Deposition of:

Judith M. Glassgold , Psy.D

July 25, 2019

In the Matter of:

Vazzo, Robert L, et al. v. City of Tampa, Florida

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1 UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
2 TAMPA DIVISION
3 CASE NO. 8:17-cv-2896-T-02AAS
4
ROBERT L. VAZZO, LMFT, etc., et al.,
5
Plaintiffs,
6
vs.
7
CITY OF TAMPA, FLORIDA
8
Defendant.
9 /
10 Suite 3200
Burr & Forman, LLP
11 201 North Franklin Street
Tampa, Florida 33602
12 10:06 a.m. to 4:58 p.m.
Thursday, July 25, 2019
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16 DEPOSITION OF JUDITH M. GLASSGOLD, PSY.D.
17
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20
21 Taken on behalf of the Plaintiff before Mary
22 Ann Smith, RPR, RMR, Notary Public in and for the
23 State of Florida at Large, pursuant to Plaintiffs'
24 Notice of Taking Depositions of Defendant's Expert
25 Witnesses in the above cause.

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JUDITH M. GLASSGOLD, PSY.D.

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1 EXHIBITS

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24 (Reporter's note: Plaintiffs' Exhibits 1 through 27 were not marked in this deposition.)
25

1 P R O C E E D I N G S
2 JUDITH M. GLASSGOLD, PSY.D., called as a
3 witness by the Plaintiffs, having been first duly
4 sworn, testified as follows:
5 THE WITNESS: I do.
6 DIRECT EXAMINATION
7 BY MR. GANNAM:
8 Q. Good morning, Dr. Glassgold. My name is
9 Roger Gannam, and I am an attorney for the plaintiffs
10 in the lawsuit of Vazzo v. City of Tampa, and we're
11 here today to take your deposition in the capacity as
12 an expert witness for the defendants, or the defendant
13 City of Tampa. Is that also your understanding?
14 A. That is.
15 Q. Excellent. I want to go over a few ground
16 rules. First, let me ask have, you ever had your
17 deposition taken before?
18 A. 20 years ago.
19 Q. Okay. Well, maybe this will just be a little
20 refresher. Your testimony today will be under oath
21 and transcribed by a court reporter. Is that okay?
22 A. Yes, it is.
23 Q. It's important that because the testimony
24 will be taken down by the court reporter that all of
25 your answers be verbal, out loud, as opposed to head

1 gestures or hand gestures like we would normally do in
2 a conversation. Is that okay?
3 A. Sure. That's fine.
4 Q. It's also important that we only speak one at
5 a time, so I will just ask that you wait until I'm
6 finished with my question before answering and I will
7 do my best to wait until you're done talking before I
8 start again. Is that okay?
9 A. Yes.
10 Q. If I ask a question that you don't understand
11 for some reason, please let me know. Is that okay?
12 A. Yes.
13 Q. And if I ask a question and you answer it, I
14 will assume that you heard it and understood it. Is
15 that okay?
16 A. Yes.
17 Q. It is all right to take breaks today. We're
18 not trying to make this an endurance contest. I would
19 just ask that if I have a question pending, that you
20 complete your answer before taking a break. Is that
21 okay?
22 A. Sure.
23 MR. GANNAM: Before we go further, I just
24 want to -- Rob, can you just say on the record
25 who is in the room with us?

1 MR. WILLIAMS: Yes. Well, including myself,
2 Rob Williams, Dana Robbins and Shannon Minter,
3 along with Dr. Glassgold.
4 MR. GANNAM: And Shannon Minter is here in
5 what capacity?
6 MR. WILLIAMS: He's a consultant assisting me
7 in this litigation.
8 MR. GANNAM: And is Mr. Minter affiliated
9 with any organization?
10 MR. WILLIAMS: I'm sure he is.
11 MR. GANNAM: Can you tell me what it is?
12 MR. WILLIAMS: I'm sure he's affiliated with
13 a lot of organizations.
14 MR. GANNAM: Is he employed by a particular
15 organization?
16 MR. WILLIAMS: He can tell you.
17 MR. MINTER: National Center for Lesbian
18 Rights.
19 MR. GANNAM: Also known as NCLR?
20 MR. MINTER: Yeah.
21 MR. GANNAM: Okay. Thank you. And,
22 Mr. Minter, are you an attorney as well?
23 MR. MINTER: Yes.
24 MR. GANNAM: Thank you.
25 BY MR. GANNAM:

1 Q. All right. Dr. Glassgold, please state your
2 full name for the record.
3 A. Judith Miriam Glassgold.
4 Q. And your address, please?
5 A. 4 Wertsville Road, Hillsborough, New Jersey
6 08844.
7 Q. And, as we proceed today, I want to ask, do
8 you currently having any condition or are you under
9 any disability that would affect your ability to
10 testify truthfully today?
11 A. Not that I'm aware of.
12 Q. And are you currently taking any medication
13 that could affect that capacity to testify?
14 A. No.
15 Q. And if this case should go to trial some time
16 in the next year or so, are you currently aware of any
17 reason why you might not be able to fully participate
18 if called as a witness for Tampa?
19 A. I don't think so, no.
20 Q. Please tell me your current employer.
21 A. If I have multiple employers would you like
22 to hear all of them?
23 Q. Yes. Just start with one and we'll go from
24 there.
25 A. The New Jersey Psychological Association.

1 Q. What's your position there?
2 A. Director of professional affairs.
3 Q. How long have you been in that position?
4 A. I believe since June of 2017. I believe --
5 I'm trying to think. Yeah.
6 Q. And, apart from that position, have you held
7 any other positions with that organization?
8 A. Employment positions?
9 Q. Right.
10 A. No.
11 Q. So your employment began in June of 2017
12 approximately in the position of director of
13 professional affairs?
14 A. Yes.
15 Q. Okay. Great. You said you have more than
16 one employer?
17 A. Yes, I do.
18 Q. Who else?
19 A. The College of Saint Elizabeth.
20 Q. And where is that?
21 A. That's in Morristown, New Jersey.
22 Q. And what is your position there?
23 A. Adjunct.
24 Q. Is that a teaching position?
25 A. Yes, it is.

1 Q. How long have you had that position?
2 A. Actually it starts in three weeks, but I do
3 have an employment contract with them.
4 Q. So three weeks you will start?
5 A. Uh-hum.
6 Q. Have you held any other employment positions
7 with the College of Saint Elizabeth?
8 A. No.
9 Q. By the way, where is the New Jersey
10 Psychological Association located?
11 A. Oh, they just moved their office and I
12 telecommute, so I believe it's in -- near Hanover,
13 Parsippany area. Northern New Jersey.
14 Q. But you work from your home town --
15 A. Yes, I do.
16 Q. -- in that position? Okay.
17 All right. Any other employers?
18 A. Rutgers University.
19 Q. What's your position there?
20 A. Lecturer.
21 Q. How long have you had that position?
22 A. A year.
23 Q. And have you had any other positions at
24 Rutgers?
25 A. Yes.

1 Q. What else?
2 A. Visiting professor lecturer. Adjunct
3 lecturer.
4 Q. And have these positions been -- has this
5 been continuous employment by Rutgers or just periodic
6 employment by Rutgers?
7 A. It was more or less continuous for 20 years
8 and then there was a break and I started up again last
9 year.
10 Q. How long was the break?
11 A. 2009 to 20 -- what was last year, 2018.
12 MR. WILLIAMS: Uh-hum.
13 THE WITNESS: Yeah, I think those numbers are
14 right.
15 BY MR. GANNAM:
16 Q. All right. Do you have any other current
17 employers?
18 A. No.
19 Q. Were you employed between 2009 and 2018?
20 A. I'm sorry. 2000 -- okay. So --
21 Q. Before you went back to Rutgers.
22 A. Okay. Which direction do you wish me to go,
23 backwards or forward?
24 Q. Let's go backwards if that's okay.
25 A. Okay. So 2016 to 2018 I was employed by -- I

1 had a position at Princeton University.
2 Q. What was your position there?
3 A. From 2016 to 2017 I was a research fellow at
4 the Center For Health and Wellbeing at the Woodrow
5 Wilson School of Public and International Policy.
6 Q. And after that?
7 A. I was a guest in the department. Just a
8 guest researcher.
9 Q. Same department?
10 A. Same department, yes.
11 Q. All right. And then before that?
12 A. Before that, from August of 2013 to August of
13 2016, I was employed by the American Psychological
14 Association as Associate Executive Director for
15 Government Relations in the Public Interest
16 Directorate.
17 Q. And before that?
18 A. I was employed by the Congressional Research
19 Service of the Library of Congress from, oh, late
20 20 -- summer of 2011 to 8/20/13.
21 Q. And if we could go maybe just one or two more
22 steps earlier than that.
23 A. Then I -- so I can give you two steps. That
24 will take me to 2009.
25 Q. Okay.

