

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION**

DREW ADAMS, a minor, by and through his next friend and mother, ERICA ADAMS KASPER,

No. 3:17-cv-00739-TJC-JBT

Plaintiff,

v.

THE SCHOOL BOARD OF ST. JOHNS COUNTY, FLORIDA; TIM FORSON, in his official capacity as Superintendent of Schools for the St. Johns County School District; and LISA KUNZE, in her official capacity as Principal of Allen D. Nease High School,

Defendants.

DECLARATION OF DIANE EHRENSAFT, Ph.D.

I, Diane Ehrensaft, pursuant to 28 U.S.C. §1746, declare as follows:

1. I am over the age of eighteen and submit this expert declaration based on my personal knowledge.

2. If called to testify in this matter, I would testify truthfully and based on my expert opinion. The opinions and conclusions I express herein are based on a reasonable degree of scientific certainty.

Qualifications and Experience

3. I am a developmental and clinical psychologist. I specialize in working with children and adolescents experiencing gender dysphoria and their families. A true and correct copy of my Curriculum Vitae is attached hereto as Exhibit A.

4. During my thirty-five year career as a psychologist, I have provided consultation, therapy, and evaluations for more than 500 transgender and gender nonconforming children and adolescents and their families.

5. Due to my expertise in this area, a portion of my private practice includes consulting with mental health providers across the United States to assist those providers in working with transgender youth. Over the years, I have consulted with approximately 200 mental health and related providers to assist them in their treatment of transgender youth and their families.

6. In addition to my private practice, I helped found the Child and Adolescent Gender Center (“CAGC”) at the University of California, San Francisco (“UCSF”) Benioff Children’s Hospital in San Francisco, California, along with several colleagues. I have served as CAGC’s Director of Mental Health since its inception in July 2009 and was appointed an Adjunct Associate Professor at the UCSF Department of Pediatrics.

7. As part of my work through CAGC, I organize and facilitate a group of local mental health providers that work with children and adolescents experiencing gender dysphoria called “Mind the Gap.” The group meets every month to discuss issues we see in our respective practices and provide support and outreach to each other so that we can provide the best care possible to our patients. Mind the Gap has developed training materials and assessment protocols, and provides community psychotherapy and evaluation for patients who attend the UCSF Child and Adolescent Gender Center Clinic at Benioff Children’s Hospital in San Francisco and San Mateo, and at the Children’s Hospital in Oakland. There are approximately 175 providers who participate in the group.

8. I serve on the Board of Directors of Gender Spectrum, a national organization offering educational, training, and advocacy services to schools and youth-serving organizations to become more gender inclusive. The organization also develops resources for parents and schools regarding transgender youth in school. For example, Gender Spectrum was a lead co-author of *Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools*, which was co-authored by the National Education Association; and, more recently authored *Transgender Students and School Bathrooms: Frequently Asked Questions*, a resource endorsed and supported by the American School Counselor Association, the National Association of Elementary School Principals, the National Association of School Psychologists, and the National Association of Secondary School Principals. Furthermore, I am actively involved in designing the organization's training program for healthcare professionals, and regularly conduct trainings as the group's mental health consultant to provide better education and services for those counseling and interacting with transgender youth and their families.

9. I am also a senior consultant, founding member, and board member of A Home Within, a national organization focusing on the emotional needs of children and youth in foster care and offering pro bono long-term psychotherapy to children in foster care.

10. As an Adjunct Associate Professor in the Department of Pediatrics at UCSF, I have taught courses including The Treatment of Gender-Nonconforming Children; The Emotional Development of Gender-Nonconforming Children; Interdisciplinary Support of Gender-Nonconforming and Transgender Children; Parenting a Gender nonconforming/

Transgender Child. I have also lectured at the University of California, Berkeley and The Wright Institute, which is a clinical psychology graduate school, in Berkeley, California.

11. I am currently working as a co-investigator on a five-year study operating at four sites (UCSF, Boston Children's Hospital, Los Angeles Children's Hospital, and Lurie Children's Hospital of Chicago), funded by a National Institute of Health ("NIH") grant to study the medical and mental health outcomes of gender nonconforming youth receiving puberty blockers and/or cross-sex hormones as part of their treatment.

12. My recent publications include *The Gender Creative Child*, The Experiment Press (2016); *Look, Mom, I'm a Boy—Don't Tell Anyone I Was a Girl*, 10 *J. of LGBT Youth* 1–20 (2013); *From Gender Identity Disorder to Gender Identity Creativity: True Gender Self Child Therapy*, 59 *J. of Homosexuality* 337-356 (2012); *Gender Born, Gender Made*, The Experiment Press (2011); and *Boys Will Be Girls, Girls Will Be Boys*, 28 *Psychoanalytic Psychology* 528-548 (2011). A listing of my publications is included in my curriculum vitae, attached hereto as Exhibit A.

13. I belong to a number of professional organizations and associations relating to (i) the health and well-being of children and adolescents, including those who are transgender; and (ii) appropriate medical treatments for transgender individuals. For example, I am a member of the World Professional Association for Transgender Health ("WPATH"), an international multidisciplinary professional association to promote evidence-based care, education, research, advocacy, public policy and respect in transgender health. WPATH publishes the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, which leading medical and mental health associations,

including the American Medical Association, the Endocrine Society, the American Psychiatric Association, and the American Psychological Association, have endorsed as the authoritative standards of care for transgender people. I also sit on the subcommittee of WPATH tasked with drafting the new version of the Standards of Care. A complete list of my involvement in various professional associations is located in my Curriculum Vitae, Exhibit A.

14. In preparation for my testimony, I have reviewed the materials listed in the bibliography attached hereto as Exhibit B, and which consist relevant medical and scientific materials related to transgender people and gender dysphoria. I may rely on those documents, in addition to the documents specifically cited as supportive examples in particular sections of this declaration, as additional support for my opinions. I reserve the right to supplement the materials listed in the bibliography. I have also relied on my years of experience in this field, as set out in my curriculum vitae, Exhibit A, and on the materials listed therein. The materials I have relied on in preparing this declaration are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

15. In the past four years, I have testified as an expert and provided testimony in the following matters: *Evancho v. Pine-Richland Sch. Dist.*, Case No. 2:16-cv-1537-MRH (W.D. Pa.); *Bd. of Educ. of the Highland Local Sch. Dist. v. United States Dep't of Educ.*, Case No. 2:16-CV-524 (S.D. Ohio); *Brashar v. Or. Health Plan* (Or.); *Miller v. Perdue* (Colo.); and *Stephane Huard v. Dr. Barwin and Broadview Fertility Clinic* (Quebec, 2016).

16. I am being compensated at an hourly rate for actual time devoted, at the rate of \$350 per hour for any review of records, or preparation of reports or declarations, and for deposition and trial testimony; and \$1,000 per day for travel time. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

17. I was provided with and reviewed the following case-specific materials: (1) the Complaint filed in this matter and (2) the declarations of Plaintiff Drew Adams and his mother, Erica Adams Kasper, that are being submitted in support of Plaintiff's motion for preliminary injunction.

