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11
12 IN THE UNITED STATES DISTRICT COURT
13 FOR THE EASTERN DISTRICT OF CALIFORNIA
14 Sacramento Division
15

16 DAVID PICKUP, *individually and on behalf of his*
17 *patients*; CHRISTOPHER H. ROSIK, PH.D.,
18 *individually and on behalf of his patients*; JOSEPH
19 NICOLSI, PH.D., *individually and on behalf of his*
20 *patients*; ROBERT VAZZO, *individually and on behalf*
21 *of his patients*; ALLIANCE FOR THERAPEUTIC
22 CHOICE AND SCIENTIFIC INTEGRITY; AMERICAN
23 ASSOCIATION OF CHRISTIAN COUNSELORS;
24

25 Plaintiffs,
26

27 v.
28

Case No. 2:12-cv-02497-KJM-EFB

29 EDMUND G. BROWN, JR., Governor of State
30 of California, *in his official capacity*, ANNA
31 M. CABALLERO, Secretary of the California
32 Business, Consumer Services, and Housing Agency,
33 *in her official capacity*; AWET KIDANE, Director of
34 California Department of Consumer Affairs, *in his*
35 *official capacity*,
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37 Defendants,
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39 and
40

41 EQUALITY CALIFORNIA,
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43
44 Intervenor-Defendants.
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1 14. Plaintiff Alliance for Therapeutic Choice and Scientific Integrity is a nonprofit,
2 multi-disciplinary professional and scientific association with a branch office in Los Angeles,
3 California and members who reside and practice in California.

4 15. Plaintiff American Association of Christian Counselors (“AACC”) is a nonprofit,
5 professional, scientific association with 50,000 members located in California and throughout the
6 country and world.

7 **DEFENDANTS**

8 16. Defendant Edmund G. Brown, Jr. is Governor of the State of California, is
9 responsible for executing the laws of California, and is directly responsible for appointing,
10 directing, and supervising his cabinet secretaries, including the Secretary of the Business,
11 Consumer Services, and Housing Agency tasked with interpreting, applying, and enforcing
12 SB1172.

13 17. Defendant Anna M. Caballero serves at the pleasure of Governor Brown as a
14 member of his cabinet, was appointed by Governor Brown as Secretary of Business, Consumer
15 Services, and Housing Agency, and is directly responsible for the interpreting, applying, and
16 enforcing SB1172.

17 18. Defendant Awat Kidane is the Director of the California Department of Consumer
18 Affairs, was appointed by Governor Brown in July 2014, and is responsible for overseeing 40
19 regulatory agencies, including those specifically tasked with enforcing SB1172.

20 **FACTUAL ALLEGATIONS**

21 **CAL. BUS. & PROF. CODE §§ 865, 865.1, 865.2 (“SB1172”)**

22 19. Governor Brown signed SB1172 into law on September 29, 2012, amending
23 California Business and Professions Code §§ 865, 865.1, 865.2.

1 20. Cal. Bus. & Prof. Code § 865.1 states, “Under no circumstances shall a mental
2 health provider engage in sexual orientation change effort with a patient under 18 years of age.”

3 21. Cal. Bus. & Prof. Code § 865.2 states, “Any sexual orientation change efforts on a
4 patient under 18 years of age by a mental health provider shall be considered unprofessional
5 conduct and shall subject a mental health provider to discipline by the licensing entity for that
6 mental health provider.”

7 22. Cal. Bus. & Prof. Code § 865(a) defines a mental health provider as
8 a physician and surgeon specializing in the practice of psychiatry, a psychologist,
9 psychologists assistant, intern, or trainee, a licensed marriage and family therapist, a
10 registered psychologist, a licensed clinical social worker, an associate clinical social
11 worker, a licensed professional clinical counselor, a registered clinical counselor, intern,
12 or trainee, or any other person designated as a mental health professional under California
13 law or regulation.

14 23. Cal. Bus. & Prof. Code § 865(b)(1) defines sexual orientation change efforts
15 (“SOCE”) as “any practices by mental health providers that seek to change an individual’s sexual
16 orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or
17 reduce sexual or romantic attractions or feelings towards individuals of the same sex.”

18 24. Cal. Bus. & Prof. Code § 865(b)(1) states, however, that SOCE “does not include
19 psychotherapies that: (A) provide acceptance, support, and understanding of clients or the
20 facilitation of clients’ coping, social support, and identity exploration and development,
21 including sexual orientation-neutral interventions to prevent or address unlawful conduct or
22 unsafe sexual practices; and (B) do not seek to change sexual orientation.”

23 25. State Senator Ted Lieu, the floor sponsor of SB1172, demonstrated the hostility
24 proponents of SB1172 directed at parents and minors who have religious beliefs that view
25 homosexuality as sinful, unnatural, and disordered by noting that the attack on a clients’ decision
26 to seek this counseling was “exactly the whole point of the bill because we don’t want to let
27

1 parents harm their children.” Kim Reyes, *Controversy Follows Efforts to Ban Gay Conversion*
2 *Therapy*, Orange County Register (Aug. 2, 2012), available at
3 <http://www.ocregister.com/news/therapy-365822-parents-orientation.html>.

4 26. Senator Lieu’s legislative aide also evidenced the legislature’s hostility in his
5 communications with activists supporting the passage, application, and enforcement of SB1172’s
6 prohibitions by explicitly stating that NARTH and the religious counseling its members offer to
7 devoutly religious people was the target. In that email, he stated explicitly, “we want to shut
8 down NARTH and their involvement with children.” A copy of that email is attached hereto as
9 Exhibit A and incorporated herein.

10 **ETHICAL OBLIGATIONS OF MENTAL HEALTH PROFESSIONALS**

11 27. General Principle E of the American Psychological Association’s *Ethical*
12 *Principles of Psychologists and Code of Conduct* (“APA Code”) includes the following:
13 “Psychologists respect the dignity and worth of all people, and the rights of individuals to
14 privacy, confidentiality, and **self-determination**.” (emphasis added.)

15 28. As currently applied and enforced, SB1172’s prohibition directly interferes with
16 the right of Plaintiffs’ clients to self-determination, including the right to receive counseling
17 consistent with their sincerely held religious convictions.

18 29. Section 3.04 of the *APA Code*, “Avoiding Harm,” further states, “Psychologists
19 take reasonable steps to avoid harming their clients/patients . . . and to minimize harm where it is
20 foreseeable and unavoidable.”

21 30. As currently applied and enforced, SB1172’s prohibition forces Plaintiffs into a
22 catch-22 with those clients that have greatly benefitted from and sincerely desire to continue
23 benefitting from counseling that may be considered unethical by SB1172.

1 31. Section 1(a) of the *American Psychiatric Association Guidelines for Ethical*
2 *Treatment* (“*APA Guidelines*”) states, “A psychiatrist shall not withhold information that the
3 patient needs or reasonably could use to make informed treatment decisions, including options
4 for treatment not provided by the psychiatrist.”

5 32. As currently applied and enforced, SB1172’s prohibition is causing Plaintiffs to
6 violate Section 1(a) of the *APA Guidelines* by forcing them to withhold information that a patient
7 reasonably could use to make informed treatment decisions.

8 33. As currently applied and enforced, SB1172’s prohibition severely restricts and
9 limits the information and discussion engaged in by licensed psychiatrists, as there is little or no
10 information being provided concerning SB1172’s prohibition.

11 34. Section 1(c) of the *APA Guidelines* states, “A psychiatrist shall strive to provide
12 beneficial treatment that shall not be limited to minimum criteria of medical necessity.”

13 35. As currently applied and enforced, SB1172’s prohibition causes psychiatrists to
14 violate Section 1(c) of the *APA Guidelines* by prohibiting them from providing beneficial SOCE
15 counseling to those clients who willingly consent to and desire such counseling to alleviate their
16 unwanted same-sex sexual attractions, behaviors, or identity.

17 36. Opinion 10.01(2) of the *American Medical Association Code of Ethics* (“*AMA*
18 *Code*”) states, “The patient has the right to make decisions regarding the health care that is
19 recommended by his or her physician. Accordingly, patients may accept or refuse **any**
20 recommended medical treatment.” (emphasis added).

21 37. As currently applied and enforced, SB1172’s prohibition causes medical
22 professionals to violate this provision of the code of ethics by prohibiting them from allowing
23 patients to make any decision regarding the availability and benefits of SOCE counseling.

1 38. As currently applied and enforced, SB1172’s prohibition eliminates the option of
2 patients to accept or reject SOCE counseling, even though the fundamental elements of the
3 patient-physician relationship require that the patient be provided with the full range of available
4 counseling options.

5 39. Section A.4.b of the *American Counselor’s Association Code of Ethics* (“*ACA*
6 *Code*”) states, “Counselors are aware of—and avoid imposing—their own values, attitudes,
7 beliefs, and behaviors.”

8 40. Section A.11.a of the *ACA Code* states, “Counselors refrain from referring
9 prospective and current clients based solely on the counselor’s personally held values, attitudes,
10 beliefs, and behaviors.”

11 41. As currently applied and enforced, SB1172’s prohibition puts Plaintiffs in an
12 irresolvable conflict with this values-based referral prohibition.

13 42. Plaintiffs are not permitted to make referrals concerning counseling for same-sex
14 attractions, behaviors, or identity, because this can be considered a values-based referral in
15 contradiction to other ethical requirements.

16 43. As currently applied and enforced, SB1172’s prohibition does not allow a
17 counselor to simply refer a patient to some other counselor (either licensed or unlicensed), as that
18 would force the counselor to violate other provisions of his ethical codes.

