

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS**

STUDENTS AND PARENTS FOR)
PRIVACY, a voluntary unincorporated)
association; C.A., a minor, by and through her) No. 1:16 CV 4945
parent and guardian, N.A.; A.M., a minor, by)
and through her parents and guardians, S.M.) The Hon. Jeffrey T. Gilbert,
and R.M.; N.G., a minor, by and through her) *Magistrate Judge*
parent and guardian, R.G.; A.V., a minor, by)
and through her parents and guardians, T.V.)
and A.T.V.; and B.W., a minor, by and)
through his parents and guardians, D.W. and)
V.W.,)
Plaintiffs,)
v.)
UNITED STATES DEPARTMENT OF)
EDUCATION; JOHN B. KING, JR., in his)
official capacity as United States Secretary of)
Education; UNITED STATES)
DEPARTMENT OF JUSTICE; LORETTA E.)
LYNCH, in her official capacity as United)
States Attorney General; and SCHOOL)
DIRECTORS OF TOWNSHIP HIGH)
SCHOOL DISTRICT 211, COUNTY OF)
COOK AND STATE OF ILLINOIS,)
Defendants,)
and)
STUDENTS A, B, and C, by and through)
their parents and legal guardians Parents A, B,)
and C, and the ILLINOIS SAFE SCHOOLS)
ALLIANCE,)
Intervenor-Defendants.)

**INTERVENOR-DEFENDANTS' MOTION FOR LEAVE
TO FILE SUR-REPLY AND TO CONDUCT LIMITED DISCOVERY**

Intervenor-Defendants hereby request leave to (1) file a sur-reply memorandum in response to Plaintiffs' Reply Memorandum filed in support of their preliminary injunction motion and (2) conduct limited discovery related to that submission. As a result, Intervenor-Defendants respectfully request that the August 3, 2016 hearing on the preliminary injunction motion be continued to a date convenient to the Court after submission of Intervenor-Defendants' sur-reply. The Federal Defendants consent to this motion, and request that they be allowed to file a sur-reply and to participate in any discovery that the Court allows. The District Defendants have advised that they do not oppose the motion.

In support of their motion, Intervenor-Defendants state as follows:

1. On July 26, 2016, Plaintiffs filed a Reply Memorandum In Support of Their Preliminary Injunction Motion. Dkt. 94.
2. Plaintiffs' reply brief and accompanying exhibits attempt to introduce opinion testimony well outside the scope of Intervenor-Defendants' responsive brief, raise brand-new legal arguments that could have been—but were not—set forth in their opening brief, and factual allegations not included in the Verified Complaint. As such, Intervenor-Defendants have not had an opportunity to address any of this new material, and now seek the opportunity to do so.
3. First and most glaringly, Plaintiffs attach as Exhibit 1 to their reply brief an Expert Report of Allan M. Josephson, M.D. Dkt. 94-1. In his 52-paragraph submission, Dr. Josephson discusses a multitude of topics that are nowhere to be found in Plaintiffs' opening brief, go well beyond Intervenor-Defendants' responsive arguments, and require a response in the form of a rebuttal expert declaration. These topics include: “[d]iagnostic considerations [related to] transgender and intersex” persons (at ¶¶ 12-19), “[t]he determination of sex and gender” (at ¶¶ 20-25), “[t]he treatment of individuals with gender dysphoria” (at ¶¶ 26-28),

“[c]ore psychopathology and treatment principles” (at ¶¶ 29-42), “[t]he transgender person and sex designated facilities” (at ¶¶ 43-47), and “[t]he cultural context of psychiatry” (at ¶¶ 48-52).

4. Specifically, Intervenor-Defendants should be permitted to respond to these wholly new opinions proffered by Plaintiffs’ expert, including but not limited to the following:

- That a transgender person’s sex is determined exclusively by the “physical reality” of “genetic sex,” and cannot be changed (*id.* at ¶¶ 20, 24-25, 29-35, 45);
- That gender identity is a purely psychological construct that is not innate but is attributable for the most part to family upbringing and other external factors, while the gender dysphoria diagnosis “is . . . more a cultural invention/construct rather than biological fact” (*id.* at ¶¶ 15, 18, 20, 24, 32-33, 38, 48, 51);
- That a transgender person who believes her gender identity is different from her birth-assigned sex is suffering from an “inaccurate” and “abnormal” “delusion” that can be eliminated through psychiatric treatment, and that most young people will abandon that gender identity by adulthood (*id.* at ¶¶ 16-17, 22, 29-35); and
- That there is no evidence that transgender adolescents are harmed when they are denied the use of the restrooms and locker rooms that correspond with their gender identity and that these adolescents should be treated with “compassion” in exploring this “false, fixed belief” rather than allowing them to use the facilities that match their gender identity (*id.* at ¶¶ 43-45).