18. I have not met or spoken with the Plaintiff or his parents for purposes of this declaration. My opinions are based solely on the information I have been provided by Plaintiff's attorneys as well as my extensive experience studying gender dysphoria and treating transgender patients.

Gender Identity Development and Gender Dysphoria

19. At birth, infants are assigned a sex, either male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate and their birth-assigned sex matches that person's actual sex. However, a transgender person's birth-assigned sex does not reflect that person's actual sex.

20. By the beginning of the twentieth century, scientific research had established that external genitalia alone—the typical criterion for assigning sex at birth—is not an accurate proxy for a person's sex. Instead, current medical understanding recognizes that a person's sex is comprised of a number of components including: chromosomal sex, gonadal

sex, fetal hormonal sex (prenatal hormones produced by the gonads), internal morphologic sex (internal genitalia, i.e., ovaries, uterus, testes), external morphological sex (external genitalia, i.e., penis, clitoris, vulva), hypothalamic sex (i.e., sexual differentiations in brain development and structure), pubertal hormonal sex, neurological sex, and gender identity and role. When there is a divergence between these factors, neurological sex and related gender identity are the most important and determinative factors.

21. Gender identity is a person's inner sense of belonging to a particular gender, such as male or female. It is a deeply felt and core component of human identity. It appears to be related to one's brain messages and mind functioning, the factors that are now included under the category of neurological sex.

22. Like non-transgender people (referred to in the Complaint as "cisgender" people), transgender people do not simply have a "preference" to act or behave consistently with their gender identities. Every person has a gender identity, which is a deep-seated, deeply felt component of human identity for each person. A person's gender identity is not a personal decision, preference, or belief.

23. The only difference between transgender people and non-transgender people is that the latter have gender identities that are consistent with their birth-assigned sex whereas the former do not. A transgender boy cannot simply turn off his gender identity like a switch, any more than anyone else could.

24. In other words, transgender boys are boys and transgender girls are girls.

25. Current science recognizes that gender identity is innate or fixed at a young age and that gender identity has a biological basis. For example, both post-mortem and

functional brain imaging studies in living people show that transgender people have areas of the brain that differ from the brains of non-transgender individuals. Additionally, research has found that the probability of a sibling of a transgender person also being transgender is almost five times higher than that of the general public, and that twins have a 33.3% concordance rate, even when raised apart, suggesting a genetic component to the incongruity in the biological markers of gender.

26. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, further underscores the innate and immutable nature of one's gender identity. Past attempts to "cure" transgender individuals by means of psychotherapy, aversion treatments or electroshock therapy, in order to change their gender identity to match their birth-assigned sex, have proven ineffective. As importantly, evidence suggests that such efforts may cause extreme psychological damage. All major associations of medical and mental health providers, such as the American Medical Association, the American Psychiatric Association, the American Psychological Association, and WPATH's Standards of Care, consider such efforts unethical and dangerous, as they may cause extreme psychological harm.

27. Children typically become aware of their gender identity at a young age, as early as between the ages of two and four. Once aware that their gender identity does not match the sex they were assigned at birth, transgender children often begin to express their cross-gender identity to their family members and caregivers. The statements and actions transgender children use to communicate their cross-gender identity differ significantly from the occasional adoption of a cross-gender identity, or cross-gender clothing by non-

transgender children in imaginative play. Transgender children are insistent, persistent, and consistent over time in their cross-gender identification. They may also show signs of psychological distress as a result of the mismatch between their birth-assigned sex and their actual sex.

28. Gender dysphoria is the medical diagnosis for the significant distress and/or problems functioning that result from the incongruity between various aspects of one's sex. It is a serious medical condition and is listed in both the DSM-5 and the World Health Organization's International Classification of Diseases, the diagnostic and coding compendia for mental health and medical professionals, respectively. People diagnosed with gender dysphoria have an intense and persistent discomfort with their assigned sex.

29. Gender dysphoria was previously referred to as gender identity disorder. In 2013, the American Psychiatric Association changed the name and diagnostic criteria to be "more descriptive than the previous DSM-IV term gender identity disorder and focus[] on dysphoria as the clinical problem, not identity per se." DSM-5 at 451.

30. The psychophysiological experiences of gender dysphoria symptoms vary in kind and degree. Not all transgender young people experience dysphoria. Different types of biological and environmental triggers can cause onset of symptoms.

31. Some environmental triggers of gender dysphoria symptoms are related to a lack of respect for social transition including, but not limited to, misgendering in the form of pronoun use, prohibition of involvement in activities in accordance with one's gender identity, and denying someone access to a restroom or changing facilities that match the person's gender identity.

Standards of Care for Working with Transgender Youth

32. Like all children, when loved, supported, and affirmed by their parents and caretakers and by their social environment, transgender children can thrive, grow into healthy adults and have the same capacity for happiness, achievement, and contribution to society as others. For these youth, that means supporting their need to live in a manner consistent with their gender identity.

33. Obtaining treatment for gender dysphoria and ensuring that a transgender child is in an environment that does not undermine that treatment are critical to a transgender child's healthy development and well-being. For young transgender children, the treatment of gender dysphoria consists of social transition, which involves changes that bring the child's outer appearance and lived experience into alignment with the child's core gender. Changes often associated with a social transition include changes in clothing, name, pronouns, and hairstyle.

34. Support for social transition—such as dressing in accord with one's gender identity, respecting a person's chosen name and correct pronouns, and providing access to restrooms that match who they are—can thus both treat and prevent negative psychological and psychophysiological symptoms of gender dysphoria. Mental health care can also address symptoms of gender dysphoria.

35. Research and clinical experience have shown that consistent respect and inclusive acknowledgement of a transgender youth's gender identity (i.e., positive reinforcement of social transition) improves that child's mental health and reduces the risk that the child will engage in self-harming or suicidal behaviors. In fact, undergoing a social

transition before puberty often provides tremendous and immediate relief because there are few, if any, observable physical differences between boys and girls at that age.

36. There are no pharmacologic treatments for gender dysphoria until after the onset of puberty. However, after the onset of puberty, adolescents suffering from gender dysphoria may be placed on puberty suppressors (i.e. hormone blockers) to block the stopping the development of secondary sex characteristics that do not align with the adolescent's gender identity. Thereafter, usually around the age of 16, gender dysphoric adolescents are treated with cross-sex hormones to bring their bodies into alignment with their sex, as primarily determined by their gender identity. For example, a transgender girl will receive estrogens which result in breast growth and female fat distribution, while a transgender boy will receive androgens and will become more muscular and develop a lower voice as well as facial and body hair.

