all youth are fortunate enough to have such parental support. Some may feel that school is their only safe haven. Others might fear being brought to a counselor who will specifically try to influence or change their feelings. Since variations in gender expression and/or gender identity are not inherently problematic, it is beneficial for an adolescent's development- particularly their education- for their learning environment to offer a supportive option without the fear that a personal self-discovery process will spill over into an unhealthy home environment.

54. For caregivers who *are* supportive and aware of their child or adolescent's open identity exploration, it would be highly unlikely, if at all, for a young person to fear caregiver

³⁰ Roberts, A., Rosario, M., Corliss, H., Koenen, K., Austin, SB. (2012) Childhood Gender Nonconformity: A Risk Indicator for Childhood Abuse and Posttraumatic Stress in Youth. *Pediatrics* 129(3), 410-417. DOI: 10.1542/peds.2011-1804

³¹ D'Augelli AR, Grossman AH, Starks MT. Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *J Interpers Violence*. 2006;21(11): 1462-1482

³² Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123, 346-352. <http://dx.doi.org/10.1542/peds.2007-3524>

awareness of their desire to be referred to as a different pronoun or name. In the event that this were the case, the young person would very likely have accompanying mental health issues that would alert their caregivers of a need for clinical involvement.

55. In other situations, it is possible that the youth might want one caregiver to know about their exploration and not the other. Removal of this policy would not protect the young person from the potential negative outcomes that could arise in an unsafe situation.

56. With the younger prepubertal children, since the criteria for Gender Dysphoria of Childhood are largely observable in children, a child would not meet the criteria for the diagnosis if a caregiver did not observe gender role behaviors necessary to reach a conclusion that these criteria are met. If a child met criteria for Gender Dysphoria, it would be nearly impossible for a caregiver or parent not to be aware of those issues. This would be true whether or not a child asked their parent to use a different name or pronouns. As mentioned earlier, developmentally it would be nearly impossible for a child to request the school to move forward with this action without their parents knowing.

SUMMARY

57. A policy that allows youth requesting to use a different name or pronoun to do so is beneficial for their emotional and psychological development.

58. School policy that protects the privacy of youth by not involving their caregiver(s) when the youth so requests prevents potential harm to students, particularly those living in environments that might be unsafe if such an exploration process were to be disclosed.

59. Such a policy would not harm other youth since using a different name and/or pronoun does not inherently constitute a medical/clinical treatment need and youth requiring any form of mental health treatment would show other signs and/or symptoms that would alert their

caregivers to an assessment or treatment need.

60. The debates that Dr. Levine raises in his lengthy affidavit are irrelevant and outside the scope of adolescent identity exploration. In conclusion, he has provided no basis to justify the elimination of a policy that benefits some, harms no-one, and protects the safety of all youth.

Executed on this 5th day of August, 2020.

By: [Signature]
Scott F. Leibowitz, M.D.

Subscribed and sworn to me
This 5th day of August, 2020.

[Signature]

Notary Public, State of OHIO
My Commission expires March 7, 2022



EXHIBIT A

Scott F Leibowitz, MD

Curriculum Vitae
The Ohio State University College of Medicine

Date of Preparation: February 1, 2020

<u>Citizenship:</u>	United States of America
<u>DOB:</u>	May 20, 1978 Smithtown, NY
<u>Home:</u>	<u>Work:</u>
Address to be furnished upon request	Nationwide Children's Hospital, Psychiatry 700 Children's Drive, Columbus, OH 43205 (614) 722-2427 (office), (614) 722-3913 (fax)
Cell phone per request scottleibowitzmd@gmail.com	Scott.Leibowitz@nationwidechildrens.org

EDUCATION

2000	Cornell University	BS	Human Development
2004	Sackler School of Medicine Tel Aviv University NY State American Program	MD	Medicine

GRADUATE MEDICAL EDUCATION

<u>Dates</u>	<u>Institution</u>	<u>Specialty</u>
7/04 – 6/08	The Zucker Hillside Hospital, North Shore-	Resident, General Psychiatry
7/07 – 6/08	Long Island Jewish Health System, Albert Einstein College of Medicine	Chief Resident, Psychiatry
7/08 – 6/10	Boston Children's Hospital Harvard University School of Medicine	Child and Adolescent Psychiatry

BOARD CERTIFICATION and MEDICAL LICENSURECertification

2009 – present	Diplomate of the American Board of Psychiatry and Neurology Board Certification in General Psychiatry
2014 – present	Diplomate of the American Board of Psychiatry and Neurology Board Certification in Child and Adolescent Psychiatry

Licensure

2006 – 2010	License to practice medicine in New York
2008 – 2014	License to practice medicine in Massachusetts
2013 – 2017	License to practice medicine in Illinois
2016 – present	License to practice medicine in Ohio

FACULTY APPOINTMENTS

<u>Dates</u>	<u>Title</u>	<u>Institution</u>	<u>Department</u>
7/10 – 10/13	Instructor	Harvard Medical School	Psychiatry
5/12 – present	Faculty member	Fenway Health Center	LGBT Health Education Center
11/13 – 07/16	Assistant Professor	Northwestern Feinberg School of Medicine	Psychiatry
11/16 – present	Associate Clinical Professor	The Ohio State University College of Medicine	Psychiatry

HOSPITAL APPOINTMENTS and CLINICAL DUTIES

<u>Dates</u>	<u>Title</u>	<u>Hospital</u>
7/10 – 10/13	Assistant in Psychiatry	Boston Children's Hospital

Division of Adolescent and Young Adult Medicine (0.4-0.6 FTE): integrated into primary care setting, as the Division of Adolescent Medicine's only child/adolescent psychiatrist

Outpatient Psychiatry (0.2-0.4 FTE): developed consultative gender identity psychosocial clinic addressing specific needs youth across development presenting with gender-related concerns in coordination with the Div. of Endocrinology's Gender Management Service

School-based psychiatry work at Manville School (0.4 FTE): treated youth within a therapeutic school setting two days a week

11/13 – 07/16	Attending Psychiatrist	Ann & Robert H. Lurie Children's Hospital of Chicago
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Consultation-Liaison team (0.2 FTE)- on service approximately 2-4 times per month from October 2013 – September 2015, serving on the multidisciplinary team

Outpatient Psychiatrist (0.6 – 0.8 FTE)- servicing a combination of youth with typical presenting concerns as well as those presenting with gender-related issues

Research (0.2 FTE)- one day per week buy-out from Gender and Sex Development Program

11/16 – present	Attending Psychiatrist	Nationwide Children's Hospital, Columbus, OH
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Medical Director of Behavioral Health, THRIVE Gender and Sex Development Program: directing the medical component of the behavioral health services that is part of a larger multidisciplinary service treating gender diverse and/or transgender youth and their families

ADMINISTRATIVE APPOINTMENTS

<u>Dates</u>	<u>Title</u>	<u>Institution</u>
7/10 – 9/12	Director of Psychiatric Services	Manville School, Judge Baker Children's Center, Boston, MA
1/13 – 9/13	Interim Director of Psychiatry	Department of Youth Services, Boston, MA
11/13 – 07/16	Head Child and Adolescent Psychiatrist	Gender and Sex Development Program, Ann & Robert H. Lurie Children's Hospital of Chicago
11/16 – present	Medical Director of Behavioral Health, THRIVE program	Nationwide Children's Hospital Columbus, OH
1/17 – 1/18	Expert Educator	The Ohio State University College of Medicine

COMMITTEE SERVICE

<u>Dates</u>	<u>Name of Committee</u>
2008 – 2010	Graduate Medical Education Committee, Boston Children's Hospital
2008 – 2010	Residency Training Committee, Department of Psychiatry, Boston Children's Hospital
2009 – 2010	Sexual Orientation and Gender Identity Issues Committee, American Academy of Child and Adolescent Psychiatry, Resident Member
2010 – present	Sexual Orientation and Gender Identity Issues Committee, American Academy of Child and Adolescent Psychiatry, Early Career Psychiatrist member Liaison to Family Issues Committee, 2011 to present
2013- present	Co-chairman, Sexual Orientation and Gender Identity Issues Committee