5. Second, and relying on their belated opinion evidence, Plaintiffs’ reply attempts to ground their arguments on the definition of “sex” in Title IX in the newly-introduced concept of “genetic sex.” *See, e.g.*, Pls. Reply at 1 (defining “genetic sex” to mean “chromosomes, anatomy, gametes, and reproductive system”); *id.* at 3 (“Title IX allowed schools to maintain separate locker rooms and restrooms for genetic girls and genetic boys.”); *id.* at 10 (“Title IX’s objective is to prohibit federally funded schools from discriminating based on sex, which refers to genetic sex.”); *id.* at 12 (“Congress intended the term ‘sex’ to mean genetic sex, not gender identity.”). This term appears nowhere in Plaintiffs’ opening brief, and they do not explain the abrupt shift in strategy. Plaintiffs also seek to introduce several new cases that purportedly

support this conception of “sex,” *see id.* at 15 n.6, and to discuss at length and for the very first time new case law in favor of their privacy claim. *Id.* at 21.

6. It is well-established that “[i]t is improper for a party to raise new arguments in a reply because it does not give an adversary adequate opportunity to respond.” *Citizens Against Ruining the Env’t v. E.P.A.*, 535 F.3d 670, 675 (7th Cir. 2008). For that reason, courts in this district have permitted parties to file sur-reply briefs to respond to new arguments raised for the first time in reply. *See, e.g., General Ins. Co. of Am. v. Clark Mali Corp.*, No. 08 C 2787, 2010 WL 807433, at *4 (N.D. Ill. Mar. 10, 2010) (“To assure that the opponent of the motion is not deprived of a meaningful opportunity to respond to the arguments in support of the motion—which is the inevitable result of withholding arguments until the reply brief—a court must either invoke the waiver doctrine or allow the filing of a sur-reply.”); *Baxter v. Kawasaki Motors Corp.*, 259 F.R.D. 336, 338 (N.D. Ill. 2009) (“Consideration of the surreply avoids any question of surprise and, to the extent any of plaintiff’s contentions are untimely raised, avoids any possible prejudice of defendants not being able to respond to new contentions.”).

7. Finally, Plaintiffs have used their reply brief to make factual allegations that appear nowhere in either the Verified Complaint or Plaintiffs’ opening brief. In particular, Plaintiffs now assert that Student A would not be harmed by a preliminary injunction because the school may provide her “a number of alternative facilities,” and because she is “provided by the school with a dedicated, full-time support team.” Pls. Reply at 3. Plaintiffs’ attempt to circumvent the rules of pleading in this Court is improper, and Intervenor-Defendants are entitled to rebut these unsourced and unverified assertions.

8. Intervenor-Defendants can only meet Plaintiffs’ new arguments of fact and law (and thereby facilitate this Court’s resolution of the preliminary injunction motion) if they are

permitted to file a sur-reply memorandum in opposition to Plaintiffs' Preliminary Injunction Motion.

9. Intervenor-Defendants also seek leave to depose Dr. Josephson. In addition to the factual bases for the opinions asserted in his Report,¹ Intervenor-Defendants request that they be allowed to depose Dr. Josephson on whether and to what extent his religious beliefs may have influenced his opinions regarding the diagnosis and treatment of transgender patients. Dr. Josephson—who curiously omitted his past presidency of the Christian Medical and Dental Association Psychiatry Section from the resume attached to Plaintiffs' reply brief—has written publicly about his efforts to integrate his faith with the science of psychiatry² and about the “sin” of homosexuality.³ Intervenor-Defendants should be able to ask Dr. Josephson whether he has similar beliefs regarding transgender persons and how those beliefs have impacted his opinions.

10. Should the Court grant Intervenor-Defendants' request to file a sur-reply and for limited discovery, Intervenor-Defendants will confer with all parties to propose an agreed schedule for Dr. Josephson's deposition, filing of the sur-reply, and a new hearing date for the preliminary injunction motion, which is currently scheduled for August 3, 2016. Intervenor-Defendants will work with the parties to set dates as expeditiously as possible, and expect they could take this discovery and file a sur-reply in approximately 21 days, depending on schedules.

