

Akilah Deernose
Alex Rate
ACLU of Montana
P.O. Box 1968
Missoula, MT 59806 | 406-203-3375
deernosea@aclumontana.org
ratea@aclumontana.org

Malita Picasso*
Elizabeth O. Gill*
Arijeet Sensharma*
ACLU Foundation
125 Broad Street
New York, NY 10004 | 212-549-2561
mpicasso@aclu.org
egill@aclunc.org
asensharma@aclu.org

Matthew P. Gordon
Perkins Coie LLP
1201 Third Avenue, Suite 4900
Seattle, WA 98101 | 206-359-8000
mgordon@perkinscoie.com

Peter C. Renn*
Kell Olson*
Christina S. Paek*
**Lambda Legal Defense and
Education Fund**
800 S. Figueroa Street, Suite 1260
Los Angeles, CA 90017 |
213-382-7600
prens@lambdalegal.org
kolson@lambdalegal.org
cpaek@lambdalegal.org

Nora Huppert*
65 E. Wacker Place, Suite 2000
Chicago, IL 60601 | 312-663-4413
nhuppert@lambdalegal.org

*subject to pro hac vice admission

**IN THE FOURTH JUDICIAL DISTRICT COURT
MISSOULA COUNTY**

VAN GARDEREN, et al.)
)
Plaintiffs,)
)
v.)
)
STATE OF MONTANA, et al.)
)
Defendants.)

Case No.: DV-23-541

Judge: Hon. Jason Marks

DECLARATION OF DANIELLE N. MOYER, PHD

I, Danielle N. Moyer, PhD, hereby declare and state as follows:

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. The views expressed herein are my own and do not express the views or opinions of my employer.

2. The purpose of this declaration is to provide my expert opinion on: (1) the effectiveness and mental health benefits of gender-affirming medical care, including puberty blockers and affirming hormones for adolescents with gender dysphoria, and (2) the significant risk of harm that can result from withholding or withdrawing gender-affirming medical care from an adolescent for whom it is clinically indicated.

3. I have knowledge of the matters stated in this declaration. If called to testify in this matter, I would testify truthfully and based on my own expert opinions.

BACKGROUND AND QUALIFICATIONS

4. I am currently an Assistant Professor in the Department of Pediatrics, Divisions of Psychology and Endocrinology, at Oregon Health & Science University. I am the Director of Psychology for the Doernbecher Gender Clinic, an interdisciplinary pediatric gender clinic that serves the social, mental health, and medical needs of transgender and gender nonconforming youth and their families. Attached as Exhibit A to this declaration is a copy of my curriculum vitae.

5. I am licensed to practice as a psychologist in the state of Oregon (OR #3189).

6. I obtained my PhD in Clinical Psychology from the University of North Texas in 2018. Within the area of clinical psychology, I received specialty training in the areas of pediatric health psychology and psychological assessment. I completed my pre-doctoral internship at Oregon Health & Science University,

which included a year-long rotation in a pediatric gender clinic. I completed a post-doctoral fellowship in pediatric health psychology at Children’s Hospital of New Orleans in 2019.

7. As the Director of Psychology for a pediatric gender clinic since 2019, I have provided clinical care to over 900 transgender and gender nonconforming youth and their families. My role involves psychological assessment and mental health treatment for youth, family support, and participation in an integrated medical and behavioral health clinic providing multidisciplinary gender-affirming healthcare. In addition to clinical care, I conduct clinical research, provide training and education, and serve in leadership positions in this area.

8. My clinical research has been published in peer-reviewed journals. I have 14 peer-reviewed publications across the topics of pediatric health psychology broadly, parenting, and pediatric gender-affirming healthcare, as well as 37 peer-reviewed conference abstracts. I co-authored a publication entitled “Best practices in working with parents and caregivers of transgender and gender diverse youth,” which was awarded the 2022 paper of the year by the Journal of Clinical Practice in Pediatric Psychology.

9. I train students and learners at multiple levels and across disciplines, including but not limited to psychology graduate students, public health graduate students, and medical students. I have given over 50 invited lectures, 30 of which were specific to pediatric gender-affirming healthcare. I have led trainings for medical and mental health professionals, and I provide regular consultation to other professionals in the field on the care of transgender and gender diverse youth.

10. I have served in several leadership roles in medical and psychological organizations related to the care of transgender and gender diverse youth. I was a co-founding member and prior officer for the Society of Pediatric Psychology Special Interest Group on Gender Health. I am currently a co-founding committee

member of the U.S. Professional Association for Transgender Health Education Committee. I am also an active member of the larger World Professional Association for Transgender Health (WPATH). I have been interviewed by journalists related to my experience with pediatric gender-affirming healthcare.

11. In the last 4 years, I testified as an expert at trial in: *S. K. and T. K. v. Oregon Department of Human Services*, Case No: 2021-DHS-15576 (Or. O.A.H.); and *A. S. O. v. A. M. R.*, Case No: 17DR11700 (Or. Dom. Rel. Ct.).

12. I am being compensated a flat fee of \$4,500 for my testimony here, plus any relevant travel expenses. My compensation does not depend on the outcome of the litigation, the opinions I express, or the testimony I provide.

BASES FOR OPINIONS

13. My opinions contained in this declaration are based on my own education and training experience; knowledge of the research in the field, including my own; knowledge of the relevant clinical practice guidelines; my clinical experience working with transgender and gender nonconforming children, adolescents, young adults, and their families; and my review of any of the materials cited herein.

14. In preparing this declaration, I also reviewed Montana Senate Bill 99 (“SB99”), which bans gender-affirming care for minors on the grounds that it is purportedly “harmful” and “experimental,” contrary to all available evidence.

15. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new research or publications or in response to statements and issues that may arise in my area of expertise.

SUMMARY OF OPINIONS

A. Gender Identity and Gender Dysphoria

16. Gender identity refers to the internal sense of gender, and it may or may not align with the sex someone is assigned at birth.¹ Sex assigned at birth refers to the designation of male or female given to an infant and documented on birth records, typically based on the appearance of the genitals. Everyone is assigned a sex at birth, and everyone has a gender identity. For transgender individuals, their gender identity does not align with the sex they were assigned at birth. Transgender identities are natural variations in human diversity and are not psychological disorders.² The age at which an individual recognizes their gender identity as different from their sex assigned at birth and discloses this identity to others varies greatly, although the onset of puberty is a common time for recognition and disclosure.³ Adolescents often cite the distress related to the development of secondary sex characteristics as facilitating their recognition of a transgender identity and/or a primary motivation for disclosure to others.

17. Gender identity is resistant to voluntary change and substantial evidence has shown that efforts to change a person's gender identity are ineffective and harmful.⁴ The American Psychological Association (APA), which is the largest scientific and professional organization of psychologists in the United

¹ Forcier, M., Van Schalkwyk, G., & Turban, J. (2020). *Pediatric gender identity: Gender-affirming care for transgender & gender diverse youth*. Springer. https://doi.org/10.1007/978-3-030-38909-3_19

² American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *Am Psychol*, 70(9), 832-864. <https://doi.org/10.1037/a0039906>

³ Turban, J. L., Dolotina, B., Freitag, T. M., King, D., & Keuroghlian, A. S. (2023). Age of Realization and Disclosure of Gender Identity Among Transgender Adults. *J Adolesc Health*, 72(6), 852-859. <https://doi.org/10.1016/j.jadohealth.2023.01.023>

⁴ Association, A. P. (2021). *Resolution on Gender Identity Change Efforts*.

States, explicitly opposes any “Gender Identity Change Efforts,” including conversion therapy or any other efforts by professionals or non-professionals (e.g., parents; community leaders) to change an individual’s gender identity to align with sex assigned at birth. This opposition is based on decades of research consistently showing that these practices have not only failed to produce the desired result, but have caused substantial psychological harm, including severed relationships, posttraumatic stress, and suicide.