2012 – 2015	Association of American Medical Colleges Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development
2012 – present	The Trevor Project Advisory Council
2013 – 2016	Gender and Sexuality Curriculum Taskforce, Northwestern Feinberg School of Medicine
2015	SAMHSA and American Psychological Association Taskforce (APA) on Sexual Orientation Change Efforts and Gender Identity Change Efforts
2015 – present	World Professional Association of Transgender Health Faculty, Global Education Initiative; Global Competency Subcommittee
2018 – present	World Professional Association of Transgender Health Standards of Care 8 th edition Revision Committee
2018 – present	Tyler Clementi Foundation Advisory Council

AWARDS, HONORS, DISTINCTIONS

<u>Date</u>	<u>Name of Award</u>
2007	Educational Outreach Program for General Psychiatry Residents; American Academy of Child and Adolescent Psychiatry
2009	Farley Fund Fellowship for Clinical Innovation; Boston Children's Hospital
2009	Dennis Anderson Travel Award; Lesbian and Gay Child and Adolescent Psychiatric Association
2011	Campaign for America's Kids (CFAK) Junior Scholar; American Academy of Child and Adolescent Psychiatry
2012	Prism Award; GLBT and Friends Committee, Boston Children's Hospital
2017	Distinguished Fellow; American Academy of Child and Adolescent Psychiatry
2018	Chapter Lead: Assessment, Support and Therapeutic Approaches of Adolescents with Gender Diversity/Dysphoria; World Professional Association of Transgender Health, Standards of Care 8 th edition, revision

PROFESSIONAL SOCIETY MEMBERSHIPS

<u>Date</u>	<u>Organization</u>
2005 - 2013	American Psychiatric Association
2006 – present	American Academy of Child and Adolescent Psychiatry (AACAP)
2008 – present	Lesbian and Gay Child and Adolescent Psychiatric Association (LAGCAPA)
2010 – 2018	Association of Gay and Lesbian Psychiatrists (AGLP)
2013 – present	World Professional Association of Transgender Health (WPATH)

PROFESSIONAL and SCIENTIFIC SERVICE

2013 – present	Reviewer, International Journal of Transgenderism
2014 – present	Reviewer, Journal of Gay and Lesbian Mental Health
2015 – present	Reviewer, American Association of Medical Colleges, MedEdPortal
2015 – present	Reviewer, Academic Psychiatry
2016 – present	Reviewer, Archives of Sexual Behavior
2016 – present	Reviewer, Journal of Adolescent Health
2016 – present	Associate Editor, International Journal of Transgenderism

TEACHING

Teaching of Students in Courses

2011	Gender and Sexuality Competence: Supporting Students and Creating Safe School Climates for All <i>Harvard Graduate School of Education/Childhood and Adolescence Practicum: Developmental Interventions for Children In School and Community Settings:</i>
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- Frameworks for Counseling and Prevention*
Masters level Graduate students
Two-hour Seminar, 3/22/11
- 2011 – 2012 **Psychopharmacology: Alliance, Compliance, and the Referral Science**
*Judge Baker Children’s Center,
Harvard Medical School, Boston, MA*
1st year medical students
2 hour annual seminar; 4/8/11, 2/10/12
- 2012 – 2013 **Gender and Sexuality: Developmental Considerations and the Clinical Approach**
Boston College William Connell School of Nursing
Advanced Nurse Practitioner Students
Two-hour seminar; 3/20/12, 4/30/13
- 2012 **Gender and Sexuality: Developmental Considerations and the Clinical Approach**
Boston College School of Social Work
Social Work graduate students
Two hour seminar; 4/18/12
- 2012 **Gender and Sexuality: Developmental Considerations and the Clinical Approach**
Boston College School of Social Work
Social Work graduate students
Two hour seminar; 7/10/12
- 2012 **Gender Nonconforming Children and Adolescents Across the Developmental Spectrum**
Simmons School of Social Work, Boston, MA
Advanced Clinical Social Work students
Two hour seminar; 12/4/12
- 2013 **Gender Identity and Sexual Orientation Across the Developmental Spectrum**
Boston University School of Social Work
Social Work graduate students
Two hour seminar; 6/24/13
- 2013 **LGBT Health Clinical Correlations: Gender and Sexuality in Childhood and Adolescence**
Northwestern Feinberg School of Medicine
Second year medical students
Lecture within a clinical correlations seminar; 12/16/13
- 2014 **Today’s “Genderation” of Youth: Understanding Social Gender Transition and Pubertal Suppression from an Ethical Standpoint**
Northwestern Feinberg School of Medicine, Medical Humanities and Bioethics Department
Masters-level Bioethics students
Lecture within a seminar series; 1/9/14
- 2014 – 2016 **Gender and Sexuality Development**
Northwestern Feinberg School of Medicine
Second Year medical students
Annual lecture within Behavioral Health module
- 2015 – 2016 **Transitioning Genders**
Northwestern Feinberg School of Medicine
Second Year medical students
Plenary coordinator, annual lecture
- 2017 **Today’s “Genderation” of Youth: Clinical Approach to Gender Dysphoria and Diversity Across Development**

- The Ohio State University College of Medicine*
LGBTQ and Allies in Medicine Medical Student Group
Lunch and Learn; 11/1/17
- 2018-present **“The Next Generation:” The Clinical Approach to Trans and Gender Diverse Youth Across Development**
The Ohio State University College of Medicine
LGBTQ and Allies in Medicine Medical Student Group
Lunch and Learn; 12/5/18
- 2019 **Today’s “Generation” of Children and Adolescents: Ethical Challenges in Clinical Care for Trans and Gender Diverse Youth**
The Ohio State University College of Medicine
Delta Course on Social Determinants of Health, 11/8/19

Formal Teaching of Residents, Clinical Fellows, and Research Fellows (post-docs)

- 2010 – 2013 **Psychopharmacology Seminar, Course director**
Boston Children’s Hospital, Division of Adolescent Medicine
Leadership in Adolescent Health (LEAH) postgraduate trainees:
Adolescent Medicine, Post-Doctoral psychology, Pre-doctoral psychology, Social Work, and Nutrition fellows
Monthly seminar, one hour
- 2010 – 2012 **Introduction to Psychopharmacology**
Judge Baker Children’s Center, Boston, MA
Psychology clinical interns and fellows
Social Work clinical interns and fellows
Annual Seminar, three hours
- 2011 – 2013 **Gender Identity and Sexuality in Family Therapy**
Boston Children’s Hospital Department of Psychiatry
Department of Psychiatry trainees:
Child and Adolescent Psychiatry residents
Psychology clinical fellows and interns
Social Work clinical fellows and interns
Annual seminar in Family Therapy course, one hour
- 2011 – 2013 **Gender Identity and Sexuality in the Consultation-Liaison psychiatry setting**
Boston Children’s Hospital, Department of Psychiatry
Department of Psychiatry trainees:
Child and Adolescent Psychiatry residents, Psychology clinical fellows and interns, Social Work clinical fellows and interns
Annual seminar in Consultation-Liaison rounds, one hour
- 2011, 2013 **Gender Identity and Sexuality in the Psychiatric Treatment of Children and Adolescents**
Harvard Longwood Psychiatry Training Program
General Psychiatry residents
Annual lecture in a seminar series
- 2011 – 2012 **Sexual and Gender Minorities**
Boston Children’s Hospital, Division of Adolescent Medicine
Leadership in Adolescent Health (LEAH) postgraduate trainees:
Adolescent Medicine, Post-Doctoral psychology, Pre-doctoral psychology, Social Work, and Nutrition fellows
Annual lecture in a seminar series
- 2012 – 2013 **Gender Management Service (GeMS) Interdisciplinary Teaching Seminar, Seminar series creator**
Boston Children’s Hospital, Gender Management Service (GeMS)
Interdisciplinary trainees in: Adolescent Medicine, Endocrinology, Psychiatry, Psychology,