¹ If the Court denies Intervenor-Defendants' request to depose Dr. Josephson, Intervenor-Defendants reserve the right to depose Dr. Josephson in the merits phase of this litigation.

² Allan Josephson: *Integrating Faith & Psychiatry, Part 1*, The High Calling, <https://www.theologyofwork.org/the-high-calling/blog/allan-josephson-integrating-faith-psychiatry-part-1> (last visited July 28, 2016), attached as Exhibit 1.

³ “It is possible we have gone from rejection of the homosexual to embracing the homosexual, missing the admonition to ‘go and sin no more.’ This is a very difficult balance to keep but is one that is important in matters of homosexuality and others. . . . God desired men and women to find each other, according to His plan for creation. God loves us, but he expects something from us.” Allan M. Josephson, M.D., *President's Letter*, Christian Medical Association Psychiatry Section Newsletter Summer 2007, <https://cmda.org/library/doclib/Summer-2007-Newsletter.pdf> (last visited July 28, 2016), attached as Exhibit 2.

WHEREFORE, Intervenor-Defendants request that the Court continue the August 3, 2016 hearing date, grant Intervenor-Defendants leave to file a sur-reply memorandum, and grant Intervenor-Defendants leave to depose Dr. Josephson.

Dated: July 28, 2016

Respectfully submitted,

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Counsel for Students A, B, and C, and the Illinois Safe Schools Alliance

Exhibit 1

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(/the-high-calling)

Allan Josephson: Integrating Faith & Psychiatry, Part 1

Produced by *The High Calling*



(/PDFTHC/4901/ALLAN-
JOSEPHSON-
INTEGRATING-
FAITH-
PSYCHIATRY-
PART-
1/)

When Laity Leadership Institute Senior Fellow Allan Josephson, M.D. decided to study psychiatry 30 years ago, persons of faith often wondered how he would fare as a Christian in the field. The influence of Sigmund Freud's atheism has waned, Josephson said, but it was pervasive then.

Josephson not only survived, but flourished and became an agent of change. Today, he is Vice Chairman for Child & Adolescent Psychiatry Services at the University of Louisville School of Medicine in Louisville, Kentucky, and author of three books. One of them is the *Handbook of Spirituality and Worldview in Clinical Practice* (http://www.amazon.com/Handbook-Spirituality-Worldview-Clinical-Practice/dp/1585621048/ref=sr_1_1?ie=UTF8&qid=1315443604&sr=8-1), a text he edited and contributed to that is used in psychiatric residency programs to help psychiatrists understand the diagnostic and therapeutic implications of their own and their patients' worldviews.

When Josephson was early in his medical training, he was grappling with the Freudian notion that man creates God in his own image as a psychological crutch. He came across a C.S. Lewis (<http://www.thehighcalling.org/faith/god-love-sex-and-meaning-life-interview-dr-armand-nicholi>) essay that pierced this fiction. In the essay, Lewis described how he enjoyed listening to music on scratchy gramophone records until he attended a live symphony performance in London. Incredibly, Lewis initially judged the symphony as inferior to the recordings.

"Only with considerable mental and emotional readjustment was he able to convince himself of the obvious—that what he had been hearing previously was a mere reflection of the real, rich, multifaceted sound he heard in the symphony hall. What he thought was real music was in fact a substitute for the true reality," wrote Josephson in a 1994 paper that outlined his clinical theology of child development.

"Similarly, the view that our field obviously holds—that our religion is a childhood wish, a substitute—is simplistic and not consistent with accepted developmental theory. In fact I believe the evidence is overwhelming in the other direction. ... The God of this creation, as revealed in Jesus Christ, is worthy of our faith," he concluded.

"Everyone has a faith position," Josephson explained when I talked to him in August. "The idea that developmental science is consistent with what Christians have always said is encouraging."

Josephson tells medical students who want to understand psychiatry better, "Everything that happens in life is a combination of what you're born with and what happens to you. If you forget either one, you're going to get into big trouble."

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For example, not long ago a new patient asked him if he is the kind of psychiatrist that talks to people, because she'd been to several who didn't.

"Are you sleeping? Are you eating? Can you concentrate?" are the questions she had been asked in these short clinical encounters. "You give the list of symptoms, they change your medication, and then you're out the door," she said.

