

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

CHRISTOPHER DOYLE, LPC, LCPC,

Plaintiff,

v.

LAWRENCE J. HOGAN, JR, *et al.* ,

Defendants.

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Civil Action No. 1:19-CV-00190-DKC

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**DEFENDANTS’ REPLY MEMORANDUM IN FURTHER
SUPPORT OF MOTION TO DISMISS**

“Children are a vulnerable cohort, uniquely susceptible to various forms of mistreatment. Their protection is of the utmost importance to all involved in governance and the administration of justice. Consequently, numerous policies at both the federal and state level have been implemented to protect the safety and well-being of children in this country.” *Romero v. Perez*, No. 27, Sept, Term 2018, slip op. at 1, 2019 WL 1434567, at *1 (Apr. 1, 2019). The Maryland General Assembly passed, and the Governor signed, SB 1028 to protect Maryland children from harm caused by conversion therapy, but the plaintiff, Christopher Doyle, claims that its action is unconstitutional. Mr. Doyle lacks standing to pursue this lawsuit, has sued the wrong defendants, and otherwise has failed to state a claim for relief. Thus, the defendants, the Governor and Attorney General of Maryland, move to dismiss this lawsuit.

I. Mr. Doyle Lacks Standing to Assert Claims on His Own Behalf.

To establish standing to pursue this lawsuit, Mr. Doyle must show “an intention to engage in a course of conduct arguably affected with a constitutional interest, but proscribed by a statute” and the existence of “a credible threat of prosecution thereunder.” *Kenny v. Wilson*, 885

F.3d 280, 288 (4th Cir. 2018); *see also Davison v. Randall*, 912 F.3d 666, 678 (4th Cir. 2019) (identifying same criteria). In determining whether he has made the required showing, the allegations in the complaint are mere evidence of standing, and the Court may consider evidence outside the pleadings without converting a motion to dismiss into one for summary judgment. *Evans v. B.F. Perkins Co.*, 166 F.3d 642, 647 (4th Cir. 1999); *National Association for the Advancement of Colored People v. United States Department of Homeland Security*, 364 F. Supp. 3d 568, 573 (D. Md. 2019). In this case, Mr. Doyle has not made the required showing.

Mr. Doyle's complaint alleges only one connection to Maryland – his license as a certified professional counselor. *See* ECF Document 1 ¶ 13. He does not allege that he has a practice in Maryland or any patients in Maryland. *See id.* ¶ 99; *see also* ECF Document 2-1 ¶ 3. His discovery responses provide further evidence of his minimal connection to the State of Maryland. In his deposition testimony, Mr. Doyle identified three locations in Virginia at which he provides counseling and stated that there are no others. Deposition of Christopher Doyle (“Doyle Deposition”) at 9, 12 (attached as Exhibit 1). His answer to interrogatory no. 3 identified only two current minor clients in Maryland and only a total of five since January 1, 2017. Plaintiff's Answers and Objections to First Set of Interrogatories at 3-4 (attached as Exhibit 2). *See also* Doyle Deposition at 38-40 (describing practice with minors in Maryland).¹

More important, the documents that he produced and his deposition testimony establish that, in his view, Mr. Doyle does not engage in conduct prohibited by section 1-212.1 of the Health Occupations Article. Doyle Deposition Exhibit 2, Mr. Doyle's informed consent form updated January 1, 2016, provides as follows:

¹ The defendants did not have Mr. Doyle's discovery responses or his deposition testimony when they filed their motion to dismiss on March 8, 2019. The discovery responses were served on March 22, 2019, and Mr. Doyle's deposition occurred on March 26, 2019.

To participate in psychotherapy and/or coaching sessions with Christopher Doyle, LCPC, LPC please read and sign this Informed Consent. Your signature constitutes an understanding and acceptance of all terms mentioned.

* * * *

6. I understand that Christopher Doyle and the Institute for Healthy Families does[sic] not practice reparative therapy, reorientation therapy, conversion therapy, or any type of sexual orientation change effort (SOCE) therapy.

Doyle Deposition Exhibit 2 (attached as Exhibit 3). Mr. Doyle updated this form in May 2017 (attached as Exhibit 4) and May 2018, Doyle Deposition Exhibit 3 (attached as Exhibit 5). Both updates contained the same language that is quoted above.

In his deposition, Mr. Doyle confirmed that he does not consider the work that he does to fall within any of the terms in paragraph 6, all of which he defined broadly as seeking to change an individual's sexual orientation from homosexual to heterosexual. Doyle Deposition at 16-23. He then described his counseling practice

as sexual and gender affirming therapy, and what I explain to clients is that they're in the driver's seat, that I'm not imposing a goal on their work. I have a duty and a right to my clients to work with what they want to work on, and clients that may be open to sexual fluidity or change, I'm open to that goal.

Id. at 22. He went on to explain that he did not start work with a client with a stated objective goal as, for example, Dr. Nicolosi did in his reparative therapy clinic. *Id.* at 23.

Mr. Doyle recognizes that section 1-212.1 of the Health Occupations Article applies only to minors. Doyle Deposition at 53. He also testified that minors are only 10-15% of his practice. He concedes that there is anecdotal evidence of harm from conversion therapy, *id.* at 75-76, and agrees with the precept "First, do no harm," *id.* at 82. And, he believes that "the state . . . has a legal obligation to try to protect minors from harm . . ." *Id.* at 54.

He understands that, in Maryland, minors under age sixteen cannot consent to mental health treatment and that minors aged sixteen and seventeen cannot refuse mental health treatment to which their parents or guardians consent. *Id.* at 49. In both his answer to interrogatory no. 4 and his deposition testimony, Mr. Doyle asserted that he “never tolerate[d] any coercion or manipulation of a minor in the therapeutic process.” Exhibit 2 at 4; Doyle Deposition at 49-50. He accepts minor clients who do not want to change their sexual orientation or gender identity even though their parents may want them to change. In such situations, he “will attempt to persuade the parents to not put pressure on their children and educate them on how better parenting practices would be and how to avoid harming their child” *Id.* at 92. Furthermore, if a minor client does not want to participate in therapy with him, even though the child’s parents or guardians wants the child to participate, Mr. Doyle informs the parents or guardians that he cannot continue treating the child and provides an appropriate referral. *Id.* at 50-51.

Section 1-212.1 of the Health Occupations Article prohibits only the practice of conversion therapy with a minor. It defines conversion therapy as “a practice or treatment by a mental health or child care practitioner that seeks to change an individual’s sexual orientation or gender identity” and excludes sexual or gender identity affirming practices. According to Mr. Doyle, his practice is sexual and gender identity affirming, and his clients both understand and agree that he does not practice “reparative therapy, reorientation therapy, conversion therapy, or any type of sexual orientation change effort therapy.” Given Mr. Doyle’s testimony about his counseling practice, the language of the consent forms that he uses, and the terms of section 1-212.1, the evidence does not support a conclusion that Mr. Doyle intends to engage in a course of conduct proscribed by statute.

Furthermore, Mr. Doyle has not shown a credible threat of prosecution. He has not been the subject of complaints to the Maryland Board of Professional Counselors and Therapists (the “Board”), and his only communications with the Board occurred in connection with renewing his license. Doyle Deposition at 13-15. Unlike the plaintiff in *Cooksey v. Futrell*, 721 F.3d 226 (4th Cir. 2013), the Board has not threatened disciplinary action against Mr. Doyle, suggested that he modify his practice in any respect, or taken any other action against him. And, also unlike the plaintiff in *Cooksey*, Mr. Doyle has not changed his conduct – according to his interrogatory answers and deposition testimony, he still is providing therapy for clients in Maryland.

Mr. Doyle’s “keen interest in the issue” of conversion therapy and his strong feelings on the topic are insufficient to meet the Constitution’s standing requirements. *See Ansley v. Warren*, 861 F.3d 512, 517 (4th Cir. 2017). The allegations in his complaint and his discovery responses do not show “an intention to engage in a course of conduct arguably affected with a constitutional interest, but proscribed by a statute” or the existence of “a credible threat of prosecution thereunder.” *Kenny*, 885 F.3d at 288. Thus, the Court should dismiss his complaint.

II. Mr. Doyle Lacks Standing to Sue on Behalf of His Minor Clients.

To be entitled to assert the claims of third parties, a plaintiff must demonstrate, among other criteria, “a hindrance to the third party’s ability to protect his or her own interests.” *Freilich v. Upper Chesapeake Health, Inc.*, 313 F.3d 205, 215 (4th Cir. 2002). “Generalized statements” about obstacles and stigma are not sufficient. *See id.* (“[W]e cannot simply assume that every disabled or chronically ill person is incapable of asserting his or her own claims.”); *King v. Governor of New Jersey*, 767 F.3d 216, 244 (3d Cir. 2014) (allegation that patients do not want to disclose that they are in therapy not sufficient to confer third party standing); *Otto v. City of Boca Raton*, 353 F. Supp. 3d 1237, 1246-47 (S.D. Fla. 2019) (general statements about

fear of stigma and disclosure of details about therapy not sufficient to confer third party standing).

In his opposition to the defendants' motion to dismiss, Mr. Doyle characterizes the paragraph addressing his clients' alleged obstacles to filing their own suit as specific allegations, claims that their desire to keep private the details of their therapy is an obvious obstacle to their filing suit, and cites the one case challenging a conversion therapy ban that allowed third party standing. ECF Document 47 at 6-8. The supposedly specific description of the allegations are virtually identical to those dismissed as insufficient in *King* and *Otto*. Furthermore, Mr. Doyle does not explain why a pseudonymous filing would not adequately protect his clients from stigma and an invasion of privacy as it did in *Pickup v. Brown*, 740 F.3d 1208, 1208, 1224 (9th Cir. 2014), and *Doe v. Christie*, 33 F. Supp. 3d 518, 520 (D.N.J. 2014). Accordingly, Mr. Doyle's efforts to assert the claims of others should be rejected.

III. Mr. Doyle Sued the Wrong Defendants.

Mr. Doyle sued both the Governor of Maryland and the Attorney General of Maryland, in their official capacities, for injunctive and declaratory relief. For the lawsuit to be permissible despite the Eleventh Amendment immunity of the State of Maryland and its officials, the defendants must have "some duty in regard to the enforcement of the laws of the state" and must "threaten and [be] about to commence proceedings against parties affected [by] an unconstitutional act." *Ex parte Young*, 209 U.S. 123, 155-56 (1908). In other words, there must be a special relationship between the official being sued and the challenged statute. *Id.* at 157. In *Weigel v. Maryland*, 950 F. Supp. 2d 811, 832 (D. Md. 2013), this Court held that the general authority to enforce the laws of Maryland was not sufficient to make the Governor and Attorney General appropriate defendants in that case. It should reach the same result here.

Despite *Weigel*, and without citing any authority, Mr. Doyle argues that the general authority given to the Governor and the Attorney General are sufficient to overcome their Eleventh Amendment immunity and suggests that they could simply tell the licensing boards not to enforce section 1-212.1 of the Health Occupations Article. ECF Document 47 at 9-10. He is wrong.

Section 1-212.1(c) gives the enforcement authority to the licensing boards identified in the statute: “A mental health or child care practitioner who engaged in conversion therapy with an individual who is a minor shall be considered to have engaged in unprofessional conduct and shall be subject to discipline by the mental health or child care practitioner’s licensing or certifying board.” Because the discipline of a practitioner for violation of section 1-212.1 is delegated by law to a board, the Secretary of Health has no authority over those disciplinary decisions. Md. Code Ann., Health Occ. § 1-203(a). Any role for the Governor or Maryland Department of Health in enforcement of section 1-212.1 is conspicuously absent.

Similarly, the Attorney General has no special connection to section 1-212.1. “[T]he Attorney General of Maryland has only such powers as are vested in him by the Constitution of Maryland and the various enactments of the General Assembly of Maryland.” *State ex rel. Attorney General v. Burning Tree Club, Inc.*, 481 A.2d 785, 797 (Md. 1984). Section 1-212.1 of the Health Occupations Article makes no mention of enforcement by the Attorney General. Similarly, neither the Maryland Constitution nor any other provision of law authorizes the Attorney General – rather than a licensing board – to enforce the disciplinary provisions of the various practice acts. *See, e.g.*, Md. Constitution, Art. 5, § 3 (listing the Attorney General’s responsibilities); Md. Code Ann., State Gov’t § 6-106(a) (“the Attorney General has general charge of the legal business of the State”).

The Board of Professional Counselors and Therapists has the authority to enforce the provisions of section 1-212.1 with respect to its licensee, Christopher Doyle. Neither the Governor nor the Attorney General has such authority, and therefore neither has not lost his Eleventh Amendment immunity from the suit filed by Mr. Doyle. The Court should dismiss Mr. Doyle's complaint because Mr. Doyle has not sued a proper defendant.