- Social Work, Urology
Monthly hour-long seminar series
- 2012 **Gender Nonconforming Children and Adolescents Across the Developmental Spectrum**
Boston Children's Hospital, Gender Management Service (GeMS)
Interdisciplinary trainees in: Adolescent Medicine, Endocrinology, Psychiatry, Psychology, Social Work, Urology
Presenter in a monthly seminar series
- 2012 – 2013 **Gender Nonconforming Children and Adolescents Across the Developmental Spectrum**
Cambridge Health Alliance Child and Adolescent Psychiatry Residency Training Program
Advanced Child and Adolescent Psychiatry Fellow trainees
Annual lecture in a seminar series
- 2013 **Gender and Sexuality in Children and Adolescents: Developmental Considerations and the Disorder Debate**
Boston Children's Hospital, Division of Adolescent and Young Adult Medicine
Social work and Psychology trainees
Lecture in a mental health seminar series
- 2013 **Case Based Learning on LGBT issues**
Co-developer and co-leader of one of six cases in a curriculum
Boston Children's Hospital, LEAH program (Leadership and Education in Adolescent Health), Division of Adolescent and Young Adult Medicine
Interdisciplinary trainees in Adolescent Medicine
Six seminars (over 12 hours) that introduced sexuality and gender issues in adolescence through case-based learning
- 2013 **Gender Identity Across the Developmental Spectrum**
Boston Children's Hospital, Social Work training program
Social work trainees
Annual 1.5 hour lecture in a seminar series
- 2014 – 2016 **Gender and Sexuality, The Basics: Definitions and Development**
Lurie Children's Hospital of Chicago, Department of Child/Adolescent Psychiatry
First-year child and adolescent psychiatry residents
Lecture within a seminar on child and adolescent development, 1/28/14, 9/24/14
- 2014 **Gender Nonconformity and Dysphoria: Developmental Considerations and the Clinical Approach**
University of Arizona child and adolescent psychiatry fellows
Lecture in a series through Webcam, 5/13/14
- 2014 **Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach**
Northwestern Feinberg School of Medicine
General Psychiatry residents
Lecture in a course on gender/sexuality 8/6/14
- 2015 – 2016 **Gender and Sexuality Development and Clinical Care**
Lurie Children's Hospital of Chicago
Multidisciplinary trainees within the Division of Child and Adolescent Psychiatry
Course director, 4 session annual course
- 2017 – present **Gender, Sex, and Sexuality: Understanding the Terminology and Approaching the Interview**
The Ohio State University College of Medicine, Department of Psychiatry
1st and 2nd year general psychiatry residents
Annual introduction course in psychiatry training
- 2018 – **Gender, Sex, and Sexuality: Understanding the Terminology and Approaching**

- present **the Interview**
The Ohio State University College of Medicine, Department of Psychiatry
 Psychology Doctoral Fellows, Annual lecture
- 2018 – present **Clinical Interviewing: An Intro to Children and Adolescents and Gender, Sex, and Sexuality Across the Lifespan**
Nationwide Children’s Hospital, Department of Psychiatry
 Child and Adolescent Psychiatry Fellows, Annual lecture series

Supervisory and Training Responsibilities

- | | | |
|-------------|---|--|
| 2010 – 2013 | Ambulatory Care Mental Health Team training rounds coordinator/Division of Adolescent Medicine, CHB | Monthly rounds |
| 2013 – 2015 | Consultation-Liaison supervisor of interdisciplinary trainees | Daily rounds, weekly direct clinical supervision |

Formally Supervised Trainees and Collaborating Advanced Nurse Practitioners

- | | |
|----------------|---|
| 3/11 – 6/11 | Karen Jennings , NP candidate, William Connell School of Nursing, Boston College, Boston, MA
<i>Advanced clinical psychopharmacology rotation at Judge Baker Children’s Center, two days per week</i> |
| 9/11 – 6/12 | Jennifer Echo , NP candidate, William Connell School of Nursing, Boston College, Boston, MA
<i>Advanced clinical psychopharmacology rotation at Judge Baker Children’s Center, two days per week</i> |
| 1/14 – 6/14 | Alexander Timchak, MD , Lurie Children’s Hospital of Chicago child and adolescent psychiatry fellow, weekly outpatient supervision |
| 7/14 – 6/15 | Sarah Steurman, MD , Lurie Children’s Hospital of Chicago child and adolescent psychiatry fellow, weekly outpatient supervision |
| 1/15 – 6/15 | Sarah Florence, MD , Lurie Children’s Hospital of Chicago child and adolescent psychiatry fellow, weekly outpatient supervision |
| 7/15 – 6/16 | Colleen McGuire, MD , Lurie Children’s Hospital of Chicago child and adolescent psychiatry fellow, weekly outpatient supervision |
| 1/17 – present | Shane Gahn, PMHNP-BC , Nationwide Children’s Hospital
Advanced Psychiatric Nurse Practitioner for THRIVE Gender Program |

Formal Teaching of Peers (CME and other continuing education courses)

- | | | |
|---------|--|-------------|
| 2/23/11 | Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century
<i>Sidney Borum Health Center, Staff Development Seminar</i> | Boston, MA |
| 7/20/11 | Gender and Sexuality Competence: Supporting Students and Promoting Safe School Climates for All
<i>Children’s Hospital Neighborhood Partnerships Staff Seminar</i> | Boston, MA |
| 6/4/11 | Sexual Orientation and Gender Identity, Challenging Cases/Concurrent Session
<i>Contemporary Forums, Adolescent Health Care</i> | Boston, MA |
| 5/7/12 | Teens with Depression and Anxiety: Psychopharmacology Interventions
Transgender Adolescents
<i>Division of Adolescent and Young Adolescent Medicine
 Postgraduate Course</i> | Boston, MA |
| 7/23/15 | Pronouns, Preferred Names, and Parent Dynamics: | Chicago, IL |

	Understanding Gender Dysphoria/Nonconformity in a Higher Level Psychiatric Setting <i>Inpatient Psychiatry Unit Staff at Lurie Children's</i>	
7/30/15	Pronouns, Preferred Names, and Parents: Meeting the Clinical Needs of Today's 'Generation' of Youth Across Development <i>Lurie Children's Hospital Dept of Social Work</i>	Chicago, IL
9/2015	Psychopharmacology in the Primary Care Setting Do I Augment or Switch: When Simple Depression Becomes More Complex Today's "Generation" of Youth: The Clinical Approach to Gender Nonconformity and Dysphoria in Adolescence <i>Contemporary Forums, Clinical Trends in Pediatric and Adolescent Health</i>	San Diego, CA
11/6/15	Mental Health Care of Transgender Youth and Adolescents <i>World Professional Association of Transgender Health, Global Education Initiative, Inaugural training course</i>	Chicago, IL
1/22/16	Mental Health Care of Transgender Youth and Adolescents <i>World Professional Association of Transgender Health, Foundations course</i> <i>Global Education Initiative</i>	Atlanta, GA
3/31/16	Mental Health Care of Transgender Youth and Adolescents <i>World Professional Association of Transgender Health, Foundations course,</i> <i>Global Education Initiative</i>	Springfield, MO
5/10/16	Gender Nonconformity and Dysphoria in Childhood and Adolescence: Clinical Issues for the Primary Care Pediatrician	Hartford, CT
8/16/16	Approaching Gender Diversity Across Development: From Childhood to Adolescence and Beyond <i>Compass Health Center</i>	Chicago, IL
9/12/16	Meeting the Clinical Needs of Transgender and Gender Diverse Individuals <i>Fort Bragg Womack Army Medical Base 6 hour training to mental health clinicians</i>	Fayetteville, NC
9/27/16	Mental Health Care of Gender Diverse Prepubertal Children, Transgender Youth and Adolescents, Foundations course and Advanced course <i>World Professional Association of Transgender Health, Global Education Initiative</i>	Fort Lauderdale, FL
1/31/17	Mental Health Care of Gender Diverse Prepubertal Children, Transgender Youth and Adolescents, Foundations course <i>World Professional Association of Transgender Health, Global Education Initiative</i>	Los Angeles, CA
10/20/17	Mental Health Care of Gender Diverse Prepubertal Children, Transgender Youth and Adolescents, Foundations course <i>World Professional Association of Transgender Health, Global Education Initiative</i>	Columbus, OH
10/22/17	Advanced Course on Gender Diverse and Transgender Children and Adolescents <i>Course Director, World Professional Association of Transgender Health, Global Education Initiative</i>	Columbus, OH
2/28/18	Today's "Generation" of Youth: Affirming Behavioral Health	Columbus, OH

