

**Court's Exhibit 1
(Under Seal)**

1 UNITED STATES DISTRICT COURT
2 FOR THE MIDDLE DISTRICT OF FLORIDA
3 JACKSONVILLE DIVISION
4 No. 3:17-cv-00739-TJC-JBT

5
6 DREW ADAMS, et al.,)
7)
8 Plaintiff,)
9)
10 vs.)
11)
12 THE SCHOOL BOARD OF ST. JOHNS)
13 COUNTY, FLORIDA,)
14)
15 Defendant.)
16 _____)

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19
20 TRIAL VIDEOTAPED DEPOSITION OF
21 DEANNA ADKINS, M.D.

22
23 (Taken by Plaintiff)
24 Durham, North Carolina
25 Wednesday, December 6th, 2017

26
27
28 PREPARED BY: Amy A. Brauser, RPR, RMR, CRR
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37 ALSO PRESENT:

38
39 Annette Atkinson, Videographer

1 INDEX OF EXAMINATIONS
2 By Ms. Rivaux Page 5, 153
3 By Dr. Barden Page 50, 156
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5 PREVIOUSLY MARKED EXHIBITS

6 NUMBER DESCRIPTION MARKED/IDENTIFIED

7 Exhibit 30 Endocrine Society's Clinical 25
8 Practice Guideline on Treatment
9 of Gender Dysphoric and Gender
10 Incongruent Persons.

11
12 Exhibit 47 Pediatric Endocrine Society's 35
13 statement promoting the safety of
14 transgender youth.

15
16 Exhibit 43 Endocrine Society's position 47
17 statement on transgender health.

18
19 MARKED EXHIBITS

20 NUMBER DESCRIPTION MARKED/IDENTIFIED

21 Exhibit 1 Informed Consent Form 88
22

23 Exhibit 2 Drew Adams Records 116
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1 TRIAL VIDEOTAPED DEPOSITION OF DEANNA

2 ADKINS, M.D., a witness called on behalf of Plaintiff,
3 before Amy A. Brauser, Notary Public, in and for the
4 State of North Carolina, at the Millenium Hotel
5 Durham, 2800 Campus Walk Avenue, Durham, North
6 Carolina, on Wednesday, the 6th day of December, 2017,
7 commencing at 8:56 a.m.

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1 THE VIDEOGRAPHER: We're now on the
2 record. This is the beginning of Media Unit
3 Number 1. Today is December 6, 2017. The time
4 is 9:00 a.m. The location is Millennium Hotel
5 Durham, 2800 Campus Walk Avenue, Durham, North
6 Carolina. The deponent is Deanna Adkins, M.D.,
7 in the matter of Drew -- Drew Adams, et al.,
8 Plaintiff in -- versus The School Board of
9 St. Johns County, Florida, Defendant, in the
10 United States District Court for the Middle
11 District of Florida, Jacksonville Division. The
12 civil action number is 3:17-cv-00739-TJC-JBT.
13 My name Annette Atkinson, video specialist, and
14 the court reporter is Amy Brauser. We are both
15 representing Ruffin Consulting, Inc.

16 Would the court reporter, please, swear
17 in the witness?

18 DEANNA ADKINS, M.D.,
19 having been first duly sworn to tell the truth, was
20 examined and testified as follows:

21 EXAMINATION

22 BY MS. RIVAUX:

23 Q. Good morning, Doctor. Can you, please,
24 state your name for the record?

25 A. Uh-huh. Deanna Adkins.

1 Q. And can you, please, tell the court what
2 you do for a living?

3 A. Yes, I am a pediatric endocrinologist and
4 I practice at Duke University.

5 Q. And what is your position at Duke
6 University?

7 A. I am a -- sorry. I am a clinician
8 educator and an assistant professor of pediatrics.

9 Q. Okay. And do -- are you involved in
10 the -- the Duke Clinic for Child and Adolescent Gender
11 Care?

12 A. Yes, I am the director.

13 Q. And what is the Duke Center for Child and
14 Adolescent Gender Care?

15 A. This is a multi-disciplinary clinic that
16 was started in July of 2015 to take care of kids with
17 differences of sex development as well as kids with
18 gender dysphoria and transgender kids.

19 Q. And were you involved in the creation of
20 the clinic?

21 A. Yes, it was myself that started the
22 clinic, yes.

23 Q. And what were your reasons for opening the
24 clinic?

25 A. Well, they were twofold because there are

1 two sort of groups of patients that we take care of.
2 The first group are the kids with differences of sex
3 development and typically those are cared for by a
4 multi-disciplinary team at most institutions and so we
5 wanted to develop that at Duke. And -- and we had
6 made an attempt a few years prior and decided to -- to
7 do that again and so I worked with a urologist on
8 working with that team and putting it together. And
9 then because the same sort of team is needed with kids
10 who are transgender, we decided to do them all in one
11 clinic, and -- and so that was the reason, because I
12 had begun to see a few transgender kids and realized
13 that I really needed the multi-disciplinary team.

14 Q. And how many transgender and differences
15 of sexual disorder patients do you have currently at
16 the clinic?

17 A. So we only started tracking the kids that
18 I see with differences of sex development in the
19 clinic when it started in July of 2015, so there are
20 around 20 patients or so. I've seen more prior to
21 that, but they haven't been seen in the
22 multi-disciplinary clinic. And then we have around
23 221 or so patients, transgender patients.

24 Q. And are you involved in the treatment of
25 all of these patients?

1 A. I am.

2 Q. When did you start treating transgender
3 patients?

4 A. I think it was 2014, may have been 2013.

5 Q. And how do you become involved in
6 treatment for a transgender patient?

7 A. So my start was because I had a colleague
8 who called me up from New York in -- at Columbia and
9 said that there was a patient here in North Carolina
10 who was seeking care there because they couldn't find
11 someone to help them here in North Carolina. He asked
12 me if I would be willing to work with the family
13 around this and so I, you know, expressed my concern
14 that I hadn't had any training at that point and --
15 and he offered to mentor me. So that was Wylie
16 Hembree.

17 Q. And as part of your work even before you
18 were -- you began working in the clinic, were you
19 called to assist upon sex assignments in infants?

20 A. Yes, throughout my career since I started
21 in pediatric endocrinology, that's been part of my
22 job.

23 Q. And can you briefly describe your
24 educational background and training to become a
25 pediatric endocrinologist?

1 A. Sure. First you do training to become a
2 pediatrician so you spend three years in a residency
3 for pediatrics after medical school and then a
4 fellowship follows that in -- specifically in
5 pediatric endocrinology. The -- I spent three years
6 doing the standard fellowship and an extra year of --
7 of research.

8 Q. And when did you become licensed to
9 practice medicine?

10 A. I had a -- a license that was a training
11 license starting in 1997 in the State of North
12 Carolina and my official license was 2001 in North
13 Carolina.

14 Q. And currently, how do you divide your time
15 between clinical work and how much -- what percentage
16 of your time is devoted to seeing patients?

17 A. So I spend three and a half days a week in
18 clinic seeing patients, typically.

19 Q. And what is the other time that you are --
20 you spend? What -- what are your other duties?

21 A. So the other day -- day and a half or so
22 is administrative, so related to patient care, but in
23 addition, because I'm a clinician educator, I do a lot
24 of teaching during that time.

25 Q. And can you explain for the court what

1 your involvement is in the education and the -- the
2 role that you play in education of transgender care in
3 sex assignment?

4 A. Sure. So first, I'm the fellowship
5 program director for pediatric endocrinology at Duke
6 so I'm involved in the curriculum development and
7 running that program, and then I also do lectures to
8 our pediatric endocrine fellows. In addition, I do
9 lectures to the adult endocrine fellows and -- and so
10 that's around differences of sex development. In
11 addition, I also do that sort of topic for both of
12 those groups as well. For transgender care, I've also
13 done probably around five or six different
14 departments, grand rounds at Duke, related to that.
15 Excuse me. And then I have done lectures in the
16 school of nursing, in a physician assistant school on
17 these topics, and then as well in the undergraduate
18 area in guest lecture and neuroscience as well as in
19 the social sciences and in the global health. And
20 then in clinic, I also have people who rotate with me
21 and I teach them during that time from, let's see, med
22 peds, pediatric psychiatry, social work, pediatrics,
23 the physician assistant school, nurse practitioners.

24 Q. And you mentioned that you're the
25 fellowship director --

1 A. Uh-huh.

2 Q. -- at Duke. Do you ever mentor fellows
3 regarding specifically transgender care in sex
4 classification?

5 A. Yes. So certainly, differences of sex
6 development is the standard core that we teach all of
7 our fellows who come as well and then I have another
8 fellow who comes over for a special rotation from
9 UNC-Chapel Hill for transgender care because they
10 don't have that available at their institution.

11 Q. Are you a member of any medical
12 organizations in your field of specialty?

13 A. I am.

14 Q. And what are those organizations?

15 A. Currently I'm a member of the American
16 Academy of -- AAP, American Academy of Pediatrics,
17 AAP, and then Pediatric Endocrine Society and the
18 Endocrine Society and the WPATH.

19 Q. And do you know the Plaintiff in this
20 case?

21 A. I do.

22 Q. And how do you know Drew Adams, the
23 Plaintiff?

24 A. Drew is one of my patients.

25 Q. And how long has he been your patient?

1 A. Since -- almost two years. March will be
2 two years.

3 Q. And what were you asked to do in this
4 case?

5 A. I was asked to testify about the care that
6 I provided for Drew as well as as a medical expert on
7 transgender care as well as differences of sex
8 development.

9 Q. Are you being compensated for your
10 opinions or your testimony in this case?

11 A. No.

12 Q. Have you ever testified in court as an
13 expert witness before?

14 A. Yes.

15 Q. Okay. So I just want to turn for a moment
16 to talk about some of the definitions of the terms
17 that you've mentioned. What does it mean to be
18 transgender?

19 A. So someone who's transgender has a sex
20 assigned at birth that doesn't match their gender
21 identity or their core knowledge of what their gender
22 is.

23 Q. And is being transgender a choice?

24 A. No.

25 Q. Is being transgender voluntary?

1 A. No.

2 Q. Does being transgender limit one's ability
3 to function in society?

4 DR. BARDEN: Leading.

5 THE WITNESS: No.

6 DR. BARDEN: If she asks a question, if
7 you could give a little pause in there, I may
8 have an objection and then you can answer.

9 BY MS. RIVAUX:

10 Q. Based on your training, experience, and
11 knowledge, do you have an opinion on whether Drew is
12 transgender?

13 A. Yes.

14 Q. And what is your opinion?

15 DR. BARDEN: Lack of foundation.

16 THE WITNESS: So my opinion is that
17 Drew is transgender.

18 BY MS. RIVAUX:

19 Q. And what is the basis of your opinion?

20 A. So in my experience with my patients, I
21 have seen many transgender patients. I have -- in
22 addition with the criteria that are elucidated in our
23 clinical guidelines with the Endocrine Society and the
24 SOC, standards of care, with WPATH, Drew meets the
25 criteria.

1 Q. And what is -- you mentioned gender

2 identity. What is gender identity?

3 A. So gender identity is really what you know

4 to be your gender at your core.

5 Q. And does everyone have a gender identity?

6 A. Yes.

7 Q. And how do you determine gender identity?

8 A. Gender identity is something that you have

9 to ask the patient and they know for themselves.

10 Q. Can someone's gender identity be changed?

11 A. No.

12 Q. Is gender identity a choice?

13 A. No.

14 DR. BARDEN: We're going to object that

15 that question was leading.

16 Again, just a little pause there.

17 BY MS. RIVAUX:

18 Q. Based on your training and treatment of

19 Drew, what is Drew's gender identity?

20 A. Male.

21 Q. And what is the basis of your opinion?

22 A. So there are several sources. Primarily

23 talking with Drew and using my experience in this

24 area. In addition, my clinical social worker has done

25 assessment of Drew with regard to gender and gender

1 identity that corroborate this information, and in
2 addition, we talk with the family. And all of these
3 have led us to this.

4 DR. BARDEN: Objection, hearsay.

5 MS. RIVAUX: There was no question.

6 She had answered the question.

7 BY MS. RIVAUX:

8 Q. What is gender dysphoria?

9 A. So gender dysphoria is when you have an
10 incongruence between your sex assigned at birth and
11 your gender identity and there is significant distress
12 regarding this incongruence.

13 Q. And the information that you mentioned
14 that you rely on in determining gender identity, is
15 that information that you rely on for medical
16 treatment and diagnosis?

17 A. Yes.

18 DR. BARDEN: Leading.

19 BY MS. RIVAUX:

20 Q. Was Drew diagnosed with gender dysphoria?

21 A. Yes.

22 DR. BARDEN: Hearsay.

23 BY MS. RIVAUX:

24 Q. What's the difference between gender
25 dysphoria diagnosis and being transgender?

1 A. So in both conditions there's a
2 discordance or discrepancy between your sex assigned
3 at birth and your gender identity, but people with
4 gender dysphoria have significant distress around this
5 discordance.

6 Q. Did you diagnose Drew's gender dysphoria?

7 A. I did not.

8 Q. Who diagnosed Drew's gender dysphoria?

9 A. Drew had a therapist that diagnosed that
10 and provided information to us in the form of a
11 letter, as well as my licensed clinical social worker
12 who I work with and my multi-disciplinary team.

13 Q. Can you, please, describe the process at
14 which your clinic and your multi-disciplinary team
15 diagnose an individual when they come in for
16 treatment?

17 A. Sure.

18 DR. BARDEN: Objection, relevance as to
19 this individual patient.

20 THE WITNESS: So -- so typically when a
21 patient comes in, they will have a -- a primary
22 mental health provider whom they've seen before
23 who will provide information with regard to the
24 fact that there may be gender dysphoria or that
25 the patient might be gender -- might be

1 transgender, and then they spend almost a full
2 day with us and -- several hours for sure. I do
3 a medical evaluation, physical exam, laboratory,
4 and history review, and then they spend time
5 with my licensed clinical social worker who
6 performs a number of batteries of testing
7 regarding gender, gender identity, anxiety,
8 depression, a number of things that go along
9 with that we might be concerned about. She
10 speaks with the patient alone, with their
11 family, and then the family by themselves as
12 well.

13 BY MS. RIVAUX:

14 Q. Does your clinic follow the standards of
15 care in diagnosing gender dysphoria?

16 A. Yes.

17 Q. And what are the Endocrine Society
18 clinical guidelines?

19 A. So the Endocrine Society has come out with
20 clinical guidelines on a number of different things.
21 In particular for transgender care, they've come out
22 with two different sets of guidelines that tell us the
23 best information available on how to take care of --
24 of people with gender dysphoria.

25 Q. And is the protocol that is used at your

1 clinic for confirming the diagnosis of gender
2 dysphoria consistent with the requirement of the
3 Endocrine Society's clinical guidelines?

4 DR. BARDEN: Objection, leading.

5 THE WITNESS: Yes.

6 BY MS. RIVAUX:

7 Q. Let me rephrase that. What role does the
8 Endocrine Society clinical guidelines, how does that
9 impact the protocol that you have for diagnosing
10 gender dysphoria?

11 A. So we specifically designed our -- our
12 clinic around the recommendations made in the clinical
13 guidelines from the Endocrine Society.

14 Q. Now, is this same protocol that you
15 described to the court in your -- in your clinic for
16 diagnosing gender dysphoria, did you follow this
17 protocol for diagnosing Drew?

18 A. Yes.

19 Q. In the regular course of your practice, do
20 you rely on the information from your clinical
21 licensed social worker's analysis?

22 DR. BARDEN: Objection, leading.

23 THE WITNESS: So as part of our
24 multi-disciplinary team and our protocol as I
25 described, we -- she does a definite portion of

1 our analysis and care of the patient and we
2 discuss that as part of our -- our
3 decision-making process.

4 BY MS. RIVAUX:

5 Q. And what -- what information, before you
6 begin to treat a patient, what information do you rely
7 upon in determining that -- let me restate that.

8 Before determining whether to treat a
9 patient, what information from your clinic do you rely
10 upon before making that determination to begin
11 treatment?

12 A. So I -- I rely on all the information that
13 we accumulate from my information as well as my
14 licensed clinical social worker's information.

15 Q. Does that include the notes and
16 evaluations from your clinical social worker?

17 A. Yes.

18 Q. And is this the type of information you
19 routinely rely upon in your practice?

20 A. Yes.

21 Q. In the information that you told the court
22 that you rely upon for coming to your opinions on
23 whether to make a determination on whether to begin
24 treatment, do you remember whether Drew reported his
25 reasons for seeking treatment?

1 A. Yes. So Drew was very concerned that he
2 didn't appear male, he didn't have a low voice, he
3 didn't have the -- the physique of a male. His body
4 was too curvy, breasts were there, and that was
5 distressing. And I think those were the main concerns
6 that we had.

7 Q. Are these types of complaints typical
8 in -- in the type of information that you rely upon to
9 determine your course of treatment?

10 DR. BARDEN: Objection, leading.

11 THE WITNESS: Drew's complaints were
12 consistent with many of my patients' concerns.

13 That -- sorry, yes.

14 BY MS. RIVAUX:

15 Q. Did you rely upon the representations from
16 Drew in determining your course of treatment?

17 A. Yes.

18 Q. Did you have an opportunity to observe
19 dysphoria in your patients?

20 A. Yes. During my discussions with Drew,
21 Drew was able to tell me and both in observing his
22 behavior, he was distressed.

23 Q. Throughout your course of treatment, did
24 Drew report any other issues that he reported directly
25 to you?

1 A. So later on as we were moving through
2 treatment, Drew's periods started back and that was
3 really distressing to Drew. In addition, his voice
4 wasn't changing much and so that was a concern.

5 Q. And when you say "his voice wasn't
6 changing," can you describe for the court what it is
7 that -- for the voice to change, what -- what is the
8 impact?

9 A. So for someone to have acceptance as a
10 male, it's typical that you would want your entire
11 physical appearance and sound to be male. And that
12 alignment is really important in people who have
13 gender dysphoria, and a -- a lower voice is a -- a big
14 signal for people that -- that they're talking to or
15 working with or interacting with a male.

16 Q. Now, once your clinic confirms a gender
17 dysphoria diagnosis and you understand your patient's
18 reasons for seeking treatment, for you as the
19 pediatric endocrinologist, how do you determine the
20 proper treatment protocol?

21 A. One more time.

22 Q. Sure. You had mentioned that one of the
23 processes is that your clinic, you somewhat -- you go
24 through a process to confirm the diagnosis.

25 A. Uh-huh.

1 Q. You also talked about understanding your
2 patient's reasons for seeking treatment. My question,
3 Doctor, is, as the treating physician how do you
4 determine what the proper treatment protocol is?

5 A. Ah, yes. So well, the idea is to address
6 the dysphoria, so the treatment is targeted at the
7 things that are most dysphoric to the patient. And in
8 addition, of course, we have to weigh the plusses and
9 minuses of whether there is a family history of
10 something that might preclude our use of our
11 medications or our personal medical history as well.

12 Q. And what is the ultimate goal of the
13 treatment?

14 A. To align the body with the gender identity
15 so that the dysphoria is relieved.

16 Q. And in coming to your determination on the
17 treatment protocol, is your description here your
18 routine practice?

19 A. Yes.

20 Q. Is your practice consistent with the
21 standards of care in your field?

22 DR. BARDEN: Objection, leading.

23 THE WITNESS: Yes, they are.

24 BY MS. RIVAUX:

25 Q. In your field, what do the standards of

1 care lay out for the proper treatment for gender
2 dysphoria in adolescents?

3 A. So in adolescents, there are a number of
4 different things that the standards of care recommend.
5 First is a social transition and that is where a
6 patient or person would change their appearance to
7 look more like their gender identity. So if they
8 were -- gender identity is male, they may cut their
9 hair, they may change their clothing to male clothing,
10 they may change the sports team that they're on, and
11 in all aspects of their life, they would be acting as
12 a male.

13 Q. Okay.

14 A. Yes.

15 Q. And you had mentioned part of it was
16 social transition. Are there other aspects of the
17 standards of care?

18 A. So typically the -- the social transition
19 happens first, but sometimes it happens with the
20 medical transition together and sometimes
21 sequentially, and the medical transition is more what
22 I'm involved in as the endocrinologist and that is
23 where we provide gender-affirming hormones or hormones
24 that match the gender identity of the patient to allow
25 their body to change to match their gender identity.

1 In addition, we may provide medications that block the
2 hormones that the patient's own body is making that
3 might interfere with those hormones that we're giving
4 them to change their physical appearance to match
5 their gender identity.

6 Q. I'm going to give you what we have
7 pre-marked as Plaintiff's Exhibit 30. And I want
8 to -- let me know if you recognize this document.

9 A. Yes, I do.

10 Q. And what is this document?

11 A. This is the Endocrine Society's Clinical
12 Practice Guideline on Treatment of Gender Dysphoric
13 and Gender Incongruent Persons.

14 Q. And do you find this guideline to be
15 authoritative?

16 A. I do.

17 Q. Do you find it to be reliable?

18 A. I do.

19 Q. Do you use it in your routine practice?

20 A. I do.

21 Q. Can you, please, explain to the court the
22 significance of these clinical guidelines in your
23 field of practice?

24 A. So in clinical practice, clinical
25 guidelines, and specifically these guidelines for me

1 in the care of my gender dysphoric patients, give the
2 best approach to managing a patient with the
3 particular condition that you're looking at and it is
4 supported by their peer-reviewed medical literature in
5 their design of the clinical guidelines.

6 Q. And what is the Endocrine Society's
7 recommendations regarding gender-affirming treatments?

8 A. So the recommendation is that it is the
9 most appropriate treatment for gender dysphoria with
10 regard to these patients.

11 Q. Can I ask you -- I'm going to move the --
12 the guidelines into evidence.

13 (EXHIBIT NUMBER 30 WAS MARKED FOR IDENTIFICATION)

14 BY MS. RIVAUX:

15 Q. And can I ask you to read the first two
16 sentences.

17 DR. BARDEN: We're going to object,
18 lack of foundation, hearsay, and improper
19 opinion.

20 MS. RIVAUX: Okay.

21 BY MS. RIVAUX:

22 Q. Can I ask you to read from the conclusion,
23 the first two sentences?

24 A. Conclusion, first two sentences.

25 (Reading)

1 Gender affirmation is a
2 multi-disciplinary treatment in which
3 endocrinologists play an important
4 role. Gender dysphoric, gender --
5 slash, gender incongruent persons seek
6 and/or are referred to
7 endocrinologists to develop the
8 physical characteristics of the
9 affirmed gender.

10 Is that all?

11 Q. Yes, that's -- thank you.

12 And are you aware whether there were any
13 cosponsoring associations involved in coming together
14 with the Endocrine Society guidelines?

15 A. Yes.

16 Q. And what were those cosponsoring
17 associations?

18 A. So the American Association of Clinical
19 Endocrinologists, the American Society of Andrology,
20 European Society of Pediatric Endocrinology, European
21 Society of Endocrinology, Pediatric Endocrine Society,
22 and the World Professional Association for Transgender
23 Health.

24 DR. BARDEN: Move to strike as hearsay
25 and lack of foundation.

1 BY MS. RIVAUX:

2 Q. Now, you -- you spoke a little bit about
3 the social transition. Now, does social transition
4 involve bathroom use matching gender identity?

5 DR. BARDEN: Objection, leading, very
6 leading.

7 THE WITNESS: So --

8 BY MS. RIVAUX:

9 Q. Let me -- I'm sorry. Let me rephrase the
10 question.

11 A. Sure.

12 Q. You mentioned what social transition is.
13 Can you explain for the court what social transition
14 entails?

15 A. Sure. So social transition involves
16 changing your appearance, your activities, and your
17 actions completely to the gender that matches your
18 gender identity so that everything you do from the
19 time you get up in the morning and you go to bed at
20 night is in that particular gender.

21 Q. Okay. And can you -- you also mentioned
22 medical transition and you spoke a little bit about
23 the hormone treatments. Can you explain what does the
24 medical transition entail for the -- for an individual
25 patient?

1 A. So once we've decided to move forward with
2 the medical transition, typically that would involve
3 giving hormones that match the gender identity of the
4 person and, again, maybe blocking the hormones that
5 they're making in their own body so that it doesn't
6 interfere with that. And those changes will make
7 their body look more and more like the gender
8 identity. And the goal is to have them completely
9 appear the gender that matches their gender identity.

10 Q. And for Drew, did you come to a conclusion
11 and a determination as to the proper course of
12 treatment?

13 A. Yes. After our meetings and our
14 evaluations and our team discussions, we recommended
15 that Drew continue to try to do his social transition
16 to complete that as well as moving forward with the
17 medical transition.

18 Q. And has Drew taken steps to socially
19 transition?

20 A. He has.

21 Q. And has Drew taken steps to medically
22 transition?

23 A. He has.

24 Q. Are you aware of any steps Drew has taken
25 to surgically transition?

1 A. So yes, typically the third step in
2 transition is medical -- I mean is surgical, sorry,
3 and that includes often having your breasts removed if
4 that is part of the dysphoria and Drew has done that.

5 Q. And are there other aspects to surgical
6 transition?

7 A. Yes, there are a number of different
8 things that -- that can happen. If you need to appear
9 more feminine, for example, if you were transitioning
10 the other way, you might have facial feminization
11 surgery or changes to your -- the appearance of your
12 voicebox and then you might have surgery to change the
13 appearance of your genitals to match that of the
14 gender that you -- is -- matches your gender identity.

15 Q. And is the genital surgery -- genital
16 surgical transition, is that recommended for minors?

17 DR. BARDEN: Objection, leading.

18 THE WITNESS: Surgical transition for
19 the -- the particular genital surgeries are not
20 recommended until over the age of 18.

21 BY MS. RIVAUX:

22 Q. In your treatment protocol that you -- you
23 prescribed for Drew, what was -- what is the goal of
24 your treatment?

25 A. The goal of my treatment is to eliminate

1 Drew's gender dysphoria.

2 Q. And how will Drew's -- will Drew's
3 physical appearance change with the treatment?

4 A. That is the goal. To relieve the gender
5 dysphoria, we want to have Drew appear male to
6 everyone that he meets, yes.

7 Q. And can you describe for the court how
8 Drew's physical appearance will change through
9 treatment?

10 A. So typically, testosterone, which is the
11 hormone we're using for Drew, can cause a number of
12 physical changes, and I kind of like to think of them
13 from top to bottom so I don't forget them. So some
14 people have hair loss if the men in their family have
15 male pattern baldness. They may have acne. They will
16 get more facial hair. Their voice will deepen. They
17 may have some decrease in the size of their breasts
18 but not a lot, but a little bit. They will have more
19 body hair. They may have enlargement of their
20 clitoris a little bit. And those are the major
21 things.

22 Q. Is your treatment of Drew consistent with
23 the standards of care and clinical guidelines in your
24 practice?

25 DR. BARDEN: Objection, leading.

1 THE WITNESS: Yes. Oh, and I forgot,
2 testosterone also typically eliminates periods
3 which is a big source of dysphoria for a number
4 of my patients.

5 BY MS. RIVAUX:

6 Q. So let me just go back and ask that
7 question just so that it's clear on the record.

8 A. Sure.

9 Q. You had mentioned some of the aspects of
10 changes to physical appearance that Drew might
11 experience. In addition to the list that -- that you
12 provided, are there additional physical changes that
13 Drew may experience?

14 A. In addition, Drew's periods should go away
15 and that is one of our goals because that's part of a
16 significant dysphoria for a number of patients,
17 including Drew.

18 Q. In your experience, have you -- in your
19 experience in treating the transgender population,
20 have you noticed whether there is any impact from
21 denying bathroom access that's consistent with gender
22 identity?

23 A. One more time.

24 DR. BARDEN: Objection, lack of
25 foundation.

1 BY MS. RIVAUX:

2 Q. Based on your experience in treating the
3 transgender population, have you observed any impact
4 from any denial of access to bathrooms that are
5 consistent with gender identity?

6 A. So I have had experience with this. So
7 since I practice in North Carolina, there was a period
8 of time recently where transgender individuals were
9 not allowed by law to go to bathrooms that matched
10 their gender identity. In particular, I think it was
11 government buildings, but many of my patients were
12 confused and thought it was all -- all public
13 restrooms. And so many of them were really upset and
14 afraid to go to the restroom anywhere outside of home.
15 And if they were to go to the restroom that matched
16 their sex assignment at birth, the individuals who
17 were far along in their transition who looked the
18 opposite completely of their sex assigned at birth and
19 they went to that bathroom had some significant
20 issues. Some of them were -- were bullied. Some of
21 them, you know, were very upset by that. In addition,
22 most of them just chose to avoid the whole situation
23 and they would not drink any fluids during the day so
24 that they could wait to get home and go which puts
25 them at increased risk for things like urinary tract

1 infections and dehydration. It's just really
2 uncomfortable.

3 Q. Based on your knowledge, training, and
4 experience, does this kind of denial to bathrooms
5 impact an ability to properly transition?

6 DR. BARDEN: Objection, lack of
7 foundation.

8 THE WITNESS: So the recommendations
9 are to completely socially transition, and as I
10 stated before, that includes everything you do
11 all day long, including going to the bathroom.
12 And so to sort of have this one aspect of your
13 life during the day where you're not in your
14 gender identity is not consistent with a -- a
15 complete social transition.

16 BY MS. RIVAUX:

17 Q. Is access to a gender neutral bathroom
18 sufficient to avoid this impact?

19 DR. BARDEN: Objection, leading.

20 THE WITNESS: So my --

21 BY MS. RIVAUX:

22 Q. Let me restate the -- the question. Is
23 there any difference if their access is given to a
24 gender neutral bathroom?

25 DR. BARDEN: Objection, lack of

1 foundation.

2 THE WITNESS: So in my experience --

3 DR. BARDEN: And calls for speculation.

4 THE WITNESS: In my experience with my

5 patients who I've talked to about this, they

6 feel that they are stigmatized when they're

7 asked to go to a gender neutral bathroom because

8 no one else has to go to the gender neutral

9 bathroom. Everyone else can choose the -- the

10 male or the female bathroom and aren't sort of

11 pushed into this position where they're now

12 recognized and can be picked on by other

13 individuals.

14 BY MS. RIVAUX:

15 Q. In discussions with your patients about

16 bathroom use, is that conversations that you have in

17 diagnosis and treatment of your patients?

18 A. Yes.

19 Q. We talked earlier about the Endocrine

20 Society. What is the Pediatric Endocrine Society?

21 A. So that is a group of pediatric

22 endocrinologists that are specifically trained and it

23 is an academic society.

24 Q. I am going to hand you what's been

25 pre-marked as Plaintiff's Exhibit 47. Have you seen

1 this document before?

2 A. Yes, I have.

3 Q. Do you recognize it?

4 A. I do.

5 Q. Can you describe for the court what the
6 document is?

7 A. So this is the Pediatric --

8 DR. BARDEN: Objection, lack of
9 foundation.

10 THE WITNESS: So this is the Pediatric
11 Endocrine Society's statement promoting the
12 safety of transgender youth.

13 BY MS. RIVAUX:

14 Q. Do you find that this position statement
15 is authoritative?

16 A. I do.

17 Q. And do you find it reliable?

18 A. I do.

19 Q. I'm going to move this into evidence.

20 (EXHIBIT NUMBER 47 WAS MARKED FOR IDENTIFICATION)

21 DR. BARDEN: We'd object due to lack of
22 foundation.

23 MS. RIVAUX: Okay.

24 DR. BARDEN: And hearsay.

25

1 BY MS. RIVAUX:

2 Q. Are you aware of whether this statement
3 represents the official position of the Pediatric
4 Endocrine Society?

5 DR. BARDEN: Objection, lack of
6 foundation and hearsay.

7 THE WITNESS: Yes, it does.

8 BY MS. RIVAUX:

9 Q. Okay. And what is the position of the
10 Pediatric Endocrine Society regarding the denial of
11 access to restrooms that match gender identity?

12 DR. BARDEN: Objection, hearsay, lack
13 of foundation.

14 THE WITNESS: So their opinion is that
15 it's a violation of human rights.

16 BY MS. RIVAUX:

17 Q. Can I ask you to read the second full
18 paragraph?

19 A. Sure.

20 DR. BARDEN: Objection, hearsay, lack
21 of foundation.

22 THE WITNESS: (Reading)

23 As medical providers of
24 transgender youth, we have seen the
25 discrimination and safety concerns

1 that this population faces which may
2 lead to mental illness and high risk
3 of suicide. Transgender children and
4 adolescents need a safe and supportive
5 school environment in order to thrive
6 like any other young person. Not
7 allowing them to use the restroom that
8 matches their gender identity is a
9 violation of human rights and sends a
10 message of intolerance that will
11 promote further discrimination and
12 segregation.

13 BY MS. RIVAUX:

14 Q. And can I ask you to read the last
15 paragraph, please?

16 A. (Reading)

17 As experts in the care of
18 transgender youth, we strongly oppose
19 the decision by the Department of
20 Justice and Education and ask that the
21 rights and safety of transgender
22 children and adolescents be protected.

23 Q. Do you know when this statement was made
24 by the Pediatric Endocrine Society?

25 A. It's labeled as March 2017.

1 Q. Are you aware of whether the American
2 Medical Association's house of delegates has taken a
3 position on the treatment of transgender people?

4 DR. BARDEN: Objection, lack of
5 foundation and hearsay.

6 THE WITNESS: I am.

7 BY MS. RIVAUX:

8 Q. And what is their position?

9 A. So their --

10 DR. BARDEN: Objection, lack of
11 foundation and hearsay.

12 THE WITNESS: They support protecting
13 the rights of -- of people who are transgender
14 to use the bathroom that matches their gender
15 identity as well.

16 BY MS. RIVAUX:

17 Q. Did Drew ever report to you any concerns
18 he had about using the restroom at school?

19 A. At our initial appointment, Drew was
20 concerned that he was not being allowed to use the
21 bathroom that matched his gender identity.

22 Q. And what did you observe about Drew when
23 he told you that?

24 A. He -- he appeared very distressed about
25 it.

1 Q. Based on your knowledge, training, and
2 experience and treatment of Drew, does this represent
3 any interference with Drew's transition?

4 DR. BARDEN: Objection, leading.

5 BY MS. RIVAUX:

6 Q. I'm sorry, let me rephrase that. What
7 impact does this interference have on Drew's ability
8 to transition?

9 A. So since Drew isn't being allowed to
10 completely socially transition, it completely
11 interferes with that whole step. You really have to
12 do the full transition in order to meet the -- meet
13 the recommendations.

14 Q. Does that include your recommendations?

15 A. Yes, those are my recommendations.

16 Q. So which bathroom should Drew use to
17 support his transition?

18 A. The men's bathroom.

19 Q. And why is the men's bathroom the
20 appropriate bathroom?

21 A. Because Drew is a man.

22 Q. I want to turn for a moment to talking
23 about another topic. You had mentioned that part of
24 your job requires you to make sex assignments. And
25 can you describe for the court what it is that your

1 job entails in doing that?

2 A. Yes, so that is the other sort of part of
3 that clinic. But when a baby is born and you can't
4 tell whether the patient -- the baby is male or female
5 based on a physical exam which is the typical way you
6 would decide the sex assignments, then they consult
7 endocrinology, which would be my team, to come in and
8 do an evaluation of that infant. And as part of that,
9 we gather as much information as we can about that
10 infant, and we check their chromosomes to see what
11 their chromosomes point to as far as their gender, we
12 look at hormonal profiles, all the different kinds of
13 hormones, to see where that might point us as well.
14 And then, of course, we do a physical exam to look at
15 the external parts to see what they most look like as
16 well as ultrasound and sometimes some other radiologic
17 procedures to see what structures are internal for the
18 patients.

19 Q. And is this the population that you
20 referred to earlier as the individuals who have
21 differences of sexual development?

22 A. Yeah, these are the children with
23 differences of sexual developments.

24 Q. And does Drew have any differences of
25 sexual development?

1 A. No.

2 Q. Has your work in treating patients with
3 differences in sexual development informed your
4 understanding in any way about gender identity?

5 DR. BARDEN: Objection, leading.

6 THE WITNESS: So, yes. This population
7 is sort of the -- the group that helped us
8 figure out a lot about gender identity. The --
9 some of these particular kids are lacking all of
10 those -- one or more of those components that I
11 mentioned that we look at to sort of help inform
12 us what sex assignment should be given. And so
13 when we are unable to -- or when we make a
14 gender assignment or sexual assignment at birth
15 that later the child doesn't recognize as their
16 true gender, then we realize that there's more
17 involved here than what meets the eye. It's not
18 just your chromosomes or your hormones or what
19 parts are there that determine your gender
20 identity.

21 BY MS. RIVAUX:

22 Q. Can you provide the court with an example
23 of a patient that has differences of sexual
24 development that helped inform you on what the role is
25 of gender identity?

1 A. Yeah. I -- I think the clearest,
2 probably, example would be kids with something called
3 cloacal exstrophy. So this is an area where the
4 children have underdevelopment or no development of
5 the abdominal structures and the genitals. So in this
6 case, they're likely lacking any external physical
7 structures and sometimes they're also lacking the
8 hormonal component to help direct us in which way to
9 do a gender assignment. And so in those cases,
10 oftentimes you may just rely on chromosomes or you may
11 rely on -- in the past, sort of what the surgeon felt
12 they could do to make the most normal looking genitals
13 for the patient to assign them that particular
14 assignment at -- at birth. But in this group, because
15 you're lacking a lot of the tools, there have been
16 more cases where the children grow up and that we've
17 made an assignment that doesn't match their gender
18 identity at all.

19 Q. When you say you made the assignment,
20 did -- was that the assignment that you made at birth?

21 A. At birth, yes.

22 Q. And in those cases where the sex
23 assignment that was made at birth conflicts with
24 gender identity, what is the proper sex assignment?

25 A. It -- it should really match the gender

1 identity. When we look at these kids long-term, they
2 often are very distressed, suicidal, and very --
3 struggle in their life if -- if their gender identity
4 isn't matching their sex assigned at birth, especially
5 if they have had a procedure in infancy to change the
6 appearance of their genitals to match the sex
7 assignment, but that -- because of that and because of
8 these issues that we've come across, we don't really
9 recommend doing those surgeries now. It's really
10 considered sort of unethical to make those -- those
11 surgeries early on.

12 Q. And has your work with this population,
13 has it informed you for the transgender population how
14 to make a sex assignment in any way?

15 A. Well, it -- it just goes to show you that
16 the gender identity isn't always something that's
17 related to the three things that we've always relied
18 on to make that assignment, that there's definitely
19 something else going on, and that when you look at
20 long-term outcomes for people, they thrive and do much
21 better when their gender identity is aligned with
22 their body.

23 Q. If there is a conflict between the sex
24 that's assigned at birth and the gender identity in
25 the populations that you were talking about, do the

1 sexual characteristics that you talked about, do
2 that -- does that ever override gender identity?

3 DR. BARDEN: Objection, leading, lack
4 of foundation.

5 THE WITNESS: No.

6 BY MS. RIVAUX:

7 Q. Based on your work treating and
8 classifying sex, do you have an opinion as to what the
9 proper determinant of sex is?

10 DR. BARDEN: Objection, lack of
11 foundation.

12 THE WITNESS: So really, as I said,
13 gender identity is the key component to be most
14 successful.

15 BY MS. RIVAUX:

16 Q. Does gender identity have any biological
17 underpinning?

18 DR. BARDEN: Objection, lack of
19 foundation.

20 THE WITNESS: Right. So we have been
21 trying to find out these underpinnings over the
22 years, especially when we started to note these
23 discrepancies that occurred in the individuals I
24 mentioned before. So we started trying to look
25 at, you know, was it chromosomes, was it

1 hormonal influence, could different influences
2 during growth and development in the uterus be
3 an issue, could it be some mutation and
4 receptors, could it be exposure to medications.
5 And sort of looking at gender identity being
6 from your mind, we started looking at -- at the
7 brain as well to see if that might be something
8 that was related. And so there have been
9 anatomical and functional studies of the brain
10 where we look at the very -- how they function
11 between male and female, and there's structures
12 that are definitely have -- are different
13 between a male and a female, and when we look at
14 them in people who are transgender, what we find
15 is not really that they're either, like matching
16 their sex assigned at birth or their gender
17 identity, but that in most cases, they're sort
18 of somewhere in between, both functionally and
19 anatomically.

20 BY MS. RIVAUX:

21 Q. And based on this research that you've
22 reviewed, your training, and your experience, does
23 that lead you to conclude whether gender identity has
24 a biological underpinning?

25 DR. BARDEN: Lack of foundation,

1 hearsay, improper opinion, and calls for
2 speculation.

3 THE WITNESS: It certainly raises the
4 concern in that -- in that that is something
5 that is what we're -- we're really looking at
6 to -- to move forward with this because it's an
7 interesting finding.

8 BY MS. RIVAUX:

9 Q. And you mentioned earlier that you're
10 familiar with the Endocrine Society. I'm going to
11 show you now what's pre-marked as Plaintiff's
12 Exhibit 43, and I'm going to ask you if you recognize
13 this document.

14 A. Yes.

15 Q. And what is this document?

16 A. It's the -- the Endocrine Society's
17 position statement on transgender health.

18 Q. Are you familiar with it?

19 A. Yes.

20 Q. Do you find it to be reliable?

21 A. Yes.

22 Q. Do you find it to be authoritative?

23 DR. BARDEN: Objection, lack of
24 foundation.

25 THE WITNESS: Yes.

1 DR. BARDEN: Calls for speculation.

2 THE WITNESS: Yes.

3 BY MS. RIVAUX:

4 Q. What is the Endocrine Society's position
5 regarding the -- whether gender identity has
6 biological underpinnings?

7 DR. BARDEN: Objection, hearsay, lack
8 of foundation, calls for speculation.

9 THE WITNESS: Yes, they do have --
10 definitely talk about the underpinnings being
11 potentially biological.

12 BY MS. RIVAUX:

13 Q. I'm going to introduce this document into
14 evidence.

15 (EXHIBIT NUMBER 43 WAS MARKED FOR IDENTIFICATION)

16 DR. BARDEN: Call -- we're going to
17 object, lack of foundation, hearsay, calls for
18 speculation.

19 BY MS. RIVAUX:

20 Q. Can I turn -- have you turn to page 2, the
21 second page of the document?

22 A. Uh-huh.

23 Q. And read the first bullet point under what
24 is called, Positions?

25 A. Uh-huh.

1 DR. BARDEN: Same -- same objections.

2 THE WITNESS: Sorry. (Reading)

3 There is a durable biological
4 underpinning to gender identity that
5 should be considered in policy
6 determinations.

7 BY MS. RIVAUX:

8 Q. Thank you, Dr. Adkins.

9 Do you use the term "biological sex" in
10 your field of practice?

11 A. No, not really.

12 Q. Why not?

13 A. It really lacks specificity and it's a bit
14 inaccurate.

15 Q. Does the Endocrine Society have a position
16 regarding the use of the term "biological sex"?

17 A. Yes.

18 Q. And what is their position?

19 A. They also --

20 DR. BARDEN: Objection, calls for
21 speculation, hearsay, and lack of foundation.

22 THE WITNESS: Also in their
23 publications, they state that they feel it's not
24 very specific.

25

1 BY MS. RIVAUX:

2 Q. Do they -- does the Endocrine Society take
3 a position on whether the term "biological sex" should
4 be used?

5 DR. BARDEN: Objection --

6 THE WITNESS: Yeah --

7 DR. BARDEN: -- lack of foundation,
8 relevance, calls for speculation.

9 THE WITNESS: Sorry. I'm trying. I
10 apologize.

11 Yeah -- yes, they do not recommend it
12 to be used.

13 BY MS. RIVAUX:

14 Q. In my opinion based on your knowledge,
15 experience, and training in assigning sex in your
16 personal treatment of Drew, what is Drew's sex?

17 A. Male.

18 Q. If I can have one moment.

19 All right, Dr. Adkins, that's all the
20 questions that I have for you on the direct
21 examination.

22 A. Okay. Could we take a break?

23 DR. BARDEN: And we don't even have the
24 door like pressing open.

25 THE VIDEOGRAPHER: Off the record at

1 10:00.

2 (RECESS TAKEN)

3 THE VIDEOGRAPHER: Back on record at

4 10:19.

5 EXAMINATION

6 BY DR. BARDEN:

7 Q. All right. Good morning, Dr. Adkins.

8 A. Good morning.

9 Q. So I'm going to ask you some questions,
10 it's called a voir dire. Okay?

11 A. Okay.

12 Q. Is it true that you are not an expert in
13 science?

14 MS. RIVAUX: Objection to relevance.

15 THE WITNESS: So there's a -- that's a
16 broad category.

17 BY DR. BARDEN:

18 Q. Okay. I'll ask you a different question.

19 Isn't it true, Dr. Adkins, that you are not an expert
20 in research methodology?

21 MS. RIVAUX: Objection, relevance.

22 THE WITNESS: I don't do research on
23 research methodology. I use research
24 methodology.

25

1 BY DR. BARDEN:

2 Q. Isn't it true that you have zero federal
3 research grants as a principal investigator?

4 MS. RIVAUX: Objection, relevance.

5 THE WITNESS: I am not currently funded
6 by the Federal Government. I do have other
7 grants -- well, a grant.

8 DR. BARDEN: Objection, move to strike
9 all portions as nonresponsive other than the --
10 I'm looking for the number.

11 BY DR. BARDEN:

12 Q. You have zero federal research grants as a
13 principal investigator, correct?

14 MS. RIVAUX: Objection, relevance.

15 THE WITNESS: I have no federal
16 funding.

17 BY DR. BARDEN:

18 Q. You have zero state research grants as a
19 principal investigator, correct?

20 MS. RIVAUX: Objection, relevance.

21 THE WITNESS: Yes.

22 BY DR. BARDEN:

23 Q. You have zero private research grants as a
24 principal investigator, correct?

25 MS. RIVAUX: Objection, relevance.

1 THE WITNESS: No, that's not true.

2 BY DR. BARDEN:

3 Q. And what is your private research grant?

4 A. I have a Trent grant currently, that's a
5 private grant, Josiah Trent's Foundation.

6 Q. And you're the principal investigator of
7 that?

8 A. I was awarded the grant as the principal
9 investigator, yes.

10 Q. What is -- what is the dollar amount on
11 that?

12 A. \$5,000.

13 Q. And what is that for?

14 A. It's for a study on trans images, is what
15 it's called. Looking at variations in autonomic
16 feedback in patients who are transgender.

17 Q. Okay. Other than the \$5,000 private grant
18 for trans images, do you have any other grant funding
19 federal, state or private with you as a principal
20 investigator?

21 MS. RIVAUX: Objection, relevance.

22 THE WITNESS: There was -- I guess I'm
23 technically still listed on the Type 1 Diabetes
24 Exchange study at Duke as one of the
25 investigators, principal investigators. I'm not

1 involved as much anymore in that study, though.

2 BY DR. BARDEN:

3 Q. What is your understanding of the term
4 "principal investigator" as it's used in the medical
5 field?

6 A. So there are the primary person involved
7 in managing a study. In funding there's a primary
8 person listed. There's also a primary principal
9 investigator listed on the IRB protocols as well that
10 that person is the primary person directing the study.

11 Q. And is it your testimony that you've ever
12 been listed on any documents as a principal
13 investigator?

14 MS. RIVAUX: Asked and answered.

15 THE WITNESS: Again, in my -- in the
16 IRB I'm listed as the principal investigator, I
17 believe, for the Type 1 Diabetes Exchange study.

18 And then on the grant for the Josiah Trent
19 Foundation.

20 BY DR. BARDEN:

21 Q. What was the year of the IRB study?

22 A. You have to renew that every year,
23 so . . .

24 Q. And what's the name of it again?

25 A. Which one?

1 Q. The name of the IRB study that you believe
2 you're listed as a principal investigator?

3 A. Oh, the Type 1 Diabetes Exchange. That's
4 a --

5 Q. How do you spell that?

6 A. Type 1, T-Y-P-E --

7 Q. Okay.

8 A. -- 1 Diabetes --

9 Q. Okay.

10 A. -- Exchange.

11 Q. So that's not a -- that's not a
12 transgender study?

13 A. No.

14 Q. Okay. So, then, you've never had any
15 dollar amounts as a peer -- as a principal
16 investigator for any research grant from any state or
17 federal sources, correct?

18 MS. RIVAUX: Objection, relevance.

19 THE WITNESS: No.

20 BY DR. BARDEN:

21 Q. So have you ever published as a leading
22 author, as the first author, in a peer-reviewed
23 science journal?

24 MS. RIVAUX: Objection, relevance.

25 THE WITNESS: No.

1 BY DR. BARDEN:

2 Q. And you have zero science journal

3 editorial board positions, correct?

4 MS. RIVAUX: Objection, relevance.

5 THE WITNESS: I do not serve as an

6 editorial board member of a science journal.

7 BY DR. BARDEN:

8 Q. So that would be zero editorial board

9 positions, correct?

10 MS. RIVAUX: Objection, relevance.

11 THE WITNESS: Yes.

12 BY DR. BARDEN:

13 Q. Okay. You have zero national science

14 awards, correct?

15 MS. RIVAUX: Objection, relevance.

16 THE WITNESS: Correct.

17 BY DR. BARDEN:

18 Q. And you have spent zero days in any

19 position with tenure in any medical school or

20 university anywhere, correct?

21 MS. RIVAUX: Objection, relevance.

22 THE WITNESS: Correct.

23 BY DR. BARDEN:

24 Q. You were asked a number of questions about

25 the position statements of various associations. Do

1 you recall that?

2 A. Yes, I do.

3 Q. Were you present at the voting of those

4 associations for their statements?

5 MS. RIVAUX: Objection, relevance.

6 THE WITNESS: I was not.

7 BY DR. BARDEN:

8 Q. Do you know the names of the people who

9 voted for these association statements?

10 MS. RIVAUX: Objection, relevance.

11 THE WITNESS: So, typically, those are

12 written and offered for feedback from the entire

13 association. But I have no idea who was present

14 at the small group committee.

15 DR. BARDEN: Objection, move to strike

16 all parts of the answer except for no.

17 BY DR. BARDEN:

18 Q. So you -- you don't know the names of who

19 voted for these, correct?

20 MS. RIVAUX: Objection, relevance,

21 misleading, asked and answered.

22 THE WITNESS: So for the Pediatric

23 Endocrine Society actually I do know two of the

24 individuals who were involved in that.

25

1 BY DR. BARDEN:

2 Q. And how many others voted other than those
3 two?

4 MS. RIVAUX: Objection, relevance,
5 misleading.

6 THE WITNESS: There's no way for me to
7 know.

8 BY DR. BARDEN:

9 Q. What was the methodology by which the
10 associations put together the committee that created
11 these statements? Do you know?

12 MS. RIVAUX: Objection, relevance.

13 THE WITNESS: So the Pediatric
14 Endocrine Society's group was, I believe,
15 written by the special interest group on
16 transgender care. But I am not aware of who put
17 together the Endocrine Society ones.

18 BY DR. BARDEN:

19 Q. What percentage of these societies do not
20 agree with these statements?

21 MS. RIVAUX: Objection, relevance.

22 THE WITNESS: I -- I have no idea.

23 DR. BARDEN: We'll go off the record
24 for a moment, please.

25 THE VIDEOGRAPHER: Off record at 10:27.

1 (DISCUSSION HELD OFF THE RECORD)

2 THE VIDEOGRAPHER: We're back on record

3 at 10:28.

4 DR. BARDEN: Okay. I just want to

5 clarify for the record. So counsel objected to

6 relevance to those questions. What was the

7 objection?

8 MS. RIVAUX: On which question?

9 DR. BARDEN: A number of them.

10 MS. RIVAUX: Well, there were different

11 reasons for different ones.

12 DR. BARDEN: Okay.

13 BY DR. BARDEN:

14 Q. You've never published an article on

15 research methodology, have you?

16 A. No.

17 MS. RIVAUX: Relevance.

18 DR. BARDEN: And what's the nature of

19 that?

20 MS. RIVAUX: I don't think that her --

21 whether she -- first of all, I think that --

22 well, we can deal with this with the court, but

23 I will state that whether she had any -- any

24 experience in research methodology has any

25 relevance of whether she's qualified as an

1 expert in this case.

2 BY DR. BARDEN:

3 Q. Is it your understanding that you're
4 testifying both as a treating physician and as an
5 expert in this same case?

6 A. Yes.

7 Q. Do you recall in your deposition we talked
8 about ethical problems with doing that?

9 MS. RIVAUX: Objection, assumes facts
10 not in evidence, relevance, attorney testifying.

11 THE WITNESS: I remember some questions
12 regarding that.

13 BY DR. BARDEN:

14 Q. What's your understanding of the ethical
15 controversies regarding your testifying as a treating
16 physician and an expert in the same case?

17 MS. RIVAUX: Objection, relevance,
18 foundation, assumes facts not in evidence,
19 attorney testifying.

20 THE WITNESS: So I have no concerns
21 about my particular activity with regard to
22 ethics of testifying on both sides of the --
23 those two questions with regard to my patient,
24 and I have made that clear with my chairman
25 prior to starting.

1 BY DR. BARDEN:

2 Q. Are you aware of any published
3 controversies regarding ethics problems with someone
4 testifying as both a treating physician and an expert
5 witness in the same case?

6 MS. RIVAUX: Objection, assumes facts
7 not in evidence, relevance, foundation, attorney
8 testifying.

9 THE WITNESS: I have been -- the reason
10 that I asked the question in the beginning, of
11 my chairman, was to make sure that that wasn't
12 an issue. So I'm aware that there have been
13 some concerns in some cases.

14 DR. BARDEN: Objection, move to strike.

15 BY DR. BARDEN:

16 Q. Are you aware of any publications on
17 ethical controversies regarding someone testifying as
18 both a treating physician and an expert witness in the
19 same case?

20 MS. RIVAUX: Objection, relevance,
21 assumes facts not in evidence, attorney
22 testifying, misleading.

23 THE WITNESS: I have heard that there
24 are, but I have not read them.

25

1 BY DR. BARDEN:

2 Q. So you have not done an investigation of
3 whether there are ethical controversies regarding your
4 testifying as both a treating physician and an expert
5 in the same case?

6 MS. RIVAUX: Objection, relevance,
7 assumes facts not in evidence, attorney
8 testifying, misleading.

9 THE WITNESS: So I, prior to agreeing
10 to participating, contacted my chairman, and my
11 chairman also looped in our attorney at Duke
12 and -- to make sure that it was appropriate. I
13 didn't want to take a chance that my chairman
14 might not want me to do that.

15 BY DR. BARDEN:

16 Q. Do you know what methodology, if any, your
17 chairman used before making that decision?

18 MS. RIVAUX: Objection --

19 THE WITNESS: No.

20 MS. RIVAUX: -- relevance.

21 THE WITNESS: Other than contacting
22 the -- our lawyer.

23 BY DR. BARDEN:

24 Q. Do you know what methodology your lawyer
25 used before answering that question?

1 MS. RIVAUX: Objection, relevance,
2 invades attorney-client privilege.

3 BY DR. BARDEN:

4 Q. Just to be clear. I will never ask you
5 for any conversations you've had with your lawyers.

6 Is that okay?

7 A. Sure, yes.

8 Q. Okay.

9 (PREVIOUS QUESTION READ BACK BY THE REPORTER)

10 MS. RIVAUX: Objection, relevance,
11 invades attorney-client privilege and work
12 product.

13 THE WITNESS: No.

14 BY DR. BARDEN:

15 Q. Is it true you have not personally
16 diagnosed gender dysphoria in Drew Adams?

17 A. Yes, that's true.

18 Q. Is it true that you have not personally
19 diagnosed any psychological or psychiatric disorder or
20 label for Drew Adams?

21 MS. RIVAUX: Compound.

22 THE WITNESS: Yes, that's true.

23 BY DR. BARDEN:

24 Q. Do you recall in your deposition you
25 testified that you had spent many hours working with

1 the Plaintiff's attorneys in this case?

2 MS. RIVAUX: Objection, assumes facts

3 not in evidence.

4 THE WITNESS: Yes.

5 BY DR. BARDEN:

6 Q. How many hours have you spent working with

7 Plaintiff's lawyers in this case to prepare for your

8 testimony in this matter?

9 A. I can't tell you precisely because I

10 haven't tracked them. I would have to look back at

11 the estimates that I provided before. I don't

12 remember. Like four or five occasions an hour and a

13 half or so each, and then we met yesterday as well.

14 Q. So four and a half hours -- four and a

15 half times times an hour and a half plus yesterday.

16 So how many hours are we talking total?

17 A. That would be ten with the previous one, I

18 think, if I did my math right. And then yesterday,

19 maybe eight-ish so 18.

20 Q. Pardon?

21 A. Eighteen-ish.

22 Q. Eighteen hours?

23 A. Ish, yes.

24 Q. Okay. Is it your understanding that these

25 lawyers here for the Plaintiff are representing you?

1 A. No.

2 Q. Okay. In your discussion with the
3 lawyers, did they tell you why they have not called a
4 single witness in this case who actually diagnosed
5 Drew Adams as having gender dysphoria?

6 MS. RIVAUX: Objection, relevance.

7 THE WITNESS: No, we didn't have that
8 conversation.

9 BY DR. BARDEN:

10 Q. Were you aware that the Plaintiff, Drew
11 Adams, has been broadcasting YouTube videos?

12 A. No.

13 Q. Have you seen his YouTube videos?

14 A. No.

15 Q. Have you seen any YouTube videos in which
16 he denies having gender dysphoria?

17 MS. RIVAUX: Objection, relevance.

18 THE WITNESS: No, I haven't seen them.

19 BY DR. BARDEN:

20 Q. Did you ask Drew Adams if he was
21 broadcasting YouTubes or any social media regarding
22 his symptoms?

23 MS. RIVAUX: Objection, relevance.

24 THE WITNESS: The -- the only social --

25 MS. RIVAUX: Misleading, sorry.

1 THE WITNESS: -- the only social media
2 I knew about for Drew, Drew told me the day he
3 started testosterone that he was going to post
4 that on social media. That was my only
5 information that I've been aware of.

6 BY DR. BARDEN:

7 Q. And you didn't ask him to review his
8 social media postings?

9 MS. RIVAUX: Objection, relevance.

10 THE WITNESS: I don't ask any of my
11 patients to reveal their social media postings.
12 We're not supposed to be involved in social
13 media with our patients.

14 BY DR. BARDEN:

15 Q. Wouldn't that be excellent information on
16 whether your patient was offering you reliable
17 self-report information?

18 MS. RIVAUX: Objection, relevance.

19 THE WITNESS: I don't find that it's
20 really proper medical activity to be looking at
21 my patients' social media. And, in fact, we
22 have specific policies around that. I expect my
23 patients to represent themselves in the clinic
24 when I'm discussing with them what their issues
25 are and properly.

1 BY DR. BARDEN:

2 Q. So, then, you don't know if Drew Adams has
3 been broadcasting YouTube videos that have information
4 contrary to what he told you in clinical setting?

5 MS. RIVAUX: Objection, misleading,
6 relevance.

7 THE WITNESS: I do not.

8 BY DR. BARDEN:

9 Q. How much time have you spent with Drew
10 Adams? How many hours?

11 A. We've had three visits. My portion of the
12 visit in the first one is an hour-ish, that's just my
13 portion, and then a half an hour or sometimes a little
14 longer for the follow-ups. So -- and then we've had
15 two of those. So two, two and a half, maybe three
16 hours in person face-to-face.

17 Q. Was it two or three hours? You've
18 described two hours.

19 MS. RIVAUX: Objection, asked and
20 answered.

21 BY DR. BARDEN:

22 Q. Is there more time?

23 A. I can only give you an estimate of the
24 time. I cannot give you a precise time.

25 Q. So all of your opinions and testimony in

1 this case are based on two or three hours of
2 face-to-face interaction with Drew Adams --

3 MS. RIVAUX: Objection --

4 BY DR. BARDEN:

5 Q. -- plus the other information you've
6 discussed, correct?

7 A. So that is not the only information I use.
8 I rely on my clinical social worker and our
9 multi-disciplinary team where we get together and
10 discuss that information, as well as Drew's
11 personal -- oh, sorry, my mind just went blank --
12 mental health provider and parents as well.

13 Q. So I'm just trying to make a clear record.
14 So two or three hours of face-to-face time with Drew
15 Adams is your total for this entire case, right?

16 MS. RIVAUX: Objection, vague.

17 THE WITNESS: Face-to-face, yes.

18 BY DR. BARDEN:

19 Q. Okay. Have you done any other interviews
20 of Drew by Skype or audio or anything else?

21 A. I have not talked to Drew in any other
22 method other than his mother e-mailing me specific
23 medical questions, but not directly with Drew.

