IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

JANE DOE et al.,

Plaintiffs,

Civil No. 4:23-cv-00114-RH-MAF

v.

JOSEPH A. LADAPO et al.,

Defendants.

EXPERT REPORT OF ARON JANSSEN, M.D.
ON BEHALF OF PLAINTIFFS

August 16, 2023

Prepared by
Aron Janssen, M.D.

CONFIDENTIAL

TABLE OF CONTENTS

Page

I. INTRODUCTION AND SUMMARY OF OPINIONS 1

A. Qualifications 1

B. Compensation 5

C. Prior Testimony 5

D. Bases for Opinions 5

II. EXPERT OPINIONS 6

A. Gender Identity Development and Gender Dysphoria in Children and Adolescents 6

B. Standard of Care for Treatment of Gender Dysphoria in Youth 8

C. Safe and Effective Treatments for Gender Dysphoria 10

D. The Role of Mental Health Providers in Assessing Necessity of Medical Treatments for Gender Dysphoria 12

E. Assessing Co-Occurring Conditions & Necessity of Medical Treatment for Gender Dysphoria 15

F. The Florida Boards' Informed Consent Forms for Transgender Minors Contain Many False and Misleading Statements that Undermine Rather than Enhance Informed Consent and Impose Unnecessary Mental Health Requirements 19

I. INTRODUCTION AND SUMMARY OF OPINIONS

1. My name is Aron Janssen, M.D. I am a board-certified child and adolescent psychiatrist. I specialize in the treatment of gender dysphoria in children and adolescents. I have been retained by counsel for Plaintiffs in the above-captioned lawsuit to provide an expert opinion on the standards of care for treating individuals diagnosed with gender dysphoria.

2. Gender dysphoria is a serious medical condition that is highly treatable. There is a well-established standard of care for the treatment of gender dysphoria, including for treatment of gender dysphoria in transgender youth with puberty blockers and hormone therapy. Medical treatment for gender dysphoria in transgender youth provides considerable positive psychological benefits. On my understanding, the rules challenged in this case will prevent Florida's transgender youth and adults who are diagnosed with gender dysphoria from accessing essential medical care. In my professional opinion, transgender youth and adults who cannot obtain the medical care that they need, including puberty blockers and hormone therapy, will suffer and their mental health will deteriorate.

A. *Qualifications*

3. The information provided regarding my professional background, experiences, publications, and presentations are detailed in my curriculum vitae. A true and correct copy of my CV is attached as **Exhibit A**.

4. I received my medical degree from the University of Colorado School of Medicine. I completed my residency in psychiatry and a fellowship in child and adolescent psychiatry at New York University Langone Medical Center.

5. In 2011, I founded the Gender and Sexuality Service at New York University, a clinical service dedicated to treating children and adolescents with gender dysphoria. In my last five years at NYU, that clinic served over 200 families, with 2-3 new referrals each week.

6. I am currently the Vice Chair of the Pritzker Department of Psychiatry and Behavioral Health and Chief Psychiatrist for the Gender Development Program at Ann and Robert H. Lurie Children's Hospital of Chicago. I am also a Clinical Associate Professor of Child and Adolescent Psychiatry at Northwestern University Feinberg School of Medicine. I maintain a clinical practice in Illinois where I treat patients from Illinois and the surrounding states.

7. I have been treating children and adolescents with gender dysphoria for over 10 years. I have treated over 300 children and adolescents with gender dysphoria during my medical career. Currently, approximately 90 percent of the patients in my clinical practice are transgender children and adolescents.

8. I am a contributing author to the Child and Adult Mental Health chapters of the Eighth Version of the World Professional Association for

Transgender Health's (WPATH) *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8* (hereafter, "WPATH SOC").

9. The WPATH SOC provides clinical guidance for health professionals based on the best available science and expert professional consensus. The purpose of the WPATH SOC is to assist health providers in delivering necessary and appropriate medical care to transgender and gender diverse people, in order to maximize their patients' overall health, psychological well-being, and self-fulfillment. The WPATH SOC has been recognized and adopted as the prevailing standard of care by the major professional associations medical and mental health providers in the United States, including the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, American Psychological Association, and Pediatric Endocrine Society, among others.

10. In addition, I have written a number of peer-reviewed journal articles and chapters in professional textbooks about treatment of gender dysphoria in children and adolescents. In 2018, I co-edited *Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Casebook*, which is the first published clinical casebook on mental health treatment for children and adolescents with gender dysphoria. A full and complete list of my publications is included in my CV.

11. I am an Associate Editor for the journal *Transgender Health*, and an Ad Hoc Reviewer for the journal *LGBT Health*. Each of these publications is a peer-reviewed medical journal.

12. I am actively involved in training other medical and mental health providers in the treatment of children and adolescents with gender dysphoria. I have conducted trainings for over 1,000 medical and mental health providers and have given dozens of public addresses, seminars, and lectures on the treatment of gender dysphoria in children and adolescents. I have also taught a number of courses through WPATH's Global Education Initiative, which provides training courses toward a member certification program in transgender health for practitioners around the world.

13. I am a member of the following professional organizations: American Psychiatric Association, American Academy of Child and Adolescent Psychiatry (AACAP), and World Professional Association for Transgender Health (WPATH). I am also a co-chair of the Sexual Orientation and Gender Identity Committee of AACAP and have participated in the Gender Dysphoria Working Group of the American Psychiatric Association, and the Transgender Health Committee of the Association of Gay and Lesbian Psychiatrists.

B. *Compensation*

14. I am being compensated at an hourly rate of $400/hour plus expenses for my time spent in connection with this case. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

C. *Prior Testimony*

15. In the previous four years, I have provided expert testimony by deposition or at trial in *Dekker v. Weida*, No. 4:22-cv-00325-RH-MAF (N.D. Fla.), *B.P.J. v. West Virginia State Board of Education* et al., No. 2:21-cv-00316 (S.D.W.V.), *L.E. v. Lee* et al, No. 3.21-cv-00835 (M.D. Tenn.), and *Loe v. Texas*, No. D-1-GN-23-003616 (District Court of Texas, Travis County).

D. *Bases for Opinions*

16. My opinions contained in this report are based on: (1) my clinical experience as a psychiatrist treating transgender patients, including adolescents and young adults; (2) my knowledge of the peer-reviewed research, including my own, regarding the treatment of gender dysphoria, which reflects the clinical advancements in the field of transgender health; (3) my work as a contributing author of the WPATH SOC; and (4) my review of the law challenged in this case. In preparing this report, I have also reviewed the materials listed in the attached bibliography, **Exhibit B**. The sources cited therein are authoritative, scientific peer-reviewed publications. These are the same types of materials that experts in my field

of study regularly rely upon when formulating opinions on the subject. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

17. Additionally, I have reviewed the text of Florida Senate Bill 254, and the text of the emergency rules adopted by the Florida Boards of Medicine and Osteopathic Medicine entitled "Sex-reassignment Standards of Practice in Minors" (64B8ER23-7, 64B15ER23-9) and "Mandatory Standardized Informed Consent for Sex-reassignment Prescriptions or Procedures in Adults" (664B8ER23-8, 4B15ER23-10), along with the informed consent forms that each rule adopts.

II. EXPERT OPINIONS

A. *Gender Identity Development and Gender Dysphoria in Children and Adolescents*

18. At birth, infants are assigned a sex, either male or female, based on the appearance of their external genitalia. For most people, their sex assigned at birth, or assigned sex, matches that person's gender identity. For transgender people, their assigned sex does not align with their gender identity.

