

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF KENTUCKY  
LOUISVILLE DIVISION

ALLAN M. JOSEPHSON,

*Plaintiff,*

*v.*

NEELI BENDAPUDI, President of the University of Louisville, in her official and individual capacities; GREGORY C. POSTEL, former Interim President and Executive Vice President of Health Affairs at the University of Louisville, in his official and individual capacities; BETH A. BOEHM, Executive Vice President and University Provost at the University of Louisville, in her official and individual capacities; TONI M. GANZEL, Interim Executive Dean of Health Affairs and Dean of the School of Medicine at the University of Louisville, in her official and individual capacities; KIMBERLY A. BOLAND, Interim Chair of the Department of Pediatrics at the University of Louisville, in her official and individual capacities; CHARLES R. WOODS, former Chair of the Department of Pediatrics at the University of Louisville, in his individual capacity; JENNIFER F. LE, former Interim Division Co-Chief of the Division of Child and Adolescent Psychiatry and Psychology and current Chief of the Division of Child and Adolescent Psychiatry and Psychology at the University of Louisville, in her official and individual capacities; BRYAN D. CARTER, former Interim Division Co-Chief of the Division of Child and Adolescent Psychiatry and Psychology and Chief of the Division of Psychology at the University of Louisville, in his official and individual capacities; WILLIAM D. LOHR, former Interim Division Co-Chief of the Division of Child and Adolescent Psychiatry and Psychology at the University of Louisville, in his official and individual capacities,

*Defendants.*

Case No: 3:19-CV-230-RGJ

**JURY TRIAL DEMANDED**

**PLAINTIFF'S VERIFIED COMPLAINT**

Plaintiff Allan M. Josephson, by and through counsel, and for his Verified Complaint against Defendants, hereby states as follows:

#### INTRODUCTION

1. The cornerstone of higher education is the ability of professors to participate freely in the “marketplace of ideas,” where all viewpoints can be debated on their merits. That marketplace depends on free and vigorous debate among professors, a debate that often calls into question ideas, theories, and positions that many may consider accepted or “settled.” In few areas is this marketplace more critical than in medicine, where treatments considered standard can be challenged and then refined, rejected, or affirmed so as to improve patient care. But at campuses throughout the country, this marketplace of ideas is under attack. All too often, university officials—including those at the University of Louisville (“University”)—seek to silence, censor, and restrict those who express ideas to which they or others object.

2. Seeking to participate in this marketplace, Dr. Allan Josephson became a psychiatrist and entered the realm of academic medicine. Because of his impeccable credentials and national reputation, the University hired him in 2003 to lead its struggling Division of Child and Adolescent Psychiatry and Psychology (“Division”). During the almost fifteen years he held that Division Chief post, Dr. Josephson turned the Division around, building a program that now has a national reputation. He provided such superlative leadership that his supervisor (a defendant here) awarded him perfect marks in his 2014, 2015, and 2016 annual reviews.

3. But in late 2017, everything changed. That fall, the Heritage Foundation, a nationally known think-tank, invited Dr. Josephson to participate in a panel discussion, where he expressed his views and professional opinions on the treatment of youth experiencing gender dysphoria. After learning of his remarks, several University faculty and staff members objected to his views. They then learned that he had expressed similar views as an expert witness in various state and federal

cases. Rather than debating their differing views, they demanded that the University take disciplinary action against Dr. Josephson.

4. Acceding to this pressure, Defendants demoted Dr. Josephson in November 2017—just seven weeks after his Heritage Foundation presentation and less than four weeks after first expressing any concerns to Dr. Josephson—to the role of a junior faculty member. In the following months, they continued to belittle and berate him; inflicted irreparable damage to his professional career and reputation; and reduced his salary, retirement benefits, and academic travel funds. Then, in February 2019, to add insult to injury, they announced that they would not renew his contract, effectively terminating him. They took all these retaliatory actions with an eye to ensuring that neither he nor anyone else dares to express viewpoints they find objectionable on medical and psychiatric issues.

5. Defendants have retaliated against Dr. Josephson for exercising his First Amendment rights, have violated his First Amendment right to free speech, have violated the unconstitutional conditions doctrine, and have deprived him of due process and equal protection of law.

#### **JURISDICTION & VENUE**

6. This civil rights action raises federal questions under the United States Constitution, particularly the First and Fourteenth Amendments, and the Civil Rights Act of 1871, 42 U.S.C. § 1983.

7. This Court has original jurisdiction over these federal claims pursuant to 28 U.S.C. §§ 1331 and 1343.

8. This Court has authority to award the requested damages pursuant to 28 U.S.C. § 1343; the requested declaratory relief pursuant to 28 U.S.C. §§ 2201–02; the requested injunctive relief pursuant to 28 U.S.C. § 1343 and FED. R. CIV. P. 65; and costs and attorneys' fees under 42 U.S.C. § 1988.

9. Venue is proper in this district and division pursuant to 28 U.S.C. § 1391(b)

and JOINT L. CIV. R. 3.1 because Defendants reside in this district and division and/or all of the acts described in this Complaint occurred in this district and division.

**PLAINTIFF**

10. Dr. Allan M. Josephson is a resident of Kentucky and a professor at the University in its Division of Child and Adolescent Psychiatry and Psychology.

**DEFENDANTS**

11. Defendant Neeli Bendapudi is the President of the University, having assumed that position in April 2018.

12. Defendant Gregory C. Postel was the Interim President of the University, serving in that role from 2017 through April 2018.

13. Defendant Postel is, and was at all times relevant to this Complaint, the Executive Vice President of Health Affairs at the University.

14. As president, Defendant Bendapudi is the chief executive, educational, and administrative officer of the University.

15. Defendant Bendapudi's authority and powers include oversight and control of the University.

16. Defendant Bendapudi's duties include, among others, authorizing, executing, enforcing, and implementing the policies governing faculty members at the University and overseeing the operation and management of the University.

17. As president, Defendant Bendapudi directly oversees Defendants Postel and Boehm, and when he was interim president, Defendant Postel directly oversaw Defendant Boehm.

18. As president Defendant Bendapudi has the responsibility for final decisionmaking authority concerning faculty members at the University.

19. As president, Defendant Bendapudi possesses the authority and responsibility for governing, overseeing, and disciplining faculty members at the University.

20. As interim president, Defendant Postel had the same roles, duties, powers, authority, and responsibilities as Defendant Bendapudi.

21. As president and interim president respectively, Defendants Bendapudi and Postel are and were aware of the retaliatory and unconstitutional actions taken against Dr. Josephson and did not instruct University personnel, including the other Defendants, to change or reverse those actions to comply with constitutional mandates.

22. As president and interim president respectively, Defendants Bendapudi and Postel have (or had) the authority to review, approve, or reject the decisions of other University officials, including the other Defendants, regarding the decisions challenged herein.

23. As president and interim president respectively, Defendants Bendapudi and Postel have authorized, approved, confirmed, sanctioned, and ratified the retaliatory and discriminatory decisions regarding Dr. Josephson that are challenged herein.

24. As Executive Vice President of Health Affairs at the University, Defendant Postel oversees all of the health-related schools at the University, including the School of Medicine.

25. Defendant Beth A. Boehm is, and was at all times relevant to this Complaint, the Executive Vice President and University Provost at the University.

26. Defendant Boehm oversees all academic schools at the University, including the School of Medicine.

27. Defendant Toni M. Ganzel is, and was at all times relevant to this Complaint, the Interim Executive Dean of Health Affairs and Dean of the School of Medicine at the University.

28. As Interim Executive Dean of Health Affairs, Defendant Ganzel oversees all of the health-related schools at the University, including the School of Medicine.

29. As Dean of the School of Medicine, Defendant Ganzel oversees all

departments and divisions of the School of Medicine, including the Department of Pediatrics and the Division.

30. As Executive Vice President of Health Affairs, Defendant Postel directly oversees Defendant Ganzel in her role as the Interim Executive Dean of Health Affairs.

31. Defendant Boehm directly oversees Defendant Ganzel in her role as Dean of the School of Medicine at the University.

32. Defendants Postel, Boehm, and Ganzel each has decisionmaking authority concerning faculty members in the schools, departments, and divisions under his or her purview at the University.

33. Defendant Postel, Boehm, and Ganzel each possesses the authority and responsibility for governing, overseeing, and disciplining faculty members in the schools, departments, and divisions under his or her purview at the University.

34. As Dean of the School of Medicine, Defendant Ganzel directly oversees Defendant Boland and directly oversaw Defendant Woods.

35. Defendant Kimberly A. Boland is, and was at times relevant to this Complaint, the Interim Chair of the Department of Pediatrics at the University.

36. Defendant Charles R. Woods was at times relevant to this Complaint the Chair of the Department of Pediatrics at the University.

37. Defendant Boland possesses (and Defendant Woods possessed when he was chair) the authority and responsibility for governing and regulating faculty in the Department of Pediatrics at the University.

38. Defendant Woods' duties included overseeing Dr. Josephson.

39. Defendant Boland's duties include overseeing Dr. Josephson and Defendants Le, Carter, and Lohr.

40. Defendants Bendapudi, Postel, Boehm, Ganzel, and Boland each possesses (and Defendant Woods possessed when he was chair) the authority to review and

reverse the decisions challenged here.

41. Defendants Bendapudi, Postel, Boehm, Ganzel, Boland, and Woods are and were aware of the retaliatory and unconstitutional actions taken against Dr. Josephson and did not instruct University personnel, including the other Defendants, to change or reverse those actions to comply with constitutional mandates.

42. Defendants Bendapudi, Postel, Boehm, Ganzel, Boland, and Woods independently and in consultation with each other, are responsible for the retaliatory and unconstitutional actions taken against Dr. Josephson challenged here.

43. Defendants Bendapudi, Postel, Boehm, Ganzel, Boland and Woods, independently and in consultation with each other, participated in the retaliatory and unconstitutional demotion of Dr. Josephson challenged here.

44. Defendant Jennifer F. Le is, and has been since November 1, 2018, the Chief of the Division of Child and Adolescent Psychiatry and Psychology at the University.

45. Defendant Bryan D. Carter is, and has been since November 1, 2018, the Chief of the Section of Psychology in the Division of Child and Adolescent Psychiatry and Psychology at the University.

46. Defendant William D. (“David”) Lohr is, and was at all times relevant to this Complaint, Associate Professor in the Division of Child and Adolescent Psychiatry and Psychology at the University.

47. Before December 4, 2017, Defendants Le, Carter, and Lohr were all faculty members in the Division, reporting to Dr. Josephson.

48. From December 4, 2017 to November 1, 2018, Defendants Le, Carter, and Lohr each served as Interim Division Co-Chief of the Division of Child and Adolescent Psychiatry and Psychology at the University.

49. During their tenures as Interim Division Co-Chief of the Division of Child and Adolescent Psychiatry and Psychology at the University, Defendants Le’s, Carter’s, and Lohr’s duties included overseeing Dr. Josephson.

50. During their tenures as Interim Division Co-Chief of the Division of Child and Adolescent Psychiatry and Psychology at the University, Defendants Le, Lohr, and Carter reported to Defendant Woods (and later to Defendant Boland).

51. Defendants Le, Carter, and Lohr are and were aware of the retaliatory and unconstitutional actions taken against Dr. Josephson and have not instructed or recommended that University personnel, including the other Defendants, change or reverse those actions to comply with constitutional mandates.

52. While overseeing Dr. Josephson, Defendants Le, Carter, and Lohr, independently and in consultation with each other, took retaliatory and punitive actions against Dr. Josephson.

53. Defendants Woods is sued in his individual capacity.

54. Every Defendant other than Defendant Woods is sued in his or her official and individual capacities.

#### **FACTUAL BACKGROUND**

##### **I. Dr. Josephson is a distinguished scholar and psychiatrist.**

55. Dr. Josephson became a medical doctor in 1976 and a board certified psychiatrist in 1982. A true, accurate, and complete copy of Dr. Josephson's curriculum vitae is attached to this Complaint as Exhibit 1.

56. Since then, he has received certifications from the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons in Psychiatry, the American Board of Psychiatry and Neurology in Child and Adolescent Psychiatry, and licenses in the states of Minnesota, Georgia, Kentucky, and South Carolina. Ex. 1 at 3.

57. After his residency and fellowship, Dr. Josephson held teaching and clinical positions in psychiatry at the University of Minnesota Medical School and the Medical College of Georgia. Ex. 1 at 1–2.

58. Ultimately, Dr. Josephson became a full professor of psychiatry at the

Medical College of Georgia and the Chief of its Division of Child, Adolescent, and Family Psychiatry. Ex. 1 at 1–2.

59. Throughout the psychiatric community, Dr. Josephson has established an excellent reputation as a scholar and psychiatric clinician.

60. Dr. Josephson is a Distinguished Life Fellow of the American Academy of Child and Adolescent Psychiatry, where he has been a member since 1982. Ex. 1 at 3.

61. Dr. Josephson is a Distinguished Life Fellow of the American Psychiatric Association, where he has been a member since 1981. Ex. 1 at 3.

62. Dr. Josephson is a Senior Fellow with the Group for the Advancement of Psychiatry, where he has been a member since 2007. Ex. 1 at 4.

63. Dr. Josephson also is or has been a member of a variety of other professional associations, including the Association for Academic Psychiatry, the American Medical Association, the American Family Therapy Academy, and the American College of Psychiatrists. Ex. 1 at 3–4.

64. Since 1985, Dr. Josephson has served as a member of the Committee on the Family of the American Academy of Child and Adolescent Psychiatry, and he chaired this committee for over ten years. Ex. 1 at 7.

65. Since 1988, Dr. Josephson has served as a Specialist Site Visitor in Child Psychiatry for the Residency Review Committee (Psychiatry) of the Accreditation Council for Graduate Medical Education. Ex. 1 at 7.

66. Since 1989, Dr. Josephson has served as a Senior Examiner in Child and Adult Psychiatry for the American Board of Psychiatry and Neurology. Ex. 1 at 7.

67. In 1988, Dr. Josephson served as a consultant to Dr. C. Everett Koop, the Surgeon General of the United States. Ex. 1 at 11.

68. In his career, Dr. Josephson has given at least 29 invited lectures, at least 130 presentations to national or international groups, and at least 43 presentations to regional groups on issues related to child and adolescent psychiatry and the

integration of psychiatry and spirituality, among others. Ex. 1 at 12–29.

69. In his career, Dr. Josephson has authored, co-authored, or edited at least 42 articles in scholarly journals and at least 24 books or book chapters, in addition to numerous other publications. Ex. 1 at 30–40.

70. Dr. Josephson’s academic work has focused on the areas of individual and developmental psychopathology, family therapy, psychiatric education, and the interface of religion or spirituality and psychiatry.

71. Dr. Josephson has an international reputation as a leader in these fields and has earned several national and regional awards for his scholarly work. Ex. 1 at 4–5.

**II. Dr. Josephson has had a long, distinguished career as a Division Chief at the University.**

72. Dr. Josephson joined the University’s faculty on January 1, 2003, as Professor of Psychiatry and the Chief of the Division of Child and Adolescent Psychiatry and Psychology (“Division”) (known then as the Division of Child and Adolescent Psychiatry).

73. Before Dr. Josephson’s arrival, the Division was struggling: (i) the Division had just six full-time faculty members; (ii) Division faculty members rarely made national presentations; (iii) Division faculty members published about two publications per year, as only two of those faculty were actively publishing; (iv) the Division had a struggling child and adolescent residency program; (v) the Division had a poor reputation for quality of clinical service, particularly within the Department of Pediatrics; and (vi) the Division’s finances were unstable, with expenditures consistently exceeding income.

74. Under Dr. Josephson’s leadership, the Division has flourished. A true and accurate list of some of Dr. Josephson’s accomplishments as Division Chief is attached to this Complaint as Exhibit 2.

75. Under Dr. Josephson’s leadership: (i) the faculty of the Division has grown,

both numerically and in terms of an enhanced national profile; (ii) the Division's budget was balanced, beginning in 2013, largely due to income Dr. Josephson secured and carefully stewarded; (iii) the Division launched, re-launched, and expanded numerous programs; (iv) the Division dramatically increased its number of patients; and the Division transferred from the Department of Psychiatry to the Department of Pediatrics. Ex. 2 at 1.

76. While Division Chief, Dr. Josephson: (i) maintained a rigorous clinical schedule; (ii) served as the chief executive officer of the Bingham Child Guidance Clinic (now the Bingham Clinic); (iii) taught extensively at all levels of the Medical School; (iv) gave 19 invited lectures, 57 presentations to national or international groups, and 12 presentations to regional groups; (v) maintained his reputation as a distinguished scholar and skilled clinician through a prolific publication record; and (vi) received or was a finalist for numerous awards from professional associations and the University. Ex. 2 at 2–3.

77. Dr. Josephson's expertise in family therapy is and was widely known, as evidenced by his receiving numerous national referrals.

78. In light of these accomplishments, Dr. Josephson received perfect scores—4.0 across the board—in his 2014, 2015, and 2016 annual reviews. True, accurate, and complete copies of these annual reviews are attached as Exhibit 3 to this Complaint.

79. Before November 2017, in over thirty-five years of service at three major state universities, Dr. Josephson was never the subject of any disciplinary action.

80. Before February 2019, no university had ever refused or declined to renew Dr. Josephson's contract.

### **III. Dr. Josephson exercised his First Amendment rights without incident.**

#### **A. Dr. Josephson served as an expert witness in numerous cases, including many civil rights cases.**

81. Throughout his career, Dr. Josephson has served as a consulting or testifying expert witness in over seventy legal cases, with over fifty of those occurring during

his tenure as Division Chief.

82. Under the School of Medicine's policies, full-time faculty members may serve as expert witnesses and legal consultants on their own time with prior approval.

83. Under the School of Medicine's policies, any full-time faculty members who serve as expert witnesses or legal consultants must pay a percentage of their earnings from these activities to School of Medicine and their department.

84. Throughout his career at the University, Dr. Josephson has complied with these policies governing his activities as an expert witness and legal consultant.

85. In 2014, Dr. Josephson was approached to answer questions about the treatment of youth experiencing gender dysphoria, given his national academic leadership in child and adolescent psychiatry.

86. Dr. Josephson had become concerned that the poorly supported, new treatments for children and adolescents experiencing gender dysphoria did not serve their long-term health interests.

87. The controversial new treatment for youth experiencing gender dysphoria involves accepting their self-asserted gender identity, prescribing puberty blocking medications and cross-sex hormones (*i.e.*, testosterone for females, estrogen for males), and ultimately guiding the individual towards various surgeries.

88. In 2014 and 2015, Dr. Josephson consulted with Alliance Defending Freedom in several cases involving youth experiencing gender dysphoria who demanded to use the showers, restrooms, and locker rooms opposite to their biological sex in the public schools.

89. As part of this consulting, Dr. Josephson prepared a position paper describing the possible harmful psychological effects of allowing youth experiencing gender dysphoria to use the showers, restrooms, and locker rooms opposite to their biological sex, both for themselves and for their fellow students.

90. In 2016, Dr. Josephson served as an expert witness in *Carcano v. McCrory*,

federal litigation over North Carolina's Public Facilities Privacy & Security Act.

91. In his expert testimony in this case, Dr. Josephson outlined his views regarding human sexuality; the causes of gender dysphoria; and a more conservative, comprehensive, developmentally-based treatment for youth experiencing gender dysphoria, one that applies the standard psychiatric techniques for addressing a wide range of childhood psychological issues.

92. Among other things, Dr. Josephson noted the following in his testimony:

- a. Sex is fixed in each person at the moment of conception, immutable, based on objective genetic facts, and binary (*i.e.*, male (having a chromosomal complement of XY) or female (having a chromosomal complement of XX)).
- b. Gender identity refers to one's basic sense of himself or herself as male or female and his or her emotional appraisal of this knowledge, is a social construct, cannot by definition be present at birth, and is culturally and societally influenced.
- c. Children are not equipped psychologically to make many important life decisions and thus parents abdicate their responsibilities if they allow children to "decide for themselves" regarding key life decisions.
- d. Trying to change one's sex often involves permanent social, medical, psychiatric, and other consequences that cannot be fully appreciated until adulthood (*e.g.*, psychopathology, suicidal behavior, peer rejection, and permanent sterility).
- e. Research shows that 65% to 95% of children and youth who experience gender dysphoria will cease to experience it by late adolescence.
- f. Thus, youth experiencing gender dysphoria should receive individual therapy to understand the factors that fuel their desire to become a member of the opposite sex and attempt to resolve any conflicts. They should receive empathic guidance in aligning their feelings with their biological sex, which

may take some time, rather than exclusively and quickly being affirmed in the belief that they were born in the “wrong body.”

- g. Parents should receive guidance in helping children experiencing gender dysphoria feel more comfortable with their biological sex, while being sensitive to the anxiety children often feel during therapy.
- h. Youth experiencing gender dysphoria must always be affirmed as a person, but this does not mean that parents or medical professionals should affirm their desire to become a member of the opposite sex before the issues are explored. This is consistent with parental approaches to all the major life decisions of their children.

93. In 2016 and 2017, Dr. Josephson served as an expert witness in several other cases involving issues of gender dysphoria in children and adolescents, expressing views similar to those outlined above.