1 A. So in 2010 I was employed as a senior -- what
2 was the title exactly. Senior policy professional, by
3 Congressman Sander Levin of Michigan.
4 Q. What was the congressman's name?
5 A. Sander Levin. Sandy Levin.
6 Q. And that was 2010?
7 A. Yeah. 2010 to the 2011 date of CRS.
8 Q. Okay.
9 A. And then before that from 2009, so now we
10 bring it back to 2009, I was employed by -- I was a
11 congressional fellow, which was a fellowship position
12 sponsored by the American Association For the
13 Advancement of Science and the American Psychological
14 Association, and I worked in the office of
15 Representative Xavier Becerra of California.
16 Q. Now, did you work in Xavier Becerra's office
17 as a congressional fellow or in a different position
18 with his office?
19 A. I worked as a congressional fellow, as a
20 health fellow.
21 Q. And Xavier Becerra currently is the attorney
22 general of California; correct?
23 A. Yes.
24 Q. Was he attorney general at the time?
25 A. No, he was a member of congress at the time.

1 Q. He's our opponent in other litigation. I
2 didn't know what he did before --
3 A. He only became an attorney general very
4 recently.
5 Q. He took over for Kamala Harris. Okay.
6 I also understand that you, correct me if I'm
7 wrong, chaired the APA Task Force that prepared the
8 2009 APA report on appropriate therapeutic response to
9 sexual orientation. I may not have said that
10 accurately, but you know what I'm talking about?
11 A. I understand and, yes, that is correct.
12 Q. And in that position as Chair of the Task
13 Force, was that during the same time as your 2009
14 employment?
15 A. No.
16 Q. Tell me about -- the Task Force began when,
17 in 2007?
18 A. Uh-hum. That's correct.
19 Q. And was that a paid position for you?
20 A. No.
21 Q. So where were you employed during your time
22 as Chair of the Task Force?
23 A. I was self-employed and I had a professional
24 practice in clinical psychology in Highland Park,
25 New Jersey, and I was a visiting professor at Rutgers

1 University.
2 Q. And that gets into that earlier 20-year
3 stint?
4 A. Yes, that was that earlier stint.
5 Q. How long did you have your own practice as a
6 clinical psychologist?
7 A. Close to 20 years.
8 Q. Did that generally coincide with your
9 Rutgers, that first Rutgers stint?
10 A. Yeah. So I moved -- I started teaching at
11 Rutgers while I actually was a graduate student in
12 another department. And then I just went into
13 practice. Actually, I didn't. That's not true.
14 Sorry.
15 Q. Your teaching position that you're getting
16 ready to start, what is the -- is there a particular
17 subject matter or area that you will be lecturing in
18 or teaching in?
19 A. Yes. At the College of Saint Elizabeth I've
20 been employed to teach history and systems of
21 psychology.
22 Q. And that's two different subjects, history
23 and --
24 A. No, it's one combined.
25 Q. Okay. History and systems of psychology.

1 Got it.
2 A. It's an intellectual history course at the
3 college.
4 Q. Anything else?
5 A. No.
6 Q. What about at Rutgers when you were a
7 lecturer during the one year?
8 A. The course I taught last year and the course
9 I will teach this year is Policy in Mental Health. Is
10 titled Policy in Mental Health. It's a public policy
11 course on mental health policy.
12 Q. What was the subject of your research at
13 Princeton when you were a research fellow there?
14 A. Mental health policy and mental health
15 economics.
16 Q. And what about during your first 20-year
17 stint at Rutgers, what areas did you teach in?
18 A. I taught psychotherapy classes and topical
19 classes, and the courses included LGBT issues and
20 psychology, gender and psychology, psychoanalysis and
21 gender, community psychology. I think that's it.
22 Q. So is it correct that your last -- apart from
23 your -- to the extent any of your university positions
24 or college positions were with government or public
25 institutions, was the congressional research service

1 position you had from 2011 to 2013 your last
2 government employment?
3 A. Yes.
4 Q. All right. Do you currently hold any officer
5 or leadership positions in any nonprofit groups?
6 A. I believe I am still a board member, but I'm
7 not a hundred percent certain, to be honest, because I
8 haven't heard from anyone in a very long time, of the
9 Born Perfect project at NCLR. I think. I don't know.
10 Q. Okay. Fair enough. When did you become a
11 board member for that project?
12 A. I am not exactly sure, to be honest. Back in
13 2014 or 2015.
14 Q. What is the nature or the purpose of that
15 project?
16 A. It's to, I believe, enhance the wellbeing of
17 LGBT youth and combat negative stereotypes as well as
18 to provide positive therapies and treatments for them.
19 Q. And what kinds of things have you done as a
20 board member for that project? What kind of
21 activities?
22 A. I answer telephone calls when I receive them
23 and provide information about psychotherapy and
24 psychology.
25 Q. So would you look at your role as sort of

1 informational or advisory to the project?
2 A. Yes. I'm considered, I believe, an advisor.
3 I'm not sure I'm actually a board member. I think
4 they dismissed the board. It's a very loosey-goosey
5 kind of thing, to be honest. So I provide information
6 when asked, but I haven't been asked in a year, I
7 believe, for information.
8 Q. Fair enough. Any other organizations that
9 you hold a leadership position or an advisory position
10 with?
11 A. No, I don't believe so.
12 Q. Have you in the past?
13 A. Yes, I have.
14 Q. Let's go back to 2007 at the time that you
15 chaired the APA Task Force. Did you hold any
16 leadership or advisory positions with other
17 organizations back then? Non-employment positions.
18 A. Okay. So I was finishing up my term as
19 president of the New Jersey Psychological Association.
20 Q. How long were you president?
21 A. Just a year. There's a three-year sequence
22 of elected president, president, and past president
23 type of sequence.
24 Q. Okay.
25 A. And you become a board member during that

1 three-year term.
2 Q. So in 2007 you were finishing your term as
3 president. Then did you serve as past president for
4 another year after that?
5 A. Yes, I did.
6 Q. Okay. And at that time were there any other
7 organizations were you held leadership or advisory
8 positions?
9 A. I don't believe so, no.
10 Q. How about in between then and your work with
11 the Born Perfect project, any other organizations?
12 A. No, once I -- starting in 2009 I resigned. I
13 didn't finish my term as past president of NJPA. I
14 resigned all boards and my membership with NJPA. I
15 moved to Washington sort of on a, more or less,
16 part-time basis, but I resigned when I became a
17 congressional fellow. And I didn't hold any
18 leadership roles in professional organizations during
19 my time in Washington, D.C.
20 Q. Apart from professional organizations, and
21 maybe you already covered this, but what about
22 advocacy organizations that you've been involved with?
23 A. From 1995 to 2000 I was the head of an
24 organization or on the board of Friends of
25 Hillsborough, which was -- I'm not sure. I guess it

1 was advocacy. We were a grass roots group concerned
2 about environmental and planning issues in central
3 New Jersey in our town. I've never held any other
4 advocacy positions. Non-paid advocacy positions.
5 Q. And apart from the Born Perfect project, do
6 you have any other official affiliations or ties with
7 NCLR?
8 A. No.
9 Q. Do you have any affiliations or ties with the
10 Southern Poverty Law Center, or SPLC?
11 A. No, not at this time. No, I don't think I
12 ever have.
13 Q. What about an organization called Equality
14 Florida?
15 A. No.
16 Q. We may come back to some of those topics. I
17 think -- let me just check.
18 Let's talk about your preparation for your
19 testimony today.
20 A. Uh-hum.
21 Q. What did you do to prepare for giving
22 testimony today?
23 A. I read my statement and I consulted and met
24 with my attorneys. Or the attorneys for the City of
25 Tampa.