19. Gender identity is a person's innate sense of their gender. It is a core and universal component of human identity.

20. It is essential to a person's mental health and well-being to be able to live consistent with their gender identity. This is true for transgender and non-transgender people.

21. Gender identity has a biological basis and cannot be altered through medical or psychological interventions.

22. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, underscores the innate nature of gender identity. Past attempts to "cure" transgender individuals by using talk therapy, and even aversive therapy, to change their gender identity to match their birth-assigned sex were ineffective and caused harm. The major associations of medical and mental health providers, such as the American Medical Association, the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, the American Psychological Association, and WPATH's standards of care, consider such efforts harmful and unethical.

23. Gender dysphoria is the medical diagnosis for the severe and unremitting psychological distress resulting from the incongruity between a transgender person's assigned sex and their gender identity. That distress can be alleviated when a transgender person is able to live consistent with their gender identity.

24. It is a serious medical condition and is listed in the Diagnostic and Statistical Manual, Version 5 (DSM-5), the diagnostic and coding compendium for mental health professionals.

B. *Standard of Care for Treatment of Gender Dysphoria in Youth*

25. Like all children, transgender children can thrive, grow into healthy adults, and have the same capacity for happiness, achievement, and contribution to society as others. For this group of young people, that means supporting their need to live in a manner consistent with their gender identity in all aspects of their lives.

26. Accordingly, the goal of treatment for gender dysphoria is to reduce distress and improve functioning which often occurs through the process of enabling the individual to live consistent with their gender identity. The process of undergoing those treatments is often referred to as gender transition. The stages that make up a transgender person's gender transition will depend on that individual's medical and mental health needs. The purpose of transition is to allow a transgender person to live congruently with their gender identity, including in many cases undergoing medical treatments to align the person's body with who they are.

27. Typically, transgender people start their transition with a series of steps that are commonly referred to as a "social transition." Those steps include, but are not limited to, changing their name, using different pronouns, wearing clothing and adopting grooming habits typically associated with their gender identity. Making

those changes enable a transgender person to begin living their life consistent with their gender identity and helps ensure that they are treated as such by family, peers, and others in the community. It is important to note that there are no medical interventions for pre-pubertal transgender and gender-diverse children. For some children, social transition is an appropriate intervention, while for others, treatment for gender dysphoria may involve but not be limited to building family and social support or building resilience.

28. After the onset of puberty, transgender young people may also start taking puberty-delaying medication to prevent the development of unwanted and psychologically distressing secondary-sex characteristics that conflict with the person's identity.

29. Gender affirming hormone therapy is medically necessary for some transgender young people regardless of whether they have taken puberty-delaying medication. That treatment causes their bodies to develop the secondary-sex characteristics more aligned with their gender identity, such as facial and body hair for boys who are transgender and female breast development in girls who are transgender.

30. Delaying any of these treatments, including puberty blockers or hormone therapy, when determined to be medically necessary will not only exacerbate a transgender young person's gender dysphoria, but also could lead to

the development of other co-occurring mental health conditions, including depression, anxiety, and disordered eating. Those co-occurring mental health conditions may be accompanied by unhealthy coping behaviors such as self-harm, substance misuse, and suicide attempts.

C. *Safe and Effective Treatments for Gender Dysphoria*

31. Research and clinical experience repeatedly reaffirm that gender transition significantly improves the mental and physical health of transgender young people and is the only treatment that has been demonstrably effective for gender dysphoria.

32. This is true of each stage of a transgender young person's gender transition. Transgender young people who underwent a social transition in childhood demonstrated better mental health profiles than prior studies of gender nonconforming children. *See* Lily Durwood, et al., *Mental Health and Self-Worth in Socially Transitioned Transgender Youth*, 56 J. Am. Acad. of Child & Adol. Psychiatry 116 (2017); Kristina Olson, et al., *Mental Health of Transgender Children who are Supported in Their Identities*, 137 Pediatrics 1 (2016). This same outcome has also been seen in a longitudinal study of transgender young people who underwent each of the three stages of transition outlined above. Annelou L.C. de Vries, et al., *Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment*, 134 Pediatrics 696 (2014).

33. Gender transition also can—and often does—alleviate co-occurring mental health issues a transgender young person experienced prior to transition. Following transition, transgender young people often see significant improvements in functioning and quality of life. Treating their gender dysphoria also increases a transgender young person's capacity to develop and maintain better coping strategies to manage any co-occurring conditions. For example, a recent study found that after two years of hormone treatment, transgender youth experienced increases in positive affect and life satisfaction and decreases in depression and anxiety symptoms. Diane Chen, et al., *Psychosocial Functioning in Transgender Youth after Two Years of Hormones*, 388 N. Engl. J. Med. 240 (2023).

34. Research shows that gender transition significantly improves the mental health of transgender young people, bringing their mental health profiles into alignment with their non-transgender peers. Kristina Olson, et al., *Mental health of transgender children who are supported in their identities*, 137 Pediatrics 1 (2016);[1] *see also* Jack Turban, et al., *Pubertal suppression for transgender youth and risk of suicidal ideation*, 145 Pediatrics 1 (2020) (transgender people who accessed puberty suppression treatment were 70% less likely to contemplate suicide).

[1] Anxiety was the only area where transgender young people differed from the non-transgender controls. On that measure, transgender young people showed slightly elevated levels of anxiety, but were still in the pre-clinical range.

35. Well-established research demonstrates the effectiveness of gender transition as treatment for gender dysphoria in adolescence. Jack Turban, Annelou DeVries & Kenneth Zucker, *Gender Incongruence & Gender Dysphoria*, in *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook*, (A Martin, et al., eds., 5th ed., 2018).

D. *The Role of Mental Health Providers in Assessing Necessity of Medical Treatments for Gender Dysphoria*

36. The first objective of a mental health provider treating a child or adolescent who appears to be experiencing gender dysphoria is to conduct a careful and thorough assessment. That assessment allows the provider to accurately diagnose the patient, including whether the patient meets the stringent criteria for gender dysphoria and any co-occurring conditions. The foundation of the assessment process is building a detailed history of the patient, such as prior treatment, trauma, substance misuse, among many other factors. That assessment also requires a developmentally informed exploration of the patient's relationship to their gender identity over time that includes information obtained from multiple informants whenever possible.

37. To appropriately conduct that assessment, the mental health provider must draw from their professional training and experience in working with transgender young people, exercise professional judgment, and tailor the assessment to each individual patient and their family. The number of sessions that assessment

requires will vary depending on the patient's presentation and the complexity of the issues the patient is navigating. The assessment process also goes beyond gathering information from the patient and their family.

38. A detailed history and assessment are important to provide the context for developing an appropriate treatment plan. That comprehensive assessment is also needed to help inform possible future care plans, such as the patient's need for puberty blockers or hormone therapy.

39. A critical element of the standard of care is that it does not presume that being transgender is incompatible with a young person's short- and long-term health and well-being. That is consistent with DSM-5 diagnostic criteria which is "focus[ed] on dysphoria as the clinical problem, not identity per se." American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, 451 (2013). As a result, therapists practicing consistent with the standard of care will create a space where the patient can explore their gender identity, knowing that being transgender and not being transgender are both equally acceptable outcomes.[2]

[2] As observed in the context of research on gender identity conversion efforts and family rejection, attempting to influence a young person's gender identity development is harmful, ineffective, and unethical. For example, a recent study found that being exposed to gender identity conversion efforts was associated with greater odds of attempting suicide, especially for those had those experiences in childhood. Jack Turban, et al., *Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults*, 77 JAMA Psychiatry 68 (2020).