19 44. The operative effect of the combination of SB1172’s prohibition and the other
20 ethical code prohibitions on values-based referrals forces Plaintiffs into the unresolvable conflict
21 of having to provide counseling violative of their and their clients’ sincerely held religious
22 beliefs or violate a provision of their ethical code or SB1172. This catch-22 places Plaintiffs into

1 an impossible situation concerning minors seeking counseling for unwanted same-sex
2 attractions, behaviors, or identity.

3 45. As currently applied and enforced, SB1172's prohibition plainly places Plaintiffs
4 in the position of having to ignore clients' wishes or violate ethical codes by imposing the state's
5 values, attitudes, and beliefs mandated by the application of SB1172's prohibition and mandates.

6 46. Section B.5.b of the ACA Code states, "Counselors are sensitive to the cultural
7 diversity of families and respect the inherent rights and responsibilities of parents/guardians over
8 the welfare of their children."

9 47. Section C.5 of the ACA Code states, "Counselors do not condone or engage in
10 discrimination against prospective or current clients, students, employees, supervisees, or
11 research participants based on age, culture, disability, ethnicity, race, religion/spirituality,
12 gender, gender identity, sexual orientation . . ."

13 48. As currently applied and enforced, SB1172's prohibition places counselors in the
14 irresolvable conflict of having to ignore the religion/spirituality, gender identity, and sexual
15 orientation of all clients who identify differently than the counseling mandated by the State's
16 current application of SB1172.

17 49. As currently applied and enforced, SB1172's prohibition forces counselors to
18 ignore the religion/spirituality of those clients whose sincerely held religious and spiritual views
19 counsel them to live their life according to their true identity and sexual orientation.

20 50. Principle 1.1 of the *American Association of Marriage and Family Therapists*
21 *Code of Ethics* ("AAMFT Code") states, "Marriage and family therapists provide professional
22 assistance to persons without discrimination on the basis of . . . gender, health status, religion,
23 national origin, sexual orientation, gender identity . . ."

1 51. As currently applied and enforced, SB1172’s prohibition currently places
2 Plaintiffs in an irresolvable conflict between respecting the religion, sexual orientation, and
3 gender identity of those patients seeking SOCE counseling and complying with the mandated
4 position of SB1172 concerning religion, sexual orientation, or gender identity.

5 52. Principle 1.2 of the AAMFT Code provides that all licensed Marriage and Family
6 Therapists obtain informed consent from their clients, which generally requires that the client
7 “has been adequately informed of significant information concerning treatment processes and
8 procedures.”

9 53. As currently applied and enforced, SB1172’s prohibition severely restricts the
10 information Plaintiffs can give their minor clients about an entire course of treatment—SOCE
11 counseling—that might benefit them and help them achieve their goals of eliminating or
12 reducing their unwanted same-sex sexual attractions, behaviors, or identity.

13 54. Principle 1.8 of the AAMFT Code provides that licensed marriage and family
14 therapists “respect the rights of clients to make decisions.”

15 55. As currently applied and enforced, SB1172’s prohibition prevents Licensed
16 Marriage and Family Therapists from respecting the rights of clients to make decisions, and
17 SB1172’s denies patients the ability to decide what counseling to seek concerning sexual
18 orientation or gender identity.

19 56. Because the current application and enforcement of SB1172 has made the
20 decision for the client, Plaintiffs are placed in an irresolvable conflict between complying with
21 SB1172 and complying with Principle 1.8 of the AAMFT Code and other relevant provisions of
22 the code.

1 57. Section 1.11 of the AAMFT Code states that “[m]arriage and family therapists do
2 not abandon or neglect clients in treatment without making reasonable arrangements for the
3 continuation of treatment.”

4 58. The moment SB1172’s prohibition went into effect, the application and
5 enforcement of SB1172 placed Plaintiffs in the irresolvable conflict between SB1172’s
6 prohibition and the mandate of non-abandonment, as reasonable arrangements for the
7 continuation of professional counseling for those minor clients desiring SOCE was no longer
8 possible.

9 59. Section 1.02 of *Code of Ethics of the National Association of Social Workers*
10 (“NASW Code”) provides that the clients shall have the right to self-determination and that a
11 social worker should only seek to assist the client in achieving their goals and objectives for the
12 counseling.

13 60. As currently applied and enforced, SB1172 eliminates social workers’ ability to
14 respect the right of clients to self-determination by imposing the State’s determination on the
15 course of their counseling and mandating that only efforts to affirm same-sex attractions,
16 behaviors, and identity are permissible in the counselor’s office, even if this collides with the
17 client’s religious, spiritual, and moral values.

18 61. Section 1.16 of the NASW Code states, “Social workers should take reasonable
19 steps to avoid abandoning clients who are still in need of services. Social workers should
20 withdraw services precipitously only under unusual circumstances, giving careful consideration
21 to all factors in the situation and taking care to minimize possible adverse effects.”

22 62. The moment SB1172 become operative, the application and enforcement of
23 SB1172’s prohibition placed Plaintiffs in an irresolvable conflict between complying with

1 SB1172's prohibition and complying with the requirement that they not abandon clients in the
2 middle of counseling based on the clients' self-determined objective.

3 63. The current application and enforcement of SB1172's prohibition has forced
4 counselors to violate this principle by mandating that certain forms of counseling be immediately
5 terminated, regardless of clients' wishes or the self-determined objective of the former clients.

6 64. Section 4.02 of the NASW Code states, "Social workers should not practice,
7 condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity,
8 national origin, color, sex, sexual orientation, gender identity or expression . . . religion."

9 65. As currently applied and enforced, SB1172's prohibition is causing Plaintiffs to
10 violate this principle by mandating that they facilitate discrimination against clients whose
11 religion, sexual orientation, and gender identity or expressions compel them to seek counseling
12 currently prohibited by SB1172.

13 **DAVID PICKUP, LMFT**

14 66. David H. Pickup, a California resident, earned his Master of Arts in Counseling
15 Psychology from National University in Los Angeles and interned in SOCE counseling under the
16 direction of Dr. Joseph Nicolosi at the Thomas Aquinas Psychological Clinic in Los Angeles.

17 67. Mr. Pickup is a California Licensed Marriage and Family Therapist who
18 specializes in counseling for individuals struggling with unwanted same-sex attractions,
19 behavior, or identity or gender confusion.

20 68. Mr. Pickup is currently a member of the Alliance for Therapeutic Choice and
21 Scientific Integrity, where he serves on the Executive Committee of the Board of Directors; the
22 California Association of Marriage and Family Therapists; the American Association of

1 Christian Counselors; and the International Institute of Reorientation Therapies, where he
2 currently serves as President.

3 69. Mr. Pickup is also an associate member of the American Psychological
4 Association.

5 70. As a mental health professional who specializes in counseling for those minors
6 who have unwanted same-sex attractions, behaviors, or identity, and gender identity confusion,
7 Mr. Pickup regularly counsels minor clients experiencing same-sex attractions.

8 71. Mr. Pickup has sincere religious beliefs that same-sex attractions, behaviors, and
9 identity are wrong and disordered. He also has sincere religious convictions that he should use
10 the talents that God has given him, as well as his own personal testimony of successful change,
11 to aid and assist others who wish to change, through the use of counseling to reduce or eliminate
12 their unwanted same-sex attractions, behaviors, or identity.

13 72. Mr. Pickup has sincere religious beliefs that he must respect the religious beliefs
14 of his clients as well, and he respects and follows the directives of his clients.

15 73. Mr. Pickup has many clients who have sincere religious beliefs that they should
16 seek counseling to reduce or eliminate their unwanted same-sex attractions, behaviors, and
17 identity, but those clients' right to self-determination and religious beliefs are prohibited under
18 SB1172's current application and enforcement.

19 74. SB1172 has had a completely chilling effect on Mr. Pickup's counseling in
20 California, as it has targeted and discriminated against those teens and parents in California who
21 seek counseling related to unwanted same-sex attractions, behaviors, or identity.

22 75. As currently applied and enforced, SB1172's prohibition causes Mr. Pickup to
23 violate his ethical responsibilities under the AAMFT Code, as the law's current prohibition

1 mandates that he ignore and discriminate in the provision of counseling to those clients whose
2 gender, gender identity, sexual orientation, or religious beliefs compel them to seek the type of
3 counseling currently prohibited by SB1172's application and enforcement.

4 76. As currently applied and enforced, SB1172's prohibition forces Mr. Pickup into
5 an irresolvable conflict with his ethical responsibilities under the AAMFT Code by forcing him
6 to eliminate and terminate counseling that has had tremendously beneficial results for his clients,
7 has aided his minor clients in achieving their religious goals and objectives in counseling, and
8 has significantly reduced or eliminated his clients' mental health distress issues that resulted
9 from the conflict between their religious beliefs and their unwanted same-sex attractions,
10 behaviors, or identity.

11 77. As currently applied and enforced, SB1172's prohibition forced Mr. Pickup into
12 the precarious situation of potentially violating his ethical responsibilities under Section 1.11 of
13 the AAMFT Code by forcing him to essentially abandon his clients whose self-determined
14 objective was to reduce or eliminate their unwanted same-sex attractions, behaviors, or identity.

15 78. As currently applied and enforced, SB1172's prohibition has forced Mr. Pickup
16 into an irresolvable conflict with other ethical requirements prohibiting values-based referrals,
17 which places him in the hopeless conflict and false choice between providing the counseling
18 mandated by the current application and enforcement of SB1172 or providing a values-based
19 referral that would violate other ethical responsibilities.