1 Q. All right. And did you consult any other
2 documents besides your declaration that you issued in
3 this case?
4 A. I did review quickly Dr. Rosik's rebuttal and
5 I looked at the APA 2009 report.
6 Q. Any other documents besides those?
7 A. I think maybe some of the references in the
8 2009 report. And documents -- perhaps a few documents
9 cited, it's hard to remember, in my statement.
10 Q. Do you remember specifically any of those
11 that you looked at?
12 A. No. To be honest, I probably didn't review
13 very many of them at all. To be honest.
14 Q. As far as reviewing documents, about how long
15 would you say you spent in hours?
16 A. Let's see. Six.
17 Q. All at one time or --
18 A. Six reviewing documents. No, probably --
19 yeah, split up over several days.
20 Q. What about time spent meeting with attorneys
21 for the City of Tampa?
22 A. I met with them yesterday.
23 Q. Okay. For how long?
24 A. From about 9 to 3, but then we had a lunch
25 break. Including a lunch break.

1 Q. And was that Mr. Williams in that meeting?
2 A. Yes, he was.
3 Q. Any other attorneys for the City of Tampa?
4 A. Ms. Robinson and Mr. Minter.
5 Q. Anyone else in the room?
6 A. No.
7 Q. Okay. And, prior to yesterday's meeting, had
8 you had any other meetings in person with attorneys
9 for the city of Tampa?
10 A. No.
11 Q. How did you get involved with this case? Who
12 first contacted you or approached you about being an
13 expert?
14 A. I believe I received an e-mail from
15 Mr. Minter asking if I would speak to Mr. Williams.
16 Or if Mr. Williams could call me, if I was available
17 to speak to Mr. Williams.
18 Q. And do you know why you were approached by
19 Mr. Minter about being an expert?
20 A. I believe many people consider me an expert
21 in this area.
22 Q. Have you given expert testimony in other
23 litigation?
24 A. So in Schwartz v. New York, I believe, I
25 provided a statement. And in, I believe, a case in

1 New Jersey I provided just a brief declaration.
2 Q. Do you remember the name of the case in
3 New Jersey?
4 A. I believe it's in my vitae.
5 Q. Okay. Do you remember approximately how long
6 ago that was?
7 A. That was a long time ago. It was probably
8 2014.
9 Q. And did you give any court or deposition
10 testimony in the New Jersey case?
11 A. No.
12 Q. You haven't given any in the New York case;
13 have you?
14 A. No.
15 Q. Are you scheduled to give any in the New York
16 case?
17 A. Not that I'm aware of.
18 Q. Do you know whether there have been any
19 rulings in the New York case since you submitted your
20 report in that case?
21 A. No, I am not.
22 Q. About how long ago did Mr. Minter approach
23 you about being an expert in this case?
24 A. I'm not sure I recall. Not very long ago.
25 Q. Do you know if it was before or after the

1 first Rosik and Hudson declarations were issued in
2 this case?
3 A. I don't know.
4 Q. So I take it you did get in touch with
5 Mr. Williams following that call or that e-mail?
6 A. Or he, I believe, called me.
7 Q. Okay. And did you reach an agreement on
8 terms for serving as an expert in this case?
9 A. Yes, we did.
10 Q. And what are the terms of your arrangement
11 with the City of Tampa?
12 A. I am being reimbursed for my costs to attend
13 this deposition and I receive a fee for this
14 deposition and a fee for yesterday's in-person
15 preparation, but I received no fee for the statement.
16 Q. Okay. So your travel costs, as in
17 out-of-pocket costs, are being reimbursed; is that
18 correct?
19 A. Yes, all my travel costs.
20 Q. Are you being paid for time spent traveling?
21 A. No, I am not.
22 Q. And what is your compensation arrangement for
23 time spent meeting with attorneys?
24 A. $100 an hour.
25 Q. And were you compensated for reading

1 documents to prepare for today?
2 A. No.
3 Q. What about for your appearance today?
4 A. $200 an hour.
5 Q. And are there any other -- are you due any
6 other compensation or potentially due other
7 compensation for your work in this case?
8 A. No.
9 Q. Will you be paid for testimony at trial if
10 the case goes to trial?
11 A. We haven't discussed that, but I assume so.
12 Q. Is any aspect of your compensation
13 arrangement with the City of Tampa contingent on the
14 outcome of this case?
15 A. No.
16 Q. And I'm assuming it's the City of Tampa who
17 you have an arrangement with. Is that in fact who
18 your arrangement is with?
19 A. No. I believe it's with this law firm.
20 Q. Okay.
21 A. I don't know.
22 Q. Is there a written agreement?
23 A. No.
24 Q. Okay. Who is responsible for payment of the
25 compensation that you agreed to?

1 A. Burr. This firm. I believe so.
2 Q. And do you know ultimately if that cost is
3 being covered by the law firm or being covered by, for
4 example, the City of Tampa or the NCLR or some other
5 organization?
6 A. I do not know specifically, but I assume it's
7 the City of Tampa.
8 Q. But you don't know as you sit here?
9 A. I'm not a hundred percent sure, so I don't
10 want to give you an inaccurate answer.
11 Q. Fair enough. So it really doesn't matter to
12 you, if you get what you've agreed to, who is actually
13 paying it?
14 A. Well, I did provide a discount that was based
15 on my -- I provide a discount for government and
16 non-profits. So they received the government discount
17 for my services.
18 Q. Do you have any -- given that Mr. Minter at
19 NCLR who is the one who initially approached you, do
20 you have any agreement or arrangement with NCLR
21 regarding your work in this case?
22 A. No.
23 Q. Do you have any ongoing -- besides your --
24 and forgive me if I already asked. Besides the Born
25 Perfect project, any other affiliations or

1 arrangements with NCLR?
2 A. No.
3 Q. Do you have any other expert assignments or
4 potential expert employment coming up besides the ones
5 that we've talked about?
6 A. No.
7 Q. Now, where are you currently -- do you
8 currently hold professional licensure?
9 A. My license is active in the State of
10 New Jersey and I have an inactive license in the State
11 of New York.
12 Q. And what is the New Jersey license in
13 specifically? What discipline or field?
14 A. In psychology.
15 Q. Okay. And what about your inactive New York
16 license?
17 A. Psychology.
18 Q. And in terms of generally you would then --
19 in New Jersey, for example, you would be a licensed
20 psychologist; would that be the best description?
21 A. That is the term that is used.
22 Q. And the same in New York?
23 A. I am not sure people with an inactive license
24 can refer to themselves as --
25 Q. As licensed?

1 A. As licensed or even use the term "psychology"
2 in the state.
3 Q. Okay. Do you hold any other professional
4 licenses?
5 A. No.
6 Q. Have you ever held any others?
7 A. No.
8 Q. And do you have any -- within the field of
9 psychology in general, do you have any areas in which
10 you specialize?
11 A. Yes.
12 Q. And what areas would those be?
13 A. Sexual orientation, gender, LGBT issues, and
14 public policy.
15 Q. And apart from licensure as a psychologist,
16 do you hold any certificates or other designations,
17 you know, subsidiary to that to reflect the areas that
18 you focus on or specialize in?
19 A. I'm a fellow of the American Psychological
20 Association.
21 Q. And what does being a fellow of the APA
22 entail?
23 A. It means that your credentials are reviewed
24 by a division or more, one or more divisions of the
25 APA. They review your credentials and feel that you

1 are outstanding expert in your field. Then they
2 forward a nomination packet for you with endorsements.
3 You have to provide your background and vitae and
4 endorsements. They forward that to the fellows
5 committee of the entire organization and then you are
6 voted on by that committee as an expert in the areas
7 that are so designated by the division.
8 I was designated an expert by the division
9 for -- I believe it's now called Sexual Orientation
10 and Gender Identity. It was Sexual Orientation back
11 in 1990 -- back in 1992 or '93 when I was nominated.
12 No. I'm sorry. '97 I was nominated and elected a
13 fellow of APA.
14 I am also a fellow of The Psychology of
15 Women. They also nominated and approved me as a
16 fellow of that division.
17 Q. Psychology of women, is that a division
18 within the APA?
19 A. Yes, that is. They may be -- a lot of
20 divisions now for complicated issues, financial issues
21 I don't understand are incorporated separately, but I
22 couldn't tell you about them. Psychology -- Division
23 35. I think it's just the Psychology of Women.
24 Q. That's also known as Division 35?
25 A. Yes, it is.

