



**Testimony of Brandy Brown, LCSW,
Program Manager of the Gender Clinic at
the Barbara Bush Children's Hospital at Maine Medical Center,
In Strong Support of LD 1025,
An Act to Prohibit the Provision of Conversion Therapy to Minors by Certain
Licensed Professionals
April 10, 2019**

Senator Sanborn, Representative Tepler, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services, I am Brandy Brown and I am the Program Manager for the Gender Clinic Program at Maine Medical Center, as well as the President of the National Association of Social Workers Maine Board of Directors and Chair of the chapter's LGBTQ Advocacy Committee. I am here today to testify in strong support of LD 1025, An Act to Prohibit the Provision of Conversion Therapy to Minors by Certain Licensed Professionals.

The Gender Clinic at The Barbara Bush Children's Hospital is dedicated to supporting the health and wellbeing of transgender, gender diverse and questioning youth across Northern New England. We have an interdisciplinary team of providers within the MaineHealth system, pulling together the strengths of Pediatric and Adult Endocrinology, Adolescent Medicine, Child Psychiatry, Spiritual Care, and Clinical Ethics. The Gender Clinic currently serves over 250 transgender and gender non-conforming youth, from age 3 to 25. We provide evidence-based treatment to children and their families from childhood through adolescence.

What does evidence-based practice mean?

The Gender Clinic at The BBCH follows the best practices available, and work within the recommendations of the World Professional Association for Transgender Health (of which I am a member in good standing), including the National Association of Social Workers, The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, The Pediatric Endocrine Society of North America (from which our providers founded and currently co-chair the Special Interest Group on Transgender Health), among others. We are not only part of these groups, but we are active at the national and international level, contributing to the research and literature, and improving practice recommendations. Through these connections, we have been able to take advantage of real time consultation as well as advance notice of new recommendations in an ever changing field of medicine.

At present, we understand that the best approach to take when a child is questioning their gender, or identifies a gender other than the one they were assigned at birth, is to take an affirming approach. This means we accept each child as the expert on their own feelings and identity, we affirm them as they see themselves, and we work with the child and family to find a way to



increase acceptance and support within their family and community. This is the stance that our program takes when approaching children and has the most evidence with positive outcomes.

How does The Gender Clinic work with a young person who is questioning their identity?

When we first began working with youth, we had a very specific set of patients who came to us, primarily those who had a lot of resources and social advantages, and those who were very clear about their gender identity and the treatment that they wanted. As our clinic grew, and now as a formal program at Maine Medical Center, we have seen a surge of referrals (140 last year). We are working with younger children than before and we have far more referrals to work with youth who are 'gender questioning.'

I am the first contact for these families after a referral has been made and I have the unique opportunity to hear the concerns of caregivers before they have decided to bring their child in to work with our clinic. Parents are worried, scared, and confused about the gender issues, but they want what is best for their children. During the course of my career, I have been asked by some if we can help their child realize that this is a 'phase,' or convince them to change their identity. These parents are in a vulnerable place and they need guidance and accurate information to help them with acceptance and support for their children.

After understanding the parents' goals and outlining our clinic's process, I make an initial plan for support, and move forward with the referral. The first appointment in our clinic is a mental health psychiatric evaluation. We have clinical social workers and child and adolescent psychiatrists meet with the child and parent/guardians, to understand the full developmental, psychiatric, medical, and social history for the child. We also take account of current concerns, making sure to always provide the parent and child time to share their questions and goals with us separately. When there are other psychiatric concerns, we make sure there is a plan for those to be adequately managed, in addition to any work related to gender exploration. For a child who is questioning their gender, we work with them through individual and/or family therapy, taking an affirming approach. That is, through each phase of treatment, we accept, validate, and affirm a child for who they are, for how they see themselves, and normalize the experience of questioning.