94. In the fall of 2017, Dr. Josephson served as an expert witness in a federal case involving a Florida school district and gender dysphoria issues.

95. In providing all of this expert testimony, Dr. Josephson expressed his own personal and professional views on his own time; he did not speak for the University.

96. Defendants retaliated against Dr. Josephson for expressing these views in his expert testimony, even though he did so on his own time and off campus.

97. Dr. Josephson’s work as an expert witness never disrupted the University’s or Division’s efficient provision of services to the public or to its constituents.

98. No classes, appointments, or other events or services at the University or Division were cancelled or disrupted as a result of Dr. Josephson’s work as an expert witness.

**B. Dr. Josephson discussed his conservative, developmentally-based approach to treating youth with gender dysphoria in a public speech.**

99. In 2017, the Heritage Foundation invited Dr. Josephson to appear on a panel

presentation in Washington, D.C. discussing gender dysphoria in children.

100. The Heritage Foundation is “the nation’s largest, most broadly-supported conservative research and educational institution.”

101. As one of the most widely respected conservative think-tanks in the country, the Heritage Foundation promotes principles of free enterprise, limited government, individual freedom, traditional American values, and a strong national defense.

102. The Heritage Foundation pursues its mission “by performing timely, accurate research on key policy issues” and by “effectively marketing these findings to [its] primary audiences: members of Congress, key congressional staff members, policymakers in the executive branch, the nation’s news media, and the academic and policy communities.”

103. On October 11, 2017, Dr. Josephson participated in Heritage Foundation’s panel presentation entitled *Gender Dysphoria in Children: Understanding the Science and Medicine*.

104. Dr. Josephson’s fellow panelists included Dr. Michelle Cretella, President of the American College of Pediatricians, and Dr. Paul Hruz, Associate Professor of Pediatrics at the Washington University School of Medicine.

105. Dr. Ryan T. Anderson, the moderator, opened by noting that each panelist would be speaking as an individual, not for any organization.

106. Dr. Cretella then outlined her views on the issues involved in treating children and adolescents experiencing gender dysphoria.

107. Among other things, Dr. Cretella noted:

- a. Biological sex is not assigned. It is imprinted by our DNA at the moment of conception, is in every cell of our bodies, and is binary.
- b. Identity is not biological. It has to do with our thoughts, feelings, and self-perceptions, which are not hardwired before birth and which may be factually correct or factually wrong.

- c. In the majority of cases where one identical twin claims to be transgender, the other does not, proving that gender identity is not biologically set before birth.
- d. The new method for diagnosing a child with gender dysphoria is to assess whether the child consistently and persistently insists that he is not his biological sex. If so, the child is socially transitioned (*e.g.*, given a new name) and prescribed puberty blockers to arrest his physical development and cross-sex hormones (*i.e.*, estrogen for boys, testosterone for girls), setting the stage for various surgeries.
- e. Using puberty blockers in this fashion is an off-label use, is not authorized by the Food & Drug Administration, and can create memory problems.
- f. Administering cross-sex hormones raises the risk of cardiac problems, stroke, diabetes, and various cancers, as well as depression, anxiety, and sterility. They are not benign medications.
- g. This new treatment for youth experiencing gender dysphoria is not supported by science; it is ideology.

108. Next, Dr. Hruz outlined his views on the issues related to treating children and adolescents experiencing gender dysphoria.

109. Among other things, Dr. Hruz noted:

- a. This new treatment for youth experiencing gender dysphoria has evolved very rapidly over about a decade. It originated in the Netherlands, where people stopped exploring the psychological basis underlying the dysphoria and instead began affirming it and attempting to align the body to what the mind believed, and it came to the United States about a decade ago.
- b. Before this, it was widely recognized that gender dysphoria stemmed from a psychological condition, and the therapy focused on helping the individual come to terms with his or her body.

- c. Almost overnight, the paradigm shifted, and for ideological reasons, it was asserted that the mind was correct and the body diseased.
- d. There is no science to back this drastic change in treatment approach. The studies that exist are fundamentally flawed or have various weaknesses.
- e. Blocking puberty renders children sterile, and when this is followed with cross-sex hormones, it is generally understood that this is irreversible.
- f. Today, anyone who counters this new treatment is met with hostility. This is undermining the search for better, more effective, safer interventions.

110. Last, Dr. Josephson outlined, from the perspectives of clinical psychiatry and child development, his views on the issues related to treating children and adolescents experiencing gender dysphoria.

111. Dr. Josephson generally agreed with the views Drs. Cretella and Hruz expressed.

112. Among other things, Dr. Josephson noted:

- a. Gender dysphoria is a socio-cultural, psychological phenomenon, and cannot be fully addressed through medicine and surgery. Using these methods raises concerns that the real issue is not being treated.
- b. The new treatment neglects the developmental needs of children and relies on ideas that are just not true.
- c. The notion that gender identity should trump chromosomes, hormones, internal reproductive organs, external genitalia, and secondary sex characteristics when classifying individuals is counter to medical science.
- d. Children persistently, insistently, and consistently demand many things that are not good for them. A parent's role is to resist these demands when parental wisdom trumps children's limited life experience.
- e. Transgender ideology neglects the child's need for developing coping and problem-solving skills necessary to meet developmental challenges.

- f. When someone complains of pain, medical professionals generally seek to understand what causes the pain. When that inquiry is not allowed in the gender dysphoria context, the well-being of children is short-circuited, preventing us from diagnosing pain accurately, and an opportunity for developmental progress is missed.

113. During the question and answer period, Dr. Hruz noted that there has been and remains a significant effort to silence anyone who disagrees with or questions this new treatment for youth experiencing gender dysphoria.

114. Dr. Josephson emphasized that these youth need treatment and help, that he and his fellow panelists deeply respect their patients who face gender dysphoria, but that outside advocacy groups have silenced efforts to explore what types of treatments these youth need.

115. Dr. Josephson emphasized that the new treatment is inconsistent with child development principles and instead confuses them. After empathetically listening to their child, parents should use their collective wisdom in guiding their child to align with his or her biological sex.

116. Dr. Cretella detailed the flaws of studies that allegedly support this new treatment, noting that these studies assumed their conclusions, studied a small number of subjects, are short-term studies, rely on siblings as the control group, and depend on parents to assess how the child's mental well-being has improved.

117. Dr. Hruz noted that the optimal outcome for a youth experiencing gender dysphoria is for them to retain their normal fertility and avoid exposure to drugs with known harmful side effects.

118. Dr. Hruz noted that this new treatment is often presented as the only option, rather than allowing other treatments to be explored as well.

119. Dr. Josephson generally agreed with the views Drs. Cretella and Hruz expressed.

120. Shortly after this panel discussion, the Heritage Foundation published a recording of it on-line.

121. Defendants retaliated against Dr. Josephson for expressing these views at the Heritage Foundation, even though he did so on his own time and off campus.

122. Dr. Josephson's Heritage Foundation presentation never disrupted the University's or Division's efficient provision of services to the public or its constituents.

123. No classes, appointments, or other events or services at the University or Division were cancelled or disrupted as a result of Dr. Josephson's Heritage Foundation presentation.

**IV. Defendants retaliated against Dr. Josephson for exercising his First Amendment rights by demoting him.**

**A. Defendants opposed Dr. Josephson's views and expression.**

**1. The University's LGBT Center sounded the alarm.**

124. Shortly after the Heritage Foundation published this presentation, officials at the University's LGBT Center became aware of it and were troubled at the views Dr. Josephson expressed.

125. Upon information and belief, the officials at the University's LGBT Center who became aware of and troubled at Dr. Josephson's Heritage Foundation presentation included Ms. Stacie Steinbock (the director of the LGBT Center at the University's Health Science Center) and Mr. Brian W. Buford (then the Executive Director of the LGBT Center).

126. Ms. Steinbock and Mr. Buford opposed and objected to the viewpoints Dr. Josephson expressed at the Heritage Foundation.

127. Upon information and belief, Ms. Steinbock and Mr. Buford (or other officials at the LGBT Center acting at their direction) contacted Dr. Christine Brady (an assistant professor in the Division) regarding Dr. Josephson's Heritage Foundation presentation.

128. Like Ms. Steinbock and Mr. Buford, Dr. Brady opposed and objected to the viewpoints Dr. Josephson expressed at the Heritage Foundation.

129. Upon information and belief, Ms. Steinbock and Mr. Buford (or other officials at the LGBT Center acting at their direction) discussed with Dr. Brady the need to ensure that some disciplinary or punitive actions were taken against Dr. Josephson due to the views he expressed at the Heritage Foundation.

130. Ms. Steinbock and Mr. Buford (or other officials at the LGBT Center acting at their direction) repeatedly asked Dr. Brady what would be done about Dr. Josephson's Heritage Foundation remarks.

131. Upon information and belief, Dr. Brady communicated what she had heard from Ms. Steinbock and Mr. Buford (or other officials at the LGBT Center acting at their direction) to Defendant Woods and Carter.

**2. An impending subpoena revealed campus controversy.**

132. On October 29, 2017, Dr. Josephson learned that Lambda Legal, the LGBT advocacy group representing the plaintiff in the federal case in Florida for which he served as an expert witness, intended to subpoena multiple University officials.

133. Dr. Josephson then scheduled a meeting on November 2, 2018, with Defendant Woods to inform him of this impending subpoena.

134. During this meeting, Defendant Woods stated that a number of "voices on campus" from "different corners of campus" had already contacted him to complain about Dr. Josephson's views regarding gender dysphoria and his willingness to challenge the new treatment for youth experiencing it.

135. This was the first time Dr. Josephson learned that his views and expression had sparked any complaints or objections on campus.

**3. Defendant Carter and Dr. Brady confronted Dr. Josephson over his expression.**

136. During the week of November 6, 2017, Dr. Josephson had several conversations with Defendant Carter and Dr. Brady.

137. Defendant Carter and Dr. Brady expressed their concerns about Dr. Josephson's views regarding the treatment of youth experiencing gender dysphoria based on his Heritage Foundation remarks.

138. Defendants Carter and Brady wrongly viewed Dr. Josephson as "hostile" to the treatment of patients experiencing gender dysphoria.

139. Dr. Josephson outlined a proposed program for treating youth experiencing gender dysphoria that involved cooperation between identified leaders from child psychiatry and pediatric endocrinology and detailed both how a patient would enter each system and be selected for medical and mental health treatments.

140. Dr. Josephson proposed that Dr. Brady could lead this proposed program in concert with endocrinology.

141. Defendant Carter and Dr. Brady curtly rejected Dr. Josephson's proposal.

142. Dr. Brady declared that she did not trust Dr. Josephson to treat children experiencing gender dysphoria, claimed that he was not qualified to do so, and impugned his overall knowledge of these patients.

143. At the time, Dr. Brady had barely three years of clinical experience, compared to Dr. Josephson's over thirty-five.

144. Dr. Brady cited Dr. Josephson's Heritage Foundation presentation and his expert testimony as the basis for her statements.

145. Dr. Brady claimed that Dr. Josephson's belief that many individuals experiencing gender dysphoria have manifest psychopathology was evidence of his discrimination against these individuals. To her, to diagnose is to discriminate.

146. Dr. Brady claimed that Dr. Josephson's belief that a young child (even a four-year-old) does not have the cognitive maturity to declare that he or she is actually a member of the opposite sex was evidence of his discrimination against individuals experiencing gender dysphoria.

147. Defendant Carter agreed with all of Dr. Brady's statements.

**4. The LGBT Center rebuffed Dr. Josephson's bridge-building efforts.**

148. In the fall of 2017, Dr. Josephson became aware that many faculty members displayed rainbow stickers in their offices to communicate support for LGBT people.

149. Dr. Josephson desired to post a rainbow sticker in his office and instructed his assistant to request one from the LGBT Center, which she did on November 10, 2017. A true, accurate, and complete copy of the request from Dr. Josephson's assistant is attached to this Complaint as Exhibit 4.

150. Three days later, Mr. Buford refused to provide Dr. Josephson the requested sticker. Ex. 4 at 1.

151. Mr. Buford refused to provide the sticker because he objected to the views Dr. Josephson expressed at the Heritage Foundation and in his expert testimony.

152. Mr. Buford falsely claimed that "Dr. Josephson has recently given speeches and taken part in other activities in which he refutes the existence of transgender identity." Ex. 4 at 1.

153. In actuality, Dr. Josephson never refuted the existence of gender dysphoria; he simply advocated a different method for treating individuals experiencing it.

154. Mr. Buford insisted that Dr. Josephson's expression "is in direct conflict with the spirit of the ally campaign." Ex. 4 at 1.

**5. The subpoena spread word of Dr. Josephson's views.**

155. On November 15, 2017, Ms. Rebecca Stahl, Associate University Counsel, e-mailed twelve University officials a copy of the subpoena that Lambda Legal had issued to the University's School of Medicine in connection with the federal case in Florida in which Dr. Josephson served as an expert witness. A true, accurate, and complete copy of Ms. Stahl's e-mail is attached to this Complaint as Exhibit 5.

156. Dr. Josephson, Defendants Woods and Carter, and Dr. Brady received a copy of this subpoena, which sought documents from various officials regarding gender dysphoria and related issues.

157. Upon information and belief, Defendants Postel, Boehm, Ganzel, Boland, Le, and Lohr were also made aware of the subpoena, as were Ms. Steinbock, Mr. Buford, and Dr. Chavis (Defendant Ganzel's chief of staff).

158. Having received or become aware of the subpoena, Defendants Postel, Boehm, Ganzel, Boland, Woods, Carter, Le, and Lohr—as well as Dr. Brady, Ms. Steinbock, Mr. Buford, and Dr. Chavis (among others)—knew (if they already did not know) that Dr. Josephson was serving as an expert witness in this case on behalf of the school district regarding the claims of a teenager experiencing gender dysphoria.

**6. A few faculty members issued demands at a faculty meeting.**

159. On November 15, 2017, Dr. Josephson presided over a regularly scheduled Division faculty meeting.

160. Dr. Josephson opened the meeting by announcing that he would represent the Division on the Department of Pediatrics' Diversity Committee.

161. During the weeks leading up to this faculty meeting, Dr. Josephson had sought volunteers to represent the Division on this committee.

162. As no one had volunteered, Dr. Josephson announced he would take on this responsibility.

163. Dr. Brady was outraged and declared, "You can't be our representative."

164. Defendant Le agreed with Dr. Brady.

165. Other faculty present said nothing for or against Dr. Brady's statement.

166. Upon information and belief, Dr. Brady said this because she believed the views Dr. Josephson expressed in his expert testimony and at the Heritage Foundation disqualified him from serving on this committee.

167. Defendant Carter claimed that Dr. Josephson should have alerted all Division faculty that he was serving as an expert witness.

168. Defendants Le and Carter, as well as Dr. Stocker (another Division faculty member), argued that Dr. Josephson had been deceptive in serving as an expert

witness without first informing all Division faculty.

169. However, Defendants Carter and Lohr have served as a testifying or consulting expert witness in other cases without notifying all Division faculty.

170. No University policy required Dr. Josephson to notify all Division faculty that he was serving as an expert witness.

171. But Dr. Josephson had notified Defendant Woods and other University officials of his role as an expert witness in several cases involving gender dysphoria.

172. Neither Defendant Woods nor any other University official had objected to Dr. Josephson providing these services.

173. Defendants Le and Carter, as well as Drs. Brady and Stocker, indicated that Dr. Josephson's views—as expressed in his testimony and/or in his presentations—offended them.

174. Defendant Le demanded that Dr. Josephson apologize to the University for the views he expressed in his expert testimony and at the Heritage Foundation.

175. Defendant Carter and Dr. Stocker agreed with Defendant Le's demand that Dr. Josephson apologize for the views he expressed in his expert testimony and at the Heritage Foundation.

176. Defendant Le demanded that Dr. Josephson hire a public relations firm or work with the University's public relations department to apologize to the University community for the views he expressed in his expert testimony and at the Heritage Foundation.

177. Dr. Stocker became incensed because certain media outlets had covered Dr. Josephson's Heritage Foundation presentation.

178. In all of Dr. Josephson's almost fifteen-year tenure as Division Chief (and in his over thirty-five years in academic medicine, including at two other major universities), this was the first time he faced such outcry from some faculty members.

179. During this entire faculty meeting, only Defendants Le and Carter and Drs.

Brady and Stocker expressed opposition to Dr. Josephson's views and expression.

180. The only reason these faculty members opposed Dr. Josephson at this meeting was the views he expressed on his own time and off campus in his expert testimony and Heritage Foundation presentation.

181. Other Division faculty members remained silent, intimidated by the vehement statements made by Defendants Le and Carter and Drs. Brady and Stocker.

182. The outcry expressed by these four faculty members never disrupted the University's or Division's efficient provision of services to the public or its constituents.

183. No classes, appointments, or other events or services at the University or Division were cancelled or disrupted as a result of the outcry from these four faculty members who objected to Dr. Josephson's views and expression.

184. Upon information and belief, either before or after this faculty meeting, Defendants Le, Lohr, and Carter and Dr. Brady communicated their objections to Dr. Josephson's views and expression to Defendants Woods, Boland, Ganzel, and/or Postel.

185. Upon information and belief, either before or after this faculty meeting, Defendants Le, Lohr, and Carter and Dr. Brady demanded that Defendants Woods, Boland, Ganzel, and/or Postel take disciplinary or punitive action against Dr. Josephson for expressing the views contained in his expert testimony and Heritage Foundation presentation.

**7. Defendant Woods met with Dr. Josephson.**

186. On November 16, 2018, Dr. Josephson met with Defendant Woods.

187. As Defendant Woods explained via e-mail, he wanted to meet with Dr. Josephson because he had "been hearing from a number of folks in the past couple of days." A true, accurate, and complete copy of Defendant Woods' e-mail regarding this meeting is attached to this Complaint as Exhibit 6.

188. During this meeting, Defendant Woods spoke from prepared notes.

189. Upon information and belief, before this meeting, Defendant Woods had consulted with (and was now acting at the direction of) Defendants Boland, Ganzel, and/or Postel.

190. Defendant Woods began by assuring Dr. Josephson that his speech was constitutionally protected and that he had every right to express his views.

191. During this meeting, Defendant Woods expressed concern to Dr. Josephson that “all your faculty are against you.”

192. In actuality, only five faculty members—Defendants Le, Carter, and Lohr and Drs. Brady and Stocker—had opposed Dr. Josephson’s views and expression.

193. These five faculty members opposed Dr. Josephson solely due to the views he expressed on his own time and off campus in his expert testimony and Heritage Foundation presentation.

194. The opposition to Dr. Josephson that these five faculty members expressed never disrupted the University’s or Division’s efficient provision of services to the public or its constituents.

195. No classes, appointments, or other events or services at the University or Division were cancelled or disrupted as a result of the opposition to Dr. Josephson (due to his views and expression) that these five faculty members expressed.

196. Dr. Josephson assured Defendant Woods that he would take the feedback he had received the day before seriously and would develop an action plan to resolve any issues with his faculty.

197. Given his over twenty-seven years of experience in leading two academic divisions of child psychiatry (*i.e.*, almost fifteen years leading the Division and twelve years in a similar position at the Medical College of Georgia) and in dealing with strong-minded faculty in an effective manner, Dr. Josephson was confident that he could resolve the issues that had arisen during the faculty meeting the day before.

198. But Defendants never gave Dr. Josephson a chance to address these issues.

**8. Defendant Woods convened another meeting with Dr. Josephson.**

199. On November 20, 2017 (*i.e.*, the Monday before Thanksgiving), Defendant Woods' assistant called Dr. Josephson, saying that Defendant Woods was insisting upon an urgent meeting.

200. When Dr. Josephson proposed meeting after Thanksgiving, Defendant Woods' assistant responded that Defendant Woods insisted upon meeting before then.

201. As a result, Dr. Josephson met Defendant Woods at an off-campus restaurant at the only mutually convenient time: the afternoon of November 22.

202. During this meeting, Defendant Woods stated (erroneously) that most of the Division faculty opposed Dr. Josephson.

203. In actuality, only five of the Division's twelve faculty members had opposed Dr. Josephson's views and expression.

204. These Division faculty opposed Dr. Josephson solely due to the views he expressed off campus and on his own time in his expert testimony and Heritage Foundation presentation.

**9. Defendants Ganzel, Boland, and Woods decided to demote Dr. Josephson.**

205. Sometime between November 20, 2017, and November 28, 2017, Defendant Woods met with Defendant Boland to discuss Dr. Josephson.

206. At this meeting, Defendants Woods and Boland decided to demote Dr. Josephson from his position as Division Chief.

207. Upon information and belief, in taking this action, Defendants Woods and Boland acted after consulting with, and with the approval of, Defendant Ganzel (and Dr. Chavis).

208. Shortly after the demotion, Dr. Chavis told an individual, "We've taken care of that," referring to Dr. Josephson's Heritage Foundation presentation.

209. When she said, "We've taken care of that," Dr. Chavis was referring to

Defendants' decision to demote Dr. Josephson from Division Chief.

210. Upon information and belief, Defendants Woods and Boland also consulted with and acted with the approval of Defendants Postel and Boehm.