IV. The Eleventh Amendment Also Bars Mr. Doyle's Claim for Damages and His Claims for Violation of the Maryland Declaration of Rights.

Unconsenting states may not be sued for damages or violations of State law in federal court. *Coleman v. Maryland Court of Appeals*, 566 U.S. 30, 35 (2012); *Pennhurst State School and Hospital*, 465 U.S. 89, 106 (1984). Maryland has not consented to such suits. *See* Md. Code Ann., State Gov't §12-104(a); *Hoskins v. Wexford Health Sources, Inc.*, 2019 WL 1167815, at *11 (D. Md. Mar. 3, 2019). Thus, Mr. Doyle's claim for damages, ECF Document 1 at 45, and his claims for violation of the Maryland Declaration of Rights in Counts IV and V must be dismissed.

V. Count I and II of Mr. Doyle's Complaint Fail to State Claims.

In the memorandum in support of their motion to dismiss, the defendants incorporated by reference their arguments against Mr. Doyle's request for preliminary injunctive relief – that Mr. Doyle had not established that section 1-212.1 violated his right to free speech or his clients' right to receive information. According to Mr. Doyle, therefore, the defendants have waived their right to argue that Counts I and II of his complaint fail to state claims for which relief can be granted. He is wrong.

First, the defense of failure to state a claim is not waived by failure to include it in a preliminary motion. *See* Fed. R. Civ. P. 12(h); *Patel v. Contemporary Classics of Beverly Hills*,

259 F.3d 123, 126 (2d Cir. 2001); *Smith v. Integral Consulting Services, Inc.*, 2015 WL 4567317, at *1 (D. Md. Jul. 27, 2015). None of the cases cited by Mr. Doyle hold otherwise.

More important, the defendants, as they were allowed to do by Rule 10(c) of the Federal Rules of Civil Procedure, incorporated by reference their arguments that Mr. Doyle could not establish a violation of his free speech rights. *See* ECF Document 26-1 at 13. In their memorandum in opposition to Mr. Doyle's motion for a preliminary injunction, the defendants argued that Mr. Doyle had no legal right to relief for an alleged violation of his free speech rights. *See* ECF Document 25 at 14-22. That argument applies with equal force to the defendants' assertion that Mr. Doyle's complaint fails to state a claim for violation of Mr. Doyle's free speech rights or his clients' right to receive information. The Court has no obligation to accept as true any unwarranted inferences, unreasonable conclusions, or legal conclusions in Mr. Doyle's complaint. *See Eastern Shore Markets, Inc. v. J.D. Associates Ltd. Partnership*, 213 F.3d 175, 180 (4th Cir. 2000).

As the defendants argued in opposition to Mr. Doyle's motion for a preliminary injunction, section 1-212.1 regulates conduct, not speech, and it bears a reasonable relationship to a legitimate state interest. *See* ECF Document 25 at 14-16. In the alternative, the defendants argued that the statute survives both intermediate and strict scrutiny. *See id.* at 16-22. Those arguments reject the legal conclusions in Mr. Doyle's complaint and thus, his contention that he has stated claims for relief.

Mr. Doyle objects especially to the defendants' claim that section 1-212.1 regulates conduct and their reliance on *Pickup v. Brown*, 740 F.3d 1208 (9th Cir. 2014). *See* ECF Document 47 at 12-13. Contrary to Mr. Doyle's argument, the Supreme Court in *National Institute for Family & Life Advocates v. Becerra*, 138 S. Ct. 2361 (2018) ("NIFLA"), did not

discuss, much less abrogate, the conclusion in *Pickup* that California’s ban on sexual orientation change effort therapy with minors regulated conduct.² Rather the Court expressed its displeasure with some courts, including the Ninth Circuit in *Pickup*, that created the category of “professional speech.” *See* 138 S. Ct. at 2371-72. In that same discussion the Court explicitly recognized that “States may regulate professional conduct, even though that conduct incidentally involves speech.” *Id.* at 2372.

Because section 1-212.1 survives Mr. Doyle’s challenges in Counts I and II, as the defendants argued in opposition to Mr. Doyle’s motion for a preliminary injunction, Counts I and II fail to state claims upon which relief may be granted. Thus, the defendants urge this Court to dismiss them.

VI. Mr. Doyle’s Complaint Does Not Allege a Violation of the Free Exercise Clause of the First Amendment.

Section 1-212.1 of the Health Occupations Article is a neutral, generally applicable statute that prohibits certain conduct as harmful to minors. It prohibits mental health or child care practitioners licensed under the Health Occupations Article of the Maryland Annotated Code from engaging in the practice of conversion therapy with minors. It does not mention religious beliefs or practices. It does not express a preference for any particular sexual orientation or gender identity. Rather, it requires supportive, affirming therapy rather than

² The appellants in *Pickup* asked the Ninth Circuit to recall its mandate based on Supreme Court’s decision in *NIFLA*. The Ninth Circuit denied their motion and their subsequent request for a rehearing en banc. *Pickup v. Brown*, No. 12-17681, Docket Entries 155 (Nov. 6, 2018) (attached as Exhibit 6) & 158 (Dec. 21, 2018) (attached as Exhibit 7). A certiorari petition has been filed in the Supreme Court. Letter from Scott S. Harris, Clerk to Clerk, United States Court of Appeals for the Ninth Circuit (Mar. 25, 2019) (attached as Exhibit 8). The Supreme Court recently denied the petition for a writ of certiorari filed in *King v. Governor of New Jersey* to review the Third Circuit’s denial of motions to recall its mandate and for rehearing en banc. Docket, *King v. Governor of New Jersey*, No. 18-1073 (U.S.) (attached as Exhibit 9).

efforts to change a minor's orientation or identity – whatever that orientation or identity might be.

Despite this neutral language designed to protect minors from harm, Mr. Doyle alleges that section 1-212.1 of the Health Occupations Article “targets [his] and his clients’ sincerely held religious beliefs,” ECF Document 1 ¶ 177, “has impermissibly burdened [his] and his clients’ sincerely held religious beliefs,” *id.* ¶ 178, and “constitutes a substantial burden on sincerely held religious beliefs that are contrary to the State-approved viewpoints,” *id.* ¶ 181. Mr. Doyle has not alleged facts to support these assertions. Without such factual support, the Court has no obligation to accept these unwarranted and unreasonable conclusions. *See Eastern Shore Markets*, 213 F.3d at 180.

Rule 8's pleading requirements may not be particularly high, as Mr. Doyle claims repeatedly in his memorandum opposing the defendants' motion to dismiss, ECF Document 47. But, the rule “demands more than an unadorned, the-defendant-harmed-me accusation.” *ACA Financial Guaranty Corp. v. City of Buena Vista, Virginia*, 917 F.3d 206, 211 (4th 2019) (quoting *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009)). “Labels, conclusions, recitation of a claim's elements, and naked assertions devoid of further factual enhancement will not suffice to meet the Rule 8 pleading standard.” *Id.*

Mr. Doyle has not provided the necessary “factual enhancement.” Thus, as the court did in *King v. Governor of New Jersey*, 767 F.3d 216, 241-43 (3d Cir. 2014) with respect to a similar statute, this Court should conclude that the complaint does not state a claim for violation of the free exercise clause of the First Amendment.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

CHRISTOPHER DOYLE, LPC, LCPC,

Plaintiff,

v.

LAWRENCE J. HOGAN, JR, *et al.* ,

Defendants.

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Civil Action No. 1:19-CV-00190-DKC

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Exhibit List

1. Excerpts from the Deposition of Christopher Doyle
2. Christopher Doyle's Answers to Interrogatories
3. Informed Consent and Release dated January 2016 (Doyle Deposition Exhibit 2)
4. Informed Consent and Release dated May 2017
5. Informed Consent and Release dated May 2018 (Doyle Deposition Exhibit 3)
6. Order, *Pickup v. Brown*, No. 12-17681 (9th Cir. Nov. 6, 2018)
7. Order, *Pickup v. Brown*, No. 12-17681 (9th Cir. Dec. 21, 2018)
8. Letter from Scott S. Harris, Clerk to Clerk (Mar. 25, 2019)
9. Docket, *King v. Governor of New Jersey*, No. 18-1073 (U.S.)

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

CHRISTOPHER DOYLE, LPC, :
LCPC, : Civil Action No.
Plaintiff, : 1:19-CV-00190-DKC
vs. :
LAWRENCE J. HOGAN, JR., :
et al, :
Defendants. :

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DEPOSITION of CHRISTOPHER DOYLE, LPC, LCPC

Baltimore, Maryland

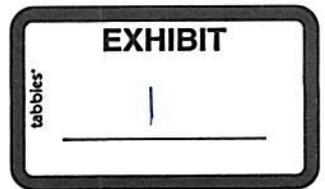
Tuesday, March 26, 2019

9:58 A.M.

Job No: 35259

Pages 1 - 149

Reported by: Barbara A. Conner



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1 correct?
2 **A Correct.**
3 **Q What happened in that case?**
4 **MR. MIHET: Objection, vague.**
5 **Q Go ahead and answer.**
6 **A What happened in the case, VSLC brought suit**
7 **on behalf of four clients against the Jewish**
8 **organization and they, the Jewish organization, was**
9 **found guilty.**
10 **Q Was it a criminal case?**
11 **A It was --**
12 **MR. MIHET: It calls for a legal conclusion.**
13 **Q Was it a criminal case?**
14 **A No, it was not.**
15 **Q So, did you testify at the trial of that**
16 **case?**
17 **A I did not.**
18 **Q Why not?**
19 **A I was, along with five other experts**
20 **witnesses, I was dismissed by the judge.**
21 **Q You said that the defendants were found**

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1 guilty, found liable in a civil case?
2 **A That's correct.**
3 **MR. MIHET: Calls for a legal conclusion.**
4 **A To my knowledge.**
5 **Q Did you know whether the defendants appealed**
6 **that conclusion?**
7 **MR. MIHET: Calls for speculation.**
8 **A To my knowledge, an appeal was not filed.**
9 **Q Since you've been deposed before, you**
10 **probably are familiar with these very brief rules that**
11 **I'll go over, but I feel compelled to go over them**
12 **anyway.**
13 **What's important out of all of this is what**
14 **the court reporter transcribes onto the record that we**
15 **will all get copies of, so it works best if we each**
16 **respect each other and you don't talk until I stop and**
17 **vice versa.**
18 **If you don't understand a question, please**
19 **ask, please say so, and I will attempt to clarify or**
20 **attempt to clarify with you what you don't understand,**
21 **and if there is no such question, I will assume that you**

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1 understood the question and are answering it based on
2 that understanding.
3 **This is not an endurance test, although it**
4 **may feel like that at times, so if you need a break,**
5 **please tell me. This is a state office building,**
6 **without a whole lot of amenities, but we do have**
7 **restrooms down the hall, outside the door that you came**
8 **into this office from, and so, obviously, if you need a**
9 **break for that reason, we'll show you how to get to**
10 **them.**
11 **A Thank you.**
12 **Q Could you please tell me your full name and**
13 **address.**
14 **A Christopher John Doyle. Would you like my**
15 **business address or my home address?**
16 **Q Both.**
17 **A My business address is 10620 Crestwood Drive,**
18 **Suite C, Manassas, Virginia, 20109. My home address is**
19 **19119 Skyfield Ridge Place, Purcellville, Virginia,**
20 **20132.**
21 **Q Are you employed?**

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1 **A Yes, I am.**
2 **Q Who are you employed by?**
3 **A I have three employers. I'm a mental health**
4 **therapist at Patrick Henry College, in Purcellville,**
5 **Virginia, I'm the executive director of the Institute**
6 **For Healthy Families, and I'm a clinical and founder of**
7 **Northern Virginia Christian Counseling.**
8 **Q So, you said you were a counselor at Patrick**
9 **Henry College. How much time do you spend doing that**
10 **job?**
11 **A During the academic year, approximately six**
12 **to seven hours a week.**
13 **Q And during the rest of the year?**
14 **A I don't. They're on break, so I'm not seeing**
15 **the students.**
16 **Q And you said that you were the executive**
17 **director of the Institute For Healthy Families?**
18 **A Correct.**
19 **Q What is the Institute For Healthy Families?**
20 **A It's a nonprofit organization that was**
21 **founded to help families and individuals and faith-based**

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1 **organizations work through sexual and gender identity**
 2 **issues.**
 3 Q And how much of your time do you spend as
 4 executive director of Institute For Healthy Families?
 5 MR. MIHET: Vague.
 6 A **Per week?**
 7 Q Yes.
 8 A **Anywhere from 35 to 40 hours, sometimes a**
 9 **little bit less, sometimes a little bit more, depending**
 10 **on the caseload and how much work I have.**
 11 Q And do you also practice as a professional
 12 counselor at the Institute For Healthy Families?
 13 A **I do.**
 14 Q And if you can estimate for me, how much of
 15 your 35 to 40 hours a week is providing services,
 16 clinical services, and how much is running the
 17 organization?
 18 A **Probably about 80 to 85 percent clinical,**
 19 **give or take.**
 20 Q How many employees does the organization
 21 have?

