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ORIGINAL

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MICHAEL FERGUSON, et al.,

Plaintiffs,

-vs-

JONAH, etc., et al.,

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - HUDSON COUNTY
Docket No. L-5473-12

Civil Action

**CERTIFICATION OF NICHOLAS A.
CUMMINGS, Ph.D., Sc.D.**

I, Nicholas A. Cummings, certify:

1. I received a bachelor's degree in psychology from the University of California at Berkeley, a master's degree in psychology from Claremont Graduate School, and a doctorate in clinical psychology from Adelphi University. I have been awarded five honorary doctorates for innovations in such diverse fields as education and the Greek classics.

2. I was Chief Psychologist for the Kaiser Permanente health system from 1959 to 1979, based in San Francisco, California.

3. I was a member of President Kennedy's Mental Health Task Force and President Carter's Mental Health Commission. I was an advisor to the Health Economics Branch of the then Department of Health, Education and Welfare, the Senate Subcommittee on Health (Senator Edward Kennedy, Chair), and the Senate Finance Committee (Senator Russell Long, Chair). I have testified before the Congress of the United States 18 times. On behalf of the Health Care Financing Administration, I conducted the 7-year Hawaii Medicaid Project that prompted the federal government to overhaul the way Medicaid was being delivered.

4. I launched the professional school movement by founding the California School of Professional Psychology (CSPP), one of the first freestanding schools of professional psychology in the nation. CSPP has trained nearly half of the practicing psychologists in California.

5. I also founded the National Academies of Practice (the 150 most distinguished practitioners in each of dentistry, medicine, nursing, optometry, osteopathic medicine, pharmacy, podiatric medicine, psychology, social work, and veterinary medicine), the National Council of Professional Schools of Psychology (NCSPP), the San Joaquin County Psychological Association, and the American Managed Behavioral Healthcare Association (AMBHA).

6. With others I co-founded the California Psychological Association, the San Francisco Bay Area Psychological Association, and the Council for the Advancement of the Psychological Professions and Sciences (CAPPS).

7. I was President of the American Psychological Association (APA) from 1979 to 1980, as well as its Divisions 12 (Clinical Psychology) and 29 (Psychotherapy).

8. I served as Executive Director of the Mental Research Institute (MRI) in Palo Alto from 1979 to 1981. The focus of MRI is to explore and to encourage the use of an interactional approach to further understand and more effectively resolve human problems from the family to all other levels of social organization. MRI provides therapy services, training and workshops and conducts research.

9. I have written over 450 journal articles and 51 books, 10 with my daughter, Janet L. Cummings, Psy.D. (A select list of publications is attached as Exhibit A.)

10. I am the recipient of numerous awards, including psychology's highest, the American Psychological Foundation Gold Medal for Lifetime Achievement in the Practice of Psychology in 2003.

11. Throughout a half-century of professional activity, I never saw fewer than 40 to 50 patients per week in private practice. I believed if I lost contact with hands-on clinical practice, I would lose sight of the important factors in clinical psychology.

12. In 2008, I designed, and with Arizona State University, launched the state-of-the-art Doctor of Behavioral Health (DBH) program, now part of ASU's School of

Health Solutions, along with medical and nursing schools and other innovative healthcare programs. Known as the Nicholas A. Cummings Integrated Behavioral Care Program, it not only integrates all of the mental health professions (e.g., psychology, social work, counseling, marriage/family therapy), but also trains the DBH to be an integral part of the nation's healthcare system.

13. At present, I am an Honorary Distinguished Professor at Arizona State University and Distinguished Professor Emeritus at the University of Nevada, Reno.

14. I am currently President of the Cummings Foundation for Behavioral Health, an independent nonprofit research, educational and service institute, and I chair the Board of Directors of The Nicholas and Dorothy Cummings Foundation, which my wife and I founded in 1994. The Foundation is dedicated to ensuring routine healthcare includes doctoral psychotherapy

15. I have been a life-long champion of civil rights, including gay and lesbian rights.

16. As a member of the APA Council of Representatives, in 1975 I sponsored the resolution by which the APA issued its official position that homosexuality is not a mental disorder. Similarly, in 1976 I sponsored another resolution, which passed the Council unanimously, that gays and lesbians should not be discriminated against in the workplace. While President of the APA, in 1979 I appointed the APA's first Task Force on Lesbian and Gay Issues.