Josephson explains that contemporary psychiatry must take the time to understand complex relationships. "Bodies are different and they respond differently. That's the science of biological psychiatry. On the other hand, it makes a huge difference what choices you make and whether you're raised in a conflictual environment or a supportive one, or an environment where you're an only child or where there are eight children, or where you're worshiped or you're neglected, or a host of other things. The challenge of psychiatry is to understand these different aspects of life development and how they interact with one's biology, and then develop a way to help."

In this series we're going to tap into Josephson's wisdom to explore this theme as it relates to:

- How healthy child development mirrors Scriptural principles.
- What children need in the contemporary family for healthy development.
- Why there is an increase in people, particularly children and adolescents, who exhibit narcissistic (<http://en.wikipedia.org/wiki/Narcissism>) behavior, and what can be done about it.
- The psychological effects of technology.
- How work defines the self.

Both psychology and theology have much to say about these topics. We hope you'll join us for the discussion.

Read other parts in our series on Integrating Faith and Psychiatry:

- *Integrating Faith and Psychiatry* (<http://www.thehighcalling.org/articles/essay/allan-josephson-integrating-faith-psychiatry-part-1>)
- *Scriptural Principles for Growing Healthy Children* (<http://www.thehighcalling.org/articles/essay/integrating-faith-and-psychiatry-part-2-scriptural-principles-growing-healthy>)
- *Narcissism* (<http://www.thehighcalling.org/articles/essay/integrating-faith-and-psychiatry-part-3-narcissism>)
- *Work and the Self* (<http://www.thehighcalling.org/articles/essay/integrating-faith-and-psychiatry-part-4-work-self>)
- *Narcissism and Relationships* (<http://www.thehighcalling.org/articles/essay/integrating-faith-and-psychiatry-part-5-narcissism-relationships>)
- *Finding Balance Between Work and Relationships* (<http://www.thehighcalling.org/articles/essay/integrating-faith-and-psychiatry-part-6-finding-balance-between-work-family>)
- *Managing Technology and Psychological Health* (<http://www.thehighcalling.org/articles/essay/integrating-faith-and-psychiatry-part-7-managing-technology>)
- *When the Boss Is a Narcissist* (<http://www.thehighcalling.org/articles/essay/when-boss-narcissist>)
- *A Summary* (<http://www.thehighcalling.org/articles/essay/integrating-faith-psychiatry-summary>)

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Christian Medical Association

Psychiatry Section Newsletter

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Summer 2007

PRESIDENT'S LETTER

Meetings are great. Well, before I get carried away, they are also a lot of work and, at times, they really don't deliver what is promised. Yet, when people get together around a common mission and shared interests, good things usually happen. I believe this drive to social relationship is one aspect of our being made in the image of a relational God. When the focus of a meeting activity is how the Lordship of Jesus Christ influences our vocation as psychiatrists, good things are likely to happen.

Indeed, our annual meeting in San Diego this year was a special time for us as believing psychiatrists. Before I go further, kudos go out to Sherri Williams again this year for coordinating a remarkably smooth meeting. It is hard for me to believe she hasn't been doing this for years. It was that good!

This year we had 52 psychiatrists (with 10 guests) attend our meetings and 66 visitors at our booth in the "marketplace" of the APA's annual meeting who asked for more info about our organization. I was struck again by how valuable the booth is as an organizing, meeting connection for our Section and for those who are seeking. I met a middle age, Jewish psychiatrist who had recently become a Christian. His story is both fascinating and faith enhancing. He described a spiritual restlessness suddenly arising in his secular life. As part of an intrigue about "the Christian right", he decided to explore the scriptures and, as he said, "see what the fuss was about." At the same time, he met a group of believers who offered support and love, and finally he committed to Christ and became baptized in the faith. As he walked by the booth, the displayed word "Christian" attracted him; he didn't know there were any psychiatrist Christians! We had a brief interaction, and yet if we were not there he would not have personally known of psychiatrist believers. I trust the Lord will continue to work in his life and hopefully our relationship with him will continue and grow.

The meeting brought numerous young, early career psychiatrists with great energy, enthusiasm and commitment. One of the vital functions of our organization is to provide a link between past, current, and emerging generations of believers. Again, this year the "drop in" social time at the

beginning of the meeting was an exciting time and served as a great start to the week, meeting many of these new friends and re-connecting with old ones. This will become a staple in our annual meeting program.

In the past, the President's column has been a time to report on the annual meeting. This year we are trying something different. We have several individuals offering comments on our sessions. Their observations are sprinkled throughout the newsletter. These perspectives of other members and executive committee members are valued. I will reserve the remainder of my comments on one area of inspiration and insight I gained from our meeting together.