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1 A **We have five, including myself.**
 2 Q Are there clinical employees?
 3 A **No. We do have two admin. staff and two**
 4 **parents that provide coaching, nonclinical work, and**
 5 **educational activities.**
 6 Q And you said that, I believe, that you were
 7 the founder of Northern Virginia Christian Counseling?
 8 A **That's correct.**
 9 Q What role, if any, do you currently have
 10 through that organization?
 11 A **I'm the clinical director and I'm also a**
 12 **licensed counselor.**
 13 Q And, approximately, how many hours a week do
 14 you spend with Northern Virginia Christian Counseling?
 15 A **10 to 15.**
 16 Q And of that 10 to 15 hours, how much of that
 17 time is spent in providing clinical services to
 18 individuals and their families?
 19 A **90 percent.**
 20 Q So, you provide clinical services at Patrick
 21 Henry College, at Institute For Healthy Families and at

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1 Northern Virginia Christian Counseling?
 2 A **Correct.**
 3 Q Is there any other location that you provide
 4 clinical counseling services?
 5 MR. MIHET: Objection, vague, and misstates
 6 prior testimony.
 7 Q Is there any other place, other than these
 8 three locations, that you provide clinical counseling
 9 services?
 10 MR. MIHET: Same objections.
 11 A **Not to my knowledge.**
 12 Q You mentioned a licensed counselor. Do you
 13 have any licenses from any states to practice
 14 counseling?
 15 A **Yes.**
 16 Q And what states do you have?
 17 A **Virginia and Maryland.**
 18 Q And how long have you been licensed in the
 19 State of Virginia?
 20 A **I believe five or six years.**
 21 Q What's the type of license that you have in

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1 the State of Virginia?
 2 A **Licensed Professional Counselor.**
 3 Q And you said you're licensed in Maryland as
 4 well. How long have you been licensed in Maryland?
 5 A **I believe it's eight, and then before that**
 6 **time, I was working under a license during my residency,**
 7 **working under a supervisor's license, I'm sorry, to**
 8 **clarify.**
 9 Q For how long did you work under a
 10 supervisor's license?
 11 A **Roughly, two.**
 12 MR. MIHET: You mean years?
 13 THE WITNESS: 2 years.
 14 Q That's a licensure requirement, correct?
 15 A **Correct, yes.**
 16 Q And what are you licensed as in Maryland?
 17 A **Licensed Clinical Professional Counselor.**
 18 Q Popularly known as LCPC?
 19 A **Yeah.**
 20 Q What, if any, communications have you had
 21 with the Board of Professional Counselors & Therapists

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1 in Maryland in the last year?
2 MR. MIHET: Objection, vague, calls for a
3 narrative.
4 Q Go ahead, you can answer.
5 A **Regarding this issue or at all?**
6 Q What, if any, communications have you had
7 with the Maryland Board of Professional Counselors &
8 Therapists in the last year?
9 A **To my knowledge --**
10 MR. MIHET: Hold on a second.
11 THE WITNESS: Yeah.
12 MR. MIHET: Same objections, also overbroad.
13 Q Go ahead, you can answer.
14 A **To my knowledge, the only communication I**
15 **have had is renewing my license.**
16 Q And the same question for Virginia. The
17 Virginia board that regulates professional counselors,
18 what communications, if any, have you had in the past
19 year with that group?
20 MR. MIHET: Same objections.
21 Q Go ahead.

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1 A **I made one phone call to the Virginia Board**
2 **of Counseling in the spring or summertime.**
3 Q Of 2018?
4 A **Correct.**
5 Q And what was that telephone call about?
6 A **It was regarding requirements for residents**
7 **on my staff.**
8 Q Residents?
9 A **Resident counselors.**
10 Q Do you mean by resident counselors,
11 counselors in training?
12 A **Correct.**
13 Q To your knowledge, has anybody made any
14 complaints about your practice to the board of Maryland,
15 Board of Professional Counselors & Therapists?
16 A **No.**
17 Q To your knowledge, has anyone made any
18 complaints to the Virginia regulatory agency about your
19 practice?
20 A **No.**
21 (Institute For Healthy Families informed

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1 consent was marked Exhibit 2 for identification.)
2 Q Mr. Doyle, I'm showing you what's been marked
3 as exhibit 2. It's a document that I received from your
4 counsel and you'll see in the bottom right-hand corner
5 PL 000005 through 8. Do you see those numbers?
6 A **Yes.**
7 Q Could you tell me what this document is,
8 please.
9 A **This is an informed consent document from**
10 **2016.**
11 Q Is that an informed consent document that you
12 use or used?
13 A **Yes. Yeah. There is an updated form that**
14 **you have, but this is one from 2016.**
15 Q And if you direct your attention to paragraph
16 six on the second page, the first line of paragraph six
17 says, "I understand that Christopher Doyle and the
18 Institute For Healthy Families does not practice
19 reparative therapy, reorientation therapy, conversion
20 therapy or any type of sexual orientation change effort,
21 (SOCE) therapy." Do you see that?

Page 17

1 A **Yes, I do.**
2 Q Is that accurate?
3 A **That's correct.**
4 (Institute For Healthy Families informed
5 consent was marked Exhibit 3 for identification.)
6 Q I'm showing you now what's been labeled as
7 exhibit 3 and it's PL 000013 through 15. Do you
8 recognize this document?
9 A **I do.**
10 Q And could you tell me what it is, please.
11 A **It's an informed consent document that was**
12 **updated on May 31, 2018 for my organization, my**
13 **counseling.**
14 Q And I would ask you to look at paragraph
15 seven on the second page. It says, the first sentence
16 of that says, "I understand that Christopher Doyle and
17 the Institute For Healthy Families does not practice
18 reparative therapy, reorientation therapy, conversion
19 therapy or any type of sexual orientation change effort
20 (SOCE) therapy." Do you see that?
21 A **Yes, I do.**

Page 18

1 Q Is that statement accurate?

2 A Yes, it is.

3 MR. MIHET: Form and vague.

4 MS. ELLIS: Could you tell me what your

5 objection to form is, please.

6 MR. MIHET: You failed to define the terms

7 that you're asking Mr. Doyle about and there's no

8 assurance that what he means by those terms is the same

9 thing that the State of Maryland means by those same

10 terms.

11 MS. ELLIS: That's not what the question was

12 about, Mr. Mihet. Thank you.

13 MR. MIHET: We can agree to disagree about

14 that.

15 Q But with your counsel's prompting, we can go

16 there now.

17 So, it says that you don't do any kind of

18 sexual orientation change effort therapy, correct?

19 A That's correct.

20 Q And how do you define sexual orientation

21 change effort therapy?

Page 19

1 A I define sexual orientation change effort

2 therapy as a very specific type of therapy, where a

3 client expressly comes in for counseling that wants to

4 change their sexual orientation.

5 Q And does it include any particular kinds of

6 techniques to attempt to accomplish that client's goal?

7 A Well, I'm not -- I'm not aware of any

8 specific techniques that a person or a therapist that

9 would necessarily practice, I don't believe there's a

10 standard or uniform definition of SOCE therapy, it tends

11 to be more of a broad umbrella term that doesn't

12 necessarily define the work that I do.

13 Q But you don't engage in sexual orientation

14 change effort therapy --

15 MR. MIHET: Form, vague.

16 Q -- is that correct?

17 A In that sense, I do not.

18 Q In what sense?

19 A In the sense of the fact that it's very broad

20 and ill-defined.

21 Q What about, how would you define the term

Page 20

1 conversion therapy?

2 A It's even more broad and ill-defined. There

3 is no standard or uniform definition.

4 Q How do you define it?

5 A I would define conversion therapy as a

6 practice that is expressly trying to change a client

7 from gay to straight.

8 Q And, again, you don't engage in that

9 particular kind of therapy, correct?

10 A I do not.

11 MR. MIHET: Form.

12 Q What about reparative therapy, how do you

13 define that?

14 A Reparative therapy is a clinical term that

15 was coined by Dr. Joseph Nicolosi in the late eighties

16 and early 1990s. It comes from a term from Elizabeth

17 Moberly's book, Homosexuality: A New Christian Ethic,

18 where she defined reparative -- homosexuality as a

19 reparative drive to fulfill unmet love needs.

20 Dr. Joseph Nicolosi took that term -- he's now deceased,

21 by the way -- and coined his specific type of work

Page 21

1 reparative therapy.

2 Q And what specific kind of work did he do that

3 was encompassed by that term, reparative therapy?

4 A I think you would probably have to ask him.

5 Q Which would be difficult?

6 A Yeah.

7 Q You don't do that, you don't do reparative

8 therapy?

9 A I do not.

10 Q How do you define reorientation therapy?

11 A It's another broad and ill-defined term to

12 help a client go from gay to straight.

13 Q So, if I understand your testimony correctly,

14 reparative therapy, reorientation therapy, conversion

15 therapy or sexual orientation change effort therapy are

16 all types of therapy, you said they were broadly

17 defined, to change an individual's sexual orientation

18 from homosexual to heterosexual?

19 A To some extent --

20 MR. MIHET: Form.

21 A To some extent, yes. I think it's a little

Page 22

1 **more complicated than that, but there's a lot of nuance.**
 2 Q Well, then, explain to me why it's more
 3 complicated and how it's more complicated, please.
 4 MR. MIHET: Form, vague.
 5 A **It's overly broad in ill-defined terms.**
 6 Q What is overly broad and ill-defined?
 7 A **The terms, because in my -- well, outside of**
 8 **reparative therapy, the three other terms really don't**
 9 **have a clear understanding of what's happening in**
 10 **clinical work.**
 11 Q What are you asking somebody who signs this
 12 form to understand that you're not doing?
 13 A **Essentially, the work that I do, I describe**
 14 **it as sexual and gender identity affirming therapy, and**
 15 **what I explain to clients is that they're in the**
 16 **driver's seat, that I'm not imposing a goal on their**
 17 **work. I have a duty and a right to my clients to work**
 18 **with what they want to work on, and clients that may be**
 19 **open to sexual fluidity or change, I'm open to that**
 20 **client's goal.**
 21 Q And how do you explain to a client what

Page 23

1 reparative therapy, reorientation therapy, conversion
 2 therapy or any type of sexual orientation change effort
 3 therapy is?
 4 A **I, basically, tell them that those are very**
 5 **broad terms that really don't apply to the work that I'm**
 6 **doing because my work is much more client centered. I**
 7 **don't have an objective, stated objective goal, whereas,**
 8 **in my opinion, Dr. Joseph Nicolosi's clinic was**
 9 **expressly a reparative therapy clinic.**
 10 **Clients that went to seek out his services**
 11 **knew what they were getting, there wasn't any -- in some**
 12 **ways, I guess, it was client centered, but he was**
 13 **expressly known for that. So, in order to not confuse**
 14 **clients with umbrella terms that don't necessarily apply**
 15 **to the work that I do, I try to tell them this is not**
 16 **what I do and this is what I do.**
 17 Q Over the eight years that you have been a
 18 Licensed Clinical Professional Counselor in the State of
 19 Maryland, have you ever engaged in therapy that you
 20 would consider to be one of these terms?
 21 MR. MIHET: Form.

Page 24

1 Q Go ahead. You can answer the question --
 2 A **Yes.**
 3 Q -- if you can, and if you can't, tell me what
 4 you don't understand and I'll try to amend it.
 5 A **I have used those terms in the past over,**
 6 **probably over five years ago to describe the work that I**
 7 **do under another organization that was not mine.**
 8 Q So, more than five years ago, you used which
 9 of these terms?
 10 A **SOCE.**
 11 Q And what did you mean by SOCE when you used
 12 that to describe your practice five years ago?
 13 A **I can't recall exactly where I used that**
 14 **term, but because of the generalizability, I don't know**
 15 **if that's correct, quite the correct word, it's**
 16 **sometimes difficult, when I'm doing media, to use terms**
 17 **that the general population would understand. So,**
 18 **rather than use a term like sexual or gender identity**
 19 **affirming therapy, I might have described my work as**
 20 **SOCE in that regard and I can't recall where, though.**
 21 Q And you said that was when you were working

Page 25

1 for another organization?
 2 A **To my knowledge, yeah.**
 3 Q And what organization was that?
 4 A **International Healing Foundation.**
 5 Q Does the International Healing Foundation
 6 still exist?
 7 A **No.**
 8 Q What was your role with the International
 9 Healing Foundation?
 10 A **I was the director and a licensed counselor.**
 11 Q For how long?
 12 A **Approximately, five years.**
 13 Q From when to when?
 14 A **2010 to 2015.**
 15 Q And why did you leave that position?
 16 A **The board of directors voted to dissolve the**
 17 **organization at the end of 2015.**
 18 Q Are you aware of any practitioners,
 19 counselors, that practice any of the types of therapy
 20 that you have listed in this consent in the State of
 21 Maryland?