1 Q. Any other divisions within the APA where you
2 have credentials?
3 A. No. You have to pay for each division you
4 belong to.
5 Q. So if I were to ask you, generally speaking,
6 in what areas of psychology do you hold yourself out
7 as an expert, how would you answer that?
8 A. As I did before, sexual orientation, LGBT
9 issues, gender, and public policy.
10 Q. Has anyone ever challenged your status or
11 your credentials as an expert in any of those areas?
12 A. No.
13 Q. Are you required to complete any kind of
14 continuing education to maintain your licensure in
15 New Jersey?
16 A. Yes, I am.
17 Q. What were the last continuing ed. courses
18 that you completed?
19 A. Psychology of Opioid Addiction, Adolescent
20 Mental Health are probably the last two. I have to
21 think. How many more would you like me to illuminate
22 on?
23 Q. What is sort of your reporting period or your
24 cycle that you have to comply with for your continuing
25 ed.?

1 A. It's a two-year cycle in advance of your --
2 you have to provide an attestation to renew your
3 license.
4 Q. So in those classes you just mentioned, are
5 those for your current cycle that we're in now or for
6 your prior or previously completed cycle?
7 A. They're for my current cycle. I just
8 completed them about a week or two ago.
9 Q. What did you take to complete your -- to
10 satisfy your requirements for the last cycle?
11 A. I took CE, as required by the State of
12 New Jersey, in domestic violence; telehealth; ethics;
13 LGBT issues.
14 Q. What is telehealth?
15 A. It's the provision of psychotherapy services
16 via two-way interactive video.
17 Q. That's what I would have guessed it was, but
18 I didn't want to assume.
19 A. It is not by telephone.
20 Q. Okay.
21 A. Those are -- I mean -- I'm sorry. I do a lot
22 of -- did 40 credits of CE. I don't recall all of
23 them.
24 Q. So that's just some of them?
25 A. That's just some.

1 Q. But you did 40?
2 A. Yeah. We were required to do 40 credits of
3 CE over two years.
4 Q. What academic degrees do you hold?
5 A. I hold a Doctor of Psychology from Rutgers
6 University and I have a bachelor's degree from Harvard
7 College.
8 Q. What was that in?
9 A. Government. With honors.
10 Q. In the areas that you've identified where you
11 would be considered an expert, sexual orientation,
12 gender, LGBT issues and public policy. Did I say
13 those right?
14 A. That's correct.
15 Q. Has your expertise in those areas been
16 continuous throughout your career or did you add some
17 of them later than others? Was there a period of time
18 where you were sort of less of an expert in those
19 areas? I just want to kind of get a sense for the
20 continuity of your expertise or your status as an
21 expert in those areas.
22 A. So my status in LGBT issues, sexual
23 orientation, gender, has been continuous and I started
24 working in those areas at the end of my graduate
25 career. Public policy I developed an expertise in in

1 2000 -- starting in 2009 began building up my interest
2 and expertise in those areas.
3 Q. And when you say LGBT, does that subsume kind
4 of sexual orientation or gender as well?
5 A. It's sexual orientation predominantly.
6 MR. GANNAM: Let's get into your report.
7 If it's okay with you, I will mark as we go
8 along.
9 THE COURT REPORTER: Sure.
10 MR. GANNAM: For the record, I'm going to
11 start with Exhibit 28 just for continuity from
12 our last depositions exhibits.
13 (Plaintiffs' Exhibit No. 28 was marked for
14 identification.)
15 BY MR. GANNAM:
16 Q. So, Dr. Glassgold, I'm handing you a document
17 I'm marking as Exhibit 28.
18 MR. GANNAM: A copy for you, Rob.
19 MR. WILLIAMS: I forgot to ask, and I
20 apologize, you, I think, contacted Dana yesterday
21 regarding having one or both of your experts
22 participate by Skype.
23 MR. GANNAM: Uh-hum.
24 MR. WILLIAMS: I don't know whether you're
25 doing or that or not.

1 MR. GANNAM: We are. Christopher Rosik is
2 observing the deposition. He's not going to do
3 anything but observe and he is -- we're doing
4 that via Google Hangouts.
5 MR. WILLIAMS: Google Hangouts.
6 MR. GANNAM: It's basically like Skype.
7 MR. MIHET: Say hello.
8 MR. WILLIAMS: Hello. Where is he right now,
9 in California?
10 MR. MIHET: I believe so.
11 MR. WILLIAMS: All right. Well, welcome,
12 Dr. Rosik, I hope you're enjoying it.
13 But Dr. Rosik is the only person that is?
14 MR. GANNAM: That's correct.
15 MR. MIHET: Correct.
16 MR. WILLIAMS: Google, what is it again?
17 MR. GANNAM: Hangouts.
18 MR. WILLIAMS: Okay. I leave all that stuff
19 up to my 13-year-old daughter. She knows it very
20 well.
21 MR. GANNAM: I'm sure we're out of date. I'm
22 sure there's something new.
23 MR. WILLIAMS: Trust me, you are. I can
24 assure you that you are.
25 BY MR. GANNAM:

1 Q. Dr. Glassgold, I've just handed you a
2 document marked Exhibit 28 and the title is
3 Declaration of Judith M. Glassgold. Do you recognize
4 this document?
5 A. Yes.
6 Q. And is this in fact the declaration that you
7 issued or entered in this lawsuit?
8 A. I believe so. I'm not reading the entire
9 thing right now in front of me, but, yes, it looks
10 like it.
11 Q. I will just orient you to what's there. Your
12 declaration includes three exhibits, Exhibit A being
13 your CV; Exhibit B being the 2009 APA report; and
14 Exhibit C is the SAMHSA report from October 2015. And
15 SAMHSA is S-A-M-H-S-A, all caps.
16 A. Yes.
17 Q. Do you see all that in front of you, without
18 reading every word of course?
19 A. Right.
20 MR. WILLIAMS: Would you put on the record,
21 if you would, Roger, representation that Exhibit
22 1 is in fact a genuine authentic copy of
23 Dr. Glassgold's declaration with all of the
24 exhibits?
25 MR. GANNAM: From your mouth to the record.

1 I'm satisfied with that.
2 MR. WILLIAMS: There you go.
3 BY MR. GANNAM:
4 Q. So, Dr. Glassgold, I kind of point you to the
5 last page of the declaration itself, which is page 38.
6 And is it double-sided just to save space. Are you on
7 page 38?
8 A. I believe so.
9 Q. It reads "Executed this June 11, 2019." Do
10 you see that?
11 A. I see that.
12 Q. And is that your signature at the bottom?
13 A. Actually not.
14 Q. Did you authorize someone to electronically
15 sign it on your behalf?
16 A. I guess so. I don't know. I don't remember.
17 I signed a copy.
18 Q. You signed with a pen signature?
19 A. And forwarded it to the law firm.
20 Q. Okay. And is the pages 1 through 38 that
21 we're looking at now the same as the version that you
22 signed?
23 A. I will assume so.
24 Q. And I would accept Rob's representation that
25 it is. I understand the logistics sometimes of