	Assessment and Treatment of Gender Diverse and Transgender Youth Across Development to Promote Authentic and Positive Outcomes	
	<i>Lecture, Developmental and Behavioral Pediatrics faculty and staff</i>	
4/26/18	Development of Gender Identity	New York, NY
	<i>World Professional Association of Transgender Health, Global Education Initiative, Inaugural Live Surgery Training</i>	
9/14/18	Mental Health Care of Gender Diverse Prepubertal Children, Transgender Youth and Adolescents, Foundations course	Cincinnati, OH
	<i>World Professional Association of Transgender Health, Global Education Initiative</i>	
9/16/18	Advanced Course on Gender Diverse and Transgender Children and Adolescents	Cincinnati, OH
	<i>Course Director, World Professional Association of Transgender Health, Global Education Initiative</i>	
2/11/19	Affirming & Evidence Based Care of Transgender and Gender Diverse Youth and the THRIVE program	
	<i>Nationwide Children's Hospital Surgery Center Staff</i>	
5/20/19	Parents, Pronouns, Puberty, and Autism: Co-Occurring ASD and Gender Diversity	Columbus, OH
	<i>Nationwide Children's Hospital Center for Autism Spectrum Disorders</i>	
11/16/19	Today's "Generation" of Children and Adolescents: Understanding Gender Diverse and Transgender Youth	Boston, MA
	<i>Harvard University Continuing Education Course on Sex, Sexuality and Gender</i>	
1/23/20	Today's "Generation" Of Youth: Ethical Considerations in Childhood and Adolescence	Online Webinar
	<i>American Academy of Child and Adolescent Psychiatry, Douglas B. Hansen 45th Update Course, Invited Speaker</i>	

RESEARCH GRANTS/CONTRACTS (

Sept 2015 –	The Impact of Early Medical Treatment on Transgender Youth R01	Multisite NIH RO1
July 2016	Co-Investigator as the grant launched	Funded 5% salary

ADVOCACY and EXPERT WITNESS WORK

3/17/15	Illinois Youth Mental Health Protection Act, HB 217 Illinois General Assembly, House of Representatives	Expert Witness Springfield, IL
5/27/15	Illinois Youth Mental Health Protection Act, HB 217 Bill signed into law on 8/20/15 Illinois General Assembly, Senate	Expert Witness Springfield, IL
7/16 – 5/17	United States Department of Justice, and American Civil Liberties Union NC HB2 bill transgender bathroom use	Expert Witness Washington, DC
2/21/17	City of Columbus, Conversion Therapy Ban	Expert Testimony Columbus, OH
6/17 – 8/17	American Civil Liberties Union Locker Room use for transgender teenager in Boyertown vs. Doe	Expert Witness Easton, PA
10/24/17	Child and Adolescent Mental Health Provider Advocacy Day	Washington, DC

for LGBT Youth
 Organizer/Director, Legislative visits to Capitol Hill by 50 Child psychiatrists on behalf of the Human Rights Campaign
 1/18 **Equality Ohio** Expert Testimony
 State Bill HB-160, including sexual orientation and gender Columbus, OH
 identity in state anti-discrimination law

SCHOLARLY BIBLIOGRAPHY

Original, peer-reviewed articles

1. Spack N, Edwards-Leeper L, Feldman H, **Leibowitz S**, Mandel F, Diamond D, Vance Stanley R. "Characteristics of Children and Adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center." *Pediatrics*. 2012, 129:418-425.
2. Bayer CR, Eckstrand KL, Knudson G, Koehler J, **Leibowitz S**, Tsai P, & Feldman J. (2017). "Sexual Health Competencies for Undergraduate Medical Education in North America." *J Sex Med*. 14(4):535-540. DOI: 10.1016/j.jsxm.2017.01.017 PMID: 28202322
3. Katz-Wise S, Budge SL, Fugate E, Flanagan K, Touloumtzis C, Rood B, Perez-Brumer A, & **Leibowitz, S.** (2017). Transactional Pathways of Transgender Identity Development in Transgender and Gender-Nonconforming Youth and Caregiver Perspectives from the Trans Youth Family Study. *International Journal of Transgenderism*. DOI: 10.1080/15542739.2017.1304312.
4. Nahata L, Chelvakumar G, & **Leibowitz S.** (2017). Gender Affirming Pharmacological Interventions for Youth with Gender Dysphoria: When Treatment Guidelines are Not Enough. *The Annals of Pharmacotherapy*. Nov;51(11):1023-1032. doi: 10.1177/1060028017718845.
5. Calzo J, Melchiono M, Richmond T, **Leibowitz S**, Argenal R, Goncalves A, Pitts S, Gooding H, & Burke P. (2017). Lesbian, Gay, Bisexual, and Transgender adolescent health: an interprofessional case discussion. *MedEdPORTAL Publications*. 13:10615 https://doi.org/10.15766/mep_2374-8265.10615
6. Strang J, Powers M, Knauss M, Sibarium E, **Leibowitz S**, Kenworthy L, Sadikova E, Wyss S, Willing L, Caplan R, Pervez N, Nowak J, Gohari D, Gomez-Lobo V, Call D, & Anthony L. (2018) "They Thought it Was an Obsession:" Trajectories and Perspectives of Autistic Transgender and Gender Diverse Adolescents. *Journal of Autism and Developmental Disorders*. DOI:10.1007/s10803-018-3723-6
7. **Leibowitz S.** & Lantos J. (2019). Affirming, Balanced, and Comprehensive Care for Transgender Teenagers. *Pediatrics*. 143(6), e20190995.

Chapters- Peer-reviewed and Invited

1. **Leibowitz S**, Spack N. (2011). "The Development of a Gender Identity Psychosocial Clinic: Treatment Issues, Logistical Considerations, Interdisciplinary Cooperation, and Future Initiatives." *Child and Adolescent Psychiatric Clinics of North America*. 20(4):701-724.
2. Stoddard J, **Leibowitz S**, Ton H, Snowdon S. (2011). "Improving Medical Education About Gender-Variant Youth and Transgender Adolescents." *Child and Adolescent Psychiatric Clinics of North America*. 20(4):779-791.
3. deVries ALC, **Leibowitz S.** (2017). "Transgender Youth." *The Transgender Handbook: A Guide for Transgender People, Their Families and Professionals*. Ed. Walter Pierre Bouman, Ed. Jon Arcelus. Hauppague, New York: Nova Science Publishers. 65-80. Print.