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1 the bottom right, there's a slash S and then Christopher
 2 Doyle typed. Did you actually sign --
 3 **A I did.**
 4 MR. MIHET: I'm sorry.
 5 Q Again, if you could wait for me to finish the
 6 question.
 7 **A I apologize.**
 8 MR. MIHET: It's natural to want to
 9 anticipate the question, but the record will work a lot
 10 better if you work hard to allow counsel to finish.
 11 THE WITNESS: Thank you.
 12 Q It's an effort for both of us.
 13 So, you did actually sign a piece of paper
 14 and provide that to your counsel?
 15 **A I did.**
 16 Q If you could look at page three and four,
 17 which is a list of clients that you provided services to
 18 who were from Maryland, is that correct?
 19 **A That's right.**
 20 Q For client number one, are you still
 21 providing services to him?

Page 39

1 **A Yes, I am.**
 2 Q Client number two, are you still providing
 3 services to him?
 4 **A Yes, I am.**
 5 Q Clients three, four and five, I believe you
 6 are no longer providing services to?
 7 **A That is correct, I'm no longer.**
 8 Q So, for one and two, it's audiovisual
 9 counseling. Where are you located with the audiovisual
 10 counseling?
 11 **A I'm in that sense, in that sense I'm in**
 12 **Virginia and my client's in Maryland.**
 13 Q But you were physically present in December
 14 2017 at your client's home?
 15 **A For client one?**
 16 Q For client one, yes.
 17 **A That's correct.**
 18 Q And for client two, you were also in
 19 Virginia, while client two was in Maryland?
 20 **A For the audiovisual counseling --**
 21 Q Yes.

Page 40

1 **A -- I was in Virginia, and for the family**
 2 **therapy, I was in their home in Maryland.**
 3 Q The entries for in-person group therapy for
 4 parents, there were no minors involved in that, correct?
 5 **A No.**
 6 Q Client one did not participate, is that
 7 correct?
 8 **A No, but these --**
 9 Q Wait. Wait.
 10 **A Can I clarify?**
 11 Q Did client number one, the 17 year old male,
 12 participate in the group therapy for parents?
 13 **A To provide context, the parents' retreats**
 14 **that I do in-person have a great deal of relevance to my**
 15 **work with the minors and that's why I listed it, but the**
 16 **minors were not present in those retreats.**
 17 Q Okay. Thank you.
 18 **A Thank you.**
 19 Q For the retreats that you do for parents, do
 20 they require a professional counselor's license for you
 21 to provide those retreats?

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1 MR. MIHET: Form.
 2 **A I'm not really sure what that means. That's,**
 3 **in my opinion, vague.**
 4 Q What don't you understand?
 5 **A When you say require that a licensed**
 6 **counselor.**
 7 Q If, in your view, in your understanding, for
 8 you to do one of these parents' retreats in Maryland, is
 9 it required that you have a license, professional
 10 counselor's license, to put on that retreat?
 11 MR. MIHET: Form, calls for a legal
 12 conclusion.
 13 **A I can't answer that.**
 14 Q Why not?
 15 **A Because I don't know who is requiring -- who**
 16 **is requiring what.**
 17 (Section 17-101 of the Health Occupations
 18 Article of the Maryland Annotated Code was marked
 19 Exhibit 6 for identification.)
 20 Q I'm showing you what's been marked as exhibit
 21 6, which is Section 17-101 of the Health Occupations

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1 Q What do you treat?
2 A I treat the underlying potential causes as to
3 why someone might experience same sex attractions or
4 gender identity, gender dysphoria.
5 Q And what are those underlying causes, in your
6 view?
7 MR. MIHET: Form.
8 A They vary from client to client.
9 Q So, there's no generalization that you can
10 provide about underlying causes?
11 MR. MIHET: Form, vague, ambiguous.
12 A There certainly are similarities with many
13 clients that have some underlying causes, but I wouldn't
14 generalize, necessarily, that every client experiences
15 these attractions for one specific reason. There's
16 always a potential many causes.
17 Q Well, you've been practicing as a Licensed
18 Professional Counselor, clinical professional counselor
19 for eight years, correct?
20 A Roughly, yeah.
21 Q And over those eight years, you've treated

Page 47

1 many clients --
2 A Yes.
3 Q -- and in those clients, identified what you
4 considered to be underlying causes for their
5 homosexuality?
6 MR. MIHET: Form.
7 A Have I identified?
8 Q Yes.
9 A I could generalize it to saying that it's, I
10 believe it's trauma, various forms of trauma.
11 Q And what kinds of trauma do you believe
12 causes at least some people to be homosexual?
13 A Attachment trauma, emotional trauma,
14 psychological trauma, physical trauma, sexual trauma,
15 relational trauma.
16 Q Attachment, physical --
17 A Emotional.
18 Q -- emotional, relational, I think you said?
19 A Sexual, relational.
20 Q Did I miss any?
21 A There may have been one more, I can't

Page 48

1 remember. I think I said five or six.
2 Q What's attachment trauma?
3 A Well, let me first state that just because
4 someone has attachment trauma wouldn't necessarily mean
5 that they would develop homosexual feelings.
6 Q Okay, I understand that.
7 A Okay.
8 Q But I'm asking you what attachment trauma is.
9 A So, in my clinical opinion, the child that
10 doesn't have sufficient attachment with one or more
11 parents or caregivers from an early age, we're talking
12 infancy to childhood, even into adolescence, can
13 experience trauma from that lack of healthy attachment
14 or secure attachment and that has implications for
15 sexual development.
16 Q Does it matter which parent a particular
17 individual lacks a healthy or secure attachment to?
18 MR. MIHET: Form.
19 A It varies, actually.
20 Q Do you want to explain that, please.
21 A For some clients it would be the same sex,

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1 for other clients it might be the opposite sex, for other
2 clients it might be both. There's no way for me to know
3 until I do assessment.
4 Q Do you understand that under Maryland law, a
5 minor lacks capacity to consent to treatment if that
6 minor is under the age of 16?
7 A I do.
8 MR. MIHET: Objection, form, calls for a
9 legal conclusion.
10 A I am aware of that.
11 Q And are you also aware that a 16 or 17 year
12 old minor can't refuse treatment to which his or her
13 parent or guardian consents?
14 MR. MIHET: Form, calls for a legal
15 conclusion.
16 A Yes, I am aware.
17 Q In your interrogatory answers, I think --
18 let's see -- on page four, the last sentence of answer
19 to interrogatory number four, "I never tolerate any
20 coercion or manipulation of a minor in the therapeutic
21 process." Do you see that?

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1 A I do.
2 Q And that is your practice, not to tolerate
3 coercion or manipulation of a minor in the therapeutic
4 process?
5 A That's correct.
6 Q So, how do you determine whether a minor is
7 participating in therapy with you because the minor
8 wants to be there or because the minor's parents want
9 the minor to be there?
10 MR. MIHET: Form.
11 A In most cases, I would interview the minor
12 separately and the parents separately, sometimes for
13 multiple sessions.
14 Q How do you respond if you find, in the course
15 of your therapy, that the minor really doesn't want to
16 be there?
17 A Well, there's a variety of ways that could
18 occur, but in a general sense, I'll tell the minor that,
19 "If you really don't want to be here, then you don't
20 have to be here and I really don't want to keep you
21 here," in therapy.

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1 Q Has that ever happened --
2 A Yes.
3 Q -- in your practice?
4 A Yes.
5 Q And what have you done if the minor no longer
6 wants to be in therapy?
7 A I inform the parents and I provide an
8 appropriate referral.
9 Q Now, Chapter 685 or Senate Bill 1028 are both
10 the same thing, you would agree, correct?
11 MR. MIHET: Form, calls for a legal
12 conclusion.
13 A I don't know.
14 Q Well, then, let's --
15 A I'd have to compare them.
16 (Senate Bill 1028 was marked Exhibit 7 for
17 identification.)
18 Q I'll show you what's been marked as exhibit 7
19 for purposes of this deposition. It's also, as you can
20 see on the bottom right, it says Exhibit A, and across
21 the top it says Document I-1. Do you see that?

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1 A I'm sorry, I don't know where you're
2 pointing.
3 Q Across the top, very top, it says, "Case 1
4 colon -- "
5 A Yes, I see that.
6 Q "-- 19-cv-00190-OKC Document I-1." Do you
7 see that?
8 A Yes, I do.
9 Q This was Exhibit A to your complaint. So,
10 this is, you see it says 685?
11 A I do.
12 Q "Chapter 685," and then in parens, "Senate
13 Bill 1028." Do you see that?
14 A I do.
15 Q This, Chapter 685, only addresses counseling
16 with minors, correct?
17 A To my knowledge, yes.
18 Q If you go to page five, and look towards the
19 bottom of the page, B, in parens, do you see that?
20 A I do.
21 Q "A mental health or child care practitioner

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1 may not engage in conversion therapy with an individual
2 who is a minor." Do you see that?
3 A I do.
4 Q And if you want to take a minute to read page
5 five and the top of page six, why don't you do that.
6 Just look at it, read it to yourself.
7 A Okay.
8 Q There's nothing in that part that you just
9 read that applies to the provision of conversion therapy
10 to an individual who is not a minor, is that correct?
11 MR. MIHET: Form, calls for a legal
12 conclusion, the law speaks for itself.
13 A The statute applies to clients under the age
14 of 18.
15 Q Thank you.
16 Would you agree, Mr. Doyle, that the State of
17 Maryland has a legitimate interest in protecting minors
18 from various kinds of harm?
19 MR. MIHET: Form, calls for a legal
20 conclusion and misstates the law.
21 Q Could you please tell me whether in your

Page 54

1 understanding, I'm not asking for a legal conclusion,
 2 I'm asking whether you understand that the state has an
 3 interest in protecting minors from harm. Do you have
 4 that understanding?
 5 MR. MIHET: Same objection, also vague and
 6 ambiguous.
 7 A I believe the state, under their
 8 jurisdiction, has a legal obligation to try to protect
 9 minors from harm, in various contexts.
 10 Q Well, tell me what you consider those
 11 contexts to be.
 12 A Sure. We want to protect, Maryland wants to
 13 protect their minor children from abuse, neglect, from
 14 unlawful sexual activity or behaviors, from alcohol use,
 15 from substance use, various forms of -- types of harm,
 16 harmful activities.
 17 Q In addition to those areas that you listed,
 18 child abuse and neglect, alcohol, substance use, folks
 19 under the age of 18 are, generally, prohibited from
 20 purchasing tobacco, is that correct? Is that your
 21 understanding?