1 getting things signed.
2 But, as signed, and I believe you said you
3 did review your declaration before testifying today,
4 is everything in this declaration still correct?
5 A. I believe so.
6 Q. Is there anything in this declaration that
7 you desire to withdraw or change?
8 A. Not that I'm aware of, no.
9 Q. Have you done any additional research or work
10 on this case since providing this declaration other
11 than your time preparing for today's testimony?
12 A. I'm not sure I totally understand the
13 question.
14 Q. Fair enough. Have you continued working on
15 any issues relating to this case or developing
16 opinions related to this case since you issued your
17 declaration?
18 A. No.
19 Q. Is this declaration complete in the sense
20 that it covers all of the opinions that you intend to
21 provide in this case?
22 A. I'm not sure I totally understand that.
23 Q. Well, what is the scope of your engagement
24 with the Burr Forman law firm to work on this case?
25 What subject matters were you asked to cover or what

1 all have you been asked to do as an expert?
2 A. I have been asked to do this, provide a
3 statement, and perhaps testify.
4 Q. And when you say do this, you mean write the
5 declaration or today's deposition?
6 A. Today's deposition and write the statement.
7 I think my -- I apologize. But I continue to read in
8 this general area of sexual orientation and gender
9 because that's an area that I'm interested in, so I
10 don't believe that -- so that I will continue to read
11 articles that are published in this area.
12 Q. Have you continued to do any work specific to
13 this lawsuit since preparing this declaration and
14 other than your time spent preparing for today's
15 deposition?
16 MR. WILLIAMS: Roger, what do you mean by
17 work? I want to make sure.
18 A. Yeah, I don't understand what that means.
19 I'm sorry.
20 Q. Let's back up. What were the scope of your
21 engagement? You said it was to issue this written
22 declaration --
23 A. Uh-hum.
24 Q. -- marked as Exhibit 28?
25 A. Uh-hum.

1 Q. Testify at today's deposition?
2 A. Uh-hum.
3 Q. And then to testify at trial, if necessary?
4 A. Right.
5 MR. WILLIAMS: You have to say yes.
6 THE WITNESS: Yes. Sorry.
7 MR. WILLIAMS: We all do it.
8 BY MR. GANNAM:
9 Q. Are there any other -- is there any other
10 work or tasks you've been asked to do in connection
11 with the litigation?
12 A. No. No.
13 Q. The answer is no. Let's try not to talk over
14 each other.
15 A. Sorry. No.
16 Q. That's okay. I do it too.
17 So, apart from the continuing research or
18 scholarship that you do in this area anyway because
19 you are an expert in this area, have you done any
20 additional work for this case such as working on a
21 subsequent declaration or developing any opinions on
22 other subjects or anything like that?
23 A. No.
24 Q. And can you just state for me what were the
25 areas you were asked to provide an opinion on for

1 purposes of this case?
2 A. On the ordinance and related information to
3 conversion therapy.
4 Q. And by "the ordinance" are you referring to
5 the City of Tampa ordinance that's the subject of this
6 lawsuit?
7 A. Yes, I am.
8 Q. And, for the record, that's Tampa ordinance
9 number 2017-47. Is that also your understanding?
10 A. That's my understanding.
11 Q. Okay. And I take it you've read the
12 ordinance?
13 A. Yes, I have.
14 Q. Were you ever consulted by anyone with the
15 City of Tampa prior to enactment of the ordinance?
16 A. No.
17 Q. Have you ever worked on any effort or
18 campaign to pass an ordinance like Tampa's or even a
19 state-wide law like Tampa's ordinance?
20 A. No.
21 Q. Have you worked on any advocacy projects or
22 campaigns related to banning conversion therapy or
23 SOCE or related therapies?
24 A. Only providing information to the Born
25 Perfect group or the attorneys or the people there.

1 Q. And is one purpose of the Born Perfect
2 project to promote or seek enactment of bans like
3 Tampa's ordinance?
4 A. I believe its frame is ending conversion
5 therapy, ending the provision.
6 Q. Is that the primary purpose of the Born
7 Perfect project or a purpose of the Born Perfect
8 project?
9 A. At the present time I'm not sure what the
10 purpose is because I haven't been consulted by them,
11 but it's to advise on effective public policies, I
12 believe.
13 Q. And when you say a goal of the project was
14 ending conversion therapy, is that ending it through
15 legal prohibitions like Tampa's ordinance or through
16 some other means?
17 A. I believe one may be through legislation like
18 you're submitting, as well as education and continuing
19 education about alternatives that could achieve client
20 goals in a safe and effective manner.
21 Q. Are you aware of any other modes or
22 categories of therapy that have been legislatively
23 banned like conversion therapy has been in some
24 jurisdictions?
25 MR. WILLIAMS: Object to the question as

1 being vague. At least to me. I'm not sure what
2 you mean by that.
3 But, Dr. Glassgold, if you understand it,
4 feel free to answer.
5 A. My understanding of those efforts is
6 incomplete. The only one I am aware of is banning
7 rebirthing therapy.
8 Q. And I think I've heard of that, but can you
9 just sort of explain what that is?
10 A. To be honest, I couldn't explain it to you.
11 I'm sorry.
12 Q. You're generally aware that something called
13 rebirthing therapy has been banned somewhere?
14 A. Yes.
15 Q. Did you work on any project related to that?
16 A. No.
17 Q. Does rebirthing therapy have any relationship
18 to what is sometimes called conversion therapy?
19 A. I don't believe so, no.
20 Q. Do you intend to give any opinions in this
21 lawsuit that are not reflected in your declaration?
22 A. I don't believe so.
23 Q. Are you the sole author of this declaration
24 marked as Exhibit 28?
25 A. Yes.

1 Q. And does any of the content reflect the work
2 of others even though you may have drafted it?
3 A. I don't believe so.
4 Q. Did NCLR have any involvement in the
5 preparation of your declaration?
6 A. Not that I'm aware of, no.
7 Q. Did you exchange drafts or consult anyone at
8 NCLR before you prepared the final copy that you
9 signed?
10 A. No.
11 Q. What about with any other organizations other
12 than the Burr Forman law firm?
13 A. No.
14 Q. Have you communicated with the SPLC about the
15 preparation of your declaration?
16 A. No.
17 Q. What about Equality Florida?
18 A. No.
19 Q. And no other organizations?
20 A. No.
21 Q. How long did it take you to prepare your
22 declaration?
23 MR. WILLIAMS: You mean actually write it or
24 the whole process?
25 Q. I mean the whole project.

1 A. The whole project. Wait. So could you be
2 more specific by project?
3 Q. Sure. You were contacted at one point by
4 Mr. Minter, you spoke to Mr. Williams and made your
5 arrangements for your engagement. How much time did
6 you spend working on your declaration from the
7 beginning up to when you signed it?
8 A. Probably close to 40 hours total work.
9 Q. And is any part of this declaration work that
10 you've done in another context that you converted into
11 the declaration or was it all new work?
12 A. It probably contained material from articles
13 I have published and material I did prepare for other
14 declarations.
15 Q. What other declarations?
16 A. Schwartz.
17 Q. That's the New York case?
18 A. Yes.
19 Q. Who is your engagement with in that case?
20 A. A private law firm.
21 Q. What is the name of the firm?
22 A. I do not recall. I would have to look it up.
23 Q. Do you know whether that firm represents a
24 party in the New York lawsuit?
25 A. The City of New York.

1 Q. And in that engagement do you know who -- are
2 you being compensated for that engagement?
3 A. No.
4 Q. Not at all?
5 A. Not at all. Well, I just prepared a
6 statement. That's it.
7 Q. You prepared a declaration in that case?
8 A. Yes. That's it.
9 Q. Are you going to testify in that case?
10 A. Not that I'm aware of.
11 Q. So there's no compensation arrangement for
12 what you've done so far?
13 A. That's correct.
14 Q. And apart from work that you may have done in
15 the New York case that you may have used for this
16 declaration, is there any other work that you've done
17 in another context that you've used to prepare this
18 declaration?
19 A. Yes. Testimony I provided in Maine. Oh,
20 right actually. I apologize. I forgot. I testified
21 on behalf of GLAD in the Maine law banning conversion
22 therapy, as an expert.
23 Q. Testified where?
24 A. In front of the legislature. In front of the
25 legislative committee.