211. Having decided to demote Dr. Josephson, Defendant Woods contacted Defendant Lohr, and Defendant Boland contacted Defendant Le, asking each whether they would be willing to lead the Division after Dr. Josephson's demotion.

**B. Less than seven weeks after Dr. Josephson spoke at the Heritage Foundation, Defendants demanded that he resign his position as Division Chief and effectively become a junior faculty member.**

212. On November 28, 2017, Lambda Legal deposed Dr. Josephson in connection with the federal case in Florida where he served as an expert witness.

213. In the middle of the day, Dr. Josephson received a text message from the Department of Pediatrics' executive secretary containing an urgent request to pick up a letter.

214. Later that afternoon, Dr. Josephson picked up this letter, which was from Defendant Woods. A true, accurate, and complete copy of Defendant Wood's letter is attached to this Complaint as Exhibit 7.

215. In his letter, Defendant Woods directed Dr. Josephson "to step down as Division Chief of Pediatric Psychiatry and Psychology." Ex. 7 at 1.

216. Upon information and belief, before instructing Dr. Josephson to resign as Division Chief, Defendant Woods had consulted with (and was now acting at the direction of) Defendants Boland, Ganzel, Boehm, and/or Postel.

217. Defendant Woods instructed Dr. Josephson to "submit a letter of resignation from your role as Division Chief of Pediatric Psychiatry and Psychology to my office this week, with an effective date of December 4, 2017." Ex. 7 at 2.

218. If Dr. Josephson failed to resign, Defendant Woods stated that he would "unilaterally remove [him] from this role effective on the date above." Ex. 7 at 2.

219. By giving Dr. Josephson the choice of resigning or being fired, Defendant

Woods demoted Dr. Josephson.

220. Defendant Woods demoted Dr. Josephson without consulting with the board of the Bingham Clinic, thereby violating the University's agreement with the board of the Bingham Clinic.

221. Defendant Woods stated that he was demoting Dr. Josephson because "the majority [of Division faculty] disagrees with your approach to management of children and adolescents with gender dysphoria." Ex. 7 at 1.

222. Upon information and belief, a majority of the Division faculty did not disagree with Dr. Josephson's approach to gender dysphoria. Some disagreed, others agreed, and still others were neutral; there was no majority consensus.

223. Upon information and belief, a majority of the Division faculty did not want to see Dr. Josephson demoted. Some favored his demotion, others opposed it, and still others were neutral.

224. For the faculty who favored Dr. Josephson's demotion, the only reason they did so was the views he expressed off campus and on his own time in his expert testimony and Heritage Foundation presentation.

225. Defendant Woods noted that Division faculty objected to "[Dr. Josephson's] views in this area, and the growing national recognition thereof." Ex. 7 at 1.

226. Defendant Woods explained that he demoted Dr. Josephson due to "the nature of this area of disagreement [regarding the treatment of children and adolescents with gender dysphoria] and your increasingly public promotion of your approach as an expert witness, and other issues, most notably perceptions of gender bias among your faculty." Ex. 7 at 1.

227. Defendant Woods claimed Dr. Josephson's views on treating youth with gender dysphoria varied from the University's official curriculum. Ex. 7 at 1.

228. Defendant Woods noted that he had previously discussed with Dr. Josephson his "ethical duties regarding how [he] present[s] opinions to trainees that differ from

the official curriculum of the school, and how [he] discuss[es] options for care of patients with them and their families/caregivers when approaches exist that differ from [his] own.” Ex. 7 at 1.

229. Defendant Woods acknowledged that Dr. Josephson agreed with these statements: “You stated agreement with these principles when I reviewed them with you.” Ex. 7 at 1.

230. However, at the time, the University had no official curriculum regarding the treatment of youth experiencing gender dysphoria.

231. To this day, the University has no official curriculum regarding the treatment of youth experiencing gender dysphoria.

232. Both before receiving this letter and in the months following his demotion, Dr. Josephson requested copies of any official curriculum the University had regarding the treatment of youth experiencing gender dysphoria.

233. Dr. Josephson was told repeatedly that the University had no such curriculum but that he would be sent a copy once such a curriculum was finalized.

234. In June 2018, Dr. Josephson was told that the University had developed such a curriculum, but as it was not yet published, he could not have a copy of it.

235. As a result, the phrase “official curriculum” had no discernible meaning, giving Defendants unbridled discretion to punish faculty who say things University officials do not like.

236. Due to the demotion, Defendant Woods ordered Dr. Josephson to “add a half day of clinical work per week when not on inpatient duty.” Ex. 7 at 2.

237. Defendants Woods promised to “advocate to leave [Dr. Josephson’s] salary intact through the end of this academic year.” Ex. 7 at 2.

238. Due to the demotion, Defendant Woods made it clear that Dr. Josephson would report to the Interim Division Chief for Child Psychiatry, whose identity would be revealed on December 4, 2017. Ex. 7 at 2.

239. On the morning of November 29, 2017, Defendants Carter and Lohr visited Dr. Josephson's office and informed him that they would be taking over for him in light of his demotion.

240. That afternoon, Dr. Josephson submitted the forced letter of resignation that Defendant Woods demanded. A true, accurate, and complete copy of Dr. Josephson's resignation letter is attached to this Complaint as Exhibit 8.

241. Defendant Woods demoted Dr. Josephson by demanding his resignation as Division Chief less than seven weeks after Dr. Josephson's Heritage Foundation presentation (which was given off campus, on Dr. Josephson's own time, and in Dr. Josephson's individual capacity) and less than four weeks after first notifying him any concern.

242. By demoting him so quickly after the first concerns arose, Defendants never gave Dr. Josephson an opportunity to resolve issues with his faculty.

**C. Defendants leaked news of Dr. Josephson's demotion to discredit him as an expert witness.**

243. At 12:01 p.m. on November 29, 2017, counsel for Lambda Legal received an e-mail from dr.josephson17@hotmail.com. A true, accurate, and complete copy of the e-mail counsel for Lambda Legal received is attached as Exhibit 9.

244. This e-mail indicated that "Dr. Josephson is resigning from his position as CEO from the Bingham [C]linic and as Chief of Psychiatry/Psychology effective Monday, Dec. 4th." Ex. 9 at 1.

245. Counsel for Lambda Legal passed this e-mail along to her opposing counsel, inquiring whether Dr. Josephson would still be called to testify. Ex. 9 at 1.

246. Counsel for Lambda Legal received this e-mail less than twenty-four hours after Dr. Josephson had been informed of his demotion and before he had submitted his letter of resignation.

247. Counsel for Lambda Legal received this e-mail five days before Dr.

Josephson's demotion was publicly announced.

248. Dr. Josephson did not send this e-mail to counsel for Lambda Legal and does not own or operate the dr.josephson17@hotmail.com e-mail address.

249. Upon information and belief, at the time counsel for Lambda Legal received this e-mail, only the following individuals could have known of Dr. Josephson's impending demotion: Defendants Ganzel, Boland, Woods, Carter, Le, and Lohr, as well as Drs. Paul, Brady, and Chavis.

250. Upon information and belief, one or more of these individuals who knew of Dr. Josephson's demotion either (1) set up the dr.josephson17@hotmail.com account and sent this e-mail to counsel for Lambda Legal, or (2) shared the news of Dr. Josephson's demotion with the individual who set up this account and sent this e-mail to counsel for Lambda Legal.

251. Upon information and belief, one or more of these individuals who knew of Dr. Josephson's demotion either took these actions with the knowledge or intent that the news of the demotion would be conveyed to Lambda Legal.

252. Upon information and belief, one or more of these individuals who knew of Dr. Josephson's demotion sought to convey this information to counsel for Lambda Legal to undermine his role in that case and to affect the outcome of that case.

253. Defendant Woods did not announce Dr. Josephson's demotion until December 4, 2017. A true, accurate, and complete copy of Defendant Woods' announcement is attached to this Complaint as Exhibit 10.

254. Beginning on approximately December 5, 2017 (if not before), Dr. Brady engaged in extensive correspondence with attorneys from Lambda Legal to undermine Dr. Josephson's testimony. True, accurate, and complete copies of at least some of this correspondence are attached to this Complaint as Exhibit 11.

255. Dr. Brady announced that she sought to prevent Dr. Josephson from expressing his views regarding the treatment of youth experiencing gender dysphoria

ever again. *See* Ex. 11 at 5 (“I hope . . . this prevents him from engaging in this form of discrimination in the future!”).

256. Defendants took no adverse employment action against Dr. Brady for expressing her views about the treatment of youth experiencing gender dysphoria.

**V. After the demotion, Defendants retaliated against Dr. Josephson for exercising his First Amendment rights by treating him in a belittling, humiliating fashion.**

257. For over a year after the demotion, Defendants continued to retaliate against Dr. Josephson by subjecting him to a hostile, humiliating work environment, which manifested itself in numerous ways.

258. By demoting him, Defendants adversely affected Dr. Josephson’s job duties and reputation on campus, effectively rendering him a junior faculty member in a hostile work environment.

259. For several months after the demotion, Defendant Woods prohibited Dr. Josephson from attending Division faculty meetings.

260. Due to the demotion, Dr. Josephson was stripped of all leadership activities within the Division.

261. Due to the demotion, Dr. Josephson was stripped of his role as CEO of the Bingham Clinic without consulting with the board of the Bingham Clinic, thereby violating the University’s agreement with the board of the Bingham Clinic.

262. Defendants replaced these leadership roles with clinical work assignments generally given only to junior faculty.

263. Before the demotion, Dr. Josephson’s inpatient call responsibilities had decreased commensurate with his senior faculty status.

264. After the demotion, Defendant Woods placed Dr. Josephson back on regular inpatient call, a role typically given to junior faculty members.

265. Before the demotion, Dr. Josephson’s clinical duties consisted of consulting with Bingham Clinic therapists and clinicians, conducting individual and family

psychotherapy at the Bingham Clinic, and conducting specialty family therapy consultations.

266. After the demotion, Defendant Woods replaced these duties with 16 hours per week (with a goal of having at least 13 be billable) of outpatient therapy and having to re-join the regular faculty rotation for weekend inpatient therapy.

267. Before the demotion, Dr. Josephson's non-clinical duties included managing the Division's clinical, educational, and scholarly activities; recruiting faculty and clinicians; serving on numerous boards; mentoring faculty; and serving on a task force studying the overuse of medication in foster children.

268. After the demotion, Defendant Woods took all of these activities away from Dr. Josephson.

269. Before the demotion, Dr. Josephson's teaching duties included supervising outpatient therapy, assisting the training director in managing his or her programs, working with continuing medical education programs, teaching resident seminars, and directing ongoing recruitment necessary each year.

270. After the demotion, Defendant Woods stripped Dr. Josephson of his roles assisting training directors, also making it untenable to work with continuing medical education programs.

271. Before the demotion, Dr. Josephson had no formal research requirement as part of his job duties, though he authored numerous works as part of his leadership role in the Division and in his field.

272. After the demotion, Defendant Woods required Dr. Josephson to generate scholarly research on an annual basis.

273. After Defendants Le, Carter, and Lohr became the Interim Division Co-Chiefs, the working environment for Dr. Josephson continued to deteriorate.

274. On March 23, 2018, Dr. Josephson met with Defendants Le, Lohr, and Carter.

275. During this meeting, Defendant Lohr accused Dr. Josephson of being

“childish, narcissistic, and flippant.”

276. During the same meeting, Defendant Le berated Dr. Josephson, claiming that, even after the demotion, his views and his expression of them would prevent the Division from recruiting faculty.

277. In actuality, the Division has continued to recruit faculty without difficulty.

278. The Division began recruiting one faculty member before Dr. Josephson’s demotion and finalized the hiring after the demotion. Since then, it has hired several other faculty.

279. During that same meeting, Defendant Carter falsely accused Dr. Josephson of lying, being deceptive, and withholding information.

280. During a July 9, 2018, meeting with Defendants Le, Lohr, and Carter, Dr. Josephson inquired how they had been selected to lead the Division after his demotion and pointed out that they needed to give more attention to the Bingham Clinic board.

281. Five days later, Defendants Le, Lohr, and Carter responded by sending Dr. Josephson a letter demanding that he again increase his clinical hours, for both outpatient and tele-psychiatry patients. A true, accurate, and complete copy of the July 14, 2018 letter from Defendants Le, Lohr, and Carter is attached to this Complaint as Exhibit 12.

282. Defendants Le, Lohr, and Carter discussed none of the issues presented in their July 14th letter with Dr. Josephson during their July 9th meeting.

283. In insisting that Dr. Josephson increase his clinical hours, Defendants Le, Lohr, and Carter considered only the number of hours scheduled for Dr. Josephson, not the number of hours he had actually performed.

284. By increasing Dr. Josephson’s clinical hours once again, Defendants Le, Carter, and Lohr rendered it impossible for him to maintain his national leadership role in his profession or to continue any of the academic projects he had planned.

285. Dr. Josephson’s clinical hours exceed those of most other senior faculty in the

Division and are commensurate with the number of hours given to junior faculty.

286. Since the demotion, Dr. Josephson has been assigned a level of clinical work that is more elementary and basic, the activities generally assigned to junior faculty.

287. In August 2018, Defendant Le decided that Dr. Josephson would only receive \$2,700 in funds for academic travel, dues, and books for the upcoming academic year.

288. By giving Dr. Josephson only \$2,700 in funds for academic travel, dues, and books, Defendant Le reduced his travel budget by \$6,850 from the \$9,550 he had received for the prior five academic years (*i.e.* by over 70%).

289. By cutting Dr. Josephson's funds for academic travel, dues, and books by over 70%, Defendant Le reduced him to the base travel budget generally reserved only for junior faculty members.

290. This reduction in his funds for academic travel, dues, and books is forcing Dr. Josephson to curtail his presence at national meetings and conferences and is preventing him from presenting papers he planned to present at such meetings.

291. In addition, Defendants' decision to demote Dr. Josephson chilled his protected expression, particularly on matters related to gender dysphoria.

292. In April 2018, Dr. Josephson cancelled a scheduled presentation at the annual meeting of the Christian Medical and Dental Association on the research regarding gender dysphoria in youth because of the demotion and fear that further remarks on this subject would spark additional adverse actions.

293. At various faculty meetings, presentations, and seminars, Dr. Josephson refrained from expressing his views, particularly on issues regarding gender dysphoria, when he would have otherwise expressed them because of the demotion and fear that further remarks on this subject would spark additional adverse actions.

**VI. Last, Defendants retaliated against Dr. Josephson for exercising his First Amendment rights by refusing to renew his contract.**

294. On the afternoon of February 25, 2019, Dr. Josephson was scheduled to meet

with Defendant Le to discuss his 2018 annual evaluation.

295. Upon arriving at Dr. Le's office, Dr. Josephson discovered that Defendant Boland and Dr. In Kim, Vice Chair of Clinical Operations, would also attend this meeting, as they had arrived at her office ahead of him.

296. Dr. Josephson was surprised at Defendant Boland's and Dr. Kim's presence, as meetings to discuss an annual evaluation normally involve only the faculty member and his division chief.

297. At this meeting, Defendants Boland and Le did not discuss Dr. Josephson's 2018 annual evaluation or even present him with a copy of that annual evaluation.

298. Rather, Defendant Boland announced that the University would not renew Dr. Josephson's contract once it expired on June 30, 2019.

299. Defendant Boland explained that Dr. Josephson would soon receive a letter formally announcing this decision not to renew his contract from Defendant Ganzel.

300. Defendant Boland went on to thank Dr. Josephson for his work at the University and in the Department of Pediatrics.

301. Defendant Boland did not highlight any performance concerns or deficiencies as causing this decision not to renew Dr. Josephson's contract.

302. Instead, Defendant Boland said repeatedly that the Pediatrics Department had just decided to go in a "different direction."

303. On March 2, 2019, Dr. Josephson e-mailed Defendant Boland, asking her to clarify what she meant by saying that the Department was moving in a "different direction." A true, accurate, and complete copy of Dr. Josephson's correspondence with Defendant Boland is attached to this Complaint as Exhibit 13.

304. Later that day, Defendant Boland responded, attempted to revise her remarks, and gave no reasons for the decision not to renew Dr. Josephson's contract. Ex. 13 at 1.

305. On March 5, 2019, Dr. Josephson received Defendant Ganzel's letter, dated

February 26, 2019 (but not postmarked until March 4, 2019), formally notifying him that his contract would not be renewed. A true, accurate, and complete copy of Defendant Ganzel's letter is attached to this Complaint as Exhibit 14.

306. Defendant Ganzel noted that Defendant Boland had recommended not to renew Dr. Josephson's contract.

307. Defendant Ganzel noted that she had accepted Defendant Boland's recommendation.

308. Upon information and belief, before making her recommendations to Defendant Ganzel, Defendant Boland consulted with Defendant Le, who agreed with the recommendations Defendant Boland ultimately gave.

309. Upon information and belief, before deciding not to renew Dr. Josephson's contract, Defendant Ganzel had consulted with (and was now acting at the direction of) Defendants Boehm, Postel, and/or Bendapudi.

310. During Dr. Josephson's career at the University, Defendants have never decided not to renew the contract of another faculty member in the Division.

311. It is very rare for the University to decide not to renew the contract of a full professor, and it is practically unheard of for the University to refuse to renew the contract of a full professor with more than fifteen years of service to the University.

**VII. Defendants' retaliation has affected Dr. Josephson in numerous ways.**

312. Defendants' decision to demote Dr. Josephson has impacted him, and will continue to do so, in numerous ways.

313. First, Defendants' decisions to demote Dr. Josephson and to not renew his contract have adversely affected his professional reputation.

314. Before these decisions, Dr. Josephson was considered a leader in child and adolescent psychiatry, serving as chair, fellow, and distinguished life fellow in numerous professional organizations, including the American Academy of Child and Adolescent Psychiatry, the Group for Advancement of Psychiatry, the American

Psychiatric Association, and the American Association of Directors of Child and Adolescent Psychiatry.

315. As a leader in his field, Dr. Josephson assisted these organizations by, among other things, helping them develop policies.

316. Due to his demotion, Dr. Josephson's national leadership in his field has ceased or been substantially curtailed and diminished, an effect only magnified by the fact that Defendants now refuse to renew his contract.

317. For example, due to his demotion, Dr. Josephson lost his position in the American Association of Directors of Child and Adolescent Psychiatry.

318. Before the demotion, Dr. Josephson planned to complete numerous academic projects.

319. These projects included a book that was to be published by Oxford University Press, along with several others to be published elsewhere.

320. Due to the demotion, all of these projects had to be discontinued.

321. Due to his demotion, Dr. Josephson has also lost the ability to travel to the professional conferences necessary to maintain his leadership role in his profession and complete his planned academic projects.

322. Second, Defendants' decision to demote Dr. Josephson and to not renew his contract have adversely affected him financially.

323. Despite Defendant Wood's promise, Defendants reduced Dr. Josephson's salary by approximately \$870 per month beginning in February 2018, or approximately \$10,500 per year.

324. This salary reduction has also reduced Dr. Josephson's and the University's contributions to his retirement plans by 10%, or approximately \$1,000 per year.

325. After June 30, 2019, Dr. Josephson will receive no salary and no further contributions to his retirement plans from the University.

326. Last, Defendants' decisions to demote Dr. Josephson and to not renew his

contract have rendered it impossible for him to transfer to a position equivalent to Division Chief at similarly prestigious university or college.

#### STATEMENTS OF LAW

327. At all times relevant to this Complaint, each and all of the acts and policies alleged herein were attributed to Defendants who acted under color of a statute, regulation, or custom of the State of Kentucky (*i.e.*, under color of state law and authority).

328. Defendants knew or should have known that they were violating Dr. Josephson's constitutional rights by subjecting him to adverse employment actions, including but not limited to demoting him from his position as Division Chief and then not renewing his contract (*i.e.*, effectively firing him), because of the views he expressed on matters of public concern as an expert witness and at the Heritage Foundation.

329. The decisions that led to the violation of Dr. Josephson's constitutional rights remain in full force and effect.

330. Dr. Josephson has suffered and is suffering irreparable harm from Defendants' retaliatory and discriminatory decisions challenged here.

331. Dr. Josephson has no adequate or speedy remedy at law to correct the deprivation of his rights by Defendants.

332. Defendants' actions and policies, as set forth above, do not serve any legitimate or compelling state interest and are not narrowly tailored to serve any such interests.

333. Defendants' retaliatory and discriminatory decisions are not narrowly tailored as applied to Dr. Josephson because Dr. Josephson's expression does not implicate any of the legitimate interests Defendants might have.

334. Unless the decisions of Defendants are enjoined, Dr. Josephson will continue to suffer irreparable injury.

335. Under 42 U.S.C. §§ 1983 and 1988, Dr. Josephson is entitled to appropriate relief invalidating Defendants' challenged decisions.

**FIRST CAUSE OF ACTION**  
**Violation of Plaintiff's First Amendment Right to Freedom of Speech**  
**Retaliation**  
**(42 U.S.C. § 1983)**

336. Plaintiff repeats and realleges each of the allegations contained in paragraphs 1–335 of this Complaint.

337. By punishing Dr. Josephson for expressing his views regarding the proper treatment of youth experiencing gender dysphoria, Defendants have retaliated and are retaliating against Dr. Josephson for exercising his First Amendment rights.