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1 MR. MIHET: Objection, calls for a legal
 2 conclusion.
 3 A To my understanding, I believe it's under 18,
 4 although some, I think, some states are moving that to
 5 increasing it.
 6 Q And that may be going on as we speak in the
 7 State of Maryland, I don't know.
 8 A I'll try to answer that question accurately.
 9 We're in the legislative season.
 10 Q Really.
 11 We distinguish between adults and children or
 12 adolescents in terms of ability to purchase tobacco. Is
 13 that your understanding?
 14 MR. MIHET: Form.
 15 A Sure.
 16 Q We, actually Congress, attempts to protect
 17 children, minors, from indecency, exposure to indecent
 18 programming and speech. Is that your understanding?
 19 MR. MIHET: Form, calls for a legal
 20 conclusion, speculation, foundation.
 21 A I don't know what programming and speech

Page 56

1 means in that context.
 2 Q You're aware that there is something called
 3 the Federal Communications Commission?
 4 A Okay. So, you're referring to, you know, for
 5 example, children not being able to attend certain films
 6 and movies that are -- have different ratings?
 7 Q I wasn't referring to that.
 8 A Okay. That's my understanding of what you
 9 were saying.
 10 Q So, you're familiar with the FCC?
 11 A I am, yeah.
 12 Q And that the FCC regulates what can be on the
 13 radio and broadcast TV?
 14 A Yes.
 15 MR. MIHET: Form, foundation, calls for a
 16 legal conclusion, relevance.
 17 Q And that's another way in which we attempt to
 18 protect minors from exposure to indecent material, is
 19 that your understanding?
 20 MR. MIHET: Same objections.
 21 A If that's the way that Maryland does it,

Page 57

1 sure.
 2 Q Actually, that's Federal law.
 3 And there are child labor laws, correct?
 4 MR. MIHET: Same objections.
 5 A To my knowledge, yes.
 6 Q Yes, okay.
 7 All ways in which a legislature has decided
 8 to try and protect children, is that your understanding?
 9 MR. MIHET: Same objections.
 10 A Yes.
 11 Q Do you have any problems with those types of
 12 laws trying to protect minors?
 13 MR. MIHET: Form, vague, ambiguous, calls for
 14 a legal conclusion.
 15 A I'm not aware of every single foundation
 16 under which Federal or the state tries to protect minors
 17 from harm, so I don't know if I could answer that
 18 adequately.
 19 Q So, of the types of harm that you identified
 20 and that we've discussing --
 21 A And those --

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1 **therapy, certain types of therapy, such as cognitive**
 2 **behavioral therapy or psychodynamic therapy, all which**
 3 **involve speech, to help them, to help them understand**
 4 **and resolve certain unwanted attractions and behaviors**
 5 **or feelings.**
 6 Q Do any of your clients have unwanted
 7 heterosexual attractions?
 8 A **Yes.**
 9 Q And you attempt to resolve those?
 10 A **I do. Would you like an example?**
 11 MR. MIHET: She didn't ask you.
 12 Q Absolutely, I'd love to have an example.
 13 A **Pedophilia.**
 14 Q Do you believe that pedophilia can be
 15 resolved?
 16 A **I do.**
 17 Q You do?
 18 A **I do.**
 19 Q Okay.
 20 Is there any evidence that efforts to change
 21 a minor's sexual orientation are efficacious?

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1 MR. MIHET: Form, foundation.
 2 A **The answer is, no, because there's been no**
 3 **research done on minors who have sought that.**
 4 Q Is there any evidence that such therapy may
 5 be harmful?
 6 A **The answer is, no, because there's not been**
 7 **sufficient research that's actually looked at the**
 8 **outcomes of clients that are minors that are engaged in**
 9 **this type of therapy.**
 10 Q Is there anecdotal evidence that conversion
 11 therapy may be harmful to minors?
 12 MR. MIHET: Form, vague, ambiguous.
 13 A **It's such an overly broad and ill-defined**
 14 **term.**
 15 Q Which is? What is?
 16 A **Conversion therapy. Lots of problems with**
 17 **that term and definitions.**
 18 Q Is there any anecdotal evidence that efforts
 19 to practices or treatments to change an individual's
 20 sexual orientation or gender identity may cause harm?
 21 MR. MIHET: Form, vague, ambiguous, compound.

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1 **A I'm trying to answer the question. There is**
 2 **anecdotal evidence for both, benefit and harm.**
 3 Q And if there is anecdotal evidence of both
 4 harm and benefit to minors, does the Legislature have
 5 the right to select one over the other, to believe harm
 6 rather than benefit?
 7 MR. MIHET: Objection, form, speculation,
 8 calls for a legal conclusion.
 9 A **I'm not a legislator.**
 10 Q I understand you're not a legislator. What
 11 do you think?
 12 MR. MIHET: Same objection.
 13 A **I don't think the Legislature is in the**
 14 **position of making that conclusion and determination.**
 15 Q Why not?
 16 A **Because I think --**
 17 MR. MIHET: Same objection.
 18 A **Because I think this issue is highly**
 19 **politicized and they've taken a mental health and**
 20 **emotional issue and politicized it to a point where the**
 21 **facts no longer matter.**

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1 Q Because you disagree with the actions that
 2 the Legislature has taken?
 3 MR. MIHET: Same objection.
 4 A **I disagree with the actions of trying to**
 5 **fight a sexual culture war in a mental health field,**
 6 **which is what I believe is happening.**
 7 Q But you also disagree with the Legislature's
 8 actions in prohibiting certain treatments for minors,
 9 correct?
 10 MR. MIHET: Objection, form.
 11 A **Can you be more specific?**
 12 Q Well, you object to the prohibition in
 13 Chapter 865 on a mental health practitioner engaging in
 14 conversion therapy with an individual who's a minor,
 15 correct?
 16 A **I object to it because I believe the term is**
 17 **overly broad and ill-defined.**
 18 Q I understand that --
 19 A **In that sense, yes.**
 20 Q -- but you object?
 21 A **Correct.**

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1 reading from page 45 of the complaint, which has been
 2 marked as exhibit 4 in this deposition.
 3 MS. ELLIS: Thank you, Mr. Mihet.
 4 Q As I recall, you agreed that there was
 5 anecdotal evidence of harm as well as benefits to
 6 counseling seeking to change a minor's sexual
 7 orientation or identity. Do I recall correctly?
 8 A You do.
 9 Q Are you familiar with the precept first do no
 10 harm?
 11 A Of course.
 12 Q And do you agree that that precept applies to
 13 professional counselors?
 14 A Absolutely.
 15 Q If same sex attractions for adolescents
 16 frequently changed, and I think you used the word fluid
 17 before, why do you need therapy to address the issues
 18 related to same sex attractions?
 19 MR. MIHET: Form.
 20 A I don't know what the definition of frequent
 21 is in this sense. I think that that would be up to the

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1 research that you look at, up to the population that
 2 you're treating.
 3 Q I just used your language that same sex
 4 attractions are fluid. Why does one need therapy to
 5 address them?
 6 MR. MIHET: Form.
 7 A I think that would be best answered by the
 8 client.
 9 Q You don't have any view about that?
 10 MR. MIHET: Form.
 11 A I'm open to a client's goal of experiencing
 12 fluidity or possible change in their attractions.
 13 Q If you could turn to page 13 of the
 14 complaint, which is exhibit 4. Paragraph 53, SB 1028,
 15 which is Exhibit A to the complaint, and exhibit 7 -- is
 16 that --
 17 MR. MIHET: Yes.
 18 MS. ELLIS: Yes. Sorry.
 19 MR. MIHET: To the deposition.
 20 Q -- to the deposition, paragraph 53 states
 21 that, "SB 1028 falsely asserts that the statute is

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1 necessary to protect minors from the purported harms of
 2 counseling to eliminate, reduce or resolve unwanted same
 3 sex attractions, behaviors or identity," correct?
 4 A Correct.
 5 Q And if you read through paragraphs 54 through
 6 61, take a minute to read them to yourself and then I'll
 7 ask you about them.
 8 A Okay.
 9 Q And in your view, do the legal and ethical
 10 obligations imposed my Title 17 of the Health
 11 Occupations Article and Title 10, Subtitle 58, of the
 12 Maryland Code of Regulations adequately protect minors
 13 from any harm that might result from counseling to
 14 eliminate, reduce or resolve unwanted same sex
 15 attraction?
 16 MR. MIHET: Form, vague, ambiguous and calls
 17 for a legal conclusion.
 18 A I can't determine whether this would
 19 adequately protect a minor. I think that it does offer
 20 protection.
 21 Q So, something more than the practice act and

Page 85

1 the regulations governing the conduct of your profession
 2 may be required, do I understand that correctly?
 3 MR. MIHET: Form, calls for a legal
 4 conclusion, misstates the testimony.
 5 A If -- well, if what I believe that you're
 6 asking is that does the statute adequately protect
 7 clients from potential harm, is that what you're saying?
 8 MR. MIHET: Which statute?
 9 A The Maryland -- yeah.
 10 Q Your complaint, in paragraph 54, says that
 11 you're already subject to obligations imposed by Title
 12 17 of the Health Occupations Article --
 13 A Right.
 14 Q -- and I believe we established earlier that
 15 that is the title that governs professional counselors
 16 and therapists?
 17 A Correct.
 18 Q And Title 10, Subtitle 58, of the Code of
 19 Maryland Regulations, we haven't discussed before, but
 20 those are the regulations that govern your practice as a
 21 professional counselor, is that your understanding?

Page 90

1 Q And that's your opinion, correct?

2 A Yes.

3 MR. MIHET: Counsel, for the record, I'm

4 noticing that at least my copy of this exhibit appears

5 to be missing page 17. I'm not sure if the deposition

6 copy --

7 THE WITNESS: Yeah.

8 MR. MIHET: -- has the same flaw.

9 MS. ELLIS: That appears to be the case. I

10 don't quite know where it went, but we will fix that

11 when we take a break for lunch.

12 Is that page 17?

13 MR. MIHET: Yes.

14 Q In paragraph 101, which is on page 21, you

15 say that you have devoted most of your professional life

16 to providing counseling to young people and their

17 parents who are seeking help for unwanted same sex

18 attractions. Senate Bill 1028 does not affect your

19 ability to counsel parents, correct?

20 MR. MIHET: Objection. Counsel misread

21 paragraph 101 and is now grossly mischaracterizing it.

Page 91

1 Q Does Senate Bill 1028 affect your ability to

2 provide counseling to parents?

3 A Not that I'm aware of.

4 Q Okay. Thank you.

5 And I believe that you told me that at any

6 one time you may have three or four minor clients?

7 MR. MIHET: Form.

8 A At any time?

9 Q Yeah.

10 A Possibly more, sometimes it may be less.

11 Q You said 10 to 15 percent?

12 A Yeah. I mean, it varies.

13 Q Right.

14 Will you accept a client, a minor client, who

15 does not want to change his or her sexual orientation or

16 same sex attractions even though his or her parents want

17 the minor to change?

18 MR. MIHET: Form, vague and ambiguous.

19 A Yes.

20 Q And has that actually happened?

21 A Yes.

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1 Q And if you look at paragraph 115, on page 24,

2 the second sentence, "But plaintiff does not begin

3 counseling with any predetermined goals, other than

4 those that the clients themselves identified and set,"

5 is that an accurate description of your practice?

6 A Yes.

7 Q Do you consider your counseling noncoercive?

8 A Yes. Let me amend that.

9 Q Okay.

10 A The only coercion that I do in my counseling

11 is with parents.

12 Q And in what way do you do coercion with the

13 parents in your practice?

14 A If a parent, such as the situation they

15 described, wants their minor to change their sexual

16 orientation or gender identity and the minor does not, I

17 will attempt to persuade the parents to not put pressure

18 on their children and educate them on how better

19 parenting practices would be and how to avoid harming

20 their child and I put much more effort into that than

21 any of the slightest coercion on a minor.

Page 93

1 Q If you could look at paragraph 118, on page

2 25, the last sentence says, "Plaintiff has never

3 publicly stated that he believes homosexuality or same

4 sex attractions is a mental illness in need of a cure."

5 Do you see that?

6 A Yes.

7 Q Is that an accurate statement?

8 A Yes.

9 Q Have you ever said that privately?

10 A I don't believe so.

11 Q Do you believe that?

12 MR. MIHET: Objection, form.

13 A Believe what?

14 Q Do you believe that homosexuality or same sex

15 attractions is a mental illness in need of a cure?

16 MR. MIHET: Asked and answered.

17 A I don't believe it.

18 Q Thank you.

19 In your understanding, I'm not asking for a

20 legal conclusion, does Senate Bill 1028 prevent you from

21 communicating with the public about conversion therapy

UNITED STATES DISTRICT COURT
DISTRICT OF MARYLAND

CHRISTOPHER DOYLE, LPC, LCPC,)	
individually and on behalf of his clients,)	
)	
Plaintiff,)	Civil Action No. 1:19-cv-00190-DKC
)	
v.)	INJUNCTIVE RELIEF SOUGHT
)	
LAWRENCE J. HOGAN, JR., Governor of)	
the State of Maryland, in his official capacity,)	
and BRIAN E. FROSH, Attorney General of)	
the State of Maryland, in his official capacity,)	
)	
Defendants.)	
)	

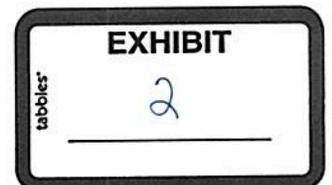
**PLAINTIFF’S ANSWERS AND OBJECTIONS
TO FIRST SET OF INTERROGATORIES**

Plaintiff CHRISTOPHER DOYLE, LPC, LCPC (“Doyle”), pursuant to Fed. R. Civ. P. 26 and 33, and L.R. 104, provides the following answers and objections to Defendant Brian E. Frosh’s First Set of Interrogatories. Doyle hereby reserves all objections to the relevance, use, or admissibility of any of these interrogatories and responses. Subject to the foregoing, Doyle objects and otherwise responds as follows:

INTERROGATORY NO. 1: Identify all persons who are likely to have personal knowledge of any fact alleged in the pleadings, and state the subject matter of the personal knowledge possessed by each such person. (Standard Interrogatory No. 1)

Objection: Doyle objects to this interrogatory to the extent it seeks patient-identifying information subject to the psychotherapist–patient privilege or which is otherwise confidential. Doyle’s investigation and discovery continue, and Doyle reserves the right to supplement this response as permitted by applicable rules. Subject to and without waiver of this objection, Doyle answers as follows:

Answer: At this time, Doyle is aware of the following persons who may have personal knowledge of facts alleged in the pleadings:



Plaintiff, **Christopher Doyle**, LPC, LCPC. May be reached through counsel.