It is important for the Christian to live a life full of compassion and love balanced by a life of disciplined adherence to God's laws. This theme jumped out at me as I listened to Toni Dolfo-Smith, our speaker on Tuesday morning. Toni is the Executive Director of Living Waters, a healing ministry to those desiring to leave the homosexual lifestyle. Perhaps the most captivating aspect of his presentation was the recounting of his own struggle with homosexuality and the factors which led him to a heterosexual lifestyle, marriage and fatherhood. As Toni described his journey into what he described as spiritual and emotional wholeness, he movingly offered his experience of taking his son to Saturday morning soccer practice with other fathers with their sons. As he worked with his son in developing physical skills, Toni felt that he was finally "one of the guys"; a feeling that had been missing much of his life. He described his homosexual experience as walking side by side another person, in contrast to his relationship with his wife which he described as seeing her face to face. The powerful images of creation, men and women being made in the image of God for each other, resonated throughout his talk.

But Toni had a powerful message for us as believers and for the Church. He said two things. He first experienced rejection and hostility from the Church, something that may still remain, described in secular language as "homophobia". As I listened, I had to admit that this harshness and rigidity may

still characterize some spiritual communities. This experience was extremely difficult for Toni and kept him ostracized from the Church, negatively affecting his faith journey. Since he has become exclusively heterosexual, he has observed a very different type of problem in the Church. As the Church has increasingly embraced those with homosexuality, a needed corrective, it has lost some ability to speak the truth in love. God's design for the continuation of the human race is based on a relationship between man and woman. The expectation of adherence to the created order has been overshadowed. The loving acceptance of all individuals has not been accompanied by as clear an affirmation of the principles of the created order. Toni left us with the clear message that both extremes are a problem: rejection of homosexual individuals and the unquestioning acceptance of homosexual behavior.

As I was listening, I found myself thinking of Jesus' discussion with the woman caught in adultery, as recounted in eighth chapter of John. I suspect the reason for my association was the larger spiritual truth embodied in many situations other than homosexuality. In this passage, Jesus asked those who "were without sin" to cast the first stone in a death by stoning, which the Old Testament Law demanded as a consequence of adultery. After a period of inactivity and silence, Jesus asked the woman, "Did anyone condemn you?" When she

replied "No," the memorable words of Jesus were, "Neither do I condemn you, go your way and from now on sin no more."

Who better than a group of psychiatrists to believe in free associations? Why, at the moment I was listening to Toni, did this passage jump into my mind? I think it's fairly obvious. Jesus embraced the woman who was about to be rejected and even stoned. His compassion for her and defense of her was missing in Tony's earlier experience with Christian believers. At the same time, Jesus' compassion was not mindless and it was perhaps the first "tough love", before the term was ever coined. Jesus gave a clear admonition "..., go and sin no more."

It is possible we have gone from rejection of the homosexual to embracing the homosexual, missing the admonition to "go and sin no more". This is a very difficult balance to keep but is one that is important in matters of homosexuality and others. In fact, what ultimately helped Toni was the love of a caring priest who did not reject him. At the same time, this person held him accountable and spoke the truth in love: that God desired men and women to find each other, according to His plan for creation. God loves us, but he expects something from us.

Allan M. Josephson, M.D.
President

PEOPLE in the NEWS

WELCOME NEW MEMBERS

Applications approved at recent Executive Board Meetings have come from...

Dr. Elizabeth Kane, Morgantown, WV, Resident , West Virginia Univ, Morgantown.

Dr. Melissa West, Webster Groves MO, practicing in Saint Louis MO, CMDA member.

Dr. Brian Briscoe.. Louisville KY, Resident at University of Louisville. CMDA member.

Dr. Ian Kling, Joplin MO, private practice. CMDA member.

A Remembrance of JAMES HARVEY CARTER, SR. M.D. 1935 – 2007

I was saddened recently to hear of the death on March 8, 2007 of Jim Carter. He was a member of the Christian Medical and Dental Association and a frequent attendee, along with his lovely wife, Elsie, of many of the Psychiatry Section activities

because of his involvement in their lives. Professionally, he leaves the Carter Clinic to carry on his work and the James H. Carter Lecture Series, which for the past 16 or 17 years has focused on the care of minority patients.