40. Providing that individualized mental health treatment means that mental health providers are not simply a rubber-stamp in the process for accessing treatment for gender dysphoria. Instead, as is the case with all effective mental health treatment, the focus of the treatment is supporting overall health and well-being, regardless of whether the young person continues to identify as transgender. As a result, I have had patients who presented with some symptoms of gender dysphoria, but who ultimately did not meet the diagnostic criteria for a variety of reasons, and therefore I recommended treatments other than transition to alleviate their psychological distress. My experience in working with and speaking with other gender specialists is that this is routine throughout the profession. Part of the rigor of the diagnostic protocol is distinguishing between youth who are engaged in gender exploration from youth who are transgender and who do or will need treatment for gender dysphoria.

41. For young people who do meet the diagnostic criteria for gender dysphoria, mental health treatment often involves referring a patient for medical treatments. That process involves an assessment of the patient's gender dysphoria, co-occurring conditions, and the medical treatment's likely effect on the patient's overall mental health and functioning. As part of that process, providers also discuss the risks, benefits, and alternatives to treatment with transgender young people and their parents.

42. A patient's readiness to begin a particular course of medical treatment requires an evaluation of the patient's and the parent's/caregiver's understanding of the goals and potential limitations of the contemplated treatment. For example, for puberty-blocking medication, the provider will gauge the patient's ability to comprehend the effects of puberty on their body and mental health. An integral part of that discussion is evaluating a patient's grasp of the consequences of stopping those physical changes from occurring and alternatives to puberty-blocking treatment.

43. The mental health provider will then document the results of their assessment in a letter or note to the patient's treating physician. The letter or note documents the provider's diagnostic analysis as well as any professional opinions regarding the benefits of and readiness for the contemplated treatment. Ultimately, the appropriateness of any medical treatment is determined by a multidisciplinary team of mental health and medical care providers.

E. *Assessing Co-Occurring Conditions & Necessity of Medical Treatment for Gender Dysphoria*

44. The existence—and prevalence—of co-occurring conditions among transgender young people is unsurprising. Transgender young people must cope with many stressors from the fear of rejection from family and peers to pervasive societal discrimination. In addition, their underlying gender dysphoria can cause

significant psychological distress, which, if left untreated, can result in the development of co-occurring conditions.

45. Transgender young people, however, are not outliers in this regard. Research and clinical experience show that most psychiatric conditions are highly correlated with other co-occurring psychiatric conditions. For example, young people with depression are very likely to have at least one other diagnosable condition, most often anxiety. *See, e.g.*, E. Jane Costello, et al., *Prevalence and development of psychiatric disorders in childhood and adolescence*, 60 Archives of Gen. Psychiatry 837 (2003) ("There was strong heterotypic continuity from depression to anxiety" and finding approximately 30% of participants diagnosed with a depressive disorder were also diagnosed with an anxiety disorder). Likewise, a study on children diagnosed with Attention-Deficit/Hyperactivity Disorder found between 74-79% participants had additional co-occurring psychiatric conditions. Timothy Wilens, et al., *Psychiatric Comorbidity and Functioning in Clinically Referred Preschool Children and School-Age Youths With ADHD*, 41 J. of Am. Academy of Child & Adol. Psychiatry 262 (2002).

46. A comprehensive assessment—the cornerstone of the prevailing standards of care for the treatment of gender dysphoria—not only seeks to identify any co-occurring conditions, but also to evaluate the effect those conditions have on a transgender person's functioning. This is equally true when assessing whether

medical treatment for gender dysphoria is necessary from a mental health perspective.

47. The standards of care recognize that it is not possible for a transgender patient to resolve all co-occurring conditions prior to undergoing medical treatment, nor would it be ethical to impose such a requirement. Resolving all co-occurring conditions before medical treatment is not a requirement for other conditions. Gender dysphoria, by definition, is accompanied by clinically significant psychological distress. That distress can take on many different forms (*e.g.*, anxiety, mood disorders, and depression) and vary greatly in severity, resulting in co-occurring conditions. Because psychological distress is not easily compartmentalized, the distress associated with gender dysphoria can also amplify co-occurring conditions that developed independently of the gender dysphoria. In either situation, gender dysphoria limits the effectiveness of treatment of any co-occurring mental health conditions. Thus, treating the underlying gender dysphoria is essential to alleviating the psychological distress associated with co-occurring conditions.

48. Even assuming that it was possible to cure a patient's co-occurring conditions, delaying medical treatment can cause very real harms to a transgender person's physical and mental health. Without medical treatment, their gender dysphoria would continue to persist and often worsen. At a minimum, that increased

distress would interfere with the treatment for the person's co-occurring conditions, subjecting them unnecessarily to a longer course of treatment. It is often seen that the gender dysphoria would eclipse the person's co-occurring conditions, not only entirely impeding treatment of those co-occurring conditions, but also resulting in an overall deterioration of their mental health. The increased distress from their gender dysphoria would translate to resorting to negative coping mechanisms (*i.e.*, self-harm), suicidal ideation, and suicide attempts—just as it could if that increased distress was attributable to a co-occurring condition.

49. Gender dysphoria is a real and serious medical condition that is highly treatable. There is a rigorous and comprehensive protocol for diagnosing an individual with the condition. There is also a well-established standard of care for the treatment of gender dysphoria, including for treatment of gender dysphoria in transgender youth with puberty blockers and hormone therapy. When that treatment is provided, transgender youth can thrive. There are studies that have demonstrated that, and my own experience confirms it.

50. Medical treatment for gender dysphoria has immense psychological benefits for youth, bringing their mental health to a level similar to their non-transgender peers. My understanding is that the rules challenged in this case will prevent transgender youth and adults in Florida who are diagnosed with gender dysphoria from getting essential medical care that they need. In my professional

opinion, if transgender youth cannot get the medical care that they need, including puberty blockers and hormone therapy, they will suffer and their mental health will deteriorate.

F. *The Florida Boards' Informed Consent Forms for Transgender Minors Contain Many False and Misleading Statements that Undermine Rather than Enhance Informed Consent and Impose Unnecessary Mental Health Requirements*

51. It is my understanding that Florida Senate Bill 254 prohibits minors from being prescribed puberty blockers and hormone therapy after May 17, 2023. However, minors whose treatment was commenced before and still active on that date may continue to receive medications subject to using the required informed consent forms and complying with other requirements adopted by the Florida medical boards. I have reviewed the rules and informed consent forms adopted by the boards for continuing treatment of minors. In my opinion, those forms include many false and misleading statements, as well as imposing unnecessary mental health requirements that are inconsistent with the standards of care.

52. By way of example, the consent forms state: "Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient's psychological functioning in some, but not all, research studies. This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments." This is not correct. As

discussed above, established research shows that medical treatment for gender dysphoria offers significant mental health benefits for transgender adolescents. The research demonstrating the safety and effectiveness of medical care for gender dysphoria is of a similar type as the research that medical professionals rely on in treating many other conditions.