338. When Dr. Josephson communicated his views regarding the proper treatment of youth experiencing gender dysphoria (both as an expert witness and at the Heritage Foundation), he was speaking on a matter of public concern, engaging in speech related to teaching and scholarship, and engaging in expression the First Amendment protects.

339. Dr. Josephson's interest, as a professor at a public university, in discussing matters of public concern in the context of teaching and scholarship outweighs Defendants' interest in the efficient provision of services.

340. Dr. Josephson's speech on matters of public concern in the context of teaching and scholarship never prevented Defendants from efficiently providing services to the public (or even threatened to do so).

341. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson would deter a person of ordinary firmness from exercising his right to free speech in the future.

342. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson constitute adverse employment actions.

343. Defendants took these retaliatory and unconstitutional actions against Dr. Josephson at least in part because of the views he has expressed on matters of public

concern that were related to his teaching and scholarship, expression that the First Amendment protects.

344. Defendants subjected Dr. Josephson to adverse employment actions due to the content and viewpoint of Dr. Josephson's speech.

345. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson violate his right to free speech as guaranteed by the First Amendment to the United States Constitution.

**SECOND CAUSE OF ACTION**  
**Violation of Plaintiff's First Amendment Right to Freedom of Speech**  
**Content & Viewpoint Discrimination**  
**(42 U.S.C. § 1983)**

346. Plaintiff repeats and realleges each of the allegations contained in paragraphs 1–335 of this Complaint.

347. By punishing Dr. Josephson for expressing his views regarding the proper treatment of youth experiencing gender dysphoria, Defendants have engaged in content and/or viewpoint discrimination in violation of the First Amendment.

348. Defendants evaluated the content and viewpoint of Dr. Josephson's speech to determine whether they would take any adverse employment actions against him based on what he said.

349. Defendants considered the content and viewpoint of Dr. Josephson's expression when they decided to take adverse employment actions against him.

350. Defendants retain unbridled discretion to discriminate based on content or viewpoint.

351. Defendants exercised this unbridled discretion when they punished Dr. Josephson for expressing his views regarding the proper treatment of youth experiencing gender dysphoria.

352. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson are unconstitutionally overbroad because they restrict a significant

amount of constitutionally protected speech.

353. The overbreadth of Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson chills the speech of Dr. Josephson, who seeks to engage in protected expression on and off campus.

354. Dr. Josephson's expression regarding the treatment of youth experiencing gender dysphoria is protected by the First Amendment.

355. By taking adverse employment actions against Dr. Josephson, Defendants have punished him for engaging in expression the First Amendment protects.

356. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson violate his right to free speech as guaranteed by the First Amendment to the United States Constitution.

**THIRD CAUSE OF ACTION**  
**Violation of Plaintiffs' Right to be Free from Unconstitutional Conditions**  
**(42 U.S.C. § 1983)**

357. Plaintiff repeats and realleges each of the allegations contained in paragraphs 1–335 of this Complaint.

358. By conditioning Dr. Josephson's status as a Division Chief (and related aspects of his employment at the University) on his willingness to surrender various constitutional rights, Defendants have imposed and are imposing an unconstitutional condition on him in violation of his First Amendment rights.

359. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson impose an unconstitutional condition upon faculty members' right to free speech and their receipt of state benefits (*e.g.*, avoiding disciplinary actions up to and including demotion and termination).

360. Defendants required Dr. Josephson to surrender his constitutionally protected rights to freedom of speech, due process, and equal protection to avoid disciplinary actions up to and including demotion and termination.

361. Defendants' retaliatory and unconstitutional actions taken against Dr.

Josephson violate his right to be free from unconstitutional conditions.

**FOURTH CAUSE OF ACTION**  
**Violation of Plaintiff's Fourteenth Amendment Right to**  
**Due Process of Law**  
**(42 U.S.C. § 1983)**

362. Plaintiff repeats and realleges each of the allegations contained in paragraphs 1–335 of this Complaint.

363. By punishing Dr. Josephson under vague and overbroad standards, Defendants have violated and are violating Dr. Josephson's right to due process of law under the Fourteenth Amendment.

364. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson are overbroad because they encompass a substantial amount of constitutionally protected speech.

365. Dr. Josephson's expression regarding the proper treatment of youth experiencing gender dysphoria is protected by the First Amendment.

366. By taking adverse employment actions against Dr. Josephson, Defendants have punished him for engaging in expression the First Amendment protects.

367. Defendants' adverse employment actions against Dr. Josephson punished him for engaging in constitutionally protected expression in violation of Dr. Josephson's right to due process of law under the Fourteenth Amendment.

368. Defendants' adverse employment actions against Dr. Josephson, including punishing him for expressing views that allegedly varied from a nonexistent curriculum, are unconstitutionally vague because they grant University officials unbridled discretion in deciding what viewpoints regarding the treatment of youth experiencing gender dysphoria may be expressed without risking one's job, because they rely on assessments that are inherently subjective and elude any precise or objective measurement that would be consistent from one official or professor to another, because they are incapable of providing meaningful guidance to Defendants

and other University officials, and because they force professors to guess whether expression that the First Amendment protects is in fact allowed on campus.

369. The lack of objective criteria, factors, or standards in Defendants' adverse employment actions renders these actions unconstitutionally vague and in violation of Dr. Josephson's right to due process of law under the Fourteenth Amendment.

**FIFTH CAUSE OF ACTION**  
**Violation of Plaintiff's Fourteenth Amendment Right to**  
**Equal Protection of the Law**  
**(42 U.S.C. § 1983)**

370. Plaintiff repeats and realleges each of the allegations contained in paragraphs 1–335 of this Complaint.

371. By punishing Dr. Josephson for expressing his views regarding the proper treatment of youth experiencing gender dysphoria when they would not punish professors who express opposite views on those same subjects, Defendants have violated and are violating Dr. Josephson's right to equal protection of the law under the Fourteenth Amendment.

372. Dr. Josephson is similarly situated to other professors at the University and in the Division.

373. Defendants take no adverse employment actions against professors who support the new treatment for youth experiencing gender dysphoria (*i.e.*, socially transitioning a child, administering puberty blockers and cross-sex hormones), but they take adverse employment action against professors, like Dr. Josephson, who either question that paradigm or propose alternative treatments.

374. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson have also discriminated intentionally against Dr. Josephson's rights to freedom of speech, right to be free from unconstitutional conditions, and right to due process of law. Thus, discriminatory intent is presumed.

375. Defendants' retaliatory and unconstitutional actions taken against Dr.

Josephson burden Dr. Josephson's fundamental rights and have no rational basis.

376. Defendants' retaliatory and unconstitutional actions taken against Dr. Josephson are underinclusive, prohibiting some expression while leaving other expression equally harmful to the University's asserted interests unprohibited.

377. Defendants took adverse employment actions against Dr. Josephson in a discriminatory and unequal manner, granting other professors the right to express their views on issues related to the proper treatment of youth experiencing gender dysphoria while denying that right to Dr. Josephson, in violation of Dr. Josephson's right to equal protection of the law under the Fourteenth Amendment.

#### **PRAYER FOR RELIEF**

WHEREFORE, Dr. Josephson respectfully requests that this Court enter judgment against Defendants and provide him with the following relief:

- A. A declaratory judgment that Defendants' actions in demoting Dr. Josephson, not renewing his contract, and discrediting him publicly violated his rights under the First and/or Fourteenth Amendments;
- B. A preliminary and permanent injunction ordering Defendants sued in their official capacities, their agents, officials, servants, employees, and any other persons acting on their behalf:
  1. To renew Dr. Josephson's contract as a faculty member at the University;
  2. To restore Dr. Josephson to his position as Division Chief;
  3. To purge Dr. Josephson's personnel file of any reference to the demotion in November 2017; and
  4. To purge Dr. Josephson's personnel file of any reference to the nonrenewal of his contract in February 2019.
- C. Nominal, compensatory, and punitive damages for the violation of Dr. Josephson's First and Fourteenth Amendment rights;
- D. Dr. Josephson's reasonable attorneys' fees, costs, and other costs and

disbursements in this action pursuant to 42 U.S.C. § 1988; and

E. All other further relief to which Dr. Josephson may be entitled.

Respectfully submitted this 28th day of March, 2019.

*/s/ Travis C. Barham*

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\* Applications for admission *pro hac vice* filed concurrently.

\*\* Application for admission *pro hac vice* to be filed shortly.

*Attorneys for Plaintiffs*

#### DEMAND FOR TRIAL BY JURY

Plaintiff demands a trial by jury for all issues so triable herein.

*/s/ Travis C. Barham*

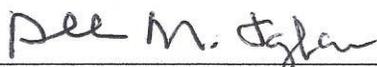
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TRAVIS C. BARHAM  
*Attorney for Plaintiffs*

**DECLARATION UNDER PENALTY OF PERJURY**

I, ALLAN M. JOSEPHSON, a citizen of the United States and a resident of the State of Kentucky, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that I have read the foregoing, that the foregoing is true and correct to the best of my knowledge (except as to statements made on information and belief, and those I believe to be true and correct), and that the foregoing statements that pertain to me are based on my personal knowledge.

Executed this 27 day of March, 2019, at Louisville, Kentucky.

  
\_\_\_\_\_  
ALLAN M. JOSEPHSON

JS 44 (Rev. 06/17)

# CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

Josephson, Allan M.

(b) County of Residence of First Listed Plaintiff \_\_\_\_\_  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)  
Travis C. Barham & David A. Cortman, Alliance Defending Freedom  
1000 Hurricane Shoals Rd., NE, Suite D1100, Lawrenceville, GA 30043  
770-339-0774 (see attached sheet for complete list of Plaintiff's counsel)

## DEFENDANTS

Bendapudi, Neeli; Postel, Gregory C.; Boehm, Beth A.; Ganzel, Toni M.; Boland, Kimberly A.; Woods, Charles R.; Le, Jennifer F.; Carter, Bryan D.; Lohr, William D.

County of Residence of First Listed Defendant \_\_\_\_\_  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- 1 U.S. Government Plaintiff
- 3 Federal Question (U.S. Government Not a Party)
- 2 U.S. Government Defendant
- 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutional of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS			
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- 1 Original Proceeding
- 2 Removed from State Court
- 3 Remanded from Appellate Court
- 4 Reinstated or Reopened
- 5 Transferred from Another District (specify)
- 6 Multidistrict Litigation - Transfer
- 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
**First and Fourteenth Amendments of the U.S. Constitution, and Civil Rights Act of 1871, 42 U.S.C. § 1983**  
 Brief description of cause:  
**University officials retaliated against professor due to views he expressed off campus.**

## VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ \_\_\_\_\_

CHECK YES only if demanded in complaint:  
**JURY DEMAND:**  Yes  No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE \_\_\_\_\_

DOCKET NUMBER \_\_\_\_\_

DATE

SIGNATURE OF ATTORNEY OF RECORD

### FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

Print

Save As...

Reset

**INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**

## Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.  
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.  
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.  
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.  
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. Origin.** Place an "X" in one of the seven boxes.  
 Original Proceedings. (1) Cases which originate in the United States district courts.  
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.  
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.  
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.  
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.  
 Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.  
 Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.  
**PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7.** Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.  
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.  
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

**Date and Attorney Signature.** Date and sign the civil cover sheet.

Plaintiff's Counsel

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Travis C. Barham\*  
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\*Applications for admission *pro hac vice* filed concurrently

\*\*Application for admission *pro hac vice* to be filed shortly

**Allan M. Josephson, M.D.**  
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## **EDUCATION**

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

## **ACADEMIC APPOINTMENTS**

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

Allan M. Josephson, M.D.

February 25, 2019

Page | 2

2003 – 2012	Associate in Pediatrics, University of Louisville School of Medicine, Louisville, Kentucky
2003 – 2017	Chief, Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences (2003-2012), Department of Pediatrics (2012-2017), University of Louisville School of Medicine
2003 – 2017	Chief Executive Officer, Bingham Clinic, Louisville, Kentucky
2012 – Present	Professor Pediatrics, University of Louisville School of Medicine, Louisville, Kentucky
2012 – Present	Associate in Psychiatry, University of Louisville School of Medicine, Louisville, Kentucky

**OTHER POSITIONS AND EMPLOYMENT**

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

**CERTIFICATION**

1976	Licentiate of the Medical College of Canada
1977	National Board of Medical Examiners
1982	American Board of Psychiatry and Neurology (#23615)
1982	Royal College of Physicians and Surgeons (Canada) in Psychiatry
1983	American Board of Psychiatry and Neurology in Child Psychiatry (#1739)

**LICENSURE**

1978-1988	State of Minnesota
1985-2003; 2018	State of Georgia (#028019)
2003-present	State of Kentucky (#37853)
2018-present	State of South Carolina

**PROFESSIONAL MEMBERSHIPS AND ACTIVITIES****National**

1981 – Present	American Psychiatric Association (Distinguished Life Fellow)
1982 – 2006	Royal College of Physicians and Surgeons (Canada) (Fellow)
1982 – Present	American Academy of Child and Adolescent Psychiatry (Distinguished Life Fellow)
1983 – 2018	Association for Academic Psychiatry
1983 – 1989	American Scientific Affiliation
1985 – 1989	Society for Research in Child Development
1985 – 1998	American Orthopsychiatric Association
1985 – Present	American Medical Association
1986 – 1992	Georgia Psychiatric Association
1986 – 1992	Georgia Council on Child and Adolescent Psychiatry
1986 – 2002	American Association of Directors of Psychiatric Residency Training
1986 – 2002	Central Savannah River Area, Psychiatric Society
1989 – Present	American Family Therapy Academy

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2003 – Present	Kentucky Academy of Child and Adolescent Psychiatry
2003 – Present	Jefferson County Medical Society
2003 – Present	Christian Medical and Dental Association
2005 – Present	American College of Psychiatrists
2007 – Present	Group for the Advancement of Psychiatry (Senior Fellow)

## HONORS AND AWARDS

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

2014-2017 Top Doctors Award, Louisville, Magazine

## **COMMITTEE ASSIGNMENTS AND ADMINISTRATIVE SERVICES**

### **Local**

1980 – 1982 Clinical Clerkship Committee, University of Minnesota Medical School

1984 – 1985 University of Minnesota Child Psychiatry Fellowship Training Committee

1986 – 1990 Augusta Area Coalition for Children and Youth, Member

1986 – 1990 Patient Care Review Committee, Medical College of Georgia

1986 – 1990 Residency Education Committee, Medical College of Georgia

1986 – 1993 Chair, Medical Student Education in Child Psychiatry and Member, Department of Psychiatry Medical Student Education Committee

1986 – 2002 Chair, Training Committee in Child Psychiatry, Medical College of Georgia

1990 – 1991 Member, Advisory Council to Medical College of Georgia, Department of Pediatrics, Section of Adolescent Medicine

1990 – 2002 Member, Medical College of Georgia, Department of Psychiatry Executive/Finance Committee

1990 – 2002 Chair, Martha McCranie Lectureship Committee

1991 – 1993 Member, Academic Council, Medical College of Georgia

1991 – 1999 Member, Medical College of Georgia, Ad Hoc Dean's Committee on Resident Dismissals

1991 – 1999 Member, Medical College of Georgia, Graduate Medical Education Steering Committee

1991 – 2002 Chair, Child Psychiatry Grand Rounds Committee

1992 – 1994 Member, Medical College of Georgia, Department of Psychiatry Newsletter Editorial Board

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1992 – 1998	Chair, Psychiatry Work Group Consulting to Executive Planning Committee for Medical College of Georgia, Children’s Medical Center
1993 – 1994	Member, Search Committee for Chair of Pediatrics of Medical College of Georgia
1993 – 1997	Member, Medical College of Georgia, Department of Psychiatry Space Committee
1997 – 2000	Chair, Department of Psychiatry and Health Behavior, Appointment, Promotions and Tenure Committee
1997 – 2002	Member, Medical College of Georgia, Department of Psychiatry Education Committee
1997 – 2002	Chair, Department of Psychiatry and Health Behavior, Clinical Faculty Committee
1998 – 2000	Member, Department of Psychiatry and Health Behavior, Managed Care Committee
1998 – 2000	Member, Governance Committee, State of Georgia Mental Health and Mental Retardation Region 12 Collaborative Program
2003 – 2010	Member, Education Committee, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine
2003 – 2012	Member, Executive Committee, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine
2003 – Present	Member, Executive Committee, Kosair Children’s Hospital, Louisville, Kentucky
2005 – 2012	Member, Risk Management Committee, Department of Psychiatry and Behavioral Sciences, University of Louisville School of Medicine
2010 – 2012	Member, Committee on Medical Student Wellness, University of Louisville School of Medicine

**National Committees**

1983 – 1984	Director of Free University, Association for Academic Psychiatry
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1984 – 1989	Chair, Section on Child and Adolescent Psychiatry, Association for Academic Psychiatry
1985 – Present	Member, Committee on the Family, American Academy of Child and Adolescent Psychiatry
1986	Chairman, Family Therapy Institute, “The Family Therapy of Major Adolescent Psychopathology.” American Academy of Child and Adolescent Psychiatry
1987 – 1989	Member, Recruitment Initiative in Child Psychiatry. Representatives from the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Association of Directors of Psychiatric Residency Training, Society of Professors of Child Psychiatry, and the American Academy of Pediatrics
1988 – Present	Specialist Site Visitor in Child Psychiatry for Residency Review Committee, (Psychiatry) of the Accreditation Council for Graduate Medical Education
1989	Co-Chair, Section on Child Psychiatry’s Relationships with Adult Psychiatry Residency Training, National Conference on Recruitment in Child Psychiatry, San Diego, California
1989 – 1991	Association for Academic Psychiatry, Program Committee
1989 – 1995	American Psychiatric Association Program Committee
1989 – 2015	Senior Examiner in Child Psychiatry, American Board of Psychiatry and Neurology
1989 – 2015	Senior Examiner in Adult Psychiatry, American Board of Psychiatry and Neurology
1989 – 2004	Chair, Special Interest Group on Family Therapy, American Academy of Child and Adolescent Psychiatry
1991 – 2002	Chief Proctor, American Board of Psychiatry and Neurology, Part I Examinations
1995 – 2009	Chair, Committee on Family, American Academy of Child and Adolescent Psychiatry

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- 1996 Chair, Family Therapy Institute. Family Assessment and Family Treatment: An Update. Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Philadelphia, PA
- 1997 – 2004 Member, Selection Committee, Psychiatric Residency Curriculum Awards, National Institute for Health Care Research
- 1999 – 2002 Chair, Committee on Education and Training, Society of Professors of Child and Adolescent Psychiatry
- 1999 Member, Medical College of Georgia, Liaison Committee on Medical Education Task Force
- 2001 Chair, Family Therapy Institute, Family Therapy and Integrated Psychotherapeutic Treatments, American Academy of Child & Adolescent Psychiatry Annual Meeting, Honolulu, Hawaii
- 2002 – 2004 Program Chair, Society of Professors of Child and Adolescent Psychiatry
- 2006 – 2008 Membership Chair, Society of Professors of Child and Adolescent Psychiatry

### **EDUCATIONAL ACTIVITIES**

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

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

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

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

Family Therapy Seminar for second year child psychiatry residents

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

Coordinate Family and Couples Therapy for third year general psychiatry residents

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Coordinate Forensic and Administrative Seminar for Child and Adolescent Fellows

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

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

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

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

### **CLINICAL ACTIVITIES**

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

### **NON-CLINICAL ACTIVITIES/COMMUNITY SERVICES (Selected)**

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

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2003 – Present Attend St. Matthews Baptist Church, support its counseling center

**GRANTS AND CONTRACTS**

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

1986 – 1997	(\$34 – \$36,000/yr.)
1998 – 1999	(\$36,000/yr.)
1999 – 2000	(\$85,000/yr.)
2000 – 2001	(\$170,000/yr.)
  
2. Project Director, Training Contract, Gracewood State School & Hospital (1987 – 1989)
 

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

1987 – 6/30/87	(\$76,000)
1987 – 1988	(\$235,000)
1988 – 1991	(\$120,000/yr.)
1992 – 1994	(\$65,000/yr.)
  
4. Project Director, Training Contract, Sand Hills Psychoeducational Institute (1987 – 1998)
 

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

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

2003 – 2018	(average award \$100,000/yr.)
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7. WHAS Crusade for Children Health Care Grant, Louisville, Kentucky (2003 – 2012)
 

2003 – 2018	(\$45,000/yr.)
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8. Training contract with Our Lady of Peace Medical Center, Louisville, Kentucky (2004 – 2012)
 

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

2005 – 2012	(\$60,000/yr.)
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10. Training Contract with Seven Counties Services, Louisville, Kentucky (2007 – 2016)  
(\$110,000/yr.)