18. Gender dysphoria refers to the distress that occurs as a result of having a gender identity that does not align with sex assigned at birth.⁵ The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) separates gender dysphoria into 2 distinct diagnoses, one for gender dysphoria in children and the other for gender dysphoria in adolescents and adults.⁶ The reason for this distinction relates to the fact that once the onset of puberty has occurred, gender identity is expected to be relatively stable and thus adolescents with gender dysphoria have similar experiences and presentations to adults with gender dysphoria.

19. The DSM-5-TR diagnostic criteria for gender dysphoria in adolescents and adults include a marked incongruence between experienced gender identity and sex assigned at birth for at least 6 months duration as manifested by two sub-criteria, as well as associated distress that is clinically significant or causes impairment in social, occupational, or other important areas of functioning. Sub-criteria include (1) a marked incongruence between gender identity and secondary

⁵ Beek, T. F., Cohen-Kettenis, P. T., & Kreukels, B. P. (2016). Gender incongruence/gender dysphoria and its classification history. *Int Rev Psychiatry*, 28(1), 5-12. <https://doi.org/10.3109/09540261.2015.1091293>

⁶ Association, A. P. (2022). *Diagnostic and statistical manual of mental disorders (5th ed., text rev.)*. <https://doi.org/10.1176/appi.books.9780890425787>

sex characteristics (such as voice, facial hair, and breast development), (2) a strong desire to prevent or change secondary sex characteristics, (3) a strong desire for the primary and/or secondary sex characteristics associated with a different gender, (4) a strong desire to be of a different gender, (5) a strong desire to be treated as a different gender, and (6) a strong conviction of having the feelings and reactions of a different gender. It is recommended that a qualified provider, most often a mental health provider with training and experience regarding gender dysphoria, assess and provide this diagnosis.⁷

B. Gender-affirming medical care is effective in treating gender dysphoria in adolescents.

20. Without treatment, gender dysphoria can cause depression, anxiety, suicidal ideation (e.g., suicidal thoughts and wishes), suicide attempts, and suicide itself as well as other forms of self-harm. In fact, compared to their cisgender peers (i.e., people whose gender identity is aligned with their gender identity), transgender adolescents have high rates of all of these mental health problems.⁸ Particularly worrisome is the high rate of suicidal ideation, with one large population-based study finding nearly double the rates among transgender youth.⁹

⁷ Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., . . . Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*, 23(Suppl 1), S1-S259.

<https://doi.org/10.1080/26895269.2022.2100644>

⁸ Patrick, K. L. (2020). Transgender identity and mental health in adolescence: A scoping review. *medRxiv*. <https://doi.org/10.1101/2020.08.20.20178897>

⁹ Perez-Brumer, A., Day, J. K., Russell, S. T., & Hatzenbuehler, M. L. (2017). Prevalence and Correlates of Suicidal Ideation Among Transgender Youth in California: Findings From a Representative, Population-Based Sample of High

My own research on transgender youth aged 11-18 years old first presenting to a gender clinic similarly demonstrated notably high rates of elevated anxiety (61%), depression (47%), and suicidal ideation (30%).¹⁰ This trend is also evident in my clinical practice, where I meet many transgender children and adolescents with significant anxiety and depression. Gender-affirming medical treatment for adolescents with gender dysphoria is a primary protective factor against these negative mental health outcomes.¹¹

21. Gender-affirming healthcare for adolescents with gender dysphoria is supported by national and international clinical practice guidelines. The World Professional Association for Transgender Health (WPATH) is the largest, international organization that produces guidelines for mental health and medical care for transgender individuals. The most recent version of the WPATH Standards of Care (Version 8) supports gender-affirming medical care for adolescents with gender dysphoria¹² and the organization explicitly condemns efforts to limit access

School Students. *J Am Acad Child Adolesc Psychiatry*, 56(9), 739-746.

<https://doi.org/10.1016/j.jaac.2017.06.010>

¹⁰ Moyer, D. N., Connelly, K. J., & Holley, A. L. (2019). Using the PHQ-9 and GAD-7 to screen for acute distress in transgender youth: findings from a pediatric endocrinology clinic. *J Pediatr Endocrinol Metab*, 32(1), 71-74.

<https://doi.org/10.1515/jpem-2018-0408>

¹¹ Patrick, K. L. (2020). Transgender identity and mental health in adolescence: A scoping review. *medRxiv*. <https://doi.org/10.1101/2020.08.20.20178897>

¹² Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., . . . Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*, 23(Suppl 1), S1-S259.

<https://doi.org/10.1080/26895269.2022.2100644>

to this evidence-based care.¹³ Gender-affirming medical care for adolescents with gender dysphoria is similarly supported by other major medical organizations, including the Endocrine Society¹⁴ and the American Academy of Pediatrics (AAP).¹⁵ Each of these organizations issue clinical guidelines and/or recommendations for the care of adolescents with gender dysphoria, which provide a framework for treatment to professionals in this field.

22. The most recent version of the WPATH Standards of Care, Version 8 recommends that adolescents seeking medical interventions first undergo an assessment by a qualified provider who has training and experience regarding adolescents with gender dysphoria. Additional components of this assessment include determining that an adolescent, along with their family, has the capacity to make informed decisions and to give consent for treatment, as well as assessing for mental health concerns and making a plan to address them when needed. In my clinical practice in an interdisciplinary gender clinic, I provide assessments for all

¹³ Leibowitz, S., Green, J., Massey, R., Boleware, A. M., Ehrensaft, D., Francis, W., Keo-Meier, C., Olson-Kennedy, A., Pardo, S., Nic Rider, G., Schelling, E., Segovia, A., Tangpricha, V., Anderson, E., & T'Sjoen, G. (2020). Statement in response to calls for banning evidence-based supportive health interventions for transgender and gender diverse youth. *International Journal of Transgender Health*, 21(1), 111-112. <https://doi.org/10.1080/15532739.2020.1703652>

¹⁴ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*, 102(11), 3869-3903. <https://doi.org/10.1210/jc.2017-01658>

¹⁵ Rafferty, J., AAP COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, AAP COMMITTEE ON ADOLESCEN, & AAP SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS. (2018). Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics*, 142(4), E20182162.

adolescents seeking medical interventions who do not already have an established mental health provider who is qualified to do this (approximately 60% of referrals).

23. Gender-affirming medical interventions, including puberty-delaying medications (also known as puberty blockers) and gender-affirming hormones, are used to help improve the alignment between an individual's gender identity and their body.¹⁶ No medical interventions are used for youth prior to the onset of puberty. Puberty blockers are used to prevent further development of secondary sex characteristics that do not align with an adolescent's gender identity. Gender affirming-hormones are used to facilitate the development of secondary sex characteristics that do align with an adolescent's gender identity. Decades of research and clinical experience have consistently shown that these interventions improve the mental health and wellbeing of adolescents with gender dysphoria.^{17,18}

24. Puberty blockers: Pubertal suppression via gonadotropin-releasing hormone agonists (GnRHa) is associated with decreases in emotional and

¹⁶ Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., . . . Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*, 23(Suppl 1), S1-S259.

<https://doi.org/10.1080/26895269.2022.2100644>

¹⁷ van Leerdam, T. R., Zajac, J. D., & Cheung, A. S. (2021). The Effect of Gender-Affirming Hormones on Gender Dysphoria, Quality of Life, and Psychological Functioning in Transgender Individuals: A Systematic Review. *Transgender Health*. <https://doi.org/10.1089/trgh.2020.0094>

¹⁸ Mahfouda, S., Moore, J. K., Siafarikas, A., Hewitt, T., Ganti, U., Lin, A., & Zepf, F. D. (2019). Gender-affirming hormones and surgery in transgender children and adolescents. *The Lancet Diabetes & Endocrinology*, 7(6), 484-498. [https://doi.org/10.1016/s2213-8587\(18\)30305-x](https://doi.org/10.1016/s2213-8587(18)30305-x)

behavioral problems.¹⁹ In fact, there is research indicating that transgender youth treated with puberty blockers can exhibit only similar mental health concerns to their cisgender peers.²⁰ The experience I hear the most often among transgender youth who are treated with puberty blockers is *relief*. Specifically, they feel relief that they will not be forced to go through the puberty that does not align with their gender identity, and subsequently experience worsening gender dysphoria related to their body. Early access to puberty blockers can even prevent the need for more invasive surgeries later in life by preventing irreversible changes to secondary sex characteristics such as breast development and thyroid cartilage growth (i.e., development of an “Adam’s apple” and voice deepening). For young people who are still exploring their gender identity, puberty blockers also provide the time and space to consider gender transition goals prior to initiating other interventions.