20 79. As currently applied and enforced, SB1172's prohibition places Mr. Pickup in the
21 hopeless conflict of following his religious convictions in helping minors who struggle with
22 unwanted same-sex attractions, behaviors, or identity to receiving counseling consistent with
23 both his religious beliefs and those of the clients, and following the dictates of SB1172, which

1 forces both Mr. Pickup and his clients to accept the State's positions and ideology on the issue of
2 same-sex attractions, behaviors, and identity.

3 80. Mr. Pickup is passionate about helping minor clients with unwanted same-sex
4 attractions, behaviors, or identity because of his own personal mental suffering and experience as
5 a minor, and the successful SOCE counseling he received as a minor.

6 81. Mr. Pickup has sincerely held religious beliefs that he should use his own
7 experience to assist those minors with similar religious convictions regarding same-sex
8 attractions, behaviors, or identity.

9 82. As a five year-old boy, Mr. Pickup was sexually molested by a male high school
10 perpetrator at least two or three times.

11 83. Mr. Pickup considers this abuse to be a significant cause (if not the most
12 significant cause) of subsequent unwanted homosexual feelings and same-sex attractions when
13 he reached puberty.

14 84. Mr. Pickup underwent authentic SOCE counseling, created by Dr. Joseph
15 Nicolosi, for several years.

16 85. Mr. Pickup was never coerced into such therapy and never shamed during the
17 therapy.

18 86. SOCE counseling helped Mr. Pickup resolve any shame for having homosexual
19 feelings.

20 87. SOCE counseling helped Mr. Pickup greatly decrease his depression and anxiety.

21 88. SOCE counseling helped Mr. Pickup feel secure in his male gender identity and
22 understand his needs for healthy male love, affirmation, approval, and affection.

1 89. SOCE counseling helped Mr. Pickup substantially lessen and dissipate his
2 homosexual feelings and significantly increased his attractions towards women.

3 90. While Mr. Pickup's journey to complete recovery is ongoing, he is very happy
4 with the real and major change in his sexuality that occurred as a result of the SOCE counseling
5 that he received.

6 91. Mr. Pickup believes that SOCE counseling saved his life.

7 92. Mr. Pickup is suffering and will continue to suffer irreparable harm as a result of
8 the current application and enforcement of SB 1172, as he is forced to violate his ethical
9 obligations no matter what he does with respect to clients seeking counseling to reduce or
10 resolve same-sex sexual attractions, and also as he is forced to violate his own sincere religious
11 convictions regarding helping others.

12 93. As currently applied and enforced, SB1172's prohibition has prohibited Mr.
13 Pickup from exercising his sincere religious beliefs to help others and has made a substantial
14 portion of his practice illegal. Mr. Pickup wishes to resume SOCE counseling, but risks
15 imminent and serious professional discipline and sanctions mandated by SB1172.

16 94. As currently applied and enforced, SB1172's prohibition has also caused harm to
17 Mr. Pickup's clients, as they have been forced out of the licensed professional counseling that
18 was helping them live according to their own sincerely held religious beliefs and values
19 regarding human sexuality and sexual orientation.

20 **DR. CHRISTOPHER ROSIK**

21 95. Christopher H. Rosik, Ph.D., a California resident, is a Phi Beta Kappa graduate
22 of the University of Oregon's honors college where he received a Bachelor of Arts degree in
23 psychology.

1 96. As an undergraduate, Dr. Rosik also studied at the University of Copenhagen,
2 Denmark.

3 97. Dr. Rosik received a Master of Arts degree in Theological Studies from Fuller
4 Theological Seminary and a Ph.D. in Clinical Psychology from the Fuller Graduate School of
5 Psychology.

6 98. Since 1988, Dr. Rosik has been licensed in California as a Clinical Psychologist
7 and practices psychology at the Link Care Center, a religious, nonprofit foundation in Fresno,
8 California.

9 99. Since 2001, Dr. Rosik has also been on the clinical faculty of Fresno Pacific
10 University where he teaches a psychology research practicum each year for undergraduate
11 students.

12 100. Dr. Rosik has published over 45 scholarly articles and book chapters in peer-
13 reviewed journals, many on the subject of homosexuality and same-sex attractions.

14 101. Dr. Rosik has been a member in good standing with the American Psychological
15 Association since 1984 and with the International Society for the Study of Trauma and
16 Dissociation since 1992.

17 102. Since 1986, Dr. Rosik has been a member of the Christian Association for
18 Psychological Studies (“CAPS”) where he served on the board of directors from 1990-1993 and
19 served as the CAPS President-Elect, President, and Past-President from 2001-2005.

20 103. Dr. Rosik has also been a member of NARTH since 1999 where he has served as
21 the NARTH President-Elect in 2011 and then served as the NARTH President.

22 104. Dr. Rosik is currently a Past President and member of the Executive Committee
23 of the Board of Directors for the Alliance for Therapeutic Choice and Scientific Integrity.

1 105. Dr. Rosik works full time as a psychologist at Link Care, working primarily with
2 adolescents, adults, and couples.

3 106. Dr. Rosik currently carries a caseload of approximately twenty-five to thirty
4 clients per week.

5 107. At any point in time, approximately 5 to 10 percent of Dr. Rosik's caseload
6 involves clients who are reporting unwanted same-sex attractions.

7 108. Of that percentage, about half of those clients are minors struggling with same-
8 sex attractions.

9 109. Dr. Rosik has sincerely held religious beliefs that homosexuality is sinful,
10 disordered, and unnatural.

11 110. Dr. Rosik also has sincerely held religious beliefs that he should use the talents
12 that God gave him to aid and assist clients who seek to live their lives consistently with their own
13 sincerely held religious beliefs and convictions.

14 111. For clients experiencing same-sex attractions, behavior, and identity, Dr. Rosik
15 conscientiously seeks to obtain and understand their goals for their treatment, including
16 understanding their religious beliefs regarding their unwanted same-sex attractions, behaviors, or
17 identity.

18 112. In some circumstances with clients who have sincerely held religious beliefs
19 concerning same-sex attractions, Dr. Rosik's treatment will often focus on helping the parents
20 understand their child's thinking, providing psycho-education about homosexuality among
21 youth, and working within the parents' religious values and belief system to encourage parents to
22 love their child and keep the lines of communication open.

1 113. Dr. Rosik believes that helping these parents love their child while valuing their
2 own sincerely held religious beliefs is a key intervention that is unique to therapists like him.

3 114. As currently applied and enforced, SB1172's prohibition has made a portion of
4 Dr. Rosik's practice illegal and unethical. Dr. Rosik wishes to resume SOCE counseling, but
5 risks imminent and serious professional discipline and sanctions mandated by SB1172.

6 115. As currently applied and enforced, SB1172's prohibition has had a significant
7 chilling effect on Dr. Rosik's practice regarding minor clients with sincerely held religious
8 beliefs that homosexuality is unnatural, disordered, and sinful.

9 116. As currently applied and enforced, SB1172's prohibition has significantly
10 restricted Dr. Rosik's ability to exercise his sincerely held religious beliefs that he should use the
11 talents God gave him to aid others regarding their unwanted same-sex attractions, behaviors, or
12 identity.

13 117. As currently applied and enforced, SB1172's prohibition has forced Dr. Rosik to
14 decline professional services on the basis of the clients' sexual orientation and/or gender identity.
15 Prospective clients that were seeking counseling to reduce or eliminate their unwanted same-sex
16 attractions, behaviors, or identity or counseling consistent with their sincere religious convictions
17 about sexual orientation or gender identity are unable to receive it from Dr. Rosik due to
18 SB1172's application and enforcement.

19 118. As currently applied and enforced, SB1172's prohibition has had a significant
20 negative impact on the religious beliefs of Dr. Rosik's clients and prospective clients because
21 these devoutly religious clients have essentially deselected themselves from the therapy process
22 altogether.

1 119. As currently applied and enforced, SB1172's prohibition has further harmed Dr.
2 Rosik's religious clients and prospective clients because the vague and imprecise boundaries of
3 SB1172's application and enforcement have forced Dr. Rosik to question where the line is
4 concerning the provision of accurate scientific information concerning sexual orientation.

5 120. As currently applied and enforced, SB1172's prohibition has further harmed Dr.
6 Rosik's religious clients and prospective clients because the vague and imprecise boundaries of
7 SB1172's application and enforcement have restricted Dr. Rosik's ability to aid these devoutly
8 religious clients by assisting them to navigate issues relating to unwanted same-sex attractions,
9 behaviors, or identity apart from the single issue of change.

10 121. As currently applied and enforced, SB1172's prohibition has further harmed Dr.
11 Rosik's clients and prospective clients because these devoutly religious individuals have been
12 forced to completely ignore competent and professional licensed mental health counselors while
13 seeking the counseling of unlicensed and unaccountable religious counselors not covered by the
14 application and enforcement of SB1172.

15 122. As currently applied and enforced, SB1172's prohibition has further harmed Dr.
16 Rosik's clients by forcing these devoutly religious clients to often avoid their sincerely needed
17 mental health counseling altogether because there is not the slightest chance that they would
18 enter into a professional counseling relationship with a gay-affirming therapist.

19 123. As currently applied and enforced, SB1172's prohibition has placed Dr. Rosik in
20 the precarious position of not knowing where the precise line is concerning SB1172's
21 restrictions, placing him in substantial fear of unwarranted ethical complaints that can cost tens
22 of thousands of dollars to defend even when baseless.

23

1 **DR. JOSEPH NICOLOSI**

2 124. Dr. Joseph Nicolosi is a licensed psychologist in the State of California with a
3 Ph.D. in Clinical Psychology from the California School of Professional Psychology.