1 Q. Okay. And that was testimony arranged by
2 GLAD?
3 A. That's correct.
4 Q. G-L-A-A-D; is that right? Or G-L-A-D?
5 A. Gay and lesbian -- Gay and Lesbian Advocates
6 and Defenders, I believe, is what it stands for.
7 Q. We know it's called GLAD. We're just not
8 sure exactly what all the letters stand for.
9 All right. When was that testimony?
10 A. April.
11 Q. Of 2019?
12 A. Yes.
13 Q. And did Maine -- did the Maine legislature
14 pass a state-wide ban?
15 A. Yes, it did.
16 Q. What committee did you testify before?
17 A. Health services and financing, I believe, or
18 something close to that.
19 Q. How did you get involved in that project?
20 A. I was contacted by an attorney with GLAD.
21 Q. Do you remember who that was?
22 A. Mary Bonauto.
23 Q. And is that someone you knew before she
24 contacted you?
25 A. Only by reputation.

1 Q. Did you prepare any written testimony for
2 that Maine legislative committee?
3 A. Yes, I did.
4 Q. Is that written testimony published anywhere
5 or available online, to your knowledge?
6 A. It's in the record of the committee hearings
7 and it was provided to the committee.
8 Q. Are there any other projects like that that
9 you've worked on?
10 A. No.
11 Q. Was the, for lack of a better word, the gist
12 of your written testimony to the Maine legislative
13 committee similar to what's in your declaration here?
14 A. Similar and different probably.
15 Q. In what ways was it similar?
16 A. It focused on the general principal that
17 conversion therapy is ineffective and harmful and is
18 dangerous to young people.
19 Q. In what ways was it different?
20 A. I believe in this I talked much more --
21 MR. WILLIAMS: This being your declaration?
22 THE WITNESS: So I just wanted to --
23 generally, I believe that statement talked a
24 great deal more about adolescent health and child
25 development generally and adolescent suicide and

1 other mental health concerns. But there are many
2 similarities.
3 MR. WILLIAMS: Just a pause here, Roger.
4 The reason I said that, Doctor, is when you
5 read a dry transcript the word "this" is vague.
6 THE WITNESS: Oh, sure. Of course. I
7 understand that.
8 MR. WILLIAMS: So if you're referring to any
9 documents, it's always good to describe it with
10 some detail. That way, the raw record will know
11 exactly what you're talking about.
12 THE WITNESS: Good point.
13 MR. GANNAM: All right.
14 MR. WILLIAMS: Same thing with pronouns and
15 things like that.
16 THE WITNESS: That's a good point.
17 BY MR. GANNAM:
18 Q. Can I direct you to paragraph 9 of the
19 declaration. It's on page 3.
20 A. Okay.
21 Q. It begins, "I served as the Chair of the
22 American Psychological Association, APA, Task Force on
23 Appropriate Therapeutic Responses to Sexual
24 Orientation, 2007 to 2009, and wrote sections and
25 edited the final report released in 2009." Called

1 here the APA report and attached as Exhibit B to your
2 declaration.
3 Did I read that correctly?
4 A. Yes.
5 Q. Now, the remainder of that paragraph talks
6 some about the process, but could you tell me, how did
7 you get to that position of Chair of the APA Task
8 Force? And before we go on, going forward, if I say
9 the APA Task Force, I'm referring to this 2007 Task
10 Force. Do you understand that?
11 A. Yes, I do.
12 Q. And when I say --
13 MR. MIHET: 2009.
14 THE WITNESS: Right. Correct. Thank you.
15 BY MR. GANNAM:
16 Q. So the Task Force met from 2007 to 2009;
17 correct?
18 A. That's correct.
19 Q. And the report was issued in 2009. So when I
20 say the APA report, I'm referring to the 2009 report.
21 Do you understand that?
22 A. Yes. Yes, I do.
23 Q. Just so we're on the same page.
24 So now, tell me, how did you get to that
25 Chair of that Task Force?

1 A. So, from my understanding and I will explain
2 on the basis of my recollection, my best recollection
3 and understanding, an open call for nominations to
4 this Task Force was issued by APA, I believe within
5 the organization and maybe even more broadly to the
6 professional community. I responded with an
7 application that I believed described my
8 qualifications.
9 In that nomination, the APA listed the charge
10 of the Task Force which is detailed in, I believe, the
11 preface material of the report. I submitted this
12 application. It may have included recommendations as
13 well to APA. I believe I was self-nominated, but I
14 don't exactly recall.
15 Then my -- so I believe this process goes as
16 follows: That my application was reviewed by a
17 standing committee of APA on sexual orientation and
18 LGBT issues. Then my name, as well as other
19 prospective Task Force members as well as alternates
20 and all the nominations, were provided -- were
21 reviewed by this Task Force and they selected people
22 they felt could fulfill the charge. And the charge
23 was very specific because it was a charge to recommend
24 to APA any policy updates to the 1997 APA resolution
25 on conversion therapy. That was the only -- that was

1 the existing resolution.
2 APA issued this charge because I believe they
3 had comments from outside organizations and the public
4 and from members within APA that the 1997 resolution
5 on conversion therapy no longer was suitable or fit
6 the circumstances or the research or the needs of the
7 public or professionals on guidance. So APA, the
8 board of directors, I believe, or the council of
9 representatives voted to issue this charge and
10 constitute a Task Force because it was not budget
11 neutral, it did involve a cost to the organization,
12 you know, to bring in a panel of experts and have them
13 meet, so that they had to -- the Board had to approve
14 the task and the charge.
15 So we were -- the association, my
16 understanding, was responding to a request from
17 professionals and the public to update an internal APA
18 resolution that would reflect the policies of the
19 Association as well as the best scientific evidence.
20 So my application was my qualifications to accomplish
21 that purpose.
22 So the first screening was done by the
23 Committee on Sexual Orientation or the Committee on
24 LGBT issues. The Committee changes its name
25 periodically. I don't recall what it was at that

1 time.
2 After they had a list of candidates and they
3 provided them to the Board, another standing
4 committee, and both the Committee and the Board, the
5 members were chosen for three-year terms and the
6 membership was constituted before the charge was
7 issued. The board for psychology, for social --
8 psychology and the public interest oversees that
9 committee on sexual orientation and a number of other
10 committees in the public interest directorate.
11 I just want to add that both the Committee
12 and the Board are made up of psychologists who provide
13 guidance to the association on these issues among
14 others. The Committee provides guidance on sexual
15 orientation issues and the Board provides guidance to
16 APA policies and staff on all issues relevant to
17 psychology and the public interest.
18 After the Board screened the list that the
19 Committee provided, it also had access to all the
20 applications that had come in, they then referred
21 their nominations up the ladder to -- and I'm not sure
22 if there were any other interim steps, whether APA
23 executive board, in terms of the administrative
24 executive officers, reviewed them. I think that other
25 boards like the board for scientific affairs and the

1 board on practice also reviewed the nominations. Then
2 they were referred to the board of directors. The
3 list of nominees alternates and all the applications
4 were given to the board of directors and they made the
5 final decision about the membership of the committee
6 as well as who would serve as the Chair.
7 So when I received, I believe, a letter from
8 APA, I was just informed that I was both member and
9 Chair.
10 Q. Did you apply specifically for the Chair
11 position?
12 A. No.
13 Q. And why did you apply for membership on the
14 Task Force?
15 A. I had become interested in these topics due
16 to my work in women's issues, sexual orientation and
17 psychoanalysis, as well as my interest and clinical
18 work with women and men, as well as an interest I had
19 and patients I had who had conflicts between their
20 religious beliefs and their sexual orientation. So I
21 had addressed in two previous -- one previous book,
22 maybe a second book, and an article on issues in
23 psychoanalysis in lesbians. So I was particularly
24 interested in this topic.
25 I had also served, from about 1999 to 2003 or

1 '4, on the committee on LGBT issues for APA. My term
2 had expired and I had become interested in some of
3 the, you know, current concerns about quality of
4 psychotherapy for this population.
5 Q. And just so I understand, ultimately the
6 decision to appoint you as both a member and the Chair
7 of the Task Force was made by the board of directors
8 of the APA?
9 A. That is my understanding.
10 Q. And there were several interim reviews by
11 other committees and boards, to your understanding?
12 A. Yes, that is correct.
13 Q. And was that the same for everyone who became
14 a member of the Task Force?
15 A. Definitely, yes.
16 Q. Did you have any input on who was a member of
17 the Task Force?
18 A. None at all.
19 Q. How many members of the Task Force were
20 there?
21 A. Oh, I believe we were a total of five. The
22 list of members is in the report, in the covered
23 materials.
24 Q. Now, did you have any involvement in the
25 issuance of the 1997 APA resolution on conversion

