

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION**

**DREW ADAMS, a minor, by and through
his next friend and mother, ERICA
ADAMS KASPER,**

Plaintiff,

Case No.: 3:17-cv-00739-TJC-JBT

v.

**THE SCHOOL BOARD OF ST. JOHNS
COUNTY, FLORIDA,**

Defendant.

**DEFENDANT'S NOTICE OF FILING DR. ALLAN JOSEPHSON'S REBUTTAL
EXPERT REPORT**

Defendant, **THE SCHOOL BOARD OF ST. JOHNS COUNTY FLORIDA**, by and through undersigned counsel and pursuant to the Court's November 12, 2017, Order [Doc. 86], hereby gives notice of filing a redacted copy of Dr. Josephson's Rebuttal Expert Report and a copy under seal. A copy of the redacted Report shall be filed as an exhibit to this Notice.

Dated this 13th day of November, 2017.

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Respectfully submitted,

/s/ Terry J. Harmon

TERRY J. HARMON

Trial Counsel

Florida Bar Number: 0029001

tharmon@sniffenlaw.com

/s/ Michael P. Spellman

MICHAEL P. SPELLMAN

Florida Bar Number: 937975

mspellman@sniffenlaw.com

/s/ Robert J. Sniffen

ROBERT J. SNIFFEN

Florida Bar Number: 0000795

rsniffen@sniffenlaw.com

/s/ Kevin C. Kostelnik

KEVIN C. KOSTELNIK

Florida Bar Number: 0118763

kkostelnik@sniffenlaw.com

SNIFFEN & SPELLMAN, P.A.

123 North Monroe Street

Tallahassee, Florida 32301

Telephone: (850) 205-1996

Facsimile: (850) 205-3004

Counsel for Defendant

CERTIFICATE OF SERVICE

The undersigned certifies that on this 13th day of November, 2017, a true and correct copy of the foregoing was electronically filed in the U.S. District Court, Middle District of Florida, using the CM/ECF system which will send a notice of electronic filing to all counsel of record.

/s/ Terry J. Harmon

TERRY J. HARMON

Expert Report of Allan M. Josephson, M.D.

Drew Adams and Erica Adams Kasper v. The School Board of St. Johns County, Florida
Case No.: 3:17-cv-00739-TJC-JBT

Preliminary Statement

1. I have been retained by counsel for the defendant as an expert in the above captioned litigation. I have actual knowledge of the matters stated in this declaration. My professional background, experience, and publications are detailed in my curriculum vitae, a true and accurate copy of which is attached as exhibit A to this Report. I received my medical degree from the University of Alberta in 1976, after which I did residencies in psychiatry and child and adolescent psychiatry at the University of Minnesota.
2. I served on the faculties of medicine at the University of Minnesota and Medical College of Georgia before assuming my current position at the University of Louisville. I am currently Professor and Chief of Child, Adolescent and Family Psychiatry at the University of Louisville School of Medicine, where I also hold position of CEO of the Bingham Clinic.
3. I have been licensed to practice medicine in the state of Kentucky since 2003, with previous licenses in Minnesota and Georgia.
4. I have extensive experience working with children, adolescents, and families in a broad range of clinical disorders. I am an expert in the assessment and treatment of adolescents and experienced in the delivery of family oriented psychiatric care. I previously served as the chair of the Committee on Family of the American Academy of Child and Adolescent Psychiatry and was the primary author of the Practice Parameter on Family Assessment, which is used as the standard for the field of child and adolescent psychiatry.
5. In my academic role, I teach on family influences in child development, developmental psychopathology, forensic psychiatry, psychiatric diagnosis, and psychotherapy/family therapy.
6. I am a member of the American Psychiatric Association (Distinguished Life Fellow), American Academy of Child and Adolescent Psychiatry, Group for the Advancement of Psychiatry, American Medical Association, and the American College of Psychiatrists.
7. In my position as CEO of the Bingham Clinic, I supervise 26 clinicians who provide specialty mental health care for children, adolescents and families in a broad range of psychopathological conditions, including gender dysphoria. We consult regularly with our school's division of pediatric endocrinology, a division with which one of our

faculty members works 50% of her time. I review transgender patients with her and others of our staff who are providing psychiatric care to transgender youth.

8. In my career I have evaluated, treated, and consulted with approximately 60 transgender children and adolescents. These contacts have been part of approximately 15,000 patients I have seen with psychiatric concerns in outpatient, inpatient, medical wards, residential treatment centers, schools, detention centers, and private psychotherapy offices. Many of these evaluations included assessments of the child's family. When transgender persons have the clinical condition described as gender dysphoria, I evaluate its signs and symptoms just as I would any other condition.
9. In preparing my report, I relied upon declarations and other documents furnished to me from the litigation and I reviewed the materials listed in the attached bibliography (attached as Exhibit B to this report). I have also relied on my experience in the discipline of psychiatry. As of this date, I have reviewed a substantial portion of the medical records of the plaintiff.
10. In the past four years I have testified as an expert for a trial or deposition in the following matters: February 2014, *Bruscato, Vito v. Gwinnett-Rockdale-Newton Community Service Board, Superior Court of Gwinnett County State of Georgia*, Civil Action 04-A-5858-3; February 2016, *Landry, Lisa and Landry Michael v. Damond Logsdon, Ph.D.*, in the State Court of Fulton County, State of Georgia, Civil Action 14EV002151F; August 2016, *S.R. et al vs. Kenton County Sheriff's Office et al.*, United States District Court for the Eastern District of Kentucky, Northern Division at Covington. Civil Action file No. 2:15-cv-143 (WOB-JGW);
11. I am being compensated at an hourly rate of \$375 for the time devoted to this case. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

Diagnostic considerations: transgender and intersex

12. A transgender individual is a person who claims to have a gender identity that differs from the person's genetically determined sex.
13. Throughout history and throughout the world, infants are classified as male or female based on the observation of their external genitalia (birth/natal sex), an extremely accurate method.
14. There are rare individuals who are delineated "intersex" because they have physical, anatomic sex characteristics that are a mixture of those typically associated with male and female designations (e.g. congenital adrenal hyperplasia).
15. Gender identity refers to a person's inner sense of belonging to a particular gender, such as male or female. Gender identity is one component of overall personal identity, a fundamental psychological necessity for functioning in a competent manner in the real world. Personal identity is constructed not only of gender, but race, ethnic origin,

religious belief, personal vocation, family role (e.g. father, child) and other aspects of life comprised under “who we are.” The determination of sex is a biological fact while gender identity is a psychological construct.

16. Gender dysphoria is a rare mental disorder and is described by the diagnostic and statistical manual of mental disorders DSM 5 (American Psychiatric Association, 2013). A mental disorder is a behavioral and psychological syndrome associated with significant symptoms and/or impairments in important areas of life function. It requires treatment
17. All aspects of identity are in various states of development throughout the lifespan. Those aspects that are formative of the personality, including gender identification, are prominent in the early years of life and typically persist. However, the majority of children who identify as transgender in childhood change their identities to match natal (genetic) sex by adulthood.
18. Research regarding the onset of gender identity is ongoing, but the concept clearly subsumes biological (e.g. temperament) and psychosocial (e.g. family influence) factors, with change more difficult the older the individual becomes.
19. Research has not yet determined specific sex differences in brain connectivity and neurotransmitter function. Therefore, it is difficult to interpret reported differences in connectivity and neurotransmitter function in the transgendered individual. Further, research does not establish whether a reported difference led to a behavior change, or if the behavior change led to the difference. This question remains unanswered.
20. The dysphoria in gender dysphoria interferes with these individuals’ life function and thus meets an important criterion of mental disorder, according to DSM5. Thus, to state that a transgender identity is inherently not pathological, or indicative of mental illness, does not represent established science or diagnostic protocol. The short-term alleviation of dysphoria seen in some transitioned transgender youth may be explained by the removal of the developmental and societal expectations of their natal sex. The extreme solution of meeting these expectations by eliminating natal sex likely will have long-term psychosocial morbidity, although this is not known at the present time.

The determination of sex and gender

21. An infant cannot have a gender identity before he/she has the psychological equipment to develop such an identity. The physical reality of the sex of the infant, and associated sex assignment, comes before a psychologically derived identity. In essence, chromosomes first (XX/XY); thoughts, cognitions and feelings later.
22. The experience of being transgender is not a normal developmental variation.

It remains an extremely rare occurrence. The fact that it is in existence and experienced by individuals is not enough to be normal; anorexia nervosa exists but it is far from a normal state. Furthermore, a condition that motivates an individual to alter his or her normal, otherwise healthy body by gonadectomy and accompanying infertility, as well as replacing the primary and secondary sex characteristics with those of the other gender cannot be seen as normal in any way.

Core psychopathology and treatment principles

23. The child is not an adult. Because of this fact, the DSM5 does not, by convention, use the term personality disorder for anyone under the age of 18. By implication, this means personality structure and identity formation prior to this time is fluid and impermanent. It is thus not convention to refer to gender identity being firm for young children and early adolescents.
24. It is often said that the validity of a transgender diagnosis is indicated by a child's "persistence, insistence, consistence" in desiring to be of the opposite sex. Such a statement avoids the obvious: most children in the course of normal development insist on countless things which are not healthy or good for them (Rettew, 2013). Such insistence must be met by firm, empathic limits and redirection.
25. A transgender individual meets the technical, psychiatric criterion for maintaining a delusion: a false, fixed belief, minimally responsive to reason. It is not the only delusion a psychiatrist sees. Yet when any delusion is clinically evident, treatment plans are always devised to address it. Delusions are assumptive beliefs (or overvalued ideas) associated with problems and dysfunction. The delusion does not change reality; specifically, a man remains a man but only a confused and conflicted one. A deluded person is not helped or treated by insisting that everyone who encounters him must, contrary to reality, accept the validity of his or her delusion. A deluded person has the freedom to choose beliefs, and should be respected in that choosing, but he/she does not have the freedom to redefine reality.
26. Children must be instructed/educated by parents in an accurate view of the world--a parent's most basic job. This helps form the mind and equips it to meet challenges and solve problems. When this view is inaccurate (i.e. explaining that a boy is a girl), it severely challenges the child's reality orientation, an essential tool for healthy living, and in fact confuses him/her. When a parent affirms an inaccurate view of the world, it is not an act of affirmation and love of the child but rather one of abdication of parental responsibility. The effects of such an abdication are compounded if other authority figures – teachers, coaches, clergy – also convey this inaccuracy, although arguably parental influence is most powerful.