4 125. Dr. Nicolosi has performed extensive research on the topics of homosexuality and
5 counseling for individuals with unwanted same-sex attractions, behaviors, or identity.

6 126. Dr. Nicolosi has published numerous scholarly articles, books, and other scholarly
7 works on SOCE counseling.

8 127. Dr. Nicolosi specializes in counseling for males who struggle with unwanted
9 same-sex attractions, behaviors, or identity.

10 128. Most of Dr. Nicolosi's patients with unwanted same-sex attractions, behaviors, or
11 identity seek to develop healthy heterosexual relationships and a reduction in their unwanted
12 same-sex attractions, behaviors, or identity.

13 129. Dr. Nicolosi has sincerely held religious beliefs that homosexuality is unnatural,
14 disordered, and sinful, and that he should use the talents God has given him in counseling to aid
15 and assist those individuals who seek to live their life consistent with their sincerely held
16 religious beliefs.

17 130. The majority of Dr. Nicolosi's clients who seek his counseling regarding
18 unwanted same-sex attractions, behaviors, or identity do so because of their personal and
19 sincerely held religious beliefs concerning same-sex attractions, behaviors, or identity.

20 131. Dr. Nicolosi has had numerous clients succeed in eliminating or reducing their
21 unwanted same-sex attractions and developing sexual or romantic attractions towards women.

22 132. Dr. Nicolosi's counseling with those experiencing unwanted same-sex attractions,
23 behavior, or identity involves discussions concerning the nature and cause of their unwanted

1 same-sex sexual attractions, the extent of these attractions, assistance in understanding
2 traditionally, gender-appropriate behaviors and characteristics, and assistance in fostering and
3 developing those gender-appropriate behaviors and characteristics.

4 133. Even prior to the application and enforcement of SB1172's prohibitions, Dr.
5 Nicolosi had some clients who decided that they wanted to retain their same-sex attractions, but
6 reported that SOCE counseling helped them to understand the nature of their homosexual
7 identity and were able to better cope with that identity after SOCE counseling.

8 134. As currently applied and enforced, SB1172's prohibition has caused substantial
9 and irreparable harm to Dr. Nicolosi's practice by making a large portion of his practice illegal
10 and by restricting Dr. Nicolosi's ability to exercise his sincere religious convictions to aid those
11 individuals who seek to live their lives according to the dictates of their faith. Dr. Nicolosi
12 wishes to resume SOCE counseling, but risks imminent and serious professional discipline and
13 sanctions mandated by SB1172.

14 135. As currently applied and enforced, SB1172's prohibition has placed Dr. Nicolosi
15 in the unavoidable and irresolvable conflict between the requirements of the APA Code of Ethics
16 and complying with the prohibitions of SB1172.

17 **ROBERT VAZZO, LMFT**

18 136. Robert Vazzo is a California Licensed Marriage and Family Therapist.

19 137. He received a Master of Marriage and Family Therapy degree from the University
20 of Southern California in 2004.

21 138. Mr. Vazzo is also a member of the Alliance for Therapeutic Choice and Scientific
22 Integrity, the California Association of Marriage and Family Therapists, and is the Treasurer for
23 the International Institute of Reorientation Therapies.

1 139. Prior to beginning his own practice, Mr. Vazzo interned under the direction of
2 Plaintiff, Dr. Joseph Nicolosi, at the Thomas Aquinas Psychological Clinic in Los Angeles,
3 California.

4 140. Mr. Vazzo now specializes in counseling minors with unwanted same-sex
5 attractions and practices in the areas of unwanted same-sex attractions, pedophilia, hebephilia,
6 ephebolphilia, and transvestic fetishism.

7 141. In Mr. Vazzo's practice, the clients that seek counseling concerning unwanted
8 same-sex attractions, behaviors, or identity do so based on their sincerely held religious belief
9 that homosexuality is sinful, unnatural, and against the fundamental tenets of their faith.

10 142. Mr. Vazzo has sincerely held religious beliefs that homosexuality is unnatural,
11 sinful, and disordered, and that he should use the talents God gave him to assist minors and other
12 clients in living their lives according to their sincere religious convictions.

13 143. Mr. Vazzo believes that SB1172 essentially condones child abuse because many
14 of his minor clients that seek SOCE counseling and struggle with unwanted same-sex attractions
15 do so because of past abuse or trauma. SB1172 precludes Mr. Vazzo from openly exploring such
16 abuse or trauma with his clients, with a view on healing and moving beyond those experiences.

17 144. As currently applied and enforced, SB1172's prohibition is harming Mr. Vazzo's
18 clients and prospective clients by placing them at significant risk of becoming depressed,
19 anxious, confused, hopeless, and even suicidal because of the prohibitions on the counseling for
20 unwanted same-sex attractions, behaviors, or identity that has helped them conform their lives to
21 the teachings and dictates of their religious beliefs.

22 145. As currently applied and enforced, SB1172's prohibition is causing Mr. Vazzo
23 and his clients and prospective clients irreparable injury and harm by forcing them to elevate the

1 ideology of the State concerning same-sex attractions, behaviors, or identity over that of their
2 own sincerely held religious beliefs.

3 146. As currently applied and enforced, SB1172's prohibition is causing irreparable
4 injury to Mr. Vazzo in that it has made a substantial portion of his practice with clients with
5 unwanted same-sex attractions, behaviors, or identity illegal and unethical. Mr. Vazzo wishes to
6 resume SOCE counseling, but risks imminent and serious professional discipline and sanctions
7 mandated by SB1172.

8 147. Prior to the enforcement and application of SB1172, Mr. Vazzo often received
9 unsolicited feedback from his clients, some of whom have made statements such as: "this
10 therapy really works," "I'm so happy I found your therapy," and "I know exactly what caused
11 my unwanted same-sex attractions now."

12 148. As currently applied and enforced, SB1172's prohibition is causing Mr. Vazzo
13 irreparable harm by forcing him into the irresolvable position and conflict of either complying
14 with SB1172's mandated counseling or complying with the requirement of other ethical
15 prohibitions on imposing his values or coercing clients into a particular type of counseling.

16 149. As currently applied and enforced, SB1172's prohibition prevents Mr. Vazzo
17 from exercising his sincerely held religious beliefs that he should use his God-given talents to aid
18 minors who wish to live their lives according to their faith and has forced him to elevate and
19 impose the State's position on same-sex attractions, behaviors, and identity.

20 **ALLIANCE FOR THERAPEUTIC CHOICE AND SCIENTIFIC INTEGRITY**

21 150. The Alliance for Therapeutic Choice and Scientific Integrity ("Alliance") is a
22 multi-disciplinary professional and scientific organization dedicated to preserving the right of
23 individuals to obtain services of a therapist who honors their values, advocating for integrity and

1 objectivity in social science research, and ensuring that competent licensed, professional
2 assistance is available for persons who experience unwanted homosexual (same-sex) attractions.

3 151. The Alliance is comprised of practitioners, scholars, and researchers from many
4 fields of the mental health and medical arts and sciences, as well as educational, pastoral, legal,
5 and other community leaders and laypersons who are united in this shared organizational
6 commitment.

7 152. The Alliance consists of several divisions, including the Public Education and
8 Client Rights Division; the Medical Division; the Family, Faith, and Ethics Division; and the
9 NARTH Institute, which includes the Clinical Division and Research Division.

10 153. The Alliance currently has a branch office in Los Angeles, California and has
11 members in California and elsewhere in the United States.

12 154. Alliance members in and outside of California currently have clients that seek
13 counseling concerning unwanted same-sex attractions, behaviors, and identity or gender identity
14 confusion.

15 155. As currently applied and enforced, SB1172's prohibition is currently prohibiting
16 many Alliance members and their clients from providing and receiving counseling concerning
17 same-sex attractions, behaviors, or identity that are consistent with their sincerely held religious
18 convictions.

19 156. The majority of the clients of Alliance members seek counseling from Alliance
20 members because of their sincerely held religious beliefs that homosexuality is unnatural, sinful,
21 and disordered.

22 157. Many of the Alliance professional members provide counseling concerning
23 unwanted same-sex attractions, behaviors, or identity because of their sincere religious beliefs

1 that homosexuality is unnatural, sinful, and disordered, and also because of their sincere religious
2 beliefs that they should use the talents God gave them to assist minors and others to live their
3 lives consistently with the dictates of their faith.

4 158. As currently applied and enforced, SB1172's prohibition has made a substantial
5 portion of many Alliance members' practices illegal and unethical. Alliance members in
6 California wish to resume SOCE counseling, but risk imminent and serious professional
7 discipline and sanctions mandated by SB1172.

8 159. As currently applied and enforced, SB1172's prohibition has forced many
9 Alliance members to violate their sincerely held religious beliefs regarding counseling for
10 individuals with unwanted same-sex attractions, behaviors, or identity by forcing them to elevate
11 the State's message concerning same-sex attractions over their own religious convictions.

12 160. As currently applied and enforced, SB1172's prohibition has placed numerous
13 Alliance members in an irresolvable conflict between abiding by their sincere religious
14 convictions or following the dictates of SB1172.

15 161. As currently applied and enforced, SB1172's prohibition has placed numerous
16 Alliance members in fear of losing their licenses under a vague and imprecise standard
17 concerning the contours of SB1172's prohibitions.

18 **AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS**

19 162. AACC is an international nonprofit professional scientific organization with
20 50,000 members representing the full spectrum of mental health professionals. AACC has many
21 members in California.

22 163. AACC's mission is to equip its members with distinctively Christian and
23 clinically sound psycho-educational resources and services that address the whole person and

1 which help individuals move toward personal wholeness, interpersonal competence, mental
2 stability, and spiritual maturity.