37. Surgical treatment is not typically recommended until an adolescent is, at minimum, in his or her mid- to late-teens, depending on the specific procedure. However, once gender dysphoric adolescents come of age and meet the eligibility criteria, they can be eligible for surgical interventions meant to bring their bodies into alignment with their identity. The need, timing, and nature of the surgical treatment will differ from patient to patient.

38. Many transgender individuals never undergo surgery or do so only later in life. For many transgender individuals, surgery is not medically necessary or may be safely delayed for some time as their dysphoria is alleviated through social role transition and other medical treatments.

39. A person's gender identity is an innate, effectively immutable characteristic; a person's sex is not determined by a particular medical treatment or procedure. Thus, from a medical and scientific perspective, a person's gender is not dependent on whether or not that person has undergone surgery or any other medical treatment. The medical treatments provided to transgender people (including social transition for transgender children), do not "change a girl into a boy" or vice versa. Instead, they affirm the authentic gender that an individual person *is*. Treatments fall below the accepted standards of care if they fail to recognize that a youth's affirmed gender identity is not how they feel, but rather who they are. The goal of proper treatment is to align the person's body and lived experience with the person's fixed identity as male or female, which already exists. Treatment creates more alignment between the person's identity and the person's appearance, attenuating the dysphoria, and allowing the person's actual sex, male or female, to be seen and recognized by others.

40. Failure to recognize and support a transgender student's gender identity also relies on an outmoded and scientifically unsound premise that transgender identity is only how a person feels, not who they are, and that a transgender girl can never be a "real" girl and a transgender boy can never be a "real" boy because they lack the chromosomes and genitalia stereotypically-associated with their gender identity. Scientific evidence is now available indicating that gender identity not only has a strong core component but also is primarily dictated by messages from our brain rather than either chromosomes or physiological sex characteristics. With that said, it should be noted that a transgender

youth's gender identity—translated to the sex they live in—is as real as any cisgender youth's and should be treated accordingly in all settings, including schools.

Supporting the Mental Health of Transgender Youth in Schools

41. In the school setting, providing appropriate support includes ensuring that teachers and other staff refer to transgender students by their chosen names and correct pronouns, permitting the transgender student to use the sex-separated facilities that are consistent with their gender identity on the same terms as their peers, and generally treating transgender students in a manner consistent with their gender identity for all purposes. Failing to recognize and support a transgender student's gender identity sends a message—both to the transgender student and to others—that the transgender student is different from his or her peers and needs to be segregated, causing the transgender student to experience shame.

42. Transgender children experience significant psychological distress when parents/caregivers or school staff repeatedly fail to acknowledge the child's gender identity or treat the child in a manner consistent with his or her inaccurate, birth-assigned gender. Because gender is a core aspect of a person's identity, transgender children who are treated in this way experience that mistreatment as a profound rejection of their core self, which has serious negative consequences for their development and their long-term health and well-being. The intensity of that distress is directly correlated to the level of rejection or disapproval expressed by a parent, caregiver, or school staff. Greater levels of rejecting behaviors significantly increase the risk that the child will develop long-term mental health

conditions, including serious negative mental health consequences such as low self-esteem, anxiety, depression, substance use issues, self-harming behaviors, and suicidal ideation.

These conditions accumulate in their severity and also show up immediately in the face of rejecting circumstances, such as when transgender children are told that they cannot use the restroom that matches the gender they know themselves to be.

43. Rejecting or disapproving of a child's gender identity interferes with the child's healthy development across all domains, including difficulty maintaining healthy interpersonal relationships and developing emotional resilience, among others.

44. Given the amount of time that students spend in school, the school environment has a tremendous impact on a transgender student's development and well-being. Ensuring that schools support a transgender student's gender is critical to their long-term health and well-being. In a study of transgender youth between ages 15 and 21, participants identified school to be the most traumatic aspect of growing up. Experiences of rejection and discrimination from teachers and school personnel led to feelings of shame and unworthiness. The stigmatization to which transgender youth were routinely subjected led many to experience academic difficulties and to drop out of school. The longer a child experiences rejection from his or her family, school, or community, the more significant and long-lasting the negative consequences. Research and surveys have found that transgender adults who experienced discrimination in schools were more likely to have attempted suicide. Research and surveys have also found that a high percentage of transgender people used drugs and alcohol to cope with the mistreatment they experienced based on their gender identity.

45. The negative mental health effects of rejection can also cause a transgender child to develop co-occurring mental health conditions, such as major depression, generalized anxiety disorder, and eating disorders. The symptoms associated with those co-occurring conditions typically alleviate significantly once a transgender child's gender identity is affirmed. However, if the child remains in an environment, whether at home or in school, where the child's gender identity is not recognized and supported, that mistreatment can exacerbate those conditions, resulting in lasting harm.

46. Partial acceptance is not enough. If a caretaking or school environment offers support in certain domains—such as appropriate pronoun and name use—yet fails to offer support in other areas—such as allowing the child to use the restroom that matches the gender they know themselves to be and/or sending harmful messages that the child, if incorrectly assigned female at birth will always be a girl—such inconsistency can be a confusing and stressful experience for the youth. This stress-inducing experience can in turn result in a lack of trust in an environment that both supports and punishes the same behavior, in this instance the child's affirmation of his or her actual sex. Research has consistently shown that children who receive inconsistent rather than consistent reinforcement of behaviors are at risk for behavioral problems, generalized anxiety, and psychiatric symptoms.

47. I am aware from the case materials I have reviewed that Plaintiff Drew Adams is not permitted to use the boys' restroom at school and that he is instead required to use one of the single-user restrooms in the school. I am also aware that at the beginning of his freshman year, Drew was able to access the restroom that matched his affirmed male gender, a situation which allowed him to feel comfortable and accepted in his school environment.

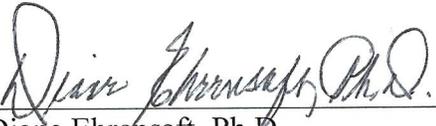
48. Based on my extensive experience researching and working with transgender children, it would be psychologically damaging for a transgender child to be forced to use either the sex-segregated restroom that does not comport with their gender identity or a separate single-user restroom that other students are not required to use. In addition, there are serious health concerns, as these youth, when barred from using the restroom that matches their affirmed gender identity, will instead typically choose to restrict or forego restroom use at school, putting them at risk for urinary tract infections and impacted bowels.

49. I understand that an administrator in Drew's school district has expressed a concern that some transgender students might take advantage of communal restroom facilities to display their genitals to others. This is simply wrong, and profoundly at odds with the reality of transgender youth's experiencing gender dysphoria and their restroom use. The issue for transgender students is overwhelmingly one in which they seek privacy and discreteness in restroom use, as their genitalia or any part of their body that reveals secondary sex characteristics is typically the source of significant to severe body dysphoria and distress related to such dysphoria. In other words, exposing parts of their body that are often associated with gender dysphoria, such as genitalia, is generally the last thing any transgender student wants to do. Nor are transgender students disproportionately likely to engage in misconduct of any kind, in restrooms or any other facility. Certainly there is no evidence that they would be more likely than any other individual to engage in such inappropriate behaviors.