27. A recent study (Olson, K. et al, 2016) suggests young transgender children who are supported in their identities (affirmed) have good mental health outcomes. This interesting study has methodologic flaws but more importantly needs to be replicated in long term studies. Its ideas counter the findings of high rates of desistance in pre-pubertal children (Wallien and Cohen-Kettenis, 2008)
28. A thorough formulation is the basis for all effective psychiatric treatment. Various biologic and psychologic factors are risks for disorder and also protect against disorder. A biopsychosocial formulation typically has several interpretations (Josephson, 207). Some clinicians suggest that pubertal changes alone can lead to “depression, anxiety and internal anguish.” An equally likely interpretation is that the adolescent is overwhelmed by the expectations and demands associated with his or her natal sex and wishes to withdraw from them. “Depression, anxiety and anguish” fuel this emotional withdrawal. Principles of effective medical treatment have always addressed the etiology of a condition, not merely treated it symptoms. The distress attendant with the development of puberty, can be effectively addressed by improving coping strategies rather than eliminating puberty. This example has an everyday correlate in high school education. Canceling an algebra exam may lead to an immediate diminution of anxiety. A more effective developmental approach would be to develop algebra skills, effectively mitigating anxiety longer term and preparing for future educational/vocational success.
29. An approach to all treatment is to affirm the dignity of the person and the worth of the person but not to accept their transgender proposition without a thorough exploration. Psychotherapy must deal with more than support in dealing with stigma but also include a full exploration of the patient’s emotional life.
30. Several studies report 40%-45% of gender dysphoric transgender individuals have considered suicide, a much higher rate than the baseline population in North America (Reisner et al 2015). It is inconceivable that the sources of dysphoria behind this ideation are all (i.e.100%) due to the processes of stigma and social isolation related to transgender status. The etiology is much more likely to be broad-based, meaning some of the depression, anxiety, substance abuse and general lack of self-confidence influencing the suicidal ideation are not independent events but integral components contributing to becoming transgender (Kaltiala-Heino, 2015). Some of these factors (parental psychopathology, father absences, fearing the responsibilities of one’s given, genetic sex, family conflict) may be reasons for the disorder, not the result of the disorder. There is beginning research data which confirms this hypothesis. The expert’s described unilaterality of co-occurring psychiatric symptoms is not justified, as simply the science remains unsettled at this point.

31. At the end of adolescence only a distinct minority persist in desiring to be the opposite gender. In natal males, persistence ranges from 2%-30% and for natal females, persistence ranges from 12%-50%. Thus, efforts to use hormones or surgery to postpone or prevent puberty, or to align gender characteristics opposite to genetic sex, prior to adulthood pose grave risks. It should be noted that the range of outcomes regarding persistence/desistence again suggest unsettled science, far from conclusive.
32. Pain and distress can be seen from two perspectives: medical and developmental psychopathology. First, pain is often an indicator of a medical problem which needs correction. For example, for the overweight individual who has lower back pain a plan might be a weight reduction program. It is never good medical practice to remove pain without understanding its etiology. Diagnosis always comes first. The disturbances of the transgendered must be understood before dramatic, and oft-irreversible medical interventions are undertaken.
33. Second, distress inevitably accompanies a challenging developmental hurdle. In health, one does not avoid such challenges. An individual who plans to run a marathon needs to prepare by enduring the pain of strenuous workouts. A young boy's challenge to learn mathematics is surmounted by more study (and related distress), not less. It is not healthy in either instance, medical or developmental, to avoid the pain. Health for the transgendered individual may mean dealing with struggles on the road to health, rather than eliminating them. Any meaningful psychotherapy is an empathic combination of support/affirmation and encouragement to change and improve.
34. Many transgendered youth have problematic family relationships. Parents with emotional concerns often have difficulty meeting the developmental needs of their children. Careful analysis of family function and parental problems is indicated. For families with significant problems, solely working toward encouraging and affirming their transgender child may miss an opportunity for health and change. Youth need structure, limits, and nurturance; they rarely are able to make these decisions without the guidance of parents, and feel lost without such direction. Conflicts need to be explored, assumptions examined and a therapeutic direction decided upon regarding youth who are overwhelmed with the prospects, challenges and expectations attached to a given sex. In sum, the transgender position is often prompted by a variety of issues. Family therapy can address many of them.
35. The goal of psychotherapy is to develop a stable self-identity, stable self-image, and find one's place in the world. Psychotherapy helps patients understand themselves and their life experiences so they can take control of their lives. This type of treatment must take place before hormonal alteration and surgical intervention is considered. In the current treatment environment, psychotherapeutic work is often short-circuited

with an immediate rush to affirm the gender identity assumptions of the transgendered patient without due deliberation.

36. Such due deliberation could include an exploration of factors associated with avoiding or denying one's natal sex. This could include, for young individuals, a discussion of their concerns over prospects, expectations and roles they believe are attached to their given sex. Helping them see the challenges may not be unsurmountable and could be addressed with certain approaches and changes if part of the process. The child should not face this alone but family change is often part of this due deliberation process.

The treatment of individuals with gender dysphoria

37. The standards of care (SOC) for individuals with gender dysphoria emphasize social role transition and psychotherapy before intrusive—and in many respects, irreversible—medical treatment such as hormone therapy and surgery. In these standards, however, psychotherapy is described in unidirectional terms, that is addressing such things as stigma and improving body image, but not addressing root causes of the avoidance of sex role. Sound psychotherapeutic practice always follows the patient's concerns and explores their development. It does not assume a priori that the patient's desire to be a different gender is adaptive and requires affirmation without exploration. All patients in psychotherapy need affirmation in the legitimacy of their concerns, but not all concerns and wishes are healthy. The patient is always affirmed, but each of the patient's ideas should be thoroughly explored before they are affirmed.
38. The goal of all treatment of the distress caused by gender dysphoria is seen as the elimination of this distress. Yet it cannot be assumed that the only effective alleviation of distress is through the shifting of gender identity away from birth sex. In some cases, thorough psychosocial efforts in aligning gender identity with birth sex will lead to stress reduction. Controlled research has not been done to determine the characteristics of individuals residing in either group.
39. Given the high incidence of suicidal attempts and the potential complications of reconstructive surgery and hormone treatment (e.g. incontinence, fistulae, stenosis of a neovagina or re-routed urinary tract, increased risk of hormone-influenced diseases are only a few), empathic clinicians must understand the transgender position and all its nuances. To not do so is unempathic and may lead to unnecessary hormone treatment or surgery with consequent sub-optimal outcomes.

The transgender person and sex designated facilities

40. Parents should be able to assume the existence of a safe and effective learning environment for their children. The School district's Best Practices provides such an environment by balancing the transgender student's desire to avoid the group bathroom of their biological sex and the privacy rights of other students. It is a psychologically sound policy which considers the needs of the Plaintiff but also responds to the psychological needs of all the District's students.
41. It must be stated that the Plaintiff's contention of "irreparable harm" resulting from the current policy is clearly without psychological evidence. It is dramatic overstatement to claim a difficult human experience as harmful and thus one that must be avoided. Most important psychological health is gained through the mastery of difficult experiences.
42. The proposal that transgender students may use school bathrooms, showers, and changing areas of their choice is a dramatic one. This proposal has a strong likelihood for short-term embarrassment and psychological harm for children. Potential future harm is also quite possible. There is currently no empirical support for doing this and the changing of decades of common sense experience. This should be seen as a massive experiment with unknown risks. Medicine typically proceeds with a treatment trial and then, if evidence suggests, implementation of the trial's findings. Prior to implementation of such a policy, it would be prudent to demonstrate that such intrusions in hitherto private experiences have no effect or are not harmful. This complaint has the "cart before the horse." Rather than trying something proved to work, the proposal seems to be to try this to see if it works.
43. It is axiomatic that certain human experiences deserve privacy: physical elimination activities (i.e. urination; defecation; menstruation); sexual activities; intimate personal conversations; confidential business conversations. These human activities must take place in privacy, within appropriate physical and emotional boundaries, for the enhancement of psychological health. When boundaries are violated, individuals are threatened and often harmed. This is a needless stress. The magnitude of this harm is significantly increased in considering children. Children need to be taught appropriate emotional and physical boundaries as part of normal development. They are often not aware of consequences boundary violations unless taught them by adults. Without privacy the world becomes unpredictable and unsafe. Privacy is the context, the safety net, for many important human experiences. One cannot overestimate the effects of males in female restrooms, a common sense boundary violation of young female privacy.
44. It is said that denial of sex designated facilities (e.g. dressing areas, restrooms) to the transgendered individual is a source of anxiety, sending the message to that person

that he or she is different. It is common in treating delusions to have the patient experience some conflict and anxiety as they confront the realities of life which are not in line with their cognitions/beliefs. This distress can be managed by sensitive exploration and an offering of other perspectives other than the false, fixed belief. The individual needs compassion, just not unequivocal support for their position. It is not helpful for an individual, transgender or otherwise, to have a demand met that is fueled by an underlying emotional problem. Controlled studies have not been done which indicate superior emotional/behavioral outcomes for transgender individuals who use the sex designated facility of their choice.

45. We do not know the effects of requiring transgender individuals to use facilities that match their genetic sex rather than their perceived gender identity. This research has not yet been done. It is not clear whether such requirements are emotionally harmful or if any such harm (or benefit) is transitory or persistent. It may be that what a layperson perceives as "harm" may be better understood, psychologically, as a normative stress in dealing with life's difficulties which could be ameliorated by appropriate medical or psychological support.
46. It is important to recognize that the presence of the transgender person in a sex-designated facility requires a consideration of the human interactions involved. It would be highly stressful for a young child to be seen partially or fully naked against his/her wishes. This experience, for a more vulnerable child it would be traumatic. Current epidemiologic research indicates a relatively high rate of sexual trauma in the youth population. the trauma experienced by such girls would be even more inevitable. Premature sexual experiences of any kind are associated with numerous psychologic difficulties which typically predispose the child to future problems.
47. It is almost certain such distressing experiences would distract academic work undertaken after the experience. To achieve educational success, the student must learn in an environment free from distraction. Another unknown is the effect of group processes. It is quite likely that this experience would be experienced differently by different girls. Troubled girls from troubled families may appreciate uninvited looks, placing undue and unneeded peer pressure on other females not desiring such visual inspection. Alternatively, girls who may object to the required access of a genetic male into their facilities may become the object of derision or bullying by other students invested in supporting gender identity theory or heterosexual exhibitionism. Given the current state of research, this practice of mixing opposite genetic sexes in bathrooms, locker rooms, and overnight accommodations is at best an experiment with a high likelihood of unintended adverse consequences.
48. Proponents of a change in bathroom policy often describe transgender youth who leave school and resist leaving home because they cannot use the restroom consistent

with their gender identity. Contrastingly, non-transgender youth who are intimately exposed in school settings to the opposite (genetic/natal) sex will also be reluctant to attend school and likely avoid school restrooms and locker rooms.

The cultural context of psychiatry

49. Psychiatry does not exist in a vacuum. Cultural changes are associated with the recent changes in diagnosis of this condition from gender identity disorder (DSMIV) to gender dysphoria (DSM5). This change has implied the condition is more normal, less objective and more subjective, more based on feeling rather than facts, more a cultural invention/construct rather than biological fact. These changes are ongoing and are stunning in their rapidity. They are fueled not by scientific observation but rather by culture.
50. Psychiatry must be cautious in accepting a radical reinterpretation of longstanding clinical phenomena. The recent example of bipolar disorder—a major mental illness diagnosis given to disruptive children--being diagnosed by a 40-times increase over a ten-year period should make all clinicians pause in adopting diagnostic changes fueled by cultural forces.
51. There is much confusion and indecisiveness in our current culture: parents are confused how to handle this situation, while a medical condition is treated as a civil rights issue. It increasingly seems that the primary response is affirmation of the child with decision-making is handed over to him/her. This is without precedent and violates all norms of developmentally sound parenting. We do not turn over decisions and responsibilities to children in other areas (e.g. voting, driving, and the vast majority of medical interventions and therapies) as we increasingly are seeing in this life-changing one. Research has demonstrated that the central nervous system does not fully develop before adulthood. The teen's brain is not yet ready to equip her to make life changing decisions which families, urged by culture, are handing over to children.