3 164. AACC seeks to encourage and support Christian counseling worldwide;
4 disseminate information, educational resources, and counseling aids; stimulate interaction and
5 mutual growth between mental health practitioners; advocate for the balanced integration of
6 counseling and psychological principles with theology; inspire and offer the highest levels of
7 training and continuing education; and promote ethical practice, integrity, sound research, and
8 excellence in the delivery of professional and pastoral services.

9 165. AACC's members adhere to the time-honored and foundational ethical value of
10 client self-determination. AACC's members regard self-determination as a cornerstone principle
11 in the treatment of mental health disorders as found in the language of the ethical codes of
12 notable professional member organizations such as the American Psychological Association
13 (APA), the American Counseling Association (ACA), and the American Association of Marriage
14 and Family Therapists (AAMFT).

15 166. AACC's members follow the ethical construct that every client seeking mental
16 health services has the inherent right to participate in treatment that is in alignment with his/her
17 religious beliefs and faith-based values, and furthermore, to have this right vigorously protected.
18 This ethical construct is severely undermined when members are prohibited from utilizing or
19 even discussing particular types of therapeutic treatment.

20 167. AACC's members adhere to the construct that when a client's faith values may be
21 in conflict with other cultural values, such as those expressed by the Legislature in SB 1172, that
22 ultimately the client—and in the case of a minor, his/her parent or legal guardian—has the moral

1 and ethical right to participate in and determine the appropriate course of care, including
2 alignment with his/her relevant religious beliefs.

3 168. As currently applied and enforced, SB1172's prohibition places AACC members
4 in the irresolvable conflict between following their religious beliefs or following SB1172.

5 169. As currently applied and enforced, SB1172's prohibition forces AACC members
6 into an unresolvable situation of violating the provisions of the ACA Code prohibiting values-
7 based referrals or violating the provisions of SB1172.

8 170. As currently applied and enforced, SB1172's prohibition forces AACC members
9 into an unresolvable situation of violating the ACA Code provision prohibiting counselors from
10 imposing their own values, if they comply with SB1172 and impose the values the State
11 mandates concerning same-sex attractions, behaviors, or identity.

12 171. As currently applied and enforced, SB1172's prohibition has forced many AACC
13 members to violate their sincerely held religious beliefs regarding counseling for individuals
14 with unwanted same-sex attractions, behaviors, or identity by forcing them to elevate the State's
15 message concerning same-sex attractions over their own religious convictions.

16 172. As currently applied and enforced, SB1172's prohibition has placed numerous
17 AACC members in an irresolvable conflict between abiding by their sincere religious
18 convictions or following the dictates of SB1172. AACC members in California wish to resume
19 SOCE counseling, but risk imminent and serious professional discipline and sanctions mandated
20 by SB1172.

21 173. As currently applied and enforced, SB1172's prohibition has placed numerous
22 AACC members in fear of losing their licenses under a vague and imprecise standard concerning
23 the precise contours of SB1172's prohibition.

1 **PLAINTIFFS' REQUESTS FOR CLARIFICATION ON SB1172**

2 174. Plaintiffs Pickup, Vazzo, and others inquired with the California Board of
3 Behavioral Sciences (“BBS”), a division of Secretary Caballero’s Business, Consumer Affairs,
4 and Housing Agency, concerning the specific application and enforcement of SB1172, but were
5 ignored in their requests for clarification and understanding.

6 175. On October 27, 2014, Plaintiffs wrote a letter to the BBS, asking for the State to
7 clarify some of the vagueness and imprecision that was inherent in SB1172 and requesting
8 guidance on how certain practices and counseling would be treated. A copy of that letter is
9 attached hereto as Exhibit B and incorporated herein.

10 176. Plaintiffs requested clarification on the issue of counseling regarding sexual
11 orientation change. Specifically, Plaintiffs wrote,

12 The law as written appears to us to have some inconsistency, for which we seek your
13 legal and professional counsel. On the one hand we are not to seek sexual orientation
14 change but at the same time “provide acceptance, support and understanding of clients.”
15 How do we provide such acceptance and support to clients who come to us with a desire
16 to reduce their unwanted same-sex attractions and increase opposite-sex attractions when
17 we are at the same time being required by law to tell them we cannot assist them in their
18 goals? Such a response is unlikely to be experienced by these clients as a supportive and
19 understanding approach to their concerns.

20 177. Plaintiffs also noted,

21 A further concern we have has to do with the potential for spontaneous diminution of
22 same-sex attractions during psychotherapy. We have occasionally witnessed such
23 changes in the context of interventions not explicitly intended to address sexual
24 orientation, such as those involved in processing affect related to trauma or promoting
25 relational self-efficacy, especially in terms of resolution of gender identity inferiority. We
26 are uncertain whether we could be liable under this law for such spontaneous changes in
27 same-sex attractions should the client decide to report this kind of therapeutic experience
28 as being a violation of SB1172.

29 178. Plaintiffs also noted that, as it is currently being enforced and applied, SB1172
30 places counselors in a precarious position:
31
32
33

1 while we are committed to client autonomy and self-determination, we do not want to
2 violate California law. . . . Therefore, we are asking for guidance from the BBS to assist
3 licensed practitioners in clarifying specifically which therapeutic intervention are
4 acceptable and which are unacceptable for us to employ with these clients as well as the
5 liability we may assume for spontaneous reductions in clients' same-sex attractions.
6

7 179. The California BBS, however, largely ignored any requests for clarification. In a
8 brief response, the BBS essentially restated the exact language of SB1172 and offered no
9 comment, suggestions, clarification, or explanation as to any of its licensed professionals'
10 concerns. A copy of the BBS response letter is attached hereto as Exhibit C and incorporated
11 herein.

12 180. On December 15, 2014, Plaintiffs again wrote to the BBS to seek further
13 clarification concerning some of the vague provisions and vague interpretation, application, and
14 enforcement of SB1172. A copy of that letter is attached hereto as Exhibit D and incorporated
15 herein.

16 181. In that letter, Plaintiffs reiterated their professional concerns for client safety and
17 emotional well being, and noted that the inquiry was aimed at understanding the parameters and
18 boundaries of SB1172 and the State's application and enforcement of its prohibitions.

19 182. Specifically, Plaintiffs requested clarification concerning

20 how to counsel a minor who will experience what will be a significant emotional and
21 psychological dissonance when we inform them that her or she will need to completely
22 accept their homosexuality, which is something that conflicts with their religious beliefs.
23 We need to show tremendous care and conscience when dealing with people of faith,
24 which is consistent with the published ethical principals of our profession. What does the
25 BBS suggest or advise when faced with children who must experience what will be the
26 necessary requirements of SB1172.
27

28 183. To this date, Plaintiffs have never received any response or follow up from the
29 licensing entity tasked with enforcing and applying SB1172, and Plaintiffs have been left to

1 guess at the meaning of SB1172 and question how it will be enforced and applied in certain
2 situations.

3 184. Plaintiff Rosik separately inquired about the precise implications of SB1172 from
4 the California Board of Professional Psychology. A copy of his letter is attached hereto as
5 Exhibit E and incorporated herein.

6 185. Plaintiffs expressed their concerns that some of the statements in SB1172
7 appear hard to reconcile for such clients who wish to pursue the possibility of change as a
8 therapy goal and are assessed to be genuinely making an autonomous decision in this
9 regard. I would greatly appreciate your clarification about this matter. On the one hand, I
10 am not to speak in a manner that could be perceived as promoting change. Yet, on the
11 other hand, I am told to ‘provide acceptance, support, and understanding of clients.’ How
12 do I provide such acceptance and support to clients who come to me with a desire to
13 reduce their unwanted same-sex attractions and behaviors and increase their opposite-sex
14 attractions and behaviors when I am at the same time being required by law to tell them I
15 cannot assist them in their goals? Such a response is unlikely to be experienced by these
16 clients as a supportive and understanding approach to their concerns.

17 186. The letter continued,
18

19
20 A further concern I have has to do with the potential for spontaneous diminution of same-
21 sex attractions during psychotherapy. I have occasionally witnessed such changes in the
22 context of interventions not explicitly intended to address sexual orientation, such as
23 those involved in processing affect related to trauma or promoting relational self-efficacy.
24 I am uncertain whether I could be liable under this law for such spontaneous changes in
25 same-sex attractions should the client decide to report this kind of therapeutic experience
26 as being a violation of SB1172. I would greatly appreciate it if you could clarify this
27 matter for me as well?
28

29 187. The letter concluded by noting that Plaintiffs believe SB1172’s current
30 application and enforcement “places [them] in a precarious position” by subjecting them to loss
31 of their professional licenses without providing any clarification concerning some of the vague
32 applications.

33 188. Plaintiffs then stated they were “asking you for guidance in clarifying specifically
34 which therapeutic interventions are acceptable and which are unacceptable for [Plaintiffs] to

1 employ with these adolescent clients as well as the liability [Plaintiffs] might incur for
2 spontaneous reduction in these clients same-sex attractions and behaviors.”

3 189. Plaintiff Rosik sent a copy of the same letter to the California Board of
4 Psychology inquiring about the same issues and seeking clarification on the law’s imprecise
5 application and enforcement. A copy of that letter is attached hereto as Exhibit F and
6 incorporated herein.

7 190. Plaintiffs’ requests for clarification were largely ignored, and the State refused to
8 provide any guidance concerning SB1172’s application and enforcement. A copy of the State’s
9 response letter is attached hereto as Exhibit G and incorporated herein.