53. The consent forms state that "psychological therapy with a mental health care provider" is an alternative treatment option for patients or parents who do not wish to start or continue treatment with puberty blockers or hormone therapy. This statement is incorrect to the extent it indicates that therapy alone is an effective alternative treatment for adolescents or adults for whom puberty blockers or hormone therapy are medically indicated. As noted, the focus of effective mental health treatment is supporting a person's overall health and well-being. While therapy offers important benefits for many people, whether or not they are transgender, there is no evidence that therapy alone can alleviate gender dysphoria in adolescents for whom treatment with puberty blockers or hormone therapy is otherwise indicated.

54. The consent forms also state that treatment with puberty blockers or hormone therapy "will not prevent serious psychiatric events, including suicide." This statement is incorrect to the extent it indicates that these medications are not likely to have a beneficial effect on a transgender adolescent's mental health, or that

these treatments cannot reduce suicidality. As discussed above, research and clinical experience establish that all stages of gender transition, including treatment with puberty blockers and hormone therapy when appropriate, significantly improve the mental and physical health of transgender adolescents and is the only demonstrably effective treatment for gender dysphoria.

55. The above statements represent just a few of the more significant examples of the false or misleading statements present in the consent forms adopted by the boards.

56. In addition to containing inaccurate statements, the informed consent forms also impose various requirements and conditions for treatment with puberty blockers and hormone therapy that have no medical basis. For example, to continue treatment, an adolescent must undergo "an annual mental health assessment to be performed by a board-certified Florida licensed psychiatrist or psychologist." The WPATH Standards of Care do not require a that either initial or ongoing assessments may be performed only by a psychiatrist or psychologist. To the contrary, the standards recognize that different types of medical and mental health professionals may be qualified to assess a transgender adolescent or adult for puberty blockers or hormone therapy. The WPATH standards state that professionals working with transgender adolescents should hold appropriate licensing and qualifications in a relevant clinical field and have relevant training and expertise in gender identity, and

they encourage care to be provided by a multidisciplinary team, but they do not limit mental health assessment or care to psychiatrists or psychologists only, and such a requirement appears to serve no purpose except to impede access to care. The WPATH standards specifically emphasize that "lack of available disciplines should not preclude a young person from accessing needed care in a timely manner." WPATH SOC 8, Statement 6.9.

57. For similar reasons, there is no medical basis for a requirement that a transgender adolescent be re-evaluated by a psychiatrist or psychologist every year, for a requirement that all transgender adolescents receiving puberty blockers or hormone therapy receive a "suicide risk assessment by a licensed mental health care professional" every three months. As discussed above, medical treatment for gender dysphoria has enormous benefits for transgender adolescents. While many adolescents, transgender and non-transgender alike, experience suicidality and other mental health challenges, there is no evidence that treatment with puberty blockers or hormone therapy requires special ongoing mental health assessments not required for other adolescents. Ongoing mental health care and assessment depends on an adolescent's individual needs and may be provided by primary care providers and/or mental health professionals. The WPATH Standards of Care encourage health care providers to maintain an ongoing relationship with transgender adolescents

receiving medical treatment for gender dysphoria, but they do not require these types of formal mental health assessments. WPATH SOC 8, Statement 6.8.

58. There also is no evidence-based medical justification for an inflexible requirement that every adolescent receiving puberty blockers or hormone therapy must have "[c]ontinued counseling with a licensed mental health care professional during the treatment period, with the frequency recommended by the licensed mental health care professional." The WPATH Standards of Care encourage health care providers to maintain an ongoing relationship that "provide space for adolescents and caregivers to share important psychosocial aspects of emotional well-being," but they do not require ongoing mental health therapy or counseling in all cases. WPATH SOC 8, Statement 6.8.

59. The standards recognize that adolescents may experience barriers to care arising from their inability to access specific types of providers such as mental health professionals and urge flexibility in determining appropriate ongoing clinical relationships, and they also note that "many transgender adolescents are well-functioning and experience few if any mental health concerns." WPATH SOC 8, Statement 6.12.d. For these youth, ongoing mental health therapy or counseling during treatment may be unnecessary.

60. The consent forms also require an in-person visit before an adolescent may be prescribed treatment, and in-person follow-up visits every six months. These

requirements are unnecessary and contradict the standards of care, which emphasize that adolescents should not be prevented from obtaining treatment due to lack of access to medical resources. While regular follow-up is appropriate during treatment, there is no medical justification for inflexibly requiring all of those visits to be in person. Providing options such as virtual visits may better serve the needs of some patients and improve the frequency and quality of ongoing follow-up care.

61. S.B. 254 and the informed consent forms also impose an unnecessary and medically unjustified requirement that transgender patients (and their parent in the case of an adolescent patient) must sign the mandatory consent forms in an in-person meeting with their physician. A frank and candid discussion of the risks and benefits of puberty blockers and hormone therapy does not require an in-person visit and can easily be accomplished through other methods such as a video or audio conference. This requirement is not imposed for other patients or other medications, including the many other medications that pose greater risks.

62. I hold each of the opinions expressed in this report with a reasonable degree of scientific certainty, based on the materials I have reviewed and on my education, experience, and knowledge. I reserve the right to supplement, amend, or modify my opinions upon review of further information, including, but not limited to, testimony, documents, and reports I receive after

the date of this report.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 16th day of August 2023.

Aron Janssen, M.D.

Exhibit A

Curriculum Vitae

Curriculum Vitae

Aron Janssen, M.D.

Personal Data

Born	Papillion, Nebraska
Citizenship	USA

Academic Appointments

2011-2017	Clinical Assistant Professor of Child and Adolescent Psychiatry
2011-2019	Founder & Clinical Director, NYU Gender and Sexuality Service Director, LGBT Mental Health Elective, NYULMC
2015-2019	Co-Director, NYU Pediatric Consultation Liaison Service New York University Department of Child and Adolescent Psychiatry 2017-present Clinical Associate Professor of Child and Adolescent Psychiatry
2019-present	Vice Chair, Pritzker Department of Psychiatry and Behavioral Health Ann and Robert H. Lurie Children's Hospital of Chicago
2020-present	Medical Director, Outpatient Psychiatric Services Ann and Robert H. Lurie Children's Hospital of Chicago

Education

Year	Degree	Field	Institution
6/97	Diploma		Liberty High School
5/01	B.A.	Biochemistry	University of Colorado
5/06	M.D.	Medicine	University of Colorado

Postdoctoral Training

2006-2009	Psychiatry Residency Ze'ev Levin, M.D. NYU Department of Psychiatry
2009-2011	Child and Adolescent Psychiatry Fellowship – Fellow and Clinical Instructor Jess Shatkin, M.D.NYU Dept of Child/Adolescent Psychiatry

Licensure and Certification

2007-2018	New York State Medical License
2017-present	Illinois Medical License
2011-present	Certification in Adult Psychiatry, American Board of Psychiatry and Neurology 2013-present Certification in Child and Adolescent Psychiatry, ABPN

Academic Appointments

2009-2011 Clinical Instructor, NYU Department of Child and Adolescent Psychiatry 2011-2017Clinical Asst Professor, NYU Dept of Child and Adolescent Psychiatry 2017-2019 Clinical Assoc Professor, NYU Dept of Child

and Adolescent Psychiatry 2011-2019 Clinical Director, NYU Gender and Sexuality Service
2015-2019 Co-Director, NYU Pediatric Consultation-Liaison Service
2019-present Associate Professor of Child and Adolescent Psychiatry, Northwestern University 2019-present Vice Chair of Clinical Affairs, Pritzker Department of Psychiatry and Behavioral
Health, Lurie Children's Hospital of Chicago