50. I respectfully reserve the right to modify and expand upon my testimony as the facts are developed in this matter.

This declaration was executed this 14th day of July, 2017 in Alameda County,
California.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is
true and correct.


Diane Ehrensaft, Ph.D.

INDEX OF EXHIBITS TO EHRENSAFT DECLARATION

Letter	Title
A	Curriculum Vitae
B	Bibliography

Exhibit A

Exhibit A to Ehrensaft Decl.: Curriculum Vitae

CURRICULUM VITAE

NAME: Diane Ehrensaft, Ph.D.

ADDRESS: 445 Bellevue Avenue Suite 302,
Oakland, California 94610

TELEPHONE: 510-547-4147

FAX: 510-547-7692

E-MAIL: dehrensaft@earthlink.net

PRESENT POSITIONS:

- Adjunct Associate Professor, Child Gender Clinic, Department of Pediatrics, University of California San Francisco, San Francisco, CA
 - Responsibilities: Assessment, Treatment, and Consultation advising with gender-nonconforming children and their families
- Director of Mental Health, Child and Adolescent Gender Center CAGC, San Francisco Bay Area
 - Responsibilities: Coordinating mental health services and directing consortium of child gender specialists
- Faculty, Psychoanalytic Institute Of Northern California, San Francisco, CA
 - Responsibilities: Teaching, Research Development
 - Areas:
 - Gender, Childhood and Adolescence
 - Reproductive Technology
- Clinical Psychologist, Private Practice, Oakland, CA
 - Responsibilities:
 - Psychotherapy with children and adults
 - Psychological evaluations
 - Custody evaluations
 - Mediation
 - Parenting consultations
 - Training and consultation
 - Forensic work: expert witness

STATUS:

- Ph.D. in Psychology
- Licensed Clinical Psychologist (California License # PSY 7342)

EDUCATION:

- University of Michigan: B.A. in Psychology 1964-1968
 - Graduated with honors in Honors Psychology Program
- University of Michigan: Ph.D. in Psychology 1968-1974
 - Received Ph.D. in May 1974
 - Course work Concentration: Child development; child psychotherapy; socialization; family
 - Psychology Prelim Exams: Communal child rearing and the social development of the child
 - Dissertation title: “Sex role socialization in a preschool setting”

EDUCATIONAL AWARDS AND APPOINTMENTS:

- 1968, 1969, 1970: NIMH Traineeship, University of Michigan
- 1970: Teaching Assistantship, School of Social Work, U. of Michigan
- 1971: Teaching Assistantship, Psychology Department, U. of Michigan
- 1971: Rackham Predoctoral Fellowship, University of Michigan
- 1972: University of Michigan Dissertation Grant
- 2012: Annual Scholarship Award, Section on Gender and Psychoanalysis, Division of Psychoanalysis, American Psychological Association
- 2013: Award for Outstanding Service, Section on Childhood and Adolescence, Division of Psychoanalysis, American Psychological Association
- 2014: Community Service Award, for Commitment to Child and Adolescent Gender Center, Northern California Society for Psychoanalytic Psychology

GRANTS:

- 2015 National Institute of Health (NIH)
 - R01HD082554: The Impact of Early Treatment of Transgender Youth
 - 08/01/2015-06/30/2020
 - Role: co-Investigator.

EMPLOYMENT EXPERIENCE:

- 2012 to present: Adjunct Associate Professor, Department of Pediatrics, UCSF
- 1980 to present: Clinical Psychologist in private practice
- 1981 to 2004: Professor, The Wright Institute, Berkeley, California
- 1986 to 2005: Expert panel, Family Court, Counties of Alameda & San Francisco
 - Responsibilities: Court-appointed child and custody evaluations
- 1994 to present: Senior clinical faculty, A Home Within
 - Project offering pro bona long-term psychotherapy to children in foster care

- 1999 to present: Faculty, Psychoanalytic Institute of Northern California
- 2000 to present: Clinical Supervisor and Consultant, West Coast Children's Center
 - Responsibility: Supervision of interns, clinical training and consultation
- 1995 to 1999: Member, Mediation Resources
 - Interdisciplinary team of psychologists and lawyers offering mediation, evaluation, and consultation services pertaining to dispute resolution in family and commercial matters
- 1995 to 1999: Clinical faculty, Mt. Zion Psychiatric Department, University of California, San Francisco
 - Responsibilities: Clinical supervision of psychology interns
- 1992 to 1998: Clinical faculty, Ann Martin Children's Center, Piedmont, California
 - Responsibilities: Clinical supervision to psychology interns
- 1986 to 1992: Clinical faculty, Department of Psychiatry, Children's Hospital San Francisco
 - Responsibilities: Clinical supervision of psychology interns
- 1986 to 1990: Clinical consultant, Children's Hospital Medical Center of Northern California, Oakland
 - Responsibilities: Clinical training
- 1985 to 1986: Consulting Psychologist Health America Rockridge, Oakland, California
 - Responsibilities: Consultation to Pediatrics Department
- 1982 to 1988: Independent contractor to Child Development Center, Children's Hospital Medical Center of Northern California
 - Responsibilities: Psychological Evaluations of developmentally disabled children, consultation with staff and parents.
- 1980 to 1983: Mental Health Consultant, Alameda Headstart, Alameda, CA
 - Responsibilities: Clinical consultation and training with Headstart staff in areas of child and family mental health; observation and evaluation of children enrolled in Headstart program; psychological consultations with families enrolled in the program
- 1980 to 1981: Post Doctoral Fellowship Child Guidance Clinic and Adult Psychiatric Services Children's Hospital San Francisco
 - Responsibilities: Psychological testing, evaluation, and treatment Of adults, children, and families; consultation with schools and related hospital services
- 1979 to 1981: Faculty, University of San Francisco Faculty member of the Family Reunification Project, sponsored by the University of San Francisco in conjunction with the San Francisco Department of Social Services
 - Responsibilities: Teaching courses in the area of child psychopathology to Department of Social Service social workers enrolled in in-service Masters of Arts in Public Services program.