Chapters- Invited, Not Peer Reviewed

1. Eckstrand K, **Leibowitz S**, Potter J, and Dreger A. (Chapter Editor, Chapter 3) (2014). "Professional Competency Objectives to Improve HealthCare for People who May be LGBT, Gender Nonconforming, and/or Born with DSD" in "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconforming, and DSD-Affected Individuals." Association of American Medical Colleges
2. **Leibowitz S**. (Section Editor) (2014). "Multi-modal Curricular Integration of Professional Competency Objectives" in "Chapter 4: How to Integrate Competencies Into Medical School Curricula to Improve Health Care for People who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD," in "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconformig, and Individuals Born with DSD." Association of American Medical Colleges.
3. Dreger A, **Leibowitz S**, Potter J, Sciolla A. (2014) "Clinical Scenarios and Discussion Points for Experiential Learning." Chapter within "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconforming, and DSD-Affected Individuals." Association of American Medical Colleges.
4. **Leibowitz S**, Adelson S, Telingator C. (2015). "Gender Nonconformity and Gender Discordance in Childhood and Adolescence: Developmental Considerations and the Clinical Approach" In H. Makadon, K. Mayer, J. Potter, & H. Goldhammer (Eds.), *Fenway Guide to LGBT Health 2nd edition*, (pp. 421-458). Philadelphia, PA: American College of Physicians.
5. **Leibowitz S**, Chen D, Hidalgo M. (2015). "Gender Nonconformity and Dysphoria." In M. Dulcan (Ed), *Dulcan Textbook of Child and Adolescent Psychiatry, 2nd edition*, American Psychiatric Association Publishing: Arlington VA: 585-602.
6. **Leibowitz S**. (2018). Walking a Tightrope: A Child and Adolescent Psychiatry Perspective on the Spectrum of Affirmation and Pathologization with Gender Diverse Youth. In *Families In Transition*. Eds Lev and Gottlieb. New York: Harrington Park Press, in press.
7. **Leibowitz S**, Janssen A. (2018). Affirming and Gender-Informed Assessment of Gender Diverse and/or Transgender Youth Across Development. In *Affirmative Mental Health Care for Transgender and Gender Diverse Youth*. Eds Janssen and **Leibowitz**. New York: Springer.
8. **Leibowitz S**. (2018). Social Gender Transition and the Psychological Interventions. In *Affirmative Mental Health Care for Transgender and Gender Diverse Youth*. Eds Janssen and **Leibowitz**. New York: Springer.
9. Busa SM, **Leibowitz S**, Janssen A. (2018) . Transgender Adolescents and the Gender Affirming Interventions: Pubertal Suppression, Hormones, Surgery, and Other Pharmacological Interventions. In *Affirmative Mental Health Care for Transgender and Gender Diverse Youth*. Eds Janssen and **Leibowitz**. New York: Springer.

Commentary

1. **Leibowitz S**. "Luna." *Journal of the American Academy of Child and Adolescent Psychiatry*. 2013;52(2):211-212.

Reviews- Peer-reviewed and Invited

1. **Leibowitz S**, Telingator C. (2012). "Assessing Gender Identity Concerns in Children and Adolescents: Evaluation, Treatments, and Outcomes." *Current Psychiatry Reports*. 14(2):111-120.
2. Simons LK, **Leibowitz SF**, Hidalgo MA. (2014). "Understanding Gender Variance in Children and Adolescents." *Pediatr Ann*. 43(6)e126.31.
3. Edwards-Leeper L., **Leibowitz S**, & Sangganjanavanich F. (2016) Affirmative Practice with transgender and gender non-conforming youth: Expanding the model. *Psychology of Sexual*

Orientation and Gender Diversity. 3(2) 165-182.

4. **Leibowitz S**, de Vries ALC. (2016): Gender Dysphoria in Adolescence, *International Review of Psychiatry*, 28(1), 21-35. DOI: 10.3109/09540261.2015.114844
5. Chen D., Hidalgo M., **Leibowitz S.**, Leininger J., Simons L., Finlayson, C., Garofalo, R. (2016) Multidisciplinary Care for Gender-Diverse Youth: A Narrative Review and Unique Model of Gender-Affirming Care. *Transgender Health*. 1:1, 117-123, DOI: 10.1089/trgh.2016.0009

Clinical Guidelines and Reports

1. Adelson, S. et al. (2012). "Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescence." *Journal of American Academy of Child and Adolescent Psychiatry*. 51(9):957-974. **(member of the AACAP committee, Sexual Orientation and Gender Identity Issues Committee, cited in the Attribution section)**
2. Hollenbach A, Eckstrand K, Dreger A. (Eds). (2014). "Implementing Curricular and Climate Changes to Improve Healthcare for LGBT, Gender Nonconforming, and DSD-Affected Individuals." Association of American Medical Colleges. **(member of the AAMC LGBT and DSD-Affected Patient Care Advisory committee who edited the entire manuscript)**
3. Substance Abuse and Mental Health Services Administration, Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth. (2015). HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration. **(member of taskforce in creating this report)**
4. Strang, J., Meagher, H., Kenworthy, L., deVries, ALC., Menvielle, E., **Leibowitz, S.**, Janssen, A., Cohen-Kettenis, P., Shumer, D., Edwards-Leeper, L., Pleak, R., Spack, N., Karasic, D., Schreier, H., Balleur, A., Tishelman, A., Ehrensaft, D., Rodnan, L., Kuschner, E., Mandel, F., Caretto, A., Lewis, HC., Anthony, L. (2016) Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents, *Journal of Clinical Child & Adolescent Psychology*, DOI: 10.1080/15374416.2016.1228462

Books

Janssen, A., & **Leibowitz, S.** (Eds.). (2018). *Affirmative Mental Health Care for Transgender and Gender Diverse Youth*: S.1.:Springer International PU

Software, world wide web-based publications, exhibits, audiovisual or other teaching material

1. **Leibowitz S.** (2016) Expert Tips: Youth who Identify as Transgender and/or Gender Diverse and their Educators, and Parents. *The Tyler Clementi Foundation*.
<https://tylerclementi.org/expert-tips-transgender-for-youth-parents-teachers/>

Posters

1. Grannis C, Morningstar M, Mattson W, **Leibowitz S**, Nahata L, Strang J, Nelson E. *The Effects of Gender-Affirming Hormone Administration on Social Anxiety and Amygdala Response to Emotional Faces in Transgender Youth*, Presented at the 7th Annual Flux Congress: The Society for Developmental Cognitive Neuroscience, New York, NY, September 2019
2. Morningstar M, French R, Grannis C, Hung A, Travis M, Mattson W, Nahata L, **Leibowitz S**, Nelson E. *Gonadal Hormone Administration Alters Neural Response to Both Unfamiliar Peer's and Own Mother's Voice in Adolescents*, Presented at the 7th Annual Flux Congress: The Society for Developmental Cognitive Neuroscience, New York, NY, September 2019
3. Travis M, French R, Grannis C, Hung A, Mattson W, Morningstar M, **Leibowitz S**, Nahata L, Nelson E. *Effects of Gender Affirming Hormone Treatment on White Matter Organization in*

Gender Dysphoric Youth, Presented at the 52nd Annual Meeting for the International Society for Developmental Psychobiology, Chicago, IL, October, 2019

PRESENTATIONS

Local Invited Presentations

- 2010 **Developing Gender and Sexuality Competence in Meeting the Treatment Needs of Sexual Minority Youth**
Grand Rounds, Department of Psychiatry, Boston Children's Hospital, 4/14/10
- 2010 **"Bridging the Gap: A Discussion on the Future of LGBT Healthcare"**
Co-panelist, Fenway Community Health Center and the Harvard Gay and Lesbian Caucus
- 2011 **Case Presentation/Morbidity and Mortality Rounds**
Department of Psychiatry, Boston Children's Hospital, 1/26/11
- 2011 **Case Presentation/Morbidity and Mortality Rounds**
Division of Adolescent Medicine, Boston Children's Hospital, 3/8/10
- 2011 **Case Presentation/Morbidity and Mortality Rounds**
Division of Adolescent Medicine, Boston Children's Hospital, 6/14/11
- 2011 **The Lives of Gender-Variant Children**
Co-panelist, University of Toronto, Mark S. Bonham Center for Sexual Diversity Studies
- 2011 **Psychopharmacology in the Outpatient Medical Setting: Referring, Refilling, Responding**
Division of Adolescent Medicine, Quality Improvement, Boston Children's Hospital, 12/13/11
- 2012 **Gender Nonconformity in Children and Adolescents: Developmental Considerations and the Clinical Approach**
Division of Adolescent Medicine, Boston Children's Hospital, 4/10/12
- 2012 **Childhood Gender Nonconformity: Developmental Considerations and the Clinical Approach**
Gay and Lesbian Advocates and Defenders (GLAD), 4/26/12
- 2012 **Gender Nonconformity in Children and Adolescents: Developmental Considerations and the Disorder Debate**
Harvard Medical School Student Psychiatry Interest Group
- 2012 **Gender Identity and Sexuality in Children and Adolescents: A Panel Discussion**
Harvard Medical School Student Psychiatry Interest Group
- 2012 **Western Suburban Alliance of Gay and Lesbian Youth (WAGLY)**
Invited guest to lead a one time meeting for LGBT youth in the community
- 2012 **Western Suburban Alliance of Gay and Lesbian Youth (WAGLY), Umbrella Group**
Invited guest to lead a one time meeting for transgender youth in the community
- 2012 **Gender Nonconformity in Children and Adolescents, Complexities and Co-morbidities**
*Gender Management Service, Boston Children's Hospital, day-long conference
Part of the expert panel discussion and led a break-out session*
- 2013 **Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach**
Tufts Medical School TUHSQ group, 5/1/13
- 2013 **Gender Across the Developmental Spectrum: Working with Gender Minority Youth and Their Families**
Fenway Community Health Center, Interdisciplinary group of colleagues, 6/25/13
- 2013 **Psychopharmacology in the Primary Care Setting**
Department of Youth Services, Boston Metro Region, Staff training, 7/31/13
- 2013 **Gender Transition and Family Dynamics: The Clinical Approach to Complex Situations**
Fenway Community Health Center, Interdisciplinary group of colleagues, 9/10/13