Major Committee Assignments

International, National and Regional

2021-present Sexual Orientation and Gender Identity Committee, Chair, AACAP 2019-present WPATH Standards of Care Revision Committee, Children

2019-present WPATH Standards of Care Revision Committee, Adult Mental Health 2015-2019 Department of Child Psychiatry Diversity Ambassador

2013-2021 Sexual Orientation and Gender Identity Committee Member, AACAP 2012-2019 Founder and Director, Gender Variant Youth and Family Network 2012-present Association of Gay and Lesbian Psychiatrists, Transgender Health Committee

2012-2019 NYULMC, Chair LGBTQ Advisory Council

2012-2019 NYULMC, Child Abuse and Protection Committee 2013-2015 NYULMC, Pediatric Palliative Care Team

2003-2004 American Association of Medical Colleges (AAMC), Medical Education Delegate

2004-2006 AAMC, Western Regional

Chair Psychiatry Residency

2006-2009 Resident Member, Education Committee

2007-2008 Resident Member, Veterans Affairs (VA)

Committee Medical School

2002-2006 Chair, Diversity Curriculum Development Committee

2002-2006 AAMC, Student Representative

2003-2004 American Medical Student Assoc. (AMSA) World AIDS Day Coordinator

2003-2004 AMSA, Primary Care Week Coordinator

2004-2006 Chair, Humanism in Medicine Committee

Memberships, Offices, and Committee Assignments in Professional Societies

2006-present American Psychiatric Association (APA)

2009-present American Academy of Child and Adolescent Psychiatry (AACAP) 2011-present World Professional Association for Transgender Health (WPATH) 2011-2019 Director, Gender Variant Youth and Family Network, NYC

2013-2019 Chair, NYU Langone Medical Center LGBTQ Council

Editorial Positions

2016-2018 Clinical Assistant Editor, *Transgender Health*

2014-present Ad Hoc Reviewer, *LGBT Health.*

2016-present Ad Hoc Reviewer, *JAACAP*

2018-present Associate Editor, *Transgender Health*

2020-present Ad Hoc Reviewer, *Pediatrics*

Principal Clinical and Hospital Service Responsibilities

2011-2019	Staff Psychiatrist, Pediatric Consultation Liaison Service
2011-2019	Faculty Physician, NYU Child Study Center
2011-2019	Founder and Clinical Director, NYU Gender & Sexuality Service

2015-2019 Co-Director, Pediatric Consultation Liaison Service
2019-present Vice Chair, Pritzker Dept of Psychiatry and Behavioral Health 2019-present Chief Psychiatrist, Gender Development Program
2020-present Medical Director, Outpatient Psychiatry Services

Relevant Program Development

Gender and Sexuality Service

-founded by Aron Janssen in 2011, who continues to direct the service
-first mental health service dedicated to transgender youth in NYC
-served over 200 families in consultation, with 2-3 referrals to the gender clinic per week
-trained over 500 mental health practitioners in transgender mental health – 1 or 2 full day trainings in partnership with the Ackerman Institute's Gender and Family Project (GFP) and with WPATH Global Educational Initiative (GEI)
-New hires in Adolescent Medicine, Psychology, Plastic Surgery, Urology, Gynecology, Endocrinology, Social Work, Department of Population Health with focus on transgender care has led to expansion of available services for transgender youth at NYULMC in partnership with the Gender and Sexuality Service
-development of partnerships with Ackerman Institute, Callen-Lorde Health Center – both institutions have been granted access to our IRB and have agreed to develop shared research and clinical priorities with the Gender and Sexuality Service.
-multiple IRB research projects underway, including in partnership with national and international clinics
-model has been internationally recognized

Clinical Specialties/Interests

Gender and Sexual Identity Development
Co-Occurring Mental Health Disorders in Transgender children, adolescents and adults Pediatric Consultation/Liaison Psychiatry
Psychotherapy
Gender Affirmative Therapy, Supportive Psychotherapy, CBT, MI

Teaching Experience

2002-2006 Course Developer and Instructor, LGBT Health (University of Colorado School of Medicine
2011-2019 Instructor, Cultural Competency in Child Psychiatry (NYU Department of Child and Adolescent Psychiatry) – 4 hours per year
2011-2019 Course Director, Instructor "Sex Matters: Identity, Behavior and Development" – 100 hours per year
2011-2019 Course Director, LGBT Mental Health Elective (NYU Department of Psychiatry)

	- 50 hours of direct supervision/instruction per year
2011-2019	Course Director, Transgender Mental Health (NYU Department of Child and Adolescent Psychiatry – course to begin in Spring 2018.
2015-2019	Instructor, Gender & Health Selective (NYU School of Medicine) – 4 hours per year.

Academic Assignments/Course Development

New York University Department of Child and Adolescent Mental Health Studies
-Teacher and Course Director: "Sex Matters: Identity, Behavior and Development."
A full semester 4 credit course, taught to approximately 50 student per year since 2011, with several students now in graduate school studying sexual and gender identity development as a result of my mentorship.

NYU Department of Child and Adolescent Psychiatry
-Instructor: Cultural Competency in Child and Adolescent Psychiatry
-Director: LGBTQ Mental Health

Elective World Professional Association of Transgender Health
-Official Trainer: Global Education Initiative – one of two child psychiatrists charged with training providers in care of transgender youth and adults.

Peer Reviewed Publications

1. Janssen, A., Erickson-Schroth, L., "A New Generation of Gender: Learning Patience from our Gender Non-Conforming Patients," Journal of the American Academy of Child and Adolescent Psychiatry, Volume 52, Issue 10, pp. 995-997, October, 2013.
2. Janssen, A., et. al. "Theory of Mind and the Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning Autism Spectrum
3. Janssen A, Huang H, and Duncan C., Transgender Health. February 2016, "Gender Variance Among Youth with Autism: A Retrospective Chart Review." 1(1): 63-68. doi:10.1089/trgh.2015.0007.
4. Goedel WC, Reisner SL, Janssen AC, Poteat TC, Regan SD, Kreski NT, Confident G, Duncan DT. (2017). Acceptability and Feasibility of Using a Novel Geospatial Method to Measure Neighborhood Contexts and Mobility Among Transgender Women in New York City. Transgender Health. July 2017, 2(1): 96-106.
5. Janssen A., et. al., "Gender Variance Among Youth with ADHD: A Retrospective Chart Review," in review
6. Janssen A., et. al., "Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents," Journal of Child & Adolescent Psychology, 105-115, January 2018.
7. Janssen A., et. al., "A Review of Evidence Based Treatments for Transgender Youth Diagnosed with Social Anxiety Disorder," Transgender Health, 3:1, 27–33, DOI: 10.1089/ trgh.2017.0037.
8. Janssen A., et. al., "'The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study," Archives of Sexual Behavior, 2019. # 3563492
9. Kimberly LL, Folkers KM, Friesen P, Sultan D, Quinn GP, Bateman-House A, Parent B, Konnoth C, Janssen A, Shah LD, Bluebond-Langner R, Salas-Humara C., "Ethical Issues in Gender-Affirming Care for Youth," Pediatrics, 2018 Dec;142(6).
10. Strang JF, Janssen A, Tishelman A, Leibowitz SF, Kenworthy L, McGuire JK, Edwards-Leeper L, Mazefsky CA, Rofey D, Bascom J, Caplan R, Gomez-Lobo V, Berg D, Zaks Z, Wallace GL, Wimms H, Pine-Twaddell E, Shumer D, Register-Brown K, Sadikova E, Anthony LG., "Revisiting the Link: Evidence of the Rates of

Autism in Studies of Gender Diverse Individuals," Journal of the American Academy of Child and Adolescent Psychiatry, 2018 Nov;57(11):885-887.