25. Gender-affirming hormones: The largest U.S. prospective study of transgender youth receiving medical care recently showed that after 2 years of hormone therapy (testosterone or estradiol), transgender adolescents reported feeling like their body and appearance was more aligned with their gender identity, higher levels of positive affect and life satisfaction, and decreased levels of depression and anxiety.²¹ A systematic review of research conducted over the past

¹⁹ de Vries, A. L., Steensma, T. D., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med*, 8(8), 2276-2283.
<https://doi.org/10.1111/j.1743-6109.2010.01943.x>

²⁰ van der Miesen, A. I. R., Steensma, T. D., de Vries, A. L. C., Bos, H., & Popma, A. (2020). Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers. *J Adolesc Health*, 66(6), 699-704.
<https://doi.org/10.1016/j.jadohealth.2019.12.018>

²¹ Chen, D., Berona, J., Chan, Y. M., Ehrensaft, D., Garofalo, R., Hidalgo, M. A., Rosenthal, S. M., Tishelman, A. C., & Olson-Kennedy, J. (2023). Psychosocial

40 years found consistent evidence that gender-affirming hormones are associated with decreased depression and psychological distress for all transgender people, including youth.²² Importantly, gender-affirming hormones can significantly decrease suicidality for transgender adolescents,²³ ultimately decreasing the likelihood of suicide, the third leading cause of death among all teenagers.²⁴

26. I see similar outcomes every day in my clinical work with transgender young people. Over the course of taking hormones and achieving the body characteristics that align with their gender identity, I have seen hundreds of adolescents gradually improve in mental health and ultimately go on to be healthy, thriving adults.

27. Regret related to hormone use is rare.²⁵ Additionally, my ongoing research shows that people may discontinue hormones for a variety of reasons (e.g., they feel they have received sufficient benefit of treatment; lack of insurance coverage; difficulty with injections), and that discontinuing hormones is not

Functioning in Transgender Youth after 2 Years of Hormones. *N Engl J Med*, 388(3), 240-250. <https://doi.org/10.1056/NEJMoa2206297>

²² Doyle, D. M., Lewis, T. O. G., & Barreto, M. (2023). A systematic review of psychosocial functioning changes after gender-affirming hormone therapy among transgender people. *Nat Hum Behav*. <https://doi.org/10.1038/s41562-023-01605-w>

²³ Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302-311. <https://doi.org/10.1037/cpp0000288>

²⁴ Minino, A. (2010). *Mortality among teenagers aged 12-19 years: United States, 1999-2006* [NCHS data brief].

²⁵ Wiepjes, C. M., Nota, N. M., de Blok, C. J. M., Klaver, M., de Vries, A. L. C., Wensing-Kruger, S. A., de Jongh, R. T., Bouman, M. B., Steensma, T. D., Cohen-Kettenis, P., Gooren, L. J. G., Kreukels, B. P. C., & den Heijer, M. (2018). The Amsterdam Cohort of Gender Dysphoria Study (1972-2015): Trends in Prevalence, Treatment, and Regrets. *J Sex Med*, 15(4), 582-590. <https://doi.org/10.1016/j.jsxm.2018.01.016>

equivalent to coming to identify with sex assigned at birth or regret. Furthermore, there is research showing that individuals who start hormones prior to age 18 are at no higher risk of discontinuing treatment than those who start later.²⁶ This may be due to the increased burden on adolescents to explain their desire for hormones to parents, healthcare providers, and others prior to accessing treatment. As noted, under the WPATH Standards of Care, before medical interventions are provided to adolescents with gender dysphoria, they first undergo an assessment by a qualified provider. My own ongoing research efforts and clinical experience with adolescents accessing gender-affirming hormones demonstrate high rates of long-term satisfaction, improved mental health, and very low rates of regret.

C. Prohibiting doctors from providing gender-affirming medical care to adolescent patients is harmful.

28. Adolescents with gender dysphoria who experience barriers to appropriate medical care, delays in receiving care, or interruptions in care are at risk for significant harm. Preventing timely medical care puts adolescents at risk for prolonged gender dysphoria, worsening mental health and suicidality, and the development of physical characteristics that heighten their risk for abuse and discrimination.²⁷ Access to medical interventions is an intervenable factor that can

²⁶ Roberts, C. M., Klein, D. A., Adirim, T. A., Schvey, N. A., & Hisle-Gorman, E. (2022). Continuation of Gender-affirming Hormones Among Transgender Adolescents and Adults. *J Clin Endocrinol Metab*, 107(9), e3937-e3943.

<https://doi.org/10.1210/clinem/dgac251>

²⁷ Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P. T., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W. J., Monstrey, S., Adler, R. K., Brown, G. R., Devor, A. H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D. H., . . . Zucker, K. J. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism*, 13(4), 165-232.

<https://doi.org/10.1080/15532739.2011.700873>

reduce risk of negative mental health outcomes including suicide, a leading cause of death among all adolescents. Puberty blockers are particularly time-sensitive given the irreversible changes to secondary sex characteristics that occur during puberty. Delaying or preventing the use of this intervention can increase stigma and discrimination, as well as further the need for more invasive surgeries in the future. Delaying treatment until an adolescent turns 18 could lead to many unnecessary years of suffering the distress and other consequences of gender dysphoria. For some youth, they will not survive until age 18 if they cannot get treatment.

29. Additionally, earlier access to gender-affirming care where indicated is associated with better mental health outcomes in adulthood compared to later access. The most recently published U.S. Transgender Survey results of 27,715 transgender adults found that access to hormones during adolescence was associated with significantly less psychological distress and suicidal ideation compared to access in adulthood.²⁸ Research also shows that adolescents who present for care later, often after facing more barriers, have more mental health problems than those presenting for care earlier.²⁹ I have had families reach out in crisis after allowing delays in their child's medical care until mental health was so bad that it finally became clear how needed this care was. Research shows that transgender individuals who wish they had received pubertal suppression but could not access it have higher odds of lifetime suicidal ideation compared to those who

²⁸ Turban, J. L., King, D., Kobe, J., Reisner, S. L., & Keuroghlian, A. S. (2022). Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS One*, *17*(1), e0261039. <https://doi.org/10.1371/journal.pone.0261039>

²⁹ Sorbara, J. C., Chiniara, L. N., Thompson, S., & Palmert, M. R. (2020). Mental Health and Timing of Gender-Affirming Care. *Pediatrics*. <https://doi.org/10.1542/peds.2019-3600>

have had access.³⁰ In my clinical work, I have personally seen the negative mental health outcomes of young adults who – because their parents did not support them getting treatment – were made to wait until they were 18 years old to get care.

30. Laws prohibiting doctors from providing gender-affirming medical care to adolescents with gender dysphoria will put many adolescents at risk for significant worsening of mental health and quality of life. Furthermore, adolescents who lose access to the medical interventions already prescribed to them will be at especially high risk for sudden increases in depression and suicidality. Prohibiting gender-affirming medical care for minors also harms families by requiring them to uproot their families to move to states where they can get care, or regularly travel to other states for care – options that are only available to families with significant resources. Thus laws restricting access disproportionately affect the most marginalized youth, including poor youth and youth of color. In my own clinical practice, we have seen a dramatic increase in families moving to our state for care, as well as families who travel to Oregon regularly to see us for our services. This is not only a significant burden for these families, but is overwhelming clinics in states where this care is provided, furthering delays in care for everyone.