24 Q. Okay. So the two to three hours of
25 talking to Drew is -- is the total?

1 MS. RIVAUX: Objection, vague.

2 THE WITNESS: Correct.

3 BY DR. BARDEN:

4 Q. Okay. Isn't it true that you have not
5 diagnosed this Plaintiff with urinary tract
6 infections?

7 MS. RIVAUX: Objection, relevance.

8 THE WITNESS: That's true.

9 BY DR. BARDEN:

10 Q. Isn't it true that you have not diagnosed
11 this Plaintiff with impacted bowels?

12 MS. RIVAUX: Objection, relevance,
13 scope.

14 THE WITNESS: That's true.

15 BY DR. BARDEN:

16 Q. Isn't it true that you have never
17 communicated with any individuals that work for the
18 St. Johns County Schools?

19 A. That's true.

20 MS. RIVAUX: Relevance.

21 BY DR. BARDEN:

22 Q. Isn't it true that you have never
23 communicated with any parents from St. Johns County
24 Schools with the exception of the Plaintiff's parents?

25 A. That's true.

1 MS. RIVAUX: Objection, relevance.

2 BY DR. BARDEN:

3 Q. Isn't it true that you have never
4 communicated with any students of St. Johns County
5 Schools with the exception of the Plaintiff?

6 MS. RIVAUX: Objection, relevance.

7 THE WITNESS: That's true.

8 BY DR. BARDEN:

9 Q. Isn't it true that you have not reviewed
10 all of the Plaintiff's medical records?

11 MS. RIVAUX: Objection, relevance.

12 THE WITNESS: If you're talking about
13 outside of my records and the mental health
14 provider, that's -- those are the only records.
15 So I haven't reviewed the others if they're out
16 there.

17 BY DR. BARDEN:

18 Q. So you mentioned that you work with a
19 social worker; is that correct?

20 A. Uh-huh.

21 Q. Is that --

22 A. Yes, sorry.

23 Q. -- that Kristen Russell?

24 A. Yes.

25 Q. Okay. Isn't it true that Kristen Russell

1 does not have a medical degree?

2 A. That's true.

3 Q. Isn't it true that Kristen Russell is not

4 a scientist?

5 MS. RIVAUX: Objection, relevance.

6 THE WITNESS: That's true.

7 BY DR. BARDEN:

8 Q. To the best of your knowledge Kristen

9 Russell has no research grants, correct?

10 MS. RIVAUX: Objection, relevance.

11 THE WITNESS: That's true.

12 BY DR. BARDEN:

13 Q. To the best of your knowledge, Kristen

14 Russell has no publications in peer-reviewed science

15 journals, correct?

16 MS. RIVAUX: Objection, speculative,

17 relevance.

18 THE WITNESS: I can't really answer

19 that question. It's possible that she could

20 have done some publications prior to being

21 involved with me. We have not published

22 anything together. That's the only thing I can

23 state.

24 DR. BARDEN: Objection, move to strike

25 as nonresponsive.

1 BY DR. BARDEN:

2 Q. To the best of your knowledge, she has
3 zero publications in peer-reviewed science journals,
4 right?

5 MS. RIVAUX: Relevance, speculation.

6 THE WITNESS: I have not done a
7 literature search to see that, she has any
8 publications.

9 BY DR. BARDEN:

10 Q. So to the best of your knowledge, she has
11 zero, correct?

12 MS. RIVAUX: Objection, relevance,
13 speculation.

14 THE WITNESS: I haven't done the proper
15 research to answer that question in the way it's
16 framed.

17 BY DR. BARDEN:

18 Q. To the best of your knowledge, Kristen
19 Russell has never had a tenured job in any university
20 or medical school, correct?

21 MS. RIVAUX: Objection, relevance.

22 THE WITNESS: Correct.

23 MS. RIVAUX: Speculation.

24 BY DR. BARDEN:

25 Q. To the best of your knowledge, Kristen

1 Russell does not have any editorial board positions,
2 correct?

3 MS. RIVAUX: Objection, relevance,
4 speculation.

5 THE WITNESS: Correct.

6 BY DR. BARDEN:

7 Q. And to the best of your knowledge, Kristen
8 Russell has not been asked to review articles for
9 science journals, correct?

10 MS. RIVAUX: Objection, relevance,
11 speculation.

12 THE WITNESS: I don't know that I can
13 answer that question. I know we've discussed
14 articles that she's worked on, but I don't know
15 if it was a review or -- I don't know.

16 BY DR. BARDEN:

17 Q. So to the best of your knowledge, she has
18 zero -- she's been asked to review zero articles for
19 science journals?

20 MS. RIVAUX: Relevance, speculation,
21 asked and answered.

22 THE WITNESS: Again, to the best of my
23 knowledge I don't know the answer to that
24 question.

25

1 BY DR. BARDEN:

2 Q. So you mentioned that a therapist in
3 Florida diagnosed Drew Adams with gender dysphoria,
4 correct?

5 A. Yes.

6 Q. Do you know the name of that therapist?

7 A. I can't remember.

8 Q. Do you know the training of that
9 therapist?

10 MS. RIVAUX: Objection, relevance.

11 THE WITNESS: I can't remember.

12 BY DR. BARDEN:

13 Q. Do you have any idea at all?

14 MS. RIVAUX: Objection, asked and
15 answered.

16 THE WITNESS: I can't remember.

17 BY DR. BARDEN:

18 Q. To the best of your knowledge, the
19 therapist in Florida is not a scientist, correct?

20 MS. RIVAUX: Objection, relevance,
21 vague.

22 THE WITNESS: I don't know.

23 BY DR. BARDEN:

24 Q. To the best of your knowledge, the
25 therapist in Florida has no research grants, correct?

1 MS. RIVAUX: Relevance, vague,
2 speculation.

3 THE WITNESS: I have no idea.

4 BY DR. BARDEN:

5 Q. To the best of your knowledge, the
6 therapist in Florida has no publications in any
7 peer-reviewed science journals, correct?

8 MS. RIVAUX: Relevance, speculative,
9 vague.

10 THE WITNESS: I don't know.

11 BY DR. BARDEN:

12 Q. To the best of your knowledge, the
13 therapist in Florida has no national science awards,
14 correct?

15 MS. RIVAUX: Objection, relevance
16 speculative, vague.

17 THE WITNESS: And it's possible, I
18 don't know.

19 BY DR. BARDEN:

20 Q. To the best of your knowledge, the
21 therapist in Florida does not -- has never had tenure
22 in any university or medical school, correct?

23 MS. RIVAUX: Objection, relevance
24 speculation, vague.

25 THE WITNESS: I don't know.

1 BY DR. BARDEN:

2 Q. To the best of your knowledge, the
3 therapist in Florida has never been asked to review
4 articles for science journals; isn't that right?

5 MS. RIVAUX: Objection, relevance,
6 vague, speculative.

7 THE WITNESS: I have no way of knowing
8 the answer to that question.

9 BY DR. BARDEN:

10 Q. You were not present in the room when the
11 therapist in Florida interviewed Drew Adams which
12 resulted in a diagnosis of gender dysphoria; isn't
13 that true?

14 MS. RIVAUX: Objection, relevance.

15 THE WITNESS: I'm never in the room
16 when a therapist diagnoses a patient with gender
17 dysphoria.

18 BY DR. BARDEN:

19 Q. The therapist in Florida did not audio
20 record the interview with Drew Adams that led to his
21 diagnosis of gender dysphoria; isn't that true?

22 MS. RIVAUX: Objection, speculation.

23 THE WITNESS: I have no way to know
24 that.

25

1 BY DR. BARDEN:

2 Q. You've not seen any audio -- I'm sorry,
3 you haven't heard any audio recording of that
4 interview, have you?

5 MS. RIVAUX: Objection, relevance.

6 THE WITNESS: I have not.

7 BY DR. BARDEN:

8 Q. The therapist in Florida, to the best of
9 your knowledge, did not video record the interview
10 with Drew Adams that led to his diagnosis of gender
11 dysphoria; isn't that correct?

12 MS. RIVAUX: Objection, relevance,
13 speculation.

14 THE WITNESS: I have no idea.

15 BY DR. BARDEN:

16 Q. Now, you mentioned -- did you see -- have
17 you seen all the records of the therapist in Florida
18 that diagnosed Drew Adams as having gender dysphoria?

19 MS. RIVAUX: Objection, asked and
20 answered.

21 THE WITNESS: I haven't reviewed the
22 records. I have the letter that they sent.

23 BY DR. BARDEN:

24 Q. Okay. So you have one letter, but you
25 don't have the rest of the therapy records, correct?

1 MS. RIVAUX: Objection, asked and
2 answered twice now.

3 THE WITNESS: Those are not typically
4 shared with the medical provider.

5 BY DR. BARDEN:

6 Q. And, thus, you have not seen them,
7 correct?

8 MS. RIVAUX: Objection, asked and
9 answered.

10 THE WITNESS: Correct.

11 BY DR. BARDEN:

12 Q. You have not seen any informed consent
13 form for the therapist's treatment in Florida, have
14 you?

15 MS. RIVAUX: Objection, relevance,
16 scope.

17 THE WITNESS: I have not seen a paper
18 labeled informed consent from the therapist.

19 BY DR. BARDEN:

20 Q. You've not seen any therapy notes from the
21 therapist in Florida's treatment of Drew Adams, have
22 you?

23 MS. RIVAUX: Objection, asked and
24 answered, relevance.

25 THE WITNESS: No, I have seen a summary

1 letter.

2 BY DR. BARDEN:

3 Q. The therapist in Florida did not write
4 down the questions she asked and the answers Drew
5 Adams gave her that formed the basis of her diagnosis
6 of gender dysphoria, did she?

7 MS. RIVAUX: Objection, relevance
8 scope, compound.

9 THE WITNESS: I would have to assume
10 that you're saying in the letter, because you
11 didn't state where they were writing it down. I
12 would think she would have written it down in
13 her notes, but they were not written in the
14 letter.

15 BY DR. BARDEN:

16 Q. And you haven't seen her notes, correct?

17 MS. RIVAUX: Objection, asked and
18 answered.

19 THE WITNESS: Correct.

20 BY DR. BARDEN:

21 Q. So you don't know whether she asked
22 leading, suggestive and improper questions, do you?

23 MS. RIVAUX: Objection, speculation.

24 THE WITNESS: I don't know what
25 questions she asked, in what manner.

1 BY DR. BARDEN:

2 Q. You don't know the methodology she used to
3 arrive at her diagnosis of gender dysphoria, do you?

4 MS. RIVAUX: Objection, vague,
5 speculative, relevance.

6 THE WITNESS: So a therapist has the
7 methodology that they are using and is
8 recommended by psychiatry and psychological
9 associations. I rely on the therapists to use
10 proper methodology.

11 DR. BARDEN: Objection, move to strike
12 as nonresponsive.

13 BY DR. BARDEN:

14 Q. So you do not know what methodology she
15 used to diagnose Drew Adams as having gender
16 dysphoria, do you?

17 MS. RIVAUX: Objection, asked and
18 answered, speculative, relevance.

19 THE WITNESS: So in the letters they
20 use the criteria from the DSM in their
21 diagnostic criteria.

22 BY DR. BARDEN:

23 Q. But, again, you don't know how she
24 obtained that information, do you?

25 MS. RIVAUX: Objection, asked and

1 answered, speculative, calls for speculation.

2 THE WITNESS: Yeah, I'm not -- I'm not

3 even sure what the question is.

4 BY DR. BARDEN:

5 Q. You don't know the questions she asked, do

6 you?

7 A. I don't know the questions she asked.

8 Q. You don't know what answers he gave, do

9 you?

10 MS. RIVAUX: Objection, relevance.

11 THE WITNESS: No.

12 BY DR. BARDEN:

13 Q. Did you ever ask -- did you ever ask the

14 therapist what questions she asked and what answers

15 Drew gave?

16 A. My clinical social worker typically

17 contacts the therapist since they are practicing in

18 the same field, one-on-one, to discuss any concerns

19 there. I don't know what that conversation would have

20 looked like between the two of them, and I did not

21 personally call.

22 DR. BARDEN: Objection, move to strike

23 everything except for "I did not personally

24 call."

25

1 BY DR. BARDEN:

2 Q. So you don't know if your social worker
3 contacted the therapist in Florida or not, do you?

4 MS. RIVAUX: Objection, misleading,
5 mischaracterizes testimony.

6 DR. BARDEN: Just a minute. What's --
7 what's misleading?

8 MS. RIVAUX: The question of --

9 DR. BARDEN: Why is --

10 MS. RIVAUX: Because she just said that
11 her social worker did contact the therapist.

12 DR. BARDEN: Okay. Then, for the
13 record, that's not accurate. She said
14 "typically."

15 MS. RIVAUX: Okay.

16 DR. BARDEN: So -- okay?

17 BY DR. BARDEN:

18 Q. So do you have any personal knowledge of
19 your social worker contacting the therapist in Florida
20 who diagnosed Drew Adams as suffering from gender
21 dysphoria?

22 A. I'd have to review her records. I don't
23 know off the top of my head.

24 Q. Do you know if your social worker made any
25 assessment of the reliability of the methodology of

1 the therapist who diagnosed Drew Adams with gender
2 dysphoria?

3 MS. RIVAUX: Objection, relevance.

4 THE WITNESS: So if she did contact
5 them, she would have tried to understand whether
6 the therapist had any background in this area.

7 But I don't know --

8 DR. BARDEN: Objection, move to strike
9 as nonresponsive everything other than "I don't
10 know."

11 BY DR. BARDEN:

12 Q. What, if any, assessment did you undertake
13 to investigate the competence of the therapist who
14 diagnosed Drew Adams as gender dysphoric?

15 MS. RIVAUX: Objection, relevance.

16 THE WITNESS: So, again, I can -- all I
17 can state is what I've said before. Typically,
18 we would contact with my -- my social worker
19 would contact the therapist to see if they felt
20 comfortable with this particular topic. And, in
21 general, people who are therapists who write
22 these letters do not write them if they feel
23 that they do not have the ability to properly
24 make the diagnosis. I've had a number of
25 patients who switched therapists because their

1 therapist didn't feel that they were capable.

2 DR. BARDEN: Objection, move to strike

3 the entire answer as nonresponsive.

4 BY DR. BARDEN:

5 Q. Again, what did you personally do to

6 assess, if anything, the competence of the therapist

7 in Florida who diagnosed Drew Adams as suffering from

8 gender dysphoria?

9 MS. RIVAUX: Objection, relevance.

10 THE WITNESS: I only saw that they

11 were -- their credentials. That's my only

12 verification.

13 BY DR. BARDEN:

14 Q. What were her credentials?

15 A. I don't remember. I noted them on the --

16 on the letter, but I don't remember what they were.

17 Q. In your 18 hours of working with the

18 lawyers in this case, did they explain to you, at any

19 time, why they failed to call a therapist who

20 diagnosed Drew Adams as gender dysphoric as a witness

21 in this case?

22 MS. RIVAUX: Objection, relevance,

23 argumentative, compound.

24 THE WITNESS: I'm not sure why they

25 would have discussed that with me, no.

1 DR. BARDEN: Objection, move to strike

2 as nonresponsive.

3 BY DR. BARDEN:

4 Q. Did they discuss it with you or not?

5 MS. RIVAUX: Objection -- same

6 objections.

7 THE WITNESS: No.

8 BY DR. BARDEN:

9 Q. Are you aware of research on how common it

10 is for therapists to ask improperly leading and

11 suggestive questions, thus, contaminating the

12 responses of the patients?

13 MS. RIVAUX: Objection, attorney

14 testifying, assumes facts not in evidence,

15 argumentative, relevance, scope.

16 THE WITNESS: I don't think that it's

17 appropriate for me to talk about those sorts of

18 things in a different area, unrelated to my

19 pediatric endocrinology training.

20 DR. BARDEN: Objection, move to strike

21 as nonresponsive.

22 BY DR. BARDEN:

23 Q. Are you -- let me ask you this. As a

24 clinician, do you talk to people?

25 A. I do.

1 Q. Do you interview people?

2 A. I do.

3 Q. Are you aware of research on the
4 reliability of clinical interviews?

5 A. Interviews?

6 MS. RIVAUX: Objection, relevance.

7 THE WITNESS: I have not kept
8 up-to-date with the research on clinical
9 interviews.

10 BY DR. BARDEN:

11 Q. Are you aware -- as someone who does
12 clinical interviews, are you aware of any research on
13 how leading and suggestive questions can contaminate
14 the memory and responses of patients?

15 MS. RIVAUX: Objection, relevance,
16 assumes facts not in evidence, argumentative and
17 attorney testifying.

18 THE WITNESS: I have not read those
19 research papers.

20 BY DR. BARDEN:

21 Q. Have you had any conversations with your
22 social worker with regard to research on the
23 unreliability of clinical interviews?

24 MS. RIVAUX: Objection, assumes facts
25 not in evidence, attorney testifying,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

█ [REDACTED]
█ [REDACTED]
█ [REDACTED]
█ [REDACTED]
█ [REDACTED]

6 DR. BARDEN: Why don't we take a break?

7 You're going to change the tape, right?

8 THE VIDEOGRAPHER: This concludes

9 Media 1. The time is 11:15.

10 (RECESS TAKEN)

11 THE VIDEOGRAPHER: This is Media 2.

12 The time is 11:25.

13 BY DR. BARDEN:

14 Q. Dr. Adkins, we've talked about the
15 therapist in Florida and your social worker, and I
16 just want to make it very clear on this record, isn't
17 it true that you did not personally observe anyone
18 diagnosing Drew Adams as having gender disorder or
19 gender dysphoria; isn't that true?

20 MS. RIVAUX: Objection, relevance,
21 scope, asked and answered.

22 THE WITNESS: I did not sit in on the
23 assessments at the time, if that's the question
24 you're asking.

25

1 BY DR. BARDEN:

2 Q. And once again, just to clarify, we've
3 talked about the therapist in Florida and your social
4 worker. To the best of your knowledge, there's no
5 audio recording with anyone conducting a diagnostic
6 interview of the Plaintiff at any time; isn't that
7 correct?

8 MS. RIVAUX: Objection, asked and
9 answered, relevance.

10 THE WITNESS: I am not aware of any,
11 and we do not do that at my clinic.

12 BY DR. BARDEN:

13 Q. Also just to be clear, we've talked about
14 the therapist in Florida and your social worker. To
15 the best of your knowledge, you're not aware of any
16 video recording of any diagnostic interviews with the
17 Plaintiff by anyone at any time?

18 MS. RIVAUX: Objection, relevance,
19 asked and answered.

20 THE WITNESS: I'm not aware of any.

21 BY DR. BARDEN:

22 Q. Isn't it true that given your lack of
23 knowledge of the diagnostic interviews and your lack
24 of knowledge of the questions asked and answered and
25 your lack of knowledge of the methodology used that

1 you cannot have any opinions as to whether the
2 Plaintiff was properly diagnosed as suffering from
3 gender dysphoria?

4 (CONFERENCE ROOM INTERRUPTION)

5 MS. RIVAUX: Objection, relevance.

6 THE WITNESS: So I follow a protocol
7 that states that I rely on my mental health
8 providers for that purpose and I personally am
9 not the one doing that.

10 (CONFERENCE ROOM INTERRUPTION)

11 MR. KOSTELNIK: Can we go off the
12 record for a second?

13 DR. BARDEN: Is someone knocking?

14 THE VIDEOGRAPHER: We're off record at
15 11:28.

16 (DISCUSSION HELD OFF THE RECORD)

17 THE VIDEOGRAPHER: We're back on record
18 at 11:29.

19 BY DR. BARDEN:

20 Q. Okay. Dr. Adkins, you've talked about
21 what's typically done in your program and what you
22 believe was done by the therapist in Florida. Is it
23 your understanding that Drew Adams was diagnosed as
24 suffering from gender dysphoria based upon his
25 self-report?

1 MS. RIVAUX: Objection, vague.

2 THE WITNESS: So our protocol in our
3 office involves both self-report and parental
4 report so it would not have been based on --
5 solely on self-report.

6 BY DR. BARDEN:

7 Q. So it's the self-report of the patient and
8 the self-report of the parents, correct?

9 A. Yes.

10 Q. It's conversation, right?

11 A. A discussion, yes.

12 Q. Okay. There are no brain scans that you
13 used to diagnose Drew Adams; isn't that correct?

14 A. That is correct.

15 Q. There are no blood tests that you used;
16 isn't that correct?

17 A. That is not part of the criteria for
18 diagnosis so, no, I would not have done that.

19 Q. There's no biochemical data or
20 measurements that were used, correct?

21 A. Not for gender dysphoria.

22 Q. There were no psychological tests given,
23 correct?

24 A. Our clinical social worker does a number
25 of tests when they come in as far as that goes.

1 Q. And what are the tests that were used --
2 again, I'm not interested in typically, I'm interested
3 in Drew Adams. What were the tests that Drew Adams
4 received as part of your treatment protocol with him?

5 A. So my licensed clinical social worker
6 performs those, she has them in her purview. I
7 know -- I can give you the names, but I'm likely to
8 make errors, but I'll tell you what I know. We have a
9 gender identity --

10 Q. Okay.

11 DR. BARDEN: Stop and move to strike as
12 nonresponsive.

13 BY DR. BARDEN:

14 Q. I'm just interested in your knowledge, not
15 what's typically done, not what she typically does,
16 not what you're -- just what you have seen and heard
17 with your own eyes and ears, the tests that Drew Adams
18 received in this case?

19 A. So I have seen the documents that are
20 involved with these screenings for Drew. There's a
21 gender identity questionnaire. There is a body
22 dysphoria scale. There is, and I'm going to not know
23 the name, but an evaluation of anxiety, an evaluation
24 of depression, and -- oh, and then there's a
25 psychosocial assessment which involves family,

1 background, supportive things, drug use, those sorts
2 of things. Let's see. Those are the ones I can think
3 of right now.

4 Q. So you mentioned the gender ID
5 questionnaire.

6 A. Uh-huh.

7 Q. What, if any, information can you give us
8 as to the published reliability and validity of the
9 so-called gender ID questionnaire?

10 MS. RIVAUX: Objection, relevance,
11 scope, argumentative --

12 THE WITNESS: So --

13 MS. RIVAUX: -- assumes facts not in
14 evidence.

15 THE WITNESS: So --

16 BY DR. BARDEN:

17 Q. And I'm looking for numbers.

18 A. Uh-huh. So I would have to pull the
19 report from the Dutch study to give you that
20 information, but it has been validated for use in this
21 population.

22 Q. What's the citation for the Dutch study
23 that you claim?

24 A. I don't know the name. Most likely, it
25 would be DeVries or Steensma.

1 Q. You've never published an article on
2 reliability and validity data for psychological
3 testing, have you?

4 MS. RIVAUX: Objection, relevance.

5 THE WITNESS: It's not my field, so no.

6 BY DR. BARDEN:

7 Q. Do you know the percentage of
8 psychological tests that were later found to be
9 inadequate?

10 MS. RIVAUX: Objection, relevance,
11 scope, assumes facts not in evidence, attorney
12 testifying, argumentative.

13 THE WITNESS: I don't know the
14 percentage. I do know they are frequently
15 updated to improve validity and reliability.

16 BY DR. BARDEN:

17 Q. Do you know of any publications that list
18 the reliability and validity data of psychological
19 tests?

20 MS. RIVAUX: Objection, relevance,
21 scope.

22 THE WITNESS: You can look for that in
23 the -- the literature for any test that's
24 developed. It should be available if it's been
25 tested.

1 BY DR. BARDEN:

2 Q. Did you do that in this case?

3 MS. RIVAUX: Objection, relevance,
4 scope.

5 THE WITNESS: So prior to starting
6 the -- the clinic, my clinical social worker and
7 I sat down and looked through the measures and
8 looked for the best measures, so we would have
9 looked at and did look at those things. I just
10 don't recall the numbers.

11 BY DR. BARDEN:

12 Q. So can you give me the name of any
13 licensed Ph.D. psychologist you consulted to determine
14 whether the gender ID questionnaire was a reliable and
15 valid instrument for use in your treatment?

16 MS. RIVAUX: Objection, relevance,
17 scope --

18 BY DR. BARDEN:

19 Q. And I'm looking --

20 MS. RIVAUX: -- argumentative.

21 BY DR. BARDEN:

22 Q. I'm looking for a name.

23 A. Sure. I consult with, regarding our
24 assessments, Nancy Zucker and Nicole Heilbron who are
25 at the Duke Child Evaluation Center at Duke

1 University.

2 Q. Is it your testimony that they reviewed
3 the gender ID questionnaire and told you that it was a
4 reliable and valid instrument?

5 MS. RIVAUX: Objection, calls for
6 hearsay --

7 BY DR. BARDEN:

8 Q. And that's Nancy --

9 MS. RIVAUX: -- relevance, scope.

10 BY DR. BARDEN:

11 Q. -- Nancy Zucker, did she give you that
12 opinion?

13 MS. RIVAUX: Same objections.

14 THE WITNESS: So we are using these
15 instruments in ongoing studies that she has
16 approved for them to be used in, so yes, Nancy
17 Zucker has approved the use of these particular
18 instruments in our studies.

19 BY DR. BARDEN:

20 Q. And did Nancy Zucker or any other licensed
21 psychologist approve the body dysphoria scale as being
22 reliable and valid?

23 MS. RIVAUX: Objection, relevance,
24 scope, calls for hearsay.

25 THE WITNESS: So we're using that as

1 well in those studies going forward, so she's
2 been involved in developing those studies.

3 BY DR. BARDEN:

4 Q. What -- what, if any, knowledge do you
5 have of research documenting that clinicians are
6 highly unreliable lie detectors and, thus, easily
7 fooled by patients?

8 MS. RIVAUX: Objection, relevance,
9 scope, assumes facts not in evidence,
10 argumentative, attorney testifying, compound,
11 misleading.

12 THE WITNESS: Sorry, excuse me.

13 So -- so the only thing that I would
14 know of would be the instruction from medical
15 school, but not -- not research recently.

16 BY DR. BARDEN:

17 Q. So you're -- you're -- you're not aware of
18 any research documenting that clinicians are
19 unreliable lie detectors who might be easily fooled by
20 patients?

21 MS. RIVAUX: Objection, asked and
22 answered, relevance, scope, compound, assumes
23 facts not in evidence, argumentative, attorney
24 testifying, outside the scope of expert
25 expertise.

1 THE WITNESS: That is not -- no, I

2 don't read that literature.

3 BY DR. BARDEN:

4 Q. Okay. Let's address that. Do you, in

5 fact, interview people in your work?

6 A. I do.

7 Q. Would it not be --

8 MS. RIVAUX: Objection, asked and

9 answered.

10 BY DR. BARDEN:

11 Q. -- would it not be relevant and important

12 for you to know if there was research indicating that

13 your methodology, that is sitting in a room talking to

14 people, might have limitations?

15 MS. RIVAUX: Objection, assumes facts

16 not in evidence, argumentative, attorney

17 testifying, relevance, scope.

18 THE WITNESS: So I keep up with the

19 general medical literature that applies to what

20 I'm doing and if I see something that I am

21 concerned about, I would have not gone in and

22 investigated specifically those things. I may

23 have read them in general reading, but I don't

24 recall reading them.

25

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

13 BY DR. BARDEN:

14 Q. And if the research indicated that
15 clinicians were poor lie detectors, wouldn't your,
16 quote, trusting your patients, unquote, be a naive and
17 unreliable methodology?

18 MS. RIVAUX: Objection, assumes facts
19 not in evidence, argumentative, attorney
20 testifying, compound, scope, relevance.

21 THE WITNESS: Since I have not read
22 that information and I can't comment on what its
23 report is and whether or not it was actually
24 saying that physicians are not good lie
25 detectors.

[REDACTED]

15 BY DR. BARDEN:

16 Q. Do you have any idea at all what
17 percentage of the statements made to the therapist in
18 Florida during the diagnostic interview with Drew
19 Adams were false statements?

20 MS. RIVAUX: Objection, speculation,
21 foundation, relevance, scope, argumentative.

22 THE WITNESS: I know nothing about
23 those discussions, so no, there's no way for me
24 to know that.

25

1 BY DR. BARDEN:

2 Q. Are you aware of statements that Drew
3 Adams has made with regard to how far he had to walk
4 to restrooms?

5 A. I don't think we talked about distance. I
6 don't think I've directly talked with Drew about
7 distance to the bathroom.

8 Q. Have you read the depositions in this
9 case?

10 A. Which deposition?

11 Q. Any of them.

12 A. I've read mine, I've read Dr. Hruz, and
13 I've read Dr. Josephson's.

14 Q. That's it?

15 A. Yes.

16 Q. Okay. So you have not read the
17 depositions of any fact witnesses, correct?

18 A. Umm.

19 Q. I'm sorry, I'll clarify that without the
20 legal term.

21 A. Thank you.

22 Q. You have not read the depositions of Drew
23 Adams or his mother?

24 A. That's correct.

25 Q. Okay. In your 18 hours of work with

1 Plaintiff's attorneys, did you ever discuss whether
2 Drew made objectively false statements about how far
3 he had to walk to restrooms?

4 A. We did not --

5 MS. RIVAUX: Objection, assumes facts
6 not in evidence, argumentative.

7 THE WITNESS: We did not have
8 conversations around that. Sorry.

9 BY DR. BARDEN:

10 Q. Okay. Do you know if Drew -- of any
11 claims that Drew has made either to you or to anyone
12 else about how far he had to walk to restrooms?

13 MS. RIVAUX: Objection, argumentative.

14 THE WITNESS: I'm not aware of any
15 discussions about distance to the restroom.

16 BY DR. BARDEN:

17 Q. Do you know any claims that Drew has made
18 with regard to whether he suffered bladder infections?

19 MS. RIVAUX: Objection, asked and
20 answered.

21 THE WITNESS: I don't -- I have not
22 heard anything around bladder injections.

23 BY DR. BARDEN:

24 Q. Do -- what, if any, information do you
25 have as to whether Drew Adams ever claimed trouble

1 from impacted bowels?

2 MS. RIVAUX: Objection, relevance.

3 THE WITNESS: I have -- I have not been

4 aware of any problems with those.

5 BY DR. BARDEN:

6 Q. What, if any, steps did you take to

7 investigate any alternative hypotheses in this case?

8 MS. RIVAUX: Objection, relevance,

9 scope.

10 THE WITNESS: Alternative hypotheses to

11 which question?

12 BY DR. BARDEN:

13 Q. To what's wrong or what's troubling Drew

14 Adams?

15 A. So the mental health provider is the

16 person who does the diagnosis. I don't do that

17 diagnosis so I don't do that investigation as the

18 pediatric endocrinologist.

19 DR. BARDEN: Objection, move to strike

20 as nonresponsive.

21 BY DR. BARDEN:

22 Q. So what, if any, alternative hypotheses

23 did you investigate with regards to this case?

24 MS. RIVAUX: Objection, asked and

25 answered.

1 THE WITNESS: That is not the scope of
2 my -- my position.

3 BY DR. BARDEN:

4 Q. Is it --

5 A. Go ahead.

6 Q. Is it your understanding as a physician
7 that it is not your duty in every case to generate and
8 investigate alternative hypotheses?

9 MS. RIVAUX: Objection, argumentative.

10 THE WITNESS: So certainly when I see
11 patients, if there is a complaint that doesn't
12 have a diagnosis, I would investigate those
13 complaints.

14 DR. BARDEN: I'm at a good spot to stop
15 now for lunch, if you want to do that.

16 THE VIDEOGRAPHER: We're off record at
17 11:55.

18 (RECESS TAKEN)

19 THE VIDEOGRAPHER: Back on the record
20 at 12:51.

21 DR. BARDEN: Okay. We're back on the
22 record.

23 BY DR. BARDEN:

24 Q. Dr. Adkins, we were discussing the
25 possibility of alternative hypotheses when we broke

[REDACTED]

1 patient, correct?

2 MS. RIVAUX: Objection, assumes facts

3 not in evidence.

4 THE WITNESS: Every teenager has some

5 dishonesty. And it is our ability to work

6 through that and understand when you have

7 something like that going on, to address it.

8 BY DR. BARDEN:

9 Q. You give me any peer-reviewed, cited

10 scientific evidence that you can, quote, work through

11 a patient who's lying to you and you haven't been able

12 to discern that?

13 MS. RIVAUX: Objection, ambiguous,

14 argumentative, relevance, scope.

15 THE WITNESS: In any physician's

16 education, there's clinical practice education

17 with regard to techniques to interview patients

18 and discuss with them whether they're honest or

19 not. So for a physician, that's part of our

20 training. I cannot cite you medical literature

21 that is word-for-word any of that.

22 DR. BARDEN: Objection, move to strike

23 all of that answer except for no.

24 BY DR. BARDEN:

25 Q. Isn't it, in fact, the case, Doctor, that

1 the peer-reviewed literature shows that you can't deal
2 with that, because as a clinician you are not a human
3 lie detector?

4 MS. RIVAUX: Objection, relevance,
5 scope, assumes facts not in evidence, attorney
6 testifying, argumentative, calls for hearsay.

7 THE WITNESS: I can't testify to that,
8 because I haven't seen that information.

9 BY DR. BARDEN:

10 Q. Okay. I'm going to ask you what I'll call
11 Alternative Hypothesis 2?

12 A. Like number 2?

13 Q. Uh-huh.

14 A. Okay.

15 Q. You said you read the deposition of
16 Dr. Hruz, correct?

17 A. Yes.

18 Q. Does Dr. Hruz have a M.D. and a Ph.D.?

19 A. Yes.

20 Q. And does he sit on editorial boards of
21 science journals?

22 MS. RIVAUX: Objection, relevance.

23 THE WITNESS: Yes.

24 BY DR. BARDEN:

25 Q. And has he received research grants as a

1 principal investigator?

2 MS. RIVAUX: Objection, relevance,

3 scope, calls for hearsay.

4 THE WITNESS: Not in his field, but

5 yes.

6 BY DR. BARDEN:

7 Q. Do you recall him saying: (Reading)

8 Quote, as a --

9 -- in the transcript that you read:

10 (Reading)

11 Quote, as a hypothesis one

12 could postulate that the increasing

13 awareness of the condition of

14 transgenderism can drive individuals

15 that have psychosocial dysfunction to

16 attribute that dysfunction to

17 transgenderism, unquote.

18 Do you recall that?

19 MS. RIVAUX: Objection --

20 THE WITNESS: Yeah.

21 MS. RIVAUX: -- relevance, scope, calls

22 for hearsay.

23 BY DR. BARDEN:

24 Q. What, if any, steps did you take to

25 investigate that alternative hypothesis, we'll call it

1 Number 2, in this case?

2 MS. RIVAUX: Objection, foundation,
3 relevance, scope, calls for hearsay.

4 THE WITNESS: Gosh, that's putting a
5 whole lot together there from your initial long
6 sentence. So the obligation of a mental health
7 provider in diagnosing gender dysphoria is to
8 rule out all other causes, that's part of their
9 criteria. So I would expect that one would have
10 a mental health provider that would do that as
11 well. That is part of the obligation of the
12 investigation.

13 BY DR. BARDEN:

14 Q. But we've already established that you
15 were not present for any of the diagnostic interviews
16 in this case, correct?

17 A. That's not part of my scope of practice.

18 Q. Okay.

19 A. So your question would not be within the
20 scope of my practice either.

21 Q. So you gave us some professional
22 association statements. Do you recall that?

23 A. Uh-huh. I'm sorry, yes, I do.

24 Q. Do you have those in front of you? Were
25 those marked as exhibits?

1 MS. RIVAUX: If they haven't been

2 moved, then they're here.

3 THE WITNESS: Oh, here.

4 DR. BARDEN: Oh, just these two?

5 MS. RIVAUX: It should be underneath.

6 THE WITNESS: Endocrine Society,

7 Pediatric Endocrine and Endocrine Society, yes.

8 BY DR. BARDEN:

9 Q. Okay. Let's look at the -- this one

10 (indicating). What number is that marked as or was it

11 marked?

12 A. It wasn't marked.

13 Q. Okay.

14 MS. RIVAUX: It's --

15 THE WITNESS: Plaintiff Trial

16 Exhibit 47.

17 BY DR. BARDEN:

18 Q. Okay. 47.

19 A. Uh-huh.

20 Q. Okay. So this says, Pediatric Endocrine

21 Society. Do you see that?

22 A. I do.

23 Q. All right. See it says in the second

24 paragraph: (Reading)

25 Not allowing them to use the

1 restroom that matches their gender
2 identity is a violation of human
3 rights.

4 Did I read that right?

5 A. You did.

6 Q. So that's a legal and political statement,
7 isn't it, not a medical one?

8 MS. RIVAUX: Objection, relevance,
9 calls for speculation.

10 THE WITNESS: So I don't know how --
11 would I qualify that statement, necessarily,
12 that way. I mean, human rights are a vital part
13 of what we do in medicine. You certainly have
14 to pay attention to those when you're
15 practicing.

16 BY DR. BARDEN:

17 Q. Do you -- what, if any, personal knowledge
18 do you have of the methodology used to create that
19 sentence for this statement?

20 A. Oh, I was not involved, so, no.

21 Q. Okay. Then it says: (Reading)

22 Not allowing them to use the
23 restroom that matches their gender
24 identity is a violation of human
25 rights and sends a message of

1 intolerance that will promote further
2 discrimination and segregation.
3 So in looking at this, did they fail to
4 inform the reader that there is zero research
5 indicating that bathroom use is a necessary or central
6 part of treatment for transgenderism?

7 MS. RIVAUX: Objection, assumes facts
8 not in evidence, argumentative, attorney
9 testifying.

10 THE WITNESS: So let's see. Just from
11 that sentence you can't really get the answer to
12 that question.

13 BY DR. BARDEN:

14 Q. It is the case they did not report that
15 there's zero research on that, correct?

16 MS. RIVAUX: Objection -- same
17 objections.

18 THE WITNESS: They are talking, further
19 down, about things that do occur with regard to
20 that, use of bathrooms and those adverse
21 consequences. There are no literature citations
22 on this page.

23 BY DR. BARDEN:

24 Q. You read Dr. Ehrensaft's deposition,
25 correct?

1 A. I did not.

2 Q. Oh, you didn't?

3 A. No.

4 Q. Looking at the third paragraph --

5 A. Uh-huh.

6 Q. (Reading)

7 Quote, on the other hand, no

8 adverse consequences have occurred

9 when schools have allowed transgender

10 students to use the restroom that is

11 consistent with their gender identity.

12 Do you have any idea how in the world they

13 would be able to know that that's an accurate

14 statement? And, again, I'm looking for the

15 methodology used to produce that sentence.

16 A. I would have to make assumptions in this,

17 so there's nothing I can say about their methodology.

18 Q. So this statement, there's no editorial

19 board listed on this statement, correct?

20 A. Not on this sheet of paper.

21 Q. This is not a peer-reviewed journal

22 publication, correct?

23 A. This was not published in a journal.

24 Q. There's no reliable methodology that's

25 documented in this statement marked Trial Exhibit 47,

1 correct?

2 A. There's no method section on this paper.

3 Q. There's no error rate listed for any of

4 the claims on what's marked as Plaintiff Trial

5 Exhibit 47, correct?

6 A. Correct.

7 Q. There's no statement of the percentage of

8 the members of this organization that signed on to

9 this so-called statement, correct?

10 MS. RIVAUX: Objection, argumentative.

11 THE WITNESS: No.

12 BY DR. BARDEN:

13 Q. There's zero fair and accurate disclosures

14 of the controversy surrounding the statements in this

15 statement marked Trial Exhibit 47; isn't that correct?

16 MS. RIVAUX: Objection, argumentative,

17 attorney testifying, assumes facts not in

18 evidence.

19 THE WITNESS: I don't see a controversy

20 listed on this page.

21 BY DR. BARDEN:

22 Q. And there's zero fair and accurate

23 disclosures of methodological limitations in this

24 statement marked Trial Exhibit 47; isn't that also

25 correct?

1 MS. RIVAUX: Objection, assumes facts
2 not in evidence, argumentative.

3 THE WITNESS: I'm sorry, could you
4 please repeat the question?

5 BY DR. BARDEN:

6 Q. Yeah.

7 There's zero discussion on this Trial
8 Exhibit 47 of any fair and accurate disclosure of
9 methodological limitations?

10 MS. RIVAUX: Object -- same objections.

11 THE WITNESS: So it's not a study, it's
12 a statement, so there's no methodology here,
13 section-like. I think that's what you're trying
14 to ask me here. Normally, if you were having a
15 study, you would have a method section. But
16 this is a statement.

17 BY DR. BARDEN:

18 Q. Are you aware of a history of professional
19 associations getting involved in making scientifically
20 unsupported and controversial political ideological
21 statements to the public?

22 MS. RIVAUX: Objection, argumentative,
23 assumes facts not in evidence, attorney
24 testifying, foundation, relevance, scope.

25 THE WITNESS: There was something that

1 you mentioned from the deposition regarding
2 those things. I don't -- I don't know any that
3 I can think of off the top of my head.

4 BY DR. BARDEN:

5 Q. What, if any, knowledge do you have as to
6 how many decades the American Psychiatric Association
7 told the public that homosexuality was a psychiatric
8 illness?

9 MS. RIVAUX: Objection, assumes facts
10 not in evidence, argumentative, attorney
11 testifying foundation, relevance, scope.

12 DR. BARDEN: What are the facts not in
13 evidence.

14 MS. RIVAUX: About the psychiatric
15 association and what their -- what their
16 position might be.

17 DR. BARDEN: Okay.

18 BY DR. BARDEN:

19 Q. Go ahead. What, if any, knowledge do you
20 have of that?

21 MS. RIVAUX: Same objections.

22 THE WITNESS: So that's not within my
23 scope of practice.

24 BY DR. BARDEN:

25 Q. Are you aware that the American

1 Psychiatric Association for decades labeled
2 homosexuality as a psychiatric mental illness?

3 MS. RIVAUX: Objection, foundation,
4 relevance, scope, assumes facts not in evidence,
5 calls for speculation.

6 THE WITNESS: Yeah. During
7 my -- during my training and medical school
8 there were times in the history of medicine and
9 psychiatry and psychology that that was the
10 case.

11 BY DR. BARDEN:

12 Q. And those public statements did not list
13 any fair and accurate disclosure of methodological
14 limitations either, did they?

15 MS. RIVAUX: Objection, foundation,
16 argumentative, assumes facts not in evidence,
17 attorney testifying, seeks speculation.

18 THE WITNESS: So I can't tell you what
19 they said, because I don't -- didn't read those
20 position statements. I'm talking about from
21 just from the DSM education that I have.

22 BY DR. BARDEN:

23 Q. So we had the Endocrine Society. Do you
24 see that?

25 A. Uh-huh.

1 Q. What's that listed as?

2 A. Trial -- Plaintiff's Trial Exhibit 43.

3 Q. 43?

4 A. Uh-huh.

5 Q. Okay. Thank you.

6 So looking at Trial Exhibit Number 43,
7 what, if any, knowledge do you have as to ethical
8 requirements for expert witnesses to disclose
9 limitations on their statements?

10 MS. RIVAUX: Objection, ambiguous.

11 THE WITNESS: I don't see how that's
12 related to this physician statement. If you
13 could repeat the question.

14 BY DR. BARDEN:

15 Q. What, if any, knowledge do you have as to
16 ethical requirements for an expert witness to disclose
17 limitations on their methods for their opinions?

18 MS. RIVAUX: Objection, ambiguous.

19 THE WITNESS: So the idea is to, as a
20 medical expert, to testify only what you know
21 and to be truthful and to be complete.

22 BY DR. BARDEN:

23 Q. So looking on page 1 of Trial Exhibit 43,
24 do you see in her considerations?

25 A. Uh-huh.

1 Q. See where it says: (Reading)
2 Transgender individuals are
3 often denied insurance coverage for
4 appropriate medical and psychological
5 treatment.

6 Do you see that?

7 A. I do.

8 Q. Have you ever heard of the phrase
9 financial bias?

10 MS. RIVAUX: Objection, relevance.

11 THE WITNESS: I have not heard that
12 phrase, no.

13 BY DR. BARDEN:

14 Q. Do you know anything about financial bias?

15 MS. RIVAUX: Objection, relevance.

16 THE WITNESS: I don't.

17 BY DR. BARDEN:

18 Q. Do you know whether there would be a --
19 potentially an enormous pot of money for people who
20 specialize in this treatment if the treatment were to
21 be legally recognized?

22 MS. RIVAUX: Objection,
23 mischaracterizes evidence, relevance,
24 argumentative.

25 THE WITNESS: So that's a complicated

1 question to answer. So currently individuals
2 are most often being covered by their -- for
3 their coverage of mental health, but not always.
4 Because mental health coverage in general is
5 pretty poor. And it's pretty difficult to even
6 find a mental health provider these days, there
7 just aren't enough of them. So I doubt there's
8 going to be any extra money to the mental health
9 providers that isn't already there.

10 For my practice, you know, we barely
11 get reimbursed the cost of covering and seeing
12 the patients even when it is covered. And so,
13 you know, an endocrine -- a pediatric
14 endocrinologist almost always runs in the -- in
15 debt. And this is the same sort of treatments
16 and tests and time, so it's not going to add to
17 any benefit for us. We just hope that we break
18 even.

19 And after that, that's about all I can
20 say as far as that goes.

21 BY DR. BARDEN:

22 Q. But the political statements made here
23 could, certainly, vastly improve the financial status
24 of transgender clinics; isn't that correct?

25 MS. RIVAUX: Objection,

1 mischaracterizes evidence, relevance, scope.

2 THE WITNESS: You mean other than
3 making us get out of bankruptcy, perhaps. That
4 would be ideal to be able to cover our costs.

5 But it's not going to make anyone a ton of
6 money, that I know of.

7 BY DR. BARDEN:

8 Q. And then same thing under considerations
9 on first page of Trial 43: (Reading)

10 Quote, there is also a growing
11 understanding of the impact that
12 increased access to such treatments
13 can have on the mental health of these
14 individuals.

15 Do you see that?

16 A. No. Again, which -- where are you?

17 Q. Under considerations.

18 A. Oh, yeah, here we go.

19 Q. On the right side.

20 A. Right.

21 Q. That same -- it's the last sentence in the
22 same paragraph we were just looking at. (Reading)

23 Quote, there's also a growing
24 understanding of the impact that
25 increased access to such treatments

1 can have on the mental health of these
2 individuals, unquote.

3 A. Yes.

4 Q. Right. Again, increased access would mean
5 increased fees to providers, correct?

6 MS. RIVAUX: Objection,
7 mischaracterizes --

8 THE WITNESS: I doubt that people are
9 going to increase their fees just because
10 they're seeing a transgender patient versus a
11 depressed patient versus an anxious patient.
12 Most providers are limited by their ability and
13 time to see patients, they're not limited
14 because they can't charge for that particular
15 fee or an increased fee.

16 BY DR. BARDEN:

17 Q. But if the social contagion theory is
18 correct, then you're going to get many, many, many
19 more paying patients; isn't that correct?

20 A. No.

21 MS. RIVAUX: Objection, argumentative,
22 assumes facts not in evidence --

23 THE WITNESS: Again --

24 MS. RIVAUX: -- calls for speculation.

25 THE WITNESS: Right. Again, no, I can

1 only see the number of patients I see right now.

2 There's going to be no change in the number of

3 patients that I can possibly see in a day's

4 time, I'm only one person. Most people who do

5 this care are in the same situation. Um, no.

6 BY DR. BARDEN:

7 Q. Isn't it true that we've seen a dramatic

8 increase in the number of transgender patients claimed

9 in the United States over the past few years?

10 A. There are studies in the literature that

11 reflect that people are self-identifying more often in

12 the US as transgender.

13 Q. And that would be completely consistent

14 with the social contagion hypothesis; isn't that

15 correct?

16 MS. RIVAUX: Objection, foundation,

17 relevance, calls for speculation, assumes facts

18 not in evidence.

19 THE WITNESS: Yeah, there's nothing

20 there that points directly to that being a

21 social contagion.

22 BY DR. BARDEN:

23 Q. What, if anything, do you know about the

24 multiple personality disorder social contagion of the

25 '90s when MPD patients went from 300 worldwide to

1 millions of people?

2 MS. RIVAUX: Objection, foundation,
3 relevance, attorney testifying, assumes facts
4 not in evidence, argumentative, calls for
5 hearsay, call for speculation.

6 THE WITNESS: You know, I may have seen
7 something like that on like Dateline or
8 something, but I -- I -- it's not my area of
9 practice.

10 BY DR. BARDEN:

11 Q. Is it not your area of practice to be
12 aware of the possibility of social contagion damaging
13 your patients?

14 MS. RIVAUX: Objection, foundation,
15 relevance, assumes facts not in evidence.

16 THE WITNESS: Sorry, can you repeat the
17 question? I just want to make sure I'm
18 answering it correctly.

19 BY DR. BARDEN:

20 Q. Isn't it part of -- shouldn't it be part
21 of your practice to be aware of the potential for
22 social contagion to damage your patients?

23 MS. RIVAUX: Same objection.

24 THE WITNESS: To damage my patients.
25 If that were the case, I would be worried about

1 them being damaged.

2 BY DR. BARDEN:

3 Q. Have there been public statements
4 published that show an increase by a factor of 40 or
5 more in the number of transgender patients in the
6 United States?

7 MS. RIVAUX: Objection, assumes facts
8 not in evidence.

9 THE WITNESS: I -- I haven't done the
10 math on it, and I don't remember. But there are
11 definitely newer reports that show a higher rate
12 of people identifying themselves as transgender
13 compared to those who would identify as
14 transgender prior.

15 BY DR. BARDEN:

16 Q. Isn't it true that in your direct
17 testimony in this case you failed to disclose the
18 methodological limitations or self-report data?

19 MS. RIVAUX: Objection, relevance.

20 THE WITNESS: I've reported nothing on
21 self-reported data and the reliability of that.

22 BY DR. BARDEN:

23 Q. Isn't it true that in your direct
24 testimony in this case you failed to disclose the
25 methodological controversies regarding limitations on

1 the judgment of clinicians?

2 MS. RIVAUX: Objection, argumentative,
3 attorney testifying, assumes facts not in
4 evidence, relevance.

5 THE WITNESS: I have not put anything
6 along those lines in any of what I've stated.

7 BY DR. BARDEN:

8 Q. Isn't it true that in your -- in your
9 direct testimony in this case you failed to disclose
10 any methodological controversies regarding expertise
11 in clinical fields?

12 MS. RIVAUX: Objection, ambiguous,
13 mischaracterizes the evidence, assumes facts not
14 in evidence, attorney testifying, relevance.

15 THE WITNESS: I wasn't asked to present
16 anything on that.

17 BY DR. BARDEN:

18 Q. Isn't it true that in your direct
19 testimony in this case you failed to disclose
20 controversies and methodological limitations regarding
21 memory of patients?

22 MS. RIVAUX: Objection, assumes facts
23 not in evidence, attorney testifying,
24 argumentative, mischaracterizes evidence,
25 relevance.

1 THE WITNESS: I was not asked to
2 discuss the reliance of memory or any of
3 the -- of that information, so it was not
4 stated.

5 BY DR. BARDEN:

6 Q. What are the advocacy groups that you
7 belong to, if any?

8 MS. RIVAUX: Ambiguous -- objection,
9 ambiguous.

10 THE WITNESS: So I -- I don't know that
11 I understand. There are lots of organizations
12 who have advocacy as part of their mission
13 including the American Academy of Pediatrics.

14 BY DR. BARDEN:

15 Q. Any others?

16 A. Well, when I was a member of the American
17 Diabetes Association, which I'm not currently, they
18 also have an advocacy section. Endocrine Society has
19 an advocacy, Pediatric Endocrine Society. Most
20 societies have advocacy for taking care of their
21 patients so that they get the best care possible, and
22 WPATH.

23 DR. BARDEN: Let's go off the record
24 for a moment.

25 THE VIDEOGRAPHER: We're off record at

1 1:21.

2 (RECESS TAKEN)

3 THE VIDEOGRAPHER: We're back on record

4 at 1:33.

5 BY DR. BARDEN:

6 Q. Okay. Dr. Adkins, you have never worked
7 as a K through 12 school teacher; isn't that correct?

8 A. That's correct.

9 Q. And you have never worked as a member of a
10 school board; isn't that correct?

11 A. That's correct.

12 Q. And you've never worked as a member of a
13 school administrative staff?

14 A. That's correct.

15 Q. And you've never had the responsibility of
16 implementing school policy in a public school setting,
17 correct?

18 A. That's correct.

19 DR. BARDEN: That's all I have.

20 THE WITNESS: Okay.

21 MS. RIVAUX: If we can have just a
22 couple minutes to organize our thoughts and --

23 DR. BARDEN: Okay.

24 MS. RIVAUX: -- hopefully, we'll be
25 done in a little bit.

1 THE VIDEOGRAPHER: Need to go back off?

2 MS. RIVAUX: Yes, we can go back off.

3 THE VIDEOGRAPHER: Off record at 1:34.

4 (RECESS TAKEN)

5 THE VIDEOGRAPHER: We're back on record

6 at 1:47.

7 EXAMINATION

8 BY MS. RIVAUX:

9 Q. Good afternoon, Dr. Adkins. I just have a
10 few follow-up questions for you. I just want to
11 clarify, if you can, for the court, what information
12 do you traditionally rely on in the regular course of
13 your business in making determinations on the proper
14 course of treatment for your patients?

15 A. So we gather information from our patient
16 themselves, the parents as well, of course, blood
17 tests and x-rays if those are required. And then in
18 my multi-disciplinary clinics I rely on other members
19 of the team who gather information as well, so my
20 mental health provider, nutritionist, whoever is
21 working with me.

22 Q. And in the part -- in referencing the
23 licensed social worker that works as part of your
24 team, what information from your licensed social
25 worker do you rely upon?

1 A. So I rely on her conversations with the
2 patients as well as her specific assessments -- the
3 assessment tools that she uses.

4 Q. When a patient makes a report to you or to
5 your clinical social worker in the medical context, do
6 you rely on that information?

7 A. I do.

8 Q. Are you entitled in your field of practice
9 to rely on statements patients make to you in a
10 medical context?

11 DR. BARDEN: Objection, move to strike
12 as irrelevant, speculation, lack of foundation
13 and leading.

14 THE WITNESS: Could you repeat, I'm
15 sorry?

16 DR. BARDEN: Oh, and vague as to
17 entitled.

18 BY MS. RIVAUX:

19 Q. Okay. Dr. Adkins, if you understand the
20 question, in your practice, are you entitled to rely
21 on statements a patient made to you in the medical
22 context?

23 A. Entitled to rely on.

24 Q. Let me rephrase it.

25 A. Sorry.

1 Q. No problem.

2 Do you rely on statements that patients

3 make to you in the medical context?

4 A. Yes.

5 Q. Do you have any reason to believe that

6 Drew's statements that were made to you in the medical

7 context were inaccurate?

8 A. I have no reason to believe that Drew's

9 statements were inaccurate.

10 Q. Do you have any reason to believe that

11 Drew's statements to your licensed social worker were

12 inaccurate?

13 A. No.

14 Q. After sitting here today and answering

15 questions regarding your treatment of Drew, do you

16 have any doubt in your mind regarding Drew's gender

17 dysphoria diagnosis?

18 DR. BARDEN: Objection, speculation, a

19 lack of foundation, hearsay, leading and

20 improper opinion.

21 THE WITNESS: I do not.

22 BY MS. RIVAUX:

23 Q. After sitting here today and hearing and

24 answering all the questions you were asked today, do

25 you have any question in your mind whether Drew is

1 transgender?

2 DR. BARDEN: Objection, lack of
3 foundation, speculation, hearsay, improper
4 opinion.

5 THE WITNESS: I -- I don't have any
6 doubt that he's transgender.

7 BY MS. RIVAUX:

8 Q. Do you have any doubt in your mind of
9 whether Drew was diagnosed with gender dysphoria?

10 DR. BARDEN: Objection, lack of
11 foundation, speculation, hearsay, leading and
12 improper opinion.

13 THE WITNESS: I do not have any doubt
14 as part of our team's assessment, that is part
15 of what we do. I have no doubt.

16 MS. RIVAUX: All right. I have no
17 further questions.

18 EXAMINATION

19 BY DR. BARDEN:

20 Q. Okay. Dr. Adkins --

21 MS. RIVAUX: Oh, wait, is there -- this
22 is not a --

23 DR. BARDEN: This is re-cross. You
24 asked questions, I'm going to follow up. It's
25 a --

1 MS. RIVAUX: I don't know that you just
2 get --

3 DR. BARDEN: It's a trial.

4 MS. RIVAUX: -- entitled to re-cross.
5 Most judges do not allow re-cross. I object to
6 you re-crossing but . . .

7 MR. KOSTELNIK: That's noted. Noted
8 for the record.

9 DR. BARDEN: Okay.

10 BY DR. BARDEN:

11 Q. You mentioned that you traditionally rely
12 upon information from parents, correct?

13 A. I do.

14 Q. But nobody gave you the information the
15 parents gave Dr. Naomi Jacobs; isn't that correct?

16 MS. RIVAUX: Objection, relevance,
17 scope.

18 THE WITNESS: I don't know if the mom
19 gave me any of the same information or not,
20 because I don't have those records to compare
21 the two.

22 BY DR. BARDEN:

23 Q. You say that you rely upon your team, but
24 as we've already discussed, you have no information on
25 what they do in their closed rooms with the patient,

1 correct?

2 MS. RIVAUX: Objection, relevance --

3 THE WITNESS: I know --

4 MS. RIVAUX: -- asked and answered.

5 THE WITNESS: -- I know exactly what
6 my -- my provider does; outside providers, no.

7 BY DR. BARDEN:

8 Q. And you were not in the room when your
9 provider asked and answered questions with Drew Adams,
10 correct?

11 MS. RIVAUX: Objection, asked and
12 answered, scope.

13 THE WITNESS: No, I was provided with
14 those details afterward.

15 BY DR. BARDEN:

16 Q. You were asked if you are, quote, entitled
17 to rely upon patient information. Can you give me any
18 peer-reviewed studies either science or ethics that
19 you are, quote, entitled, unquote, to rely, without
20 any search for alternative hypothesis you're entitled
21 to rely upon the statements of patients?

22 MS. RIVAUX: Objection,
23 mischaracterizes evidence, argumentative,
24 assumes facts not in evidence.

25 THE WITNESS: So I didn't answer that

1 BY DR. BARDEN:

2 Q. For a physician to have no doubt in a
3 complex controversial diagnostic case is malpractice;
4 isn't that correct?

5 A. No.

6 MS. RIVAUX: Objection, relevance --

7 BY DR. BARDEN:

8 Q. You think that as --

9 MS. RIVAUX: -- assumes facts not in
10 evidence --

11 BY DR. BARDEN:

12 Q. You believe --

13 MS. RIVAUX: -- argumentative.

14 BY DR. BARDEN:

15 Q. -- you believe that as a clinician sitting
16 in a room chitchatting with people that you are able
17 to produce 100 percent certainty in your practices,
18 Dr. Adkins?

19 MS. RIVAUX: Objection,
20 mischaracterizes testimony, argumentative,
21 assumes facts not in evidence.

22 THE WITNESS: So, you know, in
23 medicine, luckily, we have the opportunity to
24 have an ongoing relationship with patients and
25 we can re-evaluate things if things come up.

1 And, certainly, I would keep that window open
2 and look for things that might be atypical.

3 That is certainly something that I would do.

4 DR. BARDEN: Objection, move to strike
5 as nonresponsive.

6 BY DR. BARDEN:

7 Q. Do you believe that sitting in a room
8 chatting with people using the methodologies that you
9 use that you're capable of 100 percent, no doubt,
10 certainty in the work that you do? Do you really
11 believe that?

12 MS. RIVAUX: Objection,
13 mischaracterizes testimony, argumentative,
14 assumes facts not in evidence, relevance.

15 THE WITNESS: So no, that's not what I
16 was trying to get across. If you thought that,
17 then that's not exactly what I was trying to
18 say. Certainly, as a medical provider, there is
19 always some opening for -- you would never say
20 anything's 100 percent.

21 DR. BARDEN: Thank you.

22 MS. RIVAUX: All right. I think
23 we're -- we're done. Thank you.

24 DR. BARDEN: Okay. Have a nice
25 afternoon.

1 THE WITNESS: You too.

2 MS. RIVAUX: Thank you, Dr. Adkins.

3 THE VIDEOGRAPHER: This concludes the

4 deposition -- this concludes the deposition of

5 Deanna Adkins, M.D. The time is 1:56.

6 (SIGNATURE RESERVED)

7 (DEPOSITION CONCLUDED AT 1:56 P.M.)