11. Goedel William C, Regan Seann D, Chaix Basile, Radix Asa, Reisner Sari L, Janssen Aron C, Duncan Dustin T, "Using global positioning system methods to explore mobility patterns and exposure to high HIV prevalence neighbourhoods among transgender women in New York City," Geospatial Health, 2019 Jan; 14(2): 351-356.
12. Madora, M., Janssen, A., Junewicz, A., "Seizure-like episodes, but is it really epilepsy?" Current Psychiatry. 2019 Aug; 18(8): 42-47.
13. Janssen, A., Busa, S., Wernick, J., "The Complexities of Treatment Planning for Transgender Youth with Co-Occurring Severe Mental Illness: A Literature Review and Case Study," Archives of Sexual Behavior. 2019 Oct; 48(7): 2003-2009.
14. Wernick Jeremy A, Busa Samantha, Matouk Kareen, Nicholson Joey, Janssen Aron, "A Systematic Review of the Psychological Benefits of Gender-Affirming Surgery," Urol Clin North Am. 2019 Nov; 46(4): 475-486.
15. Strang, J.F., Knauss, M., van der Miesen, A.I.R., McGuire, J., Kenworthy, L., Caplan, R., Freeman, A.J., Sadikova, E., Zacks, Z., Pervez, N., Balleur, A., Rowlands, D.W., Sibarium, E., McCool, M.A., Ehrbar, R.D., Wyss, S.E., Wimms, H., Tobing, J., Thomas, J., Austen, J., Pine, E., Willing, L., Griffin, A.D., Janssen, A., Gomez-Lobo, A., Brandt, A., Morgan, C., Meagher, H., Gohari, D., Kirby, L., Russell, L., Powers, M., & Anthony, L.G., (in press 2020). A clinical program for transgender and gender-diverse autistic/neurodiverse adolescents developed through community-based participatory design. *Journal of Clinical Child and Adolescent Psychology.* DOI 10.1080/15374416.2020.1731817
16. Coyne, C. A., Poquiz, J. L., Janssen, A., & Chen, D. Evidence-based psychological practice for transgender and non-binary youth: Defining the need, framework for treatment adaptation, and future directions. Evidence-based Practice in Child and Adolescent Mental Health.
17. Janssen, A., Voss, R.. Policies sanctioning discrimination against transgender patients flout scientific evidence and threaten health and safety. Transgender Health.
18. Dubin, S., Cook, T., Liss, A., Doty, G., Moore, K., Janssen, A. (In press 2020). Comparing Electronic Health Records Domains' Utility to Identify Transgender Patients. Transgender Health, DOI 10.1089/trgh.2020.0069

Published Abstracts

1. Thrun, M., Janssen A., et. al. "Frequency of Patronage and Choice of Sexual Partners may Impact Likelihood of HIV Transmission in Bathhouses," original research poster presented at the 2007 Conference on Retroviruses and Opportunistic Infections, February, 2007.
2. Janssen, A., "Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations." Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting, October 2012.
3. Janssen, A., "Gender Variance in Childhood and Adolescents: Training the Next Generation of Psychiatrists," 23rd Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, February 2014.

4. Janssen, A., "When Gender and Psychiatric Acuity/Comorbidities Overlap: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth," AACAP Annual Meeting, October 2014.
5. Janssen, A., "Patient Experiences as Drivers of Change: A unique model for reducing transgender health disparities as an academic medical center," Philadelphia Transgender Health Conference, June 2016.
6. Janssen, A., "How much is too much? Assessments & the Affirmative Approach to TGNC Youth," 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
7. Janssen, A., "Trauma, Complex Cases and the Role of Psychotherapy," 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
8. Janssen, A., "Gender Variance Among Youth with Autism: A Retrospective Chart Review," Research Poster, 24th Symposium of the World Professional Association for Transgender Health, Amsterdam, The Netherlands, June 2016.
9. Janssen, A., "Gender Fluidity and Gender Identity Development," Center for Disease Control – STD Prevention Conference, September 2016.
10. Janssen, A., "Transgender Identities Emerging During Adolescents' Struggles With Mental Health Problems," AACAP Annual Conference, October 2016.
11. Janssen, A., "How Much is Too Much? Assessments and the Affirmative Approach to Transgender and Gender Diverse Youth," US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
12. Janssen, A., "Trauma, Complex Cases and the Role of Psychotherapy," US Professional Association for Transgender Health Inaugural Conference, Los Angeles, February 2017.
13. Sutter ME, Bowman-Curci M, Nahata L, Tishelman AC, Janssen AC, Salas-Humara C, Quinn GP. Sexual and reproductive health among transgender and gender-expansive AYA: Implications for quality of life and cancer prevention. Oral presentation at the Oncofertility Consortium Conference, Chicago, IL. November 14, 2017.
14. Janssen, A., Sidhu, S., Gwynette, M., Turban, J., Myint, M., Petersen, D., "It's Complicated: Tackling Gender Dysphoria in Youth with Autism Spectrum Disorders from the Bible Belt to New York City," AACAP Annual Conference, October 2017.
15. May 2018: "A Primer in Working with Parents of Transgender Youth," APA Annual Meeting.
16. October 2018: "Gender Dysphoria Across Development" – Institute for AACAP Annual Conference.
17. November 2018: "Gender Variance Among Youth with Autism," World Professional Association for Transgender Health Biannual Conference.
18. March 2019: "Gender Trajectories in Child and Adolescent Development and Identity," Austin Riggs Grand Rounds.
19. Janssen, A., et. al., "Ethical Principles in Gender Affirming Care," AACAP Annual Conference, October 2019.

20. Janssen, A., "Gender Diversity and Gender Dysphoria in Youth," EPATH Conference, April 2019
21. Englander, E., Janssen A., et. al., "The Good, The Bad, and The Risky: Sexual Behaviors Online," AACAP Annual Conference, October 2020
22. Englander, E., Janssen, A., et. al., "Love in Quarantine," AACAP Annual Conference, October 2021
23. Janssen, A., Leibowitz, S., et. al., "The Evidence and Ethics for Transgender Youth Care: Updates on the International Standards of Care, 8th Edition," AACAP Annual Conference, October 2021
24. Turban, J., Janssen, A., et. al., "Transgender Youth: Understanding "Detransition," Nonlinear Gender Trajectories, and Dynamic Gender Identities," AACAP Annual Conference, October 2021

Books

1. Janssen, A., Leibowitz, S (editors), Affirmative Mental Health Care for Transgender and Gender Diverse Youth: A Clinical Casebook, Springer Publishing, 2018.