31. Restricting access to gender-affirming medical care for adolescents is not based in science and will raise the risk of poor mental health and suicidality among transgender adolescents.³¹ Montana SB99 aims to restrict gender-affirming healthcare for adolescents with gender dysphoria without any scientific basis or

³⁰ Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. Ibid. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *145*(2). <https://doi.org/10.1542/peds.2019-1725>

³¹ Schweikart, S. (2023). What's wrong with criminalizing gender-affirming care of transgender adolescents? *AMA Journal of Ethics*, *25*(6), E414-420. <https://doi.org/10.1001/amajethics.2023.414>

explanation of rationale, and will ultimately cause significant harm to an already vulnerable population of young people.

* * *

I declare under penalty of perjury that the foregoing is true to the best of my knowledge and belief.

DATED this 9th day of July, 2023, and signed in Portland, OR.

Danielle Moyer

Danielle N. Moyer, PhD

Exhibit A

**CURRICULUM VITAE
OREGON HEALTH & SCIENCE UNIVERSITY**

NAME Danielle N. Moyer, PhD DATE 07/09/2023

I. PRESENT POSITION AND ADDRESS

Academic Rank: Assistant Professor
Department/Division: Department of Pediatrics, Divisions of Psychology and Endocrinology
Professional Address: 707 SW Gaines St. Portland, OR 97239
E-Mail Address: moyerd@ohsu.edu

II. EDUCATION

2018	PhD	Clinical Psychology	University of North Texas
2013	MS	Psychology	University of Louisiana at Lafayette
2008	BS	Psychology	University of New Orleans

2018-2019 Fellowship in Pediatric Psychology, Children's Hospital of New Orleans
2017-2018 Internship in Pediatric Psychology, Oregon Health & Science University

Oregon Board of Psychology, License Number 3189, Effective 12/11/2019

III. PROFESSIONAL EXPERIENCE

2019-Present	Assistant Professor Director of Psychology	Oregon Health & Science University Doernbecher Gender Clinic
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Previous Experience

2018-2019	Postdoctoral Fellowship	Children's Hospital of New Orleans
2017-2018	Predoctoral Internship	Oregon Health & Science University
2013-2017	Teaching Fellowship	University of North Texas
2011-2013	Teaching Fellowship	University of Louisiana at Lafayette

IV. SCHOLARSHIP

Area(s) of Research/Scholarly Interest: Mental and physical health outcomes, interventions, and mechanisms of change among transgender and gender diverse youth and their families; acceptance and commitment therapy; mindfulness based interventions; parenting; supervision and training in psychology.

Grants and Contracts:

Other Support - Current

Title: Examining sleep health of transgender youth initiating gender-affirming hormone therapy; Source: Fitbit; Amount: \$13,695 in Fitbit supplies; Role: Co-PI; PI: Jessee Dietch, PhD; % Effort: N/A; Timeframe: 08/2021 - 02/2023.

Publications/Creative Work:

*Mentored

Peer-Reviewed Journal Publications

14. **Moyer, D. N.**, Suorsa-Johnson, K., Weidler, E., & Ernst, M. (2022). Information Sharing in Differences of Sex Development: The Creation of a Caregiver-Support Tool. *Families, Systems, & Health*. <https://doi.org/10.1037/fsh0000724>
13. Buckloh, L. M., Poquiz, J. L., Alioto, A., **Moyer, D. N.**, & Azelrad, M. E. (2022). Best practices in working with parents and caregivers of transgender and gender diverse youth. *Clinical Practice in Pediatric Psychology*. <https://doi.org/10.1037/PPP0000442>
 - **Selected by CPPP Journal as Manuscript of the Year**
 - **Selected as spotlight article for special issue, entitled "Diversity, Equity, Access and Inclusion Considerations for Parent/Guardian Targeted Interventions in Pediatric Psychology"**
12. *Hedrick, H. R., *Glover, N., Connelly, K. J., Guerriero, J. T., & **Moyer, D. N.** (2021). A new virtual reality: Benefits and barriers to providing gender-affirming healthcare virtually during the COVID-19 pandemic. *Transgender Health*. <https://doi.org/10.1089/trgh.2020.0159>
 - **Awarded Paper of the Year by OHSU Division of Psychology**
11. Riley, A. R., Williams, C. N., **Moyer, D. N.**, Bradbury, K., Leonard, S., Turner, E., Holding, E., & Hall, T. A. (2021). Parental posttraumatic stress symptoms in the context of pediatric post intensive care syndrome: Impact on the family and opportunities for intervention. *Clinical Practice in Pediatric Psychology*. <https://doi.org/10.1037/cpp0000399>
10. Cantu, A. L., **Moyer, D. N.**, Connelly, K. J., & Holley, A. L. (2020). Changes in acute distress from intake to first follow-up among transgender youth in a pediatric endocrinology clinic. *Journal of Transgender Health*. <https://doi.org/10.1089/trgh.2019.0077>
9. **Moyer, D. N.**, Connelly, K. J., & Holley, A. L. (2018). Using the PHQ-9 and GAD-7 to screen for acute distress in transgender youth: Findings from a pediatric endocrinology clinic. *Journal of Pediatric Endocrinology and Metabolism*. <https://doi.org/10.1515/jpem-2018-0408>
8. Williams, C. N., Eriksson, C., Piantino, J., Hall, T. A., **Moyer, D. N.**, Kirby, A., & McEvoy, C. (2018). Long-term sequelae of pediatric Neurocritical care: The parent perspective. *Journal of Pediatric Intensive Care*. <https://doi.org/10.1055/s-0038-1637005>
7. **Moyer, D. N.**, Page, A. R., McMakin, D. Q., Murrell, A. R., Lester, E. G., & Walker, H.A. (2018). The impact of acceptance and commitment therapy on positive parenting strategies among parents who have experienced relationship violence. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-018-9956-5>
6. Murrell, A. R., Lester, E. G., **Moyer, D. N.**, & Lincoln, T. (2018). Three tweets to the wind: Providing context via simulated social media to decrease stigma toward problematic drinking. *The Behavior Therapist*, 41(4), 195-199.
5. **Moyer, D. N.**, Murrell, A. R., Connally, M. L., & Steinberg, D. S. (2016). Showing up for class: Training graduate students in acceptance and commitment therapy. *Journal of Contextual Behavioral Science*. <https://doi.org/10.1016/j.jcbs.2016.12.001>

4. Gerber, M. M., Callahan, J. L., **Moyer, D. N.**, Connally, M. L., Holtz, P. M., & Janis, B. M. (2016). Bhutanese refugees reap support through community gardening. *International Perspectives in Psychology: Research, Practice, Consultation*. <http://dx.doi.org/10.1037/ipp0000061>
3. Murrell, A. R., Al-Jabari, R., **Moyer, D. N.**, Novamo, E., & Connally, M. L. (2014). An acceptance and commitment therapy approach to adolescent suicide. *International Journal of Behavioral Consultation and Therapy*. <https://doi.org/10.1037/h0101639>
2. Sandoz, E. K., **Moyer, D. N.**, & Armelie, A. P. (2014). Psychological flexibility as a framework for understanding and improving family reintegration following military deployment. *Journal of Marriage and Family Therapy*. <https://doi.org/10.1111/jmft.12086>
1. **Moyer, D. N.**, & Sandoz, E. K. (2013). The role of psychological flexibility in the relationship between parent and child distress. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-014-9947-y>