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1 DEPOSITION ERRATA SHEET

2 I, DEANNAADKINS, M.D., do hereby certify that I have
3 read the foregoing transcript of my testimony, and further
4 certify that it is a true and accurate record of my
5 testimony (with the exception of the corrections listed
6 below):

7	Page	Line	Correction
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

16
17 WITNESS my hand and seal on this the _____ day of
18 _____, 20__.

19 _____
20 DEANNAADKINS, M.D.

21
22 This deposition certificate was signed in my presence by
23 _____ on the _____ day of _____, 20__.

24
25 _____

26 NOTARY PUBLIC

27 NOTARY NO. _____

28 My commission expires: _____

1 STATE OF NORTH CAROLINA

2 COUNTY OF DAVIDSON

3

4 C E R T I F I C A T E

5 I, Amy A. Brauser, Registered Merit

6 Reporter/Certified Realtime Reporter, the officer

7 before whom the foregoing deposition was taken, do

8 hereby certify that the witness was duly sworn by me

9 prior to the taking of the foregoing deposition; that

10 the testimony of said witness was taken by me to the

11 best of my ability and thereafter reduced to

12 typewriting under my direction; that I am neither

13 counsel for, related to, nor employed by any of the

14 parties to the action in which this deposition was

15 taken, and further that I am not a relative or

16 employee of any attorney or counsel employed by the

17 parties thereto, nor financially or otherwise interest

18 in the outcome of the action.

19

20 This is the 7th day of December, 2017.

21

22

23 _____
Amy A. Brauser, RPR RMR CRR

24 Notary Public # 20023030055

25

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

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

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

Plaintiff,

v.

THE SCHOOL BOARD OF ST. JOHNS
COUNTY, FLORIDA; TIM FORSON, in his
official capacity as Superintendent of Schools for
the St. Johns County School District; and LISA
KUNZE, in her official capacity as Principal of
Allen D. Nease High School,

Defendants.

DECLARATION OF DIANE EHRENSAFT, Ph.D.

I, Diane Ehrensaft, pursuant to 28 U.S.C. §1746, declare as follows:

1. I am over the age of eighteen and submit this expert declaration based on my personal knowledge.

2. If called to testify in this matter, I would testify truthfully and based on my expert opinion. The opinions and conclusions I express herein are based on a reasonable degree of scientific certainty.

Qualifications and Experience

3. I am a developmental and clinical psychologist. I specialize in working with children and adolescents experiencing gender dysphoria and their families. A true and correct copy of my Curriculum Vitae is attached hereto as Exhibit A.

4. During my thirty-five year career as a psychologist, I have provided consultation, therapy, and evaluations for more than 500 transgender and gender nonconforming children and adolescents and their families.

5. Due to my expertise in this area, a portion of my private practice includes consulting with mental health providers across the United States to assist those providers in working with transgender youth. Over the years, I have consulted with approximately 200 mental health and related providers to assist them in their treatment of transgender youth and their families.

6. In addition to my private practice, I helped found the Child and Adolescent Gender Center (“CAGC”) at the University of California, San Francisco (“UCSF”) Benioff Children’s Hospital in San Francisco, California, along with several colleagues. I have served as CAGC’s Director of Mental Health since its inception in July 2009 and was appointed an Adjunct Associate Professor at the UCSF Department of Pediatrics.

7. As part of my work through CAGC, I organize and facilitate a group of local mental health providers that work with children and adolescents experiencing gender dysphoria called “Mind the Gap.” The group meets every month to discuss issues we see in our respective practices and provide support and outreach to each other so that we can provide the best care possible to our patients. Mind the Gap has developed training materials and assessment protocols, and provides community psychotherapy and evaluation for patients who attend the UCSF Child and Adolescent Gender Center Clinic at Benioff Children’s Hospital in San Francisco and San Mateo, and at the Children’s Hospital in Oakland. There are approximately 175 providers who participate in the group.

8. I serve on the Board of Directors of Gender Spectrum, a national organization offering educational, training, and advocacy services to schools and youth-serving organizations to become more gender inclusive. The organization also develops resources for parents and schools regarding transgender youth in school. For example, Gender Spectrum was a lead co-author of *Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools*, which was co-authored by the National Education Association; and, more recently authored *Transgender Students and School Bathrooms: Frequently Asked Questions*, a resource endorsed and supported by the American School Counselor Association, the National Association of Elementary School Principals, the National Association of School Psychologists, and the National Association of Secondary School Principals. Furthermore, I am actively involved in designing the organization's training program for healthcare professionals, and regularly conduct trainings as the group's mental health consultant to provide better education and services for those counseling and interacting with transgender youth and their families.

9. I am also a senior consultant, founding member, and board member of A Home Within, a national organization focusing on the emotional needs of children and youth in foster care and offering pro bono long-term psychotherapy to children in foster care.

10. As an Adjunct Associate Professor in the Department of Pediatrics at UCSF, I have taught courses including *The Treatment of Gender-Nonconforming Children*; *The Emotional Development of Gender-Nonconforming Children*; *Interdisciplinary Support of Gender-Nonconforming and Transgender Children*; *Parenting a Gender nonconforming/*

Transgender Child. I have also lectured at the University of California, Berkeley and The Wright Institute, which is a clinical psychology graduate school, in Berkeley, California.

11. I am currently working as a co-investigator on a five-year study operating at four sites (UCSF, Boston Children’s Hospital, Los Angeles Children’s Hospital, and Lurie Children’s Hospital of Chicago), funded by a National Institute of Health (“NIH”) grant to study the medical and mental health outcomes of gender nonconforming youth receiving puberty blockers and/or cross-sex hormones as part of their treatment.

12. My recent publications include *The Gender Creative Child*, The Experiment Press (2016); *Look, Mom, I’m a Boy—Don’t Tell Anyone I Was a Girl*, 10 *J. of LGBT Youth* 1–20 (2013); *From Gender Identity Disorder to Gender Identity Creativity: True Gender Self Child Therapy*, 59 *J. of Homosexuality* 337-356 (2012); *Gender Born, Gender Made*, The Experiment Press (2011); and *Boys Will Be Girls, Girls Will Be Boys*, 28 *Psychoanalytic Psychology* 528-548 (2011). A listing of my publications is included in my curriculum vitae, attached hereto as Exhibit A.

13. I belong to a number of professional organizations and associations relating to (i) the health and well-being of children and adolescents, including those who are transgender; and (ii) appropriate medical treatments for transgender individuals. For example, I am a member of the World Professional Association for Transgender Health (“WPATH”), an international multidisciplinary professional association to promote evidence-based care, education, research, advocacy, public policy and respect in transgender health. WPATH publishes the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, which leading medical and mental health associations,

including the American Medical Association, the Endocrine Society, the American Psychiatric Association, and the American Psychological Association, have endorsed as the authoritative standards of care for transgender people. I also sit on the subcommittee of WPATH tasked with drafting the new version of the Standards of Care. A complete list of my involvement in various professional associations is located in my Curriculum Vitae, Exhibit A.

14. In preparation for my testimony, I have reviewed the materials listed in the bibliography attached hereto as Exhibit B, and which consist relevant medical and scientific materials related to transgender people and gender dysphoria. I may rely on those documents, in addition to the documents specifically cited as supportive examples in particular sections of this declaration, as additional support for my opinions. I reserve the right to supplement the materials listed in the bibliography. I have also relied on my years of experience in this field, as set out in my curriculum vitae, Exhibit A, and on the materials listed therein. The materials I have relied on in preparing this declaration are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

15. In the past four years, I have testified as an expert and provided testimony in the following matters: *Evancho v. Pine-Richland Sch. Dist.*, Case No. 2:16-cv-1537-MRH (W.D. Pa.); *Bd. of Educ. of the Highland Local Sch. Dist. v. United States Dep't of Educ.*, Case No. 2:16-CV-524 (S.D. Ohio); *Brashar v. Or. Health Plan* (Or.); *Miller v. Perdue* (Colo.); and *Stephane Huard v. Dr. Barwin and Broadview Fertility Clinic* (Quebec, 2016).

16. I am being compensated at an hourly rate for actual time devoted, at the rate of \$350 per hour for any review of records, or preparation of reports or declarations, and for deposition and trial testimony; and \$1,000 per day for travel time. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

17. I was provided with and reviewed the following case-specific materials: (1) the Complaint filed in this matter and (2) the declarations of Plaintiff Drew Adams and his mother, Erica Adams Kasper, that are being submitted in support of Plaintiff's motion for preliminary injunction.

18. I have not met or spoken with the Plaintiff or his parents for purposes of this declaration. My opinions are based solely on the information I have been provided by Plaintiff's attorneys as well as my extensive experience studying gender dysphoria and treating transgender patients.

Gender Identity Development and Gender Dysphoria

19. At birth, infants are assigned a sex, either male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate and their birth-assigned sex matches that person's actual sex. However, a transgender person's birth-assigned sex does not reflect that person's actual sex.

20. By the beginning of the twentieth 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. Instead, current medical understanding recognizes that a person's sex is comprised of a number of components including: chromosomal sex, gonadal

sex, fetal hormonal sex (prenatal hormones produced by the gonads), internal morphologic sex (internal genitalia, i.e., ovaries, uterus, testes), external morphological sex (external genitalia, i.e., penis, clitoris, vulva), hypothalamic sex (i.e., sexual differentiations in brain development and structure), pubertal hormonal sex, neurological sex, and gender identity and role. When there is a divergence between these factors, neurological sex and related gender identity are the most important and determinative factors.

21. Gender identity is a person's inner sense of belonging to a particular gender, such as male or female. It is a deeply felt and core component of human identity. It appears to be related to one's brain messages and mind functioning, the factors that are now included under the category of neurological sex.

22. Like non-transgender people (referred to in the Complaint as "cisgender" people), transgender people do not simply have a "preference" to act or behave consistently with their gender identities. Every person has a gender identity, which is a deep-seated, deeply felt component of human identity for each person. A person's gender identity is not a personal decision, preference, or belief.

23. The only difference between transgender people and non-transgender people is that the latter have gender identities that are consistent with their birth-assigned sex whereas the former do not. A transgender boy cannot simply turn off his gender identity like a switch, any more than anyone else could.

24. In other words, transgender boys are boys and transgender girls are girls.

25. Current science recognizes that gender identity is innate or fixed at a young age and that gender identity has a biological basis. For example, both post-mortem and

functional brain imaging studies in living people show that transgender people have areas of the brain that differ from the brains of non-transgender individuals. Additionally, research has found that the probability of a sibling of a transgender person also being transgender is almost five times higher than that of the general public, and that twins have a 33.3% concordance rate, even when raised apart, suggesting a genetic component to the incongruity in the biological markers of gender.

26. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, further underscores the innate and immutable nature of one's gender identity. Past attempts to "cure" transgender individuals by means of psychotherapy, aversion treatments or electroshock therapy, in order to change their gender identity to match their birth-assigned sex, have proven ineffective. As importantly, evidence suggests that such efforts may cause extreme psychological damage. All major associations of medical and mental health providers, such as the American Medical Association, the American Psychiatric Association, the American Psychological Association, and WPATH's Standards of Care, consider such efforts unethical and dangerous, as they may cause extreme psychological harm.

27. Children typically become aware of their gender identity at a young age, as early as between the ages of two and four. Once aware that their gender identity does not match the sex they were assigned at birth, transgender children often begin to express their cross-gender identity to their family members and caregivers. The statements and actions transgender children use to communicate their cross-gender identity differ significantly from the occasional adoption of a cross-gender identity, or cross-gender clothing by non-

transgender children in imaginative play. Transgender children are insistent, persistent, and consistent over time in their cross-gender identification. They may also show signs of psychological distress as a result of the mismatch between their birth-assigned sex and their actual sex.

28. Gender dysphoria is the medical diagnosis for the significant distress and/or problems functioning that result from the incongruity between various aspects of one's sex. It is a serious medical condition and is listed in both the DSM-5 and the World Health Organization's International Classification of Diseases, the diagnostic and coding compendia for mental health and medical professionals, respectively. People diagnosed with gender dysphoria have an intense and persistent discomfort with their assigned sex.

29. Gender dysphoria was previously referred to as gender identity disorder. In 2013, the American Psychiatric Association changed the name and diagnostic criteria to be "more descriptive than the previous DSM-IV term gender identity disorder and focus[] on dysphoria as the clinical problem, not identity per se." DSM-5 at 451.

30. The psychophysiological experiences of gender dysphoria symptoms vary in kind and degree. Not all transgender young people experience dysphoria. Different types of biological and environmental triggers can cause onset of symptoms.

31. Some environmental triggers of gender dysphoria symptoms are related to a lack of respect for social transition including, but not limited to, misgendering in the form of pronoun use, prohibition of involvement in activities in accordance with one's gender identity, and denying someone access to a restroom or changing facilities that match the person's gender identity.

Standards of Care for Working with Transgender Youth

32. Like all children, when loved, supported, and affirmed by their parents and caretakers and by their social environment, transgender children can thrive, grow into healthy adults and have the same capacity for happiness, achievement, and contribution to society as others. For these youth, that means supporting their need to live in a manner consistent with their gender identity.

33. Obtaining treatment for gender dysphoria and ensuring that a transgender child is in an environment that does not undermine that treatment are critical to a transgender child's healthy development and well-being. For young transgender children, the treatment of gender dysphoria consists of social transition, which involves changes that bring the child's outer appearance and lived experience into alignment with the child's core gender. Changes often associated with a social transition include changes in clothing, name, pronouns, and hairstyle.

34. Support for social transition—such as dressing in accord with one's gender identity, respecting a person's chosen name and correct pronouns, and providing access to restrooms that match who they are—can thus both treat and prevent negative psychological and psychophysiological symptoms of gender dysphoria. Mental health care can also address symptoms of gender dysphoria.

35. Research and clinical experience have shown that consistent respect and inclusive acknowledgement of a transgender youth's gender identity (i.e., positive reinforcement of social transition) improves that child's mental health and reduces the risk that the child will engage in self-harming or suicidal behaviors. In fact, undergoing a social

transition before puberty often provides tremendous and immediate relief because there are few, if any, observable physical differences between boys and girls at that age.

36. There are no pharmacologic treatments for gender dysphoria until after the onset of puberty. However, after the onset of puberty, adolescents suffering from gender dysphoria may be placed on puberty suppressors (i.e. hormone blockers) to block the stopping the development of secondary sex characteristics that do not align with the adolescent's gender identity. Thereafter, usually around the age of 16, gender dysphoric adolescents are treated with cross-sex hormones to bring their bodies into alignment with their sex, as primarily determined by their gender identity. For example, a transgender girl will receive estrogens which result in breast growth and female fat distribution, while a transgender boy will receive androgens and will become more muscular and develop a lower voice as well as facial and body hair.

37. Surgical treatment is not typically recommended until an adolescent is, at minimum, in his or her mid- to late-teens, depending on the specific procedure. However, once gender dysphoric adolescents come of age and meet the eligibility criteria, they can be eligible for surgical interventions meant to bring their bodies into alignment with their identity. The need, timing, and nature of the surgical treatment will differ from patient to patient.

38. Many transgender individuals never undergo surgery or do so only later in life. For many transgender individuals, surgery is not medically necessary or may be safely delayed for some time as their dysphoria is alleviated through social role transition and other medical treatments.

39. A person's gender identity is an innate, effectively immutable characteristic; a person's sex is not determined by a particular medical treatment or procedure. Thus, from a medical and scientific perspective, a person's gender is not dependent on whether or not that person has undergone surgery or any other medical treatment. The medical treatments provided to transgender people (including social transition for transgender children), do not "change a girl into a boy" or vice versa. Instead, they affirm the authentic gender that an individual person *is*. 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. The goal of proper treatment is to align the person's body and lived experience with the person's fixed identity as male or female, which already exists. Treatment creates more alignment between the person's identity and the person's appearance, attenuating the dysphoria, and allowing the person's actual sex, male or female, to be seen and recognized by others.

40. Failure to recognize and support a transgender student's gender identity also relies on an outmoded and scientifically unsound premise that transgender identity is only how a person feels, not who they are, and that a transgender girl can never be a "real" girl and a transgender boy can never be a "real" boy because they lack the chromosomes and genitalia stereotypically-associated with their gender identity. Scientific evidence is now available indicating that gender identity not only has a strong core component but also is primarily dictated by messages from our brain rather than either chromosomes or physiological sex characteristics. With that said, it should be noted that a transgender

youth's gender identity—translated to the sex they live in—is as real as any cisgender youth's and should be treated accordingly in all settings, including schools.

Supporting the Mental Health of Transgender Youth in Schools

41. In the school setting, providing appropriate support includes ensuring that teachers and other staff refer to transgender students by their chosen names and correct pronouns, permitting the transgender student to use the sex-separated facilities that are consistent with their gender identity on the same terms as their peers, and generally treating transgender students in a manner consistent with their gender identity for all purposes. Failing to recognize and support a transgender student's gender identity sends a message—both to the transgender student and to others—that the transgender student is different from his or her peers and needs to be segregated, causing the transgender student to experience shame.

42. Transgender children experience significant psychological distress when parents/caregivers or school staff repeatedly fail to acknowledge the child's gender identity or treat the child in a manner consistent with his or her inaccurate, birth-assigned gender. Because gender is a core aspect of a person's identity, transgender children who are treated in this way experience that mistreatment as a profound rejection of their core self, which has serious negative consequences for their development and their long-term health and well-being. The intensity of that distress is directly correlated to the level of rejection or disapproval expressed by a parent, caregiver, or school staff. Greater levels of rejecting behaviors significantly increase the risk that the child will develop long-term mental health

conditions, including serious negative mental health consequences such as low self-esteem, anxiety, depression, substance use issues, self-harming behaviors, and suicidal ideation. These conditions accumulate in their severity and also show up immediately in the face of rejecting circumstances, such as when transgender children are told that they cannot use the restroom that matches the gender they know themselves to be.

43. Rejecting or disapproving of a child's gender identity interferes with the child's healthy development across all domains, including difficulty maintaining healthy interpersonal relationships and developing emotional resilience, among others.

44. Given the amount of time that students spend in school, the school environment has a tremendous impact on a transgender student's development and well-being. Ensuring that schools support a transgender student's gender is critical to their long-term health and well-being. In a study of transgender youth between ages 15 and 21, participants identified school to be the most traumatic aspect of growing up. Experiences of rejection and discrimination from teachers and school personnel led to feelings of shame and unworthiness. The stigmatization to which transgender youth were routinely subjected led many to experience academic difficulties and to drop out of school. The longer a child experiences rejection from his or her family, school, or community, the more significant and long-lasting the negative consequences. Research and surveys have found that transgender adults who experienced discrimination in schools were more likely to have attempted suicide. Research and surveys have also found that a high percentage of transgender people used drugs and alcohol to cope with the mistreatment they experienced based on their gender identity.

45. The negative mental health effects of rejection can also cause a transgender child to develop co-occurring mental health conditions, such as major depression, generalized anxiety disorder, and eating disorders. The symptoms associated with those co-occurring conditions typically alleviate significantly once a transgender child's gender identity is affirmed. However, if the child remains in an environment, whether at home or in school, where the child's gender identity is not recognized and supported, that mistreatment can exacerbate those conditions, resulting in lasting harm.

46. Partial acceptance is not enough. If a caretaking or school environment offers support in certain domains—such as appropriate pronoun and name use—yet fails to offer support in other areas—such as allowing the child to use the restroom that matches the gender they know themselves to be and/or sending harmful messages that the child, if incorrectly assigned female at birth will always be a girl—such inconsistency can be a confusing and stressful experience for the youth. This stress-inducing experience can in turn result in a lack of trust in an environment that both supports and punishes the same behavior, in this instance the child's affirmation of his or her actual sex. Research has consistently shown that children who receive inconsistent rather than consistent reinforcement of behaviors are at risk for behavioral problems, generalized anxiety, and psychiatric symptoms.

47. I am aware from the case materials I have reviewed that Plaintiff Drew Adams is not permitted to use the boys' restroom at school and that he is instead required to use one of the single-user restrooms in the school. I am also aware that at the beginning of his freshman year, Drew was able to access the restroom that matched his affirmed male gender, a situation which allowed him to feel comfortable and accepted in his school environment.

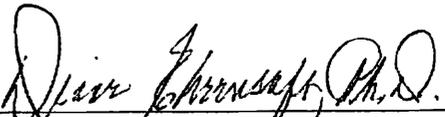
48. Based on my extensive experience researching and working with transgender children, it would be psychologically damaging for a transgender child to be forced to use either the sex-segregated restroom that does not comport with their gender identity or a separate single-user restroom that other students are not required to use. In addition, there are serious health concerns, as these youth, when barred from using the restroom that matches their affirmed gender identity, will instead typically choose to restrict or forego restroom use at school, putting them at risk for urinary tract infections and impacted bowels.

49. I understand that an administrator in Drew's school district has expressed a concern that some transgender students might take advantage of communal restroom facilities to display their genitals to others. This is simply wrong, and profoundly at odds with the reality of transgender youth's experiencing gender dysphoria and their restroom use. The issue for transgender students is overwhelmingly one in which they seek privacy and discreteness in restroom use, as their genitalia or any part of their body that reveals secondary sex characteristics is typically the source of significant to severe body dysphoria and distress related to such dysphoria. In other words, exposing parts of their body that are often associated with gender dysphoria, such as genitalia, is generally the last thing any transgender student wants to do. Nor are transgender students disproportionately likely to engage in misconduct of any kind, in restrooms or any other facility. Certainly there is no evidence that they would be more likely than any other individual to engage in such inappropriate behaviors.

50. I respectfully reserve the right to modify and expand upon my testimony as the facts are developed in this matter.

This declaration was executed this 14th day of July, 2017 in Alameda County,
California.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is
true and correct.


Diane Ehrensaft, Ph.D.
Diane Ehrensaft, Ph.D.

INDEX OF EXHIBITS TO EHRENSAFT DECLARATION

Letter	Title
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Exhibit A

Exhibit A to Ehrensaft Decl.: Curriculum Vitae

CURRICULUM VITAE

NAME: Diane Ehrensaft, Ph.D.

ADDRESS: 445 Bellevue Avenue Suite 302,
Oakland, California 94610

TELEPHONE: 510-547-4147

FAX: 510-547-7692

E-MAIL: dehrensaft@earthlink.net

PRESENT POSITIONS:

- Adjunct Associate Professor, Child Gender Clinic, Department of Pediatrics, University of California San Francisco, San Francisco, CA
 - Responsibilities: Assessment, Treatment, and Consultation advising with gender-nonconforming children and their families
- Director of Mental Health, Child and Adolescent Gender Center CAGC, San Francisco Bay Area
 - Responsibilities: Coordinating mental health services and directing consortium of child gender specialists
- Faculty, Psychoanalytic Institute Of Northern California, San Francisco, CA
 - Responsibilities: Teaching, Research Development
 - Areas:
 - Gender, Childhood and Adolescence
 - Reproductive Technology
- Clinical Psychologist, Private Practice, Oakland, CA
 - Responsibilities:
 - Psychotherapy with children and adults
 - Psychological evaluations
 - Custody evaluations
 - Mediation
 - Parenting consultations
 - Training and consultation
 - Forensic work: expert witness

STATUS:

- Ph.D. in Psychology
- Licensed Clinical Psychologist (California License # PSY 7342)

EDUCATION:

- University of Michigan: B.A. in Psychology 1964-1968
 - Graduated with honors in Honors Psychology Program
- University of Michigan: Ph.D. in Psychology 1968-1974
 - Received Ph.D. in May 1974
 - Course work Concentration: Child development; child psychotherapy; socialization; family
 - Psychology Prelim Exams: Communal child rearing and the social development of the child
 - Dissertation title: “Sex role socialization in a preschool setting”

EDUCATIONAL AWARDS AND APPOINTMENTS:

- 1968, 1969, 1970: NIMH Traineeship, University of Michigan
- 1970: Teaching Assistantship, School of Social Work, U. of Michigan
- 1971: Teaching Assistantship, Psychology Department, U. of Michigan
- 1971: Rackham Predoctoral Fellowship, University of Michigan
- 1972: University of Michigan Dissertation Grant
- 2012: Annual Scholarship Award, Section on Gender and Psychoanalysis, Division of Psychoanalysis, American Psychological Association
- 2013: Award for Outstanding Service, Section on Childhood and Adolescence, Division of Psychoanalysis, American Psychological Association
- 2014: Community Service Award, for Commitment to Child and Adolescent Gender Center, Northern California Society for Psychoanalytic Psychology

GRANTS:

- 2015 National Institute of Health (NIH)
 - R01HD082554: The Impact of Early Treatment of Transgender Youth
 - 08/01/2015-06/30/2020
 - Role: co-Investigator.

EMPLOYMENT EXPERIENCE:

- 2012 to present: Adjunct Associate Professor, Department of Pediatrics, UCSF
- 1980 to present: Clinical Psychologist in private practice
- 1981 to 2004: Professor, The Wright Institute, Berkeley, California
- 1986 to 2005: Expert panel, Family Court, Counties of Alameda & San Francisco
 - Responsibilities: Court-appointed child and custody evaluations
- 1994 to present: Senior clinical faculty, A Home Within
 - Project offering pro bona long-term psychotherapy to children in foster care

- 1999 to present: Faculty, Psychoanalytic Institute of Northern California
- 2000 to present: Clinical Supervisor and Consultant, West Coast Children's Center
 - Responsibility: Supervision of interns, clinical training and consultation
- 1995 to 1999: Member, Mediation Resources
 - Interdisciplinary team of psychologists and lawyers offering mediation, evaluation, and consultation services pertaining to dispute resolution in family and commercial matters
- 1995 to 1999: Clinical faculty, Mt. Zion Psychiatric Department, University of California, San Francisco
 - Responsibilities: Clinical supervision of psychology interns
- 1992 to 1998: Clinical faculty, Ann Martin Children's Center, Piedmont, California
 - Responsibilities: Clinical supervision to psychology interns
- 1986 to 1992: Clinical faculty, Department of Psychiatry, Children's Hospital San Francisco
 - Responsibilities: Clinical supervision of psychology interns
- 1986 to 1990: Clinical consultant, Children's Hospital Medical Center of Northern California, Oakland
 - Responsibilities: Clinical training
- 1985 to 1986: Consulting Psychologist Health America Rockridge, Oakland, California
 - Responsibilities: Consultation to Pediatrics Department
- 1982 to 1988: Independent contractor to Child Development Center, Children's Hospital Medical Center of Northern California
 - Responsibilities: Psychological Evaluations of developmentally disabled children, consultation with staff and parents.
- 1980 to 1983: Mental Health Consultant, Alameda Headstart, Alameda, CA
 - Responsibilities: Clinical consultation and training with Headstart staff in areas of child and family mental health; observation and evaluation of children enrolled in Headstart program; psychological consultations with families enrolled in the program
- 1980 to 1981: Post Doctoral Fellowship Child Guidance Clinic and Adult Psychiatric Services Children's Hospital San Francisco
 - Responsibilities: Psychological testing, evaluation, and treatment Of adults, children, and families; consultation with schools and related hospital services
- 1979 to 1981: Faculty, University of San Francisco Faculty member of the Family Reunification Project, sponsored by the University of San Francisco in conjunction with the San Francisco Department of Social Services
 - Responsibilities: Teaching courses in the area of child psychopathology to Department of Social Service social workers enrolled in in-service Masters of Arts in Public Services program.

- 1979 to 1980: Post-Doctoral Internship Family Guidance Services, Children's Hospital Medical Center
 - Responsibilities: Evaluation of children and families in a multi- disciplinary mental health clinic serving a broad range of families
- 1979 to 1980: Post-Doctoral Internship Child Development Center, Children's Hospital Medical Center
 - Responsibilities: Psychological screening and evaluation of young children referred for developmental disabilities and related problems; treatment planning; consultation to schools, day care programs, and community agencies
- 1977 to 1979: Faculty, Field Studies Program, University of California, Berkeley
 - Responsibilities: Teaching field based courses in the areas of child rearing, parenting, and the family; women, gender, and social change. Administrative responsibilities involving staff development and program evaluation
- 1974 to 1978: Faculty, Interdisciplinary Program on Day Care and Child Development, University of California, Berkeley Graduate Program funded by the Carnegie and Grant Foundations and sponsored jointly by the Department of Education, School of Social Welfare, and School of Public Health offering advanced training to a selected group of pediatricians, educators, and social workers.
 - Responsibilities: Evaluate effectiveness of graduate training program in day care and child development; program development; teaching
- 1974 to 1978: Faculty, School of Social Welfare, University of California, Berkeley
 - Responsibilities: Teaching in areas of research theory and methods, children and the family; women and mental health; dissertation supervision
- 1972 to 1973: Faculty, Sociology Department, Sir George Williams University, Montreal, Quebec
 - Responsibilities: Teaching courses on the sociology of the family
- 1972: Director, Park Avenue Day Care Center, Montreal, Quebec
 - Government-sponsored preschool program for Greek immigrant families to teach them French and English language skills and prepare them for entrance into Montreal school system.
 - Responsibilities: Program administration; liaison with Quebec and Canadian government; mental health consultation to staff and program families
- 1971: Teaching Assistant, Department of Psychology, University of Michigan
 - Responsibilities: Running the developmental psychology lab for undergraduate and graduate level students; teaching in develop- mental psychology class
- 1970: Teaching Assistant, School of Social Work, University of Michigan
 - Responsibilities: Assistant teaching in course on complex organizations
- 1970: Clinician and research assistant, Project on marital communication and family therapy in a natural setting, School of Social Welfare, University of Michigan

- Responsibilities: Family therapy in office and home setting; compilation and analysis of research data on therapeutic outcome
- 1969: Group therapist, Huron Valley Child Guidance Clinic, Ypsilanti, Michigan
Nonresidential summer therapy program for emotionally disturbed boys ages 5-14.
 - Responsibilities: Co-led group therapy with a group of 9-10 year old boys.
- 1968 to 1969: Graduate clinical internship, Office of Economic Opportunity Day Care Center, Ecorse, Michigan
 - Responsibilities: Mental health consultation to staff and families, play therapy with children enrolled in program
- 1968 to 1969: Graduate clinical internship, Downriver Child Guidance Clinic, Lincoln Park, Michigan
 - Responsibilities: Therapy with school-age children and families
- 1968: Research Assistant, Department of Psychology, University of Michigan
clinical research on aggression and dependency in college students
 - Responsibilities: Analysis of Thematic Apperception Test protocols
- 1967: Research Assistant, Institute for Industrial Relations, University of Michigan
Project on American ghettos
 - Responsibilities: Library research, document preparation, analysis of data.

PROFESSIONAL ACTIVITIES:

- 2015: Co-Chair, APA Division of Psychoanalysis (39) Spring Meeting, Life in Psychoanalysis in Life, San Francisco, CA
- 2014: AbbVie Trans Advisory Board Member
- 2010: President, Professional Advisory Board, A Home Within
- 2009 to present: Member of Professional Advisory Board, A Home Within
- 2008 to present: Board Member, Gender Spectrum
- 2008 to present: Board Member, Section IX, Psychoanalysis and Social Responsibility, Division of Psychoanalysis, American Psychological Association
- 2007 to present: Member of Mental Health professional group of the American Society for Reproductive Medicine
- 2007 to present: Chair, Reproductive Technology Research Group, Psychoanalytic Institute of Northern California
- 2004 to 2009: Vice President, Board of Directors, A Home Within
- 2004 to present: Member of Board of Directors, A Home Within
- 2002 to 2008: Board Member, Section III (Gender and Psychoanalysis), Division 39 (Psychoanalysis), American Psychological Association
- 2001 to 2004: Secretary, Board of Directors, A Home Within
- 2000 to 2003: Board Member, Division 39 (Division of Psychoanalysis) Board of Directors, American Psychological Association

- 1999 to present: Editorial Board Member, *Studies in Gender and Sexuality*, a journal on psychoanalysis, cultural studies, treatment, and research
- 1998 to present: Board Member and Membership Chair, Section II (Childhood and Adolescence) of Division 39 (Division of Psychoanalysis), American Psychological Association
- 1994 to present: Senior clinician, Children's Psychotherapy Project
 - Project established to offer pro bona long-term psychotherapy to children referred through the Department of Social Services Senior clinicians run consultation groups for psychotherapists who provide the therapy services and are also involved on program development, training, administration, and evaluation.
- 1993 to present: Editorial review board, *American Journal of Orthopsychiatry*
- 1992-1993: Co-chair, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1992: Development Committee, Child Care Employee Project
- 1991-1992: Committee Member, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1983 to 1996: Employer and Supervisor to psychological assistants working under my license in my private practice
- 1978: Consultant to Childhood and Government Project, University of California, Berkeley
- 1978: Consultant to Child Care Switchboard, San Francisco
- 1976: Berkeley Child Care Advisory Committee
- 1974 to 1977: Designing and conducting staff training workshops on sex role stereotyping in the preschools
- 1973 to 1976: The Children's Project, A Bay Area women's group investigating the status of women and children in the United States.
- 1973 to 1976: Development, coordination, and participation in parent-run preschool program

SELECTED LECTURES AND SPEAKING ENGAGEMENTS:

- 2015: Invited Plenary Speaker, *Different Approaches to Treating gender-nonconforming children*, American Psychological Association Annual Meeting, Toronto, Ontario
- 2015: Speaker, *Gender as Cure*, UCSF Transgender Health Summit, Oakland, CA
- 2015: Grand Rounds: *What's your gender?*, Alta Bates Summit Hospital, Berkeley, CA
- 2014: Grand Rounds: *Treating Gender-Nonconforming Children*, California Pacific Medical Center, San Francisco, CA
- 2014: Invited Speaker, *Controversies in the Treatment of Transgender Children and Adolescents*, American Psychiatric Association Annual Meeting, New York, New York

- 2013: Invited Speaker, *Gender-nonconforming children*, Pediatric Endocrine Society Symposium, Washington, D.C.
- 2013: Invited Speaker, *Found in Translation: Listening and Learning from Gender-nonconforming Children*, William Alanson White Institute, New York, New York
- 2012: Keynote Address: *From Gender Identity Disorder to Gender Creativity*, Gender Creative ids Workshop, Concordia University, Montreal, Quebec
- 2010: Invited Speaker, *A Terrible Thing Happened on the Way to Becoming a Girl*, Division of Psychoanalysis, APA Annual Meeting, Chicago, Illinois
- 2010 Invited Speaker, *Transcending Humpty Dumpty: The Case of an Egg Donor Mother*, International Association for Relational Psychoanalysis and Psychotherapy, San Francisco, CA
- 2010: Invited Speaker, *Outcomes for the Children*, American Psychoanalytic Association Group on Reproductive Technology, The American Psychoanalytic Society's Annual Meeting, New York
- 2010: *Wherefore baby? Searching Beyond Infertility*, Northern California Society for Psychoanalytic Psychology, Scientific Meeting
- 2010: Invited Speaker, *Priuses, Smoothies, and Tranys: Transgender Care in the Beginning: The Early Childhood Years*, Northern California Psychiatry Society Annual Meeting, Monterey, California.
- 2009: Invited Speaker, American Psychiatric Association's Annual Meeting, San Francisco: *Gender Made, Gender Nurtured: The Child Shapes the Parent as the Parent Shapes the Child in Families with A Gender Variant Child*, Panel: Symposium: Lesbian, Gay, Transgender Youth: Family Approaches.
- 2009: Division of Psychoanalysis APA Annual Meeting, San Antonio: Panel Presentation: *Boys Will Be Girls, Girls Will Be Boys: Familial Effects on Children's Gender Freedom*, Panel: The Transmission of Sexism and Homophobia within the Family
- 2009: Division of Psychoanalysis APA Spring Meeting, San Antonio: Paper Presentation: *I'm a Prius: A Child Case of a Gender/Ethnic Hybrid*, Panel: The Transmission of Sexism and Homophobia within the Family, Sexualities and Gender Identities Committee Invited Panel
- 2008: Invited Speaker, Seattle Psychoanalytic Society and Institute: *The Stork Didn't Bring You, You Came From a Dish*.
- 2008: Invited Speaker, Harvard Medical School: Treating Contemporary Families: Mental Health Aspects of Alternative Reproduction, Adoption, and Parenting, Boston: *The Psychodynamics of the Contemporary Family: Mothers, Fathers, Donors, Surrogates, and Children*
- 2008: American Psychological Association Annual Convention, Boston: Paper presentation: *One Pill Makes You Boy, One Pill Makes You Girl*, Panel: Doctor, What About Pills? Psychoanalytic Thought and Medication

- 2007: Invited Speaker, St. Louis Psychoanalytic Society, *The Stork Didn't Bring You, You Came From a Dish*
- 2007: Keynote Speaker, ANZICA The Australian and New Zealand Infertility Counsellors Association, Hobart, Tasmania: *When Things Go Pear-Shaped?*
- 2007: Invited Speaker, The Fertility Conference of Australia Annual Conference, Hobart, Tasmania: *Building Strong Donor Families*
- 2006: Invited Speaker, Mothers and Fathers of Invention, IPTAR Conference, New York: *The Stork Didn't Bring Me, I Came from a Dish: Psychological Experiences of Children Conceived through Assisted Reproductive Technology*
- 2001 Invited Speaker, Division 39 Invited Roundtable, APA Annual Meeting, *Growing Up and Growing Old: Continuity and Change in the Wishes and Desires over the Course of Life*
- 2001 Invited Speaker, Division 39 Annual Spring Meeting, Santa Fe: Session on Sex and Gender, *Bending and Blending: A Developmental Perspective*
- 2000: Invited Speaker, Division 39 Annual Spring Meeting, Session on Contemporary Child Psychotherapy: *Who's in the Room and What are We Doing?*
- 1997 to present: Public Speaking, TV and Radio Appearances: Topic: *Spoiling Childhood*
- 1997: Presenter, with Dr. Anne Bernstein at Annual Conference of the Academy of Family Mediators Topic: *When the Parents Aren't the Cleavers and the Children Aren't "The Beaver": Mediation with Non-Traditional Families*
- 1997: Presenter, Round Table Discussion, Northern California Society for Psychoanalytic Psychology Topic: *Whose Oedipus? Development, Dynamics, and Identity in the 1990s.*
- 1996: Presenter, Grand Rounds, Mt. Zion Psychiatric Service Topic: *The New Silent Majority: The Underaggressive Parent*
- 1996: Presenter, Parent Association, Marin Public Schools Topic: *Harried Parents and the Haloed Child*
- 1996: Invited presenter, International Conference: The Costs of Children Sponsored by the city of Bologna, Bologna, Italy, Sept. 27-28. Topic: *The Perils of Parenthood*
- 1995: Faculty, Perspectives on Motherhood: Myths and Realities, Conference sponsored by the San Francisco Institute for Psycho- Analytic Psychotherapy and Psychology, Mills College, and the San Francisco Salon Workshop Leader: *Defining Differences: Parenthood vs. Motherhood*
- 1994: Presentation: *The Perils of Parenting: Psychological Conflicts of Child Rearing in the 1990s*, Sponsored by The Friends of the San Francisco Psychoanalytic Institute
- 1994: Workshop: *Parenting in the 90s: An Impossible Task*, Parenting University, Piedmont Adult Education, Piedmont Unified School District
- 1994: Presentation: *The Things Grandma Never Told Us: Parenting in the 90s*, Sacred Hearts School, San Francisco

- 1994: Grand Rounds: *Sex and Violence in the Nursery: Lessons from the Presidio*, Children's Hospital Medical Center, Oakland
- 1994: Presentation: *Sexual Abuse in a Preschool Setting*, Child and Adolescent Sexual Abuse Resource Center, Department of Public Health, San Francisco
- 1993: Panel member, *Sexualized Transferences: Clinical Considerations and Ethical Implications*, panel presentation at monthly meeting of California Association of Marriage and Family Therapists
- 1993: Workshop: *Disassembling and Reassembling the Family: Psychoanalytic perspectives on Evaluation and Treatment*. Co-led with Toni Heineman, D. M. H., sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Grand Rounds: *Sex and Violence in the Nursery*, Alta Bates Medical Center Department of Psychiatry
- 1992: Panel Organizer and Presenter: *Parenting in the 1990s: A Need for a New Psychoanalytic Perspective*, sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Discussant, *The lesbian parenting Couple--Cultural and Clinical Issues*, Conference sponsored by The Psychotherapy Institute, Berkeley, California
- 1991: Panel organizer and chair, *Object Relations Theory, Mothers, and children: A Feminist Perspective*, American Psychological Association
- 1991: Paper presentation: *Sex and Violence in the Nursery: Lessons from the Presidio*, Annual Meeting of the American Orthopsychiatric Association
- 1990: Presentation: *Death, Loss, Grief, and Trauma*, Lecture delivered to New Perspectives clinical staff and associates, a school-based mental health delivery agency
- 1990: Guest, Oprah Winfrey Show Topic: *Stressed Out Dads*
- 1989: Community Lecture: *Lessons from the Presidio: Institutional Sexual Abuse*. Sponsored by Alameda Child Abuse Council
- 1989: Community Lecture: *Effects of Removing Children from their Homes*, Sponsored by Bay Area Coalition of Child Abuse Councils
- 1988: Corresponding Faculty, the American Orthopsychiatric Association Annual Meeting
- 1988: Workshop: *Aggression and Anger in Children*, Walden School, Berkeley, California
- 1988: Workshop: *Children's Fears*, Walden School, Berkeley, California
- 1987: Numerous radio and television appearances, local and national Topic: *Men and Women Sharing the Care of their Children*
- 1985: Presentation: *When Women and Men Mother*, Family Forum Lecture Series, College of Marin
- 1984 to 1985: Professional consultation to authors of Redwook and Cosmopolitan magazines in the area of gender and adult relationships

- 1981: Guest Speaker: *Mothers and Fathers, Together and Apart*, University of California Day Care Services, Berkeley
- 1981: Panel speaker: *Motherhood and Feminism*, Conference on Feminism in the 1980s, sponsored by Stanford University
- 1977: Keynote Speaker, Palomar College Topic: *Gender Development in Young Children*
- 1977: Keynote Speaker, California Child Development Association Topic: *Sex Role Stereotyping in Preschools*
- 1974: Colloquium: *Sex Role Socialization in a Preschool Setting*, School of Social Welfare, University of California, Berkeley

PROFESSIONAL AFFILIATIONS:

- American Society for Reproductive Medicine
- International Association for Relational Psychoanalysis and Psychotherapy
- California Psychological Association
- Division of Psychoanalysis (Division 39), American Psychological Association
- Section II (Childhood and Adolescence) of Division 39
- Section III (Women, Gender, and Sexuality) of Division 39
- Section IX, (Psychoanalysis and Social Responsibility) of Division 39 Northern California Society for Psychoanalytic Psychology
- Council on Contemporary Families

PUBLICATIONS AND PAPERS:

- Gender nonconforming youth: current perspectives *Adolescent Health, Medicine and Therapeutics* 2017:8 57–67
- Promoting children’s gender health: a guideline for professionals. *Carlat Report—Child Psychiatry*, 7:8: 1-2, Nov/Dec 2016.
- *The Gender Creative Child*. D. Ehrensaft, New York: The Experiment, 2016.
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- "Raising Girlyboys: A Parent's Perspective," paper presented at the APA Division 39 Spring Meeting, Santa Fe, New Mexico, April 27, 2001.
- "Ode to Anna Freud: Intersubjectivity and Child Psychotherapy," paper presented at APA Division 39 Spring Meeting, San Francisco, CA, April 6, 2000.
- "Alternatives to the Stork: Fatherhood Fantasies in Donor Insemination Families, *Studies in Gender and Sexuality*, Vol. 1, No. 4, 2000, 371-397.
- "The Kinderdult: The New Child Board to Conflict between Work and Family," in Rosanna Hertz and Nancy L. Marshall (eds.), *Families and Work: Today's Realities and Tomorrow's Possibilities*, Berkeley, CA: University of California Press, 2000, 585-627.
- "Use the Rod/Lose the Child; Spoil the Child/Lose the Parent," paper presented at American Psychological Association Annual Meeting, August 18, 1998.
- "Alternatives to the Stork: Fatherhood Fantasies in Sperm Donor Families," paper presented at APA Division 39 Meetings, Boston, Massachusetts, April 25, 1998.
- *Spoiling Childhood: How Well Meaning Parents Are Giving Children Too Much--But Not What They Need* (Guilford Press, 1997)
- "Child Psychotherapy and Intersubjective Theory: Ode to Anna Freud," *Fort-Da, Journal of the Northern California Society for Psychoanalytic Psychology*. Spring 1998.
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- "Sex and Violence in the Nursery," paper presented at scientific meeting of the Northern California Society for Psychoanalytic Psychology, November 1991.
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Exhibit B

Exhibit B to Ehrensaft Decl.: Bibliography

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**Court's Exhibit 4
(Under Seal)**

In the Matter Of:

DREW ADAMS vs. THE SCHOOL BOARD, et al.,

DIANE EHRENSAFT, PH.D.

November 17, 2017

Court Reporters, Videography, Trial Preparation

Videoconference Center

Oakland ♦ San Francisco ♦ San Jose

Sacramento ♦ Irvine ♦ Los Angeles

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Welch**
COURT
REPORTERS

1 UNITED STATES DISTRICT COURT
2 MIDDLE DISTRICT OF FLORIDA
3 JACKSONVILLE DIVISION

4 ---oOo---

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

7 Plaintiff,

8 vs.

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

9 THE SCHOOL BOARD OF ST.
10 JOHNS COUNTY, FLORIDA,

11 Defendant(s).
_____ /

12
13 VIDEOTAPED DEPOSITION OF DIANE EHRENSAFT, Ph.D.
14
15
16

17 Taken before MARIA L. BRACKEN

18 CSR No. 11741

19 November 17, 2017
20
21

22 Aiken Welch Court Reporters
23 One Kaiser Plaza, Suite 250
Oakland, California 94612
24 (510) 451-1580/(877) 451-1580
25 Fax: (510) 451-3797
www.aikenwelch.com

Page 6

1 THE VIDEOGRAPHER: Good morning. Here
 2 begins media No. 1 in the deposition of Diane
 3 Ehrensaft, Ph.D. the caption of this case is
 4 Drew Adams, a minor, by and through his next
 5 friend and mother Erica Adams Kasper, versus The
 6 School Board of St. Johns County, Florida.
 7 This case is in the United States
 8 District Court, Middle District of Florida,
 9 Jacksonville Division, Case No.
 10 3:17-cv-00739-TJC-JBT.
 11 Today's date is November 17th, 2017 and
 12 the time is 9:06 a.m. The deposition is taking
 13 place at One Kaiser Plaza, Suite 250, in
 14 Oakland, California. The videographer is
 15 Brittany Rohan, and the court reporter is Maria
 16 Bracken, both appearing on behalf of Aiken and
 17 Welch Court Reporters.
 18 Would the counsel please identify
 19 yourselves and state whom you represent.
 20 MR. BARDEN: Hi. I'm Dr. Chris Barden
 21 and I'm here for the defendant.
 22 MR. HARMON: Terry Harmon, also here
 23 for the defendant.
 24 MS. ALTMAN: Jennifer Altman on behalf
 25 of the plaintiff.

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1 MR. GONZALEZ-PAGAN: Omar
 2 Gonzalez-Pagan for the plaintiff.
 3 THE VIDEOGRAPHER: Could the court
 4 reporter please swear in the witness and we can
 5 begin.
 6 DIANE EHRENSAFT, Ph.D.,
 7 sworn as a witness,
 8 testified as follows:
 9 EXAMINATION BY MR. BARDEN:
 10 Q. All right. Good morning. How are you
 11 doing today?
 12 A. I'm fine. And you?
 13 A. Great.
 14 Q. We've never met before today, have we?
 15 A. **We have not, unless we crossed in the**
 16 **paths of the Berkeley campus.**
 17 Q. Yes, we were both on the Berkeley
 18 campus a long time ago, huh?
 19 A. **Yes.**
 20 Q. Well, you've been deposed before today,
 21 correct?
 22 A. **I have, yes.**
 23 Q. And so you know that your answers have
 24 to be audible?
 25 A. **I do know that.**

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1 Q. Okay. No shaking of the head or
 2 anything like that, because the court reporter
 3 has to be able to write it down.
 4 A. **Yes, I know that.**
 5 Q. Secondly, if you ever need a break,
 6 just let us know and we'll take a break.
 7 A. **Thank you.**
 8 Q. Does that sound fair?
 9 A. **That sounds fair.**
 10 Q. I would just ask that you don't take a
 11 break during a pending question.
 12 A. **I will do my best.**
 13 Q. Okay. Fair enough.
 14 All right. So have you testified
 15 previously in any court matters?
 16 A. **I have testified previously, yes.**
 17 Q. Could you tell us which cases.
 18 A. **Most recently, I did a phone hearing in**
 19 **a case in Oregon having to do with insurance**
 20 **coverage for facial feminization surgery, and**
 21 **I've also testified in the State of Colorado,**
 22 **and this was in a custody case having to do with**
 23 **a child who was identified by one parent as**
 24 **transgender but not by the other parent.**
 25 **And I have also testified -- I can go**

Page 9

1 **backwards from there, if you'd like.**
 2 Q. Is there a list anywhere that you have
 3 provided us, a complete list of all the cases in
 4 which you have testified?
 5 MS. ALTMAN: Object to form.
 6 **THE WITNESS: You do not have that**
 7 **list, no.**
 8 BY MR. BARDEN:
 9 Q. Okay.
 10 A. **I don't have the list there for you.**
 11 Q. Would you be able to provide us with a
 12 list?
 13 MS. ALTMAN: Object to the form. And
 14 to the extent that you have a request for
 15 documents or information from the expert, you
 16 should make it to counsel and we'll respond
 17 accordingly.
 18 MR. BARDEN: Okay. I mean, that's fair
 19 enough. I don't want to spend a lot of time
 20 going through this if we can get a simple list.
 21 We can -- I mean, we can talk about it, too.
 22 **THE WITNESS: Okay.**
 23 MS. ALTMAN: Okay.
 24 BY MR. BARDEN:
 25 Q. So any other cases in which you have

Page 10

1 testified, other than the ones you've discussed
 2 so far?
 3 **A. Yes, there have been others as well.**
 4 Q. Well, let's start with this.
 5 How many times have you testified?
 6 **A. I would say, over the course of my**
 7 **career, ten times.**
 8 Q. Okay. So no more than ten times?
 9 **A. Yes.**
 10 Q. Any cases like this one?
 11 MS. ALTMAN: Object to the form.
 12 **THE WITNESS: No case exactly like this**
 13 **one. I have submitted expert reports for cases**
 14 **like this one.**
 15 BY MR. BARDEN:
 16 Q. Okay. Could you give us the names of
 17 those cases and maybe the names of the lawyers
 18 that were involved in those cases?
 19 MS. ALTMAN: Form.
 20 **THE WITNESS: The last one was -- and I**
 21 **can't give you the full documentation, but I can**
 22 **certainly provide it.**
 23 BY MR. BARDEN:
 24 Q. Sure.
 25 **A. That was the case of the Highland**

Page 11

1 **School District. I submitted in Pennsylvania on**
 2 **an issue of bathroom use, and I submitted an**
 3 **expert witness report there.**
 4 Q. Okay. Do you remember the name of the
 5 lawyer that you worked with there?
 6 **A. I believe -- I would have to go look in**
 7 **my records. It may have been a (inaudible) at**
 8 **the National Center for Lesbian Rights.**
 9 Q. Okay. Any other cases where you
 10 submitted a report like the one in this case?
 11 MS. ALTMAN: Object to the form.
 12 **THE WITNESS: Not one just like this,**
 13 **no.**
 14 BY MR. BARDEN:
 15 Q. One similar, on similar issues?
 16 **A. No. These would be --**
 17 MS. ALTMAN: Object to the form.
 18 And, Doctor, if you could just take a
 19 breath right after he asks the question so that
 20 I can place an objection --
 21 **THE WITNESS: Sure.**
 22 MS. ALTMAN: -- otherwise, it makes
 23 this beautiful lady's job very difficult when
 24 we're all talking over each other.
 25 **THE WITNESS: Well, we don't want you**

Page 12

1 **to be having a difficult time.**
 2 MS. ALTMAN: And if you didn't get it,
 3 I object to the form.
 4 Do you remember the question?
 5 **THE WITNESS: Could you repeat the**
 6 **question, please?**
 7 BY MR. BARDEN:
 8 Q. Yes.
 9 Any other reports that you've written
 10 that are on similar issues?
 11 MS. ALTMAN: Object to the form.
 12 **THE WITNESS: Could you clarify**
 13 **"similar issues," so I can --**
 14 BY MR. BARDEN:
 15 Q. Transgender research; types of
 16 treatment; the history of the transgender
 17 movement; suggestions for treatment of
 18 transgenders in relationship to a transgender
 19 patient with a public school system.
 20 MS. ALTMAN: Object to the form.
 21 **THE WITNESS: The other report that**
 22 **would be similar would be the one in Colorado**
 23 **that I just referred to.**
 24 BY MR. BARDEN:
 25 Q. Okay. Do you remember the name of the

Page 13

1 case?
 2 **A. I do not. I would have to look that**
 3 **up.**
 4 Q. Do you remember the lawyer's name?
 5 **A. I would have to look that up as well.**
 6 Q. Have you ever participated in a Daubert
 7 hearing? Do you know what that means?
 8 **A. I do not. If you could define it for**
 9 **me, that would be helpful.**
 10 Q. Well, I'll spell it, D-a-u-b-e-r-t.
 11 Have you ever heard that term?
 12 **A. I have heard the term.**
 13 Q. Do you know what it means?
 14 **A. I do not.**
 15 Q. Okay. So have you ever heard of the
 16 term "Kumho," K-u-m-h-o?
 17 **A. I have not.**
 18 Q. Okay. And you're not being represented
 19 by a lawyer here today, right?
 20 **A. I am not being represented by a lawyer.**
 21 Q. Okay. So one thing I want to make
 22 really clear. I'm never going to ask you for
 23 any confidential information on any of your
 24 patients, except for the plaintiff we'll talk
 25 about today. And I'm going to use the word

Page 14

1 "plaintiff" just because I'm trying to be
 2 especially careful to protect everyone's
 3 confidentiality.
 4 Does that make sense?
 5 **A. That makes sense.**
 6 Q. So even if it sounds like I might be
 7 asking for some patient information, I'm really
 8 not. So let's just keep safe all of your
 9 confidential information from all of your other
 10 patients. Okay?
 11 **A. Yes.**
 12 Q. Have you had any training in forensic
 13 assessment?
 14 **A. I have had training in forensic**
 15 **assessment.**
 16 Q. And where did you have that training?
 17 MS. ALTMAN: Object to the form.
 18 MR. BARDEN: I'm sorry. Let me fix the
 19 question.
 20 What was wrong with the question?
 21 MS. ALTMAN: Well, a couple of things.
 22 One of the things was that she said she has had
 23 that training. You asked the question, "Where
 24 have you had that training," which could be
 25 multiple places at multiple different points in

Page 15

1 time. So there's a time parameter and a scope
 2 parameter issue with the question.
 3 MR. BARDEN: Okay.
 4 BY MR. BARDEN:
 5 Q. So where have you had the training for
 6 forensic assessment?
 7 **A. The training I've had has been in**
 8 **California in the Bay Area through different**
 9 **training sessions and training programs that I**
 10 **participated in.**
 11 Q. And what were those training programs?
 12 MS. ALTMAN: Form.
 13 BY MR. BARDEN:
 14 Q. Were they at a -- were they at an
 15 institute? Were they at a university? Were
 16 they in a continuing professional education
 17 seminar? I mean --
 18 MS. ALTMAN: Form.
 19 **THE WITNESS: Each one of them was a**
 20 **continuing education program provided by**
 21 **different organizations or institutions.**
 22 BY MR. BARDEN:
 23 Q. Okay. Do you remember the years that
 24 you had training in forensic assessment?
 25 **A. I do not remember the exact years, but**

Page 16

1 **I would say that it was in the 1990s and early**
 2 **2000s.**
 3 Q. Okay. So would it be safe to say then,
 4 based on what you've said, you have not had any
 5 training in forensic assessment in at least
 6 fifteen years, ten years?
 7 MS. ALTMAN: Form.
 8 **THE WITNESS: I would estimate, it**
 9 **would be safe to say, not in the last ten.**
 10 BY MR. BARDEN:
 11 Q. Okay. Not in the last ten years.
 12 Have you done any reading in forensic
 13 assessment in the last ten years?
 14 **A. I would say yes to reading.**
 15 Q. And what were the -- what were the
 16 articles or books that you read?
 17 MS. ALTMAN: Form.
 18 **THE WITNESS: I would say that if I'm**
 19 **remembering correctly, it was going over the**
 20 **training materials from the courses I had taken.**
 21 BY MR. BARDEN:
 22 Q. Okay. So this was in the last ten
 23 years you've gone back and looked at some of the
 24 materials that you saved from previous training;
 25 is that what you're saying?

Page 17

1 **A. That is correct.**
 2 Q. Okay. So to the best of your
 3 knowledge, you haven't read anything that was
 4 published or produced in the last ten years?
 5 **A. To the best of my recollection, that**
 6 **would be correct.**
 7 Q. Okay. Have you had any training in
 8 forensic testimony?
 9 MS. ALTMAN: Form.
 10 **THE WITNESS: I would need**
 11 **clarification, in terms of -- what kind of**
 12 **training are you talking about?**
 13 BY MR. BARDEN:
 14 Q. Rights and duties of an expert witness
 15 in a court matter type training, or licensing or
 16 ethics code rules regarding expert witness
 17 testimony, that kind of training.
 18 MS. ALTMAN: Form.
 19 **THE WITNESS: All of that training did**
 20 **occur in the continuing education programs that**
 21 **I took.**
 22 BY MR. BARDEN:
 23 Q. Okay.
 24 **A. Yes.**
 25 Q. So the same programs that you went

Page 18

1 to --

2 **A. Yes.**

3 Q. -- also included not only assessment

4 but also testifying?

5 **A. That is correct.**

6 Q. Okay. So have you had training in the

7 ethics issues regarding forensic work?

8 MS. ALTMAN: Form.

9 **THE WITNESS: Yes, I have. Those were**

10 **included in those continuing education courses.**

11 BY MR. BARDEN:

12 Q. Gotcha. Okay.

13 And then licensing, rules and issues,

14 were they also in that same training?

15 MS. ALTMAN: Form.

16 **THE WITNESS: Yes, they were.**

17 BY MR. BARDEN:

18 Q. Okay. So we're talking assessment,

19 testifying, ethics, and licensing. Is it the

20 same for all of those, that you haven't seen

21 anything that's been produced or published in

22 the last ten years in those fields?

23 MS. ALTMAN: Form.

24 **THE WITNESS: I believe I answered that**

25 **before, that I would have seen things that I had**

Page 19

1 **in my trainings, not the things published within**

2 **the last ten years.**

3 BY MR. BARDEN:

4 Q. Okay. Thank you.

5 Would you agree that children deserve

6 quality healthcare?

7 MS. ALTMAN: Form.

8 **THE WITNESS: I would agree that**

9 **children deserve quality healthcare.**

10 BY MR. BARDEN:

11 Q. Would you agree that children deserve

12 quality healthcare based on science and not on

13 political advocacy?

14 MS. ALTMAN: Form.

15 **THE WITNESS: I would have difficulty**

16 **answering that question without talking more**

17 **about what you mean by "science."**

18 BY MR. BARDEN:

19 Q. Okay. Well, we'll have a chance to do

20 that.

21 So you're licensed in the State of

22 California as a psychologist, correct?

23 **A. That is correct --**

24 Q. And --

25 **A. -- I'm licensed in that.**

Page 20

1 Q. Pardon -- yeah.

2 And how long have you been licensed as

3 a psychologist?

4 **A. I received my license in January of**

5 **1982.**

6 Q. Okay. Does California do renewal every

7 year or every other year, or what's the process

8 here?

9 MS. ALTMAN: Form.

10 **THE WITNESS: California does renewal**

11 **every two years.**

12 BY MR. BARDEN:

13 Q. Every two years?

14 **A. (Nodding head.)**

15 Q. Okay. And you have to do a certain

16 number of hours of continuing education,

17 correct?

18 **A. That is correct, for each renewal.**

19 Q. When was the last time you read the

20 California Board of Psychology Ethics Rules?

21 **A. I do not think I could pinpoint an**

22 **exact date for you, but I'd say approximately**

23 **2016.**

24 Q. 2016?

25 **A. Uh-huh.**

Page 21

1 Q. And what's the name of the California

2 Board of Psychology Ethics Rules?

3 MS. ALTMAN: Form.

4 **THE WITNESS: I do not know the name of**

5 **the rules. I know their content.**

6 BY MR. BARDEN:

7 Q. Is there a systematic publication of

8 the California Board of Psychology Ethics Rules?