The following (52-76) is response to expert report of Diane Ehrensaft, Ph.D. of September 21, 2017

52. Plaintiff expert D.E. states (#16) that a “transgender person’s birth ‘assigned sex’ does not reflect that person’s actual sex.” This is an idiosyncratic, nonmedical definition. Medical science has for several centuries determined sex by physical appearance and genetic confirmation of that appearance. To declare otherwise is an ideological statement. Indeed, sex is not “assigned” at birth but rather “identified” and “recognized.” This is exceedingly accurate and has been so for years. It is possible the expert means “assigned sex” does not reflect that person’s experienced “gender.”

53. The statement that “at the beginning of the 20th century, scientific research had established that external genitalia alone - the typical criterion for assigning sex at birth - is not an accurate proxy for a person’s sex.” (#17) The vast majority of physicians would state that external genitalia remain to this day an accurate proxy for a person’s sex. It is so accurate that sex karyotyping is typically not done upon the birth of an infant because the sex of the child is so obvious to all who assess the newborn. It should be noted that chromosomal testing, the most accurate means of determining a person sex, only became refined and available in the mid-1950s. This was long after the “beginning of the 20th Century” claimed by plaintiff’s expert.
54. The expert’s statement that if there “is a divergence between these factors, neurological sex and related gender identity are the most important in determining factors.” This statement is clearly an opinion, the veracity of which seems to be based on the statement being repeated over and over, many times in nonmedical sources. In addition, the term” neurological sex” is an invention of gender activists with minimal support in the neurological literature. There is no current medical support for the view espoused that a person’s sex is determined by gender identity (Broughton, Brannigan and Omurtag, 2017). The objective, scientific facts of sex have not been replaced by the subjective sense/ perspective/ feeling of gender. These facts cannot be replaced by mere expression of opinion, no matter how fervently the opinion is believed.
55. The expert states that gender identity is related to “brain messages and mind functioning”(#18) and goes further in conflating these terms, both psychological constructs, as reflective of a new category of neurological sex. This is tautological and not reflective of medical science. These statements are opinion without biological foundation. It is interesting to note that the expert frequently opines on medicine - including genetics, anatomy and physiology - apparently without the background of a medical degree or medical training.
56. DE repeatedly invokes gender identity as a “deep-seated, deeply felt component of human identity.” Is not clear how this notion comports with the increasingly held view among transgender individuals that the concept is not binary but “fluid.” It is not clear how “deep seated” is consistent with a fluid concept.
57. In point #21, the expert states” transgender boys are boys and transgender girls are girls.” This replaces facts with feelings. In fact, transgender boys are girls who perceive themselves to be boys and transgender girls are boys who perceive themselves to be girls.
58. In point #23, the statement “gender identity is innate” is not a matter of general consensus (Mayer and McHugh, 2016.) Many view this in the category of an evolving

construct, developing throughout life which maybe biologically influenced but does not have a “biological basis.”

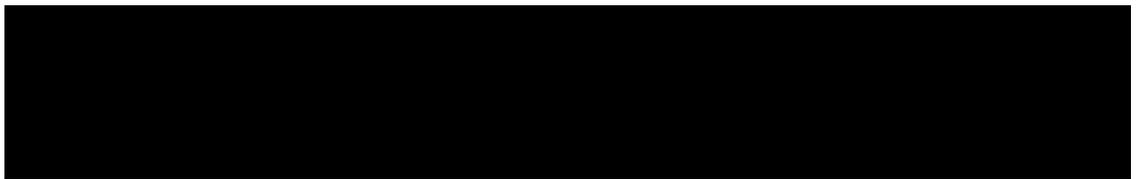
59. While clinical work with transgender individuals has been questioned by many professional organizations, this belief is based on clinical anecdote and not controlled research. Indeed, this statement that working with patients who are interested in changing an orientation “may cause extreme psychological damage” is an excessive statement. This is particularly so for those who have indicated the desire to discuss these matters in clinical work.
60. Many children are “insistent, persistent and consistent” (#25) regarding their wishes for any number childhood activities (Rettew, 2013). Some of these are not healthy or good for them. To attribute these psychological perspectives as evidence that a desire for a transgender identity should be automatically affirmed must be undertaken with caution and flies in the face of commonly accepted developmental/family principles of practice.
61. Triggers of gender dysphoria can often be subsumed under the conflicts engendered by the transgender individual who confronts the roles, expectations and beliefs of society. These roles, expectations and beliefs of society are often widely appreciated and not the mere result of prejudice and bias.
62. There are other ways to address such conflicts, such as strengthening and individual’s coping, rather than expecting the environment to change (e.g. rules regarding bathrooms/locker rooms). Indeed, facing such challenges can be growth promoting.
63. There is no controlled research to support the statement #30.
64. It is a matter debate whether supporting a social transition before puberty is a healthy notion. The reason for this is the long appreciated principle of cognitive development which posits that reality orientation, developing from magical thinking, only emerges/develops during the childhood years (Piaget, 1954). There is no research support that affirming a child’s gender identity will decrease suicidal behaviors (#33). This is an idea which needs further research and remains a clinical hypothesis.
65. The Expert opines that psychological treatments fall below the accepted standards of care if they fail to “recognize that a youth’s affirmed gender identity is not how they feel but rather who they are (#37).” This is also tautological. “Who they are” can only be determined by self-reported, subjectively stated descriptions of how they feel.
66. In #38, the expert states that a trans gender identity is not merely how a person feels but rather “who they are.” This of course begs the question, “How is it determined who they are?” and the only answer available to this question it that it is determined by how they feel. In sum, the assertion of a cognitive fact - who I am - is determined by the declaration of a subjective feeling. Further, merely declaring something as outmoded doesn’t make it so.

67. In #38, it is not clear what “gender identity not only has a strong core component” means.
68. Transgender youth should never experience rejection or disapproval. This is not the same however as experiencing “difference.” The facts are that transgender youth are different in the sense that they are a distinct minority and different from almost all in the culture. This does present developmental challenge but the transgender student must also acknowledge that they live in a world where others are also different and have distinct needs.
69. In #43, the expert infers that the directionality of cause of a psychiatric disturbance is clear and in one direction only - that is being transgender and experiencing various biases and rejections is enough to explain depression, anxiety, eating disorders, substance abuse, suicidality and so forth. The developmental processes that underly these behavioral and emotional conditions may also predispose to the adoption of the transgender position. In this view, these emotional issues are primary, not secondary, and are crucial in understanding the genesis of the transgender perspective. This hypothesis deserves consideration.
70. In #44, the expert makes an unjustifiable statement. She states “if incorrectly assigned female at birth will always be a girl”. Identification/recognition of natal sex at the time of birth is always correct. Secondly, gender is not assigned and because it is a psychological construct cannot be meaningfully described as present at birth.
71. The expert confuses the term “psychologically damaging” with the more accurate term “psychologically difficult.” In the process of human development, all individuals confront difficult circumstances and grow from them.

72.



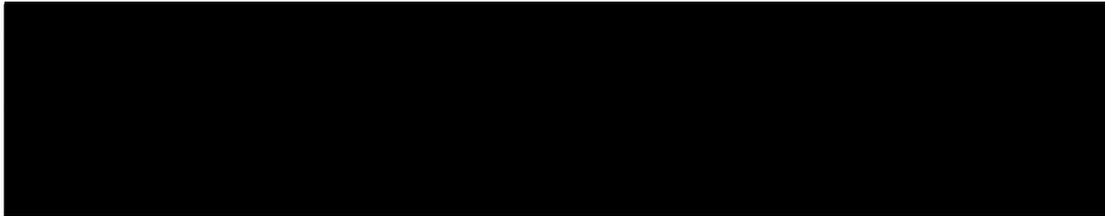
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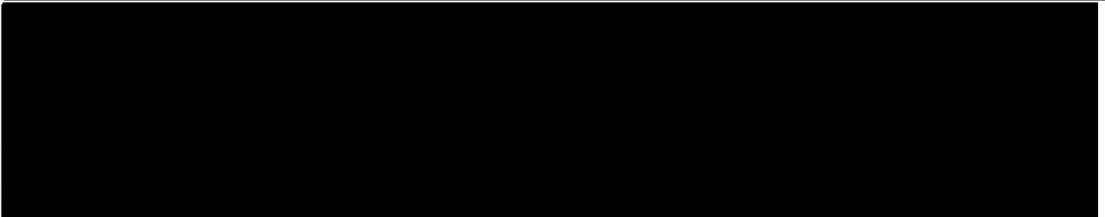
74.



75.



76.



77. Limitations of this report:

My opinions/hypotheses in this matter are subject to the limitations of all document related evidence, the impossibility of absolute predictions, and the limitations of medical and social science. I have not met with nor interviewed plaintiff Drew Adams. As always, I have no expert opinions regarding the veracity of witnesses. I have not yet reviewed all of the evidence in this case, thus my opinions are subject to change as new information becomes available to me. Only the trier of fact determines the credibility of witnesses and how scientific research may or may not be related to any specific facts of a specific case. A key role of an expert witness is to help the court, lawyers, parties, and the public understand and apply reliable scientific, technical, and investigative principles, hypotheses, methods, and information. I have transmitted this confidential expert witness report directly to attorney Michael Spellman for distribution consistent with the relevant laws.

Executed on November 3, 2017

A handwritten signature in cursive script, appearing to read "Allan M. Josephson", written over a horizontal line.

By: Allan M. Josephson, M.D.