International and National Peer-Reviewed Abstracts

34. Battison EAJ, Murphy C, Martinez B, Kenyon E, Moyer D, Wilson AC (2023, April). Examining Post-surgical Experiences of AYAs Receiving Gender Affirming Surgery: A Mixed Methods Design. Poster abstract accepted for Society for Behavioral Medicine 44th Annual Meeting & Scientific Sessions (SBM). Phoenix, AZ
33. Battison EAJ, Murphy C, Moyer D, Connelly K, Dy G, Holley AL, Wilson AC (2022, September). Pain and psychosocial risk in adolescents and young adults receiving gender affirming surgery. Poster presented at International Association for the study of Pain (IASP) World Congress on Pain, Toronto, Canada.
32. Connelly, K., Baines, H., **Moyer, D.**, & Guerrero, J. (2022, September). Care as unique as you are: Exploring individual pathways of care for youth who identify beyond the gender binary. Paper presentation at the World Professional Association for Transgender Health Annual Conference. Montreal, Canada. International audience.
31. *Antonsen, L., Hedrick, H., Caldas, S., & **Moyer, D. M.** (2022, June). Flexible times call for flexible measures: A review of parental flexibility measures and ongoing validation of a new measure. Paper presentation at the Association for Contextual Behavioral Science Annual Conference. San Francisco, CA. International audience.
30. **Moyer, D. N.**, Suorsa-Johnson, K. I., Weidler, E. M., & Ernst, M. (2022, April). Navigating the choppy waters of information sharing in DSD: Development of the SHIP-T clinician resource. Paper presentation at the Society of Pediatric Psychology Annual Conference. Phoenix, AR. National audience.
29. *Hedrick, H. & **Moyer, D. N.** (2022, April). Risk and resiliency factors among transgender youth pursuing medical transition. Paper presentation at the Society of Pediatric Psychology Annual Conference. Phoenix, AR. National audience.
28. *Kumar, T., Reyes, R., Dunbar, A., & **Moyer, D. N.** (2022, April). Not about the destination, but about the journey (mapping): An MPH practice experience evaluation of the Doernbecher Gender Clinic. Paper

- presentation at the Society of Pediatric Psychology Annual Conference. Phoenix, AR. National audience.
27. Connelly, K., Dugi, D., Dy, G., Guerriero, J., & **Moyer, D. N.** (2022, March). Vaginoplasty after pubertal suppression: A multi-disciplinary approach. Paper presentation at the annual 2SLGBTQ+ Meaningful Care Conference. Regional audience.
 26. Connelly, K., Baines, H., Guerriero, J., & **Moyer, D. N.** (2022, March). Beyond “Born in the wrong body” Challenging our biases to provide inclusive care for nonbinary youth. Paper presentation at the annual 2SLGBTQ+ Meaningful Care Conference. Regional audience.
 25. Connelly, K., Dugi, D., Dy, G., Guerriero, J., & **Moyer, D. N.** (2021, November). Vaginoplasty after pubertal suppression: A multi-disciplinary approach. Mini symposium presented to the annual convention for the U.S. Professional Association for Transgender Health. National audience.
 24. Connelly, K., Baines, H., Guerriero, J., & **Moyer, D. N.** (2021, November). Beyond “Born in the wrong body” Challenging our biases to provide inclusive care for nonbinary youth. Mini symposium presented to the annual convention for the U.S. Professional Association for Transgender Health. National audience.
 23. *Hedrick, H., *Glover, N., Connelly, K., Guerriero, J., & **Moyer, D. N.** (2021, November). Virtual Visits: Benefits and barriers to providing pediatric Gender-affirming care via telehealth. Poster presentation for the annual conventions for the U.S. Professional Association for Transgender Health. National audience.
 22. *Antonsen, L., Caldas, S. V., & **Moyer, D. N.** (2021, June). The impact of parenting avoidance (IPA): A measure of psychological inflexibility in caregivers of transgender and gender diverse youth. Paper presentation at the Association for Contextual Behavioral Science. International audience.
 21. Gerber, M., Tucker, M., **Moyer, D. N.**, & Lee, N. (2021, June). Saying the wrong thing! Applying acceptance and commitment therapy to the way we approach difficult conversations. Workshop presented at the annual convention of the Association for Contextual Behavioral Science. International audience.
 20. *Sanberg, S. A., Connelly, K. J., Guerriero, J. T., Kerwin, T., & **Moyer, D. N.** (2020, November). Breaking barriers: Increasing patient retention and satisfaction in an interdisciplinary pediatric gender clinic. Symposium at the World Professional Association for Transgender Health Annual Conference. Virtual.
 19. **Moyer, D. N.**, Gerber, M. M., & Tucker, M. S. (2020, July). Saying the wrong thing: Practicing psychological flexibility around sensitive topics and vulnerable populations. Workshop presented at the annual convention of the Association for Contextual Behavioral Science. International audience.
 18. Cantu, A. L., Connelly, K. J., **Moyer, D. N.**, & Holley, A. L. (2019, April). Examining changes in PHQ-9 and GAD-7 scores in transgender and gender nonconforming youth receiving care in a pediatric endocrinology clinic. Poster Presentation at the Society of Pediatric Psychology Annual Conference. New Orleans, LA.
 17. Hulsey, T., **Moyer, D. N.**, & Murrell, A. R. (2017, June). Is stigma the biggest barrier: Barriers to seeking treatment. Paper Presentation at the Association for Contextual Behavioral Science Annual Convention, Seville, Spain.

16. Murrell, A. R., Trehan, S., Hernandez, J., Erguder, L., Steinberg, D. S., Hulsey, T., **Moyer, D. N.**, McMakin, D. (2017, May). What survives when lectures have been forgotten? Research on the pragmatics of interteaching. Paper Presentation at the Association for Behavior Analysis International Annual Convention, Denver, CO.
15. Gerber, M. M., **Moyer, D. M.**, & Callahan, J. L. (2016, June). "As the seeds grow, so our minds grow too:" Mindfulness and cultural connections in community gardening among Bhutanese refugees. Paper Presentation at the Association for Contextual Behavioral Science Annual Convention, Seattle, WA.
14. Lester, E. G., **Moyer, D. N.**, & Murrell, A. R. (2016, June). Three tweets to the wind: Decreasing substance use stigma in 140 characters or less. Paper Presentation at the Association for Contextual Behavioral Science Annual Convention, Seattle, WA.
13. Hulsey, T., Connally, M. L., **Moyer, D. N.**, & Murrell, A. R. (2016, June). Judgment on the bus goes round and round: Examining mental health stigma and the fundamental attribution error. Paper Presentation at the Association for Contextual Behavioral Science Annual Convention, Seattle, WA.
12. Lester, E. G., Laurenzo, N., **Moyer, D. N.**, & Murrell, A. R. (2016, June). Students' understanding and applications of mindfulness meditation. Poster Presentation at the Association for Contextual Behavioral Science Annual Convention, Seattle, WA.
11. Connally, M. L., Hulsey, T., Steinberg, D., **Moyer, D. N.**, Werth, A., & Murrell, A. R. (2015, May). The ultimate selfie: Flexible perspectives of the self following betrayal trauma exposure. Paper Presentation at the Association for Behavior Analysis International Annual Convention, San Antonio, TX.
10. Lester, E., **Moyer, D. N.**, & Murrell, A. R. (2015, May). Full-lotus and an empty mind: Exploring the prevalence and impact of common misconceptions about meditation. Paper presentation at the Association for Behavior Analysis International Annual Convention. San Antonio, TX.
9. Bedford, L., Holtz, P., **Moyer, D. N.**, Sethi, K., McGuffin, J., Perez, C., & Boals, A. (2015) Veterans assessing veterans: Using rapport to improve PTSD assessment. Poster Presentation at the American Association of Behavioral and Social Science Annual Conference, Las Vegas, NV.
8. **Moyer, D. N.**, Steinberg, D. S., Connally, M. L., & Murrell, A. R. (2014, June). Showing up for class: Examining a doctoral level course on Acceptance and Commitment Therapy. Paper presentation at the Association for Contextual Behavioral Science Annual Convention, Minneapolis, MN.
7. **Moyer, D. N.**, Connally, M. L., Sinha, A., & Murrell, A. R. (2014, May). Me, myself, and my ethnicity: Relationships among mindfulness, self-compassion, and ethnic identity development. Paper presentation at the Association for Behavior Analysis International Annual Convention, Chicago, IL.
6. Perkins, D. R., Caldas, S., & **Moyer, D. N.** (2014, May). Bringing culture into the room: Multiculturalism in research, practice, and education in behavior analysis. Paper presentation at the Association for Behavior Analysis International Annual Convention, Chicago, IL.
5. **Moyer, D. N.**, Hebert, E., & Sandoz, E. K. (2013, July). Goals worth reaching: Investigating the impact of a S.M.A.R.T. Goals intervention with and without a valued living component on students in an

introductory psychology class. Paper presentation at the Association for Contextual Behavioral Science Annual Convention, Sydney, Australia.