10 191. In that letter, counsel for the Department of Consumer Affairs stated that the State
11 “must respectfully decline [Plaintiffs’] request. As counsel for the Board, we are bound to
12 provide legal advice solely to them on an issue within their purview. For guidance on the
13 implications of SB1172 on your practice we recommend that you engage private legal counsel or
14 a professional association.”

15 192. Plaintiffs did not request legal representation from the Board’s counsel, but
16 instead merely sought clarification from the government officials tasked with applying and
17 enforcing SB1172, as those are the only people capable of providing the clarification Plaintiffs
18 sought.

19 193. Plaintiffs’ inquiries, however, were completely ignored by the government
20 officials capable of explaining and assisting its licensed professionals in understanding the
21 contours and boundaries of the State’s professional regulations.

1 194. Plaintiffs nevertheless inquired of the California Psychologist Association who
2 merely stated that the place to obtain clarification on the precise application, interpretation, and
3 enforcement of SB1172 rested with the California Board of Psychology.

4 195. Despite the imprecision inherent in some the application, enforcement, and
5 interpretation of SB1172, Defendants have refused to address or even discuss Plaintiffs' justified
6 concerns relating to meaning and application of certain provisions in SB1172.

7 196. Plaintiffs have been left to guess at the boundaries and the meaning of SB1172's
8 provisions, and have been forced to guess as to how certain prohibitions will be interpreted,
9 applied, and enforced by the government. This has had a chilling effect on Plaintiffs' practices.

10 **COUNT I – VIOLATION OF PLAINTIFFS' RIGHT TO FREE SPEECH**
11

12 197. Plaintiffs reiterate and adopt each and every allegation in the preceding
13 paragraphs numbered 1 through 196.

14 198. The Free Speech Clause of the First Amendment to the United States
15 Constitution, as applied to the state through the Fourteenth Amendment, prohibits Defendants
16 from abridging Plaintiffs' freedom of speech and prohibits the imposition of vague and imprecise
17 laws.

18 199. As currently applied and enforced, SB1172 mandates counselors espouse only
19 one view in the counseling context, concerning same-sex attractions, behaviors, and identity and
20 targets all other views for suppression.

21 200. As currently applied and enforced, SB1172 is unconstitutionally vague.

22 201. As currently applied and enforced, SB1172 unconstitutionally forces Plaintiffs to
23 guess as to the precise meaning of SB1172.

1 202. As currently applied and enforced, SB1172 unconstitutionally leaves Plaintiffs to
2 guess as to the precise application of SB1172.

3 203. As currently applied and enforced, SB1172 unconstitutionally leaves Plaintiffs to
4 differ and guess at to SB1172's application.

5 204. As currently applied and enforced, SB1172 is not supported by a compelling
6 government interest.

7 205. As currently applied and enforced, SB1172 is not the least restrictive means to
8 accomplish any permissible government purpose sought to be served.

9 206. As currently applied and enforced, SB1172 does not leave open ample alternative
10 channels for communication.

11 207. As currently applied and enforced, SB1172 is not supported by a legitimate
12 government interest.

13 208. As currently applied and enforced, SB1172 is not narrowly tailored to accomplish
14 any government purpose sought to be served.

15 209. As currently applied and enforced, SB1172 is irrational, unreasonable, and
16 imposes irrational and unjustifiable restrictions on Plaintiffs' counseling.

17 210. As currently applied and enforced, SB1172 has caused, is causing, and will
18 continue to cause Plaintiffs to suffer irreparable harm and injury.

19 211. Plaintiffs have no other adequate remedy at law to correct the continuing
20 deprivation of their most cherished liberties.

21 WHEREFORE, Plaintiffs respectfully pray for the relief against Defendants as
22 hereinafter set forth in their prayer for relief.

23

1 218. As currently applied and enforced, SB1172 causes Plaintiffs and their clients a
2 direct and immediate conflict with their religious beliefs by prohibiting them from offering,
3 referring, and receiving counseling that is consistent with and required by their religious beliefs.

4 219. As currently applied and enforced, SB1172 is impermissibly burdening Plaintiffs'
5 and their clients' sincerely held religious beliefs and is placing them in an irresolvable conflict
6 between those religious convictions and the dictates of SB1172.

7 220. As currently applied and enforced, SB1172 is impermissibly forcing Plaintiffs and
8 their clients to choose between acting and living according to the dictates of their sincerely held
9 religious convictions and following the dictates of SB1172.

10 221. As currently applied and enforced, SB1172 places substantial pressure and a
11 substantial burden on Plaintiffs' and their clients' religious beliefs.

12 222. As currently applied and enforced, SB1172 represents a religious gerrymander.

13 223. As currently applied and enforced, SB1172 has unconstitutionally conditioned
14 state licensing on the Plaintiffs and the members of Plaintiff Associations by requiring them to
15 abandon their clearly established right to free exercise of religion and belief to obtain the state's
16 license.

17 224. As currently applied and enforced, SB1172 is neither neutral nor generally
18 applicable.

19 225. No compelling interest justifies the burdens that the State's current application
20 and enforcement of SB1172 imposes upon Plaintiffs and their clients.

21 226. Even if there was a compelling interest to justify the State's current application
22 and enforcement of SB1172, the current application and enforcement is not the least restrictive
23 means to accomplish any permissible government purpose sought to be served.

1 iii. Defendants will not apply or enforce SB1172 in any manner to place
2 Plaintiffs and their clients in an irresolvable conflict between their religious beliefs and the
3 mandates of SB1172;

4 B. That this Court render Declaratory Judgment declaring Defendants' application
5 and enforcement of California Business and Professions Code §§ 865, 865.1, and 865.2 against
6 Plaintiffs and their clients to be unconstitutional and unlawful under the First and Fourteenth
7 Amendments to the United States Constitution, and further declaring that:

8 i. Defendants' application and enforcement of SB1172 violated Plaintiffs'
9 First and Fourteenth Amendment rights by imposing a vague and imprecise law against them
10 leaving them to differ as to its meaning and differ as to its applications; and

11 ii. Defendants' application and enforcement of SB1172 violated Plaintiffs'
12 and their clients' First and Fourteenth Amendment rights to the free exercise of their religion by
13 placing them in an irresolvable conflict between their sincerely held religious beliefs and the
14 mandates of SB1172 and applying SB1172's mandates in a manner that is neither neutral nor
15 generally applicable;

16 C. That this Court adjudge, decree, and declare the rights and other legal relations
17 with the subject matter here in controversy so that such declaration shall have the force and
18 effect of final judgment;

19 D. That this Court retain jurisdiction of this matter for the purpose of enforcing this
20 Court's order;

21 E. That this Court award Plaintiffs and their clients the reasonable costs and
22 expenses of this action, including attorney's fees, in accordance with 42 U.S.C. § 1988; and

1 f. That this Court grant such other and further relief as this Court deems equitable
2 and just under the circumstances.

3 Dated: October 28, 2015

4 Respectfully submitted,

5
6 /s/ Daniel J. Schmid
7 Mary. E. McAlister
8 California Bar No. 148570
9 Mathew D. Staver*
10 Rena M. Lindevaldsen*
11 Daniel J. Schmid*
12 LIBERTY COUNSEL
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19 *Attorneys for Plaintiffs*
20 *Admitted Pro Hac Vice
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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 28th day of October, 2015, I caused the foregoing to electronically filed with this Court's electronic filing system. Service will be effectuated via this Court's electronic notice and service system.

/s/ Daniel J. Schmid
Daniel J. Schmid
Attorney for Plaintiffs

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Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
Sacramento Division

DAVID PICKUP, *individually and on behalf of his patients*; CHRISTOPHER H. ROSIK, PH.D., *individually and on behalf of his patients*; JOSEPH NICOLOSI, PH.D., *individually and on behalf of his patients*; ROBERT VAZZO, *individually and on behalf of his patients*; ALLIANCE FOR THERAPEUTIC CHOICE AND SCIENTIFIC INTEGRITY; AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS;

Plaintiffs,

v.

Case No. 2:12-cv-02497-KJM-EFB

EDMUND G. BROWN, JR., Governor of State of California, *in his official capacity*, ANNA M. CABALLERO, Secretary of the California Business, Consumer Services, and Housing Agency, *in her official capacity*; AWET KIDANE, Director of California Department of Consumer Affairs, *in his official capacity*,

**COMPLAINT
EXHIBIT A**

Defendants,

and

EQUALITY CALIFORNIA,

Intervenor-Defendants.

Subject: FW: E-mail from Senator Lieu's Aide

Date: Wednesday, October 28, 2015 3:49:30 PM Eastern Daylight Time

From: Daniel Schmid

----- Forwarded Message -----

From: "Costa, Cliff" <Cliff.Costa@sen.ca.gov>

To: "Jim Walker, MFT" <jimwalker@mindbodytherapyservices.com>

Sent: Fri, May 25, 2012 5:02:16 PM

Subject: RE: Sb1172

They have proposed language but we are still conflicting on the definition of SOCE. I think we have overall had good conversations but this bill is all dependent upon the definition and we want to shut down NARTH and their involvement with children.

--

Robert L. Vazzo, M.M.F.T.
Licensed Marriage and Family Therapist
CA #45530

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Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
Sacramento Division

DAVID PICKUP, *individually and on behalf of his patients*; CHRISTOPHER H. ROSIK, PH.D., *individually and on behalf of his patients*; JOSEPH NICOLOSI, PH.D., *individually and on behalf of his patients*; ROBERT VAZZO, *individually and on behalf of his patients*; ALLIANCE FOR THERAPEUTIC CHOICE AND SCIENTIFIC INTEGRITY; AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS;

Plaintiffs,

v.