Allan M. Josephson, M.D.
200 East Chestnut Street
Louisville, KY 40202
502-588-0813 (phone)
502-588-0801 (fax)
Email: allan.josephson@louisville.edu

EDUCATION

- 1974 B.M.Sc. (Psychology/Sociology), University of Alberta, Edmonton, Alberta, Canada
- 1976 M.D., University of Alberta, Edmonton, Alberta
- 1976 – 1980 Resident in Psychiatry, Department of Psychiatry, University of Minnesota Medical School, Minneapolis, Minnesota
- 1979 – 1980 Chief Resident, Department of Psychiatry, University of Minnesota
- 1979 – 1981 Fellow in Child and Adolescent Psychiatry, Division of Child and Adolescent Psychiatry, University of Minnesota Medical School, Minneapolis, Minnesota

ACADEMIC APPOINTMENTS

- 1981 – 1983 Instructor, Division of Child and Adolescent Psychiatry, Department of Psychiatry, University of Minnesota
- 1983 – 1985 Clinical Assistant Professor, Department of Psychiatry, University of Minnesota Medical School, Minneapolis, Minnesota
- 1985 – 1994 Associate Professor of Psychiatry, Medical College of Georgia, Department of Psychiatry and Health Behavior
- 1994 – 2002 Professor of Psychiatry, Medical College of Georgia, Department of Psychiatry and Health Behavior
- 2003 – 2012 Vice Chair for Child and Adolescent Programs, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine
- 2003 – 2012 Professor of Psychiatry, University of Louisville School of Medicine, Louisville, Kentucky

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2003 – 2012	Associate in Pediatrics, University of Louisville School of Medicine, Louisville, Kentucky
2003 – Present	Chief, Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences (2003-2012), Department of Pediatrics (2012-Present), University of Louisville School of Medicine
2003 – Present	Chief Executive Officer, Bingham Clinic, Louisville, Kentucky
2012 – Present	Professor Pediatrics, University of Louisville School of Medicine, Louisville, Kentucky
2012 – Present	Associate in Psychiatry, University of Louisville School of Medicine, Louisville, Kentucky

OTHER POSITIONS AND EMPLOYMENT

1978 – 1979	Psychiatric Consultant to Hennepin County Adult Correction Facility, Minneapolis, Minnesota
1981 – 1982	Staff Psychiatrist, Outpatient Services, Division of Child and Adolescent Psychiatry, University of Minnesota Hospitals, September
1982 – 1983	Attending Staff Psychiatrist, Adolescent Psychiatry Diagnostic and Treatment Unit, University of Minnesota Hospitals
1983 – 1985	Medical Director, Kiel Clinics, St. Paul, Edina and Fridley, Minnesota
1985 – 1990	Medical Director, Child and Adolescent Program, Georgia Regional Hospital at Augusta
1986 – 2002	Director of Training, Child and Adolescent Psychiatry Fellowship Program, Medical College of Georgia
1990 – 1991	Acting Chief, Division of Child, Adolescent and Family Psychiatry, Medical College of Georgia
1991 – 2002	Chief, Division of Child, Adolescent and Family Psychiatry, Medical College of Georgia
1997 – 2000	Director of Clinical Services, Department of Psychiatry and Health Behavior, medical College of Georgia

CERTIFICATION AND LICENSURE

1976	Licentiate of the Medical College of Canada
1977	National Board of Medical Examiners
1978 – 1988	State of Minnesota Physicians and Surgeons
1982	American Board of Psychiatry and Neurology (#23615)
1982	Royal College of Physicians and Surgeons (Canada) in Psychiatry
1983	American Board of Psychiatry and Neurology in Child Psychiatry (#1739)
1985 – 2003	State of Georgia Physicians and Surgeons License (#028019)
2003	State of Kentucky (#37853)

PROFESSIONAL MEMBERSHIPS AND ACTIVITIES**National**

1982 – 2001	American Psychiatric Association (Distinguished Life Fellow)
1982 – 2006	Royal College of Physicians and Surgeons (Canada) (Fellow)
1983 – Present	American Academy of Child and Adolescent Psychiatry (Distinguished Life Fellow)
1983 – Present	Association for Academic Psychiatry
1983 – 1989	American Scientific Affiliation
1985 – 1989	Society for Research in Child Development
1985 – 1998	American Orthopsychiatric Association
1985 – Present	American Medical Association
1986 – 1992	Georgia Psychiatric Association
1986 – 1992	Georgia Council on Child and Adolescent Psychiatry
1986 – 2002	American Association of Directors of Psychiatric Residency Training
1986 – 2002	Central Savannah River Area, Psychiatric Society
1989 – Present	American Family Therapy Academy
2001 – Present	American Psychiatric Association (Distinguished Fellow)
2003 – Present	Kentucky Academy of Child and Adolescent Psychiatry
2003 – Present	Jefferson County Medical Society
2005 – Present	American College of Psychiatrists
2007 – Present	Group for the Advancement of Psychiatry (Senior Fellow)

HONORS AND AWARDS

- 1982 "Rookie-of-the-Year Award." Recognition of excellence in teaching by junior faculty, University of Minnesota
- 1989 "Excellence in Supervision." Award from child psychiatry fellows, Medical College of Georgia, Augusta, Georgia
- 1995 Distinguished Faculty Award for Clinical Science Teaching, School of Medicine, Medical College of Georgia
- 1997 Association for Academic Psychiatry, "Teacher of the Year Award" (Southern Region)
- 2001 Educational Excellence Award, Department of Psychiatry and Health Behavior, Medical College of Georgia
- 2004 Consultantship, George Washington University Institute for Spirituality and Health
- 2007 Presidential Achievement Award, Primary Author, Practice Parameter on Assessment of the Family American Academy of Child and Adolescent Psychiatry
- 2009 The Oates Award, in recognition of significant contributions to the field of pastoral care, awarded by the Wayne Oates Institute
- 2012 Gaines Professional Award, outstanding contribution to the mental health of Kentucky, Mental Health of America (Kentucky)
- 2013 Building Block Award, outstanding teaching and mentorship, Child and Adolescent Psychiatry Fellowship, University of Louisville School of Medicine
- 2015 Oskar Pfister Award, lifetime achievement in Psychiatry and Religion awarded by the American Psychiatric Association

COMMITTEE ASSIGNMENTS AND ADMINISTRATIVE SERVICES

Local

1980 – 1982	Clinical Clerkship Committee, University of Minnesota Medical School
1984 – 1985	University of Minnesota Child Psychiatry Fellowship Training Committee
1986 – 1990	Augusta Area Coalition for Children and Youth, Member
1986 – 1990	Patient Care Review Committee, Medical College of Georgia
1986 – 1990	Residency Education Committee, Medical College of Georgia
1986 – 1993	Chair, Medical Student Education in Child Psychiatry and Member, Department of Psychiatry Medical Student Education Committee
1986 – 2002	Chair, Training Committee in Child Psychiatry, Medical College of Georgia
1990 – 1991	Member, Advisory Council to Medical College of Georgia, Department of Pediatrics, Section of Adolescent Medicine
1990 – 2002	Member, Medical College of Georgia, Department of Psychiatry Executive/Finance Committee
1990 – 2002	Chair, Martha McCranie Lectureship Committee
1991 – 1993	Member, Academic Council, Medical College of Georgia
1991 – 1999	Member, Medical College of Georgia, Ad Hoc Dean's Committee on Resident Dismissals
1991 – 1999	Member, Medical College of Georgia, Graduate Medical Education Steering Committee
1991 – 2002	Chair, Child Psychiatry Grand Rounds Committee
1992 – 1994	Member, Medical College of Georgia, Department of Psychiatry Newsletter Editorial Board
1992 – 1998	Chair, Psychiatry Work Group Consulting to Executive Planning Committee for Medical College of Georgia, Children's Medical Center

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- 1993 – 1994 Member, Search Committee for Chair of Pediatrics of Medical College of Georgia
- 1993 – 1997 Member, Medical College of Georgia, Department of Psychiatry Space Committee
- 1997 – 2000 Chair, Department of Psychiatry and Health Behavior, Appointment, Promotions and Tenure Committee
- 1997 – 2002 Member, Medical College of Georgia, Department of Psychiatry Education Committee
- 1997 – 2002 Chair, Department of Psychiatry and Health Behavior, Clinical Faculty Committee
- 1998 – 2000 Member, Department of Psychiatry and Health Behavior, Managed Care Committee
- 1998 – 2000 Member, Governance Committee, State of Georgia Mental Health and Mental Retardation Region 12 Collaborative Program
- 2003 – 2010 Member, Education Committee, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine
- 2003 – 2012 Member, Executive Committee, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine
- 2003 – Present Member, Executive Committee, Kosair Children’s Hospital, Louisville, Kentucky
- 2005 – 2012 Member, Risk Management Committee, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine
- 2010 – 2012 Member, Committee on Medical Student Wellness, University of Louisville School of Medicine

National Committees

- 1983 – 1984 Director of Free University, Association for Academic Psychiatry
- 1984 – 1989 Chair, Section on Child and Adolescent Psychiatry, Association for Academic Psychiatry

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- 1985 – Present Member, Committee on the Family, American Academy of Child and Adolescent Psychiatry
- 1986 Chairman, Family Therapy Institute, “The Family Therapy of Major Adolescent Psychopathology.” American Academy of Child and Adolescent Psychiatry
- 1987 – 1989 Member, Recruitment Initiative in Child Psychiatry. Representatives from the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Association of Directors of Psychiatric Residency Training, Society of Professors of Child Psychiatry, and the American Academy of Pediatrics
- 1988 – Present Specialist Site Visitor in Child Psychiatry for Residency Review Committee, (Psychiatry) of the Accreditation Council for Graduate Medical Education
- 1989 Co-Chair, Section on Child Psychiatry’s Relationships with Adult Psychiatry Residency Training, National Conference on Recruitment in Child Psychiatry, San Diego, California
- 1989 – 1991 Association for Academic Psychiatry, Program Committee
- 1989 – 1995 American Psychiatric Association Program Committee
- 1989 – Present Senior Examiner in Child Psychiatry, American Board of Psychiatry and Neurology
- 1989 – Present Senior Examiner in Adult Psychiatry, American Board of Psychiatry and Neurology
- 1989 – 2004 Chair, Special Interest Group on Family Therapy, American Academy of Child and Adolescent Psychiatry
- 1991 – 2002 Chief Proctor, American Board of Psychiatry and Neurology, Part I Examinations
- 1995 – 2009 Chair, Committee on Family, American Academy of Child and Adolescent Psychiatry
- 1996 Chair, Family Therapy Institute. Family Assessment and Family Treatment: An Update. Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Philadelphia, PA

- 1997 – 2004 Member, Selection Committee, Psychiatric Residency Curriculum Awards, National Institute for Health Care Research
- 1999 – 2002 Chair, Committee on Education and Training, Society of Professors of Child and Adolescent Psychiatry
- 1999 Member, Medical College of Georgia, Liaison Committee on Medical Education Task Force
- 2001 Chair, Family Therapy Institute, Family Therapy and Integrated Psychotherapeutic Treatments, American Academy of Child & Adolescent Psychiatry Annual Meeting, Honolulu, Hawaii
- 2002 – 2004 Program Chair, Society of Professors of Child and Adolescent Psychiatry
- 2006 – 2008 Membership Chair, Society of Professors of Child and Adolescent Psychiatry

EDUCATIONAL ACTIVITIES

“The Interactional Contribution to Child Development” to first and second year child psychiatry residents. This is a series of seminars discussing the role of family interaction in child development, part of a child development series.