4. **Moyer, D. N.**, & Sandoz, E. K. (2013, July). Woe is me: Confessions of a graduate student in Contextual Behavioral Science. Ignite presentation at the Association for Contextual Behavioral Science Annual Convention, Sydney, Australia.
3. **Moyer, D. N.**, & Sandoz, E. K. (2013, May). Raising flexibility: A preliminary look at the role of psychological flexibility in parent and adolescent distress. Paper presentation at the Association for Behavioral Analysis International Annual Convention, Minneapolis, MN.
2. **Moyer, D. N.**, & Sandoz, E. K. (2012, July). Everything is relative: relational responding, perspective-taking, and psychological flexibility in the parent child relationship. Paper presentation at the Association for Contextual Behavioral Science Annual Convention, Washington, D. C.
1. Fusilier, S., **Moyer, D. N.**, Hebert, E. R., Jacobelli, J. & Sandoz, E. K. (2012, July). The aftermath of anxiety: The role of psychological flexibility in math Anxiety in college students. Paper presentation at the Association for Contextual Behavioral Science Annual Convention, Washington, D. C.

Regional and Local Peer-Reviewed Abstracts

3. Lincoln, T.F., Murrell, A.R., **Moyer, D.N.** (2015, November). Stop avoiding and examine the context: Examining relationships among demographic variables, experiential avoidance, and attributional complexity. Poster Presentation at the Texas Psychological Association Annual Convention. San Antonio, Texas.
2. **Moyer, D. N.**, Connally, M. L., Steinberg, D. S., & Murrell, A. R. (2015, March). Showing up for class again! Study 2 examining a doctoral level course on acceptance and commitment therapy. Paper presentation at the 1st Annual SE ACBS Chapter Conference. Lafayette, LA
1. Scherbarth, A., Murrell, A., Connally, M., & **Moyer, D. N.** (2015, March). Enhancing traditional behavioral parent training with ABA and ACT. Workshop presented at the Southeast Chapter Conference of the Association for Contextual Behavioral Science. Lafayette, Louisiana.

Non-Peer-Reviewed

Books

1. **Moyer, D. N.**, Guerriero, J. T., & Connelly, K. J. (Eds.). (In Preparation). *Advances in Research on Pediatric Gender Affirming Healthcare*. Contracted by Elsevier Publishing. Expected Publication July 1, 2025.

Book Chapters

1. Murrell, A. R., Livheim, F., **Moyer, D. N.**, Connally, M. L., & Dunham, K. (2016). Starting a family: Same-sex parenting. In M. D. Skinta & A. Curtin (Eds.), *Mindfulness and Acceptance for Gender and Sexual Minorities*. Oakland, CA: New Harbinger

Invited Lectures, Conference Presentations or Professorships:

International and National Invited Presentations

3. Moyer, D. N., Guerriero, J., Rutter, T. (2021, December). Rainbows are a spectrum too: Providing inclusive gender affirming care to youth on the autism spectrum. Invited lecture for the UCSF 2-day event on Considerations for the Assessment and Treatment of Females & Gender Diverse Individuals on the Autism Spectrum. National audience.
2. Connelly, K., Guerriero, J., Moyer, D., & Edwards-Leeper, L. (2021, October). More than Medicine: Creating safety nets for gender diverse youth. Half-day seminar presented to national audience organized by Corvallis Samaritan Health. National audience.
1. Connelly, K., Seideman, C., Feist, C., Moyer, D. N., & Jordan, B. (2020, October). Double trouble: Let's talk about sex (of rearing) and gender identity in a complex case of XY, DSD. Case presentation for the Disorders of Sex Development Translational Research Network (DSD-TRN). National audience.

Regional and Local Invited Presentations

17. Moyer, D. N. (2023, June). Affirming psychology: Supporting transgender and gender diverse youth as a psychologist. Invited lecture for George Fox Graduate Psychology Program. Portland, OR
16. Moyer, D. N. (2023, April). Pediatric gender affirming care: Affirming healthcare for transgender and gender diverse youth. Invited lecture for the National University of Natural Medicine Grand Rounds. Portland, OR.
15. Moyer, D. N. (2023, January). Shared decision making in gender affirming healthcare for transgender youth. Invited lecture for the Oregon Pediatric Society Gender Affirming Care ECHO Series. Regional audience.
14. Moyer, D. N., Jetmalani, A., & Marsiglio, M. (2022, October). Developmental approach to gender-affirming care and psychosis. Invited lecture for Oregon state Early Assessment and Support Alliance (EASA). Regional audience.
13. Moyer, D. N., & Baines, H. (2022, October). Transgender health: Puberty blockers and hormones for adolescents. Invited lecture for Annual Pacific Northwest Update in OB-GYN and Women's Health. Regional audience.
12. Penkin, A., Jetmalani, A., **Moyer, D. N.**, Guerriero, J., Jeske, K., & Marsiglio, M. (2022, September). Letters of support: Mental health and gender affirming assessment for youth and adults. Invited lecture for Columbia County Mental Health. Regional audience.
11. Penkin, A., Jetmalani, A., **Moyer, D. N.**, Guerriero, J., Jeske, K., & Marsiglio, M. (2022, May). Letters of support: Mental health and gender affirming assessment for youth and adults. Invited lecture for mental health providers in Eastern Oregon sponsored by Greater Oregon Behavioral Health Inc. (GOBHI). Regional audience.
10. **Moyer, D. N.** (2022, March). Leaving binary behind: Introduction to gender identity and sexual orientation. Invited lecture for Washington State University Psychology 105 undergraduate course. Vancouver, WA.

9. **Moyer, D. N.**, Guerriero, J., Rutter, T. (2022, February). Rainbows are a spectrum too: Providing inclusive gender affirming care to youth on the autism spectrum. Invited lecture for the Autism Training and Resource Center at Columbia Regional Inclusive Services. Regional audience.
8. **Moyer, D. N.** (2021, November). Care for transgender and gender diverse youth. Bay Area Hospital Grand Rounds. Coos Bay, OR.
7. Baines, H., Guerriero, J., & **Moyer, D. N.** (2021, October, November, December). More than medicine: Creating affirming care environments for gender diverse youth. 3-part series presented to Hillsboro Pediatrics. Regional audience.
6. Connelly, K., Guerriero, J., & **Moyer, D. N.** (2021, September). Supporting and affirming gender diverse youth. Invited lecture for the regional Mama Dragons group. Regional audience.
5. Guerriero, J. T., Marsiglio, M., Jetmalani, A., & **Moyer, D. N.** (2021, July). Affirming and informed: Role of the behavioral health provider in supporting transgender and gender diverse communities. Invited lecture for providers in Eastern Oregon. Regional audience.
4. Marsiglio, M. & **Moyer, D. N.** (2021, June). Mental health considerations for transgender and gender diverse youth and adults during the COVID-19 pandemic. Invited Lecture for the Samaritan Health Services Oregon Pacific Area Health Education Center. Regional audience.
3. Guerriero, J. T. & **Moyer, D. N.** (2021, May). Supporting and affirming gender diverse youth. Invited lecture for the Pacific Northwest District of Kiwanis International. Regional audience.
2. **Moyer, D. N.**, Gerber, M. M., & Tucker, M. S. (2021, January). Saying the wrong thing! Applying acceptance and commitment therapy to the way we approach difficult conversations. Invited lecture for Masters level course presented to Cardinal Stritch University Psychology Department. Milwaukee, Wisconsin.
1. **Moyer, D. N.**, Gerber, M. M., & Tucker, M. S. (2020, October). Saying the wrong thing! Applying acceptance and commitment therapy to the way we approach difficult conversations. Workshop presented to the Colorado University at Boulder Psychology Department. Boulder, Colorado.