- 2013 **Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach**
Harvard Medical School Student Pediatric Interest Group and LAHMS, 9/20/13
- 2013 **Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach**
Grand Rounds, Northwestern Feinberg School of Medicine, Department of Psychiatry, 11/20/13
- 2014 **Today's 'Generation' Of Youth: A Developmental Approach to Gender Nonconformity**
Northwestern Feinberg School of Medicine LGBT student group lunchtime series, 4/8/14
- 2014 **Gender Nonconformity and Discordance: Developmental Considerations and the Clinical Approach**
Grand Rounds, Advocate Lutheran General Hospital, 4/23/14
- 2014 **Today's "Generation" Of Youth: Lunchtime Series**
Northwestern Feinberg School of Medicine LGBT student group lunchtime series, 10/6/14
- 2015 **Sexual Orientation Conversion "Therapy:" Ethical Considerations of Applying a Fixed Outcome Behavioral Health Approach to Minors**
Northwestern Feinberg School of Medicine, Medical Humanities and Bioethics Program Lunchtime Series, 6/11/15
- 2015 **Queer and Allies Safe Space Training Program**
Northwestern Feinberg School of Medicine, 6/12/15
- 2016 **Today's "Generation" of Youth: The Clinical Approach to Gender Nonconformity and Dysphoria Across Development**
University of Illinois at Chicago Medical School, Queer and Allies, Psychiatry Interest Group, March 21, 2016
- 2016 **Interpreting for Families with Lesbian, Gay, Bisexual, Gender Nonconforming, and Transgender Youth**
International Language Services, Rush Medical School, August 17, 2016
- 2017 **Today's "Generation" of Youth: Affirming Behavioral Health Assessment and Treatment of Gender Diverse and Transgender Youth Across Development to Promote Authentic and Positive Outcomes**
TransOhio Ninth Annual Transgender and Ally Symposium, Columbus, OH, 4/28/17
- 2017 **Today's "Generation" of Youth: Clinical Approach to Gender Dysphoria and Diversity Across Development**
Grand Rounds, The Ohio State University College of Medicine, Department of Psychiatry, 9/20/17
- 2018 **THRIVE Program: Supporting Transgender and Gender Diverse Youth from Childhood into Adolescence**
Nationwide Children's Hospital Foundation, Women's Auxiliary Council, 2/20/18
- 2018 **The Next Generation: Meeting the Needs of Gender Diverse and Transgender Youth Across Development**
Grand Rounds, Pediatric Department, Hackensack Meridian Health Joseph . Sanzari Children's Hospital, Hackensack, New Jersey, 4/25/18
- 2018 **Today's Generation of Children and Adolescents: Challenges, Opportunities, and Multidisciplinary Collaboration**
Keynote Speaker, Western University, Schulich Medicine and Dentistry, Department of Psychiatry, Division of Child and Adolescent Psychiatry Annual Conference, London Ontario, Canada 5/4/18
- 2018 **Today's Generation: Meeting the Clinical Needs of Transgender and Gender Diverse Youth Across Development**
Grand Rounds, Department of Psychiatry, Children's Hospital of Philadelphia, Philadelphia, PA, 5/10/18

- 2018 **The Next Generation: Meeting the Clinical Needs of Gender Diverse and Transgender Youth Across Development**
Grand Rounds, Department of Psychiatry, Nationwide Children's Hospital, Columbus, OH, 5/16/18
- 2018 **Today's Generation: Meeting the Clinical Needs of Gender Diverse and Transgender Youth Across Development**
Pediatric Pearls, Department of Pediatrics, Nationwide Children's Hospital, Columbus, OH, 8/30/18
- 2018 **Affirming, Balanced, Comprehensive, & Developmentally-Informed: The ABCD Approach to Meeting the Mental Health Needs for Transgender and Gender Diverse Youth**
9th Annual Deisher Dinner Lecture, Seattle Children's Hospital Division of Adolescent Medicine, 9/12/18
- 2018 **The Next Generation: The Clinical Approach to Gender Diverse and Transgender Youth Across Development**
Grand Rounds, Division of Adolescent Medicine, Seattle Children's Hospital, 9/13/18
- 2019 **We Need YOU: How to be an ally to LGBTQ Youth**
Columbus YMCA Youth Leadership Retreat, 2/16/19

Regional Presentations

- 2011 **The Gender Identity Spectrum: Developmental Considerations and the Clinical Approach**
*Grand Rounds, Hartford Hospital, Institute of Living
Hartford, CT, 11/10/11*
- 2012 **LGBT Youth and Homelessness: Increasing Understanding and Ending Invisibility**
*National Health Care for the Homeless Council Regional Training
Seattle, WA, 7/13/12*
- 2012 **Gender and Sexual Minority Youth: Clinical Competence and Practice Considerations**
American Academy of Pediatrics (Connecticut branch) and Our True Colors organization co-sponsored a national teleconference with over 75 registrants, webinar, 11/7/12
- 2013 **Gender and Sexual Minority youth: Clinical competence and Practice considerations**
True Colors, Inc. Annual Conference, Best Practices Institute; Storrs, CT, 3/21/13
- 2013 **When Kids Won't Get in the Box: Working with Gender Nonconforming Children and Transgender Teens**
American Academy of Pediatrics (Connecticut branch) and Our True Colors organization co-sponsored a national webinar with over 100 registrants, 4/11/13
- 2015 **Paving the Path: Developing Multidisciplinary Clinical Services for Gender-Variant Children and Adolescents**
North Shore Long Island Jewish Health System, Queens, NY; Child and Adolescent Psychiatry Grand Rounds, 1/15/15
- 2015 **Today's "Generation" of Youth: Understanding Gender Across Development**
When Identity and Anatomy Do Not Match: Gender Dysphoria Across Development
Keynote speaker, Arkansas Council of Child and Adolescent Psychiatry, Spring Retreat, Mountain View, AR, 5/2/15
- 2015 **Today's "Generation" of Youth: The Clinical Approach to Gender Nonconformity and Dysphoria Across Development**
Rady Children's Hospital of San Diego, Professor Rounds, 12/11/15
- 2016 **Paving the Path: Developing Multidisciplinary Services for Gender Nonconforming and Transgender Youth**
University of California San Diego, Dept of Psychiatry, 1/4/16