Case No. 2:12-cv-02497-KJM-EFB

EDMUND G. BROWN, JR., Governor of State of California, *in his official capacity*, ANNA M. CABALLERO, Secretary of the California Business, Consumer Services, and Housing Agency, *in her official capacity*; AWET KIDANE, Director of California Department of Consumer Affairs, *in his official capacity*,

**COMPLAINT
EXHIBIT B**

Defendants,

and

EQUALITY CALIFORNIA,

Intervenor-Defendants.

October 27, 2014

David H. Pickup, LMFT, et al
16633 Ventura Blvd., Suite 1340
Encino, CA 91436

Christina Wong, LCSW, Chair
California Board of Behavioral Sciences
1625 N Market Blvd., Suite S-200
Sacramento, CA 95834

Dear Ms. Wong,

As you are no doubt aware, the California Association of Marriage and Family Therapists (CAMFT) is the largest body of licensed therapeutic professionals in California. The undersigned CAMFT members represent a group of therapists who are greatly concerned about the professional and legal implications of the state's ban on sexual orientation change efforts (SB1172). Our concerns are expressed below in terms of therapeutic treatment for minor children who through emotional and/or sexual abuse have developed same-sex attractions. They and their parents have come to us requesting help to reduce or eliminate their unwanted homosexual feelings.

The recent passage of SB1172, which prohibits professional treatment for minors distressed by their unwanted same-sex attractions and behaviors, places us in a confusing position. On the one hand the law states: "Any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the licensing entity for that mental health provider" (865.2).

The law further states: "Sexual orientation change efforts means any practices by mental health providers that seek to change an individual's sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex."

At the the same time the law states: "Sexual orientation change efforts does not include psychotherapies that: (A) provide acceptance, support and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices and (B) do not seek to change sexual orientation."

The law as written appears to us to have some inconsistency, for which we seek your legal and professional counsel. On the one hand we are not to seek sexual orientation change but at the same time "provide acceptance, support and understanding of clients." How do we provide such acceptance and support to clients who come to us with a desire to reduce their unwanted same-sex attractions and increase opposite-sex attractions when we are at the same time being required by law to tell them we cannot assist them in their goals? Such a response is unlikely to be experienced by these clients as a supportive and understanding approach to their concerns.

A further concern we have has to do with the potential for spontaneous diminution of same-sex attractions during psychotherapy. We have occasionally witnessed such changes in the context of interventions not explicitly intended to address sexual orientation, such as those involved in processing affect related to trauma or promoting relational self-efficacy, especially in terms of resolution of gender identity inferiority. We are uncertain whether we could be liable under this law for such spontaneous changes in same-sex attractions should the client decide to report this kind of therapeutic experience as being a violation of SB1172.

We thus believe that this new law places us in a precarious position: while we are committed to client autonomy and self-determination, we do not want to violate California law. It seems reasonable to us that The Board of Behavioral Sciences would be one of the most competent resources and most expert organizations to assist therapists such as ourselves. Therefore, we are asking for guidance from the BBS to assist licensed practitioners in clarifying specifically which therapeutic interventions are acceptable and which are unacceptable for us to employ with these clients as well as the liability we may assume for spontaneous reductions in clients' same-sex attractions.

Sincerely,

David H. Pickup, MA, LMFT (#48780)
Robert L. Vazzo, MMFT, LMFT, (#45530)
Jerry Harris, Ed.D., LMFT (#13966)
Tim Long, MA, LMFT, (#47459)
Thomas Schmierer, MA, LMFT, (#80450)
Bonita DeMartini, MA, LMFT (#43025)
Brian Bensing, MA, LMFT, (#80672)

Mary E. McAlister
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Facsimile: (407) 875-0770
Email: court@LC.org
Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
Sacramento Division

DAVID PICKUP, *individually and on behalf of his patients*; CHRISTOPHER H. ROSIK, PH.D., *individually and on behalf of his patients*; JOSEPH NICOLOSI, PH.D., *individually and on behalf of his patients*; ROBERT VAZZO, *individually and on behalf of his patients*; ALLIANCE FOR THERAPEUTIC CHOICE AND SCIENTIFIC INTEGRITY; AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS;

Plaintiffs,

v.

Case No. 2:12-cv-02497-KJM-EFB

EDMUND G. BROWN, JR., Governor of State of California, *in his official capacity*, ANNA M. CABALLERO, Secretary of the California Business, Consumer Services, and Housing Agency, *in her official capacity*; AWET KIDANE, Director of California Department of Consumer Affairs, *in his official capacity*,

**COMPLAINT
EXHIBIT C**

Defendants,

and

EQUALITY CALIFORNIA,

Intervenor-Defendants.



Board of
Behavioral
Sciences

1625 North Market Blvd.
Suite S-200
Sacramento, CA 95834
(916) 574-7830
TDD (916) 322-1700
Fax (916) 574-8625
www.bbs.ca.gov

November 24, 2014

David H. Pickup
16633 Ventura Blvd. Suite 1340
Encino, CA 91436

Dear Mr. Pickup,

I am writing in response to your letters addressed to myself and Board of Behavioral Sciences Chair Christina Wong, in which you requested guidance regarding the ban on sexual orientation change efforts with patients under the age of 18 years old (minor). Specifically, you inquired as to which therapeutic interventions are acceptable, and which ones are unacceptable to use with minor clients who seek help to reduce or eliminate their unwanted homosexual feelings.

As you are aware, Senate Bill 1172 (effective January 1, 2013) prohibits a California mental health provider from engaging in sexual orientation change efforts with any patient under the age of 18 years old. Several legal challenges to Senate Bill 1172 were filed with the Courts. However, the Courts have upheld the provisions of Senate Bill 1172. Therefore, the law is now in effect and applicable to all California mental health providers.

An individual licensed or registered with the Board of Behavioral Sciences (Board) is considered a mental health provider and as such, must comply with the provisions of Senate Bill 1172. Accordingly, all Board licensees or registrants are prohibited from using any therapeutic intervention that seeks to change the sexual orientation of any patient under 18 years of age. Licensees or registrants who are found to be in violation of Senate Bill 1172 will be subject to disciplinary action.

Sincerely,

Handwritten signature of Kim Madsen in black ink.
Kim Madsen
Executive Officer

cc: Christina Wong, Board of Behavioral Sciences Chair



Governor
Edmund G. Brown Jr.
State of California
Business, Consumer Services
and Housing Agency
Department of
Consumer Affairs

Mary E. McAlister
CBN 148570
LIBERTY COUNSEL
P.O. Box 11108
Lynchburg, VA 24506
Phone: (407) 875-1776
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Email: court@LC.org
Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
Sacramento Division

DAVID PICKUP, *individually and on behalf of his patients*; CHRISTOPHER H. ROSIK, PH.D., *individually and on behalf of his patients*; JOSEPH NICOLOSI, PH.D., *individually and on behalf of his patients*; ROBERT VAZZO, *individually and on behalf of his patients*; ALLIANCE FOR THERAPEUTIC CHOICE AND SCIENTIFIC INTEGRITY; AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS;

Plaintiffs,

v.

Case No. 2:12-cv-02497-KJM-EFB

EDMUND G. BROWN, JR., Governor of State of California, *in his official capacity*, ANNA M. CABALLERO, Secretary of the California Business, Consumer Services, and Housing Agency, *in her official capacity*; AWET KIDANE, Director of California Department of Consumer Affairs, *in his official capacity*,

**COMPLAINT
EXHIBIT D**

Defendants,

and

EQUALITY CALIFORNIA,

Intervenor-Defendants.

December 15th, 2014

David H. Pickup, LMFT, et al
16633 Ventura Blvd., Suite 1340
Encino, CA 91436

Kim Madsen, Executive Officer
California Board of Behavioral Sciences
1625 N Market Blvd., Suite S-200
Sacramento, CA 95834

Dear Ms. Madsen,

We appreciate your response to our earlier letter concerning SB1172. Speaking for myself, I am a bit confused because our letter was addressed only to Ms. Wong. However, if per her authorization you are taking over this correspondence, then I am certain we would all welcome the opportunity to discuss this matter with you as the Executive Director.

It appears that our letter was not explained sufficiently since the information you provided was almost entirely a review of the specific words and meaning of SB1172. We are, in fact, already completely familiar with the law.

Please let me give you an additional explanation of our concerns, especially since we are gravely concerned for the emotional safety of our clients and for the future of our licenses. I will quote our previous letter in part below, and then I will make additional explanations.

"How do we provide such acceptance and support to clients who come to us with a desire to reduce their unwanted same-sex attractions and increase opposite-sex attractions when we are at the same time being required by law to tell them we cannot assist them in their goals?"

With the wording above, we are not asking the BBS to help us seek to reduce or eliminate our minor clients' homosexual feelings, which the law disallows. We are seeking your legal and professional guidance on how to counsel a minor who will experience what will be a significant emotional and psychological dissonance when we inform them that he or she will need to completely accept their homosexuality, which is something that conflicts with their religious beliefs. We need to show tremendous care and conscience when dealing with people of faith, which is consistent with the published ethical principles of our profession. What does the BBS suggest or advise when faced with children who must experience what will be the necessary requirements of SB1172?

Additionally, as indicated in our earlier letter, our further concern is for how the validity of our licenses will be affected if, as sometimes occurs in sessions, homosexual feelings spontaneously lessen or dissipate. Quite often, without ever mentioning homosexual feelings, our clients experience what SB1172 states would be illegally experienced.

In both issues above, we are seriously concerned how we are to proceed with minors in terms of their potential health and our future licenses to practice. We need your help in order to proceed.