9 MS. ALTMAN: Form.

10 **THE WITNESS: I am not sure what --**

11 **you'll have to help me, in terms of what you**

12 **mean by "systematic."**

13 BY MR. BARDEN:

14 Q. Is there a booklet that the California

15 Board of Psychology refers people to as their

16 ethics rules?

17 **A. To the best of my knowledge these days,**

18 **I know there's an online document. I don't know**

19 **if there's an in-print booklet.**

20 Q. Do you know the name of that document?

21 **A. I do not know the name of the document.**

22 Q. Do you know who publishes that

23 document?

24 MS. ALTMAN: Form.

25 **THE WITNESS: My assumption has been**

Page 22

1 that it's published through the Board of
 2 Psychology of the State of California.
 3 BY MR. BARDEN:
 4 Q. Okay. What are the duties of a
 5 forensic witness in those rules?
 6 MS. ALTMAN: Form.
 7 **THE WITNESS:** The duties of the
 8 forensic witness is, number one, to make sure
 9 they're an expert in the field that they are
 10 testifying for; to protect the confidentiality
 11 of anybody involved in the testimony; to give
 12 accurate and truthful information at all times.
 13 BY MR. BARDEN:
 14 Q. Okay. Anything else?
 15 A. I'm thinking about both what's in the
 16 document and what's in my head.
 17 And I would say the duty also involves
 18 that there is due diligence to reviewing
 19 information -- any information related to the
 20 issues in the case.
 21 Q. Okay. When did you first start working
 22 on this case?
 23 A. I would recall that I was first asked
 24 to participate in this case, which is, I would
 25 consider the first -- the beginning of the

Page 23

1 consideration of work on it in early 2017.
 2 Q. Early in 2017?
 3 A. Yes.
 4 Q. Do you remember when, approximately?
 5 A. I do not.
 6 Q. Winter, spring, summer? Do you recall?
 7 MS. ALTMAN: Form.
 8 **THE WITNESS:** I do not recall, but I
 9 would say that the first communications were in
 10 the winter of 2017.
 11 BY MR. BARDEN:
 12 Q. Okay. So that would be like January
 13 and February?
 14 A. January, February, March.
 15 Q. And who was the first person that
 16 contacted you about working on the case?
 17 A. To the best of my recollection, it was
 18 somebody from Lambda Legal, and I don't remember
 19 which of the attorneys contacted me at that
 20 time.
 21 Q. Was it by phone or by e-mail or...
 22 MS. ALTMAN: Form.
 23 **THE WITNESS:** I do not recall.
 24 BY MR. BARDEN:
 25 Q. When did you agree to be an expert

Page 24

1 witness in this case?
 2 A. It would be soon after that that I
 3 agreed to be an expert witness.
 4 Q. So you received a subpoena in this
 5 case, correct?
 6 A. I did receive a subpoena for this
 7 deposition.
 8 Q. And you've turned over your records in
 9 this case, correct?
 10 A. I have turned over my records in this
 11 case.
 12 Q. And what kind of a contract did you
 13 sign with the people that hired you to be an
 14 expert witness?
 15 MS. ALTMAN: Form.
 16 **THE WITNESS:** I signed a contract that
 17 stated what my obligations would be in this
 18 case, what the fees would be for the case, what
 19 my roles and responsibilities would be in the
 20 case.
 21 BY MR. BARDEN:
 22 Q. Was that contract turned over pursuant
 23 to the subpoena?
 24 A. I did not turn over the contract. I
 25 assumed it was in the legal file that -- the

Page 25

1 attorneys have my contract, so I'm assuming that
 2 it's in there.
 3 Q. If we don't have that, would you be
 4 willing to provide that to us?
 5 A. Yes, I would be willing to provide that
 6 to you.
 7 Q. Okay. What kinds of information do you
 8 have in your contract -- well, back up. Sorry.
 9 Strike that.
 10 Do you have a standard contract that
 11 you use in all of your expert witness cases, or
 12 does it vary?
 13 MS. ALTMAN: Form.
 14 **THE WITNESS:** I do not have a standard
 15 contract that I use.
 16 BY MR. BARDEN:
 17 Q. So you get the contract from the people
 18 that hire you?
 19 MS. ALTMAN: Form.
 20 **THE WITNESS:** The contracts that I have
 21 signed have been generated by the people who
 22 have asked me to be an expert witness.
 23 BY MR. BARDEN:
 24 Q. Okay. And, to the best of your
 25 knowledge, have the contracts generated by the

Page 26

1 lawyers met the ethical standards of the
 2 California Board of Psychology for forensic
 3 contracts?
 4 MS. ALTMAN: Form.
 5 **THE WITNESS: The answer to that would**
 6 **be yes, or I couldn't sign them.**
 7 BY MR. BARDEN:
 8 Q. Okay. So you've actually checked that
 9 out, though?
 10 **A. Yes.**
 11 MS. ALTMAN: Was your answer "yes"?
 12 **THE WITNESS: Yes.**
 13 MS. ALTMAN: I'm just afraid she didn't
 14 hear you. You kind of trailed off.
 15 **THE WITNESS: Yes.**
 16 MS. ALTMAN: All right.
 17 BY MR. BARDEN:
 18 Q. We all do that. We all get into the
 19 head nods from time to time.
 20 **A. Yes.**
 21 Q. So you spoke with the plaintiff in this
 22 case, correct?
 23 **A. I did speak with the plaintiff in this**
 24 **case, yes, correct.**
 25 Q. What, if any, informed consent form did

Page 27

1 you obtain from the plaintiff or his parents in
 2 order to interview him for this case?
 3 **A. I personally did not obtain a consent**
 4 **form because there had already been one signed**
 5 **by the attorneys for me to speak with him.**
 6 Q. So it's your understanding that the
 7 consent form for the child to speak to you was
 8 generated by the attorneys, correct?
 9 **A. That is correct.**
 10 Q. Have you seen that consent form?
 11 **A. I have not personally seen that consent**
 12 **form.**
 13 Q. Okay. Was it your duty as a
 14 psychologist licensed in the State of California
 15 to check out that informed consent form to make
 16 sure that it met California Board standards
 17 before interviewing the child?
 18 MS. ALTMAN: Form.
 19 **THE WITNESS: It would be my duty to**
 20 **know that was in place, and I had perfect**
 21 **confidence that the attorneys involved would**
 22 **have the appropriate consent forms.**
 23 BY MR. BARDEN:
 24 Q. So how could you have, quote, "perfect
 25 confidence" in the consent form if you never saw

Page 28

1 it?
 2 MS. ALTMAN: Object to the form.
 3 **THE WITNESS: A simple answer would be,**
 4 **my assessment of the integrity of the legal**
 5 **entities I was working with and their due**
 6 **diligence.**
 7 BY MR. BARDEN:
 8 Q. I'm not asking you about their
 9 integrity. I'm asking you about their knowledge
 10 of the California Board of Psychology Ethics
 11 Rules, right?
 12 MS. ALTMAN: Object to the form.
 13 **THE WITNESS: Yes, you are.**
 14 BY MR. BARDEN:
 15 Q. Where were the lawyers from that
 16 generated this informed consent form?
 17 **A. My understanding, the lawyers were from**
 18 **several different states.**
 19 Q. Were any of them from California?
 20 **A. My understanding is the lawyers on this**
 21 **case were not from California but consulted with**
 22 **attorneys in California.**
 23 Q. Do you know the names of the attorneys
 24 they consulted in California?
 25 **A. I do not know the particular names of**

Page 29

1 **the attorneys, but I know the agency that often**
 2 **refers me as an expert witness to other lawyers.**
 3 Q. Okay. And what is the name of the
 4 agency?
 5 **A. The National Center for Lesbian Rights.**
 6 Q. And where are they based out of?
 7 **A. San Francisco.**
 8 Q. So is it your -- is it your
 9 understanding that they generated the informed
 10 consent form or the people who hired you at
 11 Lambda generated the --
 12 **A. My understanding is that the people at**
 13 **Lambda or Pillsbury generated that form.**
 14 Q. But you never saw that form before
 15 interviewing the plaintiff, correct?
 16 **A. I did not see that form.**
 17 Q. So was there any process, other than
 18 what you've described on the record so far, by
 19 which you generated a, quote, "perfect
 20 confidence," unquote, that the informed consent
 21 form met the standards of the California Board
 22 of Psychology?
 23 MS. ALTMAN: Form.
 24 **THE WITNESS: I would say that my**
 25 **process was in line with what I had referred to**

Page 30

1 before, in terms of the contract provided to me
 2 and in terms of my communications with attorneys
 3 for the plaintiff.
 4 BY MR. BARDEN:
 5 Q. Have you worked with these people in
 6 previous cases where they generated an informed
 7 consent form to speak to a minor in a case in
 8 which you never saw the consent form?
 9 A. I have not worked with these lawyers
 10 before.
 11 Q. Do you know if the plaintiff's parents
 12 signed any informed consent form before you
 13 spoke to the plaintiff?
 14 A. Yes. They would have had to, because a
 15 minor can't consent to either treatment or --
 16 they can do assent but not consent.
 17 THE REPORTER: They can do what?
 18 THE WITNESS: Assent but not consent.
 19 BY MR. BARDEN:
 20 Q. But you don't know because you didn't
 21 see the form, correct?
 22 A. I do know by being informed that there
 23 was a signed consent form.
 24 Q. But you don't know if the parents
 25 signed it, because you never saw the form,

Page 31

1 correct?
 2 A. I do know that I was informed that the
 3 parents signed a consent form.
 4 Q. Okay. And who's the person that
 5 informed you that the parents signed the consent
 6 form?
 7 A. It would be one of the attorneys that
 8 I've been in communication with on the case.
 9 Q. Would you have an e-mail in which that
 10 occurred?
 11 A. No, that would have been --
 12 MS. ALTMAN: Object to the form.
 13 THE WITNESS: -- in a phone
 14 consultation.
 15 BY MR. BARDEN:
 16 Q. Okay. And that would have taken place
 17 approximately when?
 18 A. That would have taken place probably in
 19 August of 2017.
 20 Q. So you started being an expert in
 21 January or February, you think, and -- but you
 22 didn't interview the plaintiff until August of
 23 2017?
 24 MS. ALTMAN: Object to to form.
 25 THE WITNESS: To clarify, that in the

Page 32

1 winter, I considered being an expert witness and
 2 decided that I would become an expert witness on
 3 this case. It wasn't until August that the
 4 issue came up in the case as to whether I would
 5 interview the plaintiff directly.
 6 BY MR. BARDEN:
 7 Q. Okay. So you were receiving documents
 8 and information from the lawyers to review prior
 9 to August 2017?
 10 MS. ALTMAN: Object to the form.
 11 THE WITNESS: I began receiving them at
 12 that time.
 13 BY MR. BARDEN:
 14 Q. In --
 15 A. In August of 2000- -- I believe -- I'm
 16 giving you approximate dates, but it was in the
 17 summer, and I believe it was around then.
 18 It would be -- actually, you can refer
 19 to my billing records, and they will have some
 20 of that information.
 21 Q. Okay. So would it be fair to say not
 22 much happened in the case between February and
 23 August of 2017?
 24 MS. ALTMAN: Form.
 25 THE WITNESS: I would say that during

Page 33

1 that time, I was drawing up an expert witness
 2 report. So, yes, there was something happening
 3 prior to the summer.
 4 BY MR. BARDEN:
 5 Q. Okay.
 6 A. So, in terms of working on that.
 7 Q. So you were working on the report. And
 8 were you reviewing files sent by the lawyers in
 9 this case?
 10 A. At that time, I had not yet received
 11 the files from the case.
 12 Q. So what kinds of materials or what kind
 13 of work were you doing to generate a report
 14 prior to August 2017?
 15 MS. ALTMAN: Form.
 16 THE WITNESS: I would say that the main
 17 work that I was doing was reviewing the
 18 literature, the guidelines, the standards of
 19 care.
 20 BY MR. BARDEN:
 21 Q. Okay. So, when you started to get the
 22 records, did you review the medical files?
 23 MS. ALTMAN: Form.
 24 THE WITNESS: I reviewed all records
 25 that were given to me, and those included

<p style="text-align: right;">Page 34</p> <p>1 medical -- the medical records. 2 BY MR. BARDEN: 3 Q. Did you review a consent form for the 4 plaintiff to take medication to begin the gender 5 transition process? 6 MS. ALTMAN: Form. 7 THE WITNESS: I would have to say that 8 there were several signed consent forms in the 9 file, and I would not be able to tell you right 10 now if that particular one was. I would have to 11 go back and look at the records. 12 BY MR. BARDEN: 13 Q. Okay. Did you review the consent forms 14 to see if any of them were defective? 15 MS. ALTMAN: Form. 16 THE WITNESS: I did not review the 17 consent forms to see if they were effective 18 (sic) -- 19 BY MR. BARDEN: 20 Q. I'm sorry, defective, not effective. 21 A. No, I said "defective." 22 MS. ALTMAN: Form. 23 THE WITNESS: I'm sorry. If it sounded 24 like "effective," I meant defective. 25 BY MR. BARDEN:</p>	<p style="text-align: right;">Page 36</p> <p>1 THE WITNESS: I would say the 350 is 2 the median and the mean. 3 BY MR. BARDEN: 4 Q. So, in looking back at your work in 5 preparing to complete your report, you mentioned 6 you looked at some of the medical files, 7 correct? 8 A. That is correct. 9 Q. Did you look at the plaintiff's 10 educational records? 11 A. I did not have access to the 12 educational records, as far as I remember. And 13 I'm assuming we're talking about transcripts of 14 grades. 15 Q. Well, I'm talking about all -- 16 A. Anything. 17 Q. -- you know, any type of -- 18 A. I did not have school files. 19 MS. ALTMAN: And just for the court 20 reporter's benefit, you guys are now talking 21 over each other. 22 Maybe he should ask the question again. 23 I need a second, at least, to get my objection 24 out, if there will be one -- 25 THE WITNESS: Sure, sure.</p>
<p style="text-align: right;">Page 35</p> <p>1 Q. I'm just trying to be clear. 2 A. Absolutely. 3 I was not reviewing the records in that 4 context. 5 Q. If the informed consent form was 6 defective, would that be a concern to you? 7 MS. ALTMAN: Form. 8 THE WITNESS: I would say that we are 9 always concerned if there is a mistake in an 10 informed consent form. People do make mistakes. 11 So I would want to know what the nature of 12 "defective" was. 13 BY MR. BARDEN: 14 Q. And how much are you charging for 15 your services in this case? 16 MS. ALTMAN: Form. 17 THE WITNESS: My fee is \$350 per hour. 18 BY MR. BARDEN: 19 Q. Is that your standard fee for all your 20 cases, or does it vary, depending on the case? 21 A. My fees absolutely vary depending on 22 the case. 23 Q. So the 350, is that the high, the low, 24 the mid-range? 25 MS. ALTMAN: Form.</p>	<p style="text-align: right;">Page 37</p> <p>1 MS. ALTMAN: -- and then answer. So I 2 just want to make sure the question was clear 3 and the answer's clear. 4 So if you wouldn't mind, Counsel, 5 asking the question again or having her read it 6 back. 7 MR. BARDEN: Sure, no problem. 8 BY MR. BARDEN: 9 Q. Did you see any of the educational 10 records? And by "educational records," I mean 11 everything. 12 MS. ALTMAN: Object to the form. 13 THE WITNESS: I was not provided with 14 educational records. 15 BY MR. BARDEN: 16 Q. Okay. Did the attorneys tell you why 17 they withheld those documents from you? 18 MS. ALTMAN: Object to the form. 19 THE WITNESS: It is difficult for me to 20 answer that question because of the word 21 "withheld." It is not clear to me that anybody 22 withheld the documents from me. They may not 23 have provided them to me, and I -- there was no 24 discussion of that. 25 BY MR. BARDEN:</p>

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1 Q. Okay. Well, I mean, wouldn't it be
 2 typical in a forensic psychology case that you
 3 would ask for everything?
 4 MS. ALTMAN: Form.
 5 **THE WITNESS: I would say that would**
 6 **not be typical. I would want what is pertinent**
 7 **to the questions I've been asked to answer.**
 8 BY MR. BARDEN:
 9 Q. Okay. If you had been allowed to see
 10 the educational records, how would that have
 11 changed your report?
 12 MS. ALTMAN: Form.
 13 **THE WITNESS: I don't think I can**
 14 **answer that question, having not seen them.**
 15 BY MR. BARDEN:
 16 Q. Exactly.
 17 So did you put that limitation on your
 18 methodology? Did you disclose that to the Court
 19 in your report?
 20 MS. ALTMAN: Form.
 21 **THE WITNESS: I did not disclose that,**
 22 **as I didn't assess it as a limitation.**
 23 BY MR. BARDEN:
 24 Q. Is it your understanding that one of
 25 the duties of an expert witness in writing a

Page 39

1 report is to disclose to the Court -- to the
 2 legal system -- limitations on your methodology?
 3 MS. ALTMAN: Form.
 4 **THE WITNESS: My understanding is that**
 5 **it is important to disclose limitations when**
 6 **there are limitations.**
 7 BY MR. BARDEN:
 8 Q. So, in your opinion, would not
 9 reviewing any of the educational records in this
 10 case, would that not be a limitation on your
 11 method?
 12 MS. ALTMAN: Form.
 13 **THE WITNESS: In my opinion, given my**
 14 **duties in this particular case, I would not**
 15 **assess that as a limitation.**
 16 BY MR. BARDEN:
 17 Q. Did you review -- in your work on this
 18 case, did you review the plaintiff's therapy
 19 records?
 20 MS. ALTMAN: Form.
 21 **THE WITNESS: I reviewed the therapy**
 22 **records that were provided to me.**
 23 BY MR. BARDEN:
 24 Q. Who is the person that decided which of
 25 the therapy records would be provided to you?

Page 40

1 **A. I do not have that information.**
 2 Q. How many of the therapy records were
 3 not provided to you?
 4 MS. ALTMAN: Form.
 5 **THE WITNESS: That would be an**
 6 **impossible question for me to answer.**
 7 BY MR. BARDEN:
 8 Q. Did you review any psychological
 9 assessment results?
 10 MS. ALTMAN: Form.
 11 **THE WITNESS: I reviewed the**
 12 **psychological assessment rating scales, as**
 13 **provided by one of the mental health providers.**
 14 BY MR. BARDEN:
 15 Q. And what was the name of the mental
 16 health provider?
 17 **A. I would have to go through, if you -- I**
 18 **would have to go through the records again. I**
 19 **can't give you the name of the person at this**
 20 **point.**
 21 Q. What, if any, other records from the
 22 mental health provider did you review, other
 23 than what you've discussed on the record so far?
 24 **A. I believe you have those documents. I**
 25 **reviewed all the records that were provided to**

Page 41

1 **me by the attorneys that were the therapy**
 2 **records.**
 3 Q. When did you begin interviewing the
 4 plaintiff in this case?
 5 **A. To the best of my recollection, there**
 6 **were three interviews in September of 2017.**
 7 Q. And were they all the same time length
 8 or did that vary --
 9 MS. ALTMAN: Form.
 10 BY MR. BARDEN:
 11 Q. -- when you mentioned the three
 12 interviews?
 13 MS. ALTMAN: Form.
 14 **THE WITNESS: To my recollection, all**
 15 **three were slotted for the same time, and that**
 16 **would be in my records, in terms of -- in the**
 17 **billing statement it shows each one.**
 18 BY MR. BARDEN:
 19 Q. I mean, to the best, was it an hour?
 20 Was it two hours?
 21 MS. ALTMAN: Form.
 22 **THE WITNESS: To the best of my**
 23 **recollection, we did three, two-hour interviews.**
 24 BY MR. BARDEN:
 25 Q. Okay. So something like six hours,

Page 42

1 total?

2 **A. I would have to look to make sure**

3 **that's accurate.**

4 Q. Okay. Now, when you talked to the

5 plaintiff, were you speaking from your office

6 here in California?

7 **A. When I talked to the plaintiff --**

8 Q. Yes.

9 **A. -- I was in my private practice office**

10 **in California.**

11 Q. And is that in Berkeley or San

12 Francisco or --

13 MS. ALTMAN: Form.

14 **THE WITNESS: My office is in Oakland.**

15 BY MR. BARDEN:

16 Q. In Oakland. That was the other option.

17 So you were in Oakland.

18 **A. Uh-huh.**

19 Q. And the plaintiff was where, when you

20 spoke to him?

21 **A. When I spoke to the plaintiff, he was**

22 **in his home in Florida.**

23 Q. In Florida. Okay.

24 **A. (Nodding head.)**

25 Q. Was this conversation by telephone?

Page 43

1 Was it by Skype? Was it by Google --

2 MS. ALTMAN: Form.

3 BY MR. BARDEN:

4 Q. -- video or what -- what was the

5 process?

6 MS. ALTMAN: Form.

7 **THE WITNESS: It was video on**

8 **BlueJeans.**

9 BY MR. BARDEN:

10 Q. On what?

11 **A. BlueJeans.**

12 Q. Okay. I haven't heard of that program.

13 What-- what -- can you just tell us a

14 little bit about BlueJeans?

15 MS. ALTMAN: Form.

16 **THE WITNESS: It is -- BlueJeans would**

17 **be the same as Skype or Zoom. It's just another**

18 **platform.**

19 BY MR. BARDEN:

20 Q. So were the three interviews all on

21 BlueJeans?

22 **A. The three interviews were all on**

23 **BlueJeans.**

24 Q. So you were able to see the plaintiff

25 and the plaintiff was able to see you?

Page 44

1 **A. That is correct.**

2 Q. Was there anyone else in the room when

3 you did the interview on your end?

4 **A. No. I was alone in my private practice**

5 **office.**

6 Q. Was there anyone on the other end -- to

7 the best of your knowledge, anyone on the other

8 end in the room with the plaintiff when he spoke

9 to you?

10 **A. To the best of my knowledge, he was**

11 **alone in the house -- in his house.**

12 Q. Okay. So what, if any, steps did you

13 take to determine whether BlueJeans is a

14 HIPAA-compliant telemedicine system?

15 **A. I researched it to make sure that it**

16 **was.**

17 Q. Did you -- did you video-record the

18 interviews or any of the interviews with the

19 plaintiff?

20 MS. ALTMAN: Form.

21 **THE WITNESS: I did not record the**

22 **interviews.**

23 BY MR. BARDEN:

24 Q. Why not?

25 **A. It is my practice, around**

Page 45

1 **confidentiality, not to record interviews, to**

2 **video-record interviews.**

3 Q. Did you take notes?

4 **A. I did take notes in each of the three**

5 **interviews.**

6 Q. Do you take notes during your interview

7 or after the interview's over, or how do you do

8 that?

9 MS. ALTMAN: Form.

10 **THE WITNESS: In an interview, like**

11 **with the plaintiff, I take notes during the**

12 **interview and then review and add notations**

13 **after, where relevant.**

14 BY MR. BARDEN:

15 Q. Okay. So you were in California and

16 the plaintiff was in Florida during the

17 interviews, correct?

18 **A. That is correct.**

19 Q. And you're licensed in California,

20 correct?

21 **A. I am licensed in the State of**

22 **California.**

23 Q. Are you licensed in the State of

24 Florida?

25 **A. I am not licensed in the State of**

Page 46

1 Florida.

2 Q. What, if any, investigation did you do

3 to determine whether the State of Florida would

4 consider what you did the practice of medicine

5 or psychology in Florida?

6 MS. ALTMAN: Form.

7 THE WITNESS: I began with -- you asked

8 me about Florida.

9 So, in Florida, in terms of doing a

10 forensic interview, that was within the scope of

11 my practice to do that in the State of Florida.

12 I also investigated for the State of California.

13 BY MR. BARDEN:

14 Q. So the State of Florida was okay with

15 you doing that?

16 MS. ALTMAN: Object to the form.

17 THE WITNESS: According to what I

18 researched, the State of Florida allows

19 interviews that are not psychotherapy, which I

20 was not doing.

21 BY MR. BARDEN:

22 Q. And what source did you get that from?

23 What was the -- strike that.

24 What investigation did you do to

25 determine that your interview was appropriate

Page 47

1 and not the practice of psychology in Florida?

2 MS. ALTMAN: Form.

3 THE WITNESS: I used Google.

4 BY MR. BARDEN:

5 Q. And what did you Google?

6 A. State of California of Pra- --

7 Practicing Licensing Codes, Scope of Practice.

8 Q. Okay. And what did you discover?

9 A. I discovered --

10 MS. ALTMAN: Form. Sorry. Go ahead.

11 THE WITNESS: I discovered that,

12 according to what I understood as I read

13 guideline statutes, that it was appropriate for

14 me to be able to do this interview from

15 California to Florida.

16 BY MR. BARDEN:

17 Q. Did you discover any limitations the

18 State of Florida places on the kind of work that

19 you were doing?

20 MS. ALTMAN: Form.

21 THE WITNESS: I discovered that I could

22 not do psychotherapy --

23 BY MR. BARDEN:

24 Q. Okay.

25 A. -- unless I was licensed in the State

Page 48

1 of Florida.

2 Q. So it's your understanding that as long

3 as you're doing a forensic interview, you have

4 no restriction in the State of the Florida?

5 A. Yes.

6 MS. ALTMAN: Form.

7 BY MR. BARDEN:

8 Q. Pardon?

9 A. That was my understanding, yes.

10 Q. But you didn't consult an attorney to

11 check on that, did you?

12 A. I did not.

13 Q. You did not consult the Florida Board

14 of Licensing, correct?

15 A. That is correct.

16 Q. Have you talked to anyone else in the

17 case, other than the plaintiff?

18 A. I have spoken to the attorneys who are

19 involved representing the plaintiff.

20 Q. So you have -- is it true, then, that

21 you have not spoken to any employee of the St.

22 Johns County School District?

23 A. That is correct.

24 Q. Is it true that you've not spoken to

25 any of the plaintiff's teachers?

Page 49

1 A. That is correct.

2 Q. This is probably asked and answered.

3 But you didn't speak to any parents of

4 students or any students in the St. Johns County

5 School District, correct?

6 A. That is correct.

7 Q. Did you ever talk to the plaintiff's

8 parents?

9 A. No, I did not speak with the

10 plaintiff's parents.

11 Q. Do you think that's a fairly

12 significant limitation on your methodology?

13 MS. ALTMAN: Form.

14 THE WITNESS: I did not think that that

15 was a significant limitation on my methodology.

16 BY MR. BARDEN:

17 Q. Have you ever spoken to Dr. Adkins?

18 A. I have never spoken with Dr. Adkins.

19 Q. Have you ever e-mailed with Dr. Adkins?

20 A. I have never e-mailed with Dr. Adkins.

21 Q. So did you do -- in your report, did

22 you diagnose the plaintiff?

23 MS. ALTMAN: Form.

24 THE WITNESS: I did not do any

25 diagnostic formulations with the plaintiff in my

Page 58

1 Q. Did you, as a psychologist, make an
 2 evaluation as to the plaintiff's level of
 3 stress, based on the plaintiff's self-report?
 4 MS. ALTMAN: Object to the form.
 5 THE WITNESS: I would say, more
 6 accurately, that I made an observation, based on
 7 the plaintiff's self-report of their
 8 self-ratings of levels of stress.
 9 BY MR. BARDEN:
 10 Q. So, as a psychologist, you evaluated
 11 this self-rating assessment of the plaintiff,
 12 correct?
 13 MS. ALTMAN: Object to the form.
 14 THE WITNESS: I would not use the word
 15 "evaluation" in this context.
 16 BY MR. BARDEN:
 17 Q. Did you generate any opinions about the
 18 plaintiff's level of stress in this case?
 19 A. I would say that I -- as I said before,
 20 I generated what my observations were, based on
 21 three interviews with the plaintiff.
 22 Q. Did you generate any opinions about the
 23 plaintiff's level of anxiety in this case?
 24 MS. ALTMAN: Object to the form.
 25 THE WITNESS: And I would answer the

Page 59

1 same, that based on the three interviews, I was
 2 able to report on my observations from the
 3 interviews of the plaintiff's presented levels
 4 of stress and self-reported levels of stress.
 5 BY MR. BARDEN:
 6 Q. As a psychologist, did you evaluate and
 7 form opinions about the plaintiff's level of
 8 depression in this case?
 9 MS. ALTMAN: Form.
 10 THE WITNESS: I would answer the same,
 11 again, that upon -- based on the three
 12 interviews, I was able to gather information of
 13 self-reports on the plaintiff's level of
 14 depression.
 15 BY MR. BARDEN:
 16 Q. Did you have any concerns about the
 17 plaintiff's truthfulness in self-reporting to
 18 you?
 19 A. In this particular set of interviews, I
 20 did not have concerns about lack of truthfulness
 21 in reporting.
 22 Q. What does the research literature say
 23 about clinical psychologists -- the accuracy of
 24 clinical psychologists in discerning truth from
 25 error, based on verbal reports?

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1 MS. ALTMAN: Object to the form.
 2 THE WITNESS: What I would say is, the
 3 research is mixed, and there's many areas of
 4 clinical research. There is concern that the
 5 accuracy is low by some studies, and there are
 6 also other studies that indicate -- that
 7 counter-indicate that. And that with careful
 8 interviewing and training on discerning truth
 9 from untruthful reporting, that one can achieve
 10 a level of accuracy, and there is a dispute in
 11 the field about that.
 12 BY MR. BARDEN:
 13 Q. Can you give me any period that -- I'm
 14 looking for a citation, that is, an author name,
 15 title, journal, date.
 16 Can you give me a citation for research
 17 indicating that clinical psychologists are any
 18 better than bartenders or any normal person in
 19 discerning truth from error, based upon verbal
 20 reports alone?
 21 MS. ALTMAN: Object to the form.
 22 THE WITNESS: I cannot give you a
 23 specific citation at this time.
 24 BY MR. BARDEN:
 [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

5 BY MR. BARDEN:

6 Q. Did you review the deposition of the

7 plaintiff in this case?

8 A. I did not.

9 Q. Did the lawyers tell you why -- well,

10 let me ask you this.

11 Did the lawyers send you the deposition

12 of the plaintiff in this case?

13 A. To the best of my recollection, I do

14 not have the deposition notice in this case.

15 Q. Did the lawyers inform you that the

16 plaintiff in this case was deposed?

17 A. I was aware recently, by being informed

18 by the attorneys, that the plaintiff was

19 deposed.

20 Q. Were you aware, when you wrote your

21 report or rebuttal, that the plaintiff had been

22 deposed?

23 MS. ALTMAN: Form.

24 THE WITNESS: I was not aware, when I

25 wrote the report or the rebuttal, that the

[REDACTED]

1 plaintiff had been deposed.

2 BY MR. BARDEN:

3 Q. So it's not possible for you to

4 ascertain how your report and rebuttal would

5 have been changed, if you had had access to the

6 deposition of the plaintiff, correct?

7 MS. ALTMAN: Form.

8 THE WITNESS: It is possible for me to

9 say I couldn't possibly say without having that

10 information.

11 BY MR. BARDEN:

12 Q. Right. It's hard to know what's in a

13 deposition you've never read, correct?

14 A. That's correct.

15 Q. The deposition of the plaintiff would

16 be the type of information that's normally and

17 typically relied upon by forensic experts,

18 though, wouldn't it?

19 MS. ALTMAN: Form.

20 THE WITNESS: I have difficulty

21 answering your question around -- I believe you

22 said "normally." I would say it depends on the

23 context, and I can only answer it in context.

24 BY MR. BARDEN:

25 Q. As someone who's had continuing

<p style="text-align: right;">Page 66</p> <p>1 education on being a forensic expert, why do 2 forensic experts often review the depositions of 3 plaintiffs or defendants in cases, before 4 writing a report? 5 MS. ALTMAN: Form. 6 THE WITNESS: The reason one would 7 review a deposition, it provides information. 8 BY MR. BARDEN: 9 Q. And it's typically self-reported 10 information, correct? 11 A. It's -- 12 MS. ALTMAN: Form. 13 THE WITNESS: I would say, who else 14 could report but the self in a deposition, and 15 it's also information reported in a particular 16 context. And, for example, I will report to you 17 differently today than if you were a clinical 18 psychologist in a private interview asking me 19 questions. 20 BY MR. BARDEN: 21 Q. So, when you interviewed the plaintiff 22 by BlueJeans, you did not put the plaintiff 23 under oath, correct? 24 A. I did not put the plaintiff under oath. 25 Q. But in his deposition, the plaintiff</p>	<p style="text-align: right;">Page 68</p> <p>1 A. I have never been licensed as a public 2 school educator. 3 Q. Have you ever been responsible for 4 implementing policies in a public school? 5 A. I have never been responsible for 6 implementing policies in a public school. 7 Q. I'm going to show you some documents 8 now. 9 MR. BARDEN: Why don't we go off the 10 record for just a minute. 11 THE VIDEOGRAPHER: We're going off the 12 record at 10:15. 13 (Recess taken.) 14 THE VIDEOGRAPHER: We're back on the 15 record at 10:16. 16 BY MR. BARDEN: 17 Q. Doctor, I've just handed you two pages 18 of documents. 19 If you could identify that for the 20 record, please? 21 A. These two pages of documents are my 22 statement of services from August 2017 through 23 the end of October 2017. 24 MR. BARDEN: If we can mark that now as 25 Exhibit 1.</p>
<p style="text-align: right;">Page 67</p> <p>1 was put under oath, correct? 2 MS. ALTMAN: Object to the form. 3 THE WITNESS: I can't answer that 4 because I wasn't there. But one would assume, 5 according to protocol, yes. 6 BY MR. BARDEN: 7 Q. Have you ever read a deposition where 8 the person was not put under oath? 9 MS. ALTMAN: Object to the form. 10 THE WITNESS: I have not. 11 BY MR. BARDEN: 12 Q. Back to what you -- the information 13 that you looked at -- 14 A. Uh-huh. 15 Q. -- and your knowledge, training and 16 experience. 17 Have you ever taught in a school 18 district? I mean, as a schoolteacher? 19 A. I have never taught as a schoolteacher. 20 Q. Have you ever been a public school 21 administrator? 22 A. I have never been a public school 23 administrator. 24 Q. Have you ever been licensed as a public 25 school educator?</p>	<p style="text-align: right;">Page 69</p> <p>1 (Defendant's Exhibit No. 1 marked for 2 identification.) 3 MR. BARDEN: Back on the record. 4 BY MR. BARDEN: 5 Q. So, thank you, Doctor. 6 Did you generate this yourself or do 7 you have office staff that does it? 8 A. I do it myself. 9 Q. Okay. You do it on a computer? 10 A. I do it on a computer. 11 Q. And you sent this to Lambda Legal, 12 correct? 13 A. That is correct. 14 Q. So you started billing in this case on 15 August 1st of 2017, right? 16 A. That is correct. 17 Q. So we talked a little bit earlier about 18 you were doing some work before that. 19 Did you not bill for that time, or how 20 does that work? 21 A. I did not bill -- 22 MS. ALTMAN: Object to the form. 23 THE WITNESS: Before August, I did not 24 bill. 25 BY MR. BARDEN:</p>

<p style="text-align: right;">Page 70</p> <p>1 Q. Okay. So you started out with a 2 one-hour phone consultation with the legal team, 3 correct? 4 A. Uh-huh, yes. 5 Q. Do you recall the names of the lawyers 6 that you worked with? 7 A. They would be the two lawyers who are 8 in this room right now. 9 Q. Oh, okay. Well, that makes it easy. 10 A. That makes it easy. 11 Q. And what kinds of things did you talk 12 about? 13 A. In each -- do you want -- I have to ask 14 for clarification. 15 Do you want what we talked about across 16 all of these consultations? 17 Q. Just this first one. 18 A. Just the first one? 19 Q. Yeah. 20 A. That's what I wanted clarification. 21 Q. To the best of your memory. 22 A. To the best of my knowledge, in that 23 one-hour consultation, what was talked about is 24 what was needed in going forward in the case, 25 and just getting a sense of the parameters of</p>	<p style="text-align: right;">Page 72</p> <p>1 file with the legal team you are working with, 2 that is adequate and that you can access them 3 whenever needed. 4 Q. So if you could look down there. It 5 says "9/15," it says, "Preparation Expert 6 Witness Report." 7 Is that when you filed your first 8 report or when was that? 9 MS. ALTMAN: Object to the form. 10 THE WITNESS: On 9/15, was not filing. 11 That was preparation -- 12 BY MR. BARDEN: 13 Q. Okay. 14 A. -- of the draft. 15 Q. All right. And review of records was 16 9/1 and 9/8; medical records on 9/1; and court 17 records on 9/8? 18 MS. ALTMAN: Object to the form. Is 19 that a question? 20 MR. BARDEN: Yes. 21 THE WITNESS: Oh, I'm sorry, that was a 22 question? 23 MR. BARDEN: I'm sorry. I didn't put 24 a little question on the end of that? 25 MS. ALTMAN: No, you didn't.</p>
<p style="text-align: right;">Page 71</p> <p>1 the case and what was happening. So really for 2 me to get information about the particulars. 3 Q. Okay. And then you had your first 4 interview with the plaintiff toward the end of 5 the month, on the 27th, right? 6 A. That's correct. So it was actually the 7 end of August, not the beginning of September. 8 Q. I'm sorry. Yes. 9 A. And I will correct here that they were 10 one-hour interviews each. 11 Q. One-hour interview, okay. 12 So did you ever consider getting the 13 parents on the BlueJeans to ensure that they had 14 given permission for the plaintiff to speak to 15 you? 16 A. No, I did not consider that because, in 17 this phone consultation on the 1st, all of that 18 was discussed. 19 Q. Did you ever consider getting a copy of 20 an informed consent form for your files? 21 A. No, I did not. 22 Q. Do you know if that meets standards for 23 the Board of Psychology in the State of 24 California? 25 A. My understanding is, if they are on</p>	<p style="text-align: right;">Page 73</p> <p>1 MR. BARDEN: Sorry. 2 BY MR. BARDEN: 3 Q. Is that accurate? 4 A. Could you just state the whole question 5 again? 6 Q. Yes. 7 If you look at your form that you see 8 on 9/1 and 9/8 -- 9 A. Uh-huh. 10 Q. -- we've got a review of medical 11 records at 9/1 and a review of court records on 12 9/8. 13 A. Uh-huh. 14 Q. Is that accurate? 15 A. That is correct. 16 Q. Okay. Is this typically the way you do 17 billing? 18 MS. ALTMAN: Object to the form. 19 BY MR. BARDEN: 20 Q. That is, without detail of what medical 21 records you looked at or what court records you 22 looked at? 23 A. This is typically the way I do billing. 24 Q. And then on 9/7 and 9/14 were two more 25 interviews with the plaintiff, correct?</p>

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1 **A. That is correct.**
 2 Q. So, in your interviews with the
 3 plaintiff, how much of the time were you talking
 4 and how much of the time was the plaintiff
 5 talking?
 6 **A. I would say one-quarter interviewer,**
 7 **three-quarters plaintiff, and that's an**
 8 **estimate.**
 9 Q. Did you consider -- well, strike that.
 10 Did you do a structured interview of
 11 any kind?
 12 MS. ALTMAN: Object to the form.
 13 **THE WITNESS: The type of --**
 14 BY MR. BARDEN:
 15 Q. Let me back up one more.
 16 **A. Okay.**
 17 Q. What's your understanding of the term
 18 "structured interview," as it's used in the
 19 clinical psychology field?
 20 **A. My understanding of the structured**
 21 **interview is that prior to the interview, you**
 22 **have a set set of questions and you conduct the**
 23 **interview by running through those set sets of**
 24 **questions or areas of investigation.**
 25 Q. Are you aware of any other meaning to

Page 75

1 that term, other than what you've discussed so
 2 far on the record?
 3 **A. I'm aware of the meaning in research**
 4 **terms.**
 5 Q. And what would that be?
 6 **A. That in a research format, a structured**
 7 **interview is exactly the same, that you have a**
 8 **structured set of questions in which you are**
 9 **collecting data and very specific data in each**
 10 **of those areas of questioning, versus an**
 11 **open-ended -- an open-ended interview or a**
 12 **semi-structured interview in which there is a**
 13 **lot of openness for -- to be able to essentially**
 14 **follow pathways, in terms of asking the**
 15 **questions and opening it up to the interviewee**
 16 **to be able to provide information.**
 17 Q. Now, what does the research say about
 18 the effectiveness and reliability of a
 19 structured interview versus an open one?
 20 MS. ALTMAN: Object to the form.
 21 **THE WITNESS: As I said earlier, I**
 22 **think the research -- this is an area where**
 23 **there isn't scientific agreement on that. There**
 24 **is much research to say that you will**
 25 **essentially get cleaner information, more**

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1 reliable, or we could say more valid information
 2 from a structured interview protocol; but more
 3 recently, there has been questioning of that and
 4 looking at the value in -- of an open-ended
 5 interview, particularly within the context of
 6 qualitative research.
 7 BY MR. BARDEN:
 8 Q. Can you give me any peer review
 9 citations to articles documenting what you just
 10 testified to?
 11 **A. I would say that a very good source of**
 12 **information about the value of the open-ended**
 13 **interview that I was just mentioning would be**
 14 **the work being done now at Harvard. And the**
 15 **person I would refer you to, in term of**
 16 **citations, would be, first name is Sabra, and**
 17 **the last name is hyphenated, Katz-Wise.**
 18 Q. Can you spell that?
 19 **A. Yes. It's K-a-t-z, and then hyphen,**
 20 **W-i-s-e.**
 21 Q. Are they in the med school or the psych
 22 department, do you know?
 23 MS. ALTMAN: Form.
 24 **THE WITNESS: I believe they have a**
 25 **double appointment. So I believe they are both**

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1 in the medical school and the Department of
 2 Psychology, but I -- I can't say that for a
 3 fact.
 4 BY MR. BARDEN:
 5 Q. So you mentioned you drew up a list of
 6 topics or something to talk about with the
 7 plaintiff.
 8 MS. ALTMAN: Form.
 9 BY MR. BARDEN:
 10 Q. Well, back up. Strike that.
 11 **A. Okay.**
 12 Q. Did you come to the interview with
 13 anything prepared?
 14 **A. Here's how I did the interviews.**
 15 **The first interview was more**
 16 **open-ended. I was particularly concerned about**
 17 **getting general information, also talking**
 18 **about -- beginning the interview by talking**
 19 **about making sure that the plaintiff felt**
 20 **comfortable being interviewed and understanding**
 21 **it could stop at any point, if the plaintiff did**
 22 **not want to go forward with interviewing, that**
 23 **he held the right to do that at any time.**
 24 Q. Okay.
 25 **A. And so the second interview, after**

<p style="text-align: right;">Page 78</p> <p>1 having gotten more information from the first, I 2 then generated some questions that I wanted to 3 know about, which I used in both the second and 4 the third interview.</p> <p>5 Q. Okay. Did you write those down on a 6 piece of paper, those topics, or did you type 7 them out, or how did you do you that?</p> <p>8 MS. ALTMAN: Form. Gotta be fast.</p> <p>9 THE WITNESS: Yes.</p> <p>10 Mostly, they were in my head and then I 11 scribbled them.</p> <p>12 BY MR. BARDEN:</p> <p>13 Q. Okay. And have those scribbles been 14 turned over to us?</p> <p>15 A. Yes, they have.</p> <p>16 Q. I think I did see some scribbles.</p> <p>17 A. Those are my scribbles. Hard to read.</p> <p>18 Q. They don't have classes in handwriting 19 in grad school, do they?</p> <p>20 A. (Nodding head.)</p> <p>21 Q. So did you finish all of your 22 interviews with the plaintiff before you 23 completed your report?</p> <p>24 A. Yes, I finished all my interviews 25 before completing the report.</p>	<p style="text-align: right;">Page 80</p> <p>1 In your billing record, which we've 2 marked as Exhibit 1, it says on September 1st 3 you spent 1.25 hours reviewing medical records, 4 correct?</p> <p>5 A. That is correct.</p> <p>6 Q. So was that the total extent of time 7 that you spent reviewing medical records, before 8 writing your first report?</p> <p>9 A. I will answer in the following way: 10 That was the time on September 1st where I 11 simply reviewed the records. Then, if you move 12 forward to the four-hour preparation, expert 13 witness report, I re-review the records as I'm 14 writing the report. So calculated in that 15 four-hour preparation is a re-review.</p> <p>16 Q. But it's less -- it's five hours or 17 less --</p> <p>18 MS. ALTMAN: Object to the form.</p> <p>19 BY MR. BARDEN:</p> <p>20 Q. -- for sure, before writing your 21 report, correct?</p> <p>22 MS. ALTMAN: Object to the form.</p> <p>23 BY MR. BARDEN:</p> <p>24 Q. Reviewing medical records.</p> <p>25 MS. ALTMAN: Object to the form.</p>
<p style="text-align: right;">Page 79</p> <p>1 Q. And did you finish your first report 2 the 21st day of September 2017?</p> <p>3 A. That would be the day that it was 4 completed -- cleaned up, completed, and 5 submitted.</p> <p>6 Q. So, for the purposes of your report, 7 the total amount of time you spent looking at 8 the medical records that we've described, was 9 1.25 hours on September 1st, or was there other 10 time?</p> <p>11 MS. ALTMAN: Object to the form.</p> <p>12 THE WITNESS: Before the 21st, those 13 were the times that I spent reviewing records, 14 and then there was more review after the 21st.</p> <p>15 BY MR. BARDEN:</p> <p>16 Q. But prior to writing your first report, 17 that was it?</p> <p>18 MS. ALTMAN: Object to the form.</p> <p>19 BY MR. BARDEN:</p> <p>20 Q. Is that right?</p> <p>21 A. Could you repeat the question of what 22 was the "it"?</p> <p>23 Q. Okay. So I'm trying to find out how 24 much time you spent reviewing medical records, 25 prior to your first report.</p>	<p style="text-align: right;">Page 81</p> <p>1 THE WITNESS: Yes, that would have to 2 be, wouldn't it?</p> <p>3 BY MR. BARDEN:</p> <p>4 Q. Okay. 10/15/2017, it says a two-hour 5 video consultation with the legal team, right?</p> <p>6 A. That is correct.</p> <p>7 Q. Is that the same two lawyers as to the 8 first time?</p> <p>9 A. There have been other lawyers that have 10 appeared, and it's become a rotating group.</p> <p>11 Q. Okay. Who are the lawyers on October 12 15th?</p> <p>13 A. Tara was one with (inaudible).</p> <p>14 Q. Uh-huh.</p> <p>15 A. I don't remember actually who was in 16 each one, so --</p> <p>17 Q. Okay.</p> <p>18 A. -- I would have to say there's a group 19 of lawyers, and I couldn't tell you who was on 20 each call.</p> <p>21 Q. Was there usually two or more?</p> <p>22 A. There could be up to four.</p> <p>23 Q. Up to four lawyers?</p> <p>24 A. Up to four, uh-huh.</p> <p>25 Q. Okay. And what did you discuss in that</p>

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1 video consultation of 10/15/2017?

2 **A. We discussed there the preparation of**

3 **the rebuttal report.**

4 Q. And what did you discuss about it?

5 **A. First of all, what was going through --**

6 **if you'll see on 10/14, there was a one-hour**

7 **review of the Dr. Josephson report.**

8 Q. Yes, uh-huh.

9 **A. And so it was a discussion of going**

10 **through that report.**

11 Q. So areas in which you might have agreed

12 or disagreed with Dr. Josephson?

13 **A. That is correct.**

14 Q. Okay.

15 **A. Just reviewing the report.**

16 Q. All right. And then going to page 2 of

17 Exhibit 1.

18 You had another two-hour phone consult

19 with the legal team on 10/29/2017, correct?

20 **A. That is correct.**

21 Q. And who were the lawyers on that call,

22 do you recall?

23 **A. The two people sitting right here to my**

24 **left.**

25 Q. That makes it easy.

Page 83

1 What did you discuss on October 29th?

2 **A. On October 29th, it was a discussion of**

3 **preparing the rebuttal report.**

4 Q. So on page 1 of Exhibit 1 --

5 **A. Uh-huh.**

6 Q. -- you have a total of 5,300,

7 approximately, and on page 2 of Exhibit 1, you

8 have approximately 4,900.

9 Is that the total so far to date, or is

10 there an additional page bill of billing that

11 could be in here?

12 **A. There's an additional page that isn't**

13 **here because it's the November billing.**

14 Q. Okay.

15 **A. So there are November dates of**

16 **services --**

17 Q. Would you be willing to send that to

18 us?

19 MS. ALTMAN: First of all, I think you

20 started your question before she was done.

21 MR. BARDEN: I did, I did; but we've

22 been doing so well.

23 MS. ALTMAN: I know you have, and kudos

24 to both of you.

25 Do you want to finish your answer? Do

Page 84

1 you remember what you were saying?

2 **THE WITNESS: I'm was saying about**

3 **November billing, that those will be drawn up**

4 **and a statement made. It hasn't been done yet.**

5 **They are right now my scribbles on a piece of**

6 **paper.**

7 BY MR. BARDEN:

8 Q. So in the last 24 hours, for example,

9 have you had any conversations with the lawyers?

10 **A. In the last 24 hours, the answer is**

11 **yes.**

12 Q. Okay.

13 **A. I have had an in-person meeting with**

14 **the two people sitting to my left.**

15 Q. And how long was that meeting?

16 **A. Three and a half hours.**

17 Q. And where did that take place?

18 **A. It took place in my private practice**

19 **office in Oakland.**

20 Q. And what did you discuss?

21 **A. We discussed today's deposition.**

22 Q. Okay. So any other hours of

23 communication with the attorneys, other than

24 what we've discussed on the record so far,

25 including in November, that hasn't been formally

Page 85

1 billed yet?

2 MS. ALTMAN: Object to the form.

3 **THE WITNESS: Yes, there are other**

4 **conversations.**

5 BY MR. BARDEN:

6 Q. And when were they?

7 **A. I have a little pink slip in my folder**

8 **there. So I'll do it by recollection.**

9 **They were last week. So it was that**

10 **week, and there was a --**

11 Q. How many hours were --

12 **A. Five hours.**

13 Q. Five hours?

14 **A. Uh-huh.**

15 Q. Those are the hours on the pink slip?

16 **A. The pink slip hours.**

17 Q. Do you do your -- you save your hours

18 on a pink slip and then you transfer them by

19 computer?

20 **A. That is correct.**

21 Q. Okay.

22 **A. I also have both a pink slip and I have**

23 **a logbook where it is all handwritten. So all**

24 **of these are handwritten in a logbook.**

25 Q. So this is eight and a half hours over

Page 86

1 the last week or so?

2 **A. That's an approximate correct number.**

3 Q. And during the five hours, what did you

4 work on then?

5 MS. ALTMAN: Form.

6 **THE WITNESS: During the five hours, it**

7 **was both reviewing the rebuttals and the reports**

8 **that had come in and also, again, preparing for**

9 **the deposition.**

10 BY MR. BARDEN:

11 Q. All right. And when do you think

12 you'll have your next billing out?

13 **A. I would say that the next billing would**

14 **typically come out at the end of November. I**

15 **usually do them the end of each month --**

16 Q. Uh-huh.

17 **A. -- but they can happen any time.**

18 Q. Are you planning on testifying in this

19 case?

20 **A. My understanding is I will be**

21 **testifying in this case.**

22 MR. BARDEN: All right.

23 Why don't we go off the record just for

24 a minute.

25 **THE VIDEOGRAPHER: We're going off the**

Page 87

1 record at 10:37.

2 (Recess.)

3 **THE VIDEOGRAPHER: This is the**

4 **beginning of media No. 2. We're back on the**

5 **record at 10:51.**

6 **MR. BARDEN: Okay. We're now back on the**

7 **record.**

8 BY MR. BARDEN:

9 Q. So just to clarify, you are not a

10 treater in this case?

11 MS. ALTMAN: Object to the form.

12 **THE WITNESS: In the case with this**

13 **plaintiff?**

14 BY MR. BARDEN:

15 Q. Yes.

16 **A. I am not a treater.**

17 Q. You're not a therapist for this

18 plaintiff?

19 **A. I am not a therapist for this**

20 **plaintiff.**

21 Q. You're not acting as a treater and an

22 expert witness in the same case?

23 **A. I am not acting as a treater and an**

24 **expert witness in this case at the same time --**

25 Q. Okay.

Page 88

1 **A. -- or at all.**

2 Q. Have you ever been licensed in any

3 state, other than California?

4 **A. I have only been licensed in the State**

5 **of California.**

6 Q. Are you a member of the American

7 Psychological Association?

8 **A. I was a member of the American**

9 **Psychological Association. I'm no longer a**

10 **member.**

11 Q. When did you stop being a member?

12 **A. I left, I believe, in 2011, on ethical**

13 **grounds.**

14 Q. And that was due to?

15 **A. It was due to, at that time, the APA's**

16 **involvement in --**

17 Q. Oh.

18 **A. -- black sites in Guantanamo.**

19 Q. Okay. And somehow I knew that was

20 coming.

21 MR. HARMON: I didn't hear what --

22 never mind.

23 BY MR. BARDEN:

24 Q. The black ops, right, torture

25 interview, whatever you want to call it.

Page 89

1 **A. The torture interrogation techniques**

2 **that had been used at the time, yes.**

3 Q. Very controversial.

4 Okay. Are you a member of other groups

5 in psychology?

6 **A. I am a member of the California**

7 **Psychological Association.**

8 Q. Uh-huh.

9 **A. And I am a member of the Division of**

10 **Psychoanalysis of the American Psychological**

11 **Association, because you can be a division**

12 **member without being a member of APA, per se.**

13 **And I'm also -- have been a member of Division**

14 **44, which is the division on issues of gender**

15 **and sexuality.**

16 Q. So they'll let you be in the division

17 without paying the APA --

18 **A. You just have to pay --**

19 Q. Just your division?

20 **A. The fees for that, yeah.**

21 Q. Okay. So I'm going to show you another

22 document.

23 MR. BARDEN: Why don't we go off the

24 record for just one minute.

25 BY MR. BARDEN:

<p style="text-align: right;">Page 90</p> <p>1 Q. So here you go. 2 MS. ALTMAN: So this is one document? 3 MR. BARDEN: Yes. 4 MS. ALTMAN: Okay. So this will be 2? 5 MR. BARDEN: Yes. 6 MS. ALTMAN: And we're still on the 7 record. 8 MR. BARDEN: Oh, we are. 9 BY MR. BARDEN: 10 Q. Doctor, I've just handed you a 11 document. If you could identify that for the 12 record and then we'll mark it as Exhibit 2. 13 A. This is my curriculum vitae. 14 Q. Which is a fancy academic word for 15 resumé, right? 16 A. That is correct. 17 (Defendant's Exhibit No. 2 marked for 18 identification.) 19 BY MR. BARDEN: 20 Q. Are we back on the record? 21 Did you type this or did staff do it? 22 A. I typed this. 23 Q. And when was the last time it was 24 updated? 25 A. I believe the last update was in August</p>	<p style="text-align: right;">Page 92</p> <p>1 titles -- is "Controversies in Treatment of 2 Prepubertal Children in Gender" -- "in Gender 3 Treatment of Prepubertal Children." 4 Q. Okay. 5 A. And that may not be the exact title, 6 but but that's the content. 7 Q. And where has that been published? 8 A. Journal of Child and Adolescent 9 Psychiatry. 10 Q. Journal of Child and Adolescent 11 Psychiatry. Okay. 12 A. It maybe Psychology. I will check and 13 see. 14 Q. Okay. 15 A. I may have that wrong. 16 Q. Could we get a copy of that? I mean, I 17 can Google it, but -- 18 MS. ALTMAN: Object to the form. 19 And, again, to the extent that you're 20 asking for any documents, you guys can make a 21 list and make the request to us -- 22 MR. BARDEN: Okay. 23 MS. ALTMAN: -- at the end of the depo. 24 We don't have to waste time now. I think there 25 was another one that you requested.</p>
<p style="text-align: right;">Page 91</p> <p>1 2017. 2 Q. Are there any new or important changes 3 that could be updated, or no? 4 MS. ALTMAN: Object to the form. 5 THE WITNESS: There is. Since this was 6 updated, an added publication, and also 7 additional professional activities. 8 BY MR. BARDEN: 9 Q. Can you tell me the new publication? 10 A. The new publication is by Jack Turban 11 and myself. Jack Turban is the first author. 12 Q. How do you spell that? 13 A. Like a turban on your head -- 14 Q. Okay. 15 A. -- T-u-r-b-a-n. 16 And I believe you have that sub- -- it 17 was submitted as an additional -- 18 Q. Oh. 19 A. And so I think you have that 20 information. 21 Q. So it's actually in here as -- 22 A. It should be in there as an addendum. 23 Q. As an addendum. Okay. 24 What's the title, do you remember? 25 A. The title is -- can I remember</p>	<p style="text-align: right;">Page 93</p> <p>1 MR. BARDEN: Yeah -- 2 MS. ALTMAN: So -- 3 MR. BARDEN: I think that's right. 4 MS. ALTMAN: And I suspect you're going 5 to ask for her November bill. So if you could 6 just make a list -- 7 MR. BARDEN: Okay. 8 MS. ALTMAN: -- and get it to us, we'll 9 provide you with that. 10 MR. BARDEN: All right. 11 MS. ALTMAN: That would be more 12 efficient. 13 BY MR. BARDEN: 14 Q. And what's the new professional thing 15 that you mentioned? 16 A. The new professional activities 17 involved being a keynote speaker at the ANZPATH 18 annual conference, and that is the Australia New 19 Zealand Professional Association for Transgender 20 Health, and that was in September 2017. 21 Q. Oh, so you just went down there? 22 A. That is correct. 23 Q. Is that your first time to Australia 24 and New Zealand? 25 A. No. I had been there before as a</p>

<p style="text-align: right;">Page 94</p> <p>1 keynote speaker.</p> <p>2 Q. Was that in Australia or New Zealand?</p> <p>3 A. In Sydney, Australia.</p> <p>4 Q. One of my favorite cities.</p> <p>5 A. Yeah.</p> <p>6 Q. Okay.</p> <p>7 A. And in addition to that, last weekend</p> <p>8 was the National Transgender Summit.</p> <p>9 Q. And where was that?</p> <p>10 A. It's Oakland, California, sponsored by</p> <p>11 the University of California San Francisco.</p> <p>12 Q. In Oakland, California?</p> <p>13 A. In Oakland, California.</p> <p>14 Q. Well, that's not helpful for travel.</p> <p>15 A. Yes.</p> <p>16 MS. ALTMAN: Doctor --</p> <p>17 THE WITNESS: Yes.</p> <p>18 MS. ALTMAN: -- just be careful because</p> <p>19 you guys are starting to kind of run over each</p> <p>20 other a little bit.</p> <p>21 THE WITNESS: I'll be careful.</p> <p>22 MS. ALTMAN: Take a breath. Let him</p> <p>23 get his questions and he'll try and take a</p> <p>24 breath and let you give your answers.</p> <p>25 BY MR. BARDEN:</p>	<p style="text-align: right;">Page 96</p> <p>1 THE WITNESS: I would say it's</p> <p>2 important for anybody's curriculum vitae to be</p> <p>3 accurate, no matter what their field.</p> <p>4 BY MR. BARDEN:</p> <p>5 Q. Right.</p> <p>6 I'm going to ask you a series of</p> <p>7 questions calling for a number answer. Okay?</p> <p>8 What is the total dollar amount --</p> <p>9 well, strike that.</p> <p>10 Do you understand the term "principal</p> <p>11 investigator"?</p> <p>12 A. Yes, I understand the term "principal</p> <p>13 investigator."</p> <p>14 Q. Did you understand that before you read</p> <p>15 Dr. Adkins' deposition last night?</p> <p>16 A. Yes --</p> <p>17 Q. Okay.</p> <p>18 A. -- I understood the term.</p> <p>19 Q. What's your understanding of the term</p> <p>20 "principal investigator," as it's used in the</p> <p>21 clinical psychology and medical field?</p> <p>22 MS. ALTMAN: Object to the form.</p> <p>23 THE WITNESS: The principal</p> <p>24 investigator has the primary responsibility for</p> <p>25 a research project, administers that project,</p>
<p style="text-align: right;">Page 95</p> <p>1 Q. So looking at what's been marked as</p> <p>2 Exhibit 2 --</p> <p>3 A. Uh-huh.</p> <p>4 Q. -- "Present Positions," it says,</p> <p>5 "Adjunct Associate Professor, Child Gender</p> <p>6 Clinic, Department of Pediatrics, University of</p> <p>7 California San Francisco," right?</p> <p>8 A. That is correct.</p> <p>9 Q. So an adjunct professor, I take it that</p> <p>10 is not a tenure-track or tenured position?</p> <p>11 A. That is not tenure-track or tenured</p> <p>12 position because you can't be adjunct and</p> <p>13 tenure-track at the same time.</p> <p>14 Q. Exactly. Just trying to make sure that</p> <p>15 we're all on the same page.</p> <p>16 It is very important, is it not, that</p> <p>17 people's resumés are accurate?</p> <p>18 MS. ALTMAN: Object to the form.</p> <p>19 THE WITNESS: That was a question?</p> <p>20 BY MR. BARDEN:</p> <p>21 Q. Yes.</p> <p>22 It's very important, isn't it,</p> <p>23 in clinical psychology that people's resumés,</p> <p>24 their CVs, are accurate?</p> <p>25 MS. ALTMAN: Object to the form.</p>	<p style="text-align: right;">Page 97</p> <p>1 and holds legal responsibility for that project.</p> <p>2 BY MR. BARDEN:</p> <p>3 Q. Okay. So, with that in mind, what's</p> <p>4 the total dollar amount in research grant</p> <p>5 funding you have received, if any, as a</p> <p>6 principal investigator on grants from the</p> <p>7 National Institute of Health?</p> <p>8 A. At this point, zero.</p> <p>9 Q. What is the total dollar amount in</p> <p>10 research grant funding you have received, if</p> <p>11 any, as a principal investigator on grants from</p> <p>12 the National Science Foundation?</p> <p>13 A. Zero.</p> <p>14 Q. What is the total number of dollars in</p> <p>15 research grant funding you have received, if</p> <p>16 any, as a principal investigator on grants from</p> <p>17 any state, including the State of California?</p> <p>18 A. Zero.</p> <p>19 Q. What is the total dollar amount in</p> <p>20 research grant funding you have received, if</p> <p>21 any, as a principal investigator on grants from</p> <p>22 any private foundations?</p> <p>23 A. Zero.</p> <p>24 Q. More number questions.</p> <p>25 What is the total number of years, if</p>

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1 any, you have served as a tenured, full
 2 professor at any medical school, college, or
 3 university?
 4 MS. ALTMAN: Form.
 5 **THE WITNESS: In my years at the Wright**
 6 **Institute, at the end of my time there, I was a**
 7 **full professor.**
 8 BY MR. BARDEN:
 9 Q. Is it your understanding that the
 10 Wright Institute is a medical school, college,
 11 or a university?
 12 **A. It is --**
 13 MS. ALTMAN: Form.
 14 **THE WITNESS: It is a graduate school**
 15 **of psychology.**
 16 BY MR. BARDEN:
 17 Q. How many faculty members are there at
 18 the Wright Institute?
 19 MS. ALTMAN: Form.
 20 **THE WITNESS: I cannot answer that**
 21 **question because I have not been there for over**
 22 **a decade.**
 23 BY MR. BARDEN:
 24 Q. How many were there when you were
 25 there?