- 1979 to 1980: Post-Doctoral Internship Family Guidance Services, Children's Hospital Medical Center
 - Responsibilities: Evaluation of children and families in a multi- disciplinary mental health clinic serving a broad range of families
- 1979 to 1980: Post-Doctoral Internship Child Development Center, Children's Hospital Medical Center
 - Responsibilities: Psychological screening and evaluation of young children referred for developmental disabilities and related problems; treatment planning; consultation to schools, day care programs, and community agencies
- 1977 to 1979: Faculty, Field Studies Program, University of California, Berkeley
 - Responsibilities: Teaching field based courses in the areas of child rearing, parenting, and the family; women, gender, and social change. Administrative responsibilities involving staff development and program evaluation
- 1974 to 1978: Faculty, Interdisciplinary Program on Day Care and Child Development, University of California, Berkeley Graduate Program funded by the Carnegie and Grant Foundations and sponsored jointly by the Department of Education, School of Social Welfare, and School of Public Health offering advanced training to a selected group of pediatricians, educators, and social workers.
 - Responsibilities: Evaluate effectiveness of graduate training program in day care and child development; program development; teaching
- 1974 to 1978: Faculty, School of Social Welfare, University of California, Berkeley
 - Responsibilities: Teaching in areas of research theory and methods, children and the family; women and mental health; dissertation supervision
- 1972 to 1973: Faculty, Sociology Department, Sir George Williams University, Montreal, Quebec
 - Responsibilities: Teaching courses on the sociology of the family
- 1972: Director, Park Avenue Day Care Center, Montreal, Quebec
 - Government-sponsored preschool program for Greek immigrant families to teach them French and English language skills and prepare them for entrance into Montreal school system.
 - Responsibilities: Program administration; liaison with Quebec and Canadian government; mental health consultation to staff and program families
- 1971: Teaching Assistant, Department of Psychology, University of Michigan
 - Responsibilities: Running the developmental psychology lab for undergraduate and graduate level students; teaching in develop- mental psychology class
- 1970: Teaching Assistant, School of Social Work, University of Michigan
 - Responsibilities: Assistant teaching in course on complex organizations
- 1970: Clinician and research assistant, Project on marital communication and family therapy in a natural setting, School of Social Welfare, University of Michigan

- Responsibilities: Family therapy in office and home setting; compilation and analysis of research data on therapeutic outcome
- 1969: Group therapist, Huron Valley Child Guidance Clinic, Ypsilanti, Michigan
Nonresidential summer therapy program for emotionally disturbed boys ages 5-14.
 - Responsibilities: Co-led group therapy with a group of 9-10 year old boys.
- 1968 to 1969: Graduate clinical internship, Office of Economic Opportunity Day Care Center, Ecorse, Michigan
 - Responsibilities: Mental health consultation to staff and families, play therapy with children enrolled in program
- 1968 to 1969: Graduate clinical internship, Downriver Child Guidance Clinic, Lincoln Park, Michigan
 - Responsibilities: Therapy with school-age children and families
- 1968: Research Assistant, Department of Psychology, University of Michigan
Clinical research on aggression and dependency in college students
 - Responsibilities: Analysis of Thematic Apperception Test protocols
- 1967: Research Assistant, Institute for Industrial Relations, University of Michigan
Project on American ghettos
 - Responsibilities: Library research, document preparation, analysis of data.

PROFESSIONAL ACTIVITIES:

- 2015: Co-Chair, APA Division of Psychoanalysis (39) Spring Meeting, Life in Psychoanalysis in Life, San Francisco, CA
- 2014: AbbVie Trans Advisory Board Member
- 2010: President, Professional Advisory Board, A Home Within
- 2009 to present: Member of Professional Advisory Board, A Home Within
- 2008 to present: Board Member, Gender Spectrum
- 2008 to present: Board Member, Section IX, Psychoanalysis and Social Responsibility, Division of Psychoanalysis, American Psychological Association
- 2007 to present: Member of Mental Health mental health professional group of the American Society for Reproductive Medicine
- 2007 to present: Chair, Reproductive Technology Research Group, Psychoanalytic Institute of Northern California
- 2004 to 2009: Vice President, Board of Directors, A Home Within
- 2004 to present: Member of Board of Directors, A Home Within
- 2002 to 2008: Board Member, Section III (Gender and Psychoanalysis), Division 39 (Psychoanalysis), American Psychological Association
- 2001 to 2004: Secretary, Board of Directors, A Home Within
- 2000 to 2003: Board Member, Division 39 (Division of Psychoanalysis) Board of Directors, American Psychological Association

- 1999 to present: Editorial Board Member, *Studies in Gender and Sexuality*, a journal on psychoanalysis, cultural studies, treatment, and research
- 1998 to present: Board Member and Membership Chair, Section II (Childhood and Adolescence) of Division 39 (Division of Psychoanalysis), American Psychological Association
- 1994 to present: Senior clinician, Children's Psychotherapy Project
 - Project established to offer pro bona long-term psychotherapy to children referred through the Department of Social Services Senior clinicians run consultation groups for psychotherapists who provide the therapy services and are also involved on program development, training, administration, and evaluation.
- 1993 to present: Editorial review board, *American Journal of Orthopsychiatry*
- 1992-1993: Co-chair, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1992: Development Committee, Child Care Employee Project
- 1991-1992: Committee Member, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1983 to 1996: Employer and Supervisor to psychological assistants working under my license in my private practice
- 1978: Consultant to Childhood and Government Project, University of California, Berkeley
- 1978: Consultant to Child Care Switchboard, San Francisco
- 1976: Berkeley Child Care Advisory Committee
- 1974 to 1977: Designing and conducting staff training workshops on sex role stereotyping in the preschools
- 1973 to 1976: The Children's Project, A Bay Area women's group investigating the status of women and children in the United States.
- 1973 to 1976: Development, coordination, and participation in parent-run preschool program

SELECTED LECTURES AND SPEAKING ENGAGEMENTS:

- 2015: Invited Plenary Speaker, *Different Approaches to Treating gender-nonconforming children*, American Psychological Association Annual Meeting, Toronto, Ontario
- 2015: Speaker, *Gender as Cure*, UCSF Transgender Health Summit, Oakland, CA
- 2015: Grand Rounds: *What's your gender?*, Alta Bates Summit Hospital, Berkeley, CA
- 2014: Grand Rounds: *Treating Gender-Nonconforming Children*, California Pacific Medical Center, San Francisco, CA
- 2014: Invited Speaker, *Controversies in the Treatment of Transgender Children and Adolescents*, American Psychiatric Association Annual Meeting, New York, New York