Case Conference and selected lectures in child and adolescent psychiatry to psychiatry residents and child psychiatry residents

Individual seminars on adolescence in “Growth, Development, and Psychopathology: A Contextual Approach” for first year child psychiatry residents

Medical student lectures on “Normal Development and Child Psychopathology.” “Family in Human Development and Medical Practice” and “Adolescent Disorders”

Family Therapy Seminar for second year child psychiatry residents

Invited lectures to pediatric residents on family therapy, eating disorders and child Development

Coordinate Family and Couples Therapy for third year general psychiatry residents

Coordinate Forensic and Administrative Seminar for Child and Adolescent Fellows

Directed Seminar at University of Louisville on “Spirituality and World View in Clinical Practice” for third year general psychiatry residents (2005 – 2007)

Lecturer in University of Louisville School of Medicine series on “Religion, Spirituality, and Medicine” and “Medical Humanities” (2009 – 2012)

Course Director, “At the Intersection of Religion and Medicine.” Required course for second year medical students, University of Louisville School of Medicine (2013)

Consultant in Medical Ethics, University of Louisville, second year medical school course

CLINICAL ACTIVITIES

Serve as outpatient attending in child and adolescent psychiatry. This includes supervision of psychiatric evaluations and family therapy clinic. This takes place at the Bingham Clinic. Also, serve as attending on inpatient child psychiatry unit for emergency coverage.

NON-CLINICAL ACTIVITIES/COMMUNITY SERVICES (Selected)

1979 – 1982	Member, Board of Christian Education, Roseville Covenant Church, Roseville, Minnesota
1984 – 1985	Member, Deacon Board, Roseville Covenant Church, Roseville, Minnesota
1984 – 1985	Member, Marriage Enrichment Committee, Northwest Conference Evangelical Covenant Church of America
1986 – 1991	Youth Instructor, YMCA, Augusta, Georgia
1990 – 1997	Athletics Instructor, Columbia County Recreation Department
1991 – 1995	Chair, Counseling Committee, First Baptist Church, Augusta, Georgia
1998 – 2002	Member, Board of Deacons, First Baptist Church, Augusta, Georgia
2000 – 2002	Chair, Lakeside High School Basketball Boosters Association
2003 – Present	Numerous presentations (over 150) to schools, community agencies, churches, media on child, adolescent and family mental health
2003 – Present	Attend St. Matthews Baptist Church, support its counseling center

GRANTS AND CONTRACTS

1. Project Director, Training Contract with Department of Juvenile Justice, State of Georgia (1986 – 2001)

1986 – 1997	(\$34 – \$36,000/yr.)
1998 – 1999	(\$36,000/yr.)
1999 – 2000	(\$85,000/yr.)
2000 – 2001	(\$170,000/yr.)

2. Project Director, Training Contract, Gracewood State School & Hospital (1987 – 1989)

1987 – 1989	(\$60,000/yr.)
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3. Project Director, Training Contract with Charter Hospital of Augusta (1987 – 1994)

1987 – 6/30/87	(\$76,000)
1987 – 1988	(\$235,000)
1988 – 1991	(\$120,000/yr.)
1992 – 1994	(\$65,000/yr.)

4. Project Director, Training Contract, Sand Hills Psychoeducational Institute (1987 – 1998)

1987 – 1998	(\$30,000/yr.)
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5. Project Director, Child and Adolescent Respond and Evaluate (CARE) Program in Child and Adolescent Crisis Services for Region 12 (State of Georgia Department of Mental Health) (2001 – 2002)

2001 – 2002	(\$450,000)
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6. Project Director, Metro United Way of Louisville Grant to Bingham Child Guidance Center (2003 – 2016)

2003 – 2016	(average award \$100,000/yr.)
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7. WHAS Crusade for Children Health Care Grant, Louisville, Kentucky (2003 – 2012)

2003 – 2016	(\$45,000/yr.)
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8. Training contract with Our Lady of Peace Medical Center, Louisville, Kentucky (2004 – 2012)

2004 – 2012	(\$70,000/yr.)
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9. Training Grant with Kentucky Department of Juvenile Justice, Louisville, Kentucky (2005 – 2012)

2005 – 2012	(\$60,000/yr.)
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10. Training Contract with Seven Counties Services, Louisville, Kentucky (2007 – 2016)

2007 – 2016	(\$110,000/yr.)
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EDITORIAL WORK

1989 – Present	Journal Reviewer: Academic Psychiatry Journal of American Academy of Child and Adolescent Psychiatry Family Process American Journal of Psychiatry Journal of Nervous and Mental Disease
2000 – 2006	Editorial Board, Journal of American Academy of Child and Adolescent Psychiatry
2003 – 2013	Editorial Board, Family Process
2009	Asia Pacific Psychiatry

CONSULTANTSHIPS

1981 – 1983	Consultant in Adolescent Psychiatry, Arlington House, Residential Treatment Center, St. Paul, Minnesota
1982 – 1983	Consultant in Psychiatry, Kiel Clinics (private mental health clinic), St. Paul, Minnesota
1983 – 1985	Consultant in Child Psychiatry, Northland Mental Health Center, Grand Rapids, Michigan
1983 – 1985	Consultant in Child and Adult Psychiatry, Central Mesabi Medical Center, Hibbing, Minnesota
1985 – 1992	Consultant to Augusta Regional Youth Development Center, Augusta, Georgia
1987	Consultant to “Focus on the Family.” Private Organization, Non-Profit, Los Angeles, California
1988	Consultant to C. Everett Koop, M.D., Surgeon General of the United States
1992 – 1993	Consultant in Family Therapy, American Academy of Child and Adolescent Psychiatry

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- 1995 – 2002 Consultant in Telemedicine (Psychiatry), Medical College of Georgia
- 1996 Consultant to National Institute for Health Care Research on “Model Curriculum for Psychiatry Residency Training Programs: Religion and Spirituality in Clinical Practice.”
- 1996 – 1997 Consultant to National Institute for Health Care Research, Conference on Progress in Spiritual Research
- 1998 Consultant to State of Georgia, Department of Medical Assistance, Assessment of State Mental Health Clinics’ Children’s Services
- 2010 Consultant to Laity Lodge, San Antonio, Texas
- 2016 Consultant to State of Kentucky, Medicaid Psychopharmacology Project

ABSTRACTS AND PRESENTATIONS

Invited Lectureships

- September, 1987 “The Family Therapy of Adolescent Narcissism.” Grand Rounds presented to the University of Minnesota, St. Paul Ramsey Medical Center, St. Paul, Minnesota.
- June, 1989 “The Self in the System: Toward the Integration of Individual and Family Therapy.” Grand Rounds, Pine Rest Christian Hospital, Teaching Hospital of Michigan State University, Grand Rapids, Michigan
- April, 1990 “Integration of Individual and Family Therapy,” Grand Rounds, Department of Psychiatry, Loma Linda University, Loma Linda, California
- October, 1990 “An Interactional Perspective on Adolescent Narcissistic Disorder,” Grand Rounds, Department of Psychiatry, University of South Carolina, Columbia, South Carolina.
- January, 1995 “The Integration of Individual and Family Therapy.” University of Pennsylvania, Philadelphia Child Guidance Clinic / Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania.
- November, 1996 “Ten Myths About Family Therapy.” Grand Rounds, New Jersey Medical School, Newark, New Jersey.

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- February, 1997 "Ten Myths About Family Therapy." Grand Rounds, Mayo Medical School, Rochester, Minnesota.
- September, 1997 "Contemporary Perspectives on Child and Adolescent Psychiatry." Menninger Clinic, Topeka, Kansas.
- September, 1999 "Family Therapy in an Era of Biologic Psychiatry." Emory University, Atlanta, Georgia.
- May, 2001 "Family Therapy in an Era of Biologic Psychiatry." Cleveland Clinic, Cleveland, Ohio.
- August, 2005 "Family Based Treatment Research," Presented at the American Medical Association National Media Briefing, New York, New York.
- March, 2007 "Dealing with Worldview and Spirituality in Clinical Practice," University of Puerto Rico, San Juan Puerto Rico.
- October, 2007 "Diagnosis in Contemporary Psychiatry: What's in a Name" University of North Carolina, Chapel Hill, North Carolina.
- March, 2008 "Spirituality and Religion in the Clinical Worlds of Patients and Families," University of Washington, Seattle. Children's Hospital, Seattle, Washington.
- August, 2008 "Treating the Troubled Mind: Religious and Spiritual Perspectives." Annual Meeting of the Georgia Psychiatric Physicians' Association, Amelia Island, Florida.
- September, 2008 "World View and Spirituality in Clinical Practice." University of California at Davis, Sacramento, California.
- April, 2009 "World View and Spirituality in Clinical Practice," Loma Linda University, Loma Linda, California.
- April, 2009 "Holistic Treatment of Adolescent Bipolar Disorder," St. Mary's Medical Center, Evansville, Indiana.
- January, 2010 "Worldview and Spirituality in Psychiatric Practice," Virginia Tech School of Medicine / Carilion Clinic, Roanoke, Virginia.
- May, 2011 When the Diagnosis is Bipolar: The Family's Role in Self Regulation, Harvard Medical School / Boston Children's Hospital.

- September, 2011 Brewster Lecture, When the Diagnosis is Bipolar: The Family's Role in Self- Regulation, University of Colorado School of Medicine.
- September, 2011 Worldview and Spirituality: Child, Adolescent and Family Perspectives, University of Colorado School of Medicine.
- September, 2011 When the Diagnosis is Bipolar: The Family's Role in Self-Regulation, University of Kentucky School of Medicine.
- March, 2013 When the Diagnosis is Bipolar: The Family's Role in Self-Regulation, Emma Pendleton Bradley, Brown University.
- March, 2013 Why the Family is Relevant for the Contemporary Psychiatrist. Position Statement presented at the Plenary of the Group for Advancement of Psychiatry, White Plains, New York.
- September, 2015 Reinventing Family Therapy: Toward Family Intervention. Tufts University School of Medicine.
- January, 2016 Reinventing Family Therapy: Toward Family Intervention. Cincinnati Children's Hospital, University of Cincinnati School of Medicine.

PRESENTATIONS

National / International

- March, 1982 "Psychiatry residents and the telephone: An analysis of usage patterns and recommendations for training." Association for Academic Psychiatry Annual Meeting, Bethesda, Maryland.
- September, 1982 "Developmental Issues in the Eating Disorders." Council for Children with Behavior Disorders Annual Meeting, Minneapolis, Minnesota.
- August, 1984 "The Developmental Problems of Christian Families." Second National Conference on the Church and Family, College of St. Thomas, Minneapolis, Minnesota.
- October, 1984 "The Role and Meaning of Dietary Manipulations in Families with a Hyperactive Child." American Academy of Child Psychiatry Annual Meeting, Toronto, Canada.
- October, 1984 "Attentional Changes in Children after Food Color Challenge." American Academy of Child Psychiatry Annual Meeting, Toronto, Canada.

- March, 1985 "Approaches to Teaching Development in Academic Psychiatry." Association for Academic Psychiatry Annual Meeting, Tampa, Florida.
- March, 1986 "The Use and Abuse of Humor in Teaching." Association for Academic Psychiatry Annual Meeting, Tucson, Arizona.
- March, 1986 "Surviving as a Child Psychiatry Educator: History and Current Trends." Co-presented with J. Forster, H. Gabriel, and M. Drell, Association for Academic Psychiatry Annual Meeting, Tucson, Arizona.
- October, 1986 "Variants of Individuation Failure: The Family's Role." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Los Angeles, California.
- October, 1986 "Audiovisual Approaches in the Understanding of Child Development." Co-presented with D. Fidler and W. Erickson. Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Los Angeles, California.
- October, 1986 "The Adolescent in Family Therapy: Integrating Individual and Family Dynamics." Chair of Workshop, also co-presented with J. Frey, S. Xenakis, and C. Malone. Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Los Angeles, California.
- February, 1987 "Working with Families of Hyperactive Children." Georgia Psychiatric Association Annual Meeting, Atlanta, Georgia.
- March, 1987 Chairman, Symposium on "Gender Issues in Career Development and Psychiatry Education." Association for Academic Psychiatry Annual Meeting, Tampa, Florida.
- May, 1987 Course Director and Presenter, "Integrating Individual and Family Dynamics in the Treatment of Major Psychiatric Disorders." American Psychiatric Association, Annual Meeting, Chicago, Illinois.
- October, 1987 "The Family Therapy of Adolescent Narcissism." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- January, 1988 "Teaching the Integration of Individual and Family Therapy." American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans, LA.