Page 99

1 **A. Total -- are you asking for total**
 2 **faculty members?**
 3 Q. Total tenured faculty members.
 4 **A. When I left there, I would estimate**
 5 **there were fifteen.**
 6 Q. Any other tenured, full-professor
 7 positions at any college, university, or medical
 8 school, other than what you've discussed on the
 9 record so far?
 10 **A. No, there are no others.**
 11 Q. What is the total number of years, if
 12 any, you have served as a tenured associate
 13 professor at any medical school, college, or
 14 university?
 15 **A. How I would answer that is, at the**
 16 **Wright Institute there was not a differentiation**
 17 **between assistant associate or full. So you**
 18 **could be any one of those three, as there is one**
 19 **term.**
 20 Q. Are you aware of any college, medical
 21 school, or university in North America, other
 22 than the, quote, "Wright Institute," unquote,
 23 that has that policy?
 24 **A. I don't have that information.**
 25 Q. What's the total number of years, if

Page 100

1 any, you have served as a tenure-track assistant
 2 professor at any medical school, college, or
 3 university?
 4 **A. Zero.**
 5 Q. Have you ever been the subject of a
 6 tenure review process at any medical school,
 7 college, or university?
 8 **A. Yes.**
 9 Q. And where is that, at the Wright
 10 Institute?
 11 **A. At the Wright Institute.**
 12 Q. Anything other than the Wright
 13 Institute?
 14 **A. No.**
 15 Q. Are you aware of the American Medical
 16 Association?
 17 **A. Yes, I am.**
 18 Q. Are you aware that they publish a
 19 number of medical journals?
 20 **A. Yes, I am aware.**
 21 Q. Can you give me the number of American
 22 Medical Association journals on which you've
 23 served on the editorial board?
 24 **A. Zero.**
 25 Q. Can you give me the number of journals

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1 published by the American Medical Association on
 2 which you've served as a reviewer?
 3 **A. I am pausing because I have served as a**
 4 **reviewer, and I can't give you an exact number**
 5 **over the years.**
 6 Q. Which journal?
 7 **A. It would be Pediatrics.**
 8 Q. But you don't remember the journal?
 9 **A. The Journal of Pediatrics.**
 10 Q. Oh, the Journal of Pediatrics?
 11 **A. The Journal of Pediatrics. Sorry.**
 12 Q. That's clear. Thank you.
 13 Any other journals, as a reviewer?
 14 **A. I need a clarification.**
 15 **Are you speaking under the auspices of**
 16 **the American Medical Association?**
 17 Q. Yes, that's where we are right now.
 18 **A. Okay. Thank you. I just wanted a**
 19 **clarification.**
 20 **No.**
 21 Q. Same question for journals published by
 22 the American Psychiatric Association, that is,
 23 the number of American Psychiatric Association
 24 journals on which you served on the editorial
 25 board.

<p style="text-align: right;">Page 102</p> <p>1 A. Zero.</p> <p>2 Q. And then the number on which you served</p> <p>3 as a reviewer.</p> <p>4 MS. ALTMAN: Object to the form.</p> <p>5 THE WITNESS: I'm going through my</p> <p>6 mental files, and I would believe it would be</p> <p>7 one for the American Psychiatric Association.</p> <p>8 BY MR. BARDEN:</p> <p>9 Q. And which journal was that?</p> <p>10 A. And that would be the Journal of Child</p> <p>11 and Adolescent Psychiatry.</p> <p>12 Q. And when was the last time you reviewed</p> <p>13 for that?</p> <p>14 A. That, I do not recall.</p> <p>15 Q. And who was the -- do you have any idea</p> <p>16 at all?</p> <p>17 A. The year, no, I don't.</p> <p>18 Q. Would it have been 20 years ago?</p> <p>19 MS. ALTMAN: Object to the form.</p> <p>20 THE WITNESS: No. It would have been</p> <p>21 within the last five years.</p> <p>22 BY MR. BARDEN:</p> <p>23 Q. Okay. And who was the editor that you</p> <p>24 worked with?</p> <p>25 A. I would not recall that now. I did</p>	<p style="text-align: right;">Page 104</p> <p>1 Q. Who sends you the manuscript?</p> <p>2 MS. ALTMAN: Object to form.</p> <p>3 THE WITNESS: The manuscript will often</p> <p>4 be sent by the journal -- I'm sorry, the e-mail</p> <p>5 will be a request, and it will be simply sent</p> <p>6 from either the journal itself, "Would you be</p> <p>7 interested in reviewing this journal?" And then</p> <p>8 you go online and say yes, no, decline, accept,</p> <p>9 and then you review the journal, and then you</p> <p>10 send it back to them -- I mean, you review the</p> <p>11 article.</p> <p>12 BY MR. BARDEN:</p> <p>13 Q. So there's no staff person's name</p> <p>14 attached to this or --</p> <p>15 A. Sometimes --</p> <p>16 MS. ALTMAN: Wait. I don't think he</p> <p>17 was done with his question.</p> <p>18 THE WITNESS: I'm sorry.</p> <p>19 MR. BARDEN: Yes, that was a question.</p> <p>20 There's supposed to be a question mark at the</p> <p>21 end of that.</p> <p>22 THE WITNESS: I'm so sorry.</p> <p>23 MS. ALTMAN: Okay. In that case,</p> <p>24 object to form. He kind of trailed off and you</p> <p>25 started.</p>
<p style="text-align: right;">Page 103</p> <p>1 quite a number of manuscript reviews, so I'm not</p> <p>2 probably going to be able to tell you that.</p> <p>3 Q. Would you have any idea who the editor</p> <p>4 was?</p> <p>5 A. No.</p> <p>6 Q. Okay. Same question back with the</p> <p>7 Journal of Pediatrics. Do you remember when the</p> <p>8 last time that was?</p> <p>9 A. That, too, would have been in the last</p> <p>10 five years.</p> <p>11 Q. And do you remember the editor that you</p> <p>12 worked with?</p> <p>13 A. I do not.</p> <p>14 Q. Do you recall working with an editor,</p> <p>15 though?</p> <p>16 MS. ALTMAN: Object to the form.</p> <p>17 THE WITNESS: I'm glad you asked that</p> <p>18 question, because I'm thinking that in the last</p> <p>19 number of years, I typically get a request, and</p> <p>20 then it is all online. And as a reviewer, I'm</p> <p>21 not working with a particular editor, but just</p> <p>22 submitting a manuscript back online to their</p> <p>23 editorial board. So I don't have an individual</p> <p>24 editor I'm working with.</p> <p>25 BY MR. BARDEN:</p>	<p style="text-align: right;">Page 105</p> <p>1 MR. BARDEN: I definitely trailed off.</p> <p>2 MS. ALTMAN: Object to the form.</p> <p>3 THE WITNESS: It was a query.</p> <p>4 BY MR. BARDEN:</p> <p>5 Q. Did you get an e-mail from a staff</p> <p>6 member? That's better.</p> <p>7 A. Sometimes I will get an e-mail from a</p> <p>8 staff member.</p> <p>9 Q. Okay.</p> <p>10 A. And that is a person that I don't have</p> <p>11 contact with after that.</p> <p>12 Q. But you're not getting contacts from</p> <p>13 the editors?</p> <p>14 A. Sometimes --</p> <p>15 MS. ALTMAN: Object to the form.</p> <p>16 THE WITNESS: Sometimes I will get a</p> <p>17 contact directly from the editor, but it's</p> <p>18 usually sent out as a form request from what I</p> <p>19 assume is their central office.</p> <p>20 BY MR. BARDEN:</p> <p>21 Q. Okay. You've heard of the American</p> <p>22 Psychological Association, correct?</p> <p>23 A. That is correct.</p> <p>24 Q. They publish a number of journals,</p> <p>25 correct?</p>

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1 **A. That is correct.**
 2 Q. How many do they publish now, do you
 3 know?
 4 **A. I do not have the answer to that.**
 5 Q. I mean, it's dozens, right?
 6 **A. Dozens.**
 7 Q. Can you give me the number of American
 8 Psychological Association journals on which
 9 you've served on the editorial board? That is,
 10 on the board.
 11 **A. There are some journals that I am not**
 12 **sure that they are under the auspices of the**
 13 **American Psychological Association or**
 14 **independent of them. So, in that regard, I**
 15 **would have to say I can give you the names of**
 16 **those journals, and we'd have to check whether**
 17 **they are under the auspices.**
 18 Q. Okay. And these are journals that
 19 you're on the editorial board?
 20 **A. That's correct.**
 21 Q. What are they?
 22 **A. And that would be the Psychoanalytic**
 23 **Psychology.**
 24 Q. Okay. And?
 25 **A. And the Journal of Infant, Child and**

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1 **Adolescent Psychotherapy.**
 2 Q. Okay.
 3 **A. And those would be the two that, as I**
 4 **said, I am not totally sure they're under their**
 5 **umbrella.**
 6 Q. So are the two journals, you're just
 7 not sure if they're published by --
 8 **A. Okay.**
 9 Q. You've heard of the Association for
 10 Psychological Science, correct?
 11 **A. I have.**
 12 Q. And they publish journals, correct?
 13 **A. To the best of my knowledge.**
 14 Q. And what is the number of journals
 15 published by the Association for Psychological
 16 Science on which you've served on the editorial
 17 board?
 18 **A. Zero.**
 19 Q. Prior to this case, what is the number
 20 of cases in which you have testified, that's in
 21 court, as an expert witness in a U.S. district
 22 federal court?
 23 **A. That would be zero.**
 24 Q. Prior to this case, what is the number
 25 of cases in which you have testified in open

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1 court as an expert witness in a state court?
 2 **A. I'm counting.**
 3 **That would be three.**
 4 Q. Okay. And which states?
 5 **A. First state is California.**
 6 Q. Uh-huh.
 7 **A. And the second state is Colorado.**
 8 Q. Colorado?
 9 **A. Yes.**
 10 Q. So three cases -- no, three states, you
 11 said.
 12 What's the third one?
 13 MS. ALTMAN: Object to the form.
 14 **THE WITNESS: (Indicating.)**
 15 **Two states.**
 16 BY MR. BARDEN:
 17 Q. Three cases, two states?
 18 **A. Three cases, two states.**
 19 Q. Okay. Got it.
 20 **A. Okay.**
 21 Q. And are these cases in your resumé --
 22 listed in your resumé? Do you have a section in
 23 here for --
 24 **A. I do not believe they will be listed in**
 25 **my resumé --**

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1 Q. Okay.
 2 **A. -- which is no.**
 3 Q. I'm sorry.
 4 Could you tell me a little bit about
 5 those cases, the three cases? Do you remember
 6 the names of the cases, the lawyers involved?
 7 **A. I would have to go back in my records**
 8 **to tell you. Some of those were a while ago.**
 9 Q. Okay.
 10 **A. And I will say -- I just want to put**
 11 **this on the record that one of the reasons I**
 12 **can't access those records because we had a**
 13 **major house fire in April, so a lot of my**
 14 **records got either destroyed or they're stored**
 15 **where I could get you that information.**
 16 Q. House fire in April of this year?
 17 **A. April of 2017.**
 18 Q. Okay. And that's in Oakland?
 19 **A. In Oakland, yeah.**
 20 Q. And did you report that fire to the
 21 insurance company?
 22 MS. ALTMAN: Object to the form.
 23 Don't answer that question.
 24 BY MR. BARDEN:
 25 Q. Did you report that fire to an

<p style="text-align: right;">Page 110</p> <p>1 insurance company?</p> <p>2 MS. ALTMAN: With all due respect, sir,</p> <p>3 her personal -- whether she reported something</p> <p>4 to the insurance company or not is so far afield</p> <p>5 from the merits of this --</p> <p>6 MR. BARDEN: Do you have a legal</p> <p>7 objection or not?</p> <p>8 MS. ALTMAN: I do. And I, in fact --</p> <p>9 MR. BARDEN: What is it?</p> <p>10 MS. ALTMAN: -- instructed her --</p> <p>11 MR. BARDEN: What is it?</p> <p>12 MS. ALTMAN: -- not to answer the</p> <p>13 question. It's so inappropriate.</p> <p>14 MR. BARDEN: You're not her lawyer.</p> <p>15 You can't instruct her to do anything.</p> <p>16 MS. ALTMAN: I can and we can take it</p> <p>17 up with the judge. It's extremely --</p> <p>18 MR. BARDEN: We will take it up. You</p> <p>19 still haven't put --</p> <p>20 MS. ALTMAN: -- inappropriate.</p> <p>21 MR. BARDEN: -- a legal basis for your</p> <p>22 objection on the record.</p> <p>23 MS. ALTMAN: It is oppressive,</p> <p>24 improper. It has nothing to do with the merits.</p> <p>25 It has no relevance to the allegations or claims</p>	<p style="text-align: right;">Page 112</p> <p>1 MR. BARDEN: Okay. We're going to</p> <p>2 certify this question.</p> <p>3 MS. ALTMAN: There's no such thing as</p> <p>4 certification, but we will certainly take it up</p> <p>5 with the judge.</p> <p>6 MR. BARDEN: We'll take it up with the</p> <p>7 judge.</p> <p>8 MS. ALTMAN: It's completely</p> <p>9 inappropriate.</p> <p>10 BY MR. BARDEN:</p> <p>11 Q. Are you going to follow the defense</p> <p>12 counsel's instruction and not answer the</p> <p>13 question?</p> <p>14 A. Yes, I am.</p> <p>15 Q. Did you report the house fire to the</p> <p>16 fire department?</p> <p>17 MS. ALTMAN: The same objection, on the</p> <p>18 record.</p> <p>19 Sir, can you please identify for the</p> <p>20 record what possible relevance these questions</p> <p>21 have to the expert witness testimony in this</p> <p>22 case?</p> <p>23 MR. BARDEN: It goes to the credibility</p> <p>24 of the witness. And there are famous cases</p> <p>25 where that question was very important, and I'll</p>
<p style="text-align: right;">Page 111</p> <p>1 in this case. So, unless you want to make a</p> <p>2 good-faith basis for why you would ask her</p> <p>3 whether she submitted to her insurance company a</p> <p>4 fire claim relating to her house, I think it's</p> <p>5 so beyond the pale, that I welcome the</p> <p>6 opportunity to discuss it with Judge Corrigan.</p> <p>7 MR. BARDEN: Okay. I just want to --</p> <p>8 on the record, so your legal objection is that</p> <p>9 you, quote, "think it's so beyond the pale,"</p> <p>10 unquote? Is that it?</p> <p>11 MS. ALTMAN: Actually, my objection was</p> <p>12 much longer than that, and I know that the court</p> <p>13 reporter got it all down.</p> <p>14 MR. BARDEN: Do you have a legal</p> <p>15 objection or is just your --</p> <p>16 MS. ALTMAN: I said relevance.</p> <p>17 MR. BARDEN: Personal feelings? You</p> <p>18 don't get --</p> <p>19 MS. ALTMAN: I identified --</p> <p>20 MR. BARDEN: -- to block a wit- -- you</p> <p>21 can't instruct a witness not to answer based on</p> <p>22 relevance. You don't get to make that judgment.</p> <p>23 MS. ALTMAN: Sir, I'm not going to</p> <p>24 argue with you. Okay? I know you want to</p> <p>25 argue.</p>	<p style="text-align: right;">Page 113</p> <p>1 explain it to the judge. But you, apparently,</p> <p>2 have a personal feeling about it, and you've</p> <p>3 instructed her not to answer.</p> <p>4 MS. ALTMAN: No. I follow the Rules of</p> <p>5 Civil Procedure and the Rules of Evidence. And</p> <p>6 the witness is not here to talk about her house</p> <p>7 fire. She's here to talk about her testimony,</p> <p>8 her opinions, and her report in this case.</p> <p>9 MR. BARDEN: Just for the record, she</p> <p>10 claimed that evidence was destroyed in a fire,</p> <p>11 and I'm seeking for proof that that occurred.</p> <p>12 MS. ALTMAN: And just for the record --</p> <p>13 MR. BARDEN: Next.</p> <p>14 MS. ALTMAN: No. Let's make sure the</p> <p>15 record is clear.</p> <p>16 She did not testify that evidence was</p> <p>17 destroyed in the house fire. She said</p> <p>18 information relating to other cases, having</p> <p>19 nothing to do with this case, was destroyed in a</p> <p>20 house fire.</p> <p>21 MR. BARDEN: That's --</p> <p>22 MS. ALTMAN: That's what she said. So</p> <p>23 let's just make sure that the record is clear.</p> <p>24 MR. BARDEN: Just for the record, she</p> <p>25 said that evidence related to her history and</p>

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1 experience as an expert was destroyed in a house
 2 fire.
 3 Next question.
 4 MS. ALTMAN: Next question.
 5 BY MR. BARDEN:
 6 Q. What is the number of state medical or
 7 other -- well, what is the number of state
 8 medical boards, licensing boards, that you have
 9 served on?
 10 A. Zero.
 11 Q. What is the number of psychology
 12 licensing boards, if any, that you have served
 13 on?
 14 A. Zero.
 15 Q. Are you aware, in the history of
 16 psychology and psychiatry, of treatments that
 17 were once popular but later thought to be
 18 harmful?
 19 A. Yes, I am aware of that in the history
 20 of psychology.
 21 Q. Are you aware of the history of
 22 lobotomies?
 23 MS. ALTMAN: Object to the form.
 24 THE WITNESS: I would need more
 25 clarification to that question as to what you're

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1 referring to, in terms of the history of
 2 lobotomies.
 3 BY MR. BARDEN:
 4 Q. What do you know about the history of
 5 lobotomies as a treatment for patients?
 6 MS. ALTMAN: Object to the form.
 7 THE WITNESS: What I know is that, at
 8 one point in history, lobotomies were used on
 9 patients essentially to calm them down.
 10 BY MR. BARDEN:
 11 Q. And what happened to that treatment?
 12 MS. ALTMAN: Object to the form.
 13 THE WITNESS: That treatment is no
 14 longer in practice in the United States.
 15 BY MR. BARDEN:
 16 Q. At one time, was that treatment thought
 17 to be an important advance in the help to
 18 patients?
 19 A. I cannot answer to you the dates of
 20 that, of when that occurred.
 21 Q. But it's your understanding that at
 22 some time it was thought to be a useful
 23 treatment, correct?
 24 MS. ALTMAN: Object to the form.
 25 THE WITNESS: So my answer was: At

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1 some point in history, some thought it would be
 2 a successful treatment for psychiatric issues.
 3 BY MR. BARDEN:
 4 Q. Do you know if the inventor of
 5 lobotomies received the Nobel Prize?
 6 A. I have no information on that.
 7 Q. Have you heard of recovered memory
 8 therapy?
 9 A. I'm aware of both recovered memory
 10 therapy and recovered memory syndrome.
 11 Q. Just interested in the therapy.
 12 What was the -- what was the history of
 13 recovered memory therapy, if you know?
 14 MS. ALTMAN: Object to the form.
 15 THE WITNESS: My knowledge of recovered
 16 memory therapy is that it surfaced in the United
 17 States in the 1980s and it was very much
 18 correlated with the issues of abuse,
 19 specifically sexual abuse, and that the
 20 treatment paradigm was that these were repressed
 21 memories and that with treatment, they could
 22 surface.
 23 BY MR. BARDEN:
 24 Q. And what happened to that particular
 25 treatment?

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1 MS. ALTMAN: Object to the form.
 2 THE WITNESS: What happened to the
 3 treatment -- that's a complicated answer
 4 because, indeed, psychologically, there is such
 5 a thing as repressed memories. As a mode of
 6 psychological treatment in the 1980s, it was, I
 7 would say, a -- what we call practice du jour
 8 that was challenged as a general mode of
 9 practice, that it would apply to all people,
 10 particularly people who were abuse victims.
 11 BY MR. BARDEN:
 12 Q. Anything else?
 13 A. I would like to add that for some
 14 people, there are repressed memories and that,
 15 in treatment, those memories are recovered, and
 16 that is legitimate.
 17 Q. Did many of the people that practiced
 18 recovered memory therapy lose their license?
 19 MS. ALTMAN: Object to the form.
 20 THE WITNESS: I kind of -- I cannot
 21 answer that question. I don't know the personal
 22 histories of the people who practiced.
 23 BY MR. BARDEN:
 24 Q. Have you ever heard of "multiple
 25 personality disorder therapy"?

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1 A. I have never heard of it referred to as
 2 multiple personality disorder therapy, but I
 3 have heard of a treatment technique that treated
 4 multiple personality disorder.
 5 Q. And what happened to that therapy
 6 style?
 7 MS. ALTMAN: Object to the form.
 8 THE WITNESS: Since -- I can't answer
 9 your question because I don't know how to answer
 10 to the term "therapy style."
 11 BY MR. BARDEN:
 12 Q. Therapy practice.
 13 A. Again, I think I would need more
 14 clarification of what particular practice you
 15 are referring to.
 16 Q. Okay. Were you aware of a time in the
 17 '90s when there were hundreds of lawsuits
 18 against recovered memory therapy and multiple
 19 personality disorder therapy in the United
 20 States?
 21 A. I was aware that there were both legal
 22 actions and also psychological discourse in the
 23 field about the efficacy and possible harm done
 24 by therapies that treated multiple personality
 25 disorders in a particular way.

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1 Q. Have you ever heard of "reparenting
 2 therapy"?
 3 A. I have heard of reparenting therapy.
 4 Q. What happened there?
 5 A. I do not know the history of
 6 reparenting therapy. What I can say is there
 7 are still people who -- there are people who
 8 practice it.
 9 Q. Have you ever heard of "rebirthing
 10 therapy"?
 11 A. Yes, I have heard of rebirthing
 12 therapy.
 13 Q. What happened to that?
 14 A. Rebirthing therapy was quite popular in
 15 the 1970s, and it was very closely correlated to
 16 primal therapy, and there are still some people
 17 who practice it, but it is not a popular tool.
 18 Q. Are you aware of a criminal case in
 19 Colorado where leaders of the rebirthing therapy
 20 movement were sentenced to prison for 17 years?
 21 A. I was aware of the case. I wasn't
 22 aware of the disposition of the case.
 23 Q. So, I guess, the point of all this is,
 24 are you aware of, in the history of psychology
 25 and psychiatry, that there have been treatments

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1 that were once very popular and grew very
 2 rapidly and made the people that practiced them
 3 a lot of money, and then methodological errors
 4 were exposed and those treatment practices were
 5 closed down or radically changed? Are you aware
 6 of that history?
 7 MS. ALTMAN: Object to the form.
 8 THE WITNESS: I'm aware of those
 9 certain practices that were then questioned,
 10 either for the lack of success rates or harm
 11 done. Where I would probably take a different
 12 position is, they were widely exposed in the
 13 media, but it was not clear to me how popular
 14 those treatment programs were.
 15 BY MR. BARDEN:
 16 Q. Would you agree that given this
 17 history, it's important that mental health
 18 professionals and medical professionals get the
 19 science right so that children can receive safe
 20 and effective treatment?
 21 MS. ALTMAN: Object to the form.
 22 THE WITNESS: I would have to answer
 23 that question in the following way: That I
 24 can't answer it unless we have a discussion of
 25 what you mean by "science."

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1 BY MR. BARDEN:
 2 Q. What is your understanding -- well,
 3 back up.
 4 Have you had any formal classes in the
 5 philosophy of science?
 6 A. My formal classes in philosophy of
 7 science go back to my years as an undergraduate
 8 college student with a major in psychology at
 9 the University of Michigan.
 10 Q. And what years would that be?
 11 A. 1964 through '68 is when I was there as
 12 an undergraduate.
 13 Q. And what did you learn in that class --
 14 MS. ALTMAN: Object to the form.
 15 BY MR. BARDEN:
 16 Q. -- in the philosophy of science?
 17 MS. ALTMAN: Object to the form.
 18 THE WITNESS: I would have to answer
 19 that it was not a particular class, that it was
 20 infused in my studies during my time at the
 21 University of Michigan.
 22 BY MR. BARDEN:
 23 Q. So who were the major philosophers of
 24 science that you studied at Michigan at that
 25 time?

<p style="text-align: right;">Page 122</p> <p>1 A. We read Karl Popper, we read Kuhn. And 2 we had our own discourse about what is the 3 meaning of science, what is science, and how 4 it's changed historically. 5 Q. What is the theory of Karl Popper, with 6 regard to the philosophy of science? 7 MS. ALTMAN: Object to the form. 8 THE WITNESS: If I can go back to my 9 early reading and what I remember about Karl 10 Popper, in addition to the fact that he was 11 somebody who also just sociologically was very 12 involved in the issue of democracy and political 13 systems, was that it was very important to 14 understand how we knew what we knew, and talked 15 about rational induction, rational deduction, 16 and that we should look in on science. 17 BY MR. BARDEN: 18 Q. Did you read anything by Karl Popper 19 indicating that he felt a classic example of 20 pseudoscience was the work of Sigmund Freud? 21 MS. ALTMAN: Object to the form. 22 THE WITNESS: I recall reading that and 23 taking issue with it. 24 BY MR. BARDEN: 25 Q. Are you aware if the federal legal</p>	<p style="text-align: right;">Page 124</p> <p>1 were not the principal investigator for? 2 A. The 2015 National Institute of Health 3 grant? 4 Q. Uh-huh. 5 A. I am a co-investigator. 6 Q. Okay. So you're a co-principal 7 investigator? 8 A. No. There's a PI, and that's different 9 than a co-I. 10 Q. Who is the PI? 11 A. It's a four-site project. So at our 12 site, it's Steven Rosenthal. 13 Q. Steven -- I'm sorry. How do you spell 14 that name? 15 A. R-o-s-e-n-t-h-a-l. 16 Q. Okay. Have you written a number of 17 media articles? 18 MS. ALTMAN: Object to the form. 19 THE WITNESS: I would need to know your 20 definition of "media article." 21 BY MR. BARDEN: 22 Q. Magazines, things on websites. 23 A. I have written some. 24 Q. So I'm trying to find on here your 25 publications.</p>
<p style="text-align: right;">Page 123</p> <p>1 system of the United States has adopted the 2 philosophy of Karl Popper as to the philosophy 3 of science? 4 MS. ALTMAN: Object to the form. 5 Can you just read that back? 6 (Record read.) 7 MS. ALTMAN: Object to the form. 8 THE WITNESS: I am not aware of that. 9 BY MR. BARDEN: 10 Q. Have you ever read any legal cases, for 11 example, the Daubert case? 12 A. I have not. 13 Q. Have you ever read the Kuhmo case? 14 A. I have not. 15 Q. Have you done any investigation at all 16 to see if the theories of Karl Popper play an 17 essential role in the federal legal system, 18 currently? 19 A. I have not. 20 Q. We're still on Exhibit No. 2. 21 A. Uh-huh. 22 Q. So now, there's a grant on page 2 of 23 Exhibit 2. It says the National Institute of 24 Health. 25 Is that a grant that you worked on but</p>	<p style="text-align: right;">Page 125</p> <p>1 Again, we're looking at Exhibit 2 -- 2 A. Uh-huh. 3 Q. -- on page 10. 4 A. Okay. 5 Q. See where it's listed there you 6 published something in Wired.com. What is that? 7 A. Wired.com is a magazine. 8 Q. Yes. I mean, I know that. 9 A. Yes. 10 Q. But what is the article, and why is it 11 in your CV? 12 MS. ALTMAN: Object to the form. 13 THE WITNESS: The article is in my CV 14 because I wrote it with Dan Karasic. 15 BY MR. BARDEN: 16 Q. Okay. Do you know the name of any 17 other expert witness in California that lists on 18 their publications in their resumé things they 19 published on Wired.com? 20 A. I would imagine that Dan Karasic also 21 has it in his resumé. 22 Q. Anyone else? 23 MS. ALTMAN: Object to the form. 24 THE WITNESS: I can't answer that. I 25 don't know other people's CVs.</p>

<p style="text-align: right;">Page 126</p> <p>1 BY MR. BARDEN: 2 Q. So you published some things in 3 psychoanalytic journals, correct? 4 A. That is correct. 5 Q. Are you aware of any controversies with 6 regard to the methodology of psychoanalysis? 7 MS. ALTMAN: Object to the form. 8 THE WITNESS: I'm aware of 9 controversies. 10 BY MR. BARDEN: 11 Q. And what are they? 12 MS. ALTMAN: Object to the form. 13 THE WITNESS: There are controversies 14 as to whether it is a scientific method of 15 treatment or not, whether there are outcome 16 studies to demonstrate its effectiveness. Those 17 are the main ones. 18 BY MR. BARDEN: 19 Q. Have you ever read the article "Where 20 Will Psychoanalysis Survive," by Alan A. Stone? 21 A. I have not read that particular 22 article, no. 23 Q. Do you know who Alan Stone is? 24 A. I know who Alan Stone is, but I have 25 not read the article.</p>	<p style="text-align: right;">Page 128</p> <p>1 MS. ALTMAN: Object to the form. 2 THE WITNESS: I have no information 3 about that. 4 MR. BARDEN: Let's go ahead -- let's go 5 off the record for just a second. 6 THE VIDEOGRAPHER: We're going off the 7 record at 11:38. 8 (Recess taken.) 9 THE VIDEOGRAPHER: We're back on the 10 record. The time is 11:40. 11 BY MR. BARDEN: 12 Q. Doctor, I'll show you a document here. 13 If you can identify it for us, and then we'll 14 mark it as Exhibit 3. 15 A. This will be the bibliography that I 16 submitted in connection with my expert report on 17 this case. 18 (Defendant's Exhibit No. 3 marked for 19 identification.) 20 BY MR. BARDEN: 21 Q. Okay. So looking over the list, the 22 bibliography that's been marked as Exhibit No. 23 3, can you show me any studies in here that are 24 treatment outcome studies that study the effect 25 of the use of public restrooms, specifically,</p>
<p style="text-align: right;">Page 127</p> <p>1 Q. Who is Alan Stone? 2 A. Alan Stone is somebody who does not 3 like psychoanalysis. 4 Q. Why would you say that? 5 A. In terms of the controversy, I think 6 there is a lot of criticism of psychoanalysis as 7 something that can survive. 8 Q. Was Alan Stone the director of the 9 Boston Psychoanalytic Association for many 10 years? 11 A. I do not know that about Alan Stone's 12 history. 13 Q. What are the particular methodological 14 flaws that people talk about in psychoanalysis? 15 MS. ALTMAN: Object to the form. 16 THE WITNESS: The main methodological 17 flaw is that there have not been outcome 18 studies, and that the -- and that the method is 19 very hard to measure, in terms of both process 20 and outcome. 21 BY MR. BARDEN: 22 Q. Do you know if the clinical 23 psychological programs at Harvard and Stanford 24 were eliminated to get rid of these 25 psychoanalysts on the faculty?</p>	<p style="text-align: right;">Page 129</p> <p>1 and offer an error rate for that treatment? 2 MS. ALTMAN: Object to the form. 3 THE WITNESS: There are no studies that 4 specifically focus on bathroom use. We would 5 basically embed that issue in the larger studies 6 that look at the effect of different -- of 7 treatment -- generalized treatments for 8 transgender youth of which we could subsume 9 bathroom use would be under the category of 10 support. 11 BY MR. BARDEN: 12 Q. So no studies on public bathroom use. 13 The same question for public school 14 bathrooms. 15 MS. ALTMAN: Object to the form. 16 BY MR. BARDEN: 17 Q. That is, I'm looking for a treatment 18 outcome study that specifically looks at the use 19 of public bathrooms and has a published error 20 rate -- I'm sorry, school bathrooms. 21 MS. ALTMAN: Question done? 22 MR. BARDEN: Yeah. 23 MS. ALTMAN: Object to the form. 24 MR. BARDEN: I thought that was coming. 25 MS. ALTMAN: I just want to make sure</p>

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1 you're done.
 2 MR. BARDEN: I know.
 3 MS. ALTMAN: Because sometimes I think
 4 you're not done, you're not done. So I just
 5 wanted to make sure.
 6 MR. BARDEN: Sometimes I don't know.
 7 THE WITNESS: In this bibliography,
 8 there is no study that has exactly that focus in
 9 this bibliography.
 10 BY MR. BARDEN:
 11 Q. Okay. Are you aware of any study in
 12 the world that has that focus, that is, use of
 13 public school bathrooms as part of the treatment
 14 that has a published error rate?
 15 A. I am aware of some studies in process
 16 now and, therefore, I can't give you the
 17 outcomes or the error rates.
 18 Q. Okay. So on the last page of this
 19 bibliography -- I think it's page 7 -- it says
 20 "Medical and Psychological Records" for the
 21 plaintiff.
 22 A. Uh-huh.
 23 Q. Do you see that?
 24 A. I do.
 25 Q. Okay. Is this the complete list of

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1 everything that you saw before writing your
 2 report?
 3 A. To the best of my knowledge, this is a
 4 complete listing.
 5 Q. Okay. When you reviewed the records
 6 from a Naomi Jacobs, did you receive all of
 7 her -- Dr. Jacobs' office forms?
 8 A. I would not be able to answer that
 9 question because I don't know what all of Dr.
 10 Jacobs' forms are.
 11 Q. Did you see an informed consent form in
 12 the files that you reviewed that would meet
 13 licensing and ethics standards for a
 14 psychologist?
 15 A. I did see informed consent forms.
 16 Q. And did those forms meet standards,
 17 according to your opinion?
 18 MS. ALTMAN: Object to the form.
 19 THE WITNESS: What I would say to that
 20 is, I did not review the consent forms in minute
 21 detail. So I would want to answer that by
 22 saying, to the best of my knowledge, yes. And
 23 given your question, I would want to go back and
 24 review them just to make sure.
 25 BY MR. BARDEN:

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1 Q. What's your understanding of informed
 2 consent for psychological treatment? What is
 3 required?
 4 MS. ALTMAN: Object to the form.
 5 THE WITNESS: I'm not sure I understand
 6 your question. What is required, in terms of
 7 the provider communicating to the patient?
 8 BY MR. BARDEN:
 9 Q. Let's start with that.
 10 A. And that's your question?
 11 Q. Uh-huh. What's required to meet
 12 minimal standard of care for the ethics and
 13 licensing roles for informed consent in clinical
 14 psychology? And let's start with what must the
 15 provider do.
 16 MS. ALTMAN: Form.
 17 THE WITNESS: Well, I'll start from the
 18 end point with, the provider must get a signed
 19 consent form in order to go forward with
 20 treatment. So we're gonna start there.
 21 And, prior to that, the patient needs
 22 to be informed of the nature of treatment that
 23 is going to be offered, what limitations there
 24 may be for that form of treatment, what the fees
 25 are going to be for that treatment, what would

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1 be the frequency of meetings. The patient needs
 2 to know that they can reserve their right to
 3 retract the informed consent form at any time
 4 they want. And they -- it is important in an
 5 informed consent to also indicate office
 6 policies, such as, what are -- what is the
 7 policy on cancellation of appointments, for
 8 example, will there be a charge, will there not,
 9 and how much advanced time, so that the patient
 10 is fully apprised of what they're consenting to
 11 before signing any form.
 12 BY MR. BARDEN:
 13 Q. Anything else?
 14 A. What I'm doing in any head is -- I use
 15 the HIPAA consent form, which is very long but
 16 complete. And so -- I know, remembering in my
 17 form, there's definitely -- in the informed
 18 consent is to know that -- first of all, if
 19 you're under the age of 18, you cannot sign a
 20 consent form, informed consent. It will need to
 21 be a parental signature until the patient turns
 22 18, and that also there's indication about
 23 confidentiality and the situations in which
 24 confidentiality would have to be broken, so
 25 that in our state, we understand what the state

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1 therapy, and evaluations for more than 500
 2 transgender and gender nonconforming children
 3 and adolescents and their families."
 4 Is that what that says?
 5 **A. That is what that says.**
 6 Q. Okay. So now it's important, as an
 7 expert, is it not, that we don't include
 8 information that could be deceptive; isn't that
 9 correct?
 10 MS. ALTMAN: Object to the form.
 11 **THE WITNESS: That is correct.**
 12 BY MR. BARDEN:
 13 Q. Are you aware of any research that
 14 indicates that having seen 500 transgender
 15 patients would not improve the reliability and
 16 validity of your opinions on such matters?
 17 MS. ALTMAN: Object to the form.
 18 **THE WITNESS: I am aware of that**
 19 **research, and again, in context, will add that**
 20 **there are counterpoints to that research arguing**
 21 **against that.**
 22 BY MR. BARDEN:
 23 Q. Can you cite for me any peer review
 24 studies that are, as you say, a counterpoint?
 25 **A. I cannot cite for you the studies; I**

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1 **can cite for you the concept.**
 2 Q. I'm looking for peer-reviewed,
 3 published articles.
 4 Can you cite for me one or not?
 5 MS. ALTMAN: Object to the form.
 6 **THE WITNESS: So I will repeat. I**
 7 **cannot cite for you a particular article. I can**
 8 **talk about the concept.**
 9 BY MR. BARDEN:
 10 Q. Did you include in your report a
 11 disclosure of the limitation that there is
 12 research indicating that clinical experience
 13 does not improve the reliability or validity of
 14 opinions by mental health professionals?
 15 MS. ALTMAN: Object to the form.
 16 **THE WITNESS: That is not included in**
 17 **my report.**
 18 BY MR. BARDEN:
 19 Q. Okay. Down at the bottom, paragraph 5,
 20 it says you organized a group called "Mind the
 21 Gap," right?
 22 **A. That is correct.**
 23 Q. Did you get that from the London
 24 subway, by the way?
 25 MS. ALTMAN: Object to the form.

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1 **THE WITNESS: I will explain the origin**
 2 **of that name. The original name of the Child**
 3 **and Adolescent Gender Center was the Bay Area**
 4 **Youth Gender Acceptance Project, which reads as**
 5 **BAYGAP.**
 6 BY MR. BARDEN:
 7 Q. Oh.
 8 **A. And before we changed the name, we**
 9 **established the group Mind the Gap as part of**
 10 **BAYGAP, and we kept the name, even after we**
 11 **changed the name for the center.**
 12 Q. Okay.
 13 **A. And it works well with Mind the Gap**
 14 **because we can get T-shirts and --**
 15 Q. A catchy title.
 16 **A. -- a catchy title, and we can buy Mind**
 17 **the Gap T-shirts in London.**
 18 Q. Okay. Can you cite for me any
 19 peer-reviewed scientific research on the safety
 20 and effectiveness of the Mind the Gap program?
 21 MS. ALTMAN: Object to the form.
 22 **THE WITNESS: I will have to clarify**
 23 **that Mind the Gap is not a program. It is a**
 24 **consortium of mental health gender specialists,**
 25 **pediatric.**

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1 BY MR. BARDEN:
 2 Q. Okay. So on page 3, at the top, it
 3 says, quote, "Mind the Gap has developed
 4 training materials and assessment protocols."
 5 Do you see that?
 6 **A. Yes, I see that.**
 7 Q. Can you provide for me any citation of
 8 peer-reviewed, published articles showing safety
 9 and effectiveness of the Mind the Gap materials
 10 and assessment protocols?
 11 MS. ALTMAN: Object to the form.
 12 **THE WITNESS: Neither the materials**
 13 **Train the Gap nor the Mind the Gap assessment**
 14 **protocol has been investigated or studied in any**
 15 **peer review journal article.**
 16 BY MR. BARDEN:
 17 Q. Okay. Let me go to page 9. Go to the
 18 bottom of page 9, what's been marked as Exhibit
 19 4, paragraph 27. It talks about the change in
 20 the DSM.
 21 Do you see that?
 22 **A. Uh-huh.**
 23 Q. And could you -- let me ask you this.
 24 Are you aware of the history of the
 25 DSM?

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1 MS. ALTMAN: Object to the form.
 2 THE WITNESS: I am aware of aspects of
 3 the history of the DSM.
 4 BY MR. BARDEN:
 5 Q. What was the purpose for generating the
 6 DSM?
 7 MS. ALTMAN: Object to the form.
 8 THE WITNESS: The purpose of generating
 9 the DSM was essentially to give mental health
 10 clinicians a manual in which they could discern
 11 different psychological issues, disorders,
 12 situations of life, in some codified form.
 13 BY MR. BARDEN:
 14 Q. Isn't it, in fact, the case that the
 15 reason that the DSM was created was that
 16 psychiatrists, psychologists in different parts
 17 of the country were diagnosing the same patient
 18 with very different labels, and so a dictionary
 19 of mental disorders was created to increase the
 20 reliability of diagnosis?
 21 A. It is my understanding that that was
 22 one of the intents of setting up more than a
 23 dictionary, but an actual manual where there
 24 would be discrete categories and that mental
 25 health professionals could refer to the

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1 different categories in making diagnosis.
 2 Q. Isn't it a fact that it is well-known
 3 that the DSM remains a dictionary and is useful
 4 for the reliability of diagnoses but does not
 5 speak to the validity of the diagnoses?
 6 MS. ALTMAN: Object to the form.
 7 THE WITNESS: I don't have that
 8 information. What I can say, in context, is
 9 that the DSM is not a neutral manual and there
 10 have been controversies throughout, from the
 11 beginning until now, about both the usefulness,
 12 the validity and reliability of the DSM.
 13 BY MR. BARDEN:
 14 Q. Are you aware of the voting process in
 15 the construction of DSM diagnostic categories?
 16 A. It is my understanding -- and I may
 17 not -- I'll be fully cognizant of the voting
 18 process, it involves two steps by the committee
 19 involved in designing the manual, which is
 20 review of the scientific literature with a grade
 21 system and then expert consensus.
 22 Q. By "consensus," do you mean voting?
 23 Isn't that, in fact, the way they determine
 24 consensus is to vote?
 25 MS. ALTMAN: Object to the form.

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1 THE WITNESS: I do not know if they --
 2 how they -- I know that they -- that they
 3 achieve consensus, but I do not know myself what
 4 the process is, how they determine that
 5 consensus.
 6 BY MR. BARDEN:
 7 Q. Isn't it true that the DSM has no
 8 published error rates?
 9 A. I am not aware of any published error
 10 rates. I cannot say they don't have them, I'm
 11 not aware of any published error rates.
 12 Q. Let's go to page 12.
 13 A. (Witness complies.)
 14 Q. Looking at paragraph 37, quote, "A
 15 person's gender identity is an innate," comma,
 16 "effectively immutable characteristic," end
 17 quote.
 18 Did you write that?
 19 A. Yes, that's my writing; this is my
 20 report.
 21 Q. Are you aware of any controversies with
 22 regard to that statement?
 23 MS. ALTMAN: Object to the form.
 24 THE WITNESS: I'm quite aware of
 25 controversies about that statement.

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1 BY MR. BARDEN:
 2 Q. Okay. Being, quote, "quite aware,"
 3 unquote, of controversies with that statement,
 4 what steps, if any, did you take to properly
 5 disclose that controversy to the Court in your
 6 report?
 7 MS. ALTMAN: Object to the form.
 8 THE WITNESS: I did not take those
 9 steps, because in my report, I was presenting
 10 what I assessed to be the prevailing perspective
 11 on gender identity.
 12 BY MR. BARDEN:
 13 Q. Your failure to disclose that
 14 controversy in your report to the Court is a
 15 potential ethics violation; is that correct?
 16 MS. ALTMAN: Object to the form.
 17 THE WITNESS: I would say I could not
 18 agree -- I do not agree that that is correct.
 19 BY MR. BARDEN:
 20 Q. Page 16, paragraph 47, you talk about
 21 your three interviews.
 22 A. Uh-huh.
 23 Q. And it says, "To ascertain" -- oh, I'm
 24 sorry, the next sentence.
 25 A. Where are you?

<p style="text-align: right;">Page 146</p> <p>1 Q. Quote, "I have also reviewed Drew's 2 medical and psychological records," period, end 3 quote. 4 Did you write that? 5 A. Yes, I wrote that. 6 Q. Did you inform the Court that you did 7 not review all of the records, just the ones the 8 lawyers sent you? 9 MS. ALTMAN: Object to the form. 10 THE WITNESS: I did not inform the 11 Court of records I did not review. 12 BY MR. BARDEN: 13 Q. Did you inform the Court that you did 14 not review educational records? 15 A. I did not inform the Court that I did 16 not review educational records. 17 Q. Look at page 17, paragraph 48. 18 A. (Witness complies.) 19 Q. Second sentence, quote, "In the" -- 20 MS. ALTMAN: I'm sorry. I don't mean 21 to interrupt you, but I just didn't get the 22 page. 23 MR. BARDEN: Oh, I'm sorry. 24 MS. ALTMAN: Did you say 17? 25 MR. BARDEN: Yes.</p>	<p style="text-align: right;">Page 148</p> <p>1 BY MR. BARDEN: 2 Q. At least we have six ears and mine, 3 apparently, were sleeping. 4 Exhibit No. 4, page 17, paragraph 48, 5 second sentence, quote, "In the summer before 6 his freshman year he," meaning the plaintiff, 7 "had fully socially transitioned as an affirmed 8 male," end quote. 9 Did you write that? 10 A. I wrote that. 11 Q. Is that a failure of the minimal 12 standard of care for writing expert reports? 13 MS. ALTMAN: Object to the form. 14 THE WITNESS: I do not see how this was 15 a failure, no. 16 BY MR. BARDEN: 17 Q. Isn't it true that even in intro 18 courses in the subject area, you are instructed 19 to write "the patient reported that," rather 20 than write it as if you were there and saw it 21 yourself? 22 MS. ALTMAN: Was that a question? 23 MR. BARDEN: Yes. 24 MS. ALTMAN: Okay. Object to the form. 25 THE WITNESS: What I would say is that</p>
<p style="text-align: right;">Page 147</p> <p>1 MS. ALTMAN: Okay, thank you. Sorry 2 about that. 3 MR. BARDEN: No problem. 4 BY MR. BARDEN: 5 Q. Just so we're all clear, Exhibit No. 4, 6 the first report, and page 17, paragraph 48, 7 second sentence, quote, "In the summer before 8 his freshman year he," meaning the plaintiff, 9 "had fully socially transitioned as an affirming 10 male," end quote. 11 Did you write that? 12 MS. ALTMAN: Object to the form and -- 13 you said a word wrong. I apologize. 14 MR. BARDEN: Oh, I'm sorry. What did I 15 say? 16 MS. ALTMAN: You said "affirming" 17 instead of "affirmed." 18 MR. BARDEN: Oh, I'll do it again. 19 MS. ALTMAN: I just wanted to make 20 sure. 21 MR. BARDEN: Thank you. It's nice to 22 have a lot of ears to help us. 23 MS. ALTMAN: Well, I only have two. 24 THE WITNESS: And I have the other two 25 so we're good.</p>	<p style="text-align: right;">Page 149</p> <p>1 would be true, if that was the only place this 2 information came from, but it did not. So, if I 3 were saying the patient reported that, it would 4 be accurate, but the information comes from more 5 than the patient's self-report. 6 BY MR. BARDEN: 7 Q. What were the other sources for this? 8 A. Reviewing the medical records, the 9 mental health records, and the original court 10 proceedings. 11 Q. Okay. The bottom of paragraph 48, 12 quote, "This report summarizes the effects of 13 this experience on" -- I'm just going to say the 14 plaintiff's -- "psychological, social, and 15 academic functioning over the last two years 16 since being told that he could no longer use the 17 boys' restrooms," unquote. 18 Did you write that? 19 A. I wrote that. 20 Q. Okay. Interested in your -- the word 21 "effects." 22 And the question is, isn't it, in fact, 23 the case that psychologists, looking at the type 24 of information that you looked at, are not able 25 to form valid and reliable opinions about cause</p>

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[REDACTED]

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[REDACTED]

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[REDACTED]

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[REDACTED]

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1 Q. Did you inform the Court that you, as a
 2 psychologist, can't make cause-and-effect
 3 statements, based on the kind of data you looked
 4 at in this case?
 5 MS. ALTMAN: Object to the form.
 6 **THE WITNESS: I did not inform the**
 7 **Court because I did not think it was relevant**
 8 **within the statement.**
 9 BY MR. BARDEN:
 10 Q. It says, "It would only follow."
 11 "Only," meaning no other way; isn't that
 12 correct?
 13 A. It would depend how you read that
 14 sentence, and I know it's a long one. So I
 15 would say it would only follow -- we could
 16 substitute with "common sense would tell you."
 17 Q. Do you think it would be proper to
 18 revise this report and to disclose these
 19 limitations and errors to the Court?
 20 MS. ALTMAN: Object to the form.
 21 **THE WITNESS: I would think it was**
 22 **proper only if I felt it was something I needed**
 23 **to disclose.**
 24 BY MR. BARDEN:
 [REDACTED]

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[REDACTED]

6 And it says, quote, "The disposition
 7 for ongoing supports for Drew" -- for the
 8 plaintiff -- "was clear: protect him from
 9 harassment and stress-inducing situations," end
 10 quote.
 11 Did you write that?
 12 A. I'm sorry. I'm not following you.
 13 MS. ALTMAN: Object to the form. And I
 14 think maybe she too, but I'm having problems
 15 knowing where you're reading.
 16 MR. BARDEN: Okay.
 17 MS. ALTMAN: I'm sorry. What
 18 paragraph?
 19 MR. BARDEN: I'll make that clear.
 20 We're on Exhibit 4.
 21 MS. ALTMAN: Uh-huh.
 22 **THE WITNESS: Uh-huh.**
 23 MR. BARDEN: The first report, and on
 24 page 19.
 25 MS. ALTMAN: Right, I'm there.

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1 MR. BARDEN: And I'm one, two, three,
 2 four, five lines from the bottom.
 3 **THE WITNESS: Oh, from the bottom.**
 4 **One, two, three, four, five. Okay.**
 5 MS. ALTMAN: I'm still looking for it.
 6 MR. BARDEN: See that?
 7 MS. ALTMAN: Five lines up.
 8 All right. So you're in the middle of
 9 the sentence. I apologize.
 10 MR. BARDEN: Yes.
 11 MS. ALTMAN: Okay.
 12 BY MR. BARDEN:
 13 Q. Quote, "The disposition for ongoing
 14 supports for the plaintiff was clear: protect
 15 him from harassment and stress-inducing
 16 situations," end quote.
 17 Do you see that?
 18 A. Yes, I do.
 19 Q. So do you think filing a federal
 20 lawsuit and giving talks to the media could be
 21 considered a stress-inducing situation?
 22 MS. ALTMAN: Object to the form.
 23 **THE WITNESS: I think anything could be**
 24 **considered a stress in certain situations. I**
 25 **think in many cases, for transgender youths,**

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1 **those exact activities are what are resilience**
 2 **building, and basically establishing confidence**
 3 **and self-worth.**
 4 BY MR. BARDEN:
 5 Q. And what, if any, concern did you have
 6 that this is a child who is potentially fragile,
 7 who's being manipulated for political purposes,
 8 contrary to the best interest of the child, with
 9 regard to their treatment?
 10 MS. ALTMAN: Object to the form.
 11 **THE WITNESS: What I would say in this**
 12 **case is that it was not my experience of this**
 13 **plaintiff that this was a fragile youth, and**
 14 **that this youth was very familiar in**
 15 **presentations from any other youth that I've**
 16 **worked with, and that part of the healing**
 17 **process could very well be being able to tell**
 18 **his story and being able to ask for remediation**
 19 **of something that did not feel right to him.**
 20 I absolutely agree that nobody -- no
 21 youth should be manipulated by somebody else for
 22 their own political purposes. I don't see that
 23 evident here.
 24 BY MR. BARDEN:
 25 Q. So you made a psychological assessment

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1 that he was, quote, "not a fragile youth,"
 2 correct?
 3 MS. ALTMAN: Object to the form.
 4 **THE WITNESS:** I did not make a
 5 psychological assessment. It was my
 6 observation. As I said, my role was to get to
 7 know Drew and have observations about him, and
 8 that was my experience with Drew.
 9 BY MR. BARDEN:
 10 Q. You talked to someone for three hours
 11 over the Internet and yet you had the assessment
 12 that he was, quote, "not a fragile youth"; isn't
 13 that correct?
 14 MS. ALTMAN: Object to the form.
 15 **THE WITNESS:** I will repeat that that
 16 was not an assessment. That was an observation
 17 over the three separate interviews that I had
 18 with Drew.
 19 BY MR. BARDEN:
 20 Q. You also assessed the plaintiff as
 21 having been traumatized; isn't that correct?
 22 MS. ALTMAN: Object to the form.
 23 **THE WITNESS:** Could you show me where
 24 in the report you see that assessment?
 25 BY MR. BARDEN:

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1 Q. Is it true that you assessed the
 2 plaintiff as having been traumatized --
 3 MS. ALTMAN: Object --
 4 BY MR. BARDEN:
 5 Q. -- based upon the records that you
 6 reviewed in this case?
 7 MS. ALTMAN: Object to the form.
 8 **THE WITNESS:** Again, I'll have to
 9 repeat, the operative word here is not
 10 "assessment."
 11 BY MR. BARDEN:
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 17 Did you write that?
 18 **A. Yes, I did.**
 19 Q. So you did assess the plaintiff as
 20 having been traumatized; isn't that correct?
 21 MS. ALTMAN: Object to the form.
 22 **THE WITNESS:** So let me clarify.
 23 I am trained to do assessments, and
 24 then I am an assessor doing assessments. When I
 25 use the word here, that does not equate to the

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1 **assessment process, when I am doing an**
 2 **evaluation and assessment.**
 3 **So, yes, perhaps I could be clear, this**
 4 **is "assess" used in a more vernacular term, and**
 5 **you could absolutely substitute "I would observe**
 6 **Drew."**
 7 BY MR. BARDEN:
 8 Q. Did you inform the Court that you were
 9 not assessing the plaintiff in the way that term
 10 is normally used?
 11 MS. ALTMAN: Object to the form.
 12 **THE WITNESS:** I did not inform the
 13 court because I thought it was implicit in my
 14 role as an expert witness, not as an evaluator.
 15 BY MR. BARDEN:
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 22 MS. ALTMAN: Object to the form.
 23 **THE WITNESS:** Could you repeat that
 24 question? Or could you read it from the record,
 25 please?

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1 (Record read.)
 2 **THE WITNESS:** No, I did not perceive
 3 that as an improper statement.
 4 BY MR. BARDEN:
 5 Q. Page 21, paragraph 51, four lines up
 6 from the bot- -- or five lines up from the
 7 bottom, quote, "In line with his adaptive
 8 strategies, Drew keeps his head above water by
 9 believing in the possibility that the current
 10 situation could be remedied after the scheduled
 11 December court hearing on his case."
 12 Did you write that?
 13 **A. Yes, I wrote that.**
 14 Q. Isn't this yet another improper
 15 cause-and-effect statement, that is, that
 16 "believing in the possibility that the situation
 17 could be remedied by the court is what keeps
 18 Drew's head above water"?
 19 MS. ALTMAN: Object to the form.
 20 **THE WITNESS:** I don't see it that way.
 21 I see this as descriptive of his psychological
 22 experience right now -- well, as of -- in
 23 September.
 24 BY MR. BARDEN:
 25 Q. So you were describing his behavior,

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1 correct?

2 MS. ALTMAN: Object to the form.

3 THE WITNESS: I'm describing his

4 behavior. And if you look up above, there's an

5 indication of self-report. This is Drew's

6 self-report.

7 BY MR. BARDEN:

8 Q. So that was your -- that was your

9 interpretation, correct?

10 MS. ALTMAN: Object to the form.

11 THE WITNESS: That is not correct.

12 That is an observation of Drew's experience,

13 based on Drew's self-report. So this is his

14 reported experience.

15 BY MR. BARDEN:

16 Q. So on page 20, at the top of the

17 page -- back to page 20, at the very top of the

18 page, in which you --

19 A. 20, okay.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

24 MS. ALTMAN: Object to the form.

25 THE WITNESS: That was -- on page 20 --

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1 MS. ALTMAN: At the top.

2 MR. BARDEN: At the very top.

3 THE WITNESS: At the very top. That

4 was my observation.

5 BY MR. BARDEN:

6 Q. That was your observation of the

7 plaintiff, correct?

8 A. That was my observation, in contrast to

9 the statement at the bottom of page 21.

10 Q. So you're trying to prevent Drew from

11 becoming traumatized again, in part, by writing

12 this report, correct?

13 MS. ALTMAN: Object to the form.

14 THE WITNESS: No, that is not correct.

15 I'm trying to report on what I've learned about

16 Drew.

17 BY MR. BARDEN:

18 Q. So could you show me in your report

19 where you disclose to the Court the limitation

20 on your methodology that, as a psychologist,

21 you're not able to discern truth from false

22 statements?

23 MS. ALTMAN: Object to the form.

24 THE WITNESS: I believe I said this

25 before, that this is not in the report.

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1 BY MR. BARDEN:

2 Q. And did you make any responsible

3 investigations of any of the plaintiff's

4 statements to you to determine whether he was

5 being truthful or deceptive and manipulating?

6 MS. ALTMAN: Object to the form.

7 THE WITNESS: I would say that, as in

8 all situations when I interview an individual,

9 that's implicit in each interaction and -- each

10 interaction we have. So I am never not doing

11 that.

12 BY MR. BARDEN:

13 Q. Let's look on page 23, second line

14 down, quote, "Although he has no records of

15 tardiness in any of his classes, this is because

16 he makes a point of getting to class on time,

17 but may excuse himself midclass to go to the

18 bathroom, which may take anywhere from 10 to 20

19 minutes away from his class time, depending on

20 classroom distance from the bathroom and weather

21 conditions," unquote.

22 Did you write that?

23 A. Yes, I wrote that.

24 Q. What steps, if any, did you take to

25 find out if the plaintiff had to go ten to

Page 173

1 twenty minutes away from class to find a

2 bathroom?

3 A. I investigated that with the plaintiff

4 to let me know more about the layout of the

5 school and why it would take those number of

6 minutes: Where was he? Where were the

7 bathrooms?

8 So we -- that was part of the interview

9 process, is to ask that information.

10 Q. And how far away did he say those

11 bathrooms were?