Subject matter: All matters alleged in the Complaint (Doc. 1).

Defendant **Lawrence J. Hogan, Jr.**, Governor of the State of Maryland.

Subject matter: Drafting, sponsoring, consideration, debate, passage, interpretation, application, and enforcement of SB 1028.

Defendant, **Brian E. Frosh**, Attorney General of the State of Maryland.

Subject matter: Drafting, sponsoring, consideration, debate, passage, interpretation, application, and enforcement of SB 1028.

Peter Sprigg, Senior Policy Analyst, Family Research Council, 801 G Street NW, Washington, D.C. 20001, 1-800-225-4008.

Subject matter: May 14, 2018 conference call involving Peter Sprigg, Doyle, and Christopher Shank (see below), on which call Doyle shared his perspective on and opposition to SB 1028.

Christopher B. Shank, Chief Legislative Officer for Governor Hogan.

Subject matter: Drafting, sponsoring, consideration, debate, and passage of SB 1028; May 14, 2018 conference call with Doyle and Peter Sprigg (see above).

INTERROGATORY NO. 2: For each witness that you may use at trial to present evidence under Federal Rule of Evidence 702, 703, or 705, provide a complete statement of the opinions to be expressed and the basis and reasons for those opinions. (Standard Interrogatory Nos. 8 & 9)

Answer: Doyle objects to this interrogatory as premature. Doyle's discovery and investigation continue. Doyle will provide his expert disclosures as and when required by the applicable rules and the scheduling orders of the Court.

INTERROGATORY NO. 3: Identify all locations in the State of Maryland at which you provide or have provided counseling as a licensed clinical professional counselor; the dates on which you provided such counseling from January 1, 2017 to the present, the number of individuals to whom you provided such counseling in the State of Maryland from January 1, 2017 to the present who were (1) under 16 years of age at the time of the counseling and (2) 16 or 17 years of age, and state whether the counseling was performed in a group or individually, whether

you were physically present in the State when providing such counseling, and whether the counseling was provided in person, via audio, or via audio and visual means.

Objection: Doyle objects to this interrogatory as vague, ambiguous, and overly broad, and on the grounds that it seeks information which is neither relevant nor proportionate to the needs of the case, to the extent it seeks information regarding Doyle's counseling in Maryland which is not subject to the restrictions of SB 1028. Doyle further objects to this interrogatory to the extent it seeks patient-identifying information subject to the psychotherapist-patient privilege or which is otherwise confidential. Subject to and without waiver of any objection, Doyle answers as follows:

Answer:

Client 1: 17-year-old male, St. Mary's County, MD

- Audio/visual counseling beginning July 10, 2017. Engaging in weekly individual and family counseling for approximately 1.5 years in St. Mary's County, MD.
- In-person group therapy for parents in Washington County, MD September 15–17, 2017 (physically present).
- In-home family therapy in St. Mary's County, MD December 9–10, 2017 (physically present).
- In-person group therapy for parents in Washington County, MD on November 3–5, 2017 (physically present).

Client 2: 15-year-old male, Montgomery County, MD

- Audio/visual counseling beginning September 9, 2018. Engaging in bi-weekly individual and family counseling for approximately six months in Montgomery County, MD.
- In-person group therapy for parents in Washington County, MD September 28–30, 2018 (physically present).
- In-home family therapy in Montgomery County, MD December 1–2, 2018 (physically present).
- In-person group therapy for parents in Washington County, MD November 16–18, 2018 (physically present).

Client 3: 17-year-old male, Carroll County, MD

- Audio/visual counseling beginning August 8, 2016. Engaged in individual and family counseling for approximately 1.5 years.
- In-person group therapy for parents in Washington County, MD September 17–19, 2016 (physically present).
- In-home family therapy in Carroll County, MD October 22–23, 2016 (physically present).
- In-person group therapy for parents in Washington County, MD November 4–6, 2016 (physically present).

Client 4: 16-year-old male, Prince George's County, MD.

- Audio/visual counseling beginning November 5, 2016. Engaged in individual and family counseling for approximately ten months.

Client 5: 16-year-old male, Montgomery County, MD.

- Audio/visual counseling beginning May 3, 2016. Engaged in individual and family counseling for approximately 1.5 years.

INTERROGATORY NO. 4: For the individuals between 16 and 18 years of age to whom you provided counseling in the State of Maryland during the period January 1, 2017 to the present, state how many initiated counseling on their own and how many participated in counseling at their parents' direction.

Objection: Doyle objects to this interrogatory as vague, ambiguous, and overly broad, and on the grounds that it seeks information which is neither relevant nor proportionate to the needs of the case, to the extent it seeks regarding Doyle's counseling in Maryland which is not subject to the restrictions of SB 1028. Doyle further objects to this interrogatory to the extent it seeks patient-identifying information subject to the psychotherapist-patient privilege or which is otherwise confidential. Subject to and without waiver of any objection, Doyle answers as follows:

Answer: This interrogatory is premised on a false dichotomy, for it excludes the most common situations where minors voluntarily present for counseling with their parents' input, cooperation, or guidance, in which cases the concepts of who "initiated" or "directed" counseling are inadequate to describe the realities of therapy. In my therapeutic work at the Institute for Healthy Families, counseling around sexual and gender identity conflicts for minors and/or dependents always includes a family therapeutic approach. I will not work with minors and/or dependents in individual therapy if parents are not willing to participate in family therapy (this also includes individual and group therapy components for parents in therapy). Additionally, I never work with a minor or dependent simply at a parent's direction. Therapy is always client-centered and revolves around the client's goals, including the minor, parents, and/or family. If the minor or dependent does not wish to receive counseling, I work with the parents alone. If the parents are unwilling to engage in family counseling that includes themselves, I will not work with their minor child. I never tolerate any coercion or manipulation of a minor in the therapeutic process.

INTERROGATORY NO. 5: State the facts on which you base your request for relief against the governor of Maryland.

Objection: Doyle objects to this interrogatory on the grounds that it is overly broad, unduly burdensome, impracticable, and disproportionate to the needs of the case, as it improperly seeks Doyle's statement of his entire case rather than disclosure of facts supporting particular allegations. Some facts upon which Doyle bases his request for relief are stated in the Verified Complaint (Doc. 1). Doyle's investigation and discovery continue.

INTERROGATORY NO. 6: State the facts on which you base your request for relief against the Attorney General of Maryland.

Objection: Doyle objects to this interrogatory on the grounds that it is overly broad, unduly burdensome, impracticable, and disproportionate to the needs of the case, as it improperly seeks Doyle's statement of his entire case rather than disclosure of facts supporting particular allegations. Some facts upon which Doyle bases his request for relief are stated in the Verified Complaint (Doc. 1). Doyle's investigation and discovery continue.

INTERROGATORY NO. 7: Identify all documents that support your answers to interrogatory nos. 1 through 6.

Objection: Doyle objects to this interrogatory on the grounds that it is vague, overly broad, unduly burdensome, impracticable, and disproportionate to the needs of the case. Doyle further objects to the interrogatory because it seeks information subject to the psychotherapist-patient privilege or which is otherwise confidential. The interrogatory places no limitation on how a document may "support" an interrogatory answer, seeks a virtually endless identification of every possible article, research paper, report, etc. that may "support," for example, Doyle's approach to therapy for minors described in his answers to interrogatories 3 and 4, and would require identification of confidential client treatment records that may "support" the times and locations of Doyle's treatment of clients identified in his answers to interrogatories 3 and 4. Construing this interrogatory as limited to seeking identification of non-privileged documents that directly evidence Doyle's answers to the above interrogatories, and subject to and without waiver of the foregoing objections, Doyle answers as follows:

Answer: Pursuant to Fed. R. Civ. P. 33(d), the answer to this interrogatory may be determined by examining my business records produced contemporaneously herewith, in response to Defendant Frosh's First Set of Requests for Production of Documents and identified therein, as follows.

- Interrogatory no. 1 – e-mail correspondence between Peter Sprigg and me, Bates nos. PL000001–PL0000004; and
- Interrogatory nos. 3 and 4 – informed consent forms for Clients 1 through 5, Bates nos. PL000016–PL0000051.

As to answers:

I, Christopher Doyle, verify under penalty of perjury that the foregoing interrogatory answers are true and correct.

/s/ Christopher Doyle
Christopher Doyle

As to objections:

/s/ John R. Garza
(signed by Roger K. Gannam
with permission of John R. Garza)
John R. Garza (D. Md. 01921)
GARZA LAW FIRM, P.A.
Garza Building
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Rockville, Maryland 20850
301-340-8200 ext. 100
301-761-4309 FAX
jgarza@garzanet.com

/s/ Roger K. Gannam
Mathew D. Staver (Fla. 701092)[†]
Horatio G. Mihet (Fla. 26581)[†]
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407-875-1776
407-875-0770 FAX
court@LC.org
hmihet@LC.org
rgannam@LC.org

Attorneys for Plaintiff

[†] Admitted to appear *pro hac vice*

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this March 22, 2019, I caused a true and correct copy of the foregoing to be served by e-mail on the following counsel of record:

Kathleen A. Ellis
Assistant Attorney General
Maryland Department of Health
Suite 302, 300 West Preston Street
Baltimore, Maryland 21201
kathleen.ellis@maryland.gov
Attorney for Defendants

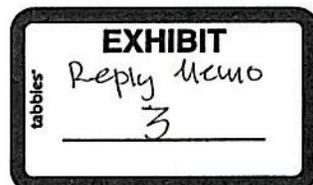
/s/ Roger K. Gannam
Attorney for Plaintiff



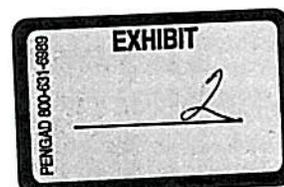
PSYCHOTHERAPY AND COACHING SESSIONS
INFORMED CONSENT
AND
LIABILITY WAIVER AND RELEASE FORM

To participate in psychotherapy and/or coaching sessions with Christopher Doyle, LCPC, LPC please read and sign this Informed Consent. Your signature constitutes an understanding and acceptance of all terms mentioned.

1. If this therapy or coaching session is being held outside of the state of Maryland or Virginia, Christopher Doyle, M.A. will facilitate as a coach, not a licensed counselor. All coaching will be provided as part of the therapeutic work of the Institute for Healthy Families, a 501(c)(3) non-profit organization.
2. By signing this Informed Consent, I hereby release, acquit, discharge, and indemnify, and hold harmless the Institute for Healthy Families, its officers, board members, employees, agents, representatives, and/or volunteers from any and all actions, claims, demands, damages, and expenses, including attorney's fees or other legal expenses, arising from and/or in connection with the therapeutic services provided by the Institute for Healthy Families.
3. I understand that if I choose to cancel or change my scheduled session, I will provide 72 hours notice by e-mail or phone call to Christopher Doyle. I also understand that if I do not provide 72 hours notice for this change or cancellation, I will be charged the full session fee, unless this change or cancellation is due to sickness or medical emergency.
4. I understand that Institute for Healthy Families will make every reasonable effort to safeguard my communications with Mr. Doyle and treat them as confidential and privileged information. I further understand that the Institute for Healthy Families will comply with any applicable federal or state laws regarding maintenance and safekeeping of its records pertaining to my therapy sessions and my right to inspect and copy them. Notwithstanding the foregoing, I understand that Mr. Doyle may need to share my confidential information with the appropriate authorities if:
 - 4.1. He suspects that a child, or other person, has been physically abused, neglected, and/or sexually abused;
 - 4.2. He suspects that I have a condition or am engaging in behavior that may require restraint and/or hospitalization to protect me and/or others;
 - 4.3. I have committed or am about to commit a crime or other violation of the law and he or the Institute for Healthy Families is required or permitted to report it;



1



PL000005

- 4.4.A court of law issues a legitimate subpoena for your records; and/or if I provide written consent to release information about me and/or my family members.