- 2013: Invited Speaker, *Gender-nonconforming children*, Pediatric Endocrine Society Symposium, Washington, D.C.
- 2013: Invited Speaker, *Found in Translation: Listening and Learning from Gender-nonconforming Children*, William Alanson White Institute, New York, New York
- 2012: Keynote Address: *From Gender Identity Disorder to Gender Creativity*, Gender Creative ids Workshop, Concordia University, Montreal, Quebec
- 2010: Invited Speaker, *A Terrible Thing Happened on the Way to Becoming a Girl*, Division of Psychoanalysis, APA Annual Meeting, Chicago, Illinois
- 2010 Invited Speaker, *Transcending Humpty Dumpty: The Case of an Egg Donor Mother*, International Association for Relational Psychoanalysis and Psychotherapy, San Francisco, CA
- 2010: Invited Speaker, *Outcomes for the Children*, American Psychoanalytic Association Group on Reproductive Technology, The American Psychoanalytic Society's Annual Meeting, New York
- 2010: *Wherefore baby? Searching Beyond Infertility*, Northern California Society for Psychoanalytic Psychology, Scientific Meeting
- 2010: Invited Speaker, *Priuses, Smoothies, and Transys: Transgender Care in the Beginning: The Early Childhood Years*, Northern California Psychiatry Society Annual Meeting, Monterey, California.
- 2009: Invited Speaker, American Psychiatric Association's Annual Meeting, San Francisco: *Gender Made, Gender Nurtured: The Child Shapes the Parent as the Parent Shapes the Child in Families with A Gender Variant Child*, Panel: Symposium: Lesbian, Gay, Transgender Youth: Family Approaches.
- 2009: Division of Psychoanalysis APA Annual Meeting, San Antonio: Panel Presentation: *Boys Will Be Girls, Girls Will Be Boys: Familial Effects on Children's Gender Freedom*, Panel: The Transmission of Sexism and Homophobia within the Family
- 2009: Division of Psychoanalysis APA Spring Meeting, San Antonio: Paper Presentation: *I'm a Prius: A Child Case of a Gender/Ethnic Hybrid*, Panel: The Transmission of Sexism and Homophobia within the Family, Sexualities and Gender Identities Committee Invited Panel
- 2008: Invited Speaker, Seattle Psychoanalytic Society and Institute: *The Stork Didn't Bring You, You Came From a Dish*.
- 2008: Invited Speaker, Harvard Medical School: Treating Contemporary Families: Mental Health Aspects of Alternative Reproduction, Adoption, and Parenting, Boston: *The Psychodynamics of the Contemporary Family: Mothers, Fathers, Donors, Surrogates, and Children*
- 2008: American Psychological Association Annual Convention, Boston: Paper presentation: *One Pill Makes You Boy, One Pill Makes You Girl*, Panel: Doctor, What About Pills? Psychoanalytic Thought and Medication

- 2007: Invited Speaker, St. Louis Psychoanalytic Society, *The Stork Didn't Bring You, You Came From a Dish*
- 2007: Keynote Speaker, ANZICA The Australian and New Zealand Infertility Counsellors Association, Hobart, Tasmania: *When Things Go Pear-Shaped?*
- 2007: Invited Speaker, The Fertility Conference of Australia Annual Conference, Hobart, Tasmania: *Building Strong Donor Families*
- 2006: Invited Speaker, Mothers and Fathers of Invention, IPTAR Conference, New York: *The Stork Didn't Bring Me, I Came from a Dish: Psychological Experiences of Children Conceived through Assisted Reproductive Technology*
- 2001 Invited Speaker, Division 39 Invited Roundtable, APA Annual Meeting, *Growing Up and Growing Old: Continuity and Change in the Wishes and Desires over the Course of Life*
- 2001 Invited Speaker, Division 39 Annual Spring Meeting, Santa Fe: Session on Sex and Gender, *Bending and Blending: A Developmental Perspective*
- 2000: Invited Speaker, Division 39 Annual Spring Meeting, Session on Contemporary Child Psychotherapy: *Who's in the Room and What are We Doing?*
- 1997 to present: Public Speaking, TV and Radio Appearances: Topic: *Spoiling Childhood*
- 1997: Presenter, with Dr. Anne Bernstein at Annual Conference of the Academy of Family Mediators Topic: *When the Parents Aren't the Cleavers and the Children Aren't "The Beaver": Mediation with Non-Traditional Families*
- 1997: Presenter, Round Table Discussion, Northern California Society for Psychoanalytic Psychology Topic: *Whose Oedipus? Development, Dynamics, and Identity in the 1990s.*
- 1996: Presenter, Grand Rounds, Mt. Zion Psychiatric Service Topic: *The New Silent Majority: The Underaggressive Parent*
- 1996: Presenter, Parent Association, Marin Public Schools Topic: *Harried Parents and the Haloed Child*
- 1996: Invited presenter, International Conference: The Costs of Children Sponsored by the city of Bologna, Bologna, Italy, Sept. 27-28. Topic: *The Perils of Parenthood*
- 1995: Faculty, Perspectives on Motherhood: Myths and Realities, Conference sponsored by the San Francisco Institute for Psycho- Analytic Psychotherapy and Psychology, Mills College, and the San Francisco Salon Workshop Leader: *Defining Differences: Parenthood vs. Motherhood*
- 1994: Presentation: *The Perils of Parenting: Psychological Conflicts of Child Rearing in the 1990s*, Sponsored by The Friends of the San Francisco Psychoanalytic Institute
- 1994: Workshop: *Parenting in the 90s: An Impossible Task*, Parenting University, Piedmont Adult Education, Piedmont Unified School District
- 1994: Presentation: *The Things Grandma Never Told Us: Parenting in the 90s*, Sacred Hearts School, San Francisco

- 1994: Grand Rounds: *Sex and Violence in the Nursery: Lessons from the Presidio*, Children's Hospital Medical Center, Oakland
- 1994: Presentation: *Sexual Abuse in a Preschool Setting*, Child and Adolescent Sexual Abuse Resource Center, Department of Public Health, San Francisco
- 1993: Panel member, *Sexualized Transferences: Clinical Considerations and Ethical Implications*, panel presentation at monthly meeting of California Association of Marriage and Family Therapists
- 1993: Workshop: *Disassembling and Reassembling the Family: Psychoanalytic perspectives on Evaluation and Treatment*. Co-led with Toni Heineman, D. M. H., sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Grand Rounds: *Sex and Violence in the Nursery*, Alta Bates Medical Center Department of Psychiatry
- 1992: Panel Organizer and Presenter: *Parenting in the 1990s: A Need for a New Psychoanalytic Perspective*, sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Discussant, *The lesbian parenting Couple--Cultural and Clinical Issues*, Conference sponsored by The Psychotherapy Institute, Berkeley, California
- 1991: Panel organizer and chair, *Object Relations Theory, Mothers, and children: A Feminist Perspective*, American Psychological Association
- 1991: Paper presentation: *Sex and Violence in the Nursery: Lessons from the Presidio*, Annual Meeting of the American Orthopsychiatric Association
- 1990: Presentation: *Death, Loss, Grief, and Trauma*, Lecture delivered to New Perspectives clinical staff and associates, a school-based mental health delivery agency
- 1990: Guest, Oprah Winfrey Show Topic: *Stressed Out Dads*
- 1989: Community Lecture: *Lessons from the Presidio: Institutional Sexual Abuse*. Sponsored by Alameda Child Abuse Council
- 1989: Community Lecture: *Effects of Removing Children from their Homes*, Sponsored by Bay Area Coalition of Child Abuse Councils
- 1988: Corresponding Faculty, the American Orthopsychiatric Association Annual Meeting
- 1988: Workshop: *Aggression and Anger in Children*, Walden School, Berkeley, California
- 1988: Workshop: *Children's Fears*, Walden School, Berkeley, California
- 1987: Numerous radio and television appearances, local and national Topic: *Men and Women Sharing the Care of their Children*
- 1985: Presentation: *When Women and Men Mother*, Family Forum Lecture Series, College of Marin
- 1984 to 1985: Professional consultation to authors of Redwook and Cosmopolitan magazines in the area of gender and adult relationships