- May, 1988 "Family Therapy and Adolescent Narcissistic Disorders." American Psychiatric Association Annual Meeting, Montreal, Canada.
- May, 1988 "Informed Content: Legal Consent Versus Therapeutic Process." American Psychiatric Association Annual Meeting, Montreal, Canada.
- May, 1988 "Family Dysfunction and the Attention Deficit Disordered Child." American Psychiatric Association Annual Meeting, Montreal, Canada.
- October, 1988 "When Self and System Collide: Ethics in Family Therapy." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Seattle, Washington. (with P. Jensen)
- October, 1988 "Limit Setting in Family Therapy." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Seattle, Washington.
- November, 1988 "A Religious Perspective on the Developmental Process." International Congress on Christian Counseling Annual Meeting, Atlanta, Georgia.
- November, 1988 "Sin or Psychopathology: An Analysis of Two Divergent Views." International Congress on Christian Counseling Annual Meeting, Atlanta, Georgia.
- November, 1988 "A Developmental Perspective on Abortion." International Congress on Christian Counseling Annual Meeting, Atlanta, Georgia.
- March, 1989 "The Developmental Model: An Aid to Ethical Decision Making in Family Therapy." Association for Academic Psychiatry Annual Meeting, Atlanta, Georgia.
- May, 1989 Chair, Symposium, "Gender and the Academic Life Cycle of Psychiatrists." American Psychiatric Association Annual Meeting, San Francisco, California.
- May, 1989 "Why Johnny Can't Sit Still: Kids Ideas of Why They Take Stimulants." (with P.S. Jensen and M.W. Bain). American Psychiatric Association Annual Meeting, San Francisco, California.
- October, 1989 "Teaching the Integration of Individual and Family Therapy," In "Child Psychiatry Training: Curriculum Development and Program Evaluation." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, NY.

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- January, 1990 "Ethics and Family Therapy" (with A. Sondheimer, M.D.) American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans.
- October, 1990 "Family Classification and Environmental Types: New Thoughts About Old Problems." (with P. Jensen, H. Davis, L. Blodeu, D. Smith). Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 1990 "Family Therapy of Children at Risk: Working with Character Disordered Parents." (with J. Connell, and J. Sargent) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 1990 "Teaching the Biopsychosocial Approach to the Severely Disturbed Child." (with M. Drell and R. Angell) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- March, 1991 "Psychiatric Residents as Teachers: Consultation to Non-Medical Professionals as a Training Experience." (with R. James) Association for Academic Psychiatry Annual Meeting, Tampa, Florida.
- May, 1991 "When World View of Patient and Psychotherapist Conflict." (with A. Nicholi, Jr., L. Bishop, R. Sider and I. Wiesner) American Psychiatric Association Annual Meeting, New Orleans, Louisiana.
- May, 1991 "Family Therapy and Personality Disordered Parents." (with J. Sargent) American Psychiatric Association Annual Meeting, New Orleans, Louisiana.
- October, 1991 "Relational Ethics and Child Treatment." (with L. Combrinck-Graham) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 "Integrating Family Concepts in the Teaching of Child Development." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 "Family Therapy: Conceptual and Technical Approaches." (with M. Blotcky, J. Lewis, G.P. Sholevar, R. Stewart) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.

- October, 1991 "Ethics and the Practice of Child and Adolescent Psychiatry." (with A. Sondheim, J. Sargent) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 "Academic Career Development in Child and Adolescent Psychiatry." (with J. Forster, M. Slonowitz, A. Unis, H. Wright) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 "The Difficult-to-Treat Adolescent: An Integrative Approach." (with J. Sargent, E. Beresin, S. Grater, A. Sondheim) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 "State-University Collaboration in Child and Adolescent Psychiatry." (with D. Parmelee, H. Wright) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 "The AACAP Clinical Database Project: Methods, Implementation and Results." (with T. Anders, P. Jenson, B. Leventhal, L. Bloedau, B. Lee) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- January, 1992 "Non-Academic Challenges for Child Psychiatry Residents: The Resident and His Family." (with P. Holden, M. Drell, K. Matthews) American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans, Louisiana.
- January, 1992 "Giving Talks to Non-Medical Audiences as a Training Experience." (with R.C. James) American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans, Louisiana.
- May, 1992 "Alcohol and the Family: The Party's Over." Symposium discussant, American Psychiatric Association Annual Meeting, Washington, D.C.
- October, 1992 "State University Collaboration Issues in Child and Adolescent Psychiatry." (with H. Wright and D. Parmelee) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- October, 1992 "Ethics, the Family, and Child and Adolescent Psychiatry Practice." (with A. Sondheim and J. Sargent) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.

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- October, 1992 "The Difficult to Treat Adolescent: An Integrative Approach." (with J. Sargent, A. Sondheimer, and E. Beresin) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- November, 1992 "A Proposal Framework for Making Value Judgments in Psychotherapy." (with C. Cottle, R. Bagge') Second International Congress on Christian Counseling, Atlanta, Georgia.
- November, 1992 "Theological Perspectives on the Developmental Process: A Child Psychiatrist's Perspective." Second International Congress on Christian Counseling, Atlanta, Georgia.
- May, 1993 "The Psychiatrist's World View and Clinical Models." American Psychiatric Association Annual Meeting, San Francisco, California.
- May, 1993 "When a Child Dies: The Impact of the Parents' World View." American Psychiatric Association Annual Meeting, San Francisco, California.
- October, 1993 "The Difficult to Treat Adolescent: An Integrative Approach." (with J. Sargent, A. Sondheimer, G. Beresin) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Antonio, Texas.
- March, 1994 "The Politically Correct Psychiatrist: How Do We Promote Patient Autonomy and Responsibility When Everyone Is a Victim?" (with D. Misch) Association for Academic Psychiatry Annual Meeting, Tucson, Arizona.
- May, 1994 "The Exploration of World Views in Psychotherapy." Course Director, American Psychiatric Association Annual Meeting, Philadelphia, Pennsylvania.
- October, 1994 "Family Therapies: Integration with Other Treatment Modalities in the Treatment of the Seriously Disturbed Adolescents." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York City, New York.
- May, 1995 "The Exploration of World Views in Psychotherapy." Course Director, American Psychiatric Association Annual Meeting, Miami, Florida.
- October, 1995 "Multimodal Treatment of Disturbed Adolescents." (with J. Sargent, A. Sondheimer, G. Beresin) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New Orleans, Louisiana.

- March, 1996 "Myths About the Biopsychosocial Model." Association for Academic Psychiatry Annual Meeting, Tampa, Florida.
- March, 1997 "Teaching Minority Issues in Psychiatry Residency." (with R. Burkett and B. Simpson) Southern Group on Educational Affairs Annual Meeting, Augusta, Georgia.
- May, 2000 "Clinical Models and a Religious/Spiritual World View: Toward a Rapprochement." American Psychiatric Association Annual Meeting, Chicago, Illinois.
- May, 2000 "World Views and the Doctor Patient Relationship." Symposium Chair, American Psychiatric Association Annual Meeting, Chicago, Illinois.
- July, 2000 "Raising Children in Foreign Cultures: Implications for Child and Adolescent Development." South Indian Ocean Missionaries and Educators Annual Conference, Reunion Island, France.
- October, 2000 "Do Families Cause, or Respond to, Psychopathology?" Association for Academic Psychiatry Annual Meeting, Vancouver, B.C., Canada.
- March, 2001 "Guidelines on Determining the Family's Role in Psychopathology: Implications for Psychiatric Residency Training." American Directors of Psychiatric Residency Training Annual Meeting, Seattle, Washington.
- March, 2001 "Ten Myths About the Biopsychosocial Model." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Key Largo, Florida.
- May, 2001 "Beyond Mind and Brain: Considering the Patient's World View." Symposium Chair, American Psychiatric Association Annual Meeting, New Orleans, Louisiana.
- May, 2001 "Clinical Psychiatry and Spirituality: Another Level of Integration." American Psychiatric Association Annual Meeting, New Orleans, Louisiana.
- October, 2001 "The Clinical Process of Sequencing Psychotherapeutic Treatments." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Honolulu, Hawaii.

- March, 2002 "Becoming an Administrative Chief: Observations on Leading a Child Psychiatry Division." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Hollywood, Florida.
- October, 2002 "Religion and Spirituality in Child and Adolescent Treatment." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 2002 "Gay and Lesbian Parenting: Emerging Issues." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- March, 2003 "What Does a New Division Chief Need to Learn." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Santa Fe, New Mexico.
- October, 2003 "The Biology of Interaction: Genes, Environment, and the Brain" (with W. Freeman, L.C. Wynne, P.S. Jensen, and S. Copans), Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Miami, Florida.
- March, 2004 "What Does a New Division Chief Need to Learn." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, San Juan, Puerto Rico.
- May, 2004 "Controversies at the Interface Between Religion and Psychiatric Practice." Workshop Chair, Annual Meeting of the American Psychiatric Association, New York, New York.
- May, 2004 "Religion, Spirituality and Psychiatric Practice at the University of Louisville." Annual Meeting of the American Psychiatric Association, New York, New York.
- March, 2005 "Going from 'Good to Great': Helping Child Psychiatry Divisions Take the Next Step Forward." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Washington, D.C.
- May, 2005 "World Views in Psychiatry: Approaches to Clinical Care." (with J. Peteet and M.L. Dell), Annual Meeting of the American Psychiatric Association, Atlanta, Georgia.
- May, 2005 "Neutrality Revisited: Is Autonomy What We Most Want?" Workshop (with S.B. Thielman, L.B. Bishop and J.R. Peteet), American Psychiatric Association Annual Meeting, Atlanta, Georgia.

- October, 2005 "Master Clinician." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Canada.
- October, 2005 "Family Assessment Parameter: A Guide to Clinical Practice." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Canada.
- April 2006 – 2009;
2012 – 2016 "What Does a Division Director Need to Know?" (with M. Drell), Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Washington, D.C.
- May, 2006 "Curricula in Spirituality and Psychiatry." Symposium Discussant, Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- May, 2006 "Can We Talk? A model for Constructive Conversation between Opponents and Advocates of Same Sex Relationships toward a Dialogue on Homosexual Marriage." (with J. Drescher, J. Peteet, P. Feeley and C. Ambridge). Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- May, 2006 "Worldview and Spirituality in Clinical Practice." Course Director, Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- May, 2006 "Religious and Spiritual Aspects of Child and Adolescent Psychiatric Disorders." (with M.D. Dell). In symposium "A Research Agenda for DSM-V Concerning Religious and Spiritual Issues in the Diagnostic Process." Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- October, 2006 "Master Clinician." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2006 "New Perspectives on Family Assessment." Chair, Special Interest Group, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2006 "Failure: Recognizing, Accepting and Learning from Failures in Treatment" (with S. Copans et al), Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.