11. Grant for support of Bingham Clinic, Kosair Charities Executive Council, \$70,000, 2017.

#### **EDITORIAL WORK**

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

#### **CONSULTANTSHIPS**

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

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1992 – 1993	Consultant in Family Therapy, American Academy of Child and Adolescent Psychiatry
1995 – 2002	Consultant in Telemedicine (Psychiatry), Medical College of Georgia
1996	Consultant to National Institute for Health Care Research on “Model Curriculum for Psychiatry Residency Training Programs: Religion and Spirituality in Clinical Practice.”
1996 – 1997	Consultant to National Institute for Health Care Research, Conference on Progress in Spiritual Research
1998	Consultant to State of Georgia, Department of Medical Assistance, Assessment of State Mental Health Clinics’ Children’s Services
2010	Consultant to Laity Lodge, San Antonio, Texas
2016	Consultant to State of Kentucky, Medicaid Psychopharmacology Project

#### **ABSTRACTS AND PRESENTATIONS**

##### **Invited Lectureships**

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

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- November, 1996 "Ten Myths About Family Therapy." Grand Rounds, New Jersey Medical School, Newark, New Jersey.
- February, 1997 "Ten Myths About Family Therapy." Grand Rounds, Mayo Medical School, Rochester, Minnesota.
- September, 1997 "Contemporary Perspectives on Child and Adolescent Psychiatry." Menninger Clinic, Topeka, Kansas.
- September, 1999 "Family Therapy in an Era of Biologic Psychiatry." Emory University, Atlanta, Georgia.
- May, 2001 "Family Therapy in an Era of Biologic Psychiatry." Cleveland Clinic, Cleveland, Ohio.
- August, 2005 "Family Based Treatment Research," Presented at the American Medical Association National Media Briefing, New York, New York.
- March, 2007 "Dealing with Worldview and Spirituality in Clinical Practice," University of Puerto Rico, San Juan Puerto Rico.
- October, 2007 "Diagnosis in Contemporary Psychiatry: What's in a Name" University of North Carolina, Chapel Hill, North Carolina.
- March, 2008 "Spirituality and Religion in the Clinical Worlds of Patients and Families," University of Washington, Seattle. Children's Hospital, Seattle, Washington.
- August, 2008 "Treating the Troubled Mind: Religious and Spiritual Perspectives." Annual Meeting of the Georgia Psychiatric Physicians' Association, Amelia Island, Florida.
- September, 2008 "World View and Spirituality in Clinical Practice." University of California at Davis, Sacramento, California.
- April, 2009 "World View and Spirituality in Clinical Practice," Loma Linda University, Loma Linda, California.
- April, 2009 "Holistic Treatment of Adolescent Bipolar Disorder," St. Mary's Medical Center, Evansville, Indiana.
- January, 2010 "Worldview and Spirituality in Psychiatric Practice," Virginia Tech School of Medicine / Carilion Clinic, Roanoke, Virginia.

- May, 2011 When the Diagnosis is Bipolar: The Family's Role in Self-Regulation, Harvard Medical School / Boston Children's Hospital.
- September, 2011 Brewster Lecture, When the Diagnosis is Bipolar: The Family's Role in Self-Regulation, University of Colorado School of Medicine.
- September, 2011 Worldview and Spirituality: Child, Adolescent and Family Perspectives, University of Colorado School of Medicine.
- September, 2011 When the Diagnosis is Bipolar: The Family's Role in Self-Regulation, University of Kentucky School of Medicine.
- March, 2013 When the Diagnosis is Bipolar: The Family's Role in Self-Regulation, Emma Pendleton Bradley, Brown University.
- March, 2013 Why the Family is Relevant for the Contemporary Psychiatrist. Position Statement presented at the Plenary of the Group for Advancement of Psychiatry, White Plains, New York.
- September, 2015 Reinventing Family Therapy: Toward Family Intervention. Tufts University School of Medicine.
- January, 2016 Reinventing Family Therapy: Toward Family Intervention. Cincinnati Children's Hospital, University of Cincinnati School of Medicine.
- May, 2017 Staying Right Side Up in an Upside Down World. Family Life Canada Annual Meeting, Vancouver, British Columbia, Canada.
- May, 2017 The Gift of Family: The Source of all Human Good, Family Life Canada Annual Meeting, Vancouver, British Columbia, Canada.

## **PRESENTATIONS**

### **National / International**

- March, 1982 "Psychiatry residents and the telephone: An analysis of usage patterns and recommendations for training." Association for Academic Psychiatry Annual Meeting, Bethesda, Maryland.
- September, 1982 "Developmental Issues in the Eating Disorders." Council for Children with Behavior Disorders Annual Meeting, Minneapolis, Minnesota.

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- August, 1984 “The Developmental Problems of Christian Families.” Second National Conference on the Church and Family, College of St. Thomas, Minneapolis, Minnesota.
- October, 1984 “The Role and Meaning of Dietary Manipulations in Families with a Hyperactive Child.” American Academy of Child Psychiatry Annual Meeting, Toronto, Canada.
- October, 1984 “Attentional Changes in Children after Food Color Challenge.” American Academy of Child Psychiatry Annual Meeting, Toronto, Canada.
- March, 1985 “Approaches to Teaching Development in Academic Psychiatry.” Association for Academic Psychiatry Annual Meeting, Tampa, Florida.
- March, 1986 “The Use and Abuse of Humor in Teaching.” Association for Academic Psychiatry Annual Meeting, Tucson, Arizona.
- March, 1986 “Surviving as a Child Psychiatry Educator: History and Current Trends.” Co-presented with J. Forster, H. Gabriel, and M. Drell, Association for Academic Psychiatry Annual Meeting, Tucson, Arizona.
- October, 1986 “Variants of Individuation Failure: The Family’s Role.” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Los Angeles, California.
- October, 1986 “Audiovisual Approaches in the Understanding of Child Development.” Co-presented with D. Fidler and W. Erickson. Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Los Angeles, California.
- October, 1986 “The Adolescent in Family Therapy: Integrating Individual and Family Dynamics.” Chair of Workshop, also co-presented with J. Frey, S. Xenakis, and C. Malone. Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Los Angeles, California.
- February, 1987 “Working with Families of Hyperactive Children.” Georgia Psychiatric Association Annual Meeting, Atlanta, Georgia.
- March, 1987 Chairman, Symposium on “Gender Issues in Career Development and Psychiatry Education.” Association for Academic Psychiatry Annual Meeting, Tampa, Florida.

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- May, 1987 Course Director and Presenter, "Integrating Individual and Family Dynamics in the Treatment of Major Psychiatric Disorders." American Psychiatric Association, Annual Meeting, Chicago, Illinois.
- October, 1987 "The Family Therapy of Adolescent Narcissism." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- January, 1988 "Teaching the Integration of Individual and Family Therapy." American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans, LA.
- May, 1988 "Family Therapy and Adolescent Narcissistic Disorders." American Psychiatric Association Annual Meeting, Montreal, Canada.
- May, 1988 "Informed Content: Legal Consent Versus Therapeutic Process." American Psychiatric Association Annual Meeting, Montreal, Canada.
- May, 1988 "Family Dysfunction and the Attention Deficit Disordered Child." American Psychiatric Association Annual Meeting, Montreal, Canada.
- October, 1988 "When Self and System Collide: Ethics in Family Therapy." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Seattle, Washington. (with P. Jensen)
- October, 1988 "Limit Setting in Family Therapy." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Seattle, Washington.
- November, 1988 "A Religious Perspective on the Developmental Process." International Congress on Christian Counseling Annual Meeting, Atlanta, Georgia.
- November, 1988 "Sin or Psychopathology: An Analysis of Two Divergent Views." International Congress on Christian Counseling Annual Meeting, Atlanta, Georgia.
- November, 1988 "A Developmental Perspective on Abortion." International Congress on Christian Counseling Annual Meeting, Atlanta, Georgia.
- March, 1989 "The Developmental Model: An Aid to Ethical Decision Making in Family Therapy." Association for Academic Psychiatry Annual Meeting, Atlanta, Georgia.

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- May, 1989 Chair, Symposium, "Gender and the Academic Life Cycle of Psychiatrists." American Psychiatric Association Annual Meeting, San Francisco, California.
- May, 1989 "Why Johnny Can't Sit Still: Kids Ideas of Why They Take Stimulants." (with P.S. Jensen and M.W. Bain). American Psychiatric Association Annual Meeting, San Francisco, California.
- October, 1989 "Teaching the Integration of Individual and Family Therapy," In "Child Psychiatry Training: Curriculum Development and Program Evaluation." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, NY.
- January, 1990 "Ethics and Family Therapy" (with A. Sondheimer, M.D.) American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans.
- October, 1990 "Family Classification and Environmental Types: New Thoughts About Old Problems." (with P. Jensen, H. Davis, L. Blodeu, D. Smith). Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 1990 "Family Therapy of Children at Risk: Working with Character Disordered Parents." (with J. Connell, and J. Sargent) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 1990 "Teaching the Biopsychosocial Approach to the Severely Disturbed Child." (with M. Drell and R. Angell) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- March, 1991 "Psychiatric Residents as Teachers: Consultation to Non-Medical Professionals as a Training Experience." (with R. James) Association for Academic Psychiatry Annual Meeting, Tampa, Florida.
- May, 1991 "When World View of Patient and Psychotherapist Conflict." (with A. Nicholi, Jr., L. Bishop, R. Sider and I. Wiesner) American Psychiatric Association Annual Meeting, New Orleans, Louisiana.
- May, 1991 "Family Therapy and Personality Disordered Parents." (with J. Sargent) American Psychiatric Association Annual Meeting, New Orleans, Louisiana.

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- October, 1991 “Relational Ethics and Child Treatment.” (with L. Combrinck-Graham) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 “Integrating Family Concepts in the Teaching of Child Development.” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 “Family Therapy: Conceptual and Technical Approaches.” (with M. Blotcky, J. Lewis, G.P. Sholevar, R. Stewart) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 “Ethics and the Practice of Child and Adolescent Psychiatry.” (with A. Sondheim, J. Sargent) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 “Academic Career Development in Child and Adolescent Psychiatry.” (with J. Forster, M. Slonowitz, A. Unis, H. Wright) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 “The Difficult-to-Treat Adolescent: An Integrative Approach.” (with J. Sargent, E. Beresin, S. Grater, A. Sondheim) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 “State-University Collaboration in Child and Adolescent Psychiatry.” (with D. Parmelee, H. Wright) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 1991 “The AACAP Clinical Database Project: Methods, Implementation and Results.” (with T. Anders, P. Jenson, B. Leventhal, L. Bloedau, B. Lee) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- January, 1992 “Non-Academic Challenges for Child Psychiatry Residents: The Resident and His Family.” (with P. Holden, M. Drell, K. Matthews) American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans, Louisiana.

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- January, 1992 “Giving Talks to Non-Medical Audiences as a Training Experience.” (with R.C. James) American Association of Directors of Psychiatric Residency Training Annual Meeting, New Orleans, Louisiana.
- May, 1992 “Alcohol and the Family: The Party’s Over.” Symposium discussant, American Psychiatric Association Annual Meeting, Washington, D.C.
- October, 1992 “State University Collaboration Issues in Child and Adolescent Psychiatry.” (with H. Wright and D. Parmelee) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- October, 1992 “Ethics, the Family, and Child and Adolescent Psychiatry Practice.” (with A. Sondheimer and J. Sargent) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- October, 1992 “The Difficult to Treat Adolescent: An Integrative Approach.” (with J. Sargent, A. Sondheimer, and E. Beresin) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- November, 1992 “A Proposal Framework for Making Value Judgments in Psychotherapy.” (with C. Cottle, R. Bagge’) Second International Congress on Christian Counseling, Atlanta, Georgia.
- November, 1992 “Theological Perspectives on the Developmental Process: A Child Psychiatrist’s Perspective.” Second International Congress on Christian Counseling, Atlanta, Georgia.
- May, 1993 “The Psychiatrist’s World View and Clinical Models.” American Psychiatric Association Annual Meeting, San Francisco, California.
- May, 1993 “When a Child Dies: The Impact of the Parents’ World View.” American Psychiatric Association Annual Meeting, San Francisco, California.
- October, 1993 “The Difficult to Treat Adolescent: An Integrative Approach.” (with J. Sargent, A. Sondheimer, G. Beresin) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Antonio, Texas.
- March, 1994 “The Politically Correct Psychiatrist: How Do We Promote Patient Autonomy and Responsibility When Everyone Is a Victim?” (with D. Misch) Association for Academic Psychiatry Annual Meeting, Tucson, Arizona.

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- May, 1994 “The Exploration of World Views in Psychotherapy.” Course Director, American Psychiatric Association Annual Meeting, Philadelphia, Pennsylvania.
- October, 1994 “Family Therapies: Integration with Other Treatment Modalities in the Treatment of the Seriously Disturbed Adolescents.” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York City, New York.
- May, 1995 “The Exploration of World Views in Psychotherapy.” Course Director, American Psychiatric Association Annual Meeting, Miami, Florida.
- October, 1995 “Multimodal Treatment of Disturbed Adolescents.” (with J. Sargent, A. Sondheimer, G. Beresin) Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New Orleans, Louisiana.
- March, 1996 “Myths About the Biopsychosocial Model.” Association for Academic Psychiatry Annual Meeting, Tampa, Florida.
- March, 1997 “Teaching Minority Issues in Psychiatry Residency.” (with R. Burkett and B. Simpson) Southern Group on Educational Affairs Annual Meeting, Augusta, Georgia.
- May, 2000 “Clinical Models and a Religious/Spiritual World View: Toward a Rapprochement.” American Psychiatric Association Annual Meeting, Chicago, Illinois.
- May, 2000 “World Views and the Doctor Patient Relationship.” Symposium Chair, American Psychiatric Association Annual Meeting, Chicago, Illinois.
- July, 2000 “Raising Children in Foreign Cultures: Implications for Child and Adolescent Development.” South Indian Ocean Missionaries and Educators Annual Conference, Reunion Island, France.
- October, 2000 “Do Families Cause, or Respond to, Psychopathology?” Association for Academic Psychiatry Annual Meeting, Vancouver, B.C., Canada.
- March, 2001 “Guidelines on Determining the Family’s Role in Psychopathology: Implications for Psychiatric Residency Training.” American Directors of Psychiatric Residency Training Annual Meeting, Seattle, Washington.

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- March, 2001 "Ten Myths About the Biopsychosocial Model." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Key Largo, Florida.
- May, 2001 "Beyond Mind and Brain: Considering the Patient's World View." Symposium Chair, American Psychiatric Association Annual Meeting, New Orleans, Louisiana.
- May, 2001 "Clinical Psychiatry and Spirituality: Another Level of Integration." American Psychiatric Association Annual Meeting, New Orleans, Louisiana.
- October, 2001 "The Clinical Process of Sequencing Psychotherapeutic Treatments." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Honolulu, Hawaii.
- March, 2002 "Becoming an Administrative Chief: Observations on Leading a Child Psychiatry Division." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Hollywood, Florida.
- October, 2002 "Religion and Spirituality in Child and Adolescent Treatment." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- October, 2002 "Gay and Lesbian Parenting: Emerging Issues." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Francisco, California.
- March, 2003 "What Does a New Division Chief Need to Learn." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Santa Fe, New Mexico.
- October, 2003 "The Biology of Interaction: Genes, Environment, and the Brain" (with W. Freeman, L.C. Wynne, P.S. Jensen, and S. Copans), Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Miami, Florida.
- March, 2004 "What Does a New Division Chief Need to Learn." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, San Juan, Puerto Rico.
- May, 2004 "Controversies at the Interface Between Religion and Psychiatric Practice." Workshop Chair, Annual Meeting of the American Psychiatric Association, New York, New York.

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- May, 2004 "Religion, Spirituality and Psychiatric Practice at the University of Louisville." Annual Meeting of the American Psychiatric Association, New York, New York.
- March, 2005 "Going from 'Good to Great': Helping Child Psychiatry Divisions Take the Next Step Forward." Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Washington, D.C.
- May, 2005 "World Views in Psychiatry: Approaches to Clinical Care." (with J. Peteet and M.L. Dell), Annual Meeting of the American Psychiatric Association, Atlanta, Georgia.
- May, 2005 "Neutrality Revisited: Is Autonomy What We Most Want?" Workshop (with S.B. Thielman, L.B. Bishop and J.R. Peteet), American Psychiatric Association Annual Meeting, Atlanta, Georgia.
- October, 2005 "Master Clinician." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Canada.
- October, 2005 "Family Assessment Parameter: A Guide to Clinical Practice." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Canada.
- April 2006 – 2009;  
2012 – 2016 "What Does a Division Director Need to Know?" (with M. Drell), Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Washington, D.C.
- May, 2006 "Curricula in Spirituality and Psychiatry." Symposium Discussant, Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- May, 2006 "Can We Talk? A model for Constructive Conversation between Opponents and Advocates of Same Sex Relationships toward a Dialogue on Homosexual Marriage." (with J. Drescher, J. Peteet, P. Feeley and C. Ambridge). Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- May, 2006 "Worldview and Spirituality in Clinical Practice." Course Director, Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- May, 2006 "Religious and Spiritual Aspects of Child and Adolescent Psychiatric Disorders." (with M.D. Dell). In symposium "A Research Agenda for DSM-

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- V Concerning Religious and Spiritual Issues in the Diagnostic Process.” Annual Meeting of the American Psychiatric Association, Toronto, Canada.
- October, 2006 “Master Clinician.” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2006 “New Perspectives on Family Assessment.” Chair, Special Interest Group, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2006 “Failure: Recognizing, Accepting and Learning from Failures in Treatment” (with S. Copans et al), Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2006 “Psychosocial Research in ADHD.” Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2006 “What Does “Johnny Has a Chemical Imbalance” Really Mean?” (with F. Champagne, W. Freeman, S. Copans, D. Mrazek). Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- May, 2007 “Worldview and Spirituality in Clinical Practice.” Course Director, Annual Meeting of the American Psychiatric Association, San Diego, California.
- October, 2007 “Master Clinician.” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Boston, Massachusetts.
- October, 2007 “Family Treatments and Epidemiology.” Maintenance of Certification Institute, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Boston, Massachusetts.
- May, 2008 “Worldview and Spirituality in Clinical Practice.” Course Director, Annual Meeting of the American Psychiatric Association, Washington, D.C.
- October, 2008 “Master Clinician.” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 2008 “Limit Setting in Clinical Practice: Effective Strategies to Empower Parents.” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.

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- October, 2008 "Long Term Treatment of Psychosis in Young Children." Clinical Case Conference (with S. Mason, M. Benoit, P. Joshi and N. Gogtay), Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- October, 2008 "Religion and Spirituality in Clinical Practice." Co-Chair (with M.L. Dell). Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago, Illinois.
- May, 2009 "From Development to DSM: Can our Teaching Bridge the Gap?" Annual Meeting of the Society of Professors of Child and Adolescent Psychiatry, Washington, D.C.
- October, 2009 "Master Clinician." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Honolulu, Hawaii.
- October, 2010 "Limit Setting in Clinical Practice: Effective Strategies to Empower Parents." Chair, (Co-presented with S. Copans and P.A. Mabe, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "Religion and Spirituality in Child and Adolescent Psychiatric Practice." Chair of Institute, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "Integrating Religious and Spiritual Issues in the Treatment of Children, Adolescents and Families." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "When the Diagnosis is Bipolar: Are There Other Explanations?" Chair, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2010 "The Family's Role in Self-Regulation: Developing the Ability to "Stop." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- November, 2011 "Families and Depression," (with B. Beardslee and E. Berman), Annual Meeting of the National Network of Depression Centers, Baltimore, Maryland.

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- April, 2013 “Why the Family is Relevant for the Contemporary Psychiatrist.” Group for the Advancement of Psychiatry, White Plains, New York.
- October, 2013 “Forgiveness: Its Role in Mental Health,” Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Orlando, Florida.
- October, 2014 “Reinventing Family Therapy: Toward Family Intervention.” Plenary Talk, Institute on “Family-Based Integrated Care in Child Psychiatry,” Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2014 “Anxiety in Autism: Family and Developmental Perspectives,” Discussant in Clinical Case Conference, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2014 “From Family Therapy to Family Intervention: The Next Paradigm,” In Life Members Clinical Perspectives Symposium, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Diego, California.
- October, 2015 “Treating Military Families in the Post-Combat Transition,” Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Antonio, Texas.
- March, 2016 “Saving Family Therapy.” Annual Meeting of the Kentucky Psychiatric Physicians Association, Louisville, Kentucky.
- May, 2016 “Christianity and Islam: Encouraging Physician Integrity.” Academy for Professionalism in Health Care Annual Meeting, Louisville, Kentucky.
- May, 2016 “Ethical Challenges at the Interface between Psychiatry/Religion: Diagnostic Considerations.” Annual Meeting of the American Psychiatric Association, Atlanta, Georgia.
- October, 2016 “Treatment Resistance and Failures: Family Factors,” Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, New York.
- October, 2017 “Care Integration for Childhood Sexual Abuse: Post Traumatic Stress Disorder, Heroin, and Other Adverse Outcomes.” Discussant, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.

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- October, 2017 “Getting Children to Accept Limits: Developmental and Family Perspectives on the Regulation of Behavior and Emotion” Chair, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.
- October, 2017 “Beyond Diagnosis: Understanding the Family’s Role in the Regulation of Emotion and Behavior,” Chair, Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Washington, D.C.