Book Chapters

1. Janssen, A., Shatkin, J., "Atypical and Adjunctive Agents," Pharmacotherapy for Child and Adolescent Psychiatric Disorders, 3rd Edition, Marcel Dekker, Inc, New York, 2012.
2. Janssen, A; Liaw, K: "Not by Convention: Working with People on the Sexual & Gender Continuum," book chapter in The Massachusetts General Hospital Textbook on Cultural Sensitivity and Diversity in Mental Health. Humana Press, New York, Editor R. Parekh, January 2014.
3. Janssen, A; Glaeser, E., Liaw, K: "Paving their own paths: What kids & teens can teach us about sexual and gender identity," book chapter in Cultural Sensitivity in Child and Adolescent Mental Health, MGH Psychiatry Academy Press, Editor R. Parekh, 2016
4. Janssen A., "Gender Identity," Textbook of Mental and Behavioral Disorders in Adolescence, February 2018.
5. Busa S., Wernick, J., & Janssen, A. (In Review) Gender Dysphoria in Childhood. Encyclopedia of Child and Adolescent Development. Wiley, 2018.
6. Janssen A., Busa S., "Gender Dysphoria in Childhood and Adolescence," Complex Disorders in Pediatric Psychiatry: A Clinician's Guide, Elsevier, Editors Driver D., Thomas, S., 2018.
7. Wernick J.A., Busa S.M., Janssen A., Liaw K.RL. "Not by Convention: Working with People on the Sexual and Gender Continuum." Book chapter in The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health, editors Parekh R., Trinh NH. August, 2019.
8. Weis, R., Janssen, A., & Wernick, J. The implications of trauma for sexual and reproductive health in adolescence. In *Not Just a nightmare: Thinking beyond PTSD to help teens exposed to trauma.* 2019
9. Connors J., Irastorza, I., Janssen A., Kelly, B., "Child and Adolescent Medicine," The Equal Curriculum: The Student and Educator Guide to LGBTQ Health, editors Lehman J., et al. November 2019.

10. Janssen, A., et. al., "Gender and Sexual Diversity in Childhood and Adolescence," Dulcan's Textbook of Child and Adolescent Psychiatry, 3rd edition, editor Dulcan, M., (in press)
11. Busa S., Wernick J, Janssen, A., "Gender Dysphoria," The Encyclopedia of Child and Adolescent Development, DOI: 10.1002/9781119171492. Wiley, December 2020.

Invited Academic Seminars/Lectures

1. April 2006: "How to Talk to a Gay Medical Student" – presented at the National AAMC Meeting.
2. March 2011: "Kindling Inspiration: Two Model Curricula for Expanding the Role of Residents as Educators" – workshop presented at National AADPRT Meeting.
3. May 2011: Janssen, A., Shuster, A., "Sex Matters: Identity, Behavior and Development," Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
4. March 2012: Janssen, A., Lothringer, L., "Gender Variance in Children and Adolescents," Grand Rounds Presentation, NYU Department of Child and Adolescent Psychiatry.
5. June 2012: Janssen, A., "Gender Variance in Childhood and Adolescence," Grand Rounds Presentation, Woodhull Department of Psychiatry
6. October 2012: "Advocating for the mental health of Lesbian, Gay, Bisexual and Transgender (LGBT) population: The Role of Psychiatric Organizations." Workshop for the American Psychiatric Association Institute of Psychiatric Services Annual Meeting.
7. March 2013: "Gender Variance in Childhood and Adolescence," Sexual Health Across the Lifespan: Practical Applications, Denver, CO.
8. October 18th, 2013: "Gender Variance in Childhood and Adolescence," Grand Rounds Presentation, NYU Department of Endocrinology.
9. October, 2014: GLMA Annual Conference: "Theory of Mind and Intolerance of Ambiguity: Two Case Studies of Transgender Individuals with High-Functioning ASD," Invited Presentation
10. October 2014: New York Transgender Health Conference: "Mental Health Assessment in Gender Variant Children," Invited Presentation.
11. November, 2014: Gender Spectrum East: "Affirmative Clinical Work with Gender-Expansive Children and Youth: Complex Situations."
12. October 2015: "Gender Dysphoria and Complex Psychiatric Co-Morbidity," LGBT Health Conference, Invited Speaker
13. October 2015: "Transgender Health Disparities: Challenges and Opportunities," Grand Rounds, Illinois Masonic Department of Medicine
14. November 2015: "Autism and Gender Variance," Gender Conference East, Invited Speaker
15. February 2016: "Working with Gender Variant Youth," New York State Office of Mental Health State Wide Grand Rounds, Invited Speaker
16. March, 2016: "Working with Gender Variant Youth," National Council for Behavioral Health Annual Meeting, Invited Speaker

17. March 2016: "Gender Variance Among Youth with Autism: A Retrospective Chart Review and Case Presentation," Working Group on Gender, Columbia University, Invited Speaker.
18. September, 2016: "Best Practices in Transgender Mental Health: Addressing Complex Issues for Gender Dysphoric and Non-Conforming Youth," DeWitt Wallace Institute for the History of Psychiatry, Weill Cornell.
19. October, 2016: "LGBTQ Youth Psychiatric Care," Midwest LGBTQ Health Symposim
20. October, 2016: "Gender Fluidity and Gender Identity Development," NYU Health Disparities Conference.
21. February, 2017: "Best Practices in Transgender Mental Health," Maimonides Grand Rounds
22. March, 2017: "Transgender Health: Challenges and Opportunities," Invited speaker, Center for Disease Control STD Prevention Science Series.
23. September 2017: "Autism and Gender Dysphoria," Grand Rounds, NYU Department of Neurology.
24. November 2017: "Consent and Assent in Transgender Adolescents," Gender Conference East.
25. November 2017: "Transgender Mental Health: Challenges and Opportunities," Grand Rounds, Lenox Hill Hospital.
26. April 2018: "Gender Trajectories in Childhood and Adolescent Development and Identity," Sex, Sexuality and Gender Conference, Harvard Medical School.
27. September 2019: "Social and Psychological Challenges of Gender Diverse Youth," Affirmative Mental Health Care for Gender Diverse Youth, University of Haifa.
28. October 2019: "Best Practices in Transgender Mental Health," Grand Rounds, Rush Department of Psychiatry.
29. February 2020: "The Overlap of Autism and Gender Dysphoria," Grand Rounds, Northwestern University Feinberg School of Medicine Department of Psychiatry
30. February 2020: "Gender Dysphoria and Autism," Grand Rounds, University of Illinois at Chicago Department of Psychiatry
31. September 2021: "Gender Diversity and Autism," Grand Rounds, Kaiser Permanente Department of Pediatrics
32. October 2021: Gender Dysphoria and Autism," Grand Rounds, Case Western Reserve University Department of Psychiatry.

Selected Invited Community Seminars/Lectures

1. April 2012: "Gender and Sexuality in Childhood and Adolescence," Commission on Race, Gender and Ethnicity, NYU Steinhardt Speakers Series.
2. February 2013: "Supporting Transgender Students in School," NYC Independent School LGBT Educators Panel, New York, NY.
3. June 2013: "LGBT Health," Presentation for Neuropsychology Department
4. August 2013: "Chronic Fatigue Syndrome: Etiology, Diagnosis and Management," invited presentation.
5. September 2013: Panelist, "LGBTQ Inclusive Sex Education."
6. April 2015: Transgender Children, BBC News, BBCTwo, invited expert