- 2016 **Today's 'Generation' Of Youth: How Gender, Sex, and Sexuality Competences Apply to Pediatric Practice**
*Connecticut Children's Medical Center, Pediatric Grand Rounds
Hartford, CT, 5/10/16*
- 2016 **Today's "Generation" of Youth: A Developmental Approach to Treating Transgender and Gender Diverse Children and Adolescents**
*North Carolina Child and Adolescent Psychiatric Association Annual Retreat
Asheville, NC, 9/10/16*
- 2016 **Gender and Sexuality Competence in Psychiatric Practice: A Field in Evolution and the Relevance in Modern Day Clinical Practice**
North Carolina Psychiatric Association, Annual Retreat, Asheville, NC, September 11, 2016
- 2017 **Today's "Generation" of Youth: Meeting the Clinical Needs of Gender Diverse and Transgender Youth Across Development**
*Keynote speaker, Greater Dayton Transgender Mental Health Summit, Equitas Health
Dayton, OH, 3/3/17*
- 2017 **Approaching Today's "Generation" of Pre-Pubertal Gender Diverse Children: Understanding Gender Development, the Challenges, and the Clinical Approach**
7th Annual Oregon Children's Mental Health Conference, Oregon Council of Child and Adolescent Psychiatry, Portland, OR, 4/1/17
- 2017 **Transgender Health, What EVERY Health Professional Needs to Know**
*Keynote speaker, Colorado Child and Adolescent Psychiatric Society and American Academy of Pediatrics Colorado Chapter
Denver, CO, 4/8/17*
- 2017 **Today's "Generation" Of Youth: Affirming Behavioral Health Assessment and Treatment of Gender Diverse and Transgender Youth Across Development to Promote Authenticity and Positive Outcomes**
Transforming Care Conference, Columbus OH, Equitas Health, 10/19/17
- 2017 **Today's "Generation" of Youth: Considerations in the Judicial Approach to Gender Diverse and Transgender Children and Adolescents**
*Supreme Court of Ohio, Ohio Association of Juvenile Court Judges Winter Conference,
11/30/17*
- 2018 **The Next Generation: Meeting the Needs of Gender Diverse and Transgender Youth Across Development**
Keynote Address: Rural Voices: Caring for Trans and Gender Diverse Communities in Rural America Summit, Equitas Health, Athens, OH, 6/7/18
- 2018 **The ABCD Approach to Assessing Gender Diverse and Trans Youth: Affirming, Balanced, Comprehensive, & Developmentally Informed**
Workshop Presenter: Rural Voices: Caring for Trans and Gender Diverse Communities in Rural America Summit, Equitas Health, Athens, OH, 6/7/18
- 2018 **The Next Generation: Meeting the Mental Health Needs of Gender Diverse and Transgender Youth Across Development**
Ohio Psychological Association Annual Retreat, 10/12/18
- 2018 **Today's Generation of Youth: The Approach to an Affirming Behavioral Health Assessment Across Development**
Transforming Care Conference, Columbus OH, Equitas Health, 10/18/18
- 2019 **Parents, Pronouns, and Puberty: Navigating the Spectrum of Family Acceptance Towards Improving the Lives of Gender Diverse and Transgender Youth**
Greater Dayton Transgender Mental Health Summit, Dayton OH, 3/22/19
- 2019 **The Next Generation of Youth: Taking Gender to a New Dimension**
Keynote Speaker, TransOhio Annual Symposium, 4/26/19
- 2019 **ABCDE to Multidisciplinary Care; When Complex Family Dynamics Impact Affirmative**

- Care for the Gender Transitioning Adolescent**
Workshop Presenter, TransOhio Annual Symposium, 4/26/19
- 2019 **Gender Diverse and Transgender Individuals: Approaching a Marginalized Population with Cultural Sensitivity**
Ohio Health 3rd Annual Forensic Symposium, Lecturer, 8/7/19
- 2019 **Today's "Generation" of Youth: Mental Health Aspects of Care**
11th Annual Ruberg (Plastic Surgery) Symposium, Lecturer, 9/13/19
- 2019 **Today's "Generation" Of Youth: The Affirming, Balanced, and Developmentally Informed Approach to Children and Adolescents**
Genesee Valley Psychological Association Annual Conference, Keynote Speaker, 11/15/19

National Presentations

- 2009 **Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century/Workshop chairman**
American Academy of Child and Adolescent Psychiatry, 56th Annual Meeting Honolulu, HI, 10/31/09
- 2010 **Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century/Workshop chairman**
American Psychiatric Association, 163rd Annual Meeting New Orleans, LA, 5/22/10
- 2010 **Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century/Workshop chairman**
American Academy of Child and Adolescent Psychiatry, 57th Annual Meeting New York, NY, 10/28/10
- 2011 **GLBT Youth and Parents: Working with 21st Century Families/Workshop co-chairman**
American Association of Directors of Psychiatric Residency Training, 40th Annual Meeting Austin TX, 3/4/11
- 2011 **The Scope of Suicidality in Sexual and Gender Minority Youth: Risk Factors, Clinical Issues, and Intervention Strategies/Clinical Perspectives chairman**
American Academy of Child and Adolescent Psychiatry, 58th Annual Meeting, Toronto, Ontario, Canada, 10/21/11
- 2012 **Lesbian/Gay/Bisexual/Transgender Youth and Parents: Navigating Family Acceptance and Rejection in the 21st Century, symposium chairman, 10/24/12**
Gender Nonconforming Children and Adolescents: A Developmental Approach to Families with Gender Minority Youth, speaker
American Academy of Child and Adolescent Psychiatry, 59th Annual Meeting San Francisco, CA 10/24/12
- 2013 **Psychopharmacology in the Primary Care Setting: Referring, Prescribing, and Collaborating**
Gender Nonconforming and Sexual Minority Adolescents: Interdisciplinary Collaboration and Mental Health Issues
Society for Adolescent Health and Medicine Annual Meeting Atlanta, GA, 3/14/13 | 3/16/13
- 2013 **Teens With Depression and Anxiety: Psychopharmacology Options**
Division of Adolescent and Young Adult Medicine Postgraduate Course Boston, Mam 5/16/13
- 2013 **Gender Dysphoria or Nonconformity: Assessment and Treatment Considerations when Working with Gender Minority Youth**
Transgender Male to Female Adolescents: Clinical Application of the Practice Parameter

- American Academy of Child and Adolescent Psychiatry, 60th Annual Meeting,
Orlando, FL, 10/23/13 | 10/25/13
- 2014 **Gender Nonconformity, Dysphoria, and Discordance: Interdisciplinary Collaboration and Mental Health Issues**
Psychopharmacology in the Primary Care Setting
Society for Adolescent Health and Medicine Annual Meeting
Austin, Texas, 3/24/14
- 2014 **Today's 'Generation' of Adolescents: Fluidity, Identity, and Puberty**
Plenary speaker, Society for Adolescent Health and Medicine Annual Meeting
Austin, Texas, 3/26/14
- 2014 **Gender Nonconformity, Gender Expression, and Sexuality: Meeting the Mental Health Needs of All Adolescents**
Principles of Psychopharmacology in the Primary Care Setting
Depressed and Anxious Teens: Prescribing SSRI's in the Primary Care Setting
Psychopharmacology Cases: A Multidisciplinary Perspective
Contemporary Forums National Conference on Adolescent Health
Boston MA, May 15-17, 2014
- 2014 **Integrating and Applying Competency-Based Medical Education in Advancing LGBT Health Equality**
Gay and Lesbian Medical Association Annual Meeting
Baltimore, MD 9/13/14
- 2014 **Gender Nonconformity and Dysphoria in Children and Adolescents: An Overview of the Complex Decisions and Interventions**
Today's "Generation" of Youth: Why Talking about Gender Matters
Clinical Consultation Breakfast: Gender Nonconformity and Dysphoria Across Development: What the Child and Adolescent Psychiatrist Needs to Know
American Academy of Child and Adolescent Psychiatry 61st annual Meeting, presenter and chairman of symposium consisting of four individual presentations,
San Diego, CA, 10/22/14 | 10/23/14
- 2014 **Adopting the Physician Competencies Reference Set to Advance the Health of People who are LGBT, Gender Nonconforming, or Born with DSD**
Association of American Medical Colleges Annual Meeting
Chicago, IL, Facilitator, 11/11/14
- 2014 **A Novel Process for Adopting the General Reference List of Physician Competencies: Advancing the Health of LGBT, Gender Nonconforming, and Those born with DSD**
Summit on Medical School Education on Sexual Health
Minneapolis, MN, 12/8/14
- 2015 **Gender, Sex, and Sexuality Competence: Bringing Psychiatry Residency Training into a New Era of Understanding**
American Association of Directors of Psychiatric Residency Training Annual Meeting,
Orlando, FL, 3/6/15
- 2015 **LGBT and Differences of Sex Development Patient Care Competencies: Taking Psychiatry into the Next era of Sex, Sexuality, and Gender-Sensitive Care**
American Psychiatric Association Annual Meeting,
Toronto, Canada, 5/18/15
- 2015 **Puberty, Pronouns, and the Physical Interventions: Practical Considerations in the Care of Gender Dysphoric Adolescents**
Gender and Sexuality Patient Care Competencies: Relevance to the Child and Adolescent Psychiatrist
Clinical Consultation Breakfast: Gender Nonconformity and Dysphoria Across Development: What the Child and Adolescent Psychiatrist Needs to Know