## PRESENTATIONS

### Regional

- June, 1981 “Relationships between Food and Behavior” to the “Nutritional Support in Development Disabilities” Conference, Sister Kenny Institute, Minneapolis, Minnesota.
- October, 1982 “The Psychodynamics of Eating Disorders” at the “Eating and Disorders Update” Conference, University of Minnesota, Minneapolis, Minnesota.
- November, 1982 “A Contemporary Psychiatric View of the Mind – Brain Problem” at the McLaurin Institute for Interdisciplinary Studies, Minneapolis, Minnesota.
- March, 1984 “Borderline Personality: Diagnosis and Management,” Northland Mental Health Center, Grand Rapids, Minnesota.
- September, 1984 “Family Dysfunction and the Eating Disorders,” Central Mesabi Medical Center, Hibbing, Minnesota.
- January, 1986 “Hyperactive Behaviors, Diets, and Families,” Grand Rounds, Department of Psychiatry, Medical College of Georgia, Augusta, Georgia.
- May, 1986 “Alcohol Use and Associated Family System Dysfunction,” Georgia Episcopal Diocese, Augusta, Georgia.
- July, 1986 “Emotional Development: Theological Implications,” Georgia Regional Hospital, Atlanta, Georgia.
- September, 1986 “The Developmental Cycle of Families.” Presented to Georgia Regional Hospital, Social Service Department, Augusta, Georgia.

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- October, 1986 "Psychiatric Symptoms and Their Relationship to Family Dysfunction." Presented to Georgia Regional Hospital Social Service Department, Augusta, Georgia.
- January, 1987 "Managing Conduct Disorders in School Settings," Richmond County Special Education Conference, Augusta, Georgia.
- February, 1987 "Variants of Adolescent Individuation Failure." Grand Rounds, Department of Psychiatry, Medical College of Georgia, Augusta, Georgia.
- February, 1987 "The Severe Character Disorder in the Public Mental Health Setting." Presented at "A Public Health Symposium on the Major Psychiatric Illnesses," Augusta, Georgia.
- May, 1987 "Working with Families in Crisis," Chair, sponsored by Charter Hospital of Augusta and the Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- May, 1988 "Parenting the Behavior Disordered Child," Chair, sponsored by Charter Hospital of Augusta and the Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- May, 1988 "Self in the System: Toward the Integration of Individual and Family Therapy." Grand Rounds, Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- February, 1990 "Epidemiology of Adolescent Narcissistic Disorder in Adolescent Psychiatric Inpatients," Grand Rounds, Department of Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- February, 1991 "Narcissistic Adolescents and Their Families," Charter Hospital of Augusta, Georgia.
- April, 1991 "Psychopharmacology Review in Child Psychiatry," Continuing Medical Education Symposium, Medical College of Georgia, Augusta, Georgia.
- June, 1991 "Inpatient Child and Adolescent Psychiatry," Continuing Medical Education Symposium, Medical College of Georgia, Augusta, Georgia.
- September, 1991 "Integration of Individual and Family Therapy in the Treatment of Adolescent Disorders," Charter Hospital, St. Simon's Island, Georgia.

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- February, 1992 “Update in Adolescent Psychiatry,” Chair, Continuing Medical Education, Medical College of Georgia, Augusta, Georgia.
- April, 1992 “Integration of Individual and Family Therapy in the Treatment of Child and Adolescent Disorders,” Grand Rounds, Department Psychiatry and Health Behavior of the Medical College of Georgia, Augusta, Georgia.
- October, 1992 “Clinical Features of Tic Disorders in Children and Adolescent,” (with M. McSwiggan-Hardin and P. Hartlage), Georgia Chapter of American Academy of Pediatrics, Atlanta, Georgia.
- November, 1992 “Family Issues: Severe Tourette’s Syndrome and Services Home and School Problems,” (with M. McSwiggan-Hardin), Regional Symposium of Tourette Syndrome Association of Georgia, Atlanta, Georgia.
- June, 1994 “Violence in Children, Adolescents and Families,” Chair, Continuing Medical Education, Medical College of Georgia, Augusta, Georgia.
- November, 1998 “Children and Acute Hospitalization,” Continuing Medical Education, Medical College of Georgia, Augusta, Georgia.
- February, 2000 “Family Interventions with Tyrannical Adolescents,” Annual Meeting of the Georgia Psychiatric Physician’s Association.
- June, 2000 “Child and Adolescent Depression: An Update,” Annual Meeting, Georgia Academy of Pediatrics, Sea Island, Georgia.
- January/  
February, 2001 “Suicide in Delinquent Youth: Diagnostic and Treatment Issues,” Department of Juvenile Justice, State of Georgia, Forsythe, Georgia (with A. Mabe, Ph.D.).
- March, 2003 “An Integrated Approach to the Use of Pharmacotherapy in the Treatment of Child and Adolescent Disorders,” Annual Meeting of the Kentucky Psychiatric Association, Louisville, Kentucky.
- February, 2006 “An Update on Family Treatments,” Annual Meeting of the American Association of Family Therapy (Kentucky Chapter)
- October, 2006 “Child and Adolescent Depression,” NAMI sponsored conference for Mental Health Awareness Week, Louisville, Kentucky.

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- November, 2007 “Diagnosis in Child and Adolescent Psychiatry: What is in a Name?”, Keynote Address, Pediatric Care Forum, Louisville, Kentucky, sponsored by UofL Healthcare and Passport Health Plan, Louisville, Kentucky.
- March, 2008 “Diagnosis in Child and Adolescent Psychiatry: What is in a Name?”, Grand Rounds, University of Louisville Department of Pediatrics, Louisville, Kentucky.
- October, 2008 “Spirituality and Depression: Making Sense of the Relationship,” Second Annual University of Louisville Depression Conference, Louisville, Kentucky.
- October, 2009 “Bipolar Disorder in Children and Adolescents: A Reappraisal,” Seventeenth Annual Pediatric Symposium, Department of Pediatrics, University of Louisville, Louisville, Kentucky.
- February, 2011 “What’s Worldview Got to Do with It?” Plenary address at the University of Louisville School of Medicine Wellness Day.
- August, 2011 “Children’s Mental Health Treatment: Best Diagnosis for Best Care,” Mental Health Symposium, Kentucky Academy of Pediatrics and American Academy of Pediatrics, Barren River, Kentucky.
- September, 2011 “Building Hope in Depression: The Role of Religion and Spirituality,” University of Louisville Depression Center, Louisville, Kentucky.
- March, 2012 “The Myth of the Bipolar Syndrome.” Plenary Address at “Faces of Childhood Trauma” Symposium, sponsored by Kent School of Social Work, Jefferson County Circuit Court (Family Division) and East End Psychological Associates.
- November, 2013 “The Family in Mental Health: Enduring Constants, Emerging Realities.” Plenary Address of the 100<sup>th</sup> Anniversary of the Bingham Clinic Symposium, Louisville, Kentucky.
- September, 2017 “Families and Adolescents: Enduring Constants; Emerging Realities”, Plenary Address Sixth Annual Pediatric Mental Health Symposium, University of Louisville.

#### **AUDIOVISUAL PROGRAMS**

- September, 1981 “The Development of Personality.” 1991. Produced by University of Minnesota Media Resources. Three hours of demonstration of normal

child development. Review: H.J. Lurie, Hospital and Community Psychiatry, 42 (1): 21.

## PUBLICATIONS

### Abstracts

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **JOURNAL ARTICLES PUBLISHED**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mabe, P., K. Turner, and A. Josephson. 2001. "Parent Management Training." *Child and Adolescent Psychiatric Clinics of North America*. (10): 451-464.

Lemmon, C., and A. Josephson. 2001. "The Family Therapy of Eating Disorders." *Child and Adolescent Psychiatric Clinics of North America*. (10): 519-542.

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- Londino, D., P. Mabe, and A. Josephson. 2003. "Child and Adolescent Psychiatric Emergencies: Family Psychodynamic Issues." *Child and Adolescent Psychiatric Clinics of North America*. (12): 629-647.
- Josephson, A., and M.L. Dell. 2004. "Religion and Spirituality in Child and Adolescent Psychiatry: A New Frontier." *Child and Adolescent Psychiatric Clinics of North America*. (13): 1-15.
- Moncher, F., and A. Josephson. 2004. "Religious and Spiritual Assessment of the Family." *Child and Adolescent Psychiatric Clinics of North America*. (13): 49-70.
- Josephson, A. 2004. "Formulation and Treatment: Integrating Religion and Spirituality in Clinical Practice." *Child and Adolescent Psychiatric Clinics of North America*. (13): 71-84.
- Mabe, P.A., and A.M. Josephson. 2004. "Child and Adolescent Psychopathology: Spiritual and Religious Perspectives." *Child and Adolescent Psychiatric Clinics of North America*. (13): 111-125.
- Diamond, G., and A. Josephson. 2005. "Family Based Treatment Research: A 10-Year Update." *Journal of the American Academy of Child and Adolescent Psychiatry*. (44): 872-887.
- Drell, M., A.M. Josephson, R. Pleak, P. Riggs, and A. Rosenfeld. 2006. "Clinical Problem Solving: The Case of John, Part I." *Journal of the American Academy of Child and Adolescent Psychiatry*. (45): 1124-1131.
- Dell, M.L. and A. Josephson. 2006. "Working with the Spiritual Issues of Children." *Psychiatric Annals*. (36): 176-184.
- Drell, M., A.M. Josephson, R. Pleak, P. Riggs, and A. Rosenfeld. 2006. "Clinical Problem Solving: The Case of John, Part II." *Journal of the American Academy of Child and Adolescent Psychiatry*. (45):1243-1251.
- Drell, M., A.M. Josephson, R. Pleak, P. Riggs, and A. Rosenfeld. 2006. "Clinical Problem Solving: The Case of John, Part III." *Journal of the American Academy of Child and Adolescent Psychiatry*. (45): 1370-1380.
- Josephson, A. (Primary Author). 2007. "Practice Parameter for the Assessment of the Family." *American Academy of Child and Adolescent Psychiatry*. (46): 922-937.
- Josephson, A.M., and J.R. Peteet. 2007. "Talking with Patients about Spirituality and Worldview: Practical Interviewing Techniques and Strategies." *Child and Adolescent Psychiatric Clinics of North America*. (30): 181-197.

Josephson, A. 2007. "Depression and Suicide in Children and Adolescents: A Spiritual Perspective." *Southern Medical Journal*. (100): 744-745.

Josephson, A., C.K. Peters, and M.L. Dell. 2007. "Adolescent Dysphoria, Sexual Behavior and Spirituality." *Southern Medical Journal*. (100): 633-634.

Dell, M.L., and A. Josephson. 2007. "Religious and Spiritual Factors in Childhood and Adolescent Eating Disorders and Obesity." *Southern Medical Journal*. (100): 628-632.

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## HIGHLIGHTS OF DR. JOSEPHSON'S TENURE AS DIVISION CHIEF

### ***I. Division Accomplishments under Dr. Josephson's Leadership***

#### ***A. The Division grew in size, profile, and reputation.***

1. The number of full-time faculty doubled from six to twelve.
2. The Division's reputation has improved, both on campus and off, to the point that it is now on the national stage professionally.
3. Three of the Division's faculty began serving on national committees while he was Division Chief, and two others have done so since.
4. Division faculty now give approximately ten national presentations per year, whereas they rarely gave any before Dr. Josephson arrived.
5. Dr. Josephson and another senior faculty member in the Division lectured at four Ivy League institutions (*i.e.*, Harvard University, Brown University, the University of Pennsylvania, and Dartmouth College), something that had never happened before in the Division's history.

#### ***B. The Division's budget was balanced from 2013 forward.***

1. Dr. Josephson balanced the Division's budget in 2013 and maintained a balanced budget from then on.
2. The Division received over \$250,000 in annual research support for faculty research.
3. Dr. Josephson personally brought the Division between \$145,000 and \$386,000 annually in training grants and contracts between 2003 and 2016. *See* Ex. 1 at 10–11.

#### ***C. The Division launched, re-launched, and expanded numerous programs.***

1. Dr. Josephson reinitiated the Kentucky Academy of Child and Adolescent Psychiatry.
2. The Division increased the size of its child psychiatry training program by 50%.
3. Dr. Josephson initiated a local continuing medical education program that is now in its eighth year.
4. Dr. Josephson spearheaded efforts to create a tele-psychiatry service that now has six clinics serving rural Kentucky.

#### ***D. The Division increased the number of patients it treated.***

1. The Division doubled the amount of inpatients it treated.
2. The Division tripled the number of patients seen through its consult liaison service.
3. The Division doubled the number of patients it treated at the emergency room.

#### ***E. The Division moved from the Department of Psychiatry to the Department of Pediatrics.***

## **II. Dr. Josephson's Accomplishments as Division Chief**

### **A. Dr. Josephson maintained a rigorous clinical schedule.**

1. As part of his clinical work, Dr. Josephson consulted with the Division's inpatient psychiatry unit, inpatient pediatric medical services, outpatient clinics, and a juvenile detention facility.
2. Dr. Josephson assessed children and youth, interviewed families, made referrals to agencies, and provided individual psychotherapy and family therapy.
3. Due to his widely known expertise, Dr. Josephson received numerous referrals from across the country.

### **B. Dr. Josephson served as the chief executive officer of the Bingham Clinic.**

1. The Bingham Clinic is a non-profit, independent facility dedicated to treating the emotional problems of children and teens.
2. It partners with the University and the Division to serve the local community.
3. Dr. Josephson recruited the new board president, coordinated adding new board members, and co-chaired (with the board president) a study section reorganizing the Clinic's activities.
4. In 2013, Dr. Josephson led a centennial celebration of the Bingham Clinic, highlighting its one hundred years of service to the Louisville community.

### **C. Dr. Josephson taught regularly at all levels of the Medical School.**

1. Dr. Josephson taught both within the Department of Pediatrics and in other departments of the Medical School.
2. Dr. Josephson taught medical students, residents, pediatricians, psychiatric residents, and psychologists in training.

### **D. Dr. Josephson spoke extensively to a wide variety of groups.**

1. Dr. Josephson gave nineteen invited lectures as Division Chief. *See Ex. 1 at 13–14.*
2. Dr. Josephson gave fifty-seven presentations to national and international groups as Division Chief. *See Ex. 1 at 21–26.*
3. Dr. Josephson gave twelve presentations to regional groups as Division Chief. *See Ex. 1 at 28–29.*

### **E. Dr. Josephson maintained a prolific publication record.**

1. As Division Chief, Dr. Josephson authored, co-authored, or edited at least twenty-one articles in scholarly journals and at least twelve books or book chapters, in addition to numerous other publications. *See Ex. 1 at 30–40.*
2. Dr. Josephson served as the primary author of *Practice Parameter for the Assessment of the Family*, a 2007 article for the American Academy of Child and Adolescent Psychiatry that set the standard for the field. *See Ex. 1 at 35.*
3. Dr. Josephson authored *The Reinvention of Family Therapy*, a 2008 article that the continuing medical education program of the American Academy of Child and Adolescent Psychiatry rated as one of the top ten papers of the year. *See Ex. 1 at 36.*

4. Dr. Josephson co-edited *The Handbook of Spirituality and Worldview in Clinical Practice* published by the American Psychiatric Publishing, a work that is used in psychiatric residency programs throughout the country. See Ex. 1 at 37.

*F. Dr. Josephson received or was a finalist for numerous awards.*

1. For four years in a row, the American Academy of Child and Adolescent Psychiatry designated Dr. Josephson as one of its Master Clinicians and accordingly invited him to demonstrate his work at the Academy's annual meetings.
2. In 2009, the Wayne Oates Institute gave Dr. Josephson its Oates Award, a competitive national award recognizing contributions to pastoral care. He is the only psychiatrist to have received this award.
3. In 2012, Mental Health America of Kentucky gave Dr. Josephson its Frank M. Gaines Award for his outstanding contribution to mental health in Kentucky.
4. In 2012, Dr. Josephson learned that he was a finalist for the University's Leonard Tow Humanism in Medicine Award, an award given to the medical school faculty member "who set[s] an example for their peers through medical excellence and humanistic leadership."
5. In 2013, the University of Louisville School of Medicine gave Dr. Josephson its Building Block Award, recognizing his outstanding teaching and mentoring of child and adolescent psychiatry fellows.
6. In 2015, the American Psychiatric Association gave Dr. Josephson one of its highest honors: its Oskar Pfister Award, an international award for his lifetime achievement in psychiatry and religion.
7. In February 2017, Defendant Woods, at Defendant Lohr's encouragement, nominated Dr. Josephson again for the University's Leonard Tow Humanism in Medicine Award.

YR2014

**Department of Pediatrics Faculty Member Annual Review**  
**[Salary Increase Based Upon Performance (SIBUP)]**

<b>Division/Section</b>	Allan Josephson – Child Psychiatry		
<b>Date of Initial Employment</b>	01/01/2003	<b>Track</b>	Term Clinical
<b>Current Rank</b>	Professor	<b>Years in Rank</b>	12

**Performance Summaries by Division Chief, Designee, or other Supervisor**

<b>SERVICE ACTIVITIES– CLINICAL</b>	<b>PERCENT EFFORT=</b>	<b>45</b>
<p>Dr. Josephson had a significant number of goals for 2014. He accomplished almost all of these effectively. He has established similar rigorous goals in scope and number for 2015. Completion of this effort will have the division of pediatric psych on solid footing in multiple ways. In terms of his clinical activities, Dr. Josephson continues to provide excellent care in both outpatient and inpatient arenas. He continues collaboration with faculty in general pediatrics and passport health plan to improve mental health services in the primary care population and availability of tertiary referral to the Medicaid population. The patient satisfaction for the pediatric psych division as a whole is excellent.</p>		
<b>Recommended Score for this Area</b>	4	

<b>SERVICE ACTIVITIES– NON-CLINICAL</b>	<b>PERCENT EFFORT=</b>	<b>40</b>
<p>In terms of non-clinical service activities, Dr. Josephson remains an effective division chief for pediatric psychology and psychiatry. He serves on a number of committees including the Kosair Children's Hospital Medical Executive Committee and the Autism Center Executive Committee. He continues to provide excellent mentorship for his faculty in terms of promotion. Nationally he is a senior examiner for the American Board of Psychiatry and neurology and a regular editorial reviewer for a number of journals in his field. He is a lead author in developing a practice perimeter on family interventions for the American Academy of Child and Adolescent Psychiatry. Through his leadership the division continues to flourish.</p>		
<b>Recommended Score for this Area</b>	4	

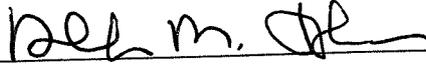
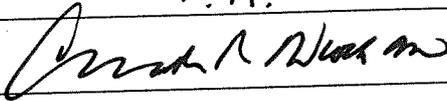
<b>TEACHING</b>	<b>PERCENT EFFORT=</b>	<b>15</b>
<p>Dr. Josephson provides a wide range of lectures and curriculum content for medical students, residents, pediatricians, psychiatry residents, and psychologists in training as well. He helped transition the second year medical school course from intersection of religion and medicine into the new course on ethics. He had several national invited lectureships in 2014, including the annual meeting of the professors of child adolescent psychiatry, and the American Academy of Child and Adolescent Psychiatry.</p>		
<b>Recommended Score for this Area</b>	4	

<b>RESEARCH/SCHOLARSHIP</b>	<b>PERCENT EFFORT=</b>	
<p>Dr. Josephson does not have specific time dedicated to research, but did have a first author manuscript accepted in 2014 which will appear in press in 2015. He also had a piece on one of the families relevant for the temporary child psychiatrists published in the American Academy of Child and Adolescent Psychiatry News.</p>		

<b>Recommended Score for this Area</b>	4
--	---

<b>PROGRESS TOWARDS PROMOTION OR PERIODIC REVIEW + ANY ADDITIONAL COMMENTS</b>	
<b>OVERALL SCORE for Current Year (from Worksheet)</b>	

Comments should focus primarily on exemplary items and/or issues where improvement is needed.  
 A score  $\geq 3.5$  or  $< 2.0$  overall or in any area of work should be justified/explained above.

Signatures			
<b>Faculty Member</b>		<b>Date</b>	2/27/15
<b>Division Chief *</b>	N.A.	<b>Date</b>	
<b>Chair *</b>		<b>Date</b>	2/25/15

\* Or Designee

## Worksheet for Calculation of Overall Performance Score for Current Year and for 3-Year SIBUP Average

Work Area	Score (1-4)	%Effort	Subtotal
Service-Clinical	4	45	180
Service-Non-Clinical	4	40	160
Teaching	4	15	60
Research/Scholarship			
<b>Total Score for 2014</b>			400
<b>2013 Score</b>			370
<b>2012 Score</b>			350
<b>Three-Year Average Score for 2014</b>			373.333

<b>Initials of person completing worksheet if not Division Chief</b>	
--	--

Notes regarding new faculty and those with less than 3 full years of departmental service:

1. New faculty with less than 8 months of evaluable time during the current calendar year may be given a standard score of 200 (indicating satisfactory performance) or an actual score at the discretion of the Division Chief.
2. For second-year faculty members who received a standard score of 200 from the partial first year, the standard score should not be averaged with the current score. This score will be used alone for SIBUP analyses.
3. For third-year faculty members who received a standard score of 200 from the partial first year, the standard score should not be averaged with the current score and past year's score. The two full-year scores should be averaged for use in SIBUP analyses.