I first got to know him when he agreed to participate in a panel I chaired on worldview and religion at the APA annual meetings several years ago. I found him to be extremely bright, personable and passionate. Above all, he was a passionate Christian who loved and served the LORD. He will be sorely missed.

Irving S. Wiesner, M.D.

He was a tenured professor of psychiatry at Duke University Medical Center and attained the rank of Colonel in the US Army Reserves as well as Distinguished Life Fellow of the APA. He published two textbooks, wrote 57 articles in refereed journals and 9 chapters in other professional works.

But he rejoiced most when he was able to win a suicidal patient to Christ and in knowing that many others were more faithfully serving the LORD

CMDA invites Psychiatry Section member to speak.....

Psychiatry Section Vice President, Dr. John Peteet, was invited to speak at the CMDA Annual Meeting held this year in Orlando, Florida. His first talk was entitled "Christian Reflections on Depression", and his second seminar was on "Suicide and Spirituality: A Clinical Perspective". During the talk, he used brief clips from several movies to illustrate clinical dilemmas in dealing with suicide and its aftermath, and invited the audience to discuss their spiritual dimension. Dr. Peteet wishes to thank Dr. Margaret Yoon, psychiatry resident from Cambridge, MA, for her help with the AV portion of the program.

News from this year's APA in San Diego, California

Many Psych Section members stopped by to see us at the CMDA Booth or attended functions at the Embassy Suites this year. It was so good to see you all!

Dr. and Mrs. Edwin Kroon, Green Valley, AZ

Dr. Pierre Unger and Ralph Unger, Strasbourg, France

Dr. Stephen Preas, Snellville, GA

Dr. Terry M. Johnson, Bismarck, ND

Dr. John Peteet, Boston, MA

Dr. and Mrs. George Harding, Loma Linda, CA

Dr. Nadine Nyhus, Guelph, Ontario, Canada

Dr. Sam Thielman, Kenya, Africa

Dr. Mark Servis, Sacramento, CA

Dr. and Mrs. Chad Priestley, Morgantown, WV

Dr. Anne McKnight, Dunn, NC

Dr. and Mrs. Scott Armstrong, Hillsboro, OR

Dr. Phil and Rosa Lewis, Whittier, CA

Dr. Paul Cochran, Tulsa OK

Dr. Ben Lafferty, Morgantown, WV

Dr. Clark Ballard, Steilacoom, WA

Dr. Doris Araujo, Ramona, CA

Dr. John Raney, Glendale, AZ

Dr. and Mrs. Steve Mory, Mechanicsville PA

Dr. Kimberly Best, Philadelphia PA

Dr. Allan Josephson, Louisville KY

Dr. John Yarbrough, Morgantown, WV

Dr. Eric Achytes, Boston MA

Dr. Daryl Knox, Houston, TX

Dr. and Mrs. Rich Heckmann, Fayetteville, AR

Welcome to CMDA members and visitors who joined us at Section meetings this year:

Dr. Anthony Duk, Riverside, CA

Dr. and Mrs. Bill Roth, Loma Linda, CA

Dr. Alphonso Nichols and Rachelle Nichols, Louisville, KY

Dr. Dick Brouwer, Tilburg, Netherlands

Dr. Rhoda Gottfried, Loma Linda, CA

Dr. Ricardo Whyte, Loma Linda, CA

Dr and Mrs. Steve Maurer, Loma Linda, CA

Dr. Matthew Suh, Dr. Margaret Yoon and Christopher, Boston MA

Dr. Michael Tramell, San Diego, CA

Dr and Mrs. Don Van Schenck, Sacramento, CA

Dr. Williams Kinghorn, Durham, NC

Dr. Sandy Rackley, Rochester, MN

Dr. E. Anthony Allen, Jamaica

Dr. Marshall Simpson, Columbus, GA

Dr. Jose Matthew, Roanoke, VA

Dr. Scott Kim

Dr. Gerritt Glas, Netherlands

Dr. Itoro Ibia, Reston, VA

Dr. Mehret Gebretsadik, St. Louis MO

Dr. George Christison, Redlands, CA

Dr. Tom Conboy, Ogdensburg, NY

Dr. Randall Christenson, Grand Rapids, MI

Dr. Rick Houser, Marion, CT

Dr. Pierre Gampon, Quebec, Canada

Dr. Violet Okech, Kenya

Dr. Michael Duncansen, Scarsdale, NY

Questions/Comments at the Booth:

1. Is psychiatric illness the same as demon possession?
2. I am Catholic. Could I be a member of your organization?
3. I am a Christian from (pick one: China, South Africa, United Arab Emirates, Hungary). Can I be on your mailing list?
4. Can I take this book now? I can't order it in my country. ("Jesus, MD" by Dr. Dave Stephens)
5. I go to CAPS every year in NC, but I did not know about you.
6. Where is there psychiatric illness in the New Testament?
7. I know in grieving I can't help a person anymore so I send them to a priest. I feel helpless because I have done everything I know to do... Do you have suggestions?
8. It is so good to see you again this year!