- American Academy of Child and Adolescent Psychiatry 62nd Annual Meeting
San Antonio, TX, 10/28/15 | 10/31/15
- 2016 **Clinical Consultation Breakfast: Gender Nonconformity and Dysphoria Across Development: What the Child and Adolescent Psychiatrist Needs to Know Can They Really Know that Young?: Three Cases Illustrating the Complexities, Conundrums, and Ethical Challenges of Social Gender Transition in Pre-pubertal Children**
- American Academy of Child and Adolescent Psychiatry 63rd Annual Meeting,
New York, NY, 10/27/16
- 2017 **Today's "Generation" of Youth: Developmental Considerations in the Clinical Approach to Gender Diverse and Transgender Children and Adolescents**
***National Institutes of Health Clinical Center Grand Rounds, Great Teacher Series, Bethesda, MD, 1/11/17*
- 2017 **How Much is Too Much? Assessments and the Affirmative Approach to Transgender and Gender Diverse Youth**
United States Professional Association for Transgender Health, Inaugural Symposium Los Angeles, CA, 2/3/17
- 2017 **Gender Development and Adolescent Gender Dysphoria: Mental Health Considerations for the Surgeon**
American Society of Plastic Surgeons and the World Professional Association of Transgender Health, 10/10/17
- 2017 **Presentation 1: The Child Psychiatrist as an Advocate for LGBT Youth**
Presentation 2: Clinical Consultation Breakfast: Gender Nonconformity and Dysphoria Across Development: What the Child and Adolescent Psychiatrist Needs to Know
Presentation 3: Sex Talk: Promoting Healthy Outcomes by Facing Difficult Decisions
American Academy of Child and Adolescent Psychiatry 64th Annual Meeting, Washington, DC, 10/24/17 – 10/27/17
- 2018 **Protecting Youth from Conversion Therapy**
Human Rights Campaign and American Academy of Child and Adolescent Psychiatry Webinar briefing, 2/28/18
- 2018 **Today's "Generation" of Youth: The Clinical Approach to Gender Diverse and Transgender Youth Across Development**
CIGNA Behavioral Health Education Series with the Tyler Clementi Foundation Webinar, 3/15/18
- 2018 **Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition**
American Academy of Child and Adolescent Psychiatry, 65th Annual Meeting Institute Chair, 10/24/18
- 2018 **Gender Dysphoria Across Development: Multidisciplinary Perspectives on the Evidence, Ethics, and Efficacy of Gender Transition**
American Academy of Child and Adolescent Psychiatry, 65th Annual Meeting Seattle, WA, Institute Chair, 10/24/18
- 2018 **Presentation 1: Parents, Pronouns, and Puberty: When Complex Family Dynamics Impact Affirmative Care for the Gender Transitioning Adolescent**
Presentation 2: Clinical Consultation Breakfast: Gender Nonconformity and Dysphoria Across Development: What the Child and Adolescent Psychiatrist Needs to Know
Presentation 3: Gender Diversity Meets the 21st Century: Social Media and Peer Influences on Adolescent Gender Identity Development
American Academy of Child and Adolescent Psychiatry 65th Annual Meeting, Seattle, WA, 10/25/18 – 10/26/18
- 2019 **Foundations: Gender Affirming Mental Health Care in Transgender Adolescents**

- Advanced Course on Gender Diverse and Transgender Children and Adolescents**
Course Director, United States Professional Association of Transgender Health Global Education Initiative, Washington, DC, September 2019
- 2019 **From Binary to Spectrum: Developing Multi-dimensional Affirmative Assessment Instruments for Youth**
 Presenter, United States Professional Association of Transgender Health Biennial Meeting, Washington, DC, September 2019
- 2019 **Presentation 1: Gender Nonbinary Youth: An Update, for the Assembly of Regional Organizations**
Presentation 2: Gender Dysphoria: Ethics, Evidence, and Efficacy of Transition Across Development for the Lifelong Learning Institute
Presentation 3: Gender Diversity and Dysphoria: What the Child and Adolescent Psychiatrist Needs to Know, Clinical Consultation Breakfast Co-Chairman
Presentation 4: Parents, Pronouns, and Puberty: When Complex Family Dynamics Impact Affirmative Care for the Gender Transitioning Adolescent
Presentation 5: Transforming Traumatic Impacts for LGBTQ Youth, Invited Discussant
American Academy of Child and Adolescent Psychiatry 66th Annual Meeting, Chicago, IL, 10/15/19 – 10/18/19

International Presentations

- 2011 **Gender-Variant and Transgender Youth: A Model for an Interdisciplinary, Collaborative Treatment Program in an Academic Children's Hospital/ Panel Presentation chairman**
World Professional Association for Transgender Health, Biennial Symposium, Atlanta, GA, 9/26/11
- 2014 **Today's "Genderation" of Children and Adolescents: Assessment and Care**
World Professional Association for Transgender Health, Biennial Symposium, Bangkok, Thailand, 2/15/14
- 2014 **Is it Gender Nonconformity, Dysphoria, or Both? Understanding Psychosexual Development and the Clinical Challenges Across Disciplines**
World Professional Association for Transgender Health, Biennial Symposium, Bangkok, Thailand, 2/17/14
- 2016 **How Much is Too Much: Assessments and the Affirmative Approach to Transgender & Gender Diverse Youth**
World Professional Association for Transgender Health, Biennial Symposium, Amsterdam, The Netherlands, 6/19/16
- 2016 **Mental Health Care of Gender Diverse Pre-Pubertal Children Transgender Youth and Adolescents**
Foundations course, World Professional Association of Transgender Health, Global Education Initiative, Yokohama, Japan (before the International Congress of Psychology), July 23, 2016
- 2017 **Pre-Pubertal Gender Diversity: Understanding the Clinical Approach, Convtrousies, and Risk Factors When Fostering Emotionally Healthy Children –and- Puberty, Pronouns and Parent Acceptance: Helping Today's "Genderation" of Adolescents Navigate a Binary World**
31st Annual San Diego International Conference on Child and Family Maltreatment, 2/1/17
- 2017 **Prepubertal Social Gender Transition (co-presented with Peggy Cohen-Kettenis, PhD)**
International Pediatric Endocrine Society Meeting, Washington, DC, 9/14/17
- 2018 **Mental Health Care of Gender Diverse Prepubertal Children, Transgender Youth and Adolescents, Foundations course**

- World Professional Association of Transgender Health Global Education Initiative, Biennial Symposium, Buenos Aires, Argentina, November 2018*
- 2018 **Advanced Course on Gender Diverse and Transgender Children and Adolescents**
Course Director, World Professional Association of Transgender Health Global Education Initiative, Biennial Symposium, Buenos Aires, Argentina, November 2018
- 2019 **Today's "Genderation" of Youth: The Affirming, Balanced, & Comprehensive Approach to Assessment**
University of Haifa, Israel, Summit on Transgender Youth, 9/16/19
- 2020 **Mental Health Care of Gender Diverse and Transgender Adolescents, Foundations course**
World Professional Association of Transgender Health Global Education Initiative, Hanoi, Vietnam, January 2020
- 2020 **Advanced Course on Gender Diverse and Transgender Children and Adolescents**
World Professional Association of Transgender Health Global Education Initiative, Hanoi, Vietnam, January 2020