We thank you in advance for your consideration of what must certainly be a rather difficult issue. We hope you and the BBS will address our specific concerns.

Sincerely,

A handwritten signature in black ink that reads "David Pickup". The signature is written in a cursive, flowing style.

David Pickup, MA, LMFT, (#48780)

cc. Christina Wong, Board of Behavioral Sciences Chair
Robert L. Vazzo, MMFT, LMFT, (#45530)
Jerry Harris, Ed.D., LMFT (#13966)
Tim Long, MA, LMFT, (#47459)
Thomas Schmierer, MA, LMFT, (#80450)
Bonita DeMartini, MA, LMFT (#43025)
Brian Bensing, MA, LMFT, (#80672)

Mary E. McAlister
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Email: court@LC.org
Attorney for Plaintiffs

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FOR THE EASTERN DISTRICT OF CALIFORNIA
Sacramento Division

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Plaintiffs,

v.

Case No. 2:12-cv-02497-KJM-EFB

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**COMPLAINT
EXHIBIT E**

Defendants,

and

EQUALITY CALIFORNIA,

Intervenor-Defendants.



LINK CARE CENTER

Christopher H. Rosik, Ph.D.
Licensed Psychologist PSY 10532

July 10, 2015

Michael Erickson, PhD
President, California Board of Professional Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

RE: Clarity on SB1172

Dear Dr. Erickson,

I am writing you in the hopes of obtaining greater clarity about SB1172, the recently passed law which prohibits licensed psychologists from engaging in sexual orientation change efforts (SOCE) with minors. One concern I have is that this law places me in a confusing position when I am working with older adolescents who are distressed by their unwanted same-sex attractions and behaviors. On the one hand the law states: "Any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the licensing entity for that mental health provider" (865.2).

The law further states: "Sexual orientation change efforts means any practices by mental health providers that seek to change an individual's sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex."

At the same time the law states: "Sexual orientation change efforts does not include psychotherapies that: (A) provide acceptance, support and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices and (B) do not seek to change sexual orientation."

These statements as written appear hard to reconcile for such clients who wish to pursue the possibility of change as a therapy goal and are assessed to be genuinely making an autonomous decision in this regard. I would greatly appreciate your clarification about this matter. On the one hand, I am not to speak in a manner that could be perceived as promoting change. Yet, on the other hand, I am told to "provide acceptance, support and understanding of clients." How do I provide such acceptance and support to clients who come to me with a desire to reduce their

unwanted same-sex attractions and behaviors and increase their opposite-sex attractions and behaviors when I am at the same time being required by law to tell them I cannot assist them in their goals? Such a response is unlikely to be experienced by these clients as a supportive and understanding approach to their concerns.

A further concern I have has to do with the potential for spontaneous diminution of same-sex attractions during psychotherapy. I have occasionally witnessed such changes in the context of interventions not explicitly intended to address sexual orientation, such as those involved in processing affect related to trauma or promoting relational self-efficacy. I am uncertain whether I could be liable under this law for such spontaneous changes in same-sex attractions should the client decide to report this kind of therapeutic experience as being a violation of SB1172. I would greatly appreciate it if you could clarify this matter for me as well?

As these concerns indicate, I believe this new law places me in a precarious position. While I am committed to client autonomy and self-determination, I do not want to violate California law. It seems reasonable to me that The California Board of Psychology would be the most appropriate and expert authority to assist psychologists like me in being clear about this law. Therefore, I am asking you for guidance in clarifying specifically which therapeutic interventions are acceptable and which are unacceptable for me to employ with these adolescent clients as well as the liability I may incur for spontaneous reductions in these clients' same-sex attractions and behavior.

Sincerely,



Christopher Rosik, Ph.D
Licensed Psychologist PSY10532
Link Care Center
1734 W Shaw Ave
Fresno CA 93711
Phone: (559) 439-2647 (x142)
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Mary E. McAlister
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Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA
Sacramento Division

DAVID PICKUP, *individually and on behalf of his patients*; CHRISTOPHER H. ROSIK, PH.D., *individually and on behalf of his patients*; JOSEPH NICOLOSI, PH.D., *individually and on behalf of his patients*; ROBERT VAZZO, *individually and on behalf of his patients*; ALLIANCE FOR THERAPEUTIC CHOICE AND SCIENTIFIC INTEGRITY; AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS;

Plaintiffs,

v.

Case No. 2:12-cv-02497-KJM-EFB

EDMUND G. BROWN, JR., Governor of State of California, *in his official capacity*, ANNA M. CABALLERO, Secretary of the California Business, Consumer Services, and Housing Agency, *in her official capacity*; AWET KIDANE, Director of California Department of Consumer Affairs, *in his official capacity*,

**COMPLAINT
EXHIBIT F**

Defendants,

and

EQUALITY CALIFORNIA,

Intervenor-Defendants.



LINK CARE CENTER

Christopher H. Rosik, Ph.D.
Licensed Psychologist PSY 10532

July 10, 2015

California Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

RE: Clarity on SB1172

To whom it may concern:

I am writing the Board in the hopes of obtaining greater clarity about SB1172, the recently passed law which prohibits licensed psychologists from engaging in sexual orientation change efforts (SOCE) with minors. One concern I have is that this law places me in a confusing position when I am working with older adolescents who are distressed by their unwanted same-sex attractions and behaviors. On the one hand the law states: "Any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the licensing entity for that mental health provider" (865.2).

The law further states: "Sexual orientation change efforts means any practices by mental health providers that seek to change an individual's sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex."

At the same time the law states: "Sexual orientation change efforts does not include psychotherapies that: (A) provide acceptance, support and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices and (B) do not seek to change sexual orientation."

These statements as written appear hard to reconcile for such adolescent clients who wish to pursue the possibility of change as a therapy goal and are assessed to be genuinely making an autonomous decision in this regard. I would greatly appreciate the Board's clarification about this matter. On the one hand, I am not to speak in a manner that could be perceived as promoting change. Yet, on the other hand, I am told to "provide acceptance, support and understanding of clients." How do I provide such acceptance and support to clients who come to me with a desire to reduce their unwanted same-sex attractions and behaviors and increase their opposite-sex attractions and behaviors when I am at the same time being required by law to tell them I cannot

assist them in their goals? Such a response is unlikely to be experienced by these clients as a supportive and understanding approach to their concerns.

A further concern I have has to do with the potential for spontaneous diminution of same-sex attractions during psychotherapy. I have occasionally witnessed such changes in the context of interventions not explicitly intended to address sexual orientation, such as those involved in processing affect related to trauma or promoting relational self-efficacy. I am uncertain whether I could be liable under this law for such spontaneous changes in same-sex attractions should the client or a parent decide to report this kind of therapeutic experience as being a violation of SB1172. I would greatly appreciate it if the Board could clarify this matter for me as well?

As these concerns indicate, I believe this new law places me in a precarious position. While I am committed to client autonomy and self-determination, I do not want to violate California law. It seems reasonable to me that the Board would be the most appropriate and expert authority to assist psychologists like me in being clear about this law. Therefore, I am asking the Board for official guidance in clarifying specifically which therapeutic interventions are acceptable and which are unacceptable for me to employ with these adolescent clients as well as the liability I may incur for spontaneous reductions in these clients' same-sex attractions and behavior.

Sincerely,



Christopher Rosik, Ph.D
Licensed Psychologist PSY10532
Link Care Center
1734 W Shaw Ave
Fresno CA 93711
Phone: (559) 439-2647 (x142)
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Mary E. McAlister
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Lynchburg, VA 24506
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Attorney for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
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DAVID PICKUP, *individually and on behalf of his patients*; CHRISTOPHER H. ROSIK, PH.D., *individually and on behalf of his patients*; JOSEPH NICOLOSI, PH.D., *individually and on behalf of his patients*; ROBERT VAZZO, *individually and on behalf of his patients*; ALLIANCE FOR THERAPEUTIC CHOICE AND SCIENTIFIC INTEGRITY; AMERICAN ASSOCIATION OF CHRISTIAN COUNSELORS;

Plaintiffs,

v.

Case No. 2:12-cv-02497-KJM-EFB

EDMUND G. BROWN, JR., Governor of State of California, *in his official capacity*, ANNA M. CABALLERO, Secretary of the California Business, Consumer Services, and Housing Agency, *in her official capacity*; AWET KIDANE, Director of California Department of Consumer Affairs, *in his official capacity*,

**COMPLAINT
EXHIBIT G**

Defendants,

and

EQUALITY CALIFORNIA,

Intervenor-Defendants.



July 24, 2015

Christopher Rosik, Ph.D.
Link Care Center
1734 W Shaw Ave
Fresno, CA 93711

**Re: Request for Counsel; Department of Consumer Affairs/Board of
Psychology**

Dear Dr. Rosik:

I write on behalf of the Department of Consumer Affairs and Board of Psychology in response to your letter dated July 10, 2015 requesting counsel on SB 1172.

Unfortunately, we must respectfully decline your request. As counsel for the Board, we are bound to provide legal advice solely to them on an issue within their purview. For guidance on the implications of SB 1172 on your practice we recommend that you engage private legal counsel or a professional association.

Sincerely,

DOREATHEA JOHNSON
Deputy Director, Legal Affairs

A handwritten signature in black ink that reads 'Ravinder S. Kapoor'.

By RAVINDER S. KAPOOR
Staff Counsel

Cc: Antonette Sorrick, Executive Officer, Board of Psychology
Jonathan Burke, Administrative Services Coordinator, Board of Psychology
Sandra Monterrubio, Enforcement Program Manager, Board of Psychology