If the circumstances described above arise, I will not require the Institute for Healthy Families and Mr. Doyle to obtain a release-of-information form from me designating each person to whom they will be communicating.

5. I understand that all clients experience healing in different ways and may have varying degrees of success, and that healing and/or success is determined by each individual client. I also understand that reaching my goals for coaching or therapy is not guaranteed by Institute for Healthy Families, and that my success depends on many factors, including my own efforts, keeping my scheduled appointments, my response to the therapy or coaching, and my own desire and/or efforts to heal and grow.
6. I understand that Christopher Doyle and the Institute for Healthy Families does not practice reparative therapy, reorientation therapy, conversion therapy, or any type of sexual orientation change effort (SOCE) therapy. I understand that should I pursue therapy or coaching for sexual or gender identity conflicts, that I will be receiving sexual identity affirming therapy and that Institute for Healthy Families will work to help me resolve internal and external issues that are getting in the way of living out my self-described sexual identity in the way of my choosing. I also understand that I have the right of self-determination – that is, it is my obligation to determine how much therapy or coaching I would like to receive, and that the Institute for Healthy Families does not and will not tell me how long or how much therapy or coaching I should undergo to reach my goals.
7. I understand that all psychotherapy, including sexual identity affirming therapy, has potential risks, including the possibility that I will not meet my goals, or that I might even feel worse or harmed, after I conclude psychotherapy. I consent to these risks under my own volition. I also agree that I am undergoing this therapy or coaching under my own free will, and that I am not being coerced by parents, family, friends, or society to pursue therapy or coaching, and that I voluntarily choose to receive this therapy or coaching.
8. I understand that the American Psychological Association (APA) conducted a Task Force in 2009 and concluded the following (for more information, see pages 1-7 at: <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>):
 - 8.1.The APA Task Force concluded: “None of the recent research (1999–2007) meets methodological standards that permit conclusions regarding efficacy or safety of non gay-affirming therapy. Given the limited amount of methodologically sound research, claims that recent SOCE is effective are not supported.”
 - 8.2.The APA Task Force concluded: “The participants in this body of research continued to experience same-sex attractions following SOCE and did not report significant change to other-sex attractions that could be empirically validated, though some showed lessened physiological arousal to all sexual stimuli.”

- 8.3. The APA Task Force concluded: “Thus, the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE.”
 - 8.4. The APA Task Force concluded: “Former participants in SOCE reported diverse evaluations of their experiences: Some individuals perceived that they had benefited from SOCE, while others perceived that they had been harmed. Individuals who failed to change sexual orientation, while believing they should have changed with such efforts, described their experiences as a significant cause of emotional and spiritual distress and negative self-image. Other individuals reported that SOCE was helpful—for example, it helped them live in a manner consistent with their faith. Some individuals described finding a sense of community through religious SOCE and valued having others with whom they could identify.”
 - 8.5. The APA Task Force concluded: “The available evidence, from both early and recent studies, suggests that although sexual orientation is unlikely to change, some individuals modified their sexual orientation identity (i.e., individual or group membership and affiliation, self-labeling) and other aspects of sexuality (i.e., values and behavior). They did so in a variety of ways and with varied and unpredictable outcomes, some of which were temporary. For instance, in some research, individuals, through participating in SOCE, became skilled in ignoring or tolerating their same-sex attractions. Some individuals report that they went on to lead outwardly heterosexual lives, developing a sexual relationship with an other-sex partner, and adopting a heterosexual identity. These results were less common for those with no prior heterosexual experience.”
 - 8.6. Regarding the treatment of children and adolescents, the APA Task Force concluded that: “There is no research demonstrating that providing SOCE to children or adolescents has an impact on adult sexual orientation. The few studies of children with gender identity disorder found no evidence that psychotherapy provided to those children had an impact on adult sexual orientation. There is currently no evidence that teaching or reinforcing stereotyped gender-normative behavior in childhood or adolescence can alter sexual orientation.”
9. I also understand that in 2009, the National Association for Research and Therapy of Homosexuality (NARTH) conducted a systemic review of the scientific literature called “What Research Shows” and found that:
- 9.1. “There is no universal definition of *sexual orientation*; some see it as fixed, while others see it as fluid. According to Schneider, Brown, and Glassgold (2002), sexual orientation is defined in terms of the gender (or genders) of the people to whom individuals are sexually and affectionately attracted and toward whom they experience feelings of love and/or sexual arousal. It is defined as a continuous rather than a dichotomous variable. Most people are primarily oriented toward one gender (their own or the opposite), but some people have some degree of attraction to or history of sexually gratifying behavior with persons of the other gender as well. Other individuals

experience more or less balanced attractions to both women and men (p. 11).”

9.2. “A review of the literature by Whitehead and Whitehead (2007) shows that homosexuals—and, to a much lesser extent, heterosexuals—demonstrate evidence of sexual fluidity, including “spontaneous” as well as “assisted” reorientation. “A summary of these studies . . . is that about half of those with exclusive SSA [same-sex attraction] were once bisexual or even heterosexual. And about the same number changed from being exclusively SSA to bisexual or even heterosexual” (Whitehead & Whitehead, 2007, Chapter 12, p. 3). (p. 11).”

9.3. “In the clinical and scholarly literature over the past 125 years, mental health professionals and researchers document many different ways to assist men and women to successfully change from a homosexual to a heterosexual orientation. Reorientation assistance includes a variety of approaches, such as psychoanalysis, behavior and cognitive therapies, group therapies, sex therapies, hypnosis, pharmacological treatment, and religiously mediated activities. Other incidents of reorientation are attributed to spontaneous change, unknown methods, a combination of therapies, and other factors. There are also anecdotal accounts of change that have not been clinically or scientifically validated (p. 19).”

10. I agree to pay the Institute for Healthy Families a fee of \$150 per 50-minute session. I understand that sessions lasting longer than 50 minutes will be pro-rated based on the 50-minute fee of \$150 (e.g., 75 minute sessions are \$225). I also understand that payment is due at the time of service for all therapy and/or coaching sessions.

11. I understand that I may be required, as a part of my therapy or coaching, to attend at least one group therapy session per month for a fee of \$25 per 90 minute group session, and that I will be charged for this session unless I cannot attend due to sickness or medical emergency.

12. This Informed Consent represents the entire agreement between us regarding the therapeutic sessions I will be receiving from the Institute for Healthy Families and shall not be modified unless done so in writing signed by both the Institute for Healthy Families and me for the duration of the services it provides me. There are no other promises, representations, or warranties of any kind not included in this Informed Consent. If any provision is declared void or unenforceable, it shall not affect the validity or enforceability of any other provisions.

My signature demonstrates my understanding of the foregoing points. By signing below, I accept the terms of this agreement.

Name

Date

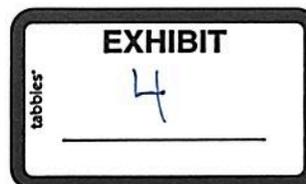
Institute for Healthy Families Updated: January 1, 2016
Tel: 703-367-0894 10620 Crestwood Drive, Suite C Manassas, VA 20109
E-mail: IHFinfo@InstituteForHealthyFamilies.org / Internet:
www.InstituteForHealthyFamilies.org



PSYCHOTHERAPY AND COACHING SESSIONS
INFORMED CONSENT
AND
LIABILITY WAIVER AND RELEASE FORM

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3. I understand that if I choose to cancel or change my scheduled session, I will provide 72 hours notice by e-mail or phone call to Christopher Doyle. I also understand that if I do not provide 72 hours notice for this change or cancellation, I will be charged the full session fee, unless this change or cancellation is due to sickness or medical emergency.
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 - 8.2. The APA Task Force concluded: “The participants in this body of research continued to experience same-sex attractions following SOCE and did not report significant change to other-sex attractions that could be empirically validated, though some showed lessened physiological arousal to all sexual stimuli.”
 - 8.3. The APA Task Force concluded: “Thus, the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE.”
 - 8.4. The APA Task Force concluded: “Former participants in SOCE reported diverse evaluations of their experiences: Some individuals perceived that they had benefited from SOCE, while others perceived that they had been harmed. Individuals who failed to change sexual orientation, while believing they should have changed with such efforts, described their experiences as a significant cause of emotional and spiritual distress and negative self-image. Other individuals reported that SOCE was helpful—for example, it helped them live in a manner consistent with their faith. Some individuals described finding a sense of community through religious SOCE and valued having others with whom they could identify.”

- 8.5. The APA Task Force concluded: “The available evidence, from both early and recent studies, suggests that although sexual orientation is unlikely to change, some individuals modified their sexual orientation identity (i.e., individual or group membership and affiliation, self-labeling) and other aspects of sexuality (i.e., values and behavior). They did so in a variety of ways and with varied and unpredictable outcomes, some of which were temporary. For instance, in some research, individuals, through participating in SOCE, became skilled in ignoring or tolerating their same-sex attractions. Some individuals report that they went on to lead outwardly heterosexual lives, developing a sexual relationship with an other-sex partner, and adopting a heterosexual identity. These results were less common for those with no prior heterosexual experience.”
- 8.6. Regarding the treatment of children and adolescents, the APA Task Force concluded that: “There is no research demonstrating that providing SOCE to children or adolescents has an impact on adult sexual orientation. The few studies of children with gender identity disorder found no evidence that psychotherapy provided to those children had an impact on adult sexual orientation. There is currently no evidence that teaching or reinforcing stereotyped gender-normative behavior in childhood or adolescence can alter sexual orientation.”
9. I also understand that in 2009, the National Association for Research and Therapy of Homosexuality (NARTH) conducted a systemic review of the scientific literature called “What Research Shows” and found that:
- 9.1. “There is no universal definition of *sexual orientation*: some see it as fixed, while others see it as fluid. According to Schneider, Brown, and Glassgold (2002), sexual orientation is defined in terms of the gender (or genders) of the people to whom individuals are sexually and affectionately attracted and toward whom they experience feelings of love and/or sexual arousal. It is defined as a continuous rather than a dichotomous variable. Most people are primarily oriented toward one gender (their own or the opposite), but some people have some degree of attraction to or history of sexually gratifying behavior with persons of the other gender as well. Other individuals experience more or less balanced attractions to both women and men (p. 11).”
- 9.2. “A review of the literature by Whitehead and Whitehead (2007) shows that homosexuals—and, to a much lesser extent, heterosexuals—demonstrate evidence of sexual fluidity, including “spontaneous” as well as “assisted” reorientation. “A summary of these studies . . . is that about half of those with exclusive SSA [same-sex attraction] were once bisexual or even heterosexual. And about the same number changed from being exclusively SSA to bisexual or even heterosexual” (Whitehead & Whitehead, 2007, Chapter 12, p. 3). (p. 11).”
- 9.3. “In the clinical and scholarly literature over the past 125 years, mental health professionals and researchers document many different ways to assist men and women to successfully change from a homosexual to a heterosexual orientation. Reorientation assistance includes a variety of approaches, such as psychoanalysis, behavior and cognitive therapies, group therapies, sex therapies, hypnosis, pharmacological treatment, and religiously mediated activities. Other incidents of reorientation are attributed to spontaneous change, unknown methods, a combination of therapies, and other factors. There are also anecdotal accounts of change that have not been clinically or scientifically validated (p. 19).”

10. I agree to pay the Institute for Healthy Families a fee of \$150 per 50-minute session. I understand that sessions lasting longer than 50 minutes will be pro-rated based on the 50-minute fee of \$150 (e.g., 75 minute sessions are \$225). I also understand that payment is due at the time of service for all therapy and/or coaching sessions.
11. I understand that I may be required, as a part of my therapy or coaching, to attend at least one group therapy session per month for a fee of \$25 per 90 minute group session, and that I will be charged for this session unless I cannot attend due to sickness or medical emergency.
12. I authorize the release of any medical, mental health, or other information necessary to process a claim with my insurance carrier. I authorize payment to Institute for Healthy Families for all services rendered. I authorize the use of this signature on all my insurance submissions whether manual or electronic.
13. This Informed Consent represents the entire agreement between us regarding the therapeutic sessions I will be receiving from the Institute for Healthy Families and shall not be modified unless done so in writing signed by both the Institute for Healthy Families and me for the duration of the services it provides me. There are no other promises, representations, or warranties of any kind not included in this Informed Consent. If any provision is declared void or unenforceable, it shall not affect the validity or enforceability of any other provisions.

My signature demonstrates my understanding of the foregoing points. By signing below, I accept the terms of this agreement.