- 1981: Guest Speaker: *Mothers and Fathers, Together and Apart*, University of California Day Care Services, Berkeley
- 1981: Panel speaker: *Motherhood and Feminism*, Conference on Feminism in the 1980s, sponsored by Stanford University
- 1977: Keynote Speaker, Palomar College Topic: *Gender Development in Young Children*
- 1977: Keynote Speaker, California Child Development Association Topic: *Sex Role Stereotyping in Preschools*
- 1974: Colloquium: *Sex Role Socialization in a Preschool Setting*, School of Social Welfare, University of California, Berkeley

PROFESSIONAL AFFILIATIONS:

- American Society for Reproductive Medicine
- International Association for Relational Psychoanalysis and Psychotherapy
- California Psychological Association
- Division of Psychoanalysis (Division 39), American Psychological Association
- Section II (Childhood and Adolescence) of Division 39
- Section III (Women, Gender, and Sexuality) of Division 39
- Section IX, (Psychoanalysis and Social Responsibility) of Division 39 Northern California Society for Psychoanalytic Psychology
- Council on Contemporary Families

PUBLICATIONS AND PAPERS:

- Gender nonconforming youth: current perspectives *Adolescent Health, Medicine and Therapeutics* 2017:8 57–67
- Promoting children’s gender health: a guideline for professionals. *Carlat Report—Child Psychiatry*, 7:8: 1-2, Nov/Dec 2016.
- *The Gender Creative Child*. D. Ehrensaft, New York: The Experiment, 2016.
- *The Gender Affirmative Model: A New Approach to Supporting Gender Non-Conforming and Transgender Children*, Colt Meier, Ph.D. & Diane Ehrensaft, Ph.D.(eds.), American Psychological Association Publications, in process.
- “It Takes a Gender Creative Parent” in A. Lev & A. Gottlieb (eds.), *Families in Transition: Parent Perspective in Raising the Gender Nonconforming or Trans Child* (in press).
- “Baby Making: It Takes an Egg and Sperm and a Rainbow of Genders” in Katie Gentile (ed.), *The Business of Being Made: Producing Liminal Temporalities through ARTS*, New York: Routledge, 2015.
- <http://www.wired.com/2015/07/must-put-end-gender-conversion-therapy-kids> (07/06/2015 Wired)

- Found in Transition: Our Littlest Transgender People. *Contemporary Psychoanalysis*, 50:4: 571-592, 2014.
- Psychological and medical care of gender nonconforming youth. Vance S, Ehrensaft D, Rosenthal S. M. *Pediatrics*, 2014.
- Gender Nonconforming/Gender Expansive and Transgender Children and Teens. Sherer I., Baum J., Ehrensaft D., Rosenthal S.M., *Contemp Pediatrics*, 2014.
- Child and Adolescent Gender Center: A multidisciplinary collaboration to improve the lives of gender nonconforming children and teens. Sherer I, Rosenthal SM, Ehrensaft D., Baum J., *Pediatr Rev* 33:273-275, 2012.
- “Listening and Learning from gender-nonconforming children. *The Psychoanalytic Study of the Child*, Vol. 68, 28-56, 2014 .
- “Family complexes and Oedipal circles: mothers, fathers, babies, donors, and surrogates. In M. Mann (ed.) *Psychoanalytic Aspects of Assisted Reproductive Technology*. London: Karnac, 2014.
- “From gender identity disorder to gender identity creativity: The liberation of gender nonconforming children and youth.” In E.J. Meyer and A.P. Sansfacon (eds.), *Supporting Transgender and Gender Creative Youth*. New York: Peter Lang, 2014.
- “A terrible Thing happened on the way to becoming a girl: transgender trauma, parental loss, and recovery.” In P. Cohen, M. Sossin, & R. Ruth (eds.), *Healing after Parent Loss in Childhood and Adolescence*. Lanham: Rowman & Littlefield, 2014.
- “The Gender affirmative model: what we know and what we aim to learn.” Hidalgo, M.A., Ehrensaft, D. Tishelman, A.C., Clark, L.F., Garofalo, R., Rosenthal, S.M., Spack, N.P., & Olson, J., *Human Development*, 56: 285-290, 2013.
- “Look, Mom, I’m a boy—don’t tell anyone I was a girl.” *Journal of LGBT Youth*, 10:928, 2013.
- “The ‘Birth Other’ in Assisted Reproductive Technology” In M. O’Reilly-Landry (ed.), *A Psychodynamic Understanding of Modern Medicine*. London: Radcliffe, 2012.
- “From gender Identity disorder to gender identity creativity: True gender self child therapy. *Journal of Homosexuality*, 59:3, 337-356, 2012.
- *Gender Made, Gender Born*, The Experiment Press, 2011.
- “Boys will be girls, girls will be boys.” *Psychoanalytic Psychology*, 28: 4, 2011, 528548, 2011.
- “I’m a Prius.” *Journal of Gay and Lesbian Mental Health*, 15:1, 46-57, 2011.
- One Pill Makes You Boy, One Pill Makes You Girl. *International Journal of Applied Psychoanalytic Studies*, 6:1, 12-24, 2009.
- “Just Molly and Me, and “Donor Makes Three” *Journal of Lesbian Studies*, 12: 2-3, 161-178, 2008.
- “When Baby Makes Three or Four or More” *Psychoanalytic Study of The Child*, Vol. 63, 3-23, 2008.