12 A. What he said was, it depended what

13 class he was in, that they may be at the other

14 end of the campus, they may be closer. He

15 particularly tried to schedule an art class

16 midday where there was a restroom in very close

17 vicinity that he could use; but sometimes, if he

18 was in another class and had to use the

19 facilities, it might be indeed five minutes each

20 way; it could be more like ten minutes each way

21 in rainy weather.

22 Q. If you were shown physical evidence

23 that would prove conclusively that what the

24 plaintiff told you was false, deceptive and

25 manipulative, what steps, if any, would you take

<p style="text-align: right;">Page 174</p> <p>1 to revise your report?</p> <p>2 MS. ALTMAN: Object to the form.</p> <p>3 THE WITNESS: I would say, if I were</p> <p>4 shown evidence that anybody said in the</p> <p>5 self-reporting, I would want to correct it. And</p> <p>6 I would certainly wonder in this situation how</p> <p>7 one would estimate that, in terms of determining</p> <p>8 how long it takes a person to get from one point</p> <p>9 to another and also use a facility, that is, a</p> <p>10 restroom facility.</p> <p>11 BY MR. BARDEN:</p> <p>12 Q. That's not what you said. You said it</p> <p>13 would take five to ten minutes to get there,</p> <p>14 correct?</p> <p>15 MS. ALTMAN: Object to the form and</p> <p>16 misrepresenting the document.</p> <p>17 BY MR. BARDEN:</p> <p>18 Q. How long did he tell you it would take</p> <p>19 to walk to the bathroom?</p> <p>20 MS. ALTMAN: Object to the form.</p> <p>21 THE WITNESS: So let me back up,</p> <p>22 because what it says here is it takes anywhere</p> <p>23 from ten to twenty minutes away from his class</p> <p>24 time, which involves getting to the bathroom,</p> <p>25 relieving himself, and getting back from the</p>	<p style="text-align: right;">Page 176</p> <p>1 he was needing to use in his time at school.</p> <p>2 BY MR. BARDEN:</p> <p>3 Q. Did you make a map of the bathrooms and</p> <p>4 calculate the distances?</p> <p>5 MS. ALTMAN: Object to the form.</p> <p>6 THE WITNESS: No. I relied on his</p> <p>7 self-report.</p> <p>8 BY MR. BARDEN:</p> <p>9 Q. And if you found that his self-report</p> <p>10 was wildly inaccurate, you would consider</p> <p>11 revising your report, correct?</p> <p>12 MS. ALTMAN: Object to the form.</p> <p>13 THE WITNESS: And I will repeat what I</p> <p>14 said before. If there are wild inaccuracies in</p> <p>15 any part of a report, I would, of course, want</p> <p>16 to revise it. And I -- again, I want to repeat,</p> <p>17 it would be difficult for me to imagine how</p> <p>18 somebody else can determine how long it takes</p> <p>19 for someone to go the bathroom.</p> <p>20 BY MR. BARDEN:</p> <p>21 Q. And a clear demonstration of false</p> <p>22 statements by the plaintiff or deceitful</p> <p>23 behavior or manipulative behavior by the</p> <p>24 plaintiff would call into question everything</p> <p>25 else he told you, correct?</p>
<p style="text-align: right;">Page 175</p> <p>1 bathroom to class.</p> <p>2 MR. BARDEN: Objection. Move to strike as</p> <p>3 nonresponsive.</p> <p>4 BY MR. BARDEN:</p> <p>5 Q. The question was: What did he tell</p> <p>6 you, how many minutes did it take for him to</p> <p>7 walk from class to the bathroom?</p> <p>8 MS. ALTMAN: Object to the form.</p> <p>9 THE WITNESS: He did not break it down</p> <p>10 to how many minutes it took to get there, but</p> <p>11 how much the whole journey would take him. And</p> <p>12 the whole journey to get there, relieve himself,</p> <p>13 and return, was an estimate of ten to twenty</p> <p>14 minutes.</p> <p>15 BY MR. BARDEN:</p> <p>16 Q. Those parts of the journey wouldn't be</p> <p>17 any different, regardless of which bathroom,</p> <p>18 though, would it?</p> <p>19 MS. ALTMAN: Object to the form.</p> <p>20 BY MR. BARDEN:</p> <p>21 Q. What we're talking about is the</p> <p>22 traveling to a different bathroom, correct?</p> <p>23 MS. ALTMAN: Object to the form.</p> <p>24 THE WITNESS: What we're talking about</p> <p>25 is specifically traveling to the bathrooms that</p>	<p style="text-align: right;">Page 177</p> <p>1 MS. ALTMAN: Object to the form.</p> <p>2 THE WITNESS: I think we're talking</p> <p>3 here about, can we rely on an interviewee to be</p> <p>4 honest and forthright. And your assumption, I</p> <p>5 think that you're saying here or implying, is</p> <p>6 that perhaps this plaintiff or any other</p> <p>7 plaintiff might be deceitful and manipulative.</p> <p>8 That's, of course, with any human possibility.</p> <p>9 That was not my assessment of this plaintiff in</p> <p>10 reporting on his experiences.</p> <p>11 BY MR. BARDEN:</p> <p>12 Q. So you did make an assessment of the</p> <p>13 plaintiff with regard to his truthfulness?</p> <p>14 MS. ALTMAN: Object to the form.</p> <p>15 THE WITNESS: I would say that in any</p> <p>16 situation, when we're interacting with someone,</p> <p>17 we are determining whether they're being</p> <p>18 truthful with us or not. That is an important</p> <p>19 consideration, whether it be an expert witness</p> <p>20 review -- interview rather -- whether it be</p> <p>21 psychological interrogation or investigation, or</p> <p>22 whether it be any interaction between two human</p> <p>23 beings.</p> <p>24 BY MR. BARDEN:</p> <p>25 Q. What was the methodology you used in</p>

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1 your assessment of the plaintiff indicating that
 2 you'd found him to be truthful?
 3 MS. ALTMAN: Object to the form.
 4 **THE WITNESS:** The methodology I use is
 5 open-ended interviewing. And if I find any
 6 inconsistencies, we explore those together, and
 7 I will backtrack and investigate further. That
 8 did not happen in these three interviews.
 9 BY MR. BARDEN:
 10 Q. Isn't it, in fact, the case that
 11 decades of research has documented that the
 12 procedure that you just described is not valid
 13 nor reliable as a methodology for detecting
 14 truthfulness, based on verbal report?
 15 MS. ALTMAN: Object to the form.
 16 **THE WITNESS:** What I would say about
 17 that is that I believe there is controversy in
 18 the field of determining truthfulness in either
 19 a patient, client or plaintiff's reporting. And
 20 there is a whole other body of evidence which
 21 says that the reporting can be quite reliable
 22 and quite valid, and that there are ways to
 23 determine if it's so.
 24 BY MR. BARDEN:
 25 Q. But you have no peer-reviewed citations

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1 to support that opinion at all, correct?
 2 MS. ALTMAN: Object to the form.
 3 **THE WITNESS:** So what I would say is
 4 what I said before, that I cannot give you a
 5 specific citation, but I can give you the body
 6 of knowledge in which this can be found, is,
 7 among others, psychoanalytic reports of
 8 assessing forthrightness versus defensiveness or
 9 inaccuracies in interviewing.
 10 BY MR. BARDEN:
 11 Q. And you failed to report the
 12 controversy to the Court in your report,
 13 correct?
 14 MS. ALTMAN: Object to the form.
 15 **THE WITNESS:** I would say that I didn't
 16 fail to; I saw no need to.
 17 BY MR. BARDEN:
 18 Q. So now, you've said that you
 19 assessed -- "it was not my assessment of this
 20 plaintiff that the plaintiff was untruthful."
 21 And the question is, are you claiming
 22 to be a human lie detector?
 23 MS. ALTMAN: Object to the form.
 24 **THE WITNESS:** I am not claiming to be a
 25 human lie detector. I'm claiming to be a

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1 clinical psychologist with 30 years of
 2 experience in which every day part of my work is
 3 both pursuing, investigating, analyzing, and
 4 observing the authenticity of a statement of a
 5 patient's or a client's or of plaintiff's
 6 verbalizations to me.
 7 BY MR. BARDEN:
 8 Q. And in this case, you had three whole
 9 hours over the Internet of interaction with the
 10 plaintiff, correct?
 11 **A. I had three hours of interviewing of
 12 the plaintiff.**
 13 Q. So what is the error rate for your
 14 therapy lie-detection procedure that you've
 15 described to us on the record?
 16 MS. ALTMAN: Object to the form.
 17 **THE WITNESS:** I would say that, in
 18 terms of evaluation of my own clinical practice,
 19 the error rate is quite low.
 20 BY MR. BARDEN:
 21 Q. But you have no way, whatsoever, of
 22 validly and reliably assessing that; isn't that
 23 correct?
 24 MS. ALTMAN: Object to the form.
 25 **THE WITNESS:** Let us say that I have

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1 never done a data collection on my own practice.
 2 BY MR. BARDEN:
 3 Q. And you didn't disclose that limitation
 4 to the Court either, did you?
 5 **A. No, I did not. And I did not, because
 6 I really -- I don't accept the research around
 7 inability to ascertain the truthfulness of
 8 somebody you're talking to, and it was my
 9 estimation that this was a very forthright and
 10 honest set of three, three-hour (sic)
 11 interviews.**
 12 Q. But on this record, you have no
 13 evidence for that, whatsoever, other than your
 14 own ipse dixit; isn't that correct?
 15 MS. ALTMAN: Object to the form.
 16 **THE WITNESS:** It is based on my own
 17 observation of the plaintiff's truthfulness.
 18 MR. BARDEN: I think we should take a
 19 five-minute break.
 20 **THE VIDEOGRAPHER:** We're going off the
 21 record at 2:11.
 22 (Recess taken.)
 23 **THE VIDEOGRAPHER:** We're back on the
 24 record.
 25 The time is 2:22.

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1 MR. BARDEN: So we're back on the record.
 2 BY MR. BARDEN:
 3 Q. If you could identify this new
 4 document, Doctor.
 5 **A. The document in front of me is Rebuttal**
 6 **Expert Report of Diane Ehrensaft, Drew Adams and**
 7 **Erica Adams Kasper, Plaintiff, v. The School**
 8 **Board of St. Johns County, Florida, Defendants.**
 9 Q. So this is your rebuttal report,
 10 correct?
 11 **A. That is correct.**
 12 Q. Okay. So you can go to page 16,
 13 paragraph 35.
 14 THE REPORTER: Do you want me to mark
 15 it first?
 16 MR. BARDEN: Oh, sorry.
 17 (Defendant's Exhibit No. 5 marked for
 18 identification.)
 19 **THE WITNESS: And did you say 35, page**
 20 **16?**
 21 MR. BARDEN: Yes, paragraph 35.
 22 **THE WITNESS: Right, 35.**
 23 BY MR. BARDEN:
 24 Q. Page 16, paragraph 35.
 25 **A. Okay.**

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1 Q. "Perhaps of most significance is that
 2 no major health organization, including The
 3 American Psychological Association, the World
 4 Professional Organization for Transgender
 5 Health, and the Endocrine Society, presently
 6 recognizes transgender identity as a disorder to
 7 be cured," unquote.
 8 Did you write that?
 9 **A. Yes, I wrote that.**
 10 Q. Okay. And so what's the largest health
 11 organization in the world, by far?
 12 **A. I would guess that the largest would be**
 13 **the World Health Organization.**
 14 Q. And how many countries are in the World
 15 Health Organization?
 16 **A. I do not know the answer to that.**
 17 Q. Would you have any doubt -- any reason
 18 to doubt that it's over 180?
 19 MS. ALTMAN: Object to the form.
 20 **THE WITNESS: I would know no reason --**
 21 BY MR. BARDEN:
 22 Q. I'm sorry. 61 countries.
 23 Does that sound right?
 24 MS. ALTMAN: Object to the form.
 25 **THE WITNESS: I --**

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1 MS. ALTMAN: Can we just -- actually,
 2 can you just ask the question again because now
 3 it's a bungle.
 4 MR. BARDEN: You're right. It was
 5 definitely a bungle.
 6 **THE WITNESS: Okay.**
 7 BY MR. BARDEN:
 8 Q. Do you have any reason to doubt that
 9 the World Health Organization began with 61
 10 countries but currently has over 190 member
 11 states?
 12 MS. ALTMAN: Object to the form.
 13 **THE WITNESS: Since I don't know the**
 14 **actual statistics, I would have no reason to**
 15 **doubt it, but no reason to confirm it, without**
 16 **having that knowledge or information.**
 17 BY MR. BARDEN:
 18 Q. So are you familiar with their
 19 publication The International Classification of
 20 Diseases?
 21 **A. I am familiar because I have been**
 22 **involved in preparing for the ICD-11.**
 23 Q. But the ICD-10 is currently still in
 24 place, is it not?
 25 **A. It is still in place now.**

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1 Q. And it still lists transgender as a
 2 mental disorder; isn't that correct?
 3 MS. ALTMAN: Object to the form.
 4 **THE WITNESS: I do not understand that**
 5 **it lists it as a mental disorder. It lists it**
 6 **in the chapter on mental health diagnoses, and**
 7 **there is a move to move it out of that chapter**
 8 **for the ICD-11.**
 9 BY MR. BARDEN:
 10 Q. And the attempt to move it out is
 11 because it's still listed as a mental disorder;
 12 isn't that correct?
 13 MS. ALTMAN: Object to the form.
 14 **THE WITNESS: The intent to move it out**
 15 **is because, given the perception that gender**
 16 **variations are not abnormalities, that it would**
 17 **best be in another chapter that does not have to**
 18 **do with mental illness.**
 19 BY MR. BARDEN:
 20 Q. Because it lists it as a mental
 21 abnormality; isn't that correct?
 22 MS. ALTMAN: Object to the form.
 23 **THE WITNESS: It lists it -- in the**
 24 **present manual, it lists it as a mental health**
 25 **diagnosis.**

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1 BY MR. BARDEN:
 2 Q. But you failed to disclose that in your
 3 paragraph, didn't you?
 4 MS. ALTMAN: Object to the form.
 5 **THE WITNESS: I failed to disclose it**
 6 **because I don't think it's accurate, having been**
 7 **working with the World Professional -- I mean,**
 8 **with the World Health Organization, in terms of**
 9 **their present stance, regardless of what is in**
 10 **the ICD-10 and in terms of the field studies**
 11 **they are doing right now.**
 12 BY MR. BARDEN:
 13 Q. And that's your feeling.
 14 But it's still listed in ICD-10 as a
 15 mental disorder, correct?
 16 MS. ALTMAN: Object to the form.
 17 **THE WITNESS: I would say it's not a**
 18 **feeling. It is an observation that, at this**
 19 **point, the World Health Organization is not in**
 20 **concordance with the ICD-10, as it stands now,**
 21 **and they're making efforts to change it.**
 22 BY MR. BARDEN:
 23 Q. Did you even mention the World Health
 24 Organization in your paragraph 35, page 16?
 25 MS. ALTMAN: Object to the form.

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1 **THE WITNESS: I think that you can read**
 2 **for yourself that it's not listed there and that**
 3 **I didn't list all of them, but I said**
 4 **"including."**
 5 BY MR. BARDEN:
 6 Q. Could that be considered manipulative
 7 that the largest of all health organizations was
 8 not even mentioned in a paragraph where you
 9 claim that no major health organization
 10 recognizes transgender identity as a disorder?
 11 MS. ALTMAN: Object to the form.
 12 **THE WITNESS: If one wanted to perceive**
 13 **it as manipulative, they could, but it was not.**
 14 BY MR. BARDEN:
 15 Q. So let's go --
 16 MR. BARDEN: Are you ready for this
 17 one?
 18 MR. HARMON: Yes.
 19 MR. BARDEN: Okay.
 20 MS. ALTMAN: Are we done with 5, or no?
 21 MR. BARDEN: I think so.
 22 MS. ALTMAN: All right.
 23 MR. BARDEN: Okay. Ready?
 24 Doctor, if you can identify the
 25 document you have there, and then we'll mark it

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1 as Exhibit 6.
 2 (Defendant's Exhibit No. 6 marked for
 3 identification.)
 4 THE REPORTER: It was marked already.
 5 **THE WITNESS: This document is "Gender**
 6 **nonconforming youth: current perspectives,"**
 7 **Diane Ehrensaft, published in Adolescent Health**
 8 **and Medical Therapy.**
 9 BY MR. BARDEN:
 10 Q. So this is --
 11 **A. Medicine and Therapeutics. I'm sorry.**
 12 Q. So this is an article that you wrote,
 13 correct?
 14 **A. This is an article that I wrote.**
 15 Q. Came out in 2017, correct?
 16 **A. That is correct.**
 17 Q. Now, this article does not have a
 18 "Methods" section, does it?
 19 **A. This article does not have a "Methods"**
 20 **section.**
 21 Q. It doesn't have a "Data" section, does
 22 it?
 23 **A. This article does not have a "Data"**
 24 **section.**
 25 Q. Because it's a review article; it's not

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1 a science experiment article, correct?
 2 **A. That is correct.**
 3 MS. ALTMAN: Object to the form.
 4 BY MR. BARDEN:
 5 Q. I'm sorry. You said --
 6 **A. I'm sorry. Could you ask your question**
 7 **again.**
 8 Q. Yeah.
 9 **A. There was too much going on.**
 10 Q. This is not -- it's not a science
 11 article, it's a review article.
 12 MS. ALTMAN: Object to the form.
 13 **THE WITNESS: Again, what do you mean**
 14 **by "science" versus "review"?**
 15 BY MR. BARDEN:
 16 Q. It's not an experimental study, it's a
 17 review article, correct?
 18 MS. ALTMAN: Object to the form.
 19 **THE WITNESS: I would say that this is**
 20 **not a report of a research study.**
 21 BY MR. BARDEN:
 22 Q. Okay. So looking at page --
 23 MS. ALTMAN: They're in the bottom
 24 right.
 25 MR. BARDEN: 7 of 14. Thank you.

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1 MS. ALTMAN: You're welcome.
 2 MR. BARDEN: It's a small number.
 3 MS. ALTMAN: It is.
 4 BY MR. BARDEN:
 5 Q. Page 7 of 14, right in the middle of
 6 the page almost, do you see where it says, "In
 7 the most recent review"? Do you see that?
 8 MS. ALTMAN: Just give us a second to
 9 get --
 10 **THE WITNESS: And it's right in the**
 11 **middle of the page?**
 12 BY MR. BARDEN:
 13 Q. Right (indicating).
 14 **A. "In the most recent review of these**
 15 **studies," yes.**
 16 Q. Okay. Quote, "In the most recent
 17 review of these studies, it was found that 63%
 18 of the children seeking services at a gender
 19 clinic at a young age, and diagnosed with gender
 20 dysphoria, no longer had that diagnosis at
 21 puberty," unquote.
 22 Did you write that?
 23 **A. Yes, I wrote that.**
 24 Q. And that's a fairly consistent finding,
 25 correct, that most of the young children who are

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1 diagnosed as gender dysphoric lose that
 2 diagnosis as they grow up?
 3 MS. ALTMAN: Object to the form.
 4 **THE WITNESS: That is the reported**
 5 **findings in these studies.**
 6 BY MR. BARDEN:
 7 Q. Next page, 8 of 47 -- I'm sorry, 8 of
 8 14.
 9 It says, quote, "The gender affirmative
 10 model is defined as a method of therapeutic care
 11 that includes allowing children to speak for
 12 themselves about their self-experienced gender
 13 identity and expressions and providing support
 14 for them to evolve into their authentic gender
 15 selves, no matter at what age," unquote.
 16 Did you write that?
 17 **A. Yes, I wrote that.**
 18 Q. So, since the majority of young
 19 children who have gender dysphoria grow out of
 20 it, does it make any sense to talk about their
 21 authentic gender selves, when that appears to
 22 change over time?
 23 MS. ALTMAN: Object to the form.
 24 **THE WITNESS: What I will answer is**
 25 **this: The problem with those studies is that**

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1 they're based on a measure of gender dysphoria,
 2 not on a measure of gender identity or gender
 3 expressions, which would be the most appropriate
 4 measures to determine who, no matter what their
 5 age, is stable in their gender identity and what
 6 that gender identity is. "Gender dysphoria" is
 7 an umbrella term and it covers several groups of
 8 children. And, actually, the diagnosis used in
 9 most of these studies was not gender dysphoria
 10 but gender identity disorder, because that's
 11 when the studies were conducted, when that was
 12 still the DSM-IV.
 13 So I think it is an inappropriate
 14 reading of the data to say that because their
 15 findings were 63 percent of the people with
 16 gender dysphoria will not have that diagnosis by
 17 puberty, that a young child can't know their
 18 authentic gender identity, which is different
 19 than gender expressions. And a good number of
 20 those -- that 63 percent were children who were
 21 grappling with their gender expressions, and a
 22 good number of those children by adolescence
 23 come out as gay or lesbian.
 24 BY MR. BARDEN:
 25 Q. So look at page 10 of 14, the first

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1 complete paragraph.
 2 MS. ALTMAN: Give us a second.
 3 Okay.
 4 BY MR. BARDEN:
 5 Q. Quote, "The gender affirmative model is
 6 questioned by some on the basis of the lack of
 7 evidence-based data that indicates that young
 8 children can reliably communicate and have
 9 self-knowledge of a transgender identity or
 10 benefit from a social transition," unquote.
 11 Did you write that?
 12 **A. Yes, I wrote that.**
 13 Q. Did you disclose that to the Court in
 14 your report in this case?
 15 MS. ALTMAN: Object to the form.
 16 **THE WITNESS: This is not disclosed in**
 17 **the report in this case.**
 18 BY MR. BARDEN:
 19 Q. Next -- I'm sorry. It's just a "yes"
 20 or "no" answer.
 21 MS. ALTMAN: I believe you -- I believe
 22 you --
 23 BY MR. BARDEN:
 24 Q. Go ahead and finish.
 25 MS. ALTMAN: -- interrupted the

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1 witness. Please allow her to finish her answer.
 2 Thank you.
 3 Do you know where you were?
 4 **THE WITNESS: Yeah, let me just --**
 5 **Yes. Yes, I did not disclose this. In**
 6 **this case, the issue at hand is, we have a**
 7 **transgender youth. There isn't a question of**
 8 **whether this is a transgender youth, and I think**
 9 **the matter at hand is, what should happen with**
 10 **this transgender youth.**
 11 BY MR. BARDEN:
 12 Q. So this is about the gender affirmative
 13 model, correct?
 14 **A. This article is describing the**
 15 **different models of care and this paragraph is**
 16 **addressing the gender affirmative model.**
 17 Q. And that some people think there's a
 18 lack of evidence-based data that young children
 19 can reliably communicate and have self-knowledge
 20 of transgender identity or benefit from a social
 21 transition, correct?
 22 **A. That is correct.**
 23 Q. Next sentence, quote, "There's also
 24 concern that the model of listening to the
 25 children puts too much weight on a child's

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1 self-report. This is a valid concern," unquote.
 2 Did you write that?
 3 **A. Yes, I wrote that.**
 4 Q. Did you disclose that limitation to
 5 the -- to the Court in your report?
 6 MS. ALTMAN: Object to the form.
 7 **THE WITNESS: I did not disclose that**
 8 **limitation because the matter at hand was an**
 9 **adolescent, not a young child.**
 10 BY MR. BARDEN:
 11 Q. You talk a lot about other age groups
 12 than adolescents in your report to the Court, do
 13 you not?
 14 **A. I do. But in terms of the matter at**
 15 **hand, it was an adolescent; in terms of whether**
 16 **this particular concern would be valid, in terms**
 17 **of a young child.**
 18 Q. Next, in the very middle of the page on
 19 11/14.
 20 **A. 11/14.**
 21 Q. 11/14, right in the middle of the page.
 22 MS. ALTMAN: Can you tell us the first
 23 couple of words so we can find it?
 24 MR. BARDEN: "Although advances are
 25 being made."

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1 MS. ALTMAN: Okay. Got it.
 2 MR. BARDEN: Everybody have that?
 3 Quote, "Although" --
 4 MS. ALTMAN: Do you have it?
 5 **THE WITNESS: Uh-huh, I do.**
 6 BY MR. BARDEN:
 7 Q. "Although advances are being made in
 8 reproductive medicine to preserve immature
 9 gametes or reproductive tissues for later
 10 reproduction, at this point in history a child
 11 who begins puberty blockers at Tanner Stage 2
 12 and proceeds directly to cross-sex hormones will
 13 be rendered infertile," period, end quote.
 14 Did you write that?
 15 **A. Yes, I wrote that.**
 16 Q. Did you disclose that in your report to
 17 the Court?
 18 MS. ALTMAN: Object to the form.
 19 **THE WITNESS: No, I did not because we**
 20 **were not discussing fertility issues in this**
 21 **report.**
 22 BY MR. BARDEN:
 23 Q. Next, page 12 of 14.
 24 "Conclusion." Quote, "In the course of
 25 only two decades, sophisticated models for the

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1 care of gender nonconforming and transgender
 2 youth have evolved. There is an urgent need to
 3 provide more research data documenting the
 4 efficacy of these different programs, but the
 5 recent findings of the Amsterdam group provide
 6 hope that the care, particularly within the
 7 watchful waiting and gender affirmative models,
 8 is promoting gender health," period, unquote.
 9 Did you write that?
 10 **A. Yes, I wrote that.**
 11 Q. Did you disclose to the Court that
 12 there is a, quote, "urgent need to provide more
 13 research data documenting the efficacy of these
 14 different programs"?
 15 **A. No, that is not in my report.**
 16 Q. So it says, "The recent findings of the
 17 Amsterdam group provide hope."
 18 Is it your understanding that the only
 19 findings of this type have been done in
 20 Amsterdam?
 21 MS. ALTMAN: Object to the form.
 22 **THE WITNESS: No, it is not my**
 23 **understanding that they are the only ones. The**
 24 **reason I --**
 25 BY MR. BARDEN:

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1 Q. Can you cite for me --

2 **A. I'm sorry.**

3 MS. ALTMAN: Are you done with your

4 answer?

5 **THE WITNESS: No, I'm not.**

6 MS. ALTMAN: Okay.

7 **THE WITNESS: And I chose these**

8 **sentences because I wanted to use the quote from**

9 **their article.**

10 BY MR. BARDEN:

11 Q. Can you give me a peer-reviewed cite of

12 any other study that is outside of the Amsterdam

13 group, a treatment outcome study, showing the

14 safety and effectiveness of these treatment

15 programs?

16 **A. Yes. Norman Spack's research.**

17 Q. How do you spell that?

18 **A. S-p-a-c-k.**

19 Q. Okay.

20 **A. At the GeMS Program at Boston**

21 **Children's Hospital.**

22 Q. And --

23 **A. Norm has now stepped down from the**

24 **program, but Norman and associates also study**

25 **outcomes at their clinic.**

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1 Q. And what's the citation, the year and

2 the journal?

3 **A. I can't give you that, but it would be**

4 **-- Spack would be the first author to that.**

5 Q. And what is the error rate of their

6 treatment program?

7 MS. ALTMAN: Object to the form. And

8 you guys are starting to speak over each other,

9 so if you can just take a breath, let him get

10 his question out. He's doing the same. So just

11 let her finish her answers.

12 And object to the form.

13 MR. BARDEN: Do you ever feel like a

14 traffic cop?

15 MS. ALTMAN: Mostly in my house. With

16 two children, I feel a lot like -- I don't have

17 the ability to lock them up the way --

18 MR. BARDEN: It's good practice.

19 BY MR. BARDEN:

20 Q. So --

21 **A. Could you repeat -- could I hear that**

22 **question, again.**

23 Q. I'm looking for a citation and an error

24 rate for the Spack study at Boston Children's,

25 which you say tested treatment outcome study for

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1 these methods, that is, the citation and an

2 error rate.

3 **A. And to the best of my recollection,**

4 **there was a zero error rate in that study.**

5 MS. ALTMAN: Are we done with 6?

6 MR. BARDEN: I think so.

7 MS. ALTMAN: Okay.

8 MR. HARMON: It's just two pages.

9 MR. BARDEN: Yes, it's just two pages.

10 BY MR. BARDEN:

11 Q. Okay. If you can identify this for the

12 record, and then we'll mark as it Exhibit 7.

13 (Defendant's Exhibit No. 7 marked for

14 identification.)

15 MR. BARDEN: How long have we been on,

16 do you know? How long have we been --

17 THE VIDEOGRAPHER: From the last break?

18 MR. BARDEN: From the very beginning.

19 It's been like four and half hours, something,

20 total?

21 MS. ALTMAN: We started about 9:10, so

22 if you deduct an hour, so figure we started

23 around 10:10.

24 MR. HARMON: She's got it.

25 MS. ALTMAN: Oh, you do. Okay.

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1 MR. BARDEN: It doesn't have to be

2 exact.

3 THE VIDEOGRAPHER: An hour and a half,

4 plus an hour, is two and a half, plus another

5 hour and 21 minutes.

6 MR. BARDEN: Oh, we're in good shape.

7 Okay. Thank you.

8 BY MR. BARDEN:

9 Q. Could you identify this for us?

10 **A. This is an article written by myself**

11 **and Dan Karasic, called "We Must Put an End to**

12 **Gender Conversion Therapy for Kids," and it was**

13 **published in Wired Magazine online.**

14 MS. ALTMAN: I'm sorry. Let me stop

15 you for a minute.

16 Mine's cut off. I just can't tell if

17 the top line is cut off.

18 **THE WITNESS: Yeah, I don't have it**

19 **either.**

20 MS. ALTMAN: So I think we may have a

21 copy that's missing a line, but I can't tell,

22 unless -- can you take a look this with your

23 second page?

24 MR. HARMON: It's the same.

25 MR. BARDEN: I have exactly the same

<p style="text-align: right;">Page 202</p> <p>1 thing.</p> <p>2 MS. ALTMAN: Okay. So I just can't</p> <p>3 tell, just for the record, whether there's</p> <p>4 something missing or not.</p> <p>5 BY MR. BARDEN:</p> <p>6 Q. Is that this whole article, these two</p> <p>7 pages?</p> <p>8 A. I don't think so.</p> <p>9 Q. That's all that's on the Internet.</p> <p>10 A. Yeah. Well, you know, it happens on</p> <p>11 the Internet all the time. It's 2015.</p> <p>12 Q. Do you have a --</p> <p>13 MS. ALTMAN: Well, it says 2 of 8 on</p> <p>14 the bottom.</p> <p>15 MR. BARDEN: Okay.</p> <p>16 MS. ALTMAN: 1 of 8, 2 of 8.</p> <p>17 MR. BARDEN: Okay.</p> <p>18 MS. ALTMAN: So it looks like six pages</p> <p>19 maybe are missing.</p> <p>20 MR. BARDEN: Do you think you'd be able</p> <p>21 to come up with it?</p> <p>22 All right. He's going to search for</p> <p>23 that while we talk about something else.</p> <p>24 MS. ALTMAN: Okay.</p> <p>25 BY MR. BARDEN:</p>	<p style="text-align: right;">Page 204</p> <p>1 go.</p> <p>2 MR. BARDEN: The old sideways trick.</p> <p>3 (Defendant's Exhibit No. 8 marked for</p> <p>4 identification.)</p> <p>5 BY MR. BARDEN:</p> <p>6 Q. I'll show you what's been marked as</p> <p>7 Exhibit 8, an article, "Expertise in</p> <p>8 Psychotherapy, an Elusive Goal?" question mark,</p> <p>9 by Tracey, T-r-a-c-e-y, et al., American</p> <p>10 Psychologist, April 2014, Volume 69, No. 3, 218</p> <p>11 through 229.</p> <p>12 So my question: Are you familiar with</p> <p>13 the journal American Psychologist?</p> <p>14 A. I am familiar with the journal American</p> <p>15 Psychologist.</p> <p>16 MS. ALTMAN: And just for the record, I</p> <p>17 just want to -- there's some writing on here --</p> <p>18 MR. BARDEN: Yes.</p> <p>19 MS. ALTMAN: -- or that's the way the</p> <p>20 article is.</p> <p>21 MR. BARDEN: Yes.</p> <p>22 MS. ALTMAN: But I just wanted the</p> <p>23 record to reflect if it is, in fact, your</p> <p>24 writing.</p> <p>25 MR. BARDEN: Let me just mention that.</p>
<p style="text-align: right;">Page 203</p> <p>1 Q. So this is an article that you wrote in</p> <p>2 Wired Magazine, correct?</p> <p>3 A. That is correct.</p> <p>4 Q. And there'd be no --</p> <p>5 A. Co-wrote.</p> <p>6 Q. There's not a "Method" section in this,</p> <p>7 correct?</p> <p>8 A. No. As you see on the top, it says</p> <p>9 "Opinion."</p> <p>10 Q. And there's no "Data Analysis,"</p> <p>11 correct?</p> <p>12 A. That is correct.</p> <p>13 Q. This is an opinion piece, correct?</p> <p>14 A. That is correct.</p> <p>15 MR. BARDEN: Let's do just this one.</p> <p>16 MR. HARMON: This one?</p> <p>17 MR. BARDEN: No, not yet.</p> <p>18 MS. ALTMAN: So put 7 aside for a</p> <p>19 minute?</p> <p>20 MR. BARDEN: Yes --</p> <p>21 MS. ALTMAN: Okay.</p> <p>22 MR. BARDEN: -- until we can figure out</p> <p>23 where the missing pages are.</p> <p>24 MS. ALTMAN: Maybe just turn it</p> <p>25 sideways because we'll go back to it. There you</p>	<p style="text-align: right;">Page 205</p> <p>1 So there is writing on this article and</p> <p>2 it's my writing. Okay?</p> <p>3 BY MR. BARDEN:</p> <p>4 Q. So you are familiar with the journal</p> <p>5 American Psychologist, correct?</p> <p>6 A. I am familiar with the journal.</p> <p>7 Q. Is it, if not one of, the most read</p> <p>8 article in the field of psychology, the journal?</p> <p>9 MS. ALTMAN: Object to the form.</p> <p>10 THE WITNESS: I can't answer that</p> <p>11 question. I don't know the statistics on how</p> <p>12 many people are reading which journals.</p> <p>13 BY MR. BARDEN:</p> <p>14 Q. Is it considered a credible journal?</p> <p>15 A. It is considered a credible journal.</p> <p>16 Q. Okay. So let's look -- I'm just going</p> <p>17 to read some portions of this and then ask you</p> <p>18 your opinions about that.</p> <p>19 MS. ALTMAN: Okay. And if you could</p> <p>20 please just wait till he gets his full question</p> <p>21 out. Thanks.</p> <p>22 BY MR. BARDEN:</p> <p>23 Q. Ask it in the abstract.</p> <p>24 Quote, "It has been argued that</p> <p>25 psychotherapy is a profession without any</p>

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1 expertise. We examine the validity of this
 2 claim, reviewing the literature on expertise,
 3 clinical decision making and psychotherapeutic
 4 outcome assessment, and find it a reasonable
 5 assessment. There is no demonstration of
 6 accuracy and skill that is associated with
 7 experience as a therapist."
 8 Do you agree with that?
 9 **A. No, I don't.**
 10 Q. Can you give me a peer-reviewed,
 11 published citation for an article supporting
 12 your position on that question?
 13 MS. ALTMAN: Object to the form.
 14 **THE WITNESS: What I would like to**
 15 **refer people to is not a cited article, but it**
 16 **has been longitudinally researched by the**
 17 **Control Mastery group in San Francisco that**
 18 **looks at both therapeutic outcomes and**
 19 **therapeutic process.**
 20 MR. BARDEN: Move to strike as nonresponsive.
 21 BY MR. BARDEN:
 22 Q. Do you have a journal article citation
 23 that you can give me, peer-reviewed, to support
 24 your position on this issue?
 25 MS. ALTMAN: Object to the form.

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1 **THE WITNESS: I do not have a cited**
 2 **peer-reviewed article, but we refer to this**
 3 **group --**
 4 BY MR. BARDEN:
 5 Q. Next question.
 6 Quote --
 7 MS. ALTMAN: Were you done with your
 8 answer?
 9 **THE WITNESS: To -- no.**
 10 BY MR. BARDEN:
 11 Q. Oh.
 12 **A. Refer to this group, in terms of their**
 13 **published research in peer-reviewed journals.**
 14 Q. Do you have a citation?
 15 **A. I don't have it now. I can get**
 16 **citations on that.**
 17 Q. Okay. Thank you.
 18 Quote, "We posit that this absence of
 19 an expertise-experience relation" --
 20 **A. Can I stop you? I don't know where**
 21 **you're reading. Could you just --**
 22 Q. I'm just continuing from where we left
 23 off.
 24 **A. Okay.**
 25 Q. Quote, "We posit that this absence of

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1 an expert-experience relation is attributable to
 2 therapists' lack of access to quality outcome
 3 information regarding their interventions and an
 4 overreliance on fallible information-processing
 5 strategies even when such outcome information is
 6 available."
 7 Do you agree with that?
 8 **A. I don't agree with that positing, no.**
 9 Q. Can you give me a peer-reviewed journal
 10 citation to support your position on that issue?
 11 MS. ALTMAN: Object to the form.
 12 **THE WITNESS: I will not be able to**
 13 **give you the peer citing -- the peer-reviewed**
 14 **article, but I can get that for you. And this**
 15 **was an outcome study done in the organization I**
 16 **work with called A Home Within, where we looked**
 17 **at process and outcome data for foster children**
 18 **who were treated within our program.**
 19 BY MR. BARDEN:
 20 Q. And where was that published?
 21 **A. That's the information I would have to**
 22 **get to you, both the citation, year, and place**
 23 **of publication.**
 24 Q. Is it, in fact, well-known and
 25 well-documented in psychology that sitting in a

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1 room chatting with people is a very unreliable
 2 way to gather information?
 3 MS. ALTMAN: Object to the form.
 4 **THE WITNESS: I would answer that --**
 5 **the answer is no, it is not well-known, and it**
 6 **really depends on what kind of information you**
 7 **are referring to. And I would not be able to**
 8 **answer that question without more information.**
 9 BY MR. BARDEN:
 10 Q. So going back to that first question
 11 there, that psychotherapy is a profession
 12 without any expertise.
 13 Did you inform the Court on this
 14 limitation on your methodology in this case?
 15 MS. ALTMAN: Object to the form.
 16 **THE WITNESS: I did not inform the**
 17 **Court, because the first sentence says, "It has**
 18 **been argued that psychotherapy is a profession**
 19 **without any expertise." I would not agree with**
 20 **that statement, so I would probably argue**
 21 **against it.**
 22 BY MR. BARDEN:
 23 Q. And they also say, and they "find this
 24 a reasonable assessment."
 25 Did you report this limitation on your

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1 methodology to the Court?
 2 MS. ALTMAN: Object to the form.
 3 THE WITNESS: No, I did not report this
 4 limitation because I have not read this article
 5 yet, but I would, from the abstract, not support
 6 these statements.
 7 BY MR. BARDEN:
 8 Q. It also says, quote, "There is no
 9 demonstration of accuracy and skill that is
 10 associated with experience as a therapist."
 11 Did you report that limitation to the
 12 Court?
 13 MS. ALTMAN: Object to the form.
 14 THE WITNESS: No, I did not report that
 15 limitation because, quite frankly, I'm having
 16 trouble with the overstatement of this sentence.
 17 BY MR. BARDEN:
 18 Q. At the bottom of 218 on the left on the
 19 bottom, quote, "In a review of expertise across
 20 professions, Shanteau identified several
 21 professions in which practitioners develop
 22 expertise, which he defined as increased quality
 23 of performance that is gained with additional
 24 experience. These professions, which
 25 demonstrate there is a relation between

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1 experience and professional skill, include
 2 astronomers, test pilots, chess masters,
 3 mathematicians, accountants, and insurance
 4 analysts. Shanteau also identified several
 5 professions for which expertise was not
 6 demonstrated, including psychiatrists, college
 7 admissions officers, court judges, personnel
 8 selectors, as well as clinical psychologists.
 9 He attributed the differences between the two
 10 types of professions to the predictability of
 11 their outcomes and the availability of quality
 12 feedback," end quote.
 13 Do you agree with that statement?
 14 A. I cannot agree with that statement. I
 15 would need to know the methodology used here. I
 16 would need to know what outcomes they're
 17 speaking of, how they're measured, before I
 18 could make sense of this reported data.
 19 Q. Can you cite for me any peer-reviewed,
 20 published research that supports your
 21 disagreement with this statement?
 22 A. Again, as I said to you before, I
 23 cannot give you right now the exact citations of
 24 the studies done by the Control Mastery group in
 25 San Francisco, which addresses this issue.

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1 And I would also like to say that, in
 2 addition to what's reported here, and I don't
 3 know what the methodology is, as someone who has
 4 trained clinical psychologists for 30 years,
 5 there seems to be some evidence of increase in
 6 professional skill, as well as expertise, over
 7 time.
 8 Q. But you have no peer-reviewed cited
 9 research to support that opinion at all, it's
 10 just your ipse dixit, correct?
 11 MS. ALTMAN: Object to the form.
 12 THE WITNESS: I have none that I can
 13 provide you with at this time.
 14 BY MR. BARDEN:
 15 Q. And you failed to report this
 16 distinction between professions with and without
 17 expertise to the Court, correct?
 18 A. I --
 19 MS. ALTMAN: Object to the form.
 20 THE WITNESS: I definitely did not
 21 report this.
 22 BY MR. BARDEN:
 23 Q. Next, quote, "We argue that the tasks
 24 of psychotherapy make it difficult to obtain
 25 quality feedback about past actions, which in

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1 turn, makes it difficult to develop expertise,"
 2 end quote.
 3 Do you agree with that?
 4 A. I do not agree with that statement.
 5 Q. Isn't it, in fact, the case that
 6 psychologists are aware that learning requires
 7 accurate feedback and that sitting in a room
 8 talking to people does not provide accurate
 9 feedback?
 10 MS. ALTMAN: Object to the form.
 11 THE WITNESS: I would say on two
 12 counts, yes, there is a feedback that can come
 13 from sitting in a room with a person. And,
 14 indeed, there are some therapists who,
 15 consistently after each session, have a rating
 16 scale and a feedback form for a patient or
 17 client to fill out, in terms of feedback about
 18 their performance.
 19 We also have measures of observing
 20 patients during psychotherapy. We have
 21 supervision in which therapists are to bring
 22 either audio or videorecordings of their therapy
 23 sessions or detailed process notes in which
 24 there is training, skill development, and
 25 increase in expertise.

<p style="text-align: right;">Page 214</p> <p>1 BY MR. BARDEN:</p> <p>2 Q. Do you have any peer-reviewed,</p> <p>3 published journal study to support your opinion</p> <p>4 on that issue, or is it just your ipse dixit?</p> <p>5 MS. ALTMAN: Object to the form.</p> <p>6 THE WITNESS: I will repeat what I said</p> <p>7 before, that, yes, it is my observation and</p> <p>8 experience, as a clinical psychologist who does</p> <p>9 training and supervision, and I cannot provide</p> <p>10 you with a specific peer-reviewed article, as</p> <p>11 this is not an area that I investigate</p> <p>12 regularly.</p> <p>13 BY MR. BARDEN:</p> <p>14 Q. Let's go to the next page, 219, at the</p> <p>15 bottom right.</p> <p>16 Quote, "As reasonable as this</p> <p>17 definition might be, the literature on</p> <p>18 experience fails to demonstrate that more</p> <p>19 experienced therapists are more effective than</p> <p>20 less experienced therapists," unquote.</p> <p>21 Do you agree with that?</p> <p>22 A. I do not agree with that. What -- I do</p> <p>23 not agree with the statement that more</p> <p>24 experienced therapists are not more effective</p> <p>25 than less experienced therapists.</p>	<p style="text-align: right;">Page 216</p> <p>1 Q. It's on page -- continuing on page 220.</p> <p>2 "Indeed, naturalistic studies have</p> <p>3 found that trainees attain client outcome</p> <p>4 similar to those of licensed professionals."</p> <p>5 Do you agree with that?</p> <p>6 A. I do not agree with that statement.</p> <p>7 And, again, I would like to know what measures</p> <p>8 were used to measure client outcome.</p> <p>9 Q. Have you read any of the peer-reviewed,</p> <p>10 published citation articles cited here for that</p> <p>11 statement?</p> <p>12 A. No, I have not.</p> <p>13 Q. Just to be clear, you did not inform</p> <p>14 the Court of research showing that more</p> <p>15 experienced therapists are not more effective</p> <p>16 than inexperienced ones, and you did not inform</p> <p>17 the Court that trainees attain client outcomes</p> <p>18 similar to licensed professionals in the mental</p> <p>19 health field, correct?</p> <p>20 MS. ALTMAN: Object to the form.</p> <p>21 THE WITNESS: That is correct that I</p> <p>22 did not inform the Court, based on my own</p> <p>23 contrary professional opinion.</p> <p>24 BY MR. BARDEN:</p> <p>25 Q. Let's go to page 221, upper right</p>
<p style="text-align: right;">Page 215</p> <p>1 Q. Do you have a peer-reviewed, published</p> <p>2 article to support your position on this issue?</p> <p>3 A. I do not have a peer-reviewed article.</p> <p>4 I will talk about other ways of knowing, which</p> <p>5 is years of experience and expertise in the</p> <p>6 field.</p> <p>7 Q. Do you have a peer-reviewed article to</p> <p>8 indicate that, quote, "years of knowing" is</p> <p>9 worth anything at all?</p> <p>10 MS. ALTMAN: Object to the form.</p> <p>11 THE WITNESS: As I said, this is not my</p> <p>12 area of investigation, of expertise, but I would</p> <p>13 again refer to the group in San Francisco who</p> <p>14 are doing this research.</p> <p>15 BY MR. BARDEN:</p> <p>16 Q. Have you read any of these</p> <p>17 peer-reviewed articles that are cited for this</p> <p>18 statement on page 219?</p> <p>19 A. Which statement are you referring to?</p> <p>20 Q. That "the literature on experience</p> <p>21 fails to demonstrate that more experienced</p> <p>22 therapists are more effective than less</p> <p>23 experienced therapists."</p> <p>24 A. I have not read the literature cited</p> <p>25 here.</p>	<p style="text-align: right;">Page 217</p> <p>1 corner, "Inaccuracy of Therapists'</p> <p>2 Self-Appraisals of Competence."</p> <p>3 "Clinicians have very unrealistic</p> <p>4 appraisals of their own competence," end quote.</p> <p>5 Do you agree with that?</p> <p>6 MS. ALTMAN: Just one second. I</p> <p>7 apologize.</p> <p>8 Where are you reading?</p> <p>9 MR. BARDEN: Page 221 --</p> <p>10 THE WITNESS: Right here (indicating).</p> <p>11 MS. ALTMAN: Right. I got that.</p> <p>12 MR. BARDEN: On the upper right side</p> <p>13 there, the bold, it says, "Inaccuracy."</p> <p>14 MS. ALTMAN: Okay. So you start --</p> <p>15 okay.</p> <p>16 MR. BARDEN: Yeah.</p> <p>17 MS. ALTMAN: Okay. I apologize.</p> <p>18 MR. BARDEN: That's okay. Let me read</p> <p>19 it again.</p> <p>20 BY MR. BARDEN:</p> <p>21 Q. Quote, "Inaccuracy of Therapists'</p> <p>22 Self-Appraisals of Competence." "Clinicians</p> <p>23 have very unrealistic appraisals of their own</p> <p>24 competence," unquote.</p> <p>25 Do you agree with that?</p>

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1 **A. I do not agree with that.**
 2 Q. Do you have a peer-reviewed, published
 3 article that supports your position on this
 4 issue?
 5 **A. I do not, and as I said -- the answer**
 6 **is no, but I'm calling on years of clinical**
 7 **observation and experience in training and,**
 8 **again, would refer you to the Control Mastery**
 9 **group for their outcome studies and also process**
 10 **studies.**
 11 Q. Your opinions in this case are an
 12 excellent example of what they're talking about
 13 with this research; isn't that correct?
 14 MS. ALTMAN: Object to the form.
 15 **THE WITNESS: I would say that's**
 16 **absolutely not correct.**
 17 BY MR. BARDEN:
 18 Q. If you look at the middle of this
 19 paragraph, quote, "Moreover, as Dawes pointed
 20 out, self-estimates of ability continue to grow
 21 with experience, even though actual ability does
 22 not," end quote.
 23 Do you agree with that?
 24 **A. I do not agree with that.**
 25 Q. You did not inform the Court of this

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1 issue, did you?
 2 MS. ALTMAN: Object to the form.
 3 **THE WITNESS: I did not inform the**
 4 **Court.**
 5 BY MR. BARDEN:
 6 Q. Next statement.
 7 Quote, "Such unwarranted growth in
 8 clinicians' confidence with experience has
 9 received substantial empirical documentation,"
 10 unquote.
 11 Do you agree with that?
 12 **A. I can't disagree or agree with that**
 13 **statement, in terms of substantial empirical**
 14 **documentation. I have not read this literature,**
 15 **so I cannot agree or disagree with this**
 16 **statement of substantial empirical**
 17 **documentation.**
 18 Q. And you did not inform the Court of
 19 this issue?
 20 **A. I did not inform the Court of this**
 21 **issue.**
 22 MR. BARDEN: Okay. Let's do this one.
 23 This will be No. 9.
 24 MS. ALTMAN: Are we done with this one?
 25 MR. BARDEN: I think so.

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1 MS. ALTMAN: Okay.
 2 (Defendant's Exhibit No. 9 marked for
 3 identification.)
 4 BY MR. BARDEN:
 5 Q. I'll show you what's been marked as
 6 Exhibit No. 9. This is in Law and Psychiatry,
 7 article by William H. Reid, MD, MPH, "Treating
 8 Clinicians and Expert Testimony."
 9 I'll point you to the bottom right box
 10 there, where it says Dr. Reid is a past
 11 president of the American Academy of Psychology
 12 and Law.
 13 Have you heard of Dr. William Reid?
 14 **A. No, I have not.**
 15 MS. ALTMAN: And before you go on to
 16 your next question, if I could just put on the
 17 record again, Exhibit 9, which has been marked
 18 for identification, also has handwriting on it.
 19 MR. BARDEN: Yes. And those are my
 20 little scribbles that are going to lead us to
 21 what we'll talk about.
 22 MS. ALTMAN: No problem.
 23 MR. BARDEN: Thank you. Thank you.
 24 BY MR. BARDEN:
 25 Q. Do you read the Journal of the American

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1 Academy of Psychology and Law?
 2 **A. No, I do not.**
 3 Q. Okay. You did not act in this case as
 4 a treater and an expert, correct?
 5 MS. ALTMAN: Object to the form.
 6 **THE WITNESS: That is correct.**
 7 BY MR. BARDEN:
 8 Q. Let's look under "Treater-Expert
 9 Conflict." It says, "Although a clinician may
 10 report the 'facts' of his or her experience with
 11 the patient, given appropriate permission and
 12 disclosures, problems arise when a treating
 13 professional either fails to disclose to the
 14 Court the possible conflict of interest involved
 15 in having a current or past treatment
 16 relationship (and thus being obligated to
 17 protect the patient's interest) or 2) offers
 18 professional opinions about the patient or legal
 19 case (in court, professional 'opinions' can only
 20 be offered by expert witnesses). It is usually
 21 inappropriate, and a disservice to the court,
 22 for a doctor or therapist to assume the dual
 23 role of treater and expert witness."
 24 Do you agree with that?
 25 MS. ALTMAN: Object to the form.

<p style="text-align: right;">Page 222</p> <p>1 THE WITNESS: I would say, in 2 accordance to the first paragraph, when it is 3 referring to counselors -- psychiatrists or 4 counselors, that I would want to differentiate 5 that from medical doctors, because I think 6 there's a different relationship and, therefore, 7 more potential of conflict of interest if you 8 are a treating psychotherapist and also serving 9 as an expert witness, given the nature of the 10 relationship. 11 BY MR. BARDEN: 12 Q. The ethical duty conflict is exactly 13 the same for medical doctors; isn't that the 14 case? 15 MS. ALTMAN: Object to the form. 16 THE WITNESS: I think I was just saying 17 I don't think that is the case. 18 BY MR. BARDEN: 19 Q. And can you give me a peer-reviewed 20 journal article supporting your position in that 21 matter? 22 A. No, I cannot give you a peer-reviewed 23 journal article. 24 Q. Can you give me any licensing board 25 hearing result that indicates that it is</p>	<p style="text-align: right;">Page 224</p> <p>1 as Exhibit No. 10. 2 Rosen and Phillips, "A Cautionary 3 Lesson from Simulated Patients," Journal of The 4 American Academy of Psychiatry and the Law, 5 Volume 32, pages 132 to 133, 2004. I'm just 6 going to read you something and ask if you 7 agree. 8 MS. ALTMAN: And just before you do -- 9 MR. BARDEN: And it has marks on it. 10 MS. ALTMAN: Okay, thank you. 11 MR. BARDEN: I'm starting to pick that 12 up. 13 BY MR. BARDEN: 14 Q. Quote, "Ekman and O'Sullivan once 15 asked, 'Who can catch a liar?' - and they 16 demonstrated that it was not mental health 17 clinicians. As observed by Slovenko, 'A good 18 poker player probably knows better than the 19 mental health professional whether or not a 20 person is lying,'" end quote. 21 Do you agree with that? 22 A. Well, I don't play poker so I can't 23 speak to poker players, but I would not agree 24 with the statement, in terms of the reference to 25 a mental health professional as being defective</p>
<p style="text-align: right;">Page 223</p> <p>1 appropriate for people to serve as a treater and 2 an expert witness in the same case? 3 MS. ALTMAN: Object to the form. 4 THE WITNESS: I will have to say that 5 my trainings have been involved with being a 6 psychologist, not a medical doctor. 7 BY MR. BARDEN: 8 Q. Let's go to page 3, just where it says 9 "The Last Word." 10 A. Uh-huh. 11 Q. "Once the role of 'treater' has begun, 12 your duty to the patient's interest is clear, 13 compelling, and (barring protecting someone from 14 imminent harm) permanent. It is very difficult 15 to serve the patient and the Court at the same 16 time." 17 Do you agree with that? 18 A. I agree with that for mental health 19 treaters, yes. 20 Q. Next. 21 MR. BARDEN: Let's do this one. 22 (Defendant's Exhibit No. 10 marked for 23 identification.) 24 BY MR. BARDEN: 25 Q. Okay. I'll show you what's been marked</p>	<p style="text-align: right;">Page 225</p> <p>1 in that area -- 2 Q. Can you give me -- 3 A. -- as to it applies. 4 Q. Sorry. Can you give me a peer-reviewed 5 article concerning your position on this issue? 6 MS. ALTMAN: Object to the form. 7 THE WITNESS: No, I cannot. This is 8 not my area of expertise. 9 BY MR. BARDEN: 10 Q. So the bottom paragraph on the left on 11 page 132, "In a search of the medical 12 literature, we identified 12 studies in which 13 normal persons presented significant clinical 14 complaints as simulated patients, and physicians 15 were provided with a mechanism to report 16 patients suspected to be simulators. In all 12 17 studies, doctors detected simulators at low 18 rates, ranging from 0 percent to 25 percent," 19 end quote. 20 Have you been -- were you aware of that 21 research? 22 MS. ALTMAN: Object to the form. 23 THE WITNESS: I'm not aware of that 24 research, and it is out of my field. I'm not a 25 medical provider.</p>

<p style="text-align: right;">Page 226</p> <p>1 BY MR. BARDEN: 2 Q. Last section at the end of the article 3 here, six lines up from the bottom. Quote, 4 "Clinicians who rely on their patient's reports 5 are advised to state the subjective and 6 objective findings and offer their professional 7 assessment. When questioned about the actual 8 occurrence of subjective symptoms, or the 9 truthfulness of a patient's report, the wise 10 clinician would do well to be less than 11 certain," unquote. 12 Do you agree with that? 13 A. I haven't read this article, so I don't 14 know which clinicians they're referring to. And 15 if it's medical clinicians, it's out of my field 16 of expertise. 17 MS. ALTMAN: Are we done with this one? 18 MR. BARDEN: Yes. 19 You know, if you've only got five 20 minutes, we should take a break. 21 Let's take a break. 22 THE VIDEOGRAPHER: We're going off the 23 record at 3:15. 24 (Recess taken.) 25 THE VIDEOGRAPHER: This is the</p>	<p style="text-align: right;">Page 228</p> <p>1 Q. Quote, "Overconfidence in lie-detection 2 skills. The final error that we will highlight 3 is that professional lie catchers tend to 4 overestimate their ability to detect deceit. 5 Research has consistently shown that when 6 professional lie catchers" -- and that includes 7 police, psychotherapists, FBI agents, et 8 cetera -- "and laypersons are compared, 9 professionals are more confident in their 10 veracity judgments but are no more accurate," 11 end quote. 12 Do you agree with that? 13 MS. ALTMAN: Object to the form. And I 14 believe you called it an open quote/closed 15 quote, but injected words that weren't there. 16 MR. BARDEN: Correct. Yes. 17 MS. ALTMAN: So it's not really a 18 quote. But you can answer the question. 19 Object to the form. 20 THE WITNESS: I agree that they're 21 stating that some research has suggested, but I 22 can't agree with the conclusion. I don't have 23 enough information. 24 BY MR. BARDEN: 25 Q. And this would be the exact opposite of</p>
<p style="text-align: right;">Page 227</p> <p>1 beginning of media No. 4. We're back on the 2 record at 3:26. 3 (Defendant's Exhibit No. 11 marked for 4 identification.) 5 BY MR. BARDEN: 6 Q. Okay. Doctor, we've shown you what's 7 been marked as Exhibit 11. 8 This is Vrij -- Aldert Vrij, V-r-i-j, 9 et al., "Pitfalls and Opportunities in Nonverbal 10 and Verbal Lie Detection," Psychological Science 11 in the Public Interest, Volume 11, No. 3, pages 12 89 to 121. 13 Does everyone have that? There's very 14 few markings on this one. There are a few. 15 MS. ALTMAN: Right. But there are 16 some. 17 MR. BARDEN: Yes. 18 BY MR. BARDEN: 19 Q. Let's go to page 101, the top right. 20 Quote, "Overconfidence" -- 21 MS. ALTMAN: Wait, 101. 22 MR. BARDEN: Page 1-0-1. 23 MS. ALTMAN: Okay. I'm getting -- the 24 page numbers in order. Got it. 25 BY MR. BARDEN:</p>	<p style="text-align: right;">Page 229</p> <p>1 you claiming today that you assessed the 2 plaintiff in this case as having been truthful; 3 isn't that correct? 4 MS. ALTMAN: Object to the form. 5 THE WITNESS: I'm not understanding the 6 relationship between what I just said and that. 7 BY MR. BARDEN: 8 Q. You claimed in your testimony today to 9 have the ability to detect truthfulness in the 10 plaintiff, correct? 11 MS. ALTMAN: Object to the form. 12 THE WITNESS: Let me put it this way. 13 That in -- there's a matter of lie, truth, and 14 authenticity and that it was my estimation that 15 I was receiving an authentic account from this 16 plaintiff on this plaintiff's experience. 17 BY MR. BARDEN: 18 Q. And given the published research, your 19 statement, which you've just restated, is 20 consistent with the hypothesis that your report 21 is a form of consumer fraud; isn't that correct? 22 MS. ALTMAN: Object to the form. 23 THE WITNESS: I would say that is an 24 overstatement, and I would never agree with that 25 statement.</p>

<p style="text-align: right;">Page 230</p> <p>1 BY MR. BARDEN: 2 Q. Did you, in fact, inform the Court that 3 published research for many years indicates that 4 you are no better at detecting deceit than 5 bartenders, taxicab drivers, or other 6 laypersons? 7 MS. ALTMAN: Object to the form. 8 THE WITNESS: I did not report that to 9 the Court, and I believe that's a matter of 10 opinion. 11 BY MR. BARDEN: 12 Q. Do you have any peer-reviewed, 13 published research studies supporting your 14 theory that it's, quote, "a matter of opinion," 15 contrary to all of the peer-reviewed cited 16 research we're discussing this afternoon? 17 A. I will repeat that this is not my area 18 of expertise, so I am giving you responses to 19 what I'm reading here, having never read it 20 before, and I would say, I would have to 21 investigate, but these conclusions do not make 22 sense to me. 23 Q. Is your claim to be able to assess the 24 truthfulness of the plaintiff a violation of the 25 ethics and licensing that you stay within your</p>	<p style="text-align: right;">Page 232</p> <p>1 THE VIDEOGRAPHER: We're back on the 2 record at 3:34. 3 (Defendant's Exhibit No. 12 marked for 4 identification.) 5 BY MR. BARDEN: 6 Q. So, Doctor, I'll show you what's been 7 marked as Exhibit No. 12, and I will represent 8 to you that this is a part of the plaintiff's 9 medical records in this case. And, yes, it does 10 have two brackets on it, which is my writing on 11 the bottom there. 12 MS. ALTMAN: Uh-huh. 13 BY MR. BARDEN: 14 Q. And first question for you is, did you 15 review this page of the medical records before 16 writing your report in this case? 17 A. I did not have access to this record. 18 MS. ALTMAN: Can I ask really quickly 19 that we have the witness step out for a minute? 20 MR. BARDEN: Sure. 21 MS. ALTMAN: I just want to point 22 something out to you guys and I don't want to -- 23 MR. BARDEN: Okay. 24 THE VIDEOGRAPHER: Your microphone. 25 MR. BARDEN: Oh.</p>
<p style="text-align: right;">Page 231</p> <p>1 areas of competence? 2 MS. ALTMAN: Object to the form. 3 THE WITNESS: It is my self-assessment 4 that I'm staying within my areas of competence 5 and expertise in the way I conducted this report 6 and the interviews with the plaintiff. 7 BY MR. BARDEN: 8 Q. Let's go down to the -- next to the 9 last paragraph on this page. It's 101. Just 10 the first sentence. Quote, "Confidence in lie 11 detection is not related to accuracy." 12 Do you agree with that? 13 A. I would say, unless I am more informed 14 and read more, I can't disagree or agree with 15 this, and I would also want to make the 16 distinction or have clarification of what 17 they're talking about here in terms of lie 18 detection and what we do in a clinical 19 interview. 20 MR. BARDEN: Can we go off the record 21 just for 90 seconds while those of us who have 22 -- 23 THE VIDEOGRAPHER: We're going off the 24 record at 3:33. 25 (Recess taken.)</p>	<p style="text-align: right;">Page 233</p> <p>1 MS. ALTMAN: Sorry. Thank you. 2 THE VIDEOGRAPHER: Do you want to stay 3 on the record? 4 MS. ALTMAN: We can, yes. I just don't 5 want to poison the well or do anything like 6 that. 7 MR. BARDEN: Okay. 8 (Discussion among attorneys outside the 9 presence of the witness.) 10 MS. ALTMAN: So I just want to be 11 clear. I'm not sure if you know this already, 12 but I think -- 13 MR. BARDEN: May the record reflect 14 she's pointing to Terry. 15 MS. ALTMAN: I am pointing to Terry. 16 MR. BARDEN: Sure, yeah. 17 MS. ALTMAN: Awkwardly. She's 18 awkwardly pointing to Terry. 19 Erica recalled after the fact, she 20 prepared this document, not the doctor. 21 MR. BARDEN: Who's Erica? 22 MS. ALTMAN: Drew's mom. 23 MR. BARDEN: Oh, the mother? 24 MS. ALTMAN: Correct. 25 MR. BARDEN: Okay.</p>

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4 MR. BARDEN: Okay. Let's do this one
5 (indicating).
6 (Defendant's Exhibit No. 13 marked for
7 identification.)
8 BY MR. BARDEN:
9 Q. I show you, Doctor, what's been marked
10 as Exhibit 13, and this is a Walter Mischel,
11 comma, "Connecting Clinical Practice to
12 Scientific Progress," comma, Psychological
13 Science in the Public Interest, Volume 9, No. 2,
14 pages I and double I.
15 So, first of all, have you ever seen
16 this document before?
17 **A. I have never seen this document before.**
18 **I have certainly read the work of the author.**
19 Q. So -- oh, there's also handwriting on
20 the front, which is by myself.
21 MS. ALTMAN: I'll keep track.
22 MR. BARDEN: That's okay. Thank you.
23 I'm just glad we're keeping the record clean.
24 BY MR. BARDEN:
25 Q. So Walter Mischel is a very famous

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1 psychologist, correct?
2 MS. ALTMAN: Object to the form.
3 **THE WITNESS: I would say that Walter**
4 **Mischel was a well-known psychologist and**
5 **behaviorist.**
6 BY MR. BARDEN:
7 Q. Was he the president of The Association
8 for Psychological Science in recent years?
9 **A. I do not have that information. I do**
10 **not know.**
11 Q. Okay. I'm going to read this quote to
12 you and get your opinion.
13 Quote, "The disconnect between much of
14 clinical practice and the advances in
15 psychological science is an unconscionable
16 embarrassment for many reasons, and a case of
17 professional cognitive dissonance with heavy
18 costs," unquote.
19 Do you agree with that?
20 **A. I do not.**
21 Q. Isn't it, in fact, the case that your
22 work in this case is an excellent example of
23 this quote?
24 MS. ALTMAN: Objection. Form.
25 **THE WITNESS: I would not agree with**

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1 **that statement at all.**
2 BY MR. BARDEN:
3 Q. Aren't you, in fact, using 1950s
4 methodologies and have not been aware of the
5 decades of research, since then, showing that
6 many of your methodologies are very unreliable
7 and invalid?
8 MS. ALTMAN: Object to the form.
9 **THE WITNESS: I would not agree with**
10 **that statement, and I would say that I'm using**
11 **methods and forms for me in 2017.**
12 (Defendant's Exhibit No. 14 marked for
13 identification.)
14 BY MR. BARDEN:
15 Q. All right, Doctor, I'll show what's
16 been marked as Exhibit 14. And, yes, it does
17 have some markings, just in two short places,
18 and those are by me to focus our attention.
19 First of all, have you ever read this
20 article before?
21 **A. No, I have never read this article. I**
22 **like the title.**
23 Q. Do you know who Richard McNally is?
24 **A. Yes, I'm aware of Richard McNally.**
25 Q. Is he the chairman of clinical

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1 psychology at Harvard University?
2 **A. I know that Richard McNally has been in**
3 **the Department of Psychology at Harvard**
4 **University, but I don't know that he holds a**
5 **chairship.**
6 Q. Okay. So are you aware of some
7 therapists who claim that the emotional response
8 of people when they're reporting things is an
9 indication of the truthfulness of the so-called
10 memory?
11 MS. ALTMAN: Objection to the form.
12 **THE WITNESS: I'm really having a hard**
13 **time answering that question because I need more**
14 **clarity --**
15 BY MR. BARDEN:
16 Q. Are you --
17 **A. -- in terms of what you mean.**
18 Q. Yeah.
19 Are you aware that some clinicians
20 think, believe, that the emotional responses --
21 the congruity between the emotional response and
22 a memory is an indication of the memory's
23 truthfulness?
24 MS. ALTMAN: Object to the form.
25 **THE WITNESS: I am not aware of that**

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1 data.