NEWS FROM THE BOOTH**By Dr. Rich Heckmann**

Many thanks to Sherri Williams and the executive committee for coordinating Psych Section activities at the San Diego APA meeting. As usual, the Section booth in the exhibit hall had many visitors. Those who have "worked the booth" over the last several years noticed an increase this year in visitors who had never heard of the Section or of the idea of integrating Christianity with psychiatry. This was a great blessing. Particularly prominent was the higher number of international psychiatrists stopping by, many of whom spoke of the challenges of integrating one's faith with medical practice in political and cultural environments much more hostile than what we have here. Visitors from such homelands as Denmark, the Netherlands, Poland, Ukraine, Italy, Egypt, Zaire, India, Korea, and Japan testified repeatedly to the search for Truth and the impact it can have on various treatment problems. They were surprised and encouraged to discover colleagues in a similar search.

One can "make connections" at the APA in other ways as well. Keep your ears and eyes open for potential "divine appointments." I was nursing an aching back in the Hilton foyer before an evening "industry symposium," waiting for the opening stampede into the banquet hall. I was distracted from my conversation with my wife by a wry remark from a man behind us, to no-one in particular,

about the rigors of waiting for such events. Decision: Do Ruth and I go on as if we'd heard nothing, or turn around and "make contact"? We are glad that, tired though we were, and (really) not wanting to be bothered, we did the latter. It turned out that our neighbor was not only a witty and pleasant diversion from the tedium of the wait, but is the director of MH services for the domestic court system of a very large city, and quite interested in "outside-the-box" solutions for the treadmill of family wreckage that his agency was charged with handling. He is a Christian, and was surprised to hear of our organization. He visited the booth the next day, and also attended the banquet that evening. We learned that he is also on the board of a foundation that offers competitive higher education opportunities to at-risk kids who are invited to live with host families during their high school years.

All Section members, whether volunteering at the exhibit booth, or just by expecting God to use you during your convention trip, can do as Jesus did, walking through doors God opens, and reaching out to people He brings near you. "Try it; you'll like it! Jesus Himself promises that it will be more satisfying than eating the same beef-and-salmon dinner two nights in a row, or hearing yet another speaker about bipolar disorder or ADHD.

Monday Morning Breakfast by John Yarbrough, MD

Dr. Mark Servis was our meeting's first speaker Monday morning and his talk was titled "Christian Faith in Academic Psychiatry: Separation, Identification, or Transformation." Dr. Servis currently is a Vice Chair for Education, Professor, and Residency Training Director at the Department of Psychiatry and Behavioral Sciences at UC Davis. He shared personal and private recollections of his psychiatric journey. We came to know his wife and children through stories and images as Dr. Servis provided. He examined the victories and downfalls of his personal walk with Christ and his ongoing battle to properly place Christ and his family in the appropriate priority. I particularly enjoyed his willingness to demonstrate vulnerability. His encouragement was palpable as all who attended seemed to be evaluating their own priorities and preferences.

TUESDAY MORNING BREAKFAST By Sherri Williams, RN

Toni Dolfo-Smith's poignant description of a young bi-racial man growing up in apartheid South Africa is forever in my heart and mind. But his honest discussion of the loneliness, rejection and conflicted nature that lead to sexual sin is more revealing. His desire to now use these understandings to walk along side and help others struggling with the similar problems is quite obviously a unique call from the Lord. May God continue to richly bless his ministry!

TUESDAY BANQUET BY JOHN PETEET, M.D.

At the Section's banquet William Roth, Ph.D., Associate Professor in the Department of Psychiatry at Loma Linda School of Medicine, gave a provocative and practical talk on "Christian Psychiatry: Nurturing Growth with an Eye to the Future and an Ear to the Past".

After working with Campus Crusade for Christ, Dr. Roth attended seminary and graduate school in psychology before joining the faculty at Loma Linda, where for over 20 years he has practiced, supervised residents and taught courses including personality theory and the integration of psychiatry and spirituality.