Honors and Awards for Scholarship:

- 2023 Clinical Practice in Pediatric Psychology 2022 Paper of the Year
- 2022 OHSU Division of Psychology Paper of the Year
- 2017 ACBS Michael J. Asher Student Dissertation Award
- 2015 UNT Frank Collins Memorial Scholarship

Leadership Roles related to Scholarship:

- 2021-Present Spearheaded OHSU-PSU Public Health Practice Experience - Doernbecher Gender Clinic
[Link to OHSU-PSU Practice Experience - Doernbecher Gender Clinic](#)
 (see Education section and Educators Portfolio for more information on preceptorship)
- 2019-Present Founder of the OHSU Transgender Health Research Initiative (THRIVE) lab
[Link to OHSU Research Volunteer Opportunities](#)

(see Education section and Educators Portfolio for more information on supervision)

V. SERVICE

Current Membership in Professional Societies:

2020 APA Division 44 Society for the Psychology of Sexual Orientation and Gender Diversity
2019 World Professional Association for Transgender Health (WPATH)
2018 APA Division 54 Society of Pediatric Psychology (SPP)
2011 Association for Contextual Behavioral Science (ACBS)

Granting Agency Review Work: NA

Editorial and Ad Hoc Review Activities:

Editorial Board Review Editor, *Frontiers in Psychology*, section: *Psychology for Clinical Settings*
Editorial Board Review Editor, *Frontiers in Psychology*, section: *Health Psychology*

Ad Hoc Reviewer, *Journal of Contextual Behavioral Science*
Ad Hoc Reviewer, *Journal of Family Violence*

Committee and Professional Association Service:

International/National

2022-Present USPATH Education Committee, Founding Member, Elected
2021-Present Division 54 Differences in Sex Development SIG, Secretary, Invited
2020-Present ACBS Membership Committee, current co-chair, Elected
2019-2022 Division 54 Gender Health SIG, Co-founding Member & Webmaster
2019-Present Disorders of Sex Development Translational Research Network, Psychosocial Workgroup
2016-2020 Gender and Sexual Diversity SIG, Social Chair, Elected
2014-2016 Child, Adolescent, and Family SIG, Communications Coordinator, Elected
2012 ACBS World Conference X, Bethesda, MD, Program Committee, Invited

Institutional/Departmental

2023 Faculty search committee for pediatric C/L position, OHSU
2022-Present Transgender Health Program adolescent surgical pathways task force, OHSU
2022-Present Transgender Health Program grand rounds committee, OHSU, invited
2022-Present OHSU Transgender Health Program behavioral health training committee, founded
2022-Present Division task force on Values, Cohesion, and Wellness, OHSU
2021-Present Transgender Health Program mental health consultation workgroup, OHSU
2021 Psychology division multidisciplinary care workgroup, OHSU, spearheaded
2021 Faculty search committee for PCCNRP, OHSU
2019 Transgender Health Program reversal workflow task force, OHSU
2015-2016 Clinical psychology program graduate student representative, UNT
2015 Faculty search committee graduate student representative, UNT

Health Policy and Advocacy Service:International/National

- 2023 Hosted an Accord Alliance Sponsored Family Day social support group for adolescents with differences of sex development and their parents.
- 2021 Co-Author of Position Statement: Support Access to Gender Affirming Care for Transgender and Gender Diverse Youth endorsed by the Society of Pediatric Psychology and created by the Gender Health SIG. [Link to position statement](#)
- 2017 Spearheaded ad hoc committee to increase inclusion within ACBS

Regional/Local

- 2022 - 2023 Acknowledged Contributor: Final (Year 2) Report to OHA on SOGI Demographic Standards for Minors by Arrigotti, Carpenter, Chase, Cox, Jeffries, & Dinno (2023). [Link to Report](#)
- 2022 - 2023 Expert Witness Services: Or. Dom. Rel. Ct. Case No: 17DR11700
Nature of case: Domestic relations related to a transgender child
- 2022 Interviewed by KOIN for Health News piece entitled "Expert advice for parents of transgender children." [Link to KOIN](#)
- 2022 Expert Witness Services: OAH Case No. 2021-DHS-15576
Nature of case: DHS policy requiring foster parents to be accepting of gender and sexual minority youth in their care
On behalf of: Oregon Department of Human Services
- 2021 Contributing Author: Affirming health care is life-saving for transgender youth. Op-ed feature through OHSU Now News and the Portland Tribune reaffirming OHSU's commitment to continue providing pediatric gender affirming care despite anti-trans-youth legislation in Arkansas. [Link to OHSU Now News](#)

Institutional/Departmental

- 2021-Present Supervising OHSU School of Public Health Students to advance health administration policy within the Doernbecher Gender Clinic and Transgender Health Program
- 2019-Present Participate in multidisciplinary Transgender Health Program services and advocacy, OHSU
- 2015-2017 Co-founded Psychology Advocates for Social Change student advocacy committee, UNT

Community Service:

- 2018 OHSU Tillamook Early Childhood Screening Fair
- 2017 Participated in anti-Muslim ban support efforts
- 2016 Organized Psychologists for Black Lives Lie In

Clinical Responsibilities (summarize types of clinical work since last promotion): NA

I am the Director of Psychology for the OHSU Doernbecher Gender Clinic, which serves the medical, social, and mental health needs of transgender and gender diverse youth and their families. I was hired specifically to develop the psychology component of the program, and since then have consulted with and visited similar programs around the country in the service of developing the program to provide the highest quality of care. I provide interdisciplinary psychological services within endocrinology visits, as well as psychology-only assessment and treatment. Since taking this position, I have worked with 723 patients and their families, nearly 500 of which received psychology-only services in addition to their interdisciplinary care. Referral questions for psychology-only services include diagnostic clarification, family conflict around gender identity affirmation or transition goals, brief evidence-based interventions for co-occurring mental health concerns, and exploration and clarification of goals for medical interventions. This also includes referrals to plastic surgery, urology, and gynecology for surgical interventions for older adolescents. I implemented a parent social group for caregivers of gender diverse youth. This group is focused specifically on connecting caregivers of adolescents who are considering or have initiated medical interventions, to meet the increasing need of families who are navigating healthcare without prior knowledge or clear supports. I also provide consultation for mental health providers throughout Oregon and Washington, including many rural areas, to increase their knowledge and ability to serve these youth.

Honors and Awards for Service: NA**VI. TEACHING** [see Educator's Portfolio for additional information]**Education Related Funding**

Title: Doernbecher Gender Clinic Provider Training; Source: Cigna Health and sponsorship from Cigna Civic Affairs; Amount: \$10,000; Role: Co-Facilitator; Additional Facilitators: Kara Connelly, MD; Hayley Baines, MD; Jess Guerriero, MSW; % Effort: N/A; Timeframe: TBD.

Didactic, Small Group, & Clinical Teaching (See OHSU Educator's Portfolio for details)Teaching Activities – Public Health Graduate Students

2021-Present OHSU Doernbecher Gender Clinic Practice Experience Preceptor
Duration: 2 terms; Learners: 2-3 public health students per term

Teaching Activities – Psychology Doctoral Interns

2020-Present OHSU Division of Psychology Internship Seminar Series Contributor
Duration: 1 hour per year; Learners: 5

2019-Present OHSU Doernbecher Gender Clinic Psychology Internship Placement Supervisor
Duration: Year-long; Learners: 1 psychology intern per year

Teaching Activities – Psychology Graduate Students

2021-Present OHSU Doernbecher Gender Clinic Psychology Practicum Placement Supervisor
Practicum Duration: Year-long; Learners: 2 psychology graduate students per year
Observation Duration: 1-2 days; Learners: 2-3 psychology graduate students per year

2014-2015 UNT Cognitive and Personality Assessment Labs Course Instructor
Duration: 1 semester each; Learners: 10 psychology graduate students

Teaching Activities – Psychology Undergraduate Students

2015-2017 UNT Honors Psychology I and II Course Instructor
Duration: 1 semester each; Learners: ~30 undergraduate students

2011-2013 ULL Introduction to Psychology Course Instructor
Duration: 1 semester each; Learners: ~50 undergraduate students

Teaching Activities – Multi-Level Learners / CME

2022-Present Transgender Health Program Behavioral Health Didactic Series
(see educator's portfolio for more information)

2022-Present Affirming and Informed Synchronous and Asynchronous Training
(see educator's portfolio for more information)

Non-OHSU Invited Lectures

See Scholarship section above.