3/24/2016

Review



Welcome, admin!

Basic Information

Clinicals

Non-Clinicals

Teaching

Research

Progress

Competency

Worksheet

Summary

Goals

Clinical

Non-Clinical

Teaching

Research

Other

Optional

Submit

Saved: 03/24/2016 11:58:36

[Save Changes](#)

# Review Form

<b>Faculty Member</b>	Allan M. Josephson	<b>Year</b>	2015	<b>Track</b>	Term Clinical
<b>Division / Section</b>	Chair	<b>Date of Employment</b>	01/01/2003		
<b>Current Rank</b>	Professor	<b>Years in Rank</b>	12		

Department of Pediatrics Faculty Member Annual Review



3/24/2016

Review

Dr. Josephson teaches in a variety of settings across the continuum of medical education. He is involved with second-year students, pediatric and psychiatry residents, and psychology graduate students. He lectures on multiple topics. He also precepts students and residents in clinical settings. He presented with an annual meeting presentation at the Society of Professors of Child and Adolescent Psychiatry in New Orleans this year. He is regarded as an effective teacher.

Recommended Score for this Area 4.0 ▼

THIS SECTION TO BE COMPLETED BY THE DIVISION CHIEF OR DESIGNEE.

Research/Scholarship

Percent Effort \_\_\_\_\_

Recommended Score for this Area 1.0 ▼

THIS SECTION TO BE COMPLETED BY THE DIVISION CHIEF OR DESIGNEE.

Progress Towards Promotion or Periodic Review + Any Additional Comments

No additional promotion.

Comments should focus primarily on exemplary items and/or issues where improvement is needed. A score  $\geq 3.5$  or  $< 2.0$  overall or in any area of work should be justified/explained above.

THIS SECTION TO BE COMPLETED BY THE DIVISION CHIEF OR DESIGNEE.

3/24/2016

Review

	4.0	▼	40	160
<b>Teaching</b>	4.0	▼	15	60
<b>Research/Scholarship</b>	3.5	▼		0
<b>Total Calculated Score for 2015</b>				400
<b>Final Score for 2015 (if adjusted)</b>				
<b>2014 Score</b>				400
<b>2013 Score</b>				370
<b>Three-year Average Score for 2015</b>				390.000

Initials of person completing worksheet if not Division Chief <sup>cw</sup>	Date
---	------

03/24/2016	Review Signee	
	<b>Staff</b>	<b>Signature</b>
	Josephson	Allan Josephson
		<b>Date</b>
		02/01/2016 05:09 PM
<b>Justification for any change in 2011 Calculated Score</b> <i>all right is 3-25-16</i>		

Notes regarding new faculty and those with less than 3 full years of departmental service:

New faculty with less than 8 months of evaluable time during the current calendar year may be given a standard score of 200 (indicating satisfactory performance) or an actual score at the discretion of the Division Chief.

For second-year faculty members who received a standard score of 200 from the partial first year, the standard score should not be averaged with the current score. This score will be used alone for SIBUP analyses.

For third-year faculty members who received a standard score of 200 from the partial first year, the standard score should not be averaged with the current score and past year's score. The two full-year scores should be averaged for use in SIBUP analyses.

THIS SECTION TO BE COMPLETED BY THE DIVISION CHIEF OR DESIGNEE.

Departmental Data Summary

3/24/2016

Review

	4.0	▼	40	160
<b>Teaching</b>	4.0	▼	15	60
<b>Research/Scholarship</b>	3.5	▼		0

**Total Calculated Score for 2015** 400

**Final Score for 2015 (if adjusted)**

**2014 Score** 400

**2013 Score** 370

**Three-year Average Score for 2015** 390.000

Initials of person completing worksheet if not Division Chief <sup>cw</sup> \_\_\_\_\_ Date \_\_\_\_\_

Review Signee

03/24/2016

Staff	Signature	Date
Josephson	Allan Josephson	02/01/2016 05:09 PM

Justification for any change in 2011 Calculated Score *pu jtl as 3-25-16*

Notes regarding new faculty and those with less than 3 full years of departmental service:

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 For third-year faculty members who received a standard score of 200 from the partial first year, the standard score should not be averaged with the current score and past year's score. The two full-year scores should be averaged for use in SIBUP analyses.

THIS SECTION TO BE COMPLETED BY THE DIVISION CHIEF OR DESIGNEE.

Departmental Data Summary

3/24/2016

Review

Annual Core Competencies Checklist		Meets Expectations	Exceeds Expectations	Does not meet Expectations
<b>Competency</b>	<b>Metrics</b>			
<b>Patient Care</b>	Care is compassionate, appropriate, and effective.		*	
<b>Medical Knowledge</b>	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological, and social behavioral sciences along with application to patient care.		*	
<b>Practice-Based Learning and Improvement</b>	Investigates and evaluates patient care practices; appraises and assimilates scientific evidence to continuously improve patient care; demonstrates constant self-evaluation and life-long learning.		*	
<b>Interpersonal and Communication Skills</b>	Interpersonal interactions and communications with others result in effective exchange of information and collaboration with patients, their families, and other health professionals of all types.		*	
<b>Professionalism</b>	Committed to fulfilling professional responsibilities and adherence to ethical principles.	*		
<b>Systems-Based Practice</b>	Demonstrates awareness and responsiveness to the larger context and system of health care and the ability to effectively call on other resources in the system, when available, to provide the best possible health care.		*	

**Basis for the above assessments (check all that apply):**

- Personal observations and interactions
- Peer Evaluations
- Trainee evaluations
- Patient satisfaction surveys
- Other sources of feedback (describe):

Note: Faculty members should exceed expectations in at least two areas to receive a score of 4 in Clinical Service and at least one area to receive a score of 3.5.

THIS SECTION TO BE COMPLETED BY THE DIVISION CHIEF OR DESIGNEE.

Worksheet for Calculation of Overall Performance Score for Current Year and for 3-Year SIBUP Average			
Scores of 3.5 or higher should be well-justified by documentation in the faculty member's data form and in your comments. The Total Calculated Score may be adjusted up or down by up to 0.5 points with written justification.			
Work Area	Score	%Effort	Subtotal
Service — Clinical	4.0	45	180
Service — Non-clinical			

Department of Pediatrics Faculty Member Annual Review 2016			
Name	Allen Josephson, MD		
Division/Section	Child & Adolescent Psychiatry & Psychology		
Date of Initial Employment		Track	Term
Current Rank	Professor	Years in Rank	

<b>OVERALL SCORE for Current Year (from Worksheet)</b>	<b>400</b>
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Comments in each area of Work Assignment should focus primarily on exemplary items and/or issues where improvement is needed. Scores in each area should be supported by information in the following Department of Pediatrics forms: 1) SIBUP Checklists AND 2) Annual SIBUP Faculty Data Form.

A score  $\geq 3.5$  or  $< 2.0$  overall or in any area of work should be justified/explained by one or more comments in the appropriate section below.

Performance Summaries by Division Chief, Designee, or other Supervisor	
<b>SERVICE ACTIVITIES– CLINICAL</b>	<b>PERCENT EFFORT= 40</b>
Dr. Josephson remains an active clinician on the Clinical Psychiatry Service in addition to his duties as Division Chief. He has an excellent patient satisfaction score. He has supported and participated in clinical service improvement projects in the past year.	
Recommended Score for this Area (circle)	1.0 1.5 2.0 2.5 3.0 3.5 4.0

Performance Summaries by Division Chief, Designee, or other Supervisor	
<b>SERVICE ACTIVITIES– NON-CLINICAL</b>	<b>PERCENT EFFORT= 45</b>
Dr. Josephson has continued his excellent leadership of the division. He also oversees relationships with the Bingum Clinic Board Directors. He is an effective mentor for his faculty in terms of their career development. He has worked diligently to maintain relationships with external relationships to provide funding to the division. He is effectively recruiting replacement faculty in Psychology and Psychiatry. He has played a key role in developing a national practice guideline for the American Academy of Child and Adolescent Psychiatry. He serves as a reviewer for multiple peer-review journals. He participates effectively on a number of local hospital and departmental committees.	
Recommended Score for this Area (circle)	1.0 1.5 2.0 2.5 3.0 3.5 4.0

<b>TEACHING</b>	<b>PERCENT EFFORT=</b>	<b>15</b>
Dr. Josephson's primary roles in teaching are in clinical venues. He is also involved in multiple ways with medical student education. He gave two nationally invited lectures in 2016, and multiple regional invited lectures.		
<b>Recommended Score for this Area (circle)</b>	1.0   1.5   2.0   2.5   3.0   3.5   4.0	

<b>RESEARCH/SCHOLARSHIP</b>	<b>PERCENT EFFORT=</b>	<b>N/A</b>
Dr. Josephson does not have a work assignment in research, but had a book chapter in 2016. He also has a lead role in a national clinical practice guideline		
<b>Recommended Score for this Area (circle)</b>	1.0   1.5   2.0   2.5   3.0   3.5   4.0	

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Faculty member has made appropriate progress towards promotion in rank or periodic career review, if applicable. Provide any relevant comments below.
<input type="checkbox"/> Y	<input type="checkbox"/> N	Faculty member should go forward for promotion in rank during the upcoming promotion cycle (for springtime Departmental PAT review).
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Any Goals or other criteria specified as mandatory performance measures for the current year were met. If were not, list below, along with comments about the significance:

**Signatures**

<b>Faculty Member</b>		<b>Date</b>	
<b>Division Chief *</b>		<b>Date</b>	
<b>Chair *</b>	<i>Mark R. Nuss MD</i>	<b>Date</b>	<i>2/27/17</i>

\* Or Designee

### Worksheet for Calculation of Overall Performance Score for Current Year and for 3-Year SIBUP Average

Scores of 3.5 or higher should be well-justified by documentation in the faculty member's data form and in your comments. The Total Calculated Score may be adjusted up or down by up to 0.5 points with written justification.

Work Area	Score (1, 2, 2.5, 3, 3.5, 4)	%Effort	Subtotal
Service-Clinical	4	40	160
Service-Non-Clinical	4	45	180
Teaching	4	15	60
Research/Scholarship			
<b>Total Calculated Score for 2016</b>			400
<b>Final Score for 2016 if adjusted</b>			
<b>2015 Score</b>			400
<b>2014 Score</b>			400
<b>Three-Year Average Score</b>			400

Initials of person completing worksheet if not Division Chief		Date	
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<b>Justification for any change in 2016 Calculated Score</b>

**Notes regarding new faculty and those with less than 3 full years of departmental service:**

1. New faculty with less than 8 months of evaluable time during the current calendar year may be given a standard score of 200 (indicating satisfactory performance) or an actual score at the discretion of the Division Chief.
2. For second-year faculty members who received a standard score of 200 from the partial first year, the standard score should not be averaged with the current score. This score will be used alone for SIBUP analyses.
3. For third-year faculty members who received a standard score of 200 from the partial first year, the standard score should not be averaged with the current score and past year's score. The two full-year scores should be averaged for use in SIBUP analyses.

**From:** Schoen,Janice E.  
**Sent:** Tuesday, November 14, 2017 8:12 AM  
**To:** Josephson,Allan M. <[a0jose01@exchange.louisville.edu](mailto:a0jose01@exchange.louisville.edu)>  
**Subject:** FW: Rainbow sticker

Dr. Josephson,  
Here is Brian's response to my request.  
Jan

*Jan Schoen*

*Administrative Assistant  
Bingham Clinic  
200 E. Chestnut Street  
Louisville, KY 40202  
Ph: 502-588-0816  
Fax: 502-588-0801  
Email: [jescho04@louisville.edu](mailto:jescho04@louisville.edu)*



**From:** Buford,Brian Wesley  
**Sent:** Monday, November 13, 2017 2:43 PM  
**To:** Schoen,Janice E. <[jescho04@exchange.louisville.edu](mailto:jescho04@exchange.louisville.edu)>  
**Subject:** RE: Rainbow sticker

Hi Jan—

I hope you are doing well.

The ally stickers you referenced are part of a campaign we created to demonstrate support and affirmation of LGBT people. From the LGBT Center's website, "Being an ally means actively supporting LGBT people, working to remove systemic barriers, and sending a message of inclusion to those around you."

I am aware that Dr. Josephson has recently given speeches and taken part in other activities in which he refutes the existence of transgender identity. This is in direct conflict with the spirit of the ally campaign, so it's not advisable to provide him with a sticker for his office.

I'd be happy to talk with him more if he has any questions.

Thanks!

**From:** Schoen,Janice E.  
**Sent:** Friday, November 10, 2017 8:42 AM

**To:** LGBT Services,Service Account <[lgbt@exchange.louisville.edu](mailto:lgbt@exchange.louisville.edu)>

**Subject:** Rainbow sticker

**Importance:** High

Good morning,

My boss, Allan Josephson, Chief of Pediatric Child Psychiatry and Psychology would like a rainbow sticker for his office. We have one for the Clinic, but he would like to post one specifically in his office. Could you please send one in the intercampus mail to the Bingham Clinic, attn.: Jan Schoen?

Thank you very much.

Jan

*Jan Schoen*

*Administrative Assistant*

*Bingham Clinic*

*200 E. Chestnut Street*

*Louisville, KY 40202*

*Ph: 502-588-0816*

*Fax: 502-588-0801*

*Email: [jescho04@louisville.edu](mailto:jescho04@louisville.edu)*



**From:** Stahl,Rebecca H  
**Sent:** Wednesday, November 15, 2017 2:48 PM  
**To:** Woods,Charles <[c0wood06@exchange.louisville.edu](mailto:c0wood06@exchange.louisville.edu)>; Josephson,Allan M. <[a0jose01@exchange.louisville.edu](mailto:a0jose01@exchange.louisville.edu)>; Carter,Bryan D. <[bdcart01@exchange.louisville.edu](mailto:bdcart01@exchange.louisville.edu)>; Wintergerst,Kupper Anthony <[kawint01@exchange.louisville.edu](mailto:kawint01@exchange.louisville.edu)>; Brady,Christine Erin Lam <[cebrad06@exchange.louisville.edu](mailto:cebrad06@exchange.louisville.edu)>; Roman,Jesse <[i0roma02@exchange.louisville.edu](mailto:i0roma02@exchange.louisville.edu)>; McMasters,Kelly Marc <[kmmcma01@exchange.louisville.edu](mailto:kmmcma01@exchange.louisville.edu)>; Casey,David A. <[dacase01@exchange.louisville.edu](mailto:dacase01@exchange.louisville.edu)>; Francis,Sean Lamar <[slfran12@cardmail.louisville.edu](mailto:slfran12@cardmail.louisville.edu)>; Ankem,Murali Krishna <[mkanke01@cardmail.louisville.edu](mailto:mkanke01@cardmail.louisville.edu)>; Wilhelmi,Bradon J <[bjwilh01@exchange.louisville.edu](mailto:bjwilh01@exchange.louisville.edu)>  
**Cc:** Pawson,Sherri Faye <[sherri.pawson@louisville.edu](mailto:sherri.pawson@louisville.edu)>  
**Subject:** Subpoena  
**Importance:** High

Hello all,

The University of Louisville School of Medicine was served with the attached subpoena, which demands production of various documents related to the School's practice and our faculty members' practices on the issues of gender identity, transgender youth, and gender dysphoria. You will note the University is not a party to this case. Nevertheless, we have been served with this subpoena and now have a legal obligation to respond with any responsive documents.

With the help of School of Medicine administration, you have been identified as either the Department Chair, Division Chief or a member of a Department/Division that may have relevant information. Please review the attached document, check with your faculty members, and send any relevant documents to Sherri Pawson, our records custodian, and to me. We will make a responsiveness determination and produce the documents.

A couple of things to note. First, we know this subpoena is overbroad in its scope; however, for purposes of our request, you do not need to worry about that. We will respond accordingly to the requesting attorney on that point. Second, the deadline listed in this subpoena has passed, but the requesting attorney has given us until **Tuesday, November 21** to respond. Please have any relevant documents to Sherri and me no later than Tuesday so that we can timely respond.

If we have missed someone that you think may have relevant information, please feel free to pass along this request. We understand this is a time-intensive request, so please know that your assistance is appreciated. Please do not hesitate to contact me or Sherri with questions.

**Rebecca H. Stahl**  
Associate University Counsel  
University of Louisville  
323 E. Chestnut Street  
Louisville, Kentucky 40202  
Direct: (502) 852-0129

**From:** Woods,Charles  
**Sent:** Wednesday, November 15, 2017 4:35 PM  
**To:** Josephson,Allan M. <[a0jose01@exchange.louisville.edu](mailto:a0jose01@exchange.louisville.edu)>  
**Subject:** RE: check in

Yes. I have been hearing from a number of folks in the past couple of days, so we need to talk. Just looking at my calendar. Only time I have between now and Thanksgiving is between 8 a and 11 a tomorrow. Does any time in that space work for you?

Charles

**From:** Josephson,Allan M.  
**Sent:** Wednesday, November 15, 2017 3:58 PM  
**To:** Woods,Charles <[c0wood06@exchange.louisville.edu](mailto:c0wood06@exchange.louisville.edu)>  
**Subject:** check in

Do you want to check in with me before Thanksgiving? There seems to be a lot going on. Allan

Allan M. Josephson, M.D.  
Professor and Chief  
Division of Child and Adolescent Psychology and Psychiatry  
Department of Pediatrics  
University of Louisville School of Medicine  
CEO Bingham Clinic  
502-588-0816  
502-588-0801 (fax)

UNIVERSITY OF  
**LOUISVILLE**

SCHOOL OF MEDICINE

Department of Pediatrics  
Office of the Chairman

November 28, 2017

Allan Josephson, MD  
Chief, Division of Pediatric Psychiatry and Psychology  
Department of Pediatrics

Dear Allan,

I am writing in follow-up to our discussion on Wednesday, November 22, 2017, and the other discussions we have had in the past few weeks. As you stated Wednesday, a lot has happened in the past several weeks.

I realize that you have viewed your recent interactions with your faculty colleagues differently and more positively than they have viewed them. I recognize that you are and have been well intentioned in your efforts to lead the Division. Overall you have had a strong 14+ year tenure in your role as Division Chief, during which you have built a substantial division with a growing regional and national reputation for care and innovation. You have much to be proud of over this time period. However, there are now substantial issues that threaten the near and long term health and stability of the Division.

On Wednesday I discussed with you that while the psychiatry and psychology faculty in the Division care for you as a colleague, the majority disagrees with your approach to management of children and adolescents with gender dysphoria. These faculty have concerns with your leadership of the Division, and these sentiments run deeper and broader than you have appreciated. These include, but are not limited to, concerns that your views in this area, and the growing national recognition thereof, are impacting faculty retention and faculty and trainee recruitment. While disagreements about management of particular medical or mental health issues are common among physicians of all disciplines, some disagreements, coupled with the ratio of those on either side of a particular issue, can make things difficult in an organizational structure where the leader of an important unit is in a decidedly small minority.

I have been clear during our last two meetings that University policy recognizes your academic freedom and free speech rights to your opinions. You do have ethical duties regarding how you present opinions to trainees that differ from the official curriculum of the school, and how you discuss options for care of patients with them and their families/caregivers when approaches exist that differ from your own. You stated agreement with these principles when I reviewed them with you.

Given the nature of this area of disagreement and your increasingly public promotion of your approach as an expert witness, and other issues, most notably perceptions of gender bias among your faculty, there is clearly limited confidence among your divisional colleagues in your leadership. As Department Chair, I have a missional duty to ask you to step down as Division Chief of Pediatric Psychiatry and Psychology. Unfortunately, the status quo cannot continue. This is my decision, made in accordance with what I see as the best interest of the Division and the Department.

Allan Josephson, MD

November 27, 2017

Page 2

I thus request that you submit a letter of resignation from your role as Division Chief of Pediatric Psychiatry and Psychology to my office this week, with an effective date of December 4, 2017. As painful as this may be, I also believe this will relieve a degree of pressure on you, while allowing the Division to continue its great work in all areas of child and adolescent mental health on the foundation you have helped to establish. If you do not wish to resign on your own accord, I will unilaterally remove you from this role effective on the date above.

As part of this transition, carefully review the following:

- You will remain a member of the Division.
- You may retain your current academic office space through the end of this academic year. I will advocate to leave your salary intact through the end of this academic year, in terms of the Division Chief supplement, but I cannot promise that the latter will be possible or sustainable after June 30, 2018.
- You will need to add a half day of clinical work per week when not on inpatient duty, starting in January.
- As a faculty member in the Division, you will report to the Interim Division Chief for Child Psychiatry
- This transition of division leadership will be announced at the Department faculty meeting on December 4, 2017.
- Please compile a list of 5 to 10 items that you view as key accomplishments in your role as Division Chief, including both personal and Divisional accomplishments, and send this to Ruby Keith by Thursday, November 30, 2017.
- The Bingham Board meeting planned for Wednesday, November 29, 2017, will be cancelled.
- You continue to have a duty to any gender dysphoria patients that you may see (and their families) to apprise them of available processes of care that differ from your own.
- You continue to have a duty to acknowledge to trainees when you are knowingly espousing approaches and views that differ from the official curricula for those trainees (and I know you have asked for a copy of the School of Medicine's medical student curriculum content on gender dysphoria for this purpose).