1 therapy?
2 A. No.
3 Q. And was that the actual title, Resolution --
4 A. Oh, no, nothing that simple. It would be --
5 Q. Something more like therapeutic response to,
6 kind of like the 2009 report?
7 A. Right. I believe the text of the original
8 resolution is somewhere in the materials of the report
9 in the appendix or you might find it on the APA
10 website. I don't recall the title. Something long
11 and technical.
12 Q. Now, prior to your appointment as Chair of
13 the Task Force, had you done any scholarly writing or
14 give any testimony opposing the practice of conversion
15 therapy or SOCE?
16 MR. WILLIAMS: Can we start with writing and
17 then go to testimony?
18 MR. GANNAM: Sure.
19 MR. WILLIAMS: So it's not a compound
20 question.
21 A. So if you look at my 1995 edited book, I
22 believe at that point we talked more about inaccurate
23 and faulty constructions of lesbian identity. I do
24 not recall that we actually discussed change therapy
25 in the way I think you're thinking about. I think

1 certainly we criticized and I don't know if my article
2 criticized, but the articles in the book and the
3 introduction I wrote with Dr. Susan Iasenza, talked
4 about how psychotherapy and generally.
5 So you must remember that until maybe even
6 the late 1990s most psychoanalytic therapies, some,
7 not many, so psychoanalytic therapies often still
8 included efforts to change or would represent
9 constructions and perceptions of lesbian sexual
10 orientation and bisexual orientation as faulty or
11 damaged. So that's the topic we were focused on in
12 the book. I don't think we ever dreamed of a
13 legislative ban or anything like that. It was more
14 that psychotherapy should be an accurate
15 representation and not based on stereotypes and
16 stigma.
17 Q. At the time that you became the Chair of the
18 Task Force, did you -- had you developed an opinion as
19 to the efficacy or harm of conversion therapy or SOCE?
20 A. I focused predominantly -- actually,
21 somewhat. I would say somewhat.
22 Q. And what were your opinions at that time that
23 you took the Chair position?
24 A. I believe that certain psychoanalytic
25 theories that some people based conversion therapy

1 interventions were inaccurate and faulty and based on
2 stereotypes and were inaccurate and not based on
3 scientific facts.
4 Q. And can you give me examples of those?
5 A. The work of Nicolosi, Socarides, Segal,
6 Eisenbud.
7 Q. Any others?
8 A. No.
9 Q. And what were your objections to their work,
10 if you can summarize those for me?
11 A. They were fundamentally inaccurate.
12 Q. In what ways?
13 A. Pathologizing. They were just fundamentally
14 inaccurate. That they were based on outdated precepts
15 from 80 years ago that incorporated pathologizing and
16 dehumanizing versions that prescribed faulty mental
17 illness stereotypes.
18 They over-generalized from a clinical
19 population to a general population. They were not
20 based on any actual scientific evidence and were just
21 generally opinion.
22 Q. And can you give me more specific examples of
23 what outdated precepts we're talking about when you
24 say pathologizing?
25 A. Penis envy, preoedipal, undifferentiation. I

1 think there was generally an overgeneralization from
2 clinical samples to the general population. So
3 someone would see someone with a psychotic disorder
4 and then say that all lesbians are psychotic. That
5 kind of types of issues.
6 Q. Any others as far as objections that you had
7 to their work?
8 A. I'm sure there are many, to be honest, but I
9 completed that book in 1995, so that it's been a while
10 since I reviewed those conclusions, to be honest.
11 Q. Did you have any particular goals or
12 objectives in mind when you took the Chair position
13 for the Task Force?
14 A. I hoped we could chart a course to providing
15 safe and effective therapies that were based on the
16 best scientific evidence for this population.
17 Q. Do you believe the Task Force accomplished
18 that?
19 A. Yes, I do.
20 Q. Now, the APA report, the 2009 report that
21 your Task Force issued, generally uses the term
22 "sexual orientation change efforts" or S-O-C-E, or
23 SOCE. We've also talked today and Tampa's ban refers
24 to conversion therapy. What is the difference in
25 those terms, "SOCE" and "conversion therapy," as you

1 understand?
2 A. The Task Force defined sexual orientation
3 change efforts in the report and so I refer you back
4 to that. My sense is conversion therapy is a lay
5 term.
6 Q. Are they synonymous or are there differences
7 in what the two terms cover?
8 A. In the Tampa ordinance, conversion therapy
9 includes gender identity as well as sexual
10 orientation. In the APA report, SOCE, the members,
11 some of them referred to it as that, just refers to
12 sexual orientation.
13 But I believe my understanding in the Task
14 Force report is that we refer to sexual orientation
15 change efforts as change efforts that have the a
16 priori goal, prior to even meeting the client, that
17 homosexuality should be changed or that sexual
18 orientation should be changed. That when we refer to
19 sexual orientation change efforts we looked at and
20 we've really examined theories and practices that
21 assumed, against the scientific consensus, that
22 homosexuality is not a mental disorder or defect, that
23 it was a mental order or defect. And so that they
24 attempted, a priori to seeing the client and listening
25 to the client's concerns, that the client needed to

1 eliminate or eradicate those feelings.
2 MR. WILLIAMS: Roger, before you ask another
3 question, it's 11:25. I don't need a break, but
4 we do have lunch coming up. We could order it
5 out to save time. I'm offering it to you and
6 Harry or you can go your own way, as the song
7 goes.
8 MR. GANNAM: Why don't we go off record, take
9 a break real quick, and we'll discuss it and make
10 a plan and we'll go from there.
11 MR. WILLIAMS: Fine.
12 (Recess from 11:24 a.m. to 11:40 a.m.)
13 BY MR. GANNAM:
14 Q. Continuing on, you told us about your
15 appointment as the Chair of the APA Task Force, and I
16 think you told us the board of directors made that
17 decision to appoint you and the other members; is that
18 correct?
19 A. That's correct.
20 Q. Is your application, is that a public
21 document or is that something held confidential by the
22 APA?
23 A. I have no idea. Sorry.
24 Q. That's okay. Some questions I ask I'm just
25 curious, I'm not expecting a particular answer.

1 All right. Can you tell me kind of just
2 about the process, what did the committee -- I'm
3 sorry -- the Task Force do from when it was empaneled
4 to when it issued its report?
5 A. So we had five members. So we had Roger
6 Worthington, Beverly Greene, Robin Miller, Jack
7 Drescher, Lee Beckstead, and myself. So there were
8 six members, so that's a correction.
9 And there is a staff member with general
10 responsibility for that area who was our
11 administrative lead, sort of helpful person, that was
12 Clinton Anderson. And then Charlene Hunter, I believe
13 that was her last name, was the administrative staff
14 person. So those were the people who were in the room
15 at all times.
16 We met at least twice in 2007 because -- and
17 I believe that was the only meetings we held because
18 that was the only year funding for such a meeting was
19 allocated.
20 Q. Where did you meet?
21 A. We met at the American Psychological
22 Association late spring, early summer, and I think
23 again in the fall, but I could -- that's the base of a
24 12-year-old recollection that I have not consulted
25 my -- if I have an appointment book from that area.