- Guest Editor. Special Issue on Foster Care. *Journal of Infant, Child, and Adolescent Psychotherapy*, 7:2, July 2008.
- “A Child is Being Eaten: Failure, Fear, Fantasy, and Repair in the Lives of Foster Children” *Journal of Infant, Child, and Adolescent Psychotherapy*, 7:2, 100-108, 2008.
- “Raising Girlyboys: A Parent’s Perspective.” *Studies in Gender and Sexuality*, 8(3), 269-302, 2007.
- “The Stork Didn’t Bring Me, I Came From a Dish: Psychological Experiences of Children Conceived through Assisted Reproductive Technology.” *Journal of Infant, Child, and Adolescent Psychotherapy*, 6(2): 124-140, 2007.
- *Mommies, Daddies, Donors, Surrogates: Answering Tough Questions and Building Strong Families*, New York: Guilford Publications, 2005.
- Toni Heineman and Diane Ehrensaft (eds.), *Building A Home Within: Meeting the Emotional Needs of Children and Youth in Foster Care*. Baltimore: Brookes, 2005.
- “Raising Girlyboys: A Parent’s Perspective,” paper presented at the APA Division 39 Spring Meeting, Santa Fe, New Mexico, April 27, 2001.
- “Ode to Anna Freud: Intersubjectivity and Child Psychotherapy,” paper presented at APA Division 39 Spring Meeting, San Francisco, CA, April 6, 2000.
- “Alternatives to the Stork: Fatherhood Fantasies in Donor Insemination Families, *Studies in Gender and Sexuality*, Vol. 1, No. 4, 2000, 371-397.
- “The Kinderdult: The New Child Board to Conflict between Work and Family,” in Rosanna Hertz and Nancy L. Marshall (eds.), *Families and Work: Today’s Realities and Tomorrow’s Possibilities*, Berkeley, CA: University of California Press, 2000, 585-627.
- "Use the Rod/Lose the Child; Spoil the Child/Lose the Parent," paper presented at American Psychological Association Annual Meeting, August 18, 1998.
- "Alternatives to the Stork: Fatherhood Fantasies in Sperm Donor Families," paper presented at APA Division 39 Meetings, Boston, Massachusetts, April 25, 1998.
- *Spoiling Childhood: How Well Meaning Parents Are Giving Children Too Much--But Not What They Need* (Guilford Press, 1997)
- "Child Psychotherapy and Intersubjective Theory: Ode to Anna Freud," *Fort-Da, Journal of the Northern California Society for Psychoanalytic Psychology*. Spring 1998.
- Susan Bernadett-Shapiro, Diane Ehrensaft, & Jerrold Lee Shapiro, "Father Participation in Childcare and the Development of Empathy in Sons: An Empirical Study," *Family Therapy*, Volume 23, No. 2, 1996, 77-93.
- "Bringing in Fathers: The Reconstruction of Mothering," in Jerrold Lee Shapiro, Michael Diamond, & Martin Greenberg (eds.), *Becoming a Father*, New York: Springer, 1995, 43-59.
- Toni V. Heineman & Diane Ehrensaft, "The Children's Psychotherapy Project, *Fort Da, Journal of the Northern California Society for Psychoanalytic Psychology*, Vol. I., No. 2, November 1995.

- "Solomon's Child: Dilemmas in the Joint Custody Family," paper presented at the annual meeting of the American Psychological Association, August, 1993.
- "Your Majesty, the Baby: Normative Narcissism and Confused Parenting," paper delivered at annual meeting of the Division of Psychoanalysis, American Psychological Association, April 15, 1993.
- "Preschool Sexual Abuse: The Aftermath of the Presidio Case," *American Journal of Orthopsychiatry*, 62 (2), April 1992, 234-244.
- "Your Majesty the Baby: Normative Narcissism, Confused Parenting, and the Changing Concept of Childhood, paper delivered at the Northern California Society of Psychoanalytic Psychology Forum, Parenting in the Nineties: The Need for a New Psychoanalytic Perspective, May 9, 1992.
- "Sex and Violence in the Nursery," paper presented at scientific meeting of the Northern California Society for Psychoanalytic Psychology, November 1991.
- "The Reconstruction of Mothering," paper delivered at the annual meeting of the American Psychological Association, August 1991.
- "Sex and Violence in the Nursery: Lessons from the Presidio," paper delivered at the annual meeting of the American Orthopsychiatric Association, April 1991.
- "Feminists Fight (for) Fathers," *Socialist Review*, Vol. 20, No. 4, October - December 1990, 57-80.
- "When Women and Men Mother," in Karen Hansen and Ilene Philipson (eds.), *Women, Class, and the Feminist Imagination*, Philadelphia: Temple University Press, 1990, 399-430.
- "A Parent's Love for a Child: Mother-Father Differences in the Shared Parenting Family," paper presented at the annual meeting of the Division of Psychoanalysis, American Psychological Association, February, 1988.
- "Dual Parenting and the Dual of Intimacy: Mother-Father Dynamics in the Shared Parenting Family," paper delivered at the first annual Children's Hospital Alumni Association Meeting, March 1988.
- "The Experts Who Speak for the Baby Who Can't: What Behooves Them to Prove," paper delivered at the annual meeting of The American Orthopsychiatric Association, March 1988.
- *Parenting Together: Men and Women Sharing the Care of their Children*. New York: The Free Press, 1987.
- "Attachment and Androgyny: The Children of Shared Parenting," paper delivered at The annual meeting of The American Orthopsychiatric Association, March 1987.
- "Gender Issues in Clinical Work: Parenting Issues," paper delivered at the annual meeting of The American Orthopsychiatric Association, March 1987.
- "Dual Parenting and the Duel of Intimacy," in G. Handel (ed.), *The Psychosocial Interior of the Family*, New York: Aldine Press, 1985.

- "Man, Woman, and Child: the New Shared Parenting Family." ERIC Publications, Ann Arbor, Michigan, 1985.
- "Androgynous Men and Headstrong women: The Shared Parenting Couple," paper delivered at The Future of Parenting Conference, California State University, Chico, February 1985.
- "Dual Parenting and the Duel of Intimacy," paper delivered at the annual meeting of The American Sociological Association, August 1983.
- "When Women and Men Mother," in Joyce Trebilcot (ed.), *Mothering: Essays in Feminist Theory*, New Jersey: Littlefield, Adams, and Co., 1983.
- Book Review: Myra Liefer, "Psychological Effects of Motherhood," in *Sociology and Social Research*, Vol. 66, No. 2, January 1982.
- "When Women and Men Mother," *Socialist Review*, No. 49, January-February 1980, 3773 (reprinted in *Politics and Power*, London, England).
- "From Sex to Gender: The Hidden Curriculum in the Preschools," 1980.
- Report: Evaluation Report of the Interdisciplinary Program on Day Care and Child Development, 1977-1978, University of California, Berkeley.
- Report: Evaluation of the Interdisciplinary Program on Day Care and Child Development, 1974-1977, University of California, Berkeley.
- "We Followed Them to School One Day: Sex Role Socialization in the Preschool," in Jerome and Evelyn Oremland (eds.). *The Sexual and Gender Development of Young Children*, New York: Ballinger Press, 1977.

Exhibit B

Exhibit B to Ehrensaft Decl.: Bibliography

Bibliography

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- Bockting, W. (2014). The impact of stigma on transgender identity development and mental health. In Kreukels, Steensma, and De Vries (eds), *Gender dysphoria and disorders of sex development: Progress in care and knowledge*. New York: Springer.
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- de Vries, Annelou L.C., et al. (2010) Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents, *J. Autism Dev. Disord.* 2010 Aug. 40(8):930-36.

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Hidalgo, M.A., Ehrensaft, D., Tishelman, A.C., Clark, L.F., Garofalo, R., Rosenthal, S.M., Spack, N.P. & Olson, J. (2013). The Gender affirmative model: what we know and what we aim to learn. *Human Development*, 56:285-290.

Janssen, A., *et al.* (2016). Gender Variance Among Youth with Autism Spectrum Disorders: A Retrospective Chart Review. *Transgender Health* 1:63-68.

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