Addressing his comments to a theme of the meeting, Dr. Roth distinguished three levels of integration: theoretical, practical and personal. At the level of theory, he compared what the Scriptures and contemporary psychiatry have to say about the central role of the heart in human functioning. But going beyond the heart as a metaphor for emotion and will, he noted the heart's afferent parasympathetic innervations and ability to calm the individual via the amygdale and the stress response it mediates, as indicated by measures such as heart rate variability. He then suggested that at a practical level Christian psychiatrists are in a unique and important position to foster transformation using this knowledge, and the wisdom left by the desert fathers about spiritual direction. By helping a consenting patient learn to offer up to God not only his thoughts, but the "bundled up" feelings of his heart and to listen to God's response, a psychiatrist can facilitate his patient's experience of God, who can literally calm his heart and mind.

At the personal level, Dr. Roth encouraged clinicians to practice contemplative prayer as way to experience the Holy Spirit more fully, as described both in the writings of the desert fathers and of contemporary Christians such as Dallas Willard. Recognizing that some of us might be unfamiliar with this approach, if not actually skeptical, he provided both references from the scientific literature on the role of the heart in the emotional life, and helpful resources for learning more about spiritual direction.

Wednesday Integration Seminar: From Dr. Paul Cochran

On the last morning, just before the annual business meeting, we heard from 2 members that were at the '06 Toronto meeting & elected as Secretary/Treasurer & Resident Liaison Member; Nadine Nyhus (of Toronto) & John Yarbrough (of U of W VA psych program) respectively. They were surprisingly exciting speakers. I say that not because of any notion of lowered expectation, but because they were not the banner-head speakers of the overall program.

John spoke with a Power Point presentation, of his trek with family in tow from CA to West Virginia University to attend a psych residency program that boasted of a 'Spiritual Track' but discovered that, in essence, it was his Spiritual Assignment to start the program, develop its mission statement, to design the curriculum & to organize it into being. He credited his wife & fellow APA/CMDA residents like attendee Ben Lafferty & select faculty with helping in this daunting task & spoke of seeing the project to fruition (Proverbs 16:9 A man's heart plans his way, But the LORD directs his steps). Some in attendance provided some advice as John described the stiff opposition he was to encounter along the way-and why not, Satan's not happy when people get saved (as 9 have) & 'order their ways before the Lord' as others have as a result of their efforts. John encourages others to visit the CMDA Psych Section web site & even to write him (jyarbrough@hsc.wvu.edu) to get some planning advice for starting a "Christian Initiative" at their residency program.

Nadine Nyhus of the Toronto area carries a great enthusiasm & similar knack for 'getting things done' in her area of Canada. She's also had to blaze some trails there to help patients suffering from the effects of childhood trauma with a unique combination of spiritual (aka Christian) help, EMDR (Eye Movement Desensitization & Reprogramming), & Cognitive Therapy. She has similarly encountered some opposition, yet has succeeded. She presented several cases and I was left with a firm determination to incorporate EMDR in my own practice---something I was decidedly not intending to do after the EMDR-intro I received in my own residency, owing to the energy & enthusiasm Nadine infused into the topic & the illustrations of success she has brought to her patient's lives. We are all becoming more aware of the lasting effects of emotional trauma in our patient's lives, & intuitively sense the impotence of a med-only therapeutic approach. We would love to hear more from her on these topics in the future.

These brief reviews are a very small glimpse of the many exciting & career-altering & spiritually invigorating experiences that we all had by becoming involved at the Section's activities at the annual APA meeting, & hope that even more of us will be meeting in DC next year!

THE PSYCH SECTION IS PLEASED TO OFFER OUR MEMBERS A SET OF 2007 ANNUAL MEETING BREAKFAST TALKS ON CD. IF YOU ARE INTERESTED, MAIL OR FAX (404.325.5064) THE FORM BELOW WITH \$10 TO COVER POSTAGE AND HANDLING:

YOUR NAME _____

ADDRESS _____

CITY, STATE, ZIP: _____

SEND \$10: CHECK # _____ **OR CHARGE: acct no.** _____

Expiration date _____ **Card type: MC, Visa, AE**

Phone number where we can reach you in case of problems: _____

If you have moved or changed addresses, e-mails, or phone numbers, please let the administrative office know. The next directory is due out in the early winter so we need your updates. And if you have not joined or sent in your 2007 dues, do so today! Our application is at www.cmda.org (search on Psychiatry Section).

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