OHSU Invited Lectures and Trainings

21. Moyer, D. N., Guerriero, J. T., & Connelly, K. J. (2023, June). Mapping the patient journey: A novel public health collaboration to illustrate the patient journey through a pediatric gender clinic and beyond. OHSU Pediatric Grand Rounds.
20. Guerriero, J. T., Connelly, K. J., & Moyer, D. N. (2023, June). Beyond the clinic door: Holistic care for gender diverse youth in 2023. OHSU Social Work Grand Rounds.
19. Moyer, D. N. (2022, October). Beyond "Born in the wrong body": Challenging our biases to provide inclusive gender affirming care. Invited lecture for OHSU IDD LEND Seminar.
18. Moyer, D. N., Connelly, K., Baines, H., & Guerriero, J. (2022, August). Beyond "Born in the wrong body": Challenging our biases to provide inclusive gender affirming care. Invited lecture for OHSU Health Hillsboro Medical Center.
17. Moyer, D. N. (2022, July). Gender affirming healthcare for transgender youth: On being the solution and the problem. Invited lecture for OHSU Clinical Psychology Program graduate course on Health Disparities.
16. Penkin, A., Jetmalani, A., Moyer, D. N., Guerriero, J., & Marsiglio, M. (2021, September). Writing letters of support for youth and adults. Invited lecture for OHSU behavioral health consultants.
15. Moyer, D. N., Guerriero, J. T., & Connelly, K. J. (2021, June). Interdisciplinary healthcare for gender diverse youth: An introduction. OHSU Pediatric Psychology Practicum Seminar Series.

14. Moyer, D. N., Guerriero, J. T., & Connelly, K. J. (2021, June). More than medicine: Creating safety nets for gender diverse youth. Invited lecture for OHSU Psychiatry PGY3 Resident Seminar.
13. Guerriero, J. T., Connelly, K. J., & Moyer, D. N. (2021, June). Beyond “born in the wrong body”: Challenging our biases to provide inclusive care for Nonbinary youth. OHSU Department of Pediatrics Grand Rounds.
12. Baines, H., Seideman, C., Jordan, B. K., Feist, C., Moyer, D. N., & Connelly, K. J. (2021, April). Navigating care for children and adolescents with differences of sex development: OHSU Doernbecher Sex Development Program. OHSU Department of Pediatrics Grand Rounds.
11. Reynolds, K., & Moyer, D. N. (2021, April). Child Intellectual Assessment and Introduction to the WISC-V. Invited guest lecturer for OHSU Clinical Psychology student assessment course.
10. Connelly, K. J., Guerriero, J. T., & Moyer, D. N. (2021, April). More than medicine: Creating safety nets for gender diverse youth. Invited lecture for DCH Peri-operative nursing staff.
9. Connelly, K. J., Guerriero, J. T., & Moyer, D. N. (2021, February). OHSU Department of Psychiatry Division of Psychology Diversity Seminar in coordination with Dr. Laura Edwards-Leeper on pediatric gender affirming healthcare.
8. Connelly, K. J., Guerriero, J. T., & Moyer, D. N. (2020, December). More than medicine: Creating safety nets for gender diverse youth. OHSU School of Medicine Developing Human Education Block.
7. Hunter, A. & Moyer, D. N. (2020, November). Pediatric Functional Abdominal Pain. Presented for the OHSU ECHO Series for Physicians in Oregon. Regional audience.
6. Connelly, K., Guerriero, J., & Moyer, D. N. (2020, October). More than medicine: Creating safety nets for gender diverse youth. Presented for the Doernbecher Children’s Hospital Pediatric Nursing Conference 2nd Annual Hot Topics in Pediatric Nursing.
5. Marsiglio, M., Moyer, D. N., Jetmalani, A. (2020, September). Suicide risk and resilience among transgender and gender diverse patients across the lifespan. OHSU Department of Psychiatry Grand Rounds.
4. Connelly, K. J., Guerriero, J., & Moyer, D. N. (2020, June). More than medicine: Creating safety nets for gender diverse youth. OHSU Department of Pediatrics Grand Rounds presentation.
3. Moyer, D. N. (2020, March). Clinical RFT: Everything you never wanted to know about ACT (and a few things you do). OHSU division of psychology seminar series.
2. Connelly, K. J., & Moyer, D. N. (2020, February). Multidisciplinary care for gender diverse youth. OHSU division of psychology seminar series.
1. Moyer, D. N., Connelly, K., Guerrero, J., & Marsiglio, M. (2020, January). Affirming and informed: Writing a letter of support and other roles of the behavioral health consultant in pediatric gender affirming healthcare. Workshop presented for OHSU Department of Family Medicine.

Other Teaching

Henke, A. M., Reuther, E. T., Moyer, D. N., Lutz, J., & Lightell, D. (2019, September). Eating disorders: Management in an acute pediatric setting. Children's Hospital of New Orleans Grand Rounds. New Orleans, LA.

Murrell, A., Connally, M., Moyer, D. N., & Steinberg, D. (2015). Learning ACT: An experiential introduction. 2.5 day training, Gainesville, Texas.

Curriculum Development (See OHSU Educator's Portfolio for details)

OHSU DGC Affirming and Informed Interactive Training Series. Developed 2022. Implemented 2022-Present.

OHSU Public Health Practice Experience – Gender Clinic. Developed 2021. Implemented 2021-Present.

OHSU Psychology Practicum Placement – Gender Clinic. Developed 2021. Implemented 2021-Present.

OHSU Psychology Internship Placement – Gender Clinic. Developed 2019. Implemented 2019-Present.

Saying the wrong thing! Developed 2020. Implemented 2020-2021

UNT Intro to Psychology undergraduate honors courses. Developed and implemented 2015-17.

UNT Assessment Lab I & II doctoral courses. Developed and implemented 2014-15.

Mentoring & Advising (See OHSU Educator's Portfolio for details)

OHSU Research Volunteers (including PSU, GFU, UO, and RM students)

Research mentoring. 5 students to date. 2020-Present

Thesis/Dissertation committee member. 3 students to date. 2020-Present

OHSU Public Health Graduate Students

Preceptorship and research mentoring. 2-3 students per term. 2021-Present

OHSU Psychology Doctoral Interns

Clinical supervision and mentoring. 1 student per year. 2019-Present

OHSU and external Psychology Graduate Students

Clinical supervision and mentoring. 2 students per year. 2021-Present

Learner Assessment Tool Development: NA

Educational Administration & Leadership (See OHSU Educator's Portfolio for details)

Education Administration: NA

Education Committees

2022-Present Transgender Health Program grand rounds committee, invited

2022-Present USPATH Educational Committee, elected

2022-Present OHSU Transgender Health Program behavioral health training committee, founded

2019-Present OHSU Psychology Internship Selection Committee Member, invited

Honors and Awards for Education: NA

CERTIFICATE OF SERVICE

I, Akilah Maya Deernose, hereby certify that I have served true and accurate copies of the foregoing Affidavit - Affidavit to the following on 07-17-2023:

Austin Miles Knudsen (Govt Attorney)

215 N. Sanders

Helena MT 59620

Representing: Montana Board of Nursing, Gregory Gianforte, Montana Department of Public Health and Human Services, Charlie Brereton, Montana Board of Medical Examiners, State of Montana, Austin Knudsen

Service Method: eService

Alexander H. Rate (Attorney)

713 Loch Leven Drive

Livingston MT 59047

Representing: Katherine Mistretta, Paul Cross, Phoebe Cross, Scarlet van Garderen, Juanita Hodax, Ewout Van Garderen, Molly Cross, Jessica van Garderen

Service Method: eService

Matthew Prairie Gordon (Attorney)

1201 Third Ave

Seattle WA 98101

Representing: Katherine Mistretta, Paul Cross, Juanita Hodax, Ewout Van Garderen, Molly Cross, Jessica van Garderen

Service Method: eService

Electronically signed by Krystel Pickens on behalf of Akilah Maya Deernose

Dated: 07-17-2023