- October, 2006 "Psychosocial Research in ADHD." Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2006 "What Does "Johnny Has a Chemical Imbalance" Really Mean?" (with F. Champagne, W. Freeman, S. Copans, D. Mrazek). Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- May, 2007 "Worldview and Spirituality in Clinical Practice." Course Director, Annual Meeting of the American Psychiatric Association, San Diego, California.
- October, 2007 "Master Clinician." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Boston, Massachusetts.
- October, 2007 "Family Treatments and Epidemiology." Maintenance of Certification Institute, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Boston, Massachusetts.
- May, 2008 "Worldview and Spirituality in Clinical Practice." Course Director, Annual Meeting of the American Psychiatric Association, Washington, D.C.
- October, 2008 "Master Clinician." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 2008 "Limit Setting in Clinical Practice: Effective Strategies to Empower Parents." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 2008 "Long Term Treatment of Psychosis in Young Children." Clinical Case Conference (with S. Mason, M. Benoit, P. Joshi and N. Gogtay), Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 2008 "Religion and Spirituality in Clinical Practice." Co-Chair (with M.L. Dell). Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- May, 2009 "From Development to DSM: Can our Teaching Bridge the Gap?" Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Washington, D.C.

- October, 2009 "Master Clinician." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Honolulu, Hawaii.
- October, 2010 "Limit Setting in Clinical Practice: Effective Strategies to Empower Parents." Chair, (Co-presented with S. Copans and P.A. Mabe, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "Religion and Spirituality in Child and Adolescent Psychiatric Practice." Chair of Institute, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "Integrating Religious and Spiritual Issues in the Treatment of Children, Adolescents and Families." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "When the Diagnosis is Bipolar: Are There Other Explanations?" Chair, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "The Family's Role in Self Regulation: Developing the Ability to "Stop." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- November, 2011 "Families and Depression," (with B. Beardslee and E. Berman), Annual Meeting of the National Network of Depression Centers, Baltimore, Maryland.
- April, 2013 "Why the Family is Relevant for the Contemporary Psychiatrist." Group for the Advancement of Psychiatry, White Plains, New York.
- October, 2013 "Forgiveness: Its Role in Mental Health," Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Orlando, Florida.
- October, 2014 "Reinventing Family Therapy: Toward Family Intervention." Plenary Talk, Institute on "Family-Based Integrated Care in Child Psychiatry," Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2014 "Anxiety in Autism: Family and Developmental Perspectives," Discussant in Clinical Case Conference, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.

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- October, 2014 "From Family Therapy to Family Intervention: The Next Paradigm," In Life Members Clinical Perspectives Symposium, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2015 "Treating Military Families in the Post-Combat Transition," Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Antonio, Texas.
- March, 2016 "Saving Family Therapy." Annual Meeting of the Kentucky Psychiatric Physicians Association, Louisville, Kentucky.
- May, 2016 "Christianity and Islam: Encouraging Physician Integrity." Academy for Professionalism in Health Care Annual Meeting, Louisville, Kentucky.
- May, 2016 "Ethical Challenges at the Interface between Psychiatry/Religion: Diagnostic Considerations." Annual Meeting of the American Psychiatric Association, Atlanta, Georgia.
- October, 2016 "Treatment Resistance and Failures: Family Factors," Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.

PRESENTATIONS

Regional

- June, 1981 "Relationships between Food and Behavior" to the "Nutritional Support in Development Disabilities" Conference, Sister Kenny Institute, Minneapolis, Minnesota.
- October, 1982 "The Psychodynamics of Eating Disorders" at the "Eating and Disorders Update" Conference, University of Minnesota, Minneapolis, Minnesota.
- November, 1982 "A Contemporary Psychiatric View of the Mind – Brain Problem" at the McLaurin Institute for Interdisciplinary Studies, Minneapolis, Minnesota.
- March, 1984 "Borderline Personality: Diagnosis and Management," Northland Mental Health Center, Grand Rapids, Minnesota.
- September, 1984 "Family Dysfunction and the Eating Disorders," Central Mesabi Medical Center, Hibbing, Minnesota.

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- January, 1986 "Hyperactive Behaviors, Diets, and Families," Grand Rounds, Department of Psychiatry, Medical College of Georgia, Augusta, Georgia.
- May, 1986 "Alcohol Use and Associated Family System Dysfunction," Georgia Episcopal Diocese, Augusta, Georgia.
- July, 1986 "Emotional Development: Theological Implications," Georgia Regional Hospital, Atlanta, Georgia.
- September, 1986 "The Developmental Cycle of Families." Presented to Georgia Regional Hospital, Social Service Department, Augusta, Georgia.
- October, 1986 "Psychiatric Symptoms and Their Relationship to Family Dysfunction." Presented to Georgia Regional Hospital Social Service Department, Augusta, Georgia.
- January, 1987 "Managing Conduct Disorders in School Settings," Richmond County Special Education Conference, Augusta, Georgia.
- February, 1987 "Variants of Adolescent Individuation Failure." Grand Rounds, Department of Psychiatry, Medical College of Georgia, Augusta, Georgia.
- February, 1987 "The Severe Character Disorder in the Public Mental Health Setting." Presented at "A Public Health Symposium on the Major Psychiatric Illnesses," Augusta, Georgia.
- May, 1987 "Working with Families in Crisis," Chair, sponsored by Charter Hospital of Augusta and the Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- May, 1988 "Parenting the Behavior Disordered Child," Chair, sponsored by Charter Hospital of Augusta and the Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- May, 1988 "Self in the System: Toward the Integration of Individual and Family Therapy." Grand Rounds, Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- February, 1990 "Epidemiology of Adolescent Narcissistic Disorder in Adolescent Psychiatric Inpatients," Grand Rounds, Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.

- February, 1991 "Narcissistic Adolescents and Their Families," Charter Hospital of Augusta, Georgia.
- April, 1991 "Psychopharmacology Review in Child Psychiatry," Continuing Medical Education Symposium, Medical College of Georgia, Augusta, Georgia.
- June, 1991 "Inpatient Child and Adolescent Psychiatry," Continuing Medical Education Symposium, Medical College of Georgia, Augusta, Georgia.
- September, 1991 "Integration of Individual and Family Therapy in the Treatment of Adolescent Disorders," Charter Hospital, St. Simon's Island, Georgia.
- February, 1992 "Update in Adolescent Psychiatry," Chair, Continuing Medical Education, Medical College of Georgia, Augusta, Georgia.
- April, 1992 "Integration of Individual and Family Therapy in the Treatment of Child and Adolescent Disorders," Grand Rounds, Department Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- October, 1992 "Clinical Features of Tic Disorders in Children and Adolescent," (with M. McSwiggan-Hardin and P. Hartlage), Georgia Chapter of American Academy of Pediatrics, Atlanta, Georgia.
- November, 1992 "Family Issues: Severe Tourette's Syndrome and Services Home and School Problems," (with M. McSwiggan-Hardin), Regional Symposium of Tourette Syndrome Association of Georgia, Atlanta, Georgia.
- June, 1994 "Violence in Children, Adolescents and Families," Chair, Continuing Medical Education, Medical College of Georgia, Augusta, Georgia.
- November, 1998 "Children and Acute Hospitalization," Continuing Medical Education, Medical College of Georgia, Augusta, Georgia.
- February, 2000 "Family Interventions with Tyrannical Adolescents," Annual Meeting of the Georgia Psychiatric Physician's Association.
- June, 2000 "Child and Adolescent Depression: An Update," Annual Meeting, Georgia Academy of Pediatrics, Sea Island, Georgia.
- January/
February, 2001 "Suicide in Delinquent Youth: Diagnostic and Treatment Issues," Department of Juvenile Justice, State of Georgia, Forsythe, Georgia (with A. Mabe, Ph.D.).

- March, 2003 "An Integrated Approach to the Use of Pharmacotherapy in the Treatment of Child and Adolescent Disorders," Annual Meeting of the Kentucky Psychiatric Association, Louisville, Kentucky.
- February, 2006 "An Update on Family Treatments," Annual Meeting of the American Association of Family Therapy (Kentucky Chapter)
- October, 2006 "Child and Adolescent Depression," NAMI sponsored conference for Mental Health Awareness Week, Louisville, Kentucky.
- November, 2007 "Diagnosis in Child and Adolescent Psychiatry: What is in a Name?," Keynote Address, Pediatric Care Forum, Louisville, Kentucky, sponsored by UofL Healthcare and Passport Health Plan, Louisville, Kentucky.
- March, 2008 "Diagnosis in Child and Adolescent Psychiatry: What is in a Name?," Grand Rounds, University of Louisville Department of Pediatrics, Louisville, Kentucky.
- October, 2008 "Spirituality and Depression: Making Sense of the Relationship," Second Annual University of Louisville Depression Conference, Louisville, Kentucky.
- October, 2009 "Bipolar Disorder in Children and Adolescents: A Reappraisal," Seventeenth Annual Pediatric Symposium, Department of Pediatrics, University of Louisville, Louisville, Kentucky.
- February, 2011 "What's Worldview Got to Do with It?" Plenary address at the University of Louisville School of Medicine Wellness Day.
- August, 2011 "Children's Mental Health Treatment: Best Diagnosis for Best Care," Mental Health Symposium, Kentucky Academy of Pediatrics and American Academy of Pediatrics, Barren River, Kentucky.
- September, 2011 "Building Hope in Depression: The Role of Religion and Spirituality," University of Louisville Depression Center, Louisville, Kentucky.
- March, 2012 "The Myth of the Bipolar Syndrome." Plenary Address at "Faces of Childhood Trauma" Symposium, sponsored by Kent School of Social Work, Jefferson County Circuit Court (Family Division) and East End Psychological Associates.

November, 2013 "The Family in Mental Health: Enduring Constants, Emerging Realities."
Plenary Address of the 100th Anniversary of the Bingham Clinic
Symposium, Louisville, Kentucky.

AUDIOVISUAL PROGRAMS

September, 1981 "The Development of Personality." 1991. Produced by University of
Minnesota Media Resources. Three hours of demonstration of normal
child development. Review: H.J. Lurie, *Hospital and Community
Psychiatry*, 42 (1): 21.

PUBLICATIONS

Abstracts

Josephson, A.M., and T.B. MacKenzie. Dec 1980. "Thyroid-Induced Mania in Hypothyroid
Patients." *Digest of Neurology and Psychiatry* 452.

Josephson, A.M., and T.B. MacKenzie. Mar 1981. "Thyroid-Induced Mania in Hypothyroid
Patients." *Psychiatry Digest* 6-7.