We do not rush a child into any kind of major decisions or transition, and in fact many children we work with need no further support beyond therapy. We take a non-directive approach, affirming and normalizing during each phase of treatment. The primary focus of the 'gender therapy' we provide is to allow a safe emotional space for a child to explore their identity, with support, but without judgment or consequence. This, in fact, is the primary purpose of therapy. As clinicians, we are taught to hold space around a client for their emotional safety as they work with vulnerable parts of themselves.

As a multidisciplinary clinic, we involve at least one other discipline to be part of an assessment, before moving forward with any major treatment recommendations for children in our program. We also convene weekly consultations within our team, with all disciplines present, including



individuals who do not regularly see patients – namely an ethicist to help guide us with complex decision making and a spiritual care provider to help us view each patient through a holistic lens.

What about Conversion Therapy?

Conversion therapy, the reason for this hearing, is an approach that has been taken by some who feel that sexuality and gender must fall within a particular framework and that any deviation from the stated 'norm' should be corrected. Conversion Therapy encompasses a number of coercive techniques, in the guise of traditional therapy, often using well known talk therapy techniques, which are used to convince someone that their understanding of their core identity is wrong and that they should change their identity by conforming to other's expectations. There is no evidence that this is an effective method, and what evidence is given, generally depicts short term success with long term hardship for the individual. I believe others will have presented information about the harms of what 'conversion therapy' does. The essence of therapy is to create a safe place to allow someone to gain understanding, promote growth and build resilience. Conversion techniques eliminate that safe environment to mandate change, assign blame, often with incredible damage.

Our clinic has not, and will not, participate in practices aligned with so-called 'conversion therapy,' as it falls outside of our clinic practice and is contrary to every code of ethics and the values of MaineHealth, which we represent through our work.

In my experience of working with hundreds of LGBTQ youth I have never had a youth consider changing their identity or ask for help for in changing their identity unless they have experienced shame and coercion or they have been given an ultimatum and do not want to lose their family, faith, or community.

I am currently working with a youth, "Oliver," who is a Mainer and has only seen providers in Maine. Over the past several months, he has been unfolding an experience of what I understand as attempted "conversion therapy." He talks about how each therapy session made him feel worse about himself, how he was told it wasn't acceptable to question his gender and he needed to realize this. He felt confused and alone and realized that he needed to pretend he wasn't questioning his gender and keep his questions and feelings inside. "Oliver" began seeing this therapist after he shared with his parents that he was confused about and questioning his gender, along with struggling with anxiety and depression, and his mother found him a counselor. She found someone with a reputation for working with adolescents who expressed gender issues and she trusted this individual to help her child. "Oliver" abruptly stopped therapy after a couple of months and refused to go, but without giving an explanation. At this same time he withdrew from school, and began to be homeschooled. His mother found him another counselor, but he wasn't able to engage. "Oliver" now reports a distrust of counselors in general and finds it difficult to talk about his prior therapy experiences. After working with our clinic for many months, he was able to share his disbelief that people would help him based on his prior experience. I have approached my work with him in the way that I would with any child who has experienced trauma. It is slow work, but after sharing this, he has begun to be more open

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about talking about his identity with me. He has also been able to share some of his experience with his mother, who reports she had no idea of what had transpired, thinking he had gone to see someone who specialized in gender counseling. He forgives his mother and believes she was just trying her best, but thinks she was naïve and misled.

Because of the damage caused, Conversion Therapy is condemned by every major association representing medical and mental health, including the American Academy of Pediatrics, the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers, among others.

In conclusion, LGBTQ children and youth are already vulnerable to family rejection and experience homelessness, substance use, depression and suicide at higher rates than their peers. The State of Maine should not allow medical and mental health professionals to provide Conversion Therapy as it will only instill more fear and anxiety in this already vulnerable population. Conversion Therapy violates the fundamental medical ethic of “first, do no harm.” For those reasons, I urge the Committee to support LD 1025 and protect our youth from these harmful practices.

Thank you for your time and I would be happy to answer any questions you may have.