7. January 2016: Gender Dysphoria and Autism – Ackerman Podcast - http://ackerman.podbean.com/e/the-ackerman-podcast-22-gender-dysphoria-autism-with-aron-janssen-md/
8. February 2016: "Best Practices in Transgender Mental Health," APA District Branch Meeting, Invited Speaker.
9. May 2016: "Best Practices in Transgender Mental Health," Washington D.C., District Branch, APA, Invited Speaker
10. July 2016: "Transgender Youth," Union Square West
11. November 2017: "Understanding Gender: Raising Open, Accepting and Diverse Children," Heard in Rye, Conversations in Parenting.
12. January 2018: "The Emotional Life of Boys," Saint David's School Panel, Invited Speaker
13. June 2018: "Supporting Youth Engaged in Gender Affirming Care," NYU Child Study Center Workshop.
14. October 2018: "Medicine in Transition: Advances in Transgender Mental Health," NYCPS HIV Psychiatry and LGBT Committee Meeting.
15. October 2018: "Understanding Gender Fluidity in Kids," NYU Slope Pediatrics.
16. October, 2021: Issues of Ethical Importance: Health Care for Pediatric LGBTQ+ Patients, American Medical Association, Invited Talk

Major Research Interests

Gender and Sexual Identity Development
Member, Research Consortium for Gender Identity Development Delirium: Assessment, Treatment and Management
Suicide Prevention

Research Studies

Study Title	IRB Study#	Dates
Suicide Attempts Identified in a Children's Hospital Before and During COVID-19	2021-4428	2/26/21-present
Lurie Children's Sex & Gender Development Program Clinical Measure Collection	2019-2898	2019-present
Adolescent Gender Identity Research Study (principal investigator) - unfunded	s15-00431	4/15-5/19
Co-Occurrence of Autism Spectrum Disorders and Gender Variance: Retrospective Chart Review (principal investigator) - unfunded	s14-01930	10/14-5/19
Expert Consensus on Social Transitioning Among Prepubertal Children Presenting with Transgender Identity and/or Gender Variance: A Delphi Procedure Study (principal investigator) - unfunded	s13-00576	3/16-5/19

Co-Occurrence of ADHD/Gender Dysphoria (principal investigator) - unfunded	s16-00001	1/16-5/19
PICU Early Mobility- unfunded	s16-02261	12/16-5/19
Metformin for Overweight and Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics – Funded by PCORI	s16-01571	8/16-5/19

Other

Grant Funding:
Zero Suicide Initiative, PI Aron Janssen, M.D. Awarded by Cardinal Health Foundation, 9/2020 Total amount: $100,000

Catalyst Fund, PI Aron Janssen, M.D. Suicide Prevention in Pediatric Primary Care Total amount: $750,000

Selected Media Appearances:

Guest Expert on Gender Identity on Anderson, "When Your Husband Becomes Your Wife," Air Date February 8th, 2012
Guest Host, NYU About Our Kids on Sirius XM, 2011 NYU Doctor Radio: LGBT Health, September 2013 NYU Doctor Radio: LGBT Kids, November 2013 NYU Doctor Radio: LGBT Health, July 2014
NYU Doctor Radio: Gender Variance in Childhood, December 2014 BBC Two: Transgender Youth, April 2015
NYU Doctor Radio: Transgender Youth, June 2015
Fox-5 News: Trump's proposed military ban and Transgender Youth, July, 2017
Healthline.com: Mental Health Experts Call President's Tweets 'Devastating' for Trans Teens, July, 2017
Huffington Post: What the Military Ban Says to Our Transgender Youth: August, 2017 Metro: How to talk to your transgender kid about Trump, August 2017
NYU Doctor Radio: Transgender Youth, August 2017

Exhibit B

Bibliography

BIBLIOGRAPHY

American Academy of Child & Adolescent Psychiatry Policy Statement: Conversion Therapy (2018).

American Psychiatric Association Position Statement on Conversion Therapy and LGBTQ Patients (2018).

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832–864.

American Psychological Association Resolution on Gender Identity Change Efforts (2021).

American Psychologist, 70(9), 832–864.

Achille, C., et al. (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: Preliminary results. International Journal of Pediatric Endocrinology, 2020.

Bruce, Lauren, et al. (2023). Long-Term Regret and Satisfaction With Decision Following Gender-Affirming Mastectomy. JAMA Surgery. Available at: https://jamanetwork.com/journals/jamasurgery/article-abstract/2808129?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamasurg.2023.3352

Chen D, Berona J, Chan YM, Ehrensaft D, Garofalo R, Hidalgo MA, Rosenthal SM, Tishelman AC, Olson- Kennedy J. Psychosocial Functioning in Transgender Youth after 2 Years of Hormones. N Engl J Med.
2023 Jan 19;388(3):240-250.

Costa, R., et al. (2015). Psychological support, puberty suppression, and psychosocial functioning in adolescents with gender dysphoria. The Journal of Sexual Medicine, 12(11), 2206–2214.

De Vries ALC, et al. (2011). Psychiatric comorbidity in gender dysphoric adolescents. Journal of Child Psychology & Psychiatry. 52(11):1195-1202.

De Vries ALC, et al. Young adult psychological outcome after puberty suppression and gender reassignment. Pediatrics. 2014; 134:1–9.

Durwood, et al. (2017). Mental health and self-worth in socially transitioned transgender youth. Journal of the American Academy of Child & Adolescent Psychiatry, 56, 116–123.

Edwards-Leeper, L., & Spack, N. P. (2012). Psychological evaluation and medical

treatment of transgender youth in an interdisciplinary "Gender Management Service" (GeMS) in a major pediatric center. Journal of Homosexuality, 59, 321–336.

Gibson, D. J., et al. (2021). Evaluation of anxiety and depression in a community sample of transgender youth. JAMA network open, 4(4), e214739-e214739.

Green, A. E., et al (2021). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. Journal of Adolescent Health [ePublication ahead of print].

Hidalgo, M. A., et al. (2013). The gender affirmative model: What we know and what we aim to learn. Human Development, 56(5), 285-290.

Klein A, Golub SA. (2016) Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults. LGBT Health. 3(3):193-9.

Klein D, Paradise S, Goodwin E. Caring for Transgender and Gender Diverse Persons: What Clinicians Should Know. (2018) American Family Physician, 98(11).

Kuper, L. E., et al (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. Pediatrics, 145(4), e20193006.

Olson, et al. (2016). Mental health of transgender children who are supported in their identities. Pediatrics, 137, e20153223.

Olson, Johanna, et al. (2019). Creating the Trans Youth Research Network: A Collaborative Research Endeavor. Transgender Health. 4. 304-31

Rae JR, et al. (2019). Predicting Early-Childhood Gender Transitions. Psychol Sci. 30(5):669-681.

Ryan C, et al. (2010). Family acceptance in adolescence and the health of LGBT young adults. J Child Adolesc Psychiatr Nurs. 23(4):205-13;

Steensma TD, et al. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study. J Am Acad Child Adolesc Psychiatry.
52(6):582-90.

Tordoff DM, Wanta et al. (2022) Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA Netw Open. 5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978.

Turban J, DeVries A & Zucker K, *Gender Incongruence & Gender Dysphoria*, in *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook*, (A Martin, et al., eds., 5th ed., 2018).

Turban JL, et al. (2020) Pubertal suppression for transgender youth and risk of suicidal ideation, Pediatrics. 145(2):e20191725.

Turban JL, et al. (2021). Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes. J Adolesc Health 69(6):991-998.

Van der Miesen, A., et al. (2020). Psychological functioning in transgender adolescents before and after gender- affirmative care compared with cisgender general population peers. The Journal of Adolescent Health, 66(6), 699.

White Hughto JM, et al. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Soc Sci Med*. 147:222-231.

World Professional Association for Transgender Health (WPATH) Standards of Care, Version 8, https://www.wpath.org/soc8/chapters.