Josephson, A.M., J. Frey, S. Xenaxis, and C. Malone. 1986. "The Adolescent in Family Therapy:
Integrating Individual and Family Dynamics." *Scientific Proceedings of the Annual Meeting of the
American Academy of Child and Adolescent Psychiatry* (2): 45.

Josephson, A.M., D. Fidler, and W. Erickson. 1986. "Audiovisual Approaches in the
Understanding of Child Development." *Scientific Proceedings of the Annual Meeting of the
American Academy of Child and Adolescent Psychiatry* (2): 45.

Josephson, A.M., and M. Thompson. 1987. "The Family Therapy of Adolescent Narcissism:
Controlling Behavior and Developing Empathy." *Scientific Proceedings of the Annual Meeting of
the American Academy of Child and Adolescent Psychiatry* (3): 19-20.

Josephson, A.M. 1988. "Integrating Individual and Family Therapy." *American Association of
Directors of Psychiatric Residency Training Workshop Supplement* 16 (2): 5-6.

Josephson, A.M., and P. Jensen. 1988. "When Self and System Collide: Ethics in Family
Therapy." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry* (4): 5.

Chowanec, G., A. Josephson, and C. Coleman. 1989. "Self-harming Behavior in Incarcerated
Male Delinquent Adolescents." *Scientific Proceedings of the Annual Meeting of the American
Academy of Child and Adolescent Psychiatry* (5): 81.

Wright, H., A. Josephson, and C. Coleman. 1991. "State-University Collaboration in Child and Adolescent Psychiatry." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (7): 24.

Josephson, A.M. 1991. "Alternative Pathways to Academic Career Development." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (7): 36.

Sondheimer, A., J. Sargent, and A.M. Josephson. 1991. "Ethics and the Practice of Child and Adolescent Psychiatry." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (7): 20.

Anders, T., P. Jensen, B. Leventhal, L. Bloedau, A. Josephson, B. Lee, and J. Traylor. 1991. "The AACAP Data Base Project: Methods, Implementation and Results." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (7): 24.

Sargent, J., E. Beresin, A. Josephson, and A. Sondheimer. 1992. "The Difficult to Treat Adolescent: An Integrated Approach." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (8): 22.

Wright, H., A. Josephson, and D. Parmelee. 1992. "Ethics, the Family and Child and Adolescent Psychiatry Practice." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (8): 20.

Sondheimer, A., J. Sargent, and A. Josephson. 1992. "Ethics, the Family and Child and Adolescent Psychiatry Practice." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (8): 21.

Sargent, J., A. Sondheimer, E. Beresin, and A. Josephson. 1993. "The Difficult to Treat Adolescent: An Integrative Approach." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (9): 20-21.

Misch, D., and A. Josephson. 1994. "The Politically Correct Psychiatrist: How Do We Promote Patient Autonomy and Responsibility When Everyone is a Victim." *Bulletin of the Association for Academic Psychiatry* 22 (1): 7.

Sargent, J., A. Sondheimer, E. Beresin, and A. Josephson. 1994. "Integrating Treatment Modalities for Seriously Disturbed Adolescents: Indications, Methods, Pitfalls." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (10): 16.

Josephson, A.M. 1995. "Creating and Maintaining Excellent Clinical Rotations." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (11): 31.

Sargent, J., E. Beresin, A. Josephson, and A. Sondheimer. 1995. "Integrating Treatment Modalities for Seriously Disturbed Adolescents: Indications, Methods, Pitfalls." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (10): 16.

Josephson, A.M. 1996. "Family Assessment: Utilizing Historical and Observational Approaches." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (12): 9.

Josephson, A.M., and J. Black. 1996. "Family Therapy of Adolescent Narcissism: Controlling Behavior and Developing Empathy." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (12): 28.

Mabe, P.A., and A. Josephson. 1997. "Back to Basics: Parent Management Training." *Scientific Proceedings of the Annual Meeting of Child and Adolescent Psychiatry* (13): 26.

Drell, M.J., A. Josephson, R. Hendren, and S. Sexson. 1997. "Administrative Skills for the Child and Adolescent Psychiatrist." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (13): 29.

Josephson, A.M. 1997. "Family Therapy of Adolescent Narcissism: Advanced Workshop Controlling Behavior and Developing Empathy." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (13): 31.

Mabe, P.A., and A. Josephson. 1998. "Back to Basics: Parent Management Training." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (14): 30.

Josephson, A.M. 1998. "Family Therapy of Adolescent Narcissism: Controlling Behavior and Developing Empathy." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (14): 33.

Josephson, A.M. 1998. "The Nuts and Bolts of Recruiting." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (14): 32.

Mabe, P.A., and A. Josephson. 1999. "Back to Basics: Parent Management Training." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (15): 24.

Josephson, A.M. 1999. "Change, Cataclysmic Change and Chronic Change: Implications for Administrators." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (15): 26.

Josephson, A.M. 2000. "Working with Families in an Age of Biological Psychiatry." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (16): 25.

Josephson, A.M. 2001. "The Clinical Process of Sequencing Therapies: When, What, How." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (17): 14.

Bussing, R., S. dosReis, L. Palinkas, B. Zima, and A. Josephson. 2006. "Optimizing ADHD Treatment: Family Focused Approaches to Improve Family Engagement." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (22): 83-85.

Josephson, A.M. 2007. "Epidemiology, Family Treatment, and Research Update." *Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry* (23): 19.

JOURNAL ARTICLES PUBLISHED

Josephson, A.M., and T.B. MacKenzie. 1979. "Manic Psychosis after Rapid Normalization of Thyroid Status." *American Journal of Psychiatry* (136): 846-847.

Josephson, A.M., and T.B. MacKenzie. 1980. "Thyrotoxicosis and Mania." *American Journal of Psychiatry* (137): 262-263.

Josephson, A.M., and T.B. MacKenzie. 1980. "Thyroid Induced Mania in Hypothyroid Patients." *British Journal of Psychiatry* (137): 222-228.

Jensen, P.S., A.M. Josephson, and J. Frey. 1989. "Informed Consent: Legal Content Versus Therapeutic Process." *American Journal of Psychotherapy* (93): 378-386.

Chowanec, G.C., A.M. Josephson, C. Coleman, and H. Davis. 1991. "Self-harming in Incarcerated Male Delinquents." *Journal of the American Academy of Child and Adolescent Psychiatry* (30): 202-207.

Josephson, A.M., and W.D. Erickson. 1992. "The Effect of Paternal Huntington's Disease on Male Adolescents." *Adolescent Psychiatry* (18): 306-321.

Josephson, A.M., and M. Drell. 1992. "Didactic Modules for Curricular Development in Child and Adolescent Psychiatry". *Academic Psychiatry* (16): 44-51.

Sunde, E., P.A. Mabe, and A.M. Josephson. 1993. "Difficult Parents: From Adversaries to Partners." *Clinical Pediatrics* (32): 213-219.

Bishop, L.C., and A.M. Josephson. 1993. "The Myth of the Abortion Trauma Syndrome Revisited." *Journal of the American Medical Association* (269): 2209.

Josephson, A.M. 1993. "The Interactional Problems of Christian Families and Their Relationship to Developmental Psychopathology: Implications for Treatment." *Journal of Psychology and Christianity* (12): 312-328.

Josephson, A.M. 1994. "A Clinical Theology of the Developmental Process: A Child Psychiatrist's Perspective." *Journal of Psychology and Theology* (22): 120-129.

Randall, E.J., A.M. Josephson, G.C. Chowanec, and B.A. Thyer. 1994. "The Reported Prevalence of Physical and Sexual Abuse Among a Sample of Children and Adolescents at a Public Psychiatric Hospital." *Journal of Traumatic Stress* (7): 713-718.

Burke, M.S., A.M. Josephson, C.S. Sebastian, and S. Schulman. 1995. "Clozapine and Cognitive Function." *Journal of the American Academy of Child and Adolescent Psychiatry* (34): 127-128.

Burke, M.S., A.M. Josephson, and A. Lightsey. 1995. "Abnormal Peripheral Blood Smear Associated with Methylphenidate and Imipramine Treatment." *Journal of the American Academy of Child and Adolescent Psychiatry* (34): 403-404.

Jensen, P.S., R. Irwin, A.M. Josephson, H. Davis, L. Bloedau, R. Ness, S. Xenakis, A. Mabe, B. Lee, J. Traylor, and L. Clawson. 1996. "Data Gathering Tools for "Real World" Clinical Settings: A Multi-Site Feasibility Study." *Journal of the American Academy of Child and Adolescent Psychiatry* (35): 55-56.

Sprenger, D., and A.M. Josephson. 1998. "Integration of Pharmacotherapy and Family Therapy in the Treatment of Children and Adolescents." *Journal of the American Academy of Child and Adolescent Psychiatry* (37): 887-889.

Josephson, A.M., N. Juthani, and D. Larson. 2000. "What is Happening in Psychiatry Regarding Spirituality?" *Psychiatric Annals* (30): 533-541.

Josephson, A., and A. Serrano. 2001. "The Integration of Individual Therapy and Family Therapy in the Treatment of Child and Adolescent Psychiatric Disorders." *Child and Adolescent Psychiatric Clinics of North America*. (10): 431-450.

Davidson, B., W. Quinn, and A. Josephson. 2001. "The Assessment of the Family: An Overview." *Child and Adolescent Psychiatric Clinics of North America*. (10): 415-430.

- Mabe, P., K. Turner, and A. Josephson. 2001. "Parent Management Training." *Child and Adolescent Psychiatric Clinics of North America*. (10): 451-464.
- Lemmon, C., and A. Josephson. 2001. "The Family Therapy of Eating Disorders." *Child and Adolescent Psychiatric Clinics of North America*. (10): 519-542.
- Londino, D., P. Mabe, and A. Josephson. 2003. "Child and Adolescent Psychiatric Emergencies: Family Psychodynamic Issues." *Child and Adolescent Psychiatric Clinics of North America*. (12): 629-647.
- Josephson, A., and M.L. Dell. 2004. "Religion and Spirituality in Child and Adolescent Psychiatry: A New Frontier." *Child and Adolescent Psychiatric Clinics of North America*. (13): 1-15.
- Moncher, F., and A. Josephson. 2004. "Religious and Spiritual Assessment of the Family." *Child and Adolescent Psychiatric Clinics of North America*. (13): 49-70.
- Josephson, A. 2004. "Formulation and Treatment: Integrating Religion and Spirituality in Clinical Practice." *Child and Adolescent Psychiatric Clinics of North America*. (13): 71-84.
- Mabe, P.A., and A.M. Josephson. 2004. "Child and Adolescent Psychopathology: Spiritual and Religious Perspectives." *Child and Adolescent Psychiatric Clinics of North America*. (13): 111-125.
- Diamond, G., and A. Josephson. 2005. "Family Based Treatment Research: A 10-Year Update." *Journal of the American Academy of Child and Adolescent Psychiatry*. (44): 872-887.
- Drell, M., A.M. Josephson, R. Pleak, P. Riggs, and A. Rosenfeld. 2006. "Clinical Problem Solving: The Case of John, Part I." *Journal of the American Academy of Child and Adolescent Psychiatry*. (45): 1124-1131.
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