I regret that this situation has escalated to this point, but again, know that patient care and the division must be my priority.

Sincerely,



Charles R. Woods, MD, MS  
Chair, Department of Pediatrics



*Child & Adolescent Psychiatry & Psychology*

*Helping children for 100 years ... and counting*

November 29, 2017

Charles Woods, MD, MS  
Chair, Department of Pediatrics

Dear Dr. Woods,

I am writing to formally resign my role as Chief of Child and Adolescent Psychiatry and Psychology in the Department of Pediatrics, effective as of December 4, 2017. I will continue to serve as a member of the Division and support its activities as an active faculty member.

Sincerely,

Allan M. Josephson, M.D.  
Chief, Child and Adolescent Psychiatry and Psychology

**From:** Natalie Nardecchia [<mailto:nNardecchia@lambdalegal.org>]  
**Sent:** Wednesday, November 29, 2017 5:31 PM  
**To:** Terry Harmon; Robert J. Sniffen; Kevin Kostelnik; Lisa Fountain; Michael Spellman  
**Cc:** Tara Borelli; Paul Castillo; Omar Gonzalez-Pagan; Altman, Jennifer; Rivaux, Shani; Lapointe, Markenzy; Kaplan, Aryeh; 'Kristen Doolittle'  
**Subject:** FW: Information about Dr. Josephson

Dear Counsel,

I received the email below regarding Dr. Josephson. I do not know if this is from Dr. Josephson or not, but I am writing to advise you that I received it.

I am also writing to ask, in light of yesterday's deposition testimony and the email below, if Defendant still intends on calling Dr. Josephson to testify at trial.

Thank you,

Natalie

**From:** joseph josephson [<mailto:dr.josephson17@hotmail.com>]  
**Sent:** Wednesday, November 29, 2017 12:01 PM  
**To:** Natalie Nardecchia <[nNardecchia@lambdalegal.org](mailto:nNardecchia@lambdalegal.org)>  
**Subject:** Information about Dr. Josephson

Just wanted to let you know that Dr. Josephson is resigning from his position as CEO from the Bingham clinic and as Chief of Psychiatry/Psychology effective Monday, Dec. 4th.

Best wishes.

## Announcement re Division Leadership Change

KC

Keith, Ruby C

Today, 12:24 PM

Adamkin, David H.; Alexander, Craig Holt; Anderson, Brit Lindsey; +229 more ↕

👍 ↻ Reply all | ▾

Inbox

Colleagues,

After fourteen years of serving as Division Chief of Child and Adolescent Psychiatry and Psychology, Dr. Allan Josephson is stepping down from this role. Drs. Bryan Carter, Jennifer Le, and David Lohr will serve as Interim Chiefs of the Division.

Dr. Josephson joined the UofL School of Medicine Department of Psychiatry in 2003 as Professor of Psychiatry and Chief of the Division of Child and Adolescent Psychiatry with an associate appointment in the Department of Pediatrics.

Dr. Josephson has served 15 years as chair of the Family Committee of the American Academy of Child and Adolescent Psychiatry (AACAP), received awards from the American Psychiatric Association and Mental Health America of Kentucky, was named Master Clinician four years in a row by the AACAP, was the primary author of the AACAP's *Practice Parameter for the Assessment of the Family* which set the standard for the field in 2007, serves as residency handbook editor for the American Psychiatric Press, and has authored over 80 articles and chapters, one of which was noted as one of the top 10 papers of the year in 2008 by the AACAP, titled *The Reinvention of Family Therapy*.

During his tenure as chief, the division faculty grew from four to twelve, the inpatient census and ER visits doubled and the volume of the consult liaison service tripled. He led the transition of the division from the Psychiatry Department to the Pediatrics Department (2012) and initiated a tele-psychiatry service serving semi-rural Kentucky, which now has six clinics.

While division chief, the size of the child psychiatry training program increased by 50%, national presentations were increased from zero per year to approximately 10 per year and publications from 2 per year to approximately 10 per year. Three faculty members now serve on national committees, and he, along with two faculty members, initiated a local Continuing Medical Education program which is now in its seventh year.

I appreciate the willingness of Drs. Bryan Carter, Jennifer Le and David Lohr to serve in the role of Interim Chiefs. Over the next month or so, delineation of duties will be fine-tuned and shared with collaborators and colleagues. I have every confidence that they together will successfully lead the Division forward during this interim period.

I personally want to thank Dr. Josephson for his years of service and contributions to the Department of Pediatrics. He will remain a faculty member in the Division and the Department.

Sincerely,

Charles R. Woods, M.D., M.S.

Charles R. Woods, MD, MS

Chairman

Professor of Pediatrics – Pediatric Infectious Diseases

Billy F. Andrews, M.D. Endowed Chair in Pediatrics

Department of Pediatrics

University of Louisville School of Medicine

**From:** Brady,Christine Erin Lam  
**Sent:** Thursday, December 07, 2017 4:47 PM  
**To:** Natalie Nardecchia  
**Subject:** Re: Response to Josephson's rainbow sticker request

Ohhhh okay. Yes, I did know they shared a patient so that makes sense. I'm not sure if she has watched the talk or not, but may be upset he used the case without permission.

On Dec 7, 2017, at 4:35 PM, Natalie Nardecchia <[nNardecchia@lambdalegal.org](mailto:nNardecchia@lambdalegal.org)> wrote:

Ok thanks, will do. She apparently is the person who disagreed with him about affirming a child's gender identity (referenced at Heritage Foundation speech).

On Dec 7, 2017, at 1:07 PM, Brady,Christine Erin Lam <[christine.brady@louisville.edu](mailto:christine.brady@louisville.edu)> wrote:

I do and she's great. I'm not sure how comfortable she would be speaking with you but you can try!

On Dec 7, 2017, at 3:55 PM, Natalie Nardecchia <[nNardecchia@lambdalegal.org](mailto:nNardecchia@lambdalegal.org)> wrote:

Hi Dr. Brady,

Do you happen to know Karen Miller (social worker at Bingham) and if she would talk with me?

Natalie

**From:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Sent:** Sunday, December 10, 2017 6:10 PM  
**To:** Brady,Christine Erin Lam  
**Subject:** Re: Guidelines

Got it ... thank you!! Have a great trip.

Natalie

On Dec 10, 2017, at 4:19 PM, Brady,Christine Erin Lam <[christine.brady@louisville.edu](mailto:christine.brady@louisville.edu)> wrote:

Hi Natalie,  
He has not seen these yet. We are in the process of getting these approved for the entire clinic but they are currently only filed by those who have signed.

On Dec 9, 2017, at 7:17 PM, Natalie Nardecchia <nNardecchia@lambdalegal.org> wrote:

Hi Dr. Brady,

Are the Guidelines for the Diagnosis and Treatment of Gender Non-Conforming and Transgender Youth – are they approved and official guidelines for Bingham Clinic?

Or are they more of a draft/ unapproved guidelines?

Wondering if Dr. Josephson will say he's never seen this and they are not approved.

I hope they are approved / official because they are great.

Natalie

**From:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Sent:** Thursday, December 07, 2017 4:35 PM  
**To:** Brady,Christine Erin Lam  
**Subject:** Re: Response to Josephson's rainbow sticker request

Ok thanks, will do. She apparently is the person who disagreed with him about affirming a child's gender identity (referenced at Heritage Foundation speech).

On Dec 7, 2017, at 1:07 PM, Brady,Christine Erin Lam <[christine.brady@louisville.edu](mailto:christine.brady@louisville.edu)> wrote:

I do and she's great. I'm not sure how comfortable she would be speaking with you but you can try!

On Dec 7, 2017, at 3:55 PM, Natalie Nardecchia <nNardecchia@lambdalegal.org> wrote:

Hi Dr. Brady,

Do you happen to know Karen Miller (social worker at Bingham) and if she would talk with me?

Natalie

**From:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Sent:** Wednesday, December 06, 2017 4:14 PM  
**To:** Brady,Christine Erin Lam  
**Subject:** RE: Deposition transcript

Dr. Brady, this is extremely helpful. Thank you very much for all your time and insights.

It's my goal, as I know it's yours, to get the truth before the court and to refute opinions that are not reliable or expert in nature.

Thanks for your kind words too.

Natalie

**From:** Brady,Christine Erin Lam [mailto:christine.brady@louisville.edu]  
**Sent:** Wednesday, December 6, 2017 11:42 AM  
**To:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Subject:** Re: Deposition transcript

Hi Natalie,

There weren't any glaring inaccurate statements that I could see. Minor points were:

p. 90 - he has never consulted with me

p. 90 - Dr. Peters was previously director of training and is now director of outpatient services (i.e., Bingham Clinic). This position has always existed so this change does not mean Allan would have less involvement. However, since this interview he was formally asked to step down as Chief and will no longer be overseeing or directing any service within Bingham.

p. 94 - I do not "consult" to endocrinology they formally bought a percentage of my time to work in a fully integrated clinic.

p. 116 - "You're not a girl, you're a boy" this is conversion therapy. Have he been asked to define conversion therapy?

p. 124 - in reference to changing sexual orientation "its not easy and its not maybe necessarily voluntary" if its not voluntary then its forced...again this is conversion therapy.

p. 192 - the gender clinic does follow WPATH and endocrine society guidelines. We tell every family that at the first appointment. This is not "in discussion" especially with him.

p. 198 - "Dr. Brady's not authorized for this" clearly when challenged he back pedaled on this. There is nothing keeping him from consulting or referring to me except himself.

p. 202 - "came in with a needle" we discussed this over the phone but I had a three hour evaluation with that pt, anxiety was not severe as described. The nurse came in to demonstrate proper injection methods prior to prescribing.

Since this interview was done, there have been more conversations and more concerns. Whether or not he has understood them is questionable. The few points that stand out to me are:

He recognizes transgender care as my specialty and believes I will direct our services at Bingham Clinic, yet, he is aware I have concerns about his ability to work with this population. Does he realize that he may be prevented from working with this population due to my concerns and new position as director?

He claims that 30+ years of general psychotherapy practice makes him an "expert" to work with this population yet many organizations have indicated specialized training is needed as transgender work is a unique population. Moreover, he has seen 30 patients but a majority of those have been seen within the context of short term therapy (e.g., inpatient admissions) thus the sheer number of clinical hours is low. In my two years, I estimate 90 patients many of whom are seen twice a month. Finally, he admits that gender dysphoria was NOT the primary referral question or target of treatment thus further reducing the meaning of "working with" transgender patients.

My other thought is that he states he is not providing a clinical opinion in this case as he has not interviewed Drew, his family, or providers in order to provide a diagnosis and yet he is saying Drew's bathroom restrictions are not distressing thus deeming him mental healthy...which is a clinical opinion. Forming a clinical opinion based on a few Youtube videos seems irresponsible.

He continually refers to Drew using a gender neutral bathroom for now or until he is ready. When and who will determine when that time is and what "ready" looks like?

I hope this is helpful. I really hope his expertise is called into question and this prevents him from engaging in this form of discrimination in the future!

Thank you for all you do and allowing me to help Drew.

Christine E. Brady, PhD  
Assistant Professor | Department of Pediatrics, Division of Child & Adolescent Psychiatry  
Assistant Chief | Pediatric Consultation-Liaison Service, Norton Children's Hospital  
Pediatric Psychologist | Bingham Clinic  
200 E Chestnut Street  
Louisville KY 40202  
Ph: 502-588-0826 Fax: 502-588-0801

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**From:** Natalie Nardecchia <[nNardecchia@lambdalegal.org](mailto:nNardecchia@lambdalegal.org)>  
**Sent:** Tuesday, December 5, 2017 2:32:09 PM  
**To:** [Christine.Brady@louisville.edu](mailto:Christine.Brady@louisville.edu)  
**Subject:** Deposition transcript

Dear Dr. Brady,

Attached please find the deposition transcript in this matter.

Thank you,

Natalie

Cell: (310) 994-2027

**From:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Sent:** Tuesday, December 05, 2017 8:04 PM  
**To:** Brady,Christine Erin Lam  
**Subject:** RE: Response to Josephson's rainbow sticker request

Thank you very much!!

**From:** Brady,Christine Erin Lam [mailto:christine.brady@louisville.edu]  
**Sent:** Tuesday, December 5, 2017 4:55 PM  
**To:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Subject:** Response to Josephson's rainbow sticker request

Reading through materials. I'll send things along as they come up that may be helpful. See email below from Brian Buford. He is the director of the LGBT center AND assistant provost for diversity across the entire University. The fact Allan doesn't even know who he is is telling.

**From:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Sent:** Tuesday, December 05, 2017 2:34 PM  
**To:** Brady,Christine Erin Lam  
**Subject:** RE: Announcement of Change in Leadership

Very much appreciated.

Natalie

**From:** Brady,Christine Erin Lam [mailto:christine.brady@louisville.edu]  
**Sent:** Tuesday, December 5, 2017 11:31 AM  
**To:** Natalie Nardecchia <nNardecchia@lambdalegal.org>  
**Subject:** Fw: Announcement of Change in Leadership  
**Importance:** High

See announcement below. I have also attached the standards we created more as an FYI than actual evidence. As I said, we are in the process of getting this approved for the entire clinic.

Christine E. Brady, PhD  
Assistant Professor | Department of Pediatrics, Division of Child & Adolescent Psychiatry  
Assistant Chief | Pediatric Consultation-Liaison Service, Norton Children's Hospital  
Pediatric Psychologist | Bingham Clinic  
200 E Chestnut Street  
Louisville KY 40202  
Ph: 502-588-0826 Fax: 502-588-0801



**Child & Adolescent Psychiatry & Psychology**

July 14, 2018

Allan Josephson, MD  
Professor and Former Chief  
Division of Child and Adolescent Psychology and Psychiatry  
Department of Pediatrics  
University of Louisville School of Medicine

Dear Allan,

We appreciate your meeting with us on Monday 7/9/18 and expressed willingness to expand your clinical activity in support of our mission to provide high quality clinical care while educating students and trainees. This letter intends to address specific issues related to your work assignment and function within the outpatient clinic.

1. Outpatient clinic productivity

Your current work assignment for 2018 lists your clinical service direct patient care duties as 35%, or 16 hours/week for scheduled patients plus 1 hour/week for consultation. The June 2018 ULP Physician dashboard shows your 2018 FYTD charges to be 47%, payments to be 65%, and work RVU to be 50% of those for 2017 FYTD, even though you no longer have administrative responsibilities as Division Chief (which was 30% of your 2017 work assignment). Review of your clinic schedule through Allscripts Electronic Records reflects that on average you are scheduling 3.5 hours/week of patient contact, which calculates as 0.1 FTE, indicating that you have had no increase in clinical activity since our meeting of March 2018 (this is when you were directed to expand your outpatient clinic activity to 12 hours). This productivity also fails to meet the expectations of the work assignment you signed in February of 2018. Your agreement of 6/13/18 to Dr. Peters (Outpatient Services Director for the Bingham Clinic) to open up 4 hours (1:00 to 5:00 PM) on Wednesdays would definitely improve your productivity numbers.

2. Telepsychiatry

Your current work assignment for 2018 lists your administrative duties, which include contract reimbursed patient care, as 35% (3 shifts/week; 30% for direct care or 15 hours/week plus 5% or 2.5 hours/week for charting). There are areas of concern here about your productivity for 2018. Review of your billings for telepsychiatry so far this year show an average of 11 hours/week. Expanding your hours in telepsychiatry with Adanta will help you reach your target. Thus, 4 hours of telepsychiatry with Adanta/Russell will be added to your schedule.



**Child & Adolescent Psychiatry & Psychology**

3. Updated work assignment for 2018.

Telepsychiatry: 0.4 FTE. Add 1 shift/week to a new total of 4 shifts/week; Adanta/Casey 5 hours/week; Adanta/Russell 4 hours/week; Buckhorn 8 hours/week over 2 days = 17 hours/week of patient care telepsychiatry activity plus 3 hours/week for time to complete charting.

Consult-liaison: 0.1 FTE or 4 hours/week coverage plus one hour/week for charting (as part of psychiatry coverage needed in response to Dr. Gallehr's 9-month leave of absence starting September 1).

Bingham Outpatient: 0.2 FTE. 8 hours/week of scheduled time plus 2 hours/week for charting and consultation. Your proposal of developing an intake clinic 4 hours/week would also address adding needed hours, however this is not immediately available therefore you will need to open up a total of 8 hours per week of time for outpatient care in the clinic. Please provide Kim Metcalf a template for the Front Desk staff to schedule patients for you.

3. Faculty Meetings

We understand you were directed by Dr. Woods to not attend faculty meetings until March 2018, but as of today your attendance has been recorded at 5 of 15 faculty meetings (April to present). The presence of all division faculty members is essential to coordination and communication in all of our division activities.

4. Unexcused absences

Please request approval from Jennifer Le MD for any annual leave and notify her of sick days or unexpected absences via text message or call. At the same time notify Jan Schoen, our Administrative Assistant. So far, for 2018 you are listed as absent on the following days (please confirm with Dr. Le and Jan):

- Feb 1-2 (2 days)
- March 3 (1 day)
- April 9-13, 26-27 (7 days)
- May 10-11, 14, 29-31 (6 days)
- June 18-22 (5 days)

5. Self-paying patients

No faculty are permitted to initiate discussion of self-paying arrangements with patients. If a patient or family initiates a request for this arrangement, the faculty member is to have Kim Metcalf meet with them to document the discussions and the steps taken in this making this reimbursement arrangement. The Chair's Office has been clear that this arrangement is discouraged.



***Child & Adolescent Psychiatry & Psychology***

As Interim Chiefs of the Division, we will be addressing these ongoing issues with our Department Chair, Kim Boland, MD. If you have questions about these items, we would be happy to meet with you to discuss. We hope we will be able to address these issues in a collaborative fashion to meet the mission goals of the division and department.

Sincerely,

W. David Lohr MD

Jennifer Le, MD

Bryan Carter, PhD

Interim Chiefs, Bingham Clinic  
Department of Pediatrics  
University of Louisville School of Medicine  
200 E. Chestnut St,  
Louisville, KY 40202

**From:** Boland, Kimberly Anne  
**Sent:** Saturday, March 02, 2019 1:20 PM  
**To:** Josephson, Allan M. <[allan.josephson@louisville.edu](mailto:allan.josephson@louisville.edu)>; Kim, In K. <[in.kim@louisville.edu](mailto:in.kim@louisville.edu)>  
**Cc:** Paul, Ronald Irvin <[ron.paul@louisville.edu](mailto:ron.paul@louisville.edu)>  
**Subject:** Re: Meeting February 25

Hello Allan,

Just to clarify, when I said we were going in different directions, I meant that we were going our separate ways, nothing further.

Second, there are no more details to share about our decision to not renew your contract. It is a simple non-renewal of a term contract.

Third, Jennifer Le will certainly share your annual review with you.

Thank you,

Kim

Kimberly A. Boland, M.D.  
Professor and Interim Chair of Pediatrics  
Assistant Dean for Resident Education and Work Environment  
University of Louisville School of Medicine

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**From:** Josephson, Allan M.  
**Sent:** Saturday, March 2, 2019 10:24 AM  
**To:** Boland, Kimberly Anne; Kim, In K.  
**Subject:** Meeting February 25

Drs. Boland and Kim,

Upon further reflection on our meeting this week, I have a few specific questions which I need clarified. After over 16 years of service to the University of Louisville, it came as quite a surprise to hear you say that the "Department was moving in a different direction." Could you please explain what this "different direction" is and why I do not fit into it?

Also, when we met, I never received my 2018 annual review, unlike prior years. Would you please send me this evaluation as soon as possible as it will assist me in career planning?

Thank you.

Allan M. Josephson, M.D.

Allan M. Josephson, M.D.  
Professor and Former Chief  
Division of Child and Adolescent Psychology and Psychiatry  
Department of Pediatrics  
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UNIVERSITY OF  
**LOUISVILLE**  
SCHOOL OF MEDICINE

**Toni M. Ganzel, MD, MBA**  
Dean of the School of Medicine  
Professor of Otolaryngology

February 26, 2019

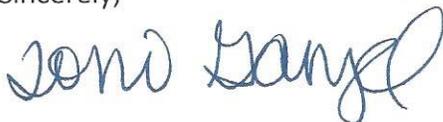
Allan M. Josephson, MD  
7903 Bent Pine Court  
Prospect, KY 40059

Dear Dr. Josephson:

Interim Chairperson, Dr. Kim Boland, has recommended that your appointment not be renewed beyond June 30, 2019. I have accepted Dr. Boland's recommendation and this letter serves as formal notice that your appointment in the Department of Pediatrics, Division of Child & Adolescent Psychology & Psychiatry, will not be renewed beyond its expiration date.

I would like to take this opportunity to express my personal appreciation for your service to the Department, the School of Medicine and the University of Louisville.

Sincerely,



Toni M. Ganzel, MD, MBA

TG/ph

Cc: Kim Boland, MD  
Ron Paul, MD