17. I am also a proponent of the right of patient self-determination. I believe and teach that gays and lesbians have the right to be affirmed in their homosexual identity and also have the right to seek help in changing their sexual orientation if that is their choice.

18. During the years I was Chief Psychologist for Kaiser Permanente, San Francisco's gay and lesbian population burgeoned. Correspondingly, we saw a much larger number of gay and lesbian patients than might have been seen in a usual psychotherapy practice.

19. I personally saw over 2,000 patients with same-sex attraction, and my staff saw another 16,000. We worked very hard to develop psycho-therapeutic approaches to meeting the needs of these patients. In many respects, we were pioneers in meeting the needs of this population.

20. These patients generally sought therapy for one of three reasons: to come to grips with their homosexual identity, to resolve relationship issues, or to change their homosexual orientation.

21. We would always inform patients in the third group that it was difficult therapy and change was not easily accomplished. With clinical experience, my staff and I learned to assess the probability of change in those who expressed a wish to become heterosexual.

22. On presentation, only a small minority of patients stated a goal of reorienting. Dissatisfaction with their homosexual experiences, including issues such as the transient nature of relationships, disgust or guilt feelings about promiscuity, fear of disease, or a desire

to have a traditional family, eventually caused other patients also to express a desire to attempt reorientation.

23. Of the approximate 18,000 gay and lesbian patients that we treated through Kaiser in San Francisco, I estimate that about 67% had satisfactory outcomes. The majority of these patients were able to attain a happier and more stable homosexual lifestyle. Of the patients who had sought to change their sexual orientation, hundreds were successful. The remaining one-third of patients had unsuccessful therapeutic outcomes, including continued promiscuity, unhappiness, drug addiction, etc.

24. I believe that our rate of success with reorientation was relatively high because we were selective in recommending therapeutic change efforts only to those who identified themselves as highly motivated and were clinically assessed as having a high probability of success.

25. The role of psychotherapy and counseling in sexual orientation change efforts has become highly politicized. Gay and lesbian rights activists appear to be succeeding in their efforts to convince the public that homosexuality is one identical, unitary, unvarying and inherited characteristic.

26. To my dismay, some in the organized mental health community, including the APA, previously tended not to dispute this view that all homosexuality is "hard-wired" and that same-sex attraction can never be changed, even though it is not supported by scientific evidence. More recently, the APA appears to have softened its stance somewhat in light of the emerging evidence.

27. Persons who identify as homosexual fall along a very broad spectrum of personalities, ranging from shy young men who are so frightened of girls that they fear they must be gay to boys who almost from birth preferred to play with dolls and wear girls' clothing and everything in between. Contending that all same-sex attraction is an unchangeable or immutable characteristic like race is a distortion of reality.

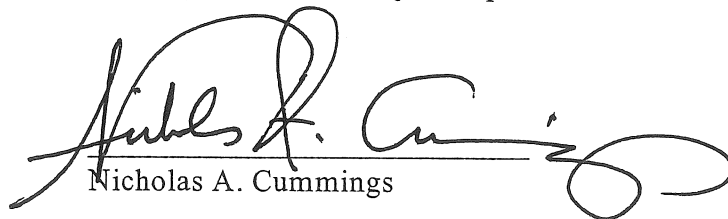
28. Attempting to characterize all sexual reorientation therapy as "unethical" violates patient choice and makes a third party the de facto determiner of therapeutic goals.

29. Rather, it is unethical for a professional, or a professional organization like the APA, to prevent a patient from seeking help to change his or her sexual orientation if that is the psychotherapeutic treatment the patient desires after being informed of the difficulty of the work, the chances of success, and the possibility of recidivism.

30. Accusing professionals who provide treatment for fully informed persons seeking to change their sexual orientation of perpetrating a fraud is not accurate. Such a tactic serves only to stigmatize the professional and shame the patient. A political agenda should not be permitted to prevent gays and lesbians who desire to undertake sexual orientation change efforts from exercising their right to self-determination.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: May 3, 2013


Nicholas A. Cummings

Publications

Books and Articles Sponsored by The Cummings Foundation

(In Chronological Order)

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(For the Health Utilization and Cost Series, visit the [Cummings Foundation for Behavioral Health](#) section of the site.)