2 BY MR. BARDEN:

3 Q. Are you aware of any clinicians who

4 believe that the consistency of a report is an

5 indication of truthfulness?

6 MS. ALTMAN: Object to the form.

7 **THE WITNESS: I'm aware that clinicians**

8 **will use that as one of many data points as one**

9 **thing they look at, the consistency.**

10 BY MR. BARDEN:

11 Q. Didn't, in fact --

12 **A. It's certainly not isolated.**

13 Q. Didn't, in fact, Dr. Adkins claim that

14 as one of the indicators that she used in her

15 practice?

16 MS. ALTMAN: Object to the form.

17 **THE WITNESS: I am not aware of that.**

18 BY MR. BARDEN:

19 Q. Didn't even Dr. Adkins clearly state on

20 the record that she was not a human lie detector

21 and would not assess the truthfulness of

22 patients?

23 MS. ALTMAN: Object to the form.

24 **THE WITNESS: My recollection is Dr.**

25 **Adkins not iden- -- identifying herself as not a**

Page 243

1 lie detector.

2 BY MR. BARDEN:

3 Q. Let's look at the end there, page 496,

4 that little mark I have on the upper right.

5 Well, let me ask you this. Have you

6 ever seen media accounts or other reports of the

7 study indicating that people who have had actual

8 combat experiences and suffer PTSD, and people

9 who have PTSD from so-called memories of being

10 abducted and abused by space aliens have very

11 similar physiologic responses when they are

12 reporting their, quote, "memories," unquote?

13 MS. ALTMAN: Object to the form.

14 **THE WITNESS: I am not aware of those**

15 **media reports.**

16 BY MR. BARDEN:

17 Q. Okay. So let me just ask you this and

18 I'll get your opinion.

19 "Conversely, the physiological markers

20 of emotion that accompany recollection of a

21 memory cannot be taken as evidence of the

22 memory's authenticity."

23 Do you agree with that?

24 **A. I would not agree or disagree, but**

25 **qualify that. And I would say how I would**

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1 respond to that statement is, cannot be taken as

2 the sole marker of a memory's authenticity, and

3 I believe we need to look at a complex of

4 factors, not just one.

5 Q. Do you have a peer-reviewed, published

6 article to support your opinion on that issue?

7 **A. No. This -- I do not have a**

8 **peer-reviewed article. This is an opinion based**

9 **on experience as a clinician.**

10 Q. And the research indicates that

11 experience as a clinician is not valuable; isn't

12 that true?

13 MS. ALTMAN: Object to the form.

14 **THE WITNESS: I would say that there's**

15 **some research that come to that conclusion, and**

16 **I take issue with the research.**

17 MS. ALTMAN: So are we going to this

18 one?

19 MR. BARDEN: Yes.

20 MS. ALTMAN: Are we done with this?

21 MR. BARDEN: Yeah.

22 (Defendant's Exhibit No. 15 marked for

23 identification.)

24 BY MR. BARDEN:

25 Q. So, Doctor, we show you what we've

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1 marked as Exhibit 15?

2 MS. ALTMAN: 15.

3 BY MR. BARDEN:

4 Q. 15, okay. Elizabeth Loftus, "Our

5 changeable memories: Legal and practical

6 implications," Nature Reviews Neuroscience,

7 Volume 4, March 2003.

8 And I'll ask you, first, have you heard

9 of Elizabeth Loftus?

10 **A. Yes, I have.**

11 MS. ALTMAN: Counsel.

12 MR. BARDEN: And there are marks -- and

13 there are marks on here by me to call our

14 attention to certain portions.

15 BY MR. BARDEN:

16 Q. What do you know about Elizabeth

17 Loftus?

18 **A. My memory of Elizabeth Loftus' work was**

19 **around the reliability of memory and that, if**

20 **I'm remembering correctly, it was in connection**

21 **to the issue of repressed memories.**

22 Q. Do you know if on the list of the

23 hundred most important psychologists of the 20th

24 century, she is the highest ranked woman on that

25 list?

<p style="text-align: right;">Page 250</p> <p>1 MS. ALTMAN: Okay. Yes, that is my 2 recollection. 3 MR. HARMON: When did you become aware 4 that mom remembered after the deposition that 5 she prepared that document? 6 MS. ALTMAN: Oh, within -- I don't 7 know, recently. I mean, I can -- I don't 8 remember the day, but recently. 9 MR. HARMON: Like within the last week? 10 MS. ALTMAN: When was her deposition? 11 MR. HARMON: It was on -- hold on. 12 MS. ALTMAN: Was it the end of October? 13 MR. HARMON: I don't know when. 14 MS. ALTMAN: Let's say within the past 15 -- yeah, maybe within the past week or so. I'd 16 have to look it up. 17 MR. HARMON: Hold on. 18 Mom's deposition was on October 26th. 19 MS. ALTMAN: Right. The end of 20 October, and it's November -- what is today? 21 MR. HARMON: 17th. 22 MS. ALTMAN: 17th. So I'd say probably 23 within the last week. I'll have to look it up. 24 MR. HARMON: Okay. That's all I wanted 25 to know.</p>	<p style="text-align: right;">Page 252</p> <p>1 that this statement is a form of consumer fraud? 2 MS. ALTMAN: Object to the form. 3 THE WITNESS: No, I do not think that's 4 what that is. 5 BY MR. BARDEN: 6 Q. You failed to notify the Court of the 7 research over many, many years, showing that you 8 do not have useful clinical expertise; isn't 9 that true? 10 MS. ALTMAN: Object to the form. 11 THE WITNESS: I would say that, No. 1, 12 I will hold to that I do have useful clinical 13 expertise. And having not reviewed that 14 research over many years, but much of it a long 15 time ago, I would need to read that research and 16 evaluate it to make sense of it before I could 17 say that it is valid research. 18 BY MR. BARDEN: 19 Q. And you failed to notify the Court that 20 there is, even in your mind, a controversy on 21 that issue, correct? 22 MS. ALTMAN: Object to the form. 23 THE WITNESS: I failed to notify the 24 Court. This is an area that I wasn't aware of 25 this level of controversy about that.</p>
<p style="text-align: right;">Page 251</p> <p>1 MS. ALTMAN: Yes. 2 MR. HARMON: We can go back off the 3 record and I'll get Dr. Ehrensaft to come back 4 in. 5 THE VIDEOGRAPHER: We're off the record 6 at 4 o'clock. 7 (Recess taken.) 8 THE VIDEOGRAPHER: We're back on the 9 record. The time is 4:08. 10 BY MR. BARDEN: 11 Q. Okay. So we're at -- let's go to 12 Exhibit No. 4, which is the doctor's first 13 report, I think. 14 A. Okay. 15 Q. So we're on page 25, paragraph 56. 16 It's kind of right in the middle there. 17 A. Uh-huh. 18 Q. You go down one, two, three, four, 19 five, six lines, where it says, "It is my 20 professional opinion." We'll start there. 21 Okay? 22 A. Okay, got it. 23 Q. "It is my professional opinion, based 24 on my clinical expertise" -- isn't it a fact 25 that given what the research literature says</p>	<p style="text-align: right;">Page 253</p> <p>1 BY MR. BARDEN: 2 Q. So it goes on to say, "And on my 3 observations of Drew, that the implementation of 4 the school's bathroom policy in September 2015 5 has direct bearing on Drew's levels of anxiety 6 and mild depression." 7 And that is another unethical 8 cause-and-effect statement in your report; isn't 9 that true? 10 MS. ALTMAN: Object to the form. 11 THE WITNESS: No, I would not agree 12 that that is true. 13 BY MR. BARDEN: 14 Q. You also failed to disclose that you 15 have no better lie detection skills in your 16 observations and conversations with the 17 plaintiff than a layperson. You did not 18 disclose that to the Court; isn't that 19 true? 20 A. I did not disclose that to the 21 Court because I could not stand behind that 22 statement, so I wouldn't make that statement 23 to the Court. 24 Q. Your intent in writing this was to 25 convince the Court that the school's policy</p>

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1 caused Drew's anxiety and depression, which
 2 would be a manipulative and deceptive practice,
 3 correct?
 4 MS. ALTMAN: Object to the form.
 5 **THE WITNESS: The intent in writing**
 6 **this is to report my observations of what I**
 7 **understood to be true about Drew's present**
 8 **experience. It will be up to the Court to**
 9 **decide what they're going to do about it.**
 10 BY MR. BARDEN:
 11 Q. So you did report your observations
 12 and, as you said before, your assessment of the
 13 plaintiff, correct?
 14 **A. Observations.**
 15 Q. So your statement that "the
 16 implementation of the school's bathroom
 17 policy in September 2015 has direct bearing
 18 on Drew's levels of anxiety and mild
 19 depression," is an opinion about his mental
 20 health, correct?
 21 MS. ALTMAN: Object to the form.
 22 **THE WITNESS: I would say that is not**
 23 **correct; that the issue with the bathrooms has**
 24 **bearing on, means that it is related to**
 25 **subsequent anxiety or depression in the face of**

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1 **that experience for him.**
 2 BY MR. BARDEN:
 3 Q. And what is your methodology for
 4 determining that, other than your ipse
 5 dixit?
 6 MS. ALTMAN: Object to the form.
 7 **THE WITNESS: The collecting of the**
 8 **data in my clinical and interviewing**
 9 **observations -- my clinical expertise and**
 10 **interviewing observations.**
 11 BY MR. BARDEN:
 12 Q. Which are no more reliable than a
 13 layperson's, according to the research,
 14 correct?
 15 MS. ALTMAN: Object to the form.
 16 **THE WITNESS: I would say according to**
 17 **a certain body of research, but that research is**
 18 **not fact. It is a body of research. And, as I**
 19 **said before, I would need to review that**
 20 **research, analyze it, to understand, A, its**
 21 **validity, and, B, any evidence of confirmation**
 22 **bias.**
 23 BY MR. BARDEN:
 24 Q. And then on the bottom of page 25,
 25 you said, "With that," quote -- last two

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1 sentences -- last two lines.
 2 "With that said, psychological remedy
 3 would most likely be evident if this bathroom
 4 policy was revoked."
 5 Did you write that?
 6 MS. ALTMAN: Object to the form.
 7 **THE WITNESS: Yes, I did write**
 8 **that.**
 9 BY MR. BARDEN:
 10 Q. And so you're actually prescribing a
 11 treatment for the plaintiff's mental illness,
 12 correct?
 13 MS. ALTMAN: Object to the form.
 14 **THE WITNESS: I would start by**
 15 **objecting to the referral of this plaintiff as**
 16 **being mentally ill, and I would clarify that**
 17 **this is a policy, not a treatment. It's his**
 18 **school policy, and that school policy would have**
 19 **bearing on how comfortable Drew felt at school**
 20 **and is coincident with extensive research on the**
 21 **effect of supports and the effect of lack of**
 22 **supports, in terms of well-being.**
 23 BY MR. BARDEN:
 24 Q. So your statement that "psychological
 25 remedy would most likely be evident if this

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1 bathroom policy was revoked," was a
 2 psychological prediction of a cause and effect
 3 that would reduce the plaintiff's, quote,
 4 "levels of anxiety and mild depression,"
 5 correct?
 6 MS. ALTMAN: Object to the form.
 7 **THE WITNESS: No. Let me clarify that,**
 8 **based on extensive observation, not just of this**
 9 **plaintiff but of many, many students who have**
 10 **been provided the opportunity to use the**
 11 **bathroom in accordance with the -- their**
 12 **affirmed gender identity, has resulted**
 13 **consistently with a lowering of psychological**
 14 **issues and an increase in psychological**
 15 **well-being.**
 16 BY MR. BARDEN:
 17 Q. And you've already testified under oath
 18 that there's no peer-reviewed, published
 19 research support for that statement, correct,
 20 that is, the bathroom use as a part of the
 21 treatment?
 22 MS. ALTMAN: Object to the form.
 23 **THE WITNESS: I would like to test --**
 24 **I would like to qualify that, saying those**
 25 **studies are presently being embarked upon, but**

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1 we have more generalized studies about the
 2 effects of supportive, both policies and
 3 reactions to transgender students that is
 4 related to their well-being.
 5 BY MR. BARDEN:
 6 Q. So you also made -- on the last page,
 7 26, you said -- talking about the revocation of
 8 school policy, quote, "It would not only make
 9 for a more comfortable school day for the
 10 plaintiff, it would also bolster his
 11 confidence," a very clear cause-and-effect
 12 statement and prediction about the mental state
 13 of the plaintiff; isn't that correct?
 14 MS. ALTMAN: Object to the form.
 15 **THE WITNESS: I would say that I don't**
 16 **use the paradigm of cause and effect, but the**
 17 **outcomes. If this plaintiff could be allowed to**
 18 **use the bathroom that he's requesting to use,**
 19 **that the outcome would be both better comfort,**
 20 **and the confidence comes from acknowledgment and**
 21 **recognition.**
 22 BY MR. BARDEN:
 23 Q. And you said that "it," meaning the
 24 revocation of the policy, "would also bolster
 25 his confidence," the direct, unrestricted, one

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1 hundred percent, no probability statement,
 2 prediction that is explicitly banned by
 3 licensing and ethics rules for forensic experts;
 4 isn't that correct?
 5 MS. ALTMAN: Object to the form.
 6 **THE WITNESS: I would say that this**
 7 **does not violate those principles.**
 8 MR. BARDEN: I have nothing
 9 further.
 10 Do you? One minute.
 11 BY MR. BARDEN:
 12 Q. So your statement here was an
 13 assessment of the plaintiff's personal
 14 characteristics related to stress and anxiety;
 15 isn't that true?
 16 MS. ALTMAN: Object to the form.
 17 **THE WITNESS: My statement was**
 18 **my observations and a reporting of my**
 19 **observations.**
 20 BY MR. BARDEN:
 21 Q. So you were -- how could you observe
 22 the prediction that revoking a policy would
 23 bolster his confidence? How could you observe
 24 that, Doctor?
 25 MS. ALTMAN: Object to the form.

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1 BY MR. BARDEN:
 2 Q. That's a prediction about the future.
 3 You don't observe the future, do you?
 4 MS. ALTMAN: Object to the form.
 5 **THE WITNESS: We're talking about two**
 6 **different parts of the report. That is not an**
 7 **observation. That is a clinical opinion, which**
 8 **in some ways is common sense and is coincident**
 9 **with my observations in every other situation**
 10 **where this has occurred.**
 11 BY MR. BARDEN:
 12 Q. Do you have any evidence that this
 13 plaintiff ever suffered a, quote, "urinary" or
 14 bladder infection of any kind whatsoever at any
 15 time?
 16 A. I do not have evidence of that.
 17 Q. If there was evidence that your
 18 paragraph in your report on the health
 19 organizations was, in fact, false, definitively
 20 false, and your testimony here today was
 21 definitively false, and that, in fact, the
 22 ICD-10 Diagnosis Code F64.0, Transsexualism, is
 23 listed under Mental and Behavioral Disorders,
 24 F00 through F99; Disorders of Adult Personality
 25 Behavior and Gender Identity Disorders, F64,

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1 then would you, therefore, have an ethical
 2 obligation to revise your report?
 3 MS. ALTMAN: Object to the form.
 4 **THE WITNESS: I do not agree with your**
 5 **statement and, therefore, no, I would not agree**
 6 **that I would have to revise my report.**
 7 MR. BARDEN: I have nothing further.
 8 MS. ALTMAN: Okay.
 9 MR. BARDEN: Do you want to take a
 10 break?
 11 MS. ALTMAN: Yes, real quick.
 12 MR. BARDEN: Let's go off the record.
 13 THE VIDEOGRAPHER: We're going off the
 14 record at 4:22.
 15 (Recess taken.)
 16 THE VIDEOGRAPHER: We're back on the
 17 record at 4:23.
 18 MS. ALTMAN: We'll read and sign -- are
 19 we on the record?
 20 THE VIDEOGRAPHER: Yes.
 21 MS. ALTMAN: I have no questions of
 22 this witness, and we will read and sign.
 23 MR. BARDEN: Okay. Thank you, Doctor.
 24 Have a nice day.
 25 THE REPORTER: Would you like a

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1 copy?
 2 MS. ALTMAN: Yes.
 3 THE VIDEOGRAPHER: This concludes the
 4 video-recorded deposition of Diane Ehrensaft,
 5 consisting of four videotapes.
 6 We're off the record at 4:24.
 7 (Whereupon, the deposition proceedings
 8 were concluded at 4:24 p.m.)
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REPORTER'S CERTIFICATE

1
 2
 3 I, MARIA L. BRACKEN, a Shorthand Reporter, State
 4 of California, do hereby certify:
 5 That DIANE EHRENSAFT, Ph.D., in the foregoing
 6 videotaped deposition named, was present and by me sworn
 7 as a witness in the above-entitled action at the time and
 8 place therein specified;
 9 That said videotaped deposition was taken before
 10 me at said time and place, and was taken down in
 11 shorthand by me, a Certified Shorthand Reporter of the
 12 State of California, and was thereafter transcribed into
 13 typewriting, and that the foregoing transcript
 14 constitutes a full, true and correct report of said
 15 videotaped deposition and of the proceedings that took
 16 place;
 17 That before completion of the
 18 proceedings, review of the transcript was
 19 requested.
 20 IN WITNESS WHEREOF, I have hereunder
 21 subscribed my hand this 22nd day of November
 22 2017.
 23 
 24 _____
 25 MARIA L. BRACKEN CSR NO. 11741
 State of California

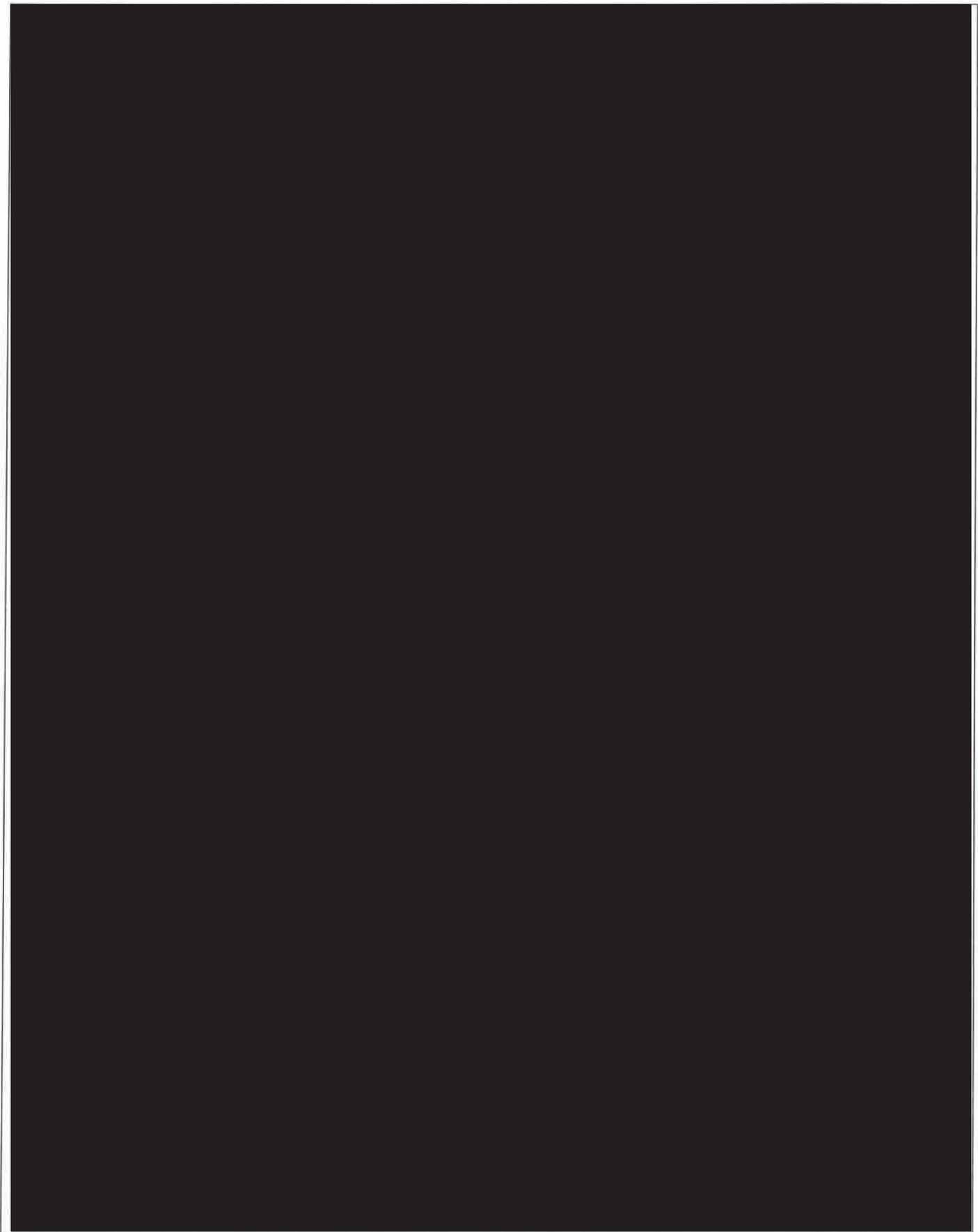
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SIGNATURE OF DEPONENT

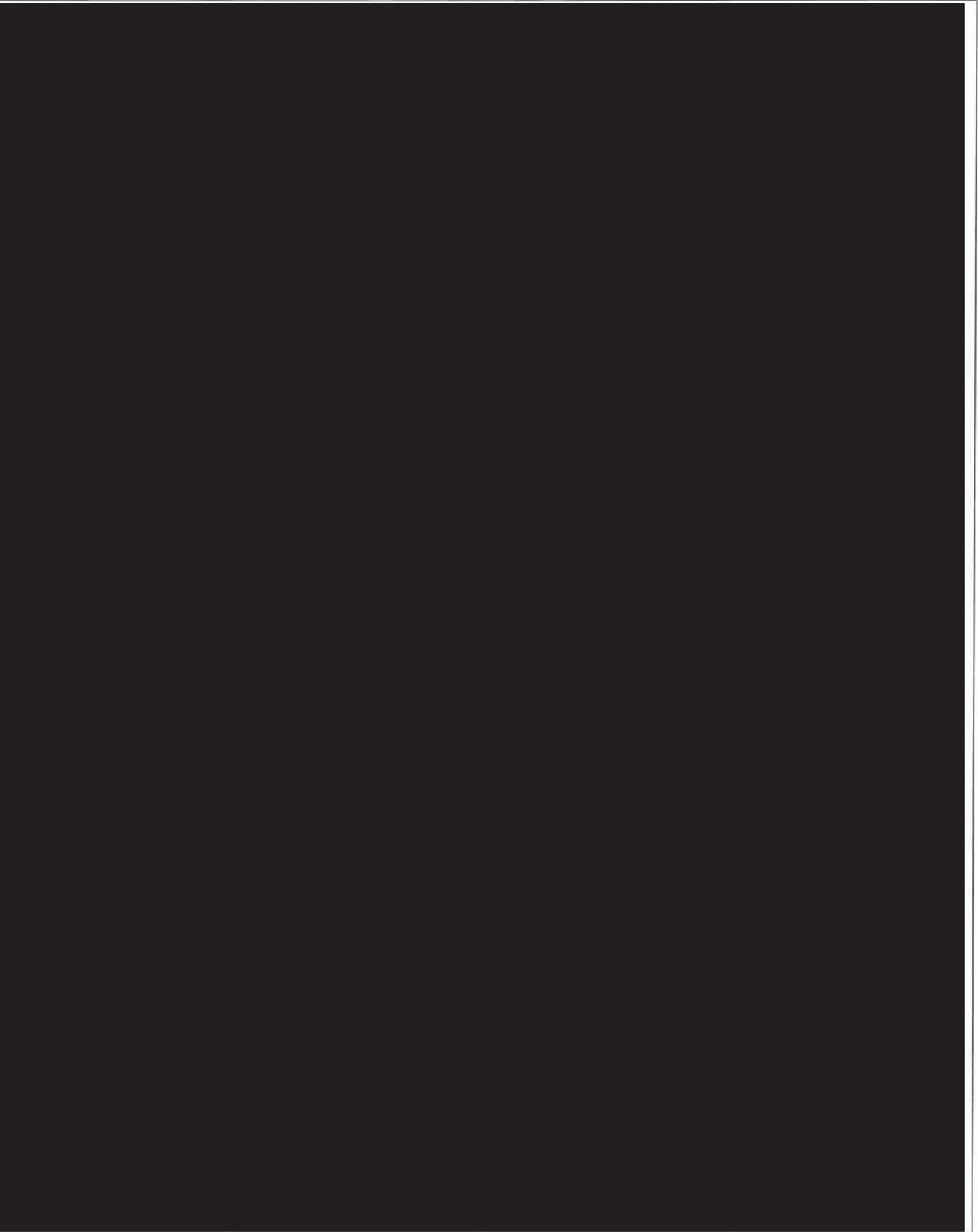
1
 2
 3 I, the undersigned, DIANE EHRENSAFT, Ph.D., do
 4 hereby certify that I have read the foregoing deposition
 5 and find it to be a true and accurate transcription of my
 6 testimony, with the following corrections, if any:
 7
 8 PAGE LINE CHANGE
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 DIANE EHRENSAFT, Ph.D., Date
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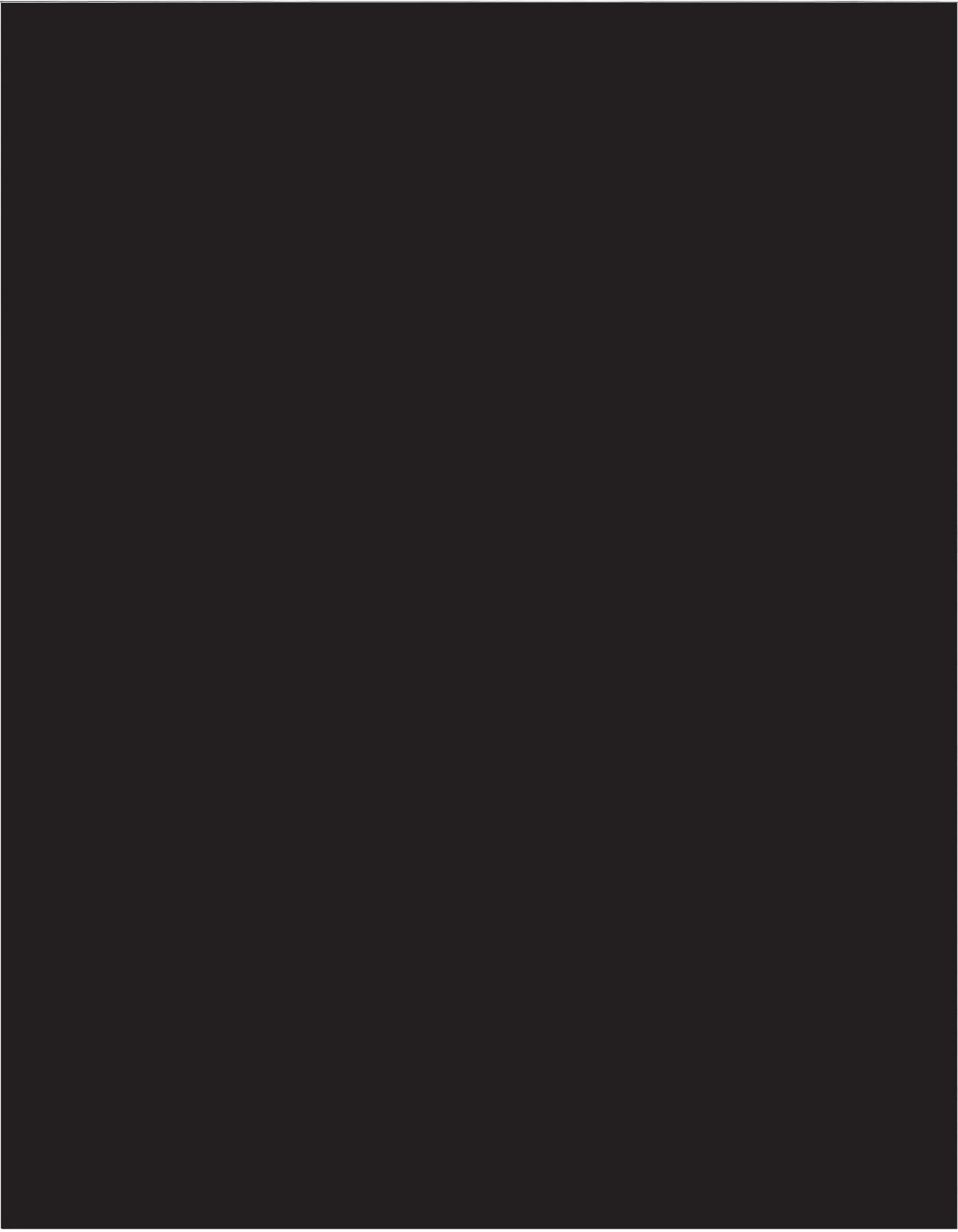
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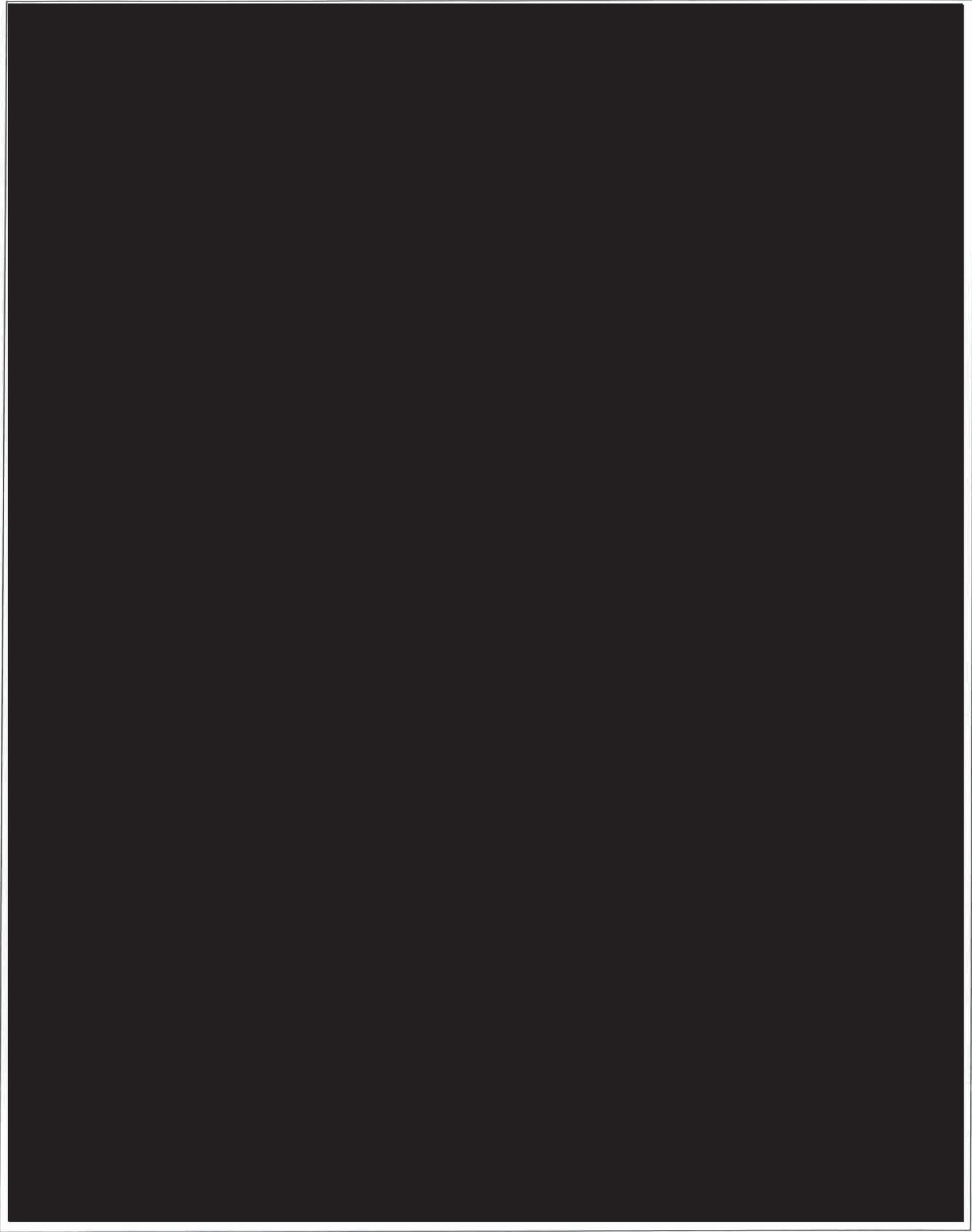
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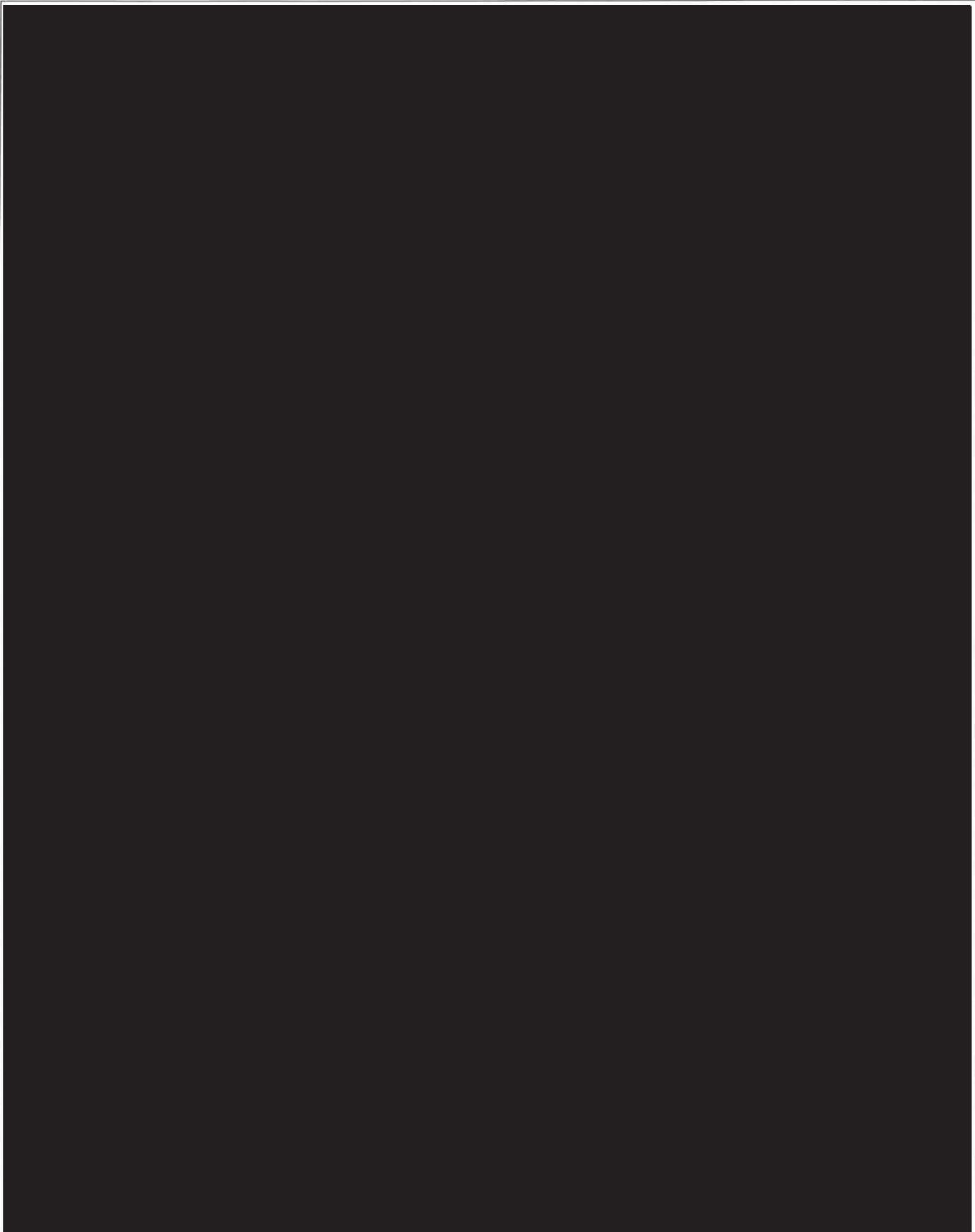
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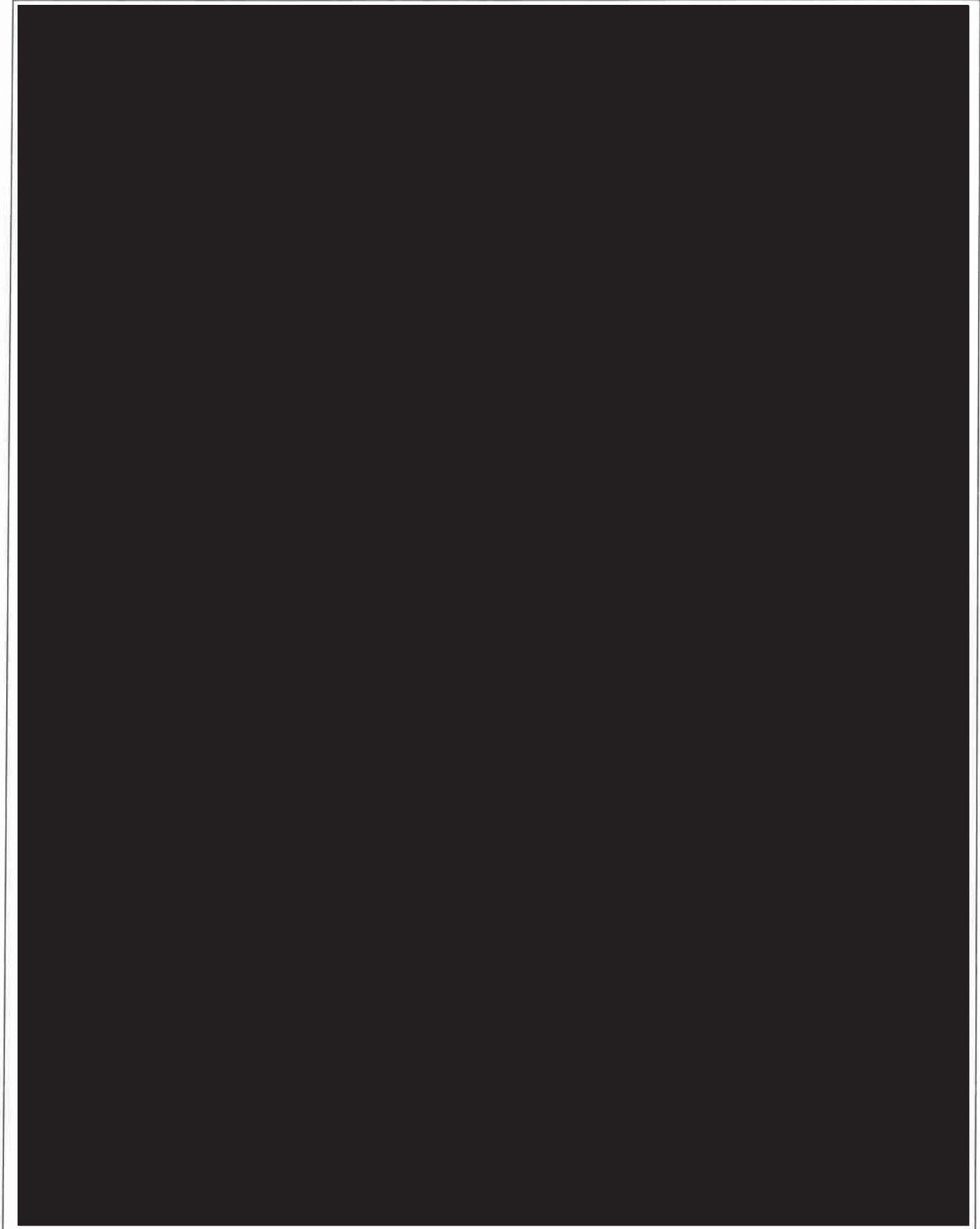
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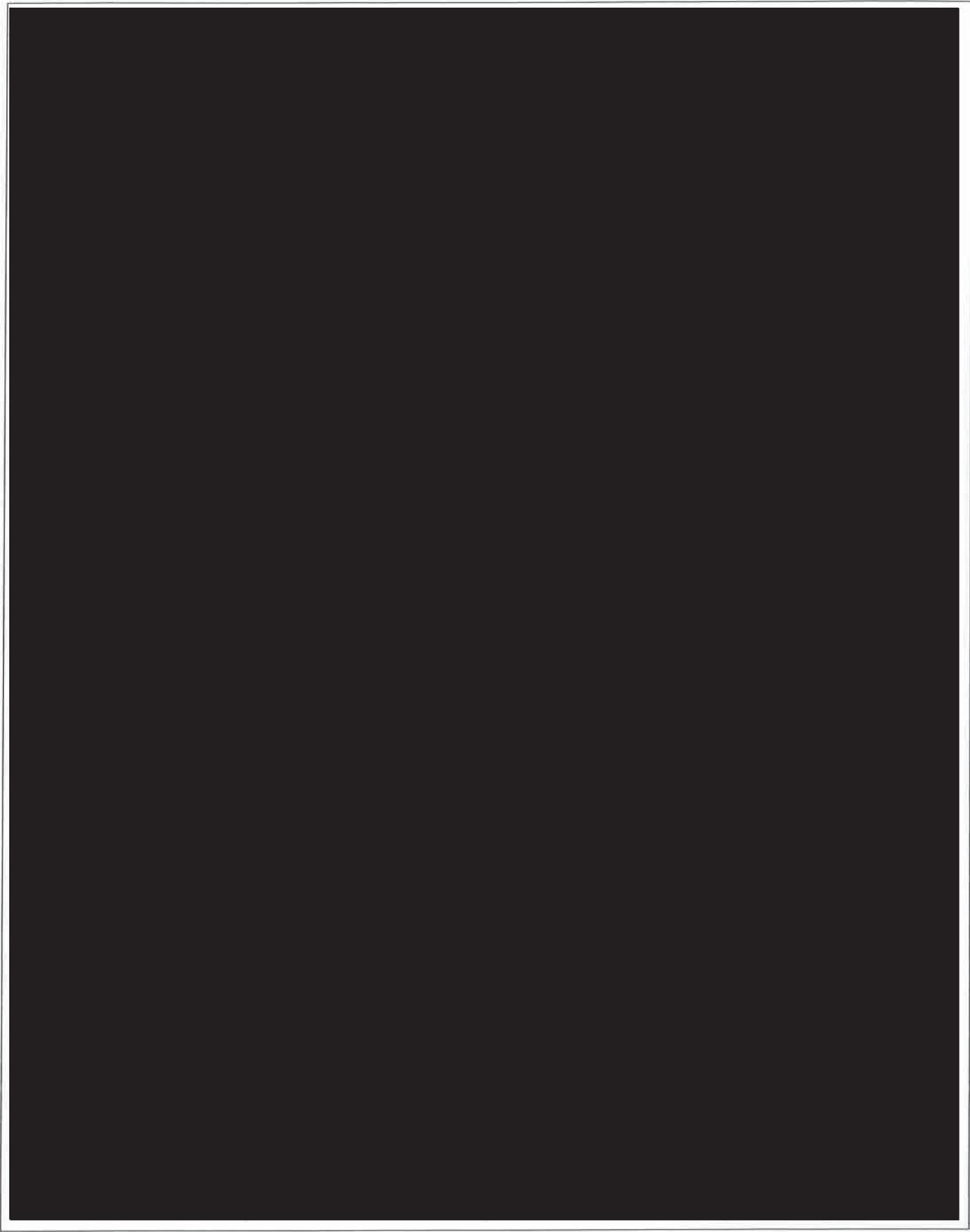
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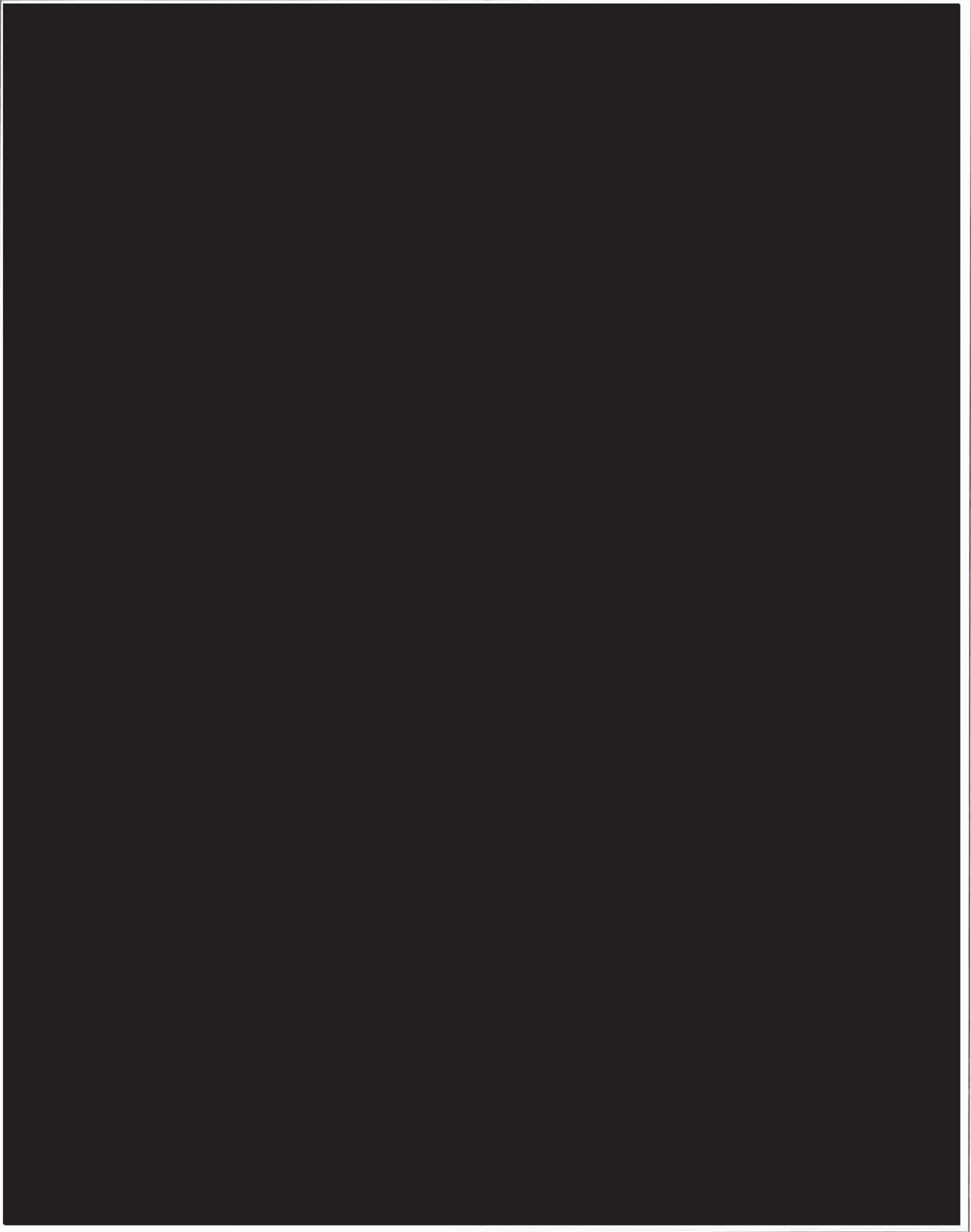
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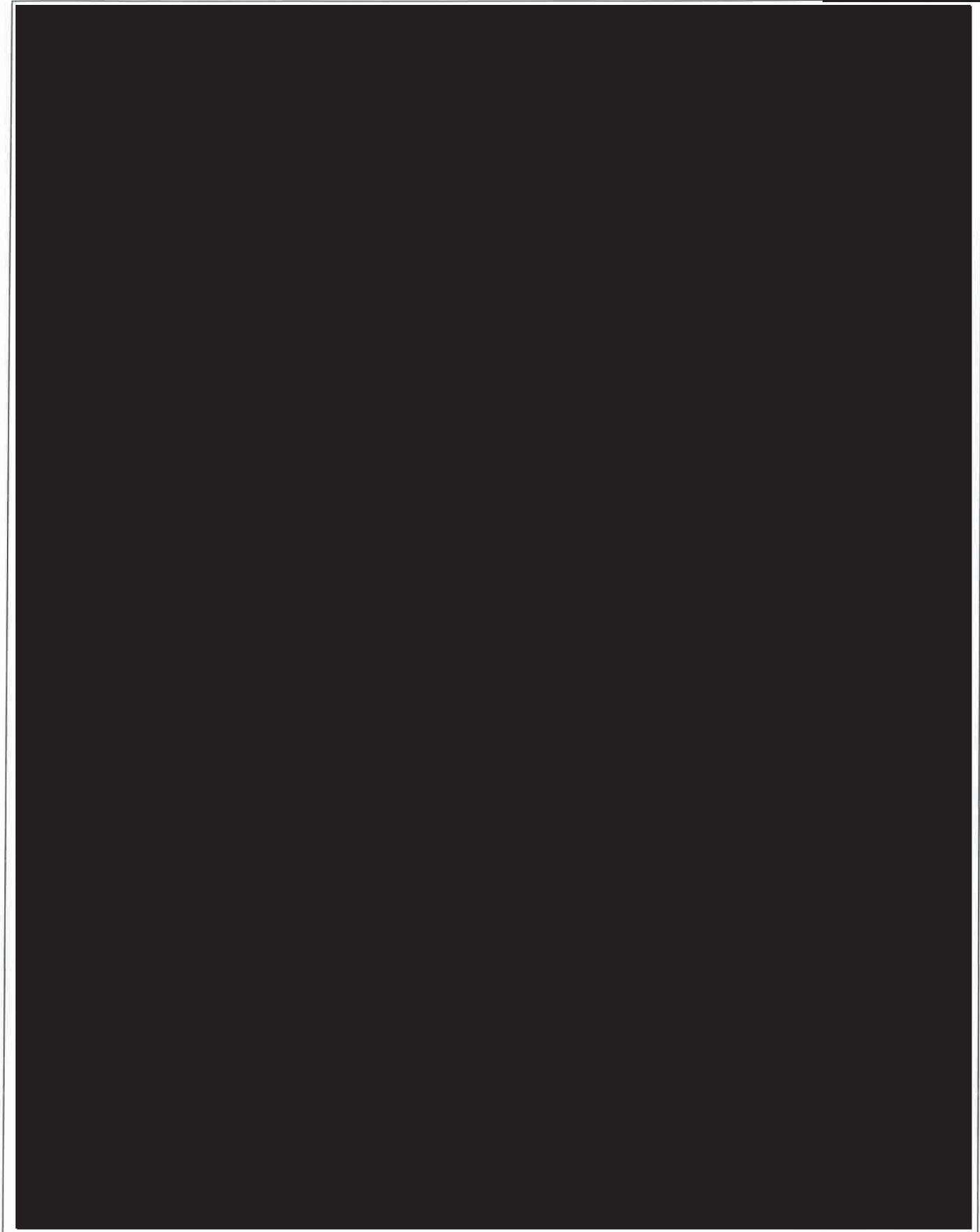
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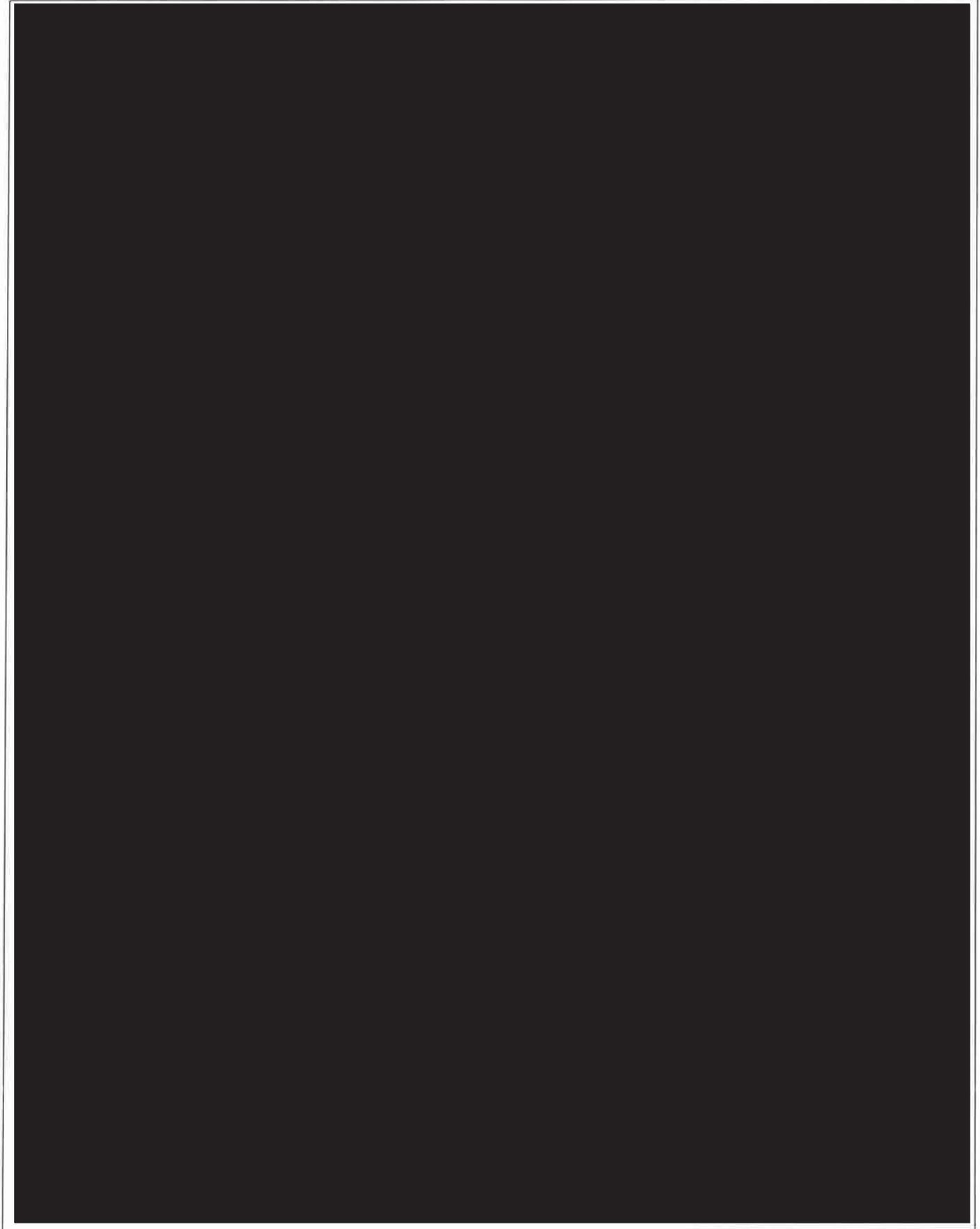
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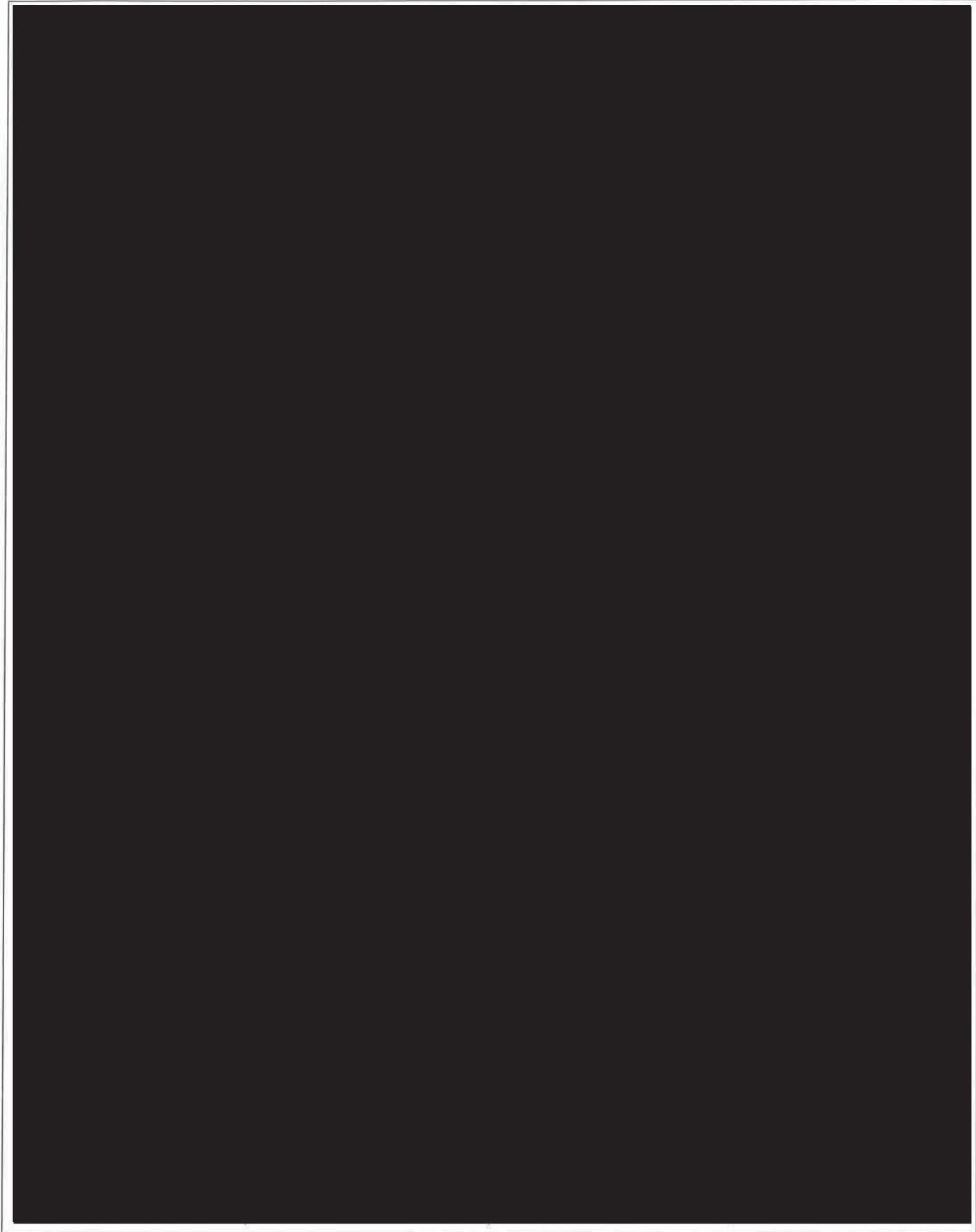
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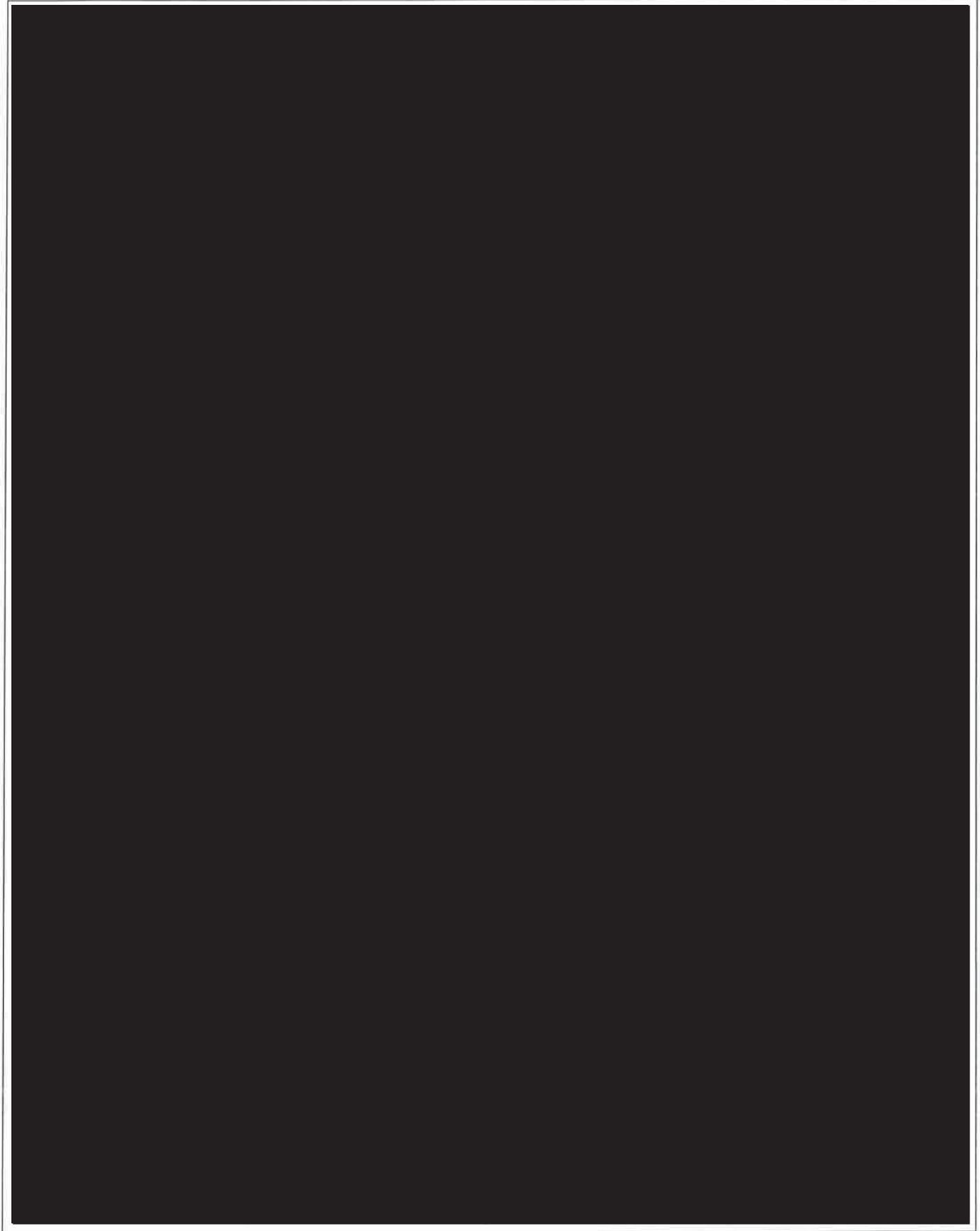
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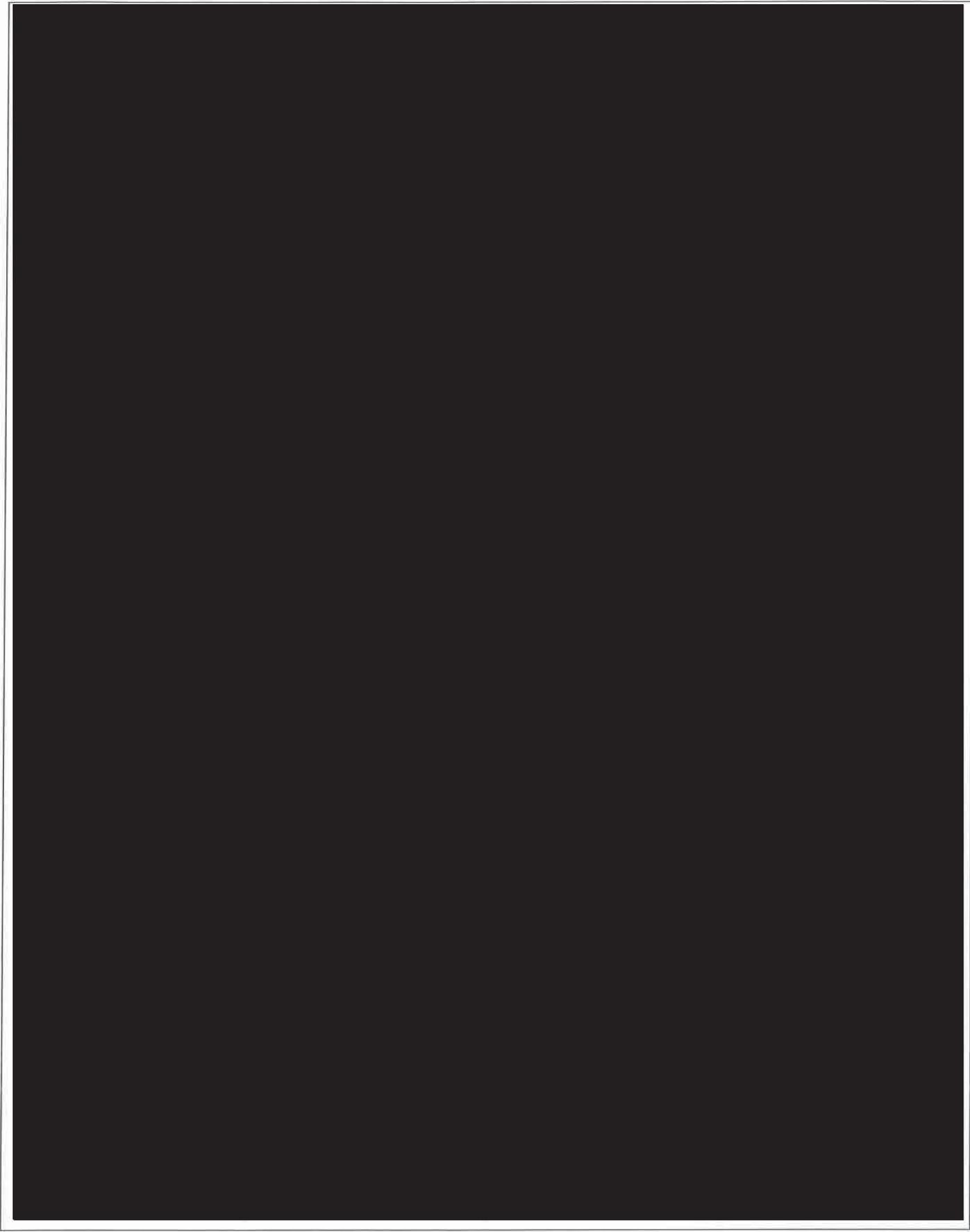
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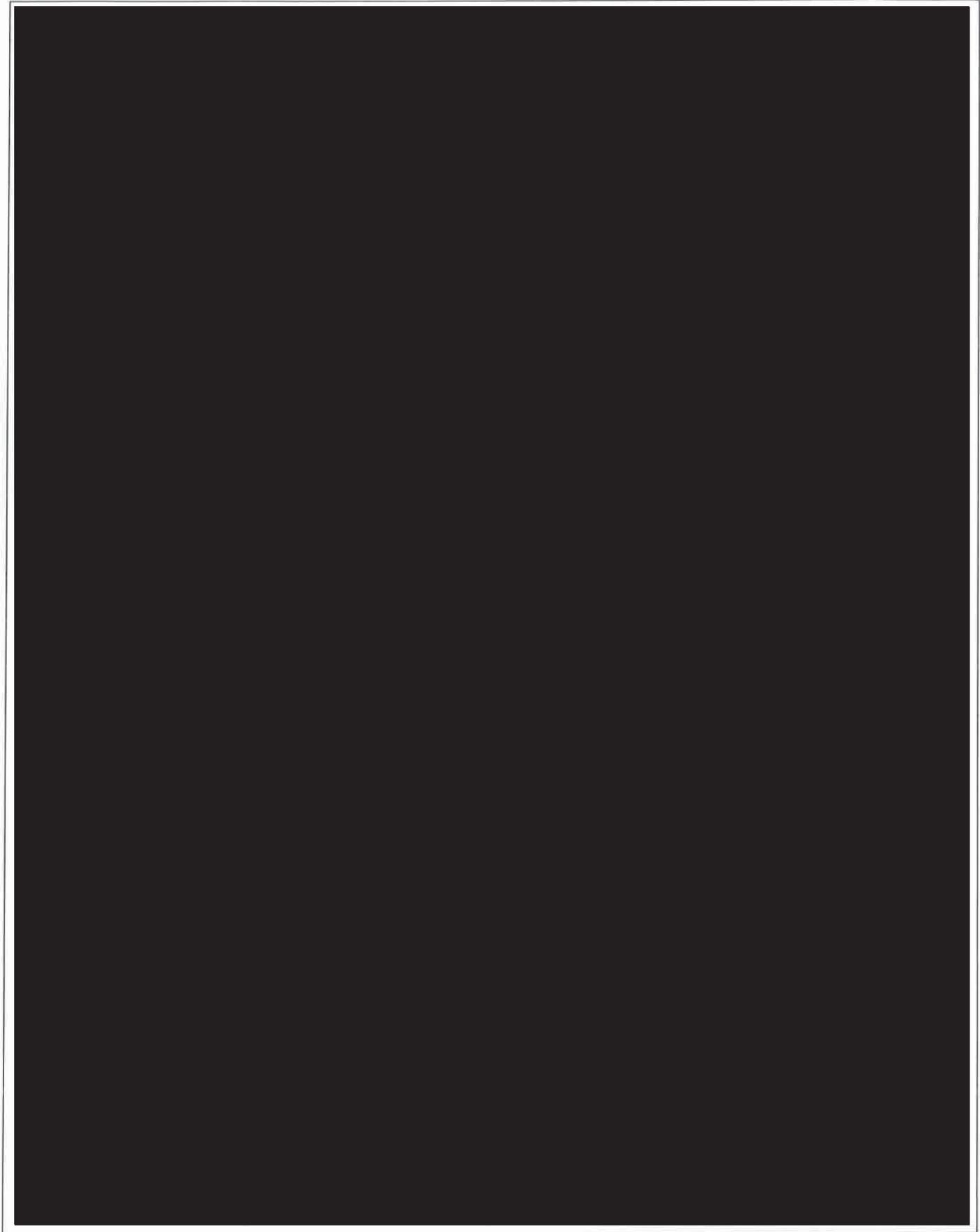
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*Diane Ehrensaft, Ph.D.
 445 Bellevue Avenue Suite 302
 Oakland, California 94610
 License Psychologist (California License: PS14 7342)
 510-547-4147*

