

Submitter: Noelle Lamberton

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2458

I believe passing this law as termed conversion therapy will make it illegal for trained psychologists to do their jobs of exploring all psychiatric co-morbidities for gender diverse teens. I am against all abusive tactics of traditional conversion therapy (therapists pushing an agenda for trans kids to not identify as trans). I do believe a neutral approach to gender identity makes sense. This bill if passed would it would make it illegal for a skilled clinician to ask gender diverse teens how they came to see themselves as gender diverse.

A clinician should be able to ask a child and their parents if the child was exposed to social media, if being gender diverse is peer pressure driven or if this has been a consistent and congruent identity over time.

Parent input is important and usually by the time a kid self -identifies as trans, it is my experience that the therapist doesn't ask for:

1. Parent and sibling input
2. Doesn't do a thorough history intake of gender dysphoria
3. Often mistakenly believes that referrals to gender clinics will solve all pre-existing psychiatric co-morbidities that can easily be solved (they can't) with cross sex hormones etc. In my opinion and experience clinicians have stopped doing their jobs and started referring kids to clinics bc it's easier to give a kid hormones than it is to do their jobs of really exploring all aspects of the gender diverse or trans youth lives.
4. Most clinicians are not trained in gender dysphoria screenings and those screenings do exist and there is a protocol in place to do good screenings but they aren't happening bc of misinformation or bc there so many kids coming out as trans they (clinicians don't have time to do careful and thorough psych evaluations).
5. A clinician needs to have the freedom to address all psychiatric co-morbidities (almost 100% of gender dysphoric teens have other mental health issues) that also need to be addressed but get sidelined bc oftentimes clinicians only focus gender identity.
6. I want to make clear that anyone who thinks they should be able discourage or encourage a gender identity is misguided. Clinicians need to be neutral and listen and not push a gender diverse child in one direction or another to put their own self interests on their clients.
7. If this bill passes many parents with gender diverse teens will ignore and actively avoid sending their kids to therapists bc the pattern in recent years has been a self ID is all a child needs to be trans and they (clinicians) will not be allowed to use any kind of exploratory therapy to help kids figure out if this is a congruent identity or a possibly an identity that social media and peer influence driven (see the op/Ed by WAPO, written by Drs Edwards-Leeper and Anderson).

8. The Department of Education says 8% of Oregon students identify as gender diverse. That is an exponential increase since 2011 and according to Reuters there was a 70% increase in gender diverse youth being referred to gender clinics from 2020-2021.

9. We need to be careful about seeing gender diverse teens as a giant cohort but rather as unique individuals who deserve an individualized approach to psychotherapy, don't and trans kids deserve an individual treatment plan not just a one size fits all therapeutic model. I believe they do and I also think this bill, if it passes will stifle the individual approach and actually make it illegal.

I have 2 MAs, one in Counseling Psychology and the other in School Psychology. I want the committee to understand it takes much longer to diagnose a kid for ADHD than it does to give them a referral to a gender clinic and in my experience gender clinics do not offer psychotherapy they only offer hormones and other permanent medical interventions.

Thank you for reading my testimony and please consider that gender diverse kids deserve to be seen as individuals and not part of a giant cohort.

Please vote no on this bill.