Name

Date

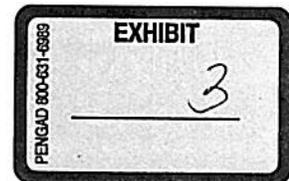
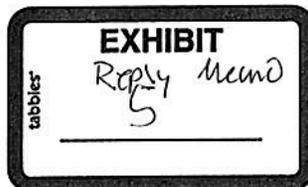
Institute for Healthy Families - Updated: May 3, 2017
Tel: 703-367-0894 □ 10620 Crestwood Drive, Suite C Manassas, VA 20109 □
E-mail: IHFinfo@InstituteforHealthyFamilies.org / Internet:
www.InstituteforHealthyFamilies.org



PSYCHOTHERAPY AND COACHING SESSIONS
INFORMED CONSENT
AND
LIABILITY WAIVER AND RELEASE FORM

To participate in psychotherapy and/or coaching sessions with Christopher Doyle, LCPC, LPC please read and sign this Informed Consent. Place your initial to the left of each paragraph to show that you have read and consent to each paragraph. Your initials and signature means that you understand and accept each of the terms mentioned.

- | <i>Initial</i> | <i>Term</i> |
|----------------|---|
| _____ | 1. If this therapy or coaching session is being held outside of the state of Maryland or Virginia, Christopher Doyle, M.A. will facilitate as a coach, not a licensed counselor. All coaching will be provided as part of the therapeutic work of the Institute for Healthy Families, a 501(c)(3) non-profit organization. |
| _____ | 2. By signing this Informed Consent, I hereby release, acquit, discharge, and indemnify, and hold harmless the Institute for Healthy Families, its officers, board members, employees, agents, representatives, and/or volunteers from any and all actions, claims, demands, damages, and expenses, including attorney's fees or other legal expenses, arising from and/or in connection with the therapeutic services provided by the Institute for Healthy Families. |
| _____ | 3. I understand that if I choose to cancel or change my scheduled session, I will provide 72 hours notice by e-mail or phone call to Christopher Doyle. I also understand that if I do not provide 72 hours notice for this change or cancellation, I will be charged the full session fee, unless this change or cancellation is due to sickness or medical emergency. |
| _____ | 4. I understand that Institute for Healthy Families will make every reasonable effort to safeguard my communications with Mr. Doyle and treat them as confidential and privileged information. I further understand that the Institute for Healthy Families will comply with any applicable federal or state laws regarding maintenance and safekeeping of its records pertaining to my therapy sessions and my right to inspect and copy them. Notwithstanding the foregoing, I understand that Mr. Doyle may need to share my confidential information with the appropriate authorities if: <ul style="list-style-type: none"> 4.1. He suspects that a child, or other person, has been physically abused, neglected, and/or sexually abused; 4.2. He suspects that I have a condition or am engaging in behavior that may require restraint and/or hospitalization to protect me and/or others; 4.3. I have committed or am about to commit a crime or other violation of the law and he or the Institute for Healthy Families is required or permitted to report it; 4.4. A court of law issues a legitimate subpoena for your records; and/or if I provide written consent to release information about me and/or my family members. |
| _____ | 5. If the circumstances described above arise, I will not require the Institute for Healthy Families and Mr. Doyle to obtain a release-of-information form from me designating each person to whom they will be communicating. |
| _____ | 6. I understand that all clients experience healing in different ways and may have varying degrees of success, and that healing and/or success is determined by each individual client. I also understand that reaching my goals for coaching or therapy is not guaranteed by Institute for Healthy Families, and that my success depends on many factors, including my own efforts, keeping my scheduled appointments, my response to the therapy or coaching, and my own desire and/or efforts to heal and grow. |



7. I understand that Christopher Doyle and the Institute for Healthy Families does not practice reparative therapy, reorientation therapy, conversion therapy, or any type of sexual orientation change effort (SOCE) therapy. I understand that should I pursue therapy or coaching for sexual or gender identity conflicts, that I will be receiving sexual/gender identity-affirming therapy/coaching and that the Institute for Healthy Families will work to help me resolve internal and external issues that are getting in the way of living out my self-described sexual or gender identity in the way of my choosing. I also understand that I have the right of self-determination – that is, it is my obligation to determine how much therapy or coaching I would like to receive, and that the Institute for Healthy Families does not and will not tell me how long or how much therapy or coaching I should undergo to reach my goals.
8. I understand that all psychotherapy, including sexual/gender identity-affirming therapy/coaching, has potential risks, including the possibility that I will not meet my goals, or that I might even feel worse or harmed after I conclude psychotherapy or coaching. I consent to these risks out of my own volition. I also agree that I am undergoing this therapy or coaching under my own free will, and that I am not being coerced by parents, family, friends, or society to pursue therapy or coaching, and that I voluntarily choose to receive this therapy or coaching.
9. I understand that the American Psychological Association (APA) conducted a Task Force in 2009 and concluded the following about SOCE therapy (for more information, see pages 1-7 at <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>):
- 9.1. The APA Task Force concluded: “None of the recent research (1999–2007) meets methodological standards that permit conclusions regarding efficacy or safety of non-gay-affirming therapy. Given the limited amount of methodologically sound research, claims that recent SOCE is effective are not supported.” (p. 2)
- 9.2. The APA Task Force concluded: “The participants in this body of research continued to experience same-sex attractions following SOCE and did not report significant change to other-sex attractions that could be empirically validated, though some showed lessened physiological arousal to all sexual stimuli.” (p. 3)
- 9.3. The APA Task Force concluded: “Thus, the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE.” (p. 3)
- 9.4. The APA Task Force concluded: “Former participants in SOCE reported diverse evaluations of their experiences: Some individuals perceived that they had benefited from SOCE, while others perceived that they had been harmed. Individuals who failed to change sexual orientation, while believing they should have changed with such efforts, described their experiences as a significant cause of emotional and spiritual distress and negative self-image. Other individuals reported that SOCE was helpful—for example, it helped them live in a manner consistent with their faith. Some individuals described finding a sense of community through religious SOCE and valued having others with whom they could identify.” (p. 3)
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- 9.6. Regarding the treatment of children and adolescents, the APA Task Force concluded that: “There is no research demonstrating that providing SOCE to children or adolescents has an impact on adult sexual orientation. The few studies of children with gender identity disorder found no evidence that psychotherapy provided to those children had an impact on adult sexual orientation. There is currently no evidence that teaching or reinforcing stereotyped gender-normative behavior in childhood or adolescence can alter sexual orientation.” (p. 4)

10. I also understand that in 2009, the National Association for Research and Therapy of Homosexuality (NARTH) conducted a systematic review of the scientific literature of SOCE therapy called “What Research Shows” and found that:
- 10.1. “There is no universal definition of *sexual orientation*; some see it as fixed, while others see it as fluid. According to Schneider, Brown, and Glassgold (2002), sexual orientation is defined in terms of the gender (or genders) of the people to whom individuals are sexually and affectionately attracted and toward whom they experience feelings of love and/or sexual arousal. It is defined as a continuous rather than a dichotomous variable. Most people are primarily oriented toward one gender (their own or the opposite), but some people have some degree of attraction to or history of sexually gratifying behavior with persons of the other gender as well. Other individuals experience more or less balanced attractions to both women and men (p. 11).”
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- 10.3. “In the clinical and scholarly literature over the past 125 years, mental health professionals and researchers document many different ways to assist men and women to successfully change from a homosexual to a heterosexual orientation. Reorientation assistance includes a variety of approaches, such as psychoanalysis, behavior and cognitive therapies, group therapies, sex therapies, hypnosis, pharmacological treatment, and religiously mediated activities. Other incidents of reorientation are attributed to spontaneous change, unknown methods, a combination of therapies, and other factors. There are also anecdotal accounts of change that have not been clinically or scientifically validated (p. 19).”
11. I agree to pay the Institute for Healthy Families a fee of \$150 per 50-minute session. I understand that sessions lasting longer than 50 minutes will be pro-rated based on the 50-minute fee of \$150 (e.g., 75-minute sessions are \$225). I also understand that payment is due at the time of service for all therapy and/or coaching sessions.
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13. This Informed Consent represents the entire agreement between us regarding the therapeutic sessions I will be receiving from the Institute for Healthy Families and shall not be modified unless done so in writing signed by both the Institute for Healthy Families and me for the duration of the services it provides me. There are no other promises, representations, or warranties of any kind not included in this Informed Consent. If any provision is declared void or unenforceable, it shall not affect the validity or enforceability of any other provisions.
14. I understand that the Institute for Healthy Families will not accept reimbursement from third parties (e.g., health insurance companies). However, IHF may provide me with a receipt for services, upon request, and I understand that I am responsible for all correspondence with and for documentation requested by third parties and that IHF will not disclose any confidential information on my behalf to third parties.

My signature demonstrates my understanding of the preceding points. By signing below, I accept the terms of this agreement.

Client Printed Name & Signature

Date

Parent or Guardian Printed Name & Signature

Date

FILED

UNITED STATES COURT OF APPEALS

NOV 06 2018

FOR THE NINTH CIRCUIT

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

DAVID H. PICKUP et al.,

Plaintiffs-Appellants,

v.

EDMUND G. BROWN, JR., Governor of
the State of California, in his official
capacity; et al.,

Defendants-Appellees,

and

EQUALITY CALIFORNIA,

Intervenor-Defendant-
Appellee.

No. 12-17681

D.C. No.

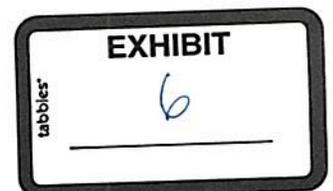
2:12-cv-02497-KJM-EFB

Eastern District of California,
Sacramento

ORDER

Before: GRABER, MURGUIA, and CHRISTEN, Circuit Judges.

Plaintiffs-Appellants' Motion to Recall Mandate, Docket Entry No. 140, is DENIED. See Calderon v. Thompson, 523 U.S. 538, 549–50 (1998) (recognizing a court of appeals' inherent power to recall a mandate but, because of the profound importance of repose, limiting the exercise of that power to "extraordinary circumstances"; and reversing this court's decision to recall a mandate).



FILED

UNITED STATES COURT OF APPEALS

DEC 21 2018

FOR THE NINTH CIRCUIT

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

DAVID H. PICKUP et al.,

Plaintiffs-Appellants,

v.

EDMUND G. BROWN, JR., Governor of
the State of California, in his official
capacity; et al.,

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EQUALITY CALIFORNIA,

Intervenor-Defendant-
Appellee.

No. 12-17681

D.C. No.

2:12-cv-02497-KJM-EFB

Eastern District of California,
Sacramento

ORDER

Before: GRABER, MURGUIA, and CHRISTEN, Circuit Judges.

The panel has voted to deny Appellant's petition for rehearing en banc,
Docket Entry No. 157.

The full court has been advised of Appellant's petition for rehearing en banc,
and no judge of the court has requested a vote on it.

Appellant's petition for rehearing en banc is DENIED.



**Supreme Court of the United States
Office of the Clerk
Washington, DC 20543-0001**

Scott S. Harris
Clerk of the Court
(202) 479-3011

March 25, 2019

Clerk
United States Court of Appeals for the Ninth
Circuit
95 Seventh Street
San Francisco, CA 94103-1526

Re: David Pickup, et al.
v. Gavin Newsom, Governor of California, et al.
No. 18-1244
(Your No. 12-17681, 13-15023)

Dear Clerk:

The petition for a writ of certiorari in the above entitled case was filed on March 21, 2019 and placed on the docket March 25, 2019 as No. 18-1244.

Sincerely,

Scott S. Harris, Clerk

by

Redmond K. Barnes
Case Analyst



		Search documents in this case: <input type="text"/>	<input type="button" value="Search"/>
No. 18-1073			
Title:	Tara King, et al., Petitioners v. Phil Murphy, Governor of New Jersey, et al.		
Docketed:	February 15, 2019		
Lower Ct:	United States Court of Appeals for the Third Circuit		
Case Numbers:	(13-4429)		
Decision Date:	October 11, 2018		
Rehearing Denied:	November 13, 2018		

DATE	PROCEEDINGS AND ORDERS
Feb 11 2019	Petition for a writ of certiorari filed. (Response due March 18, 2019) Petition Proof of Service Certificate of Word Count
Feb 21 2019	Waiver of right of respondents Governor of New Jersey, Chris Christie, Eric T. Kanefsky, Milagros Collazo, J. Michael Walker, and Paul Jordan to respond filed. Main Document
Feb 26 2019	Waiver of right of respondent Garden State Equality to respond filed. Main Document
Mar 20 2019	DISTRIBUTED for Conference of 4/12/2019.
Apr 15 2019	Petition DENIED.

NAME	ADDRESS	PHONE
Attorneys for Petitioners		