October 22, 2017

STATEMENT OF SERVICES

TO: Lambda Legal
RE: Adams v. St. Johns County School Board
TYPE OF SERVICE: Expert Witness Report Preparation
DATES OF SERVICE: 8/1/2017 through 10/22/2017
SUBMITTED BY: Diane Ehrensaft, Ph.D., Developmental and Clinical Psychologist

DATE OF SERVICE	TYPE OF SERVICE	FEE
8/1/2017	1 hr. Phone Consultation w/ Legal Team	350.00
8/27/2017	1 hr. Interview with Drew Adams	350.00
9/1/2017	1. 25 hr. Review of Medical Records	437.50
9/8/2017	1 hr. Review of Court Records	350.00
9/7/2017	1 hr. Interview with Drew Adams	350.00
9/14/2017	1 hr. Interview with Drew Adams	350.00
9/15/2017	4 hr. Preparation Expert Witness Report	1400.00
9/16/2017	.25 hr. Edit of Expert Witness Report	87.50
9/18/2017	.75 hr. Video Consultation w/ Legal Team	262.50
9/19/2017	.50 hr. Video Consultation w/ Legal Team	175.00
10/14/2017	1 hr. review of Dr. Josephson Report	350.00
10/15/2017	.25 hr. Review of Medical Records	87.50
10/15/2017	2 hr. Video Consultation w/ Legal Team	700.00
10/22/2017	.25 hr. Phone Consultation w/ Omar Gonzalez	87.5

TOTAL DUE: 5337.50



*Diane Ehrensaft, Ph.D.
445 Bellevue Avenue Suite 302
Oakland, California 94610
Licence Psychologist (California License: PSY 7342)
510-547-4147*

October 31, 2017

STATEMENT OF SERVICES

TO: Lambda Legal
RE: Adams v. St. Johns County School Board
TYPE OF SERVICE: Expert Witness Rebuttal Report
DATES OF SERVICE: 10/23/2017 through 10/31/2017
SUBMITTED BY: Diane Ehrensaft, Ph.D., Developmental and Clinical Psychologist

DATE OF SERVICE	TYPE OF SERVICE	FEE
10/23/2017	.75 hr. Preparation Rebuttal Report	262.50
10/25/2015	2.25 hr. Preparation Rebuttal Report	787.50
10/26/2017	6 hr. Preparation Rebuttal Report	2100.00
10/28/2017	2.50 hr. Phone Consult Legal Team	875.00
10/28/2017	.25 hr Preparation Rebuttal Report	87.50
10/29/2017	2 hr. Phone consult Legal Team	700.00
10/29/2017	.50 hr Preparation Rebuttal Report	175.00
	TOTAL DUE:	4987.50

CURRICULUM VITAE

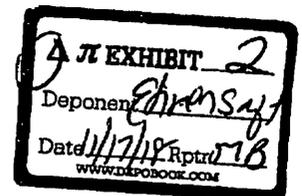
NAME: Diane Ehrensaft, Ph.D.
ADDRESS: 445 Bellevue Avenue Suite 302,
Oakland, California 94610
TELEPHONE: 510-547-4147
FAX: 510-547-7692
E-MAIL: dehrensaft@earthlink.net

PRESENT POSITIONS:

- Adjunct Associate Professor, Child Gender Clinic, Department of Pediatrics, University of California San Francisco, San Francisco, CA
 - Responsibilities: Assessment, Treatment, and Consultation advising with gender-nonconforming children and their families
- Director of Mental Health, Child and Adolescent Gender Center CAGC, San Francisco Bay Area
 - Responsibilities: Coordinating mental health services and directing consortium of child gender specialists
- Faculty, Psychoanalytic Institute Of Northern California, San Francisco, CA
 - Responsibilities: Teaching, Research Development
 - Areas:
 - Gender, Childhood and Adolescence
 - Reproductive Technology
- Clinical Psychologist, Private Practice, Oakland, CA
 - Responsibilities:
 - Psychotherapy with children and adults
 - Psychological evaluations
 - Custody evaluations
 - Mediation
 - Parenting consultations
 - Training and consultation
 - Forensic work: expert witness

STATUS:

- Ph.D. in Psychology
- Licensed Clinical Psychologist (California License # PSY 7342)



EDUCATION:

- University of Michigan: B.A. in Psychology 1964-1968
 - Graduated with honors in Honors Psychology Program
- University of Michigan: Ph.D. in Psychology 1968-1974
 - Received Ph.D. in May 1974
 - Course work Concentration: Child development; child psychotherapy; socialization; family
 - Psychology Prelim Exams: Communal child rearing and the social development of the child
 - Dissertation title: "Sex role socialization in a preschool setting"

EDUCATIONAL AWARDS AND APPOINTMENTS:

- 1968, 1969, 1970: NIMH Traineeship, University of Michigan
- 1970: Teaching Assistantship, School of Social Work, U. of Michigan
- 1971: Teaching Assistantship, Psychology Department, U. of Michigan
- 1971: Rackham Predoctoral Fellowship, University of Michigan
- 1972: University of Michigan Dissertation Grant
- 2012: Annual Scholarship Award, Section on Gender and Psychoanalysis, Division of Psychoanalysis, American Psychological Association
- 2013: Award for Outstanding Service, Section on Childhood and Adolescence, Division of Psychoanalysis, American Psychological Association
- 2014: Community Service Award, for Commitment to Child and Adolescent Gender Center, Northern California Society for Psychoanalytic Psychology

GRANTS:

- 2015 National Institute of Health (NIH)
 - R01HD082554: The Impact of Early Treatment of Transgender Youth
 - 08/01/2015-06/30/2020
 - Role: co-Investigator.

EMPLOYMENT EXPERIENCE:

- 2012 to present: Adjunct Associate Professor, Department of Pediatrics, UCSF
- 1980 to present: Clinical Psychologist in private practice
- 1981 to 2004: Professor, The Wright Institute, Berkeley, California
- 1986 to 2005: Expert panel, Family Court, Counties of Alameda & San Francisco
 - Responsibilities: Court-appointed child and custody evaluations
- 1994 to present: Senior clinical faculty, A Home Within
 - Project offering pro bona long-term psychotherapy to children in foster care

- 1999 to present: Faculty, Psychoanalytic Institute of Northern California
- 2000 to present: Clinical Supervisor and Consultant, West Coast Children's Center
 - Responsibility: Supervision of interns, clinical training and consultation
- 1995 to 1999: Member, Mediation Resources
 - Interdisciplinary team of psychologists and lawyers offering mediation, evaluation, and consultation services pertaining to dispute resolution in family and commercial matters
- 1995 to 1999: Clinical faculty, Mt. Zion Psychiatric Department, University of California, San Francisco
 - Responsibilities: Clinical supervision of psychology interns
- 1992 to 1998: Clinical faculty, Ann Martin Children's Center, Piedmont, California
 - Responsibilities: Clinical supervision to psychology interns
- 1986 to 1992: Clinical faculty, Department of Psychiatry, Children's Hospital San Francisco
 - Responsibilities: Clinical supervision of psychology interns
- 1986 to 1990: Clinical consultant, Children's Hospital Medical Center of Northern California, Oakland
 - Responsibilities: Clinical training
- 1985 to 1986: Consulting Psychologist Health America Rockridge, Oakland, California
 - Responsibilities: Consultation to Pediatrics Department
- 1982 to 1988: Independent contractor to Child Development Center, Children's Hospital Medical Center of Northern California
 - Responsibilities: Psychological Evaluations of developmentally disabled children, consultation with staff and parents.
- 1980 to 1983: Mental Health Consultant, Alameda Headstart, Alameda, CA
 - Responsibilities: Clinical consultation and training with Headstart staff in areas of child and family mental health; observation and evaluation of children enrolled in Headstart program; psychological consultations with families enrolled in the program
- 1980 to 1981: Post Doctoral Fellowship Child Guidance Clinic and Adult Psychiatric Services Children's Hospital San Francisco
 - Responsibilities: Psychological testing, evaluation, and treatment Of adults, children, and families; consultation with schools and related hospital services
- 1979 to 1981: Faculty, University of San Francisco Faculty member of the Family Reunification Project, sponsored by the University of San Francisco in conjunction with the San Francisco Department of Social Services
 - Responsibilities: Teaching courses in the area of child psychopathology to Department of Social Service social workers enrolled in in-service Masters of Arts in Public Services program.

- 1979 to 1980: Post-Doctoral Internship Family Guidance Services, Children's Hospital Medical Center
 - Responsibilities: Evaluation of children and families in a multi-disciplinary mental health clinic serving a broad range of families
- 1979 to 1980: Post-Doctoral Internship Child Development Center, Children's Hospital Medical Center
 - Responsibilities: Psychological screening and evaluation of young children referred for developmental disabilities and related problems; treatment planning; consultation to schools, day care programs, and community agencies
- 1977 to 1979: Faculty, Field Studies Program, University of California, Berkeley
 - Responsibilities: Teaching field based courses in the areas of child rearing, parenting, and the family; women, gender, and social change. Administrative responsibilities involving staff development and program evaluation
- 1974 to 1978: Faculty, Interdisciplinary Program on Day Care and Child Development, University of California, Berkeley Graduate Program funded by the Carnegie and Grant Foundations and sponsored jointly by the Department of Education, School of Social Welfare, and School of Public Health offering advanced training to a selected group of pediatricians, educators, and social workers.
 - Responsibilities: Evaluate effectiveness of graduate training program in day care and child development; program development; teaching
- 1974 to 1978: Faculty, School of Social Welfare, University of California, Berkeley
 - Responsibilities: Teaching in areas of research theory and methods, children and the family; women and mental health; dissertation supervision
- 1972 to 1973: Faculty, Sociology Department, Sir George Williams University, Montreal, Quebec
 - Responsibilities: Teaching courses on the sociology of the family
- 1972: Director, Park Avenue Day Care Center, Montreal, Quebec
 - Government-sponsored preschool program for Greek immigrant families to teach them French and English language skills and prepare them for entrance into Montreal school system.
 - Responsibilities: Program administration; liaison with Quebec and Canadian government; mental health consultation to staff and program families
- 1971: Teaching Assistant, Department of Psychology, University of Michigan
 - Responsibilities: Running the developmental psychology lab for undergraduate and graduate level students; teaching in developmental psychology class
- 1970: Teaching Assistant, School of Social Work, University of Michigan
 - Responsibilities: Assistant teaching in course on complex organizations
- 1970: Clinician and research assistant, Project on marital communication and family therapy in a natural setting, School of Social Welfare, University of Michigan

- Responsibilities: Family therapy in office and home setting; compilation and analysis of research data on therapeutic outcome
- 1969: Group therapist, Huron Valley Child Guidance Clinic, Ypsilanti, Michigan
Nonresidential summer therapy program for emotionally disturbed boys ages 5-14.
 - Responsibilities: Co-led group therapy with a group of 9-10 year old boys.
- 1968 to 1969: Graduate clinical internship, Office of Economic Opportunity Day Care Center, Ecorse, Michigan
 - Responsibilities: Mental health consultation to staff and families, play therapy with children enrolled in program
- 1968 to 1969: Graduate clinical internship, Downriver Child Guidance Clinic, Lincoln Park, Michigan
 - Responsibilities: Therapy with school-age children and families
- 1968: Research Assistant, Department of Psychology, University of Michigan Clinical research on aggression and dependency in college students
 - Responsibilities: Analysis of Thematic Apperception Test protocols
- 1967: Research Assistant, Institute for Industrial Relations, University of Michigan Project on American ghettos
 - Responsibilities: Library research, document preparation, analysis of data.

PROFESSIONAL ACTIVITIES:

- 2015: Co-Chair, APA Division of Psychoanalysis (39) Spring Meeting, Life in Psychoanalysis in Life, San Francisco, CA
- 2014: AbbVie Trans Advisory Board Member
- 2010: President, Professional Advisory Board, A Home Within
- 2009 to present: Member of Professional Advisory Board, A Home Within
- 2008 to present: Board Member, Gender Spectrum
- 2008 to present: Board Member, Section IX, Psychoanalysis and Social Responsibility, Division of Psychoanalysis, American Psychological Association
- 2007 to present: Member of Mental Health mental health professional group of the American Society for Reproductive Medicine
- 2007 to present: Chair, Reproductive Technology Research Group, Psychoanalytic Institute of Northern California
- 2004 to 2009: Vice President, Board of Directors, A Home Within
- 2004 to present: Member of Board of Directors, A Home Within
- 2002 to 2008: Board Member, Section III (Gender and Psychoanalysis), Division 39 (Psychoanalysis), American Psychological Association
- 2001 to 2004: Secretary, Board of Directors, A Home Within
- 2000 to 2003: Board Member, Division 39 (Division of Psychoanalysis) Board of Directors, American Psychological Association

- 1999 to present: Editorial Board Member, *Studies in Gender and Sexuality*, a journal on psychoanalysis, cultural studies, treatment, and research
- 1998 to present: Board Member and Membership Chair, Section II (Childhood and Adolescence) of Division 39 (Division of Psychoanalysis), American Psychological Association
- 1994 to present: Senior clinician, Children's Psychotherapy Project
 - Project established to offer pro bona long-term psychotherapy to children referred through the Department of Social Services Senior clinicians run consultation groups for psychotherapists who provide the therapy services and are also involved on program development, training, administration, and evaluation.
- 1993 to present: Editorial review board, *American Journal of Orthopsychiatry*
- 1992-1993: Co-chair, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1992: Development Committee, Child Care Employee Project
- 1991-1992: Committee Member, Education Committee, Northern California Society for Psychoanalytic Psychology
- 1983 to 1996: Employer and Supervisor to psychological assistants working under my license in my private practice
- 1978: Consultant to Childhood and Government Project, University of California, Berkeley
- 1978: Consultant to Child Care Switchboard, San Francisco
- 1976: Berkeley Child Care Advisory Committee
- 1974 to 1977: Designing and conducting staff training workshops on sex role stereotyping in the preschools
- 1973 to 1976: The Children's Project, A Bay Area women's group investigating the status of women and children in the United States.
- 1973 to 1976: Development, coordination, and participation in parent-run preschool program

SELECTED LECTURES AND SPEAKING ENGAGEMENTS:

- 2015: Invited Plenary Speaker, *Different Approaches to Treating gender-nonconforming children*, American Psychological Association Annual Meeting, Toronto, Ontario
- 2015: Speaker, *Gender as Cure*, UCSF Transgender Health Summit, Oakland, CA
- 2015: Grand Rounds: *What's your gender?*, Alta Bates Summit Hospital, Berkeley, CA
- 2014: Grand Rounds: *Treating Gender-Nonconforming Children*, California Pacific Medical Center, San Francisco, CA
- 2014: Invited Speaker, *Controversies in the Treatment of Transgender Children and Adolescents*, American Psychiatric Association Annual Meeting, New York, New York

- 2013: Invited Speaker, *Gender-nonconforming children*, Pediatric Endocrine Society Symposium, Washington, D.C.
- 2013: Invited Speaker, *Found in Translation: Listening and Learning from Gender-nonconforming Children*, William Alanson White Institute, New York, New York
- 2012: Keynote Address: *From Gender Identity Disorder to Gender Creativity*, Gender Creative ids Workshop, Concordia University, Montreal, Quebec
- 2010: Invited Speaker, *A Terrible Thing Happened on the Way to Becoming a Girl*, Division of Psychoanalysis, APA Annual Meeting, Chicago, Illinois
- 2010 Invited Speaker, *Transcending Humpty Dumpty: The Case of an Egg Donor Mother*, International Association for Relational Psychoanalysis and Psychotherapy, San Francisco, CA
- 2010: Invited Speaker, *Outcomes for the Children*, American Psychoanalytic Association Group on Reproductive Technology, The American Psychoanalytic Society's Annual Meeting, New York
- 2010: *Wherefore baby? Searching Beyond Infertility*, Northern California Society for Psychoanalytic Psychology, Scientific Meeting
- 2010: Invited Speaker, *Priuses, Smoothies, and Tranys: Transgender Care in the Beginning: The Early Childhood Years*, Northern California Psychiatry Society Annual Meeting, Monterey, California.
- 2009: Invited Speaker, American Psychiatric Association's Annual Meeting, San Francisco: *Gender Made, Gender Nurtured: The Child Shapes the Parent as the Parent Shapes the Child in Families with A Gender Variant Child*, Panel: Symposium: Lesbian, Gay, Transgender Youth: Family Approaches.
- 2009: Division of Psychoanalysis APA Annual Meeting, San Antonio: Panel Presentation: *Boys Will Be Girls, Girls Will Be Boys: Familial Effects on Children's Gender Freedom*, Panel: The Transmission of Sexism and Homophobia within the Family
- 2009: Division of Psychoanalysis APA Spring Meeting, San Antonio: Paper Presentation: *I'm a Prius: A Child Case of a Gender/Ethnic Hybrid*, Panel: The Transmission of Sexism and Homophobia within the Family, Sexualities and Gender Identities Committee Invited Panel
- 2008: Invited Speaker, Seattle Psychoanalytic Society and Institute: *The Stork Didn't Bring You, You Came From a Dish.*
- 2008: Invited Speaker, Harvard Medical School: Treating Contemporary Families: Mental Health Aspects of Alternative Reproduction, Adoption, and Parenting, Boston: *The Psychodynamics of the Contemporary Family: Mothers, Fathers, Donors, Surrogates, and Children*
- 2008: American Psychological Association Annual Convention, Boston: Paper presentation: *One Pill Makes You Boy, One Pill Makes You Girl*, Panel: Doctor, What About Pills? Psychoanalytic Thought and Medication

- 2007: Invited Speaker, St. Louis Psychoanalytic Society, *The Stork Didn't Bring You, You Came From a Dish*
- 2007: Keynote Speaker, ANZICA The Australian and New Zealand Infertility Counsellors Association, Hobart, Tasmania: *When Things Go Pear-Shaped?*
- 2007: Invited Speaker, The Fertility Conference of Australia Annual Conference, Hobart, Tasmania: *Building Strong Donor Families*
- 2006: Invited Speaker, Mothers and Fathers of Invention, IPTAR Conference, New York: *The Stork Didn't Bring Me, I Came from a Dish: Psychological Experiences of Children Conceived through Assisted Reproductive Technology*
- 2001 Invited Speaker, Division 39 Invited Roundtable, APA Annual Meeting, *Growing Up and Growing Old: Continuity and Change in the Wishes and Desires over the Course of Life*
- 2001 Invited Speaker, Division 39 Annual Spring Meeting, Santa Fe: Session on Sex and Gender, *Bending and Blending: A Developmental Perspective*
- 2000: Invited Speaker, Division 39 Annual Spring Meeting, Session on Contemporary Child Psychotherapy: *Who's in the Room and What are We Doing?*
- 1997 to present: Public Speaking, TV and Radio Appearances: Topic: *Spoiling Childhood*
- 1997: Presenter, with Dr. Anne Bernstein at Annual Conference of the Academy of Family Mediators Topic: *When the Parents Aren't the Cleavers and the Children Aren't "The Beaver": Mediation with Non-Traditional Families*
- 1997: Presenter, Round Table Discussion, Northern California Society for Psychoanalytic Psychology Topic: *Whose Oedipus? Development, Dynamics, and Identity in the 1990s.*
- 1996: Presenter, Grand Rounds, Mt. Zion Psychiatric Service Topic: *The New Silent Majority: The Underaggressive Parent*
- 1996: Presenter, Parent Association, Marin Public Schools Topic: *Harried Parents and the Haloed Child*
- 1996: Invited presenter, International Conference: The Costs of Children Sponsored by the city of Bologna, Bologna, Italy, Sept. 27-28. Topic: *The Perils of Parenthood*
- 1995: Faculty, Perspectives on Motherhood: Myths and Realities, Conference sponsored by the San Francisco Institute for Psycho-Analytic Psychotherapy and Psychology, Mills College, and the San Francisco Salon Workshop Leader: *Defining Differences: Parenthood vs. Motherhood*
- 1994: Presentation: *The Perils of Parenting: Psychological Conflicts of Child Rearing in the 1990s*, Sponsored by The Friends of the San Francisco Psychoanalytic Institute
- 1994: Workshop: *Parenting in the 90s: An Impossible Task*, Parenting University, Piedmont Adult Education, Piedmont Unified School District
- 1994: Presentation: *The Things Grandma Never Told Us: Parenting in the 90s*, Sacred Hearts School, San Francisco

- 1994: Grand Rounds: *Sex and Violence in the Nursery: Lessons from the Presidio*, Children's Hospital Medical Center, Oakland
- 1994: Presentation: *Sexual Abuse in a Preschool Setting*, Child and Adolescent Sexual Abuse Resource Center, Department of Public Health, San Francisco
- 1993: Panel member, *Sexualized Transferences: Clinical Considerations and Ethical Implications*, panel presentation at monthly meeting of California Association of Marriage and Family Therapists
- 1993: Workshop: *Disassembling and Reassembling the Family: Psychoanalytic perspectives on Evaluation and Treatment*. Co-led with Toni Heineman, D. M. H., sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Grand Rounds: *Sex and Violence in the Nursery*, Alta Bates Medical Center Department of Psychiatry
- 1992: Panel Organizer and Presenter: *Parenting in the 1990s: A Need for a New Psychoanalytic Perspective*, sponsored by the Northern California Society for Psychoanalytic Psychology
- 1992: Discussant, *The lesbian parenting Couple--Cultural and Clinical Issues*, Conference sponsored by The Psychotherapy Institute, Berkeley, California
- 1991: Panel organizer and chair, *Object Relations Theory, Mothers, and children: A Feminist Perspective*, American Psychological Association
- 1991: Paper presentation: *Sex and Violence in the Nursery: Lessons from the Presidio*, Annual Meeting of the American Orthopsychiatric Association
- 1990: Presentation: *Death, Loss, Grief, and Trauma*, Lecture delivered to New Perspectives clinical staff and associates, a school-based mental health delivery agency
- 1990: Guest, Oprah Winfrey Show Topic: *Stressed Out Dads*
- 1989: Community Lecture: *Lessons from the Presidio: Institutional Sexual Abuse*. Sponsored by Alameda Child Abuse Council
- 1989: Community Lecture: *Effects of Removing Children from their Homes*, Sponsored by Bay Area Coalition of Child Abuse Councils
- 1988: Corresponding Faculty, the American Orthopsychiatric Association Annual Meeting
- 1988: Workshop: *Aggression and Anger in Children*, Walden School, Berkeley, California
- 1988: Workshop: *Children's Fears*, Walden School, Berkeley, California
- 1987: Numerous radio and television appearances, local and national Topic: *Men and Women Sharing the Care of their Children*
- 1985: Presentation: *When Women and Men Mother*, Family Forum Lecture Series, College of Marin
- 1984 to 1985: Professional consultation to authors of Redwook and Cosmopolitan magazines in the area of gender and adult relationships

- 1981: Guest Speaker: *Mothers and Fathers, Together and Apart*, University of California Day Care Services, Berkeley
- 1981: Panel speaker: *Motherhood and Feminism*, Conference on Feminism in the 1980s, sponsored by Stanford University
- 1977: Keynote Speaker, Palomar College Topic: *Gender Development in Young Children*.
- 1977: Keynote Speaker, California Child Development Association Topic: *Sex Role Stereotyping in Preschools*
- 1974: Colloquium: *Sex Role Socialization in a Preschool Setting*, School of Social Welfare, University of California, Berkeley

PROFESSIONAL AFFILIATIONS:

- American Society for Reproductive Medicine
- International Association for Relational Psychoanalysis and Psychotherapy
- California Psychological Association
- Division of Psychoanalysis (Division 39), American Psychological Association
- Section II (Childhood and Adolescence) of Division 39
- Section III (Women, Gender, and Sexuality) of Division 39
- Section IX, (Psychoanalysis and Social Responsibility) of Division 39 Northern California Society for Psychoanalytic Psychology
- Council on Contemporary Families

PUBLICATIONS AND PAPERS:

- Gender nonconforming youth: current perspectives *Adolescent Health, Medicine and Therapeutics* 2017;8 57-67
- Promoting children's gender health: a guideline for professionals. *Carlat Report—Child Psychiatry*, 7:8: 1-2, Nov/Dec 2016.
- *The Gender Creative Child*. D. Ehrensaft, New York: The Experiment, 2016.
- *The Gender Affirmative Model: A New Approach to Supporting Gender Non-Conforming and Transgender Children*, Colt Meier, Ph.D. & Diane Ehrensaft, Ph.D.(eds.), American Psychological Association Publications, in process.
- "It Takes a Gender Creative Parent" in A. Lev & A. Gottlieb (eds.), *Families in Transition: Parent Perspective in Raising the Gender Nonconforming or Trans Child* (in press).
- "Baby Making: It Takes an Egg and Sperm and a Rainbow of Genders" in Katie Gentile (ed.), *The Business of Being Made: Producing Liminal Temporalities through ARTS*, New York: Routledge, 2015.
- <http://www.wired.com/2015/07/must-put-end-gender-conversion-therapy-kids> (07/06/2015 Wired)

- Found in Transition: Our Littlest Transgender People. *Contemporary Psychoanalysis*, 50:4: 571-592, 2014.
- Psychological and medical care of gender nonconforming youth. Vance S, Ehrensaft D, Rosenthal S. M. *Pediatrics*, 2014.
- Gender Nonconforming/Gender Expansive and Transgender Children and Teens. Sherer I, Baum J., Ehrensaft D., Rosenthal S.M., *Contemp Pediatrics*, 2014.
- Child and Adolescent Gender Center: A multidisciplinary collaboration to improve the lives of gender nonconforming children and teens. Sherer I, Rosenthal SM, Ehrensaft D., Baum J., *Pediatr Rev* 33:273-275, 2012.
- "Listening and Learning from gender-nonconforming children. *The Psychoanalytic Study of the Child*, Vol. 68, 28-56, 2014 .
- "Family complexes and Oedipal circles: mothers, fathers, babies, donors, and surrogates. In M. Mann (ed.) *Psychoanalytic Aspects of Assisted Reproductive Technology*. London: Karnac, 2014.
- "From gender identity disorder to gender identity creativity: The liberation of gender nonconforming children and youth." In E.J. Meyer and A.P. Sansfacon (eds.), *Supporting Transgender and Gender Creative Youth*. New York: Peter Lang, 2014.
- "A terrible Thing happened on the way to becoming a girl: transgender trauma, parental loss, and recovery." In P. Cohen, M. Sossin, & R. Ruth (eds.), *Healing after Parent Loss in Childhood and Adolescence*. Lanham: Rowman & Littlefield, 2014.
- "The Gender affirmative model: what we know and what we aim to learn." Hidalgo, M.A., Ehrensaft, D. Tishelman, A.C., Clark, L.F., Garofalo, R., Rosenthal, S.M., Spack, N.P., & Olson, J., *Human Development*, 56: 285-290, 2013.
- "Look, Mom, I'm a boy—don't tell anyone I was a girl." *Journal of LGBT Youth*, 10:928, 2013.
- "The 'Birth Other' in Assisted Reproductive Technology" In M. O'Reilly-Landry (ed.), *A Psychodynamic Understanding of Modern Medicine*. London: Radcliffe, 2012.
- "From gender Identity disorder to gender identity creativity: True gender self child therapy. *Journal of Homosexuality*, 59:3, 337-356, 2012.
- *Gender Made, Gender Born*, The Experiment Press, 2011.
- "Boys will be girls, girls will be boys." *Psychoanalytic Psychology*, 28: 4, 2011, 528548, 2011.
- "I'm a Prius." *Journal of Gay and Lesbian Mental Health*, 15:1, 46-57, 2011.
- One Pill Makes You Boy, One Pill Makes You Girl. *International Journal of Applied Psychoanalytic Studies*, 6:1, 12-24, 2009.
- "Just Molly and Me, and "Donor Makes Three" *Journal of Lesbian Studies*, 12: 2-3, 161-178, 2008.
- "When Baby Makes Three or Four or More" *Psychoanalytic Study of The Child*, Vol. 63, 3-23, 2008.

- Guest Editor. Special Issue on Foster Care. *Journal of Infant, Child, and Adolescent Psychotherapy*, 7:2, July 2008.
- "A Child is Being Eaten: Failure, Fear, Fantasy, and Repair in the Lives of Foster Children" *Journal of Infant, Child, and Adolescent Psychotherapy*, 7:2, 100-108, 2008.
- "Raising Girlyboys: A Parent's Perspective." *Studies in Gender and Sexuality*, 8(3), 269-302, 2007.
- "The Stork Didn't Bring Me, I Came From a Dish: Psychological Experiences of Children Conceived through Assisted Reproductive Technology." *Journal of Infant, Child, and Adolescent Psychotherapy*, 6(2): 124-140, 2007.
- *Mommies, Daddies, Donors, Surrogates: Answering Tough Questions and Building Strong Families*, New York: Guilford Publications, 2005.
- Toni Heineman and Diane Ehrensaft (eds.), *Building A Home Within: Meeting the Emotional Needs of Children and Youth in Foster Care*. Baltimore: Brookes, 2005.
- "Raising Girlyboys: A Parent's Perspective," paper presented at the APA Division 39 Spring Meeting, Santa Fe, New Mexico, April 27, 2001.
- "Ode to Anna Freud: Intersubjectivity and Child Psychotherapy," paper presented at APA Division 39 Spring Meeting, San Francisco, CA, April 6, 2000.
- "Alternatives to the Stork: Fatherhood Fantasies in Donor Insemination Families, *Studies in Gender and Sexuality*, Vol. 1, No. 4, 2000, 371-397.
- "The Kinderdult: The New Child Board to Conflict between Work and Family," in Rosanna Hertz and Nancy L. Marshall (eds.), *Families and Work: Today's Realities and Tomorrow's Possibilities*, Berkeley, CA: University of California Press, 2000, 585-627.
- "Use the Rod/Lose the Child; Spoil the Child/Lose the Parent," paper presented at American Psychological Association Annual Meeting, August 18, 1998.
- "Alternatives to the Stork: Fatherhood Fantasies in Sperm Donor Families," paper presented at APA Division 39 Meetings, Boston, Massachusetts, April 25, 1998.
- *Spoiling Childhood: How Well Meaning Parents Are Giving Children Too Much--But Not What They Need* (Guilford Press, 1997)
- "Child Psychotherapy and Intersubjective Theory: Ode to Anna Freud," *Fort-Da, Journal of the Northern California Society for Psychoanalytic Psychology*. Spring 1998.
- Susan Bernadett-Shapiro, Diane Ehrensaft, & Jerrold Lee Shapiro, "Father Participation in Childcare and the Development of Empathy in Sons: An Empirical Study," *Family Therapy*, Volume 23, No. 2, 1996, 77-93.
- "Bringing in Fathers: The Reconstruction of Mothering," in Jerrold Lee Shapiro, Michael Diamond, & Martin Greenberg (eds.), *Becoming a Father*, New York: Springer, 1995, 43-59.
- Tomi V. Heineman & Diane Ehrensaft, "The Children's Psychotherapy Project, *Fort Da, Journal of the Northern California Society for Psychoanalytic Psychology*, Vol. I, No. 2, November 1995.

- "Solomon's Child: Dilemmas in the Joint Custody Family," paper presented at the annual meeting of the American Psychological Association, August, 1993.
- "Your Majesty, the Baby: Normative Narcissism and Confused Parenting," paper delivered at annual meeting of the Division of Psychoanalysis, American Psychological Association, April 15, 1993.
- "Preschool Sexual Abuse: The Aftermath of the Presidio Case," *American Journal of Orthopsychiatry*, 62 (2), April 1992, 234-244.
- "Your Majesty the Baby: Normative Narcissism, Confused Parenting, and the Changing Concept of Childhood, paper delivered at the Northern California Society of Psychoanalytic Psychology Forum, Parenting in the Nineties: The Need for a New Psychoanalytic Perspective, May 9, 1992.
- "Sex and Violence in the Nursery," paper presented at scientific meeting of the Northern California Society for Psychoanalytic Psychology, November 1991.
- "The Reconstruction of Mothering," paper delivered at the annual meeting of the American Psychological Association, August 1991.
- "Sex and Violence in the Nursery: Lessons from the Presidio," paper delivered at the annual meeting of the American Orthopsychiatric Association, April 1991.
- "Feminists Fight (for) Fathers," *Socialist Review*, Vol. 20, No. 4, October - December 1990, 57-80.
- "When Women and Men Mother," in Karen Hansen and Ilene Philipson (eds.), *Women, Class, and the Feminist Imagination*, Philadelphia: Temple University Press, 1990; 399430.
- "A Parent's Love for a Child: Mother-Father Differences in the Shared Parenting Family," paper presented at the annual meeting of the Division of Psychoanalysis, American Psychological Association, February, 1988.
- "Dual Parenting and the Dual of Intimacy: Mother-Father Dynamics in the Shared Parenting Family," paper delivered at the first annual Children's Hospital Alumni Association Meeting, March 1988.
- "The Experts Who Speak for the Baby Who Can't: What Behooves Them to Prove," paper delivered at the annual meeting of The American Orthopsychiatric Association, March 1988.
- *Parenting Together: Men and Women Sharing the Care of their Children*. New York: The Free Press, 1987.
- "Attachment and Androgyny: The Children of Shared Parenting," paper delivered at The annual meeting of The American Orthopsychiatric Association, March 1987.
- "Gender Issues in Clinical Work: Parenting Issues," paper delivered at the annual meeting of The American Orthopsychiatric Association, March 1987.
- "Dual Parenting and the Duel of Intimacy," in G. Handel (ed.), *The Psychosocial Interior of the Family*, New York: Aldine Press, 1985.

- *"Man, Woman, and Child: the New Shared Parenting Family."* ERIC Publications, Ann Arbor, Michigan, 1985.
- "Androgynous Men and Headstrong women: The Shared Parenting Couple," paper delivered at The Future of Parenting Conference, California State University, Chico, February 1985.
- "Dual Parenting and the Duel of Intimacy," paper delivered at the annual meeting of The American Sociological Association, August 1983.
- "When Women and Men Mother," in Joyce Trebilcot (ed.), *Mothering: Essays in Feminist Theory*, New Jersey: Littlefield, Adams, and Co., 1983.
- Book Review: Myra Liefer, "Psychological Effects of Motherhood," in *Sociology and Social Research*, Vol. 66, No. 2, January 1982.
- "When Women and Men Mother," *Socialist Review*, No. 49, January-February 1980, 3773 (reprinted in *Politics and Power*, London, England).
- "From Sex to Gender: The Hidden Curriculum in the Preschools," 1980.
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- Report: Evaluation of the Interdisciplinary Program on Day Care and Child Development, 1974-1977, University of California, Berkeley.
- "We Followed Them to School One Day: Sex Role Socialization in the Preschool," in Jerome and Evelyn Oremland (eds.), *The Sexual and Gender Development of Young Children*, New York: Ballinger Press, 1977.

Adams v. The School Board of St. Johns County, Florida
Case No. 3:17-cv-00739-TJC-JBT (M.D. Fla.)

Expert Report for Diane Ehrensaft, Ph.D.

Exhibit B – Bibliography



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Case-Specific Documents

- Complaint, *Adams v. The Sch. Bd. of St. Johns Cty., Fla.*,
Case No. 3:17-cv-00739-TJC-JBT (M.D. Fla. June 28, 2017) (Docket No. 1)
- Declaration of Drew Adams, *Adams v. The Sch. Bd. of St. Johns Cty., Fla.*,
Case No. 3:17-cv-00739-TJC-JBT (M.D. Fla. July 19, 2017) (Docket No. 22-1)
- Declaration of Erica Adams Kasper, *Adams v. The Sch. Bd. of St. Johns Cty., Fla.*,
Case No. 3:17-cv-00739-TJC-JBT (M.D. Fla. July 19, 2017) (Docket No. 22-2)
- Hearing Transcript, *Adams v. The Sch. Bd. of St. Johns Cty., Fla.*,
Case No. 3:17-cv-00739-TJC-JBT (M.D. Fla. Aug. 10, 2017) (Docket No. 57)
- Amended Complaint, *Adams v. The Sch. Bd. of St. Johns Cty., Fla.*,
Case No. 3:17-cv-00739-TJC-JBT (M.D. Fla. Sept. 7, 2017) (Docket No. 60)

Medical and Psychological Records for Drew Adams

- Records from Nemours Children's Clinic – Jacksonville, including:
 - Records from Dr. Michael De La Hunt, MD
 - Records from Dr. Lisa M. Buckloh, Ph.D.
 - Records from Dr. Priscila C. Gagliardi, MD
 - Records from Dr. Monica M. Mortensen, DO
- Records from Duke Health, Department of Pediatrics, including:
 - Records from Dr. Deanna W. Adkins, MD
- Records from Baptist Medical Center South
- Records from Dr. Kamalesh Pai, MD
- Records from Dr. Naomi Jacobs, Ph.D.
- Records from Dr. Erica Tarbox/Baptist Pediatrics, Inc.
- Records from Dr. Russell F. Sassani, MD/Take Shape Plastic Surgery, P.A.
- Records from Judith A. Asermely, LCSW, LLC
- Records from counselor Claudia Rojas

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

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

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

Plaintiff,

v.

THE SCHOOL BOARD OF ST. JOHNS
COUNTY, FLORIDA,

Defendants.

EXPERT REPORT OF DIANE EHRENSAFT, Ph.D.



Qualifications and Experience

1. I am a developmental and clinical psychologist. I specialize in working with children and adolescents experiencing gender dysphoria and their families. A true and correct copy of my Curriculum Vitae is attached hereto as Exhibit A.

2. During my thirty-five year career as a psychologist, I have provided consultation, therapy, and evaluations for more than 500 transgender and gender nonconforming children and adolescents and their families.

3. Due to my expertise in this area, a portion of my private practice includes consulting with mental health providers across the United States to assist those providers in working with transgender youth. Over the years, I have consulted with approximately 200 mental health and related providers to assist them in their treatment of transgender youth and their families.

4. In addition to my private practice, I helped found the Child and Adolescent Gender Center ("CAGC") at the University of California, San Francisco ("UCSF") Benioff

Children's Hospital in San Francisco, California, along with several colleagues. I have served as CAGC's Director of Mental Health since its inception in July 2009 and was appointed an Adjunct Associate Professor at the UCSF Department of Pediatrics.

5. As part of my work through CAGC, I organize and facilitate a group of local mental health providers that work with children and adolescents experiencing gender dysphoria called "Mind the Gap." The group meets every month to discuss issues we see in our respective practices and provide support and outreach to each other so that we can provide the best care

possible to our patients. Mind the Gap has developed training materials and assessment protocols, and provides community psychotherapy and evaluation for patients who attend the UCSF Child and Adolescent Gender Center Clinic at Benioff Children's Hospital in San Francisco and San Mateo, and at the Children's Hospital in Oakland. There are approximately 175 providers who participate in the group.

6. I serve on the Board of Directors of Gender Spectrum, a national organization offering educational, training, and advocacy services to schools and youth-serving organizations to become more gender inclusive. The organization also develops resources for parents and schools regarding transgender youth in school. For example, Gender Spectrum was a lead co-author of *Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools*, which was co-authored by the National Education Association; and, more recently authored *Transgender Students and School Bathrooms: Frequently Asked Questions*, a resource endorsed and supported by the American School Counselor Association, the National Association of Elementary School Principals, the National Association of School Psychologists, and the National Association of Secondary School Principals. Furthermore, I am actively involved in designing the organization's training program for healthcare professionals, and regularly conduct trainings as the group's mental health consultant to provide better education and services for those counseling and interacting with transgender youth and their families.

7. I am also a senior consultant, founding member, and board member of A Home Within, a national organization focusing on the emotional needs of children and youth in foster care and offering pro bono long-term psychotherapy to children in foster care.

8. As an Adjunct Associate Professor in the Department of Pediatrics at UCSF, I have taught courses including The Treatment of Gender-Nonconforming Children; The Emotional Development of Gender-Nonconforming Children; Interdisciplinary Support of Gender-Nonconforming and Transgender Children; Parenting a Gender nonconforming/Transgender Child. I have also lectured at the University of California, Berkeley and The Wright Institute, which is a clinical psychology graduate school, in Berkeley, California.

9. I am currently working as a co-investigator on a five-year study operating at four sites (UCSF, Boston Children's Hospital, Los Angeles Children's Hospital, and Lurie Children's Hospital of Chicago), funded by a National Institute of Health ("NIH") grant to study the medical and mental health outcomes of gender nonconforming youth receiving puberty blockers and/or cross-sex hormones as part of their treatment.

10. My recent publications include The Gender Creative Child, The Experiment Press (2016); Look, Mom, I'm a Boy—Don't Tell Anyone I Was a Girl, 10 J. of LGBT Youth 1–20 (2013); From Gender Identity Disorder to Gender Identity Creativity: True Gender Self Child Therapy, 59 J. of Homosexuality 337-356 (2012); Gender Born, Gender Made, The Experiment Press (2011); and Boys Will Be Girls, Girls Will Be Boys, 28 Psychoanalytic Psychology 528-548 (2011). A listing of my publications is included in my curriculum vitae, attached hereto as Exhibit A.

11. I belong to a number of professional organizations and associations relating to (i) the health and well-being of children and adolescents, including those who are transgender; and (ii) appropriate medical treatments for transgender individuals. For example, I am a

member of the World Professional Association for Transgender Health ("WPATH"), an international multidisciplinary professional association to promote evidence-based care, education, research, advocacy, public policy and respect in transgender health. WPATH publishes the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, which leading medical and mental health associations, including the American Medical Association, the Endocrine Society, the American Psychiatric Association, and the American Psychological Association, have endorsed as the authoritative standards of care for transgender people. I also sit on the subcommittee of WPATH tasked with drafting the new version of the Standards of Care. A complete list of my involvement in various professional associations is located in my Curriculum Vitae, Exhibit A.

12. In preparation for my testimony, I have reviewed the materials listed in the bibliography attached hereto as Exhibit B, and which consist relevant medical and scientific materials related to transgender people and gender dysphoria. I may rely on those documents, in addition to the documents specifically cited as supportive examples in particular sections of this declaration, as additional support for my opinions. I reserve the right to supplement the materials listed in the bibliography. I have also relied on my years of experience in this field, as set out in my curriculum vitae, Exhibit A, and on the materials listed therein. The materials I have relied on in preparing this declaration are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

13. In the past four years, I have testified as an expert and provided testimony in the following matters: *Evancho v. Pine-Richland Sch. Dist.*, Case No. 2:16-cv-1537-MRH (W.D. Pa.); *Bd. of Educ. of the Highland Local Sch. Dist. v. United States Dep't of Educ.*, Case

No. 2:16-CV-524 (S.D. Ohio); *Brashar v. Or. Health Plan* (Or.); *Miller v. Perdue* (Colo.); and *Stephane Huard v. Dr. Barwin and Broadview Fertility Clinic* (Quebec, 2016).

14. I am being compensated at an hourly rate for actual time devoted, at the rate of \$350 per hour for any review of records, or preparation of reports or declarations, and for deposition and trial testimony; and \$1,000 per day for travel time. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

15. In addition to the materials listed in the bibliography attached hereto as Exhibit B, I was provided with and have reviewed the following case-specific materials: (1) the Complaint filed in this matter; (2) the declarations of Plaintiff Drew Adams and his mother, Erica Adams Kasper, that were submitted in support of Plaintiff's motion for preliminary injunction; (3) the transcript of the court hearing on Plaintiff's motion for preliminary injunction, held on August 10, 2017; and (4) Plaintiff Drew Adams's medical and psychological records, as specified on Exhibit B. I have also interviewed Drew Adams in three separate video interviews, dated August 27, 2017; September 5, 2017, and September 14, 2017.

Gender Identity Development and Gender Dysphoria

16. At birth, infants are assigned a sex, either male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate and their birth-assigned sex matches that person's actual sex. However, a transgender person's birth-assigned sex does not reflect that person's actual sex.

17. By the beginning of the twentieth 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. Instead, current medical understanding recognizes that a person's

sex is comprised of a number of components including: chromosomal sex, gonadal sex, fetal hormonal sex (prenatal hormones produced by the gonads), internal morphologic sex (internal genitalia, i.e., ovaries, uterus, testes), external morphological sex (external genitalia, i.e., penis, clitoris, vulva), hypothalamic sex (i.e., sexual differentiations in brain development and structure), pubertal hormonal sex, neurological sex, and gender identity and role. When there is a divergence between these factors, neurological sex and related gender identity are the most important and determinative factors.

18. Gender identity is a person's inner sense of belonging to a particular gender, such as male or female. It is a deeply felt and core component of human identity. It appears to be related to one's brain messages and mind functioning, the factors that are now included under the category of neurological sex.

19. Like non-transgender people (referred to in the Complaint as "cisgender" people), transgender people do not simply have a "preference" to act or behave consistently with their gender identities. Every person has a gender identity, which is a deep-seated, deeply felt component of human identity for each person. A person's gender identity is not a personal decision, preference, or belief.

20. The only difference between transgender people and non-transgender people is that the latter have gender identities that are consistent with their birth-assigned sex whereas the former do not. A transgender boy cannot simply turn off his gender identity like a switch, any more than anyone else could.

21. In other words, transgender boys are boys and transgender girls are girls.