1 So I don't really know the dates.
2 The first year when we were appointed, which
3 was 2007, we didn't get appointed until April-ish
4 potentially. Or maybe it was March. I apologize. Or
5 maybe earlier.
6 So I'm not even sure when the appointments
7 came through, but we couldn't meet because many of the
8 members are academics and they couldn't meet until the
9 semester was over. So that was some time in May,
10 June. And then we met again in the fall. And we
11 proceeded with many conference calls and e-mails to
12 first create a reading list.
13 So, you know, Roger Worthington is an expert
14 in counseling psychology and sexual identity and has
15 published a number of articles. At that time he was
16 most well known for his work on heterosexual identity
17 development. Robin Miller is a statistician and
18 expert in statistical methodology and doing research.
19 Beverly Greene had experience in child and adolescent
20 therapies as well as ethnic minority or related in
21 diversity issues.
22 Lee Beckstead is a psychotherapist and had
23 expertise in concerns of religious individuals and had
24 published a couple of qualitative research papers on
25 the experiences of predominantly men from the LDS

1 faith who had undergone conversion therapy. And Jack
2 Drescher is a psychiatrist who is known for his work
3 predominantly on conversion therapy as well as
4 psychoanalysis.
5 So even though everybody had their area of
6 expertise, it was felt that we all had to have some
7 common background and understanding and people maybe
8 had to review areas that they were not as familiar
9 with because we all had our different areas. So we
10 first compiled this bibliography and reading list for
11 people to review or at least to look at and figure out
12 where they needed to buff up their background,
13 especially maybe in some current concerns or some
14 current publications, so when we all met we could
15 really begin the process with the same background.
16 And we also created an agenda for our first meeting
17 via telephone calls.
18 Because we only had two meetings. They were
19 both a day and-a-half, probably a long weekend. So we
20 would arrive on a Friday, meet Saturday and Sunday,
21 and then leave Sunday night. So you have two days,
22 four days total for the full year, but it was a pretty
23 intensive process so we wanted to create, especially
24 for the first meeting, a really tight agenda. So
25 there was a lot of work involved in creating an

1 agenda, trying to sort out what our priorities needed
2 to be.
3 And I think, in reviewing the bibliography, a
4 decision was made by the entire group that -- so we
5 had to adhere to the charge. We really couldn't go
6 off and do other things. But to complete the charge,
7 which is really to revise the APA resolution to decide
8 if the 1997 resolution was adequate, we weren't told
9 we had to revise the charge, we really were told we
10 had to look at it, think about if it really fit the
11 concerns of 2007 and whether it needed to be updated,
12 revised. That we really needed to do a lot more work
13 and answer some fundamental questions about efficacy
14 and harms and the outcomes of the research on sexual
15 orientation change efforts.
16 And I will try to remember to come back to
17 why we chose SOCE, but I want to finish this train of
18 thought.
19 So a decision was made, and it may have been
20 made at the first meeting or just prior to the first
21 meeting, that we needed to do a really good systematic
22 research review, and Robin Lin Miller was going to
23 undertake that because she had the expertise. She was
24 an editor at a well-regarded journal on those issues
25 and had undergone those kind of reviews.

1 And a systematic review is the standard for
2 really evaluating effectiveness of treatments in most
3 scientific treatment types of things. When you have
4 enough research to review. So that's a common thing
5 that is done. So Robin was going to undertake that.
6 We chose SOCE, I believe Dr. Beckstead, so we
7 had to decide what the scope was. He preferred that
8 term. We all chose that. We didn't like the term
9 "conversion therapy" for a lot of reasons, but it is
10 the lay term.
11 And he wished to include therapies not only
12 done by licensed professionals, but where appropriate
13 and where important to also consider maybe efforts by
14 religious and spiritual leaders or professionals, we
15 chose the word "effort" to include that and maybe
16 because sometimes the treatments were diverse, but
17 that was something he felt was important from his work
18 with people with religious -- strong religious
19 beliefs, he consulted a wide variety of approaches.
20 MR. GANNAM: Can I stop you right there. And
21 can we go off for a second.
22 (Discussion off the record.)
23 BY MR. GANNAM:
24 Q. So can you tell me what is a systematic
25 research review?

1 A. So, again, I defer to the text in the report
2 for a really complete version because I might leave
3 something out. It basically looks at -- does a
4 literature review.
5 First you do a search in all medical -- all
6 relevant journals in your subject area of all studies
7 that evaluate a treatment or report a treatment, and
8 then the systematic review analyzes -- so this is only
9 peer review journals. So after discussion we decided
10 that we had to limit it to peer review journals
11 because that is the best research that will show, in
12 the most robust way, whether there is any harms,
13 benefits, efficacy, effectiveness, change. Because
14 the question was, does this approach work. Does
15 SOCE -- do change efforts yield results.
16 Q. And, when you say peer review journals, what
17 qualifies a journal to be a peer review journal?
18 A. So, generally speaking, and the report may
19 have another more comprehensive definition, the
20 articles are submitted generally anonymously by the
21 authors and then reviewed by members of the editorial
22 board who are appointed by the editor for terms of
23 service, a few years, who are experts in the field.
24 So like the Journal of Educational Psychology will
25 have on its board educational psychologists or

1 educational professionals who can evaluate, research
2 in education or educational psychology and decide
3 whether it meets the standards of the particular
4 journal.
5 In our -- in Chapter 3 of the report, which I
6 think gives a really good explanation of the review,
7 the systematic review process, but also what qualifies
8 as good scientific research. So the systematic review
9 would look at a peer review journal, but then do
10 another evaluation about -- because a lot of articles
11 are published in a lot of, quote, peer review journals
12 and there are many, many journals out there. Does it
13 meet the requirements for efficacy, to determine
14 efficacy. Is it an experiment.
15 So Dr. Miller, who is the real expert, would
16 evaluate, along with us, we would -- I think we all
17 participated in some way to provide safeguards. You
18 know, Robin and Roger, who were actually probably our
19 strongest researchers, you know, looked at the
20 articles, are they true experiments or are they quasi
21 experiments in terms of are they randomly selected or
22 is it a clinical population, do they measure an actual
23 treatment with controls or are they uncontrolled
24 experiments. So they would evaluate them and
25 generally, to prove causality, you have to have some

1 sort of treatment administered, some sort of
2 pre-assessment variables and some post-assessment
3 variables so you can assess change and anything else.
4 And you have to have some sort of goal. Most
5 experiments have a specific goal in mind they want to
6 show. X treatment does these things.
7 Q. And when you said -- what's the difference
8 between a random sample and a clinical population?
9 A. So a random sample is samples from the entire
10 population. So like it's often most common in, like,
11 pharmaceutical research where you do that. Or perhaps
12 you have a broad effort, you sort of can select from a
13 large group of people, and you randomly assign people
14 from the public who are either controlled to the
15 treatment design or sort of the neutral, no
16 intervention.
17 But sampling in this area is, you know, when
18 you're dealing with a special population, minority
19 population, stigmatized population, it's unusual to
20 have a random sample. I'm not sure we know who LGBT
21 people are generally, so it would be hard to do that.
22 Q. When the Task Force made a decision, for
23 example, to use the term S-O-C-E, or SOCE, was this
24 done by vote, did you require unanimity on decisions
25 or how did that work?

1 A. I think generally we aimed for a consensus.
2 Q. Was there a list of articles or studies that
3 were specifically excluded from your systematic
4 research review?
5 A. Yes, I believe. I believe in the -- let me
6 try -- I'm trying to think.
7 So Robin did a literature review --
8 MR. WILLIAMS: Why don't you do a last name
9 with Robin.
10 THE WITNESS: Sorry. I apologize.
11 A. Robin, Dr. Miller, did the literature review
12 from 1960 on and then selected 56 or 57 studies that
13 qualified as peer reviewed research that appeared in
14 peer reviewed literature. She then -- I believe that
15 list is in the appendix, but I'm not a hundred percent
16 sure. And then she selected a number of articles to
17 examine in terms of their evidentiary conclusions
18 because they fit the qualities for quality research.
19 But, to be honest, I don't totally recall.
20 There was, you know, and I'm not sure -- not a hundred
21 percent sure of that.
22 BY MR. GANNAM:
23 Q. And did she make the decision herself as to
24 which of those to include in your review or was that
25 something submitted to the whole committee for vote?

1 A. We didn't vote. We looked at the list. I
2 think she made her recommendations. I believe Roger
3 Worthington probably participated in some way. And
4 the committee did evaluate that.
5 Q. Did the Task Force ever have votes or any
6 kind of parliamentary procedures on various things?
7 A. I don't recall. We were generally a very
8 collegial and professional group and I don't -- when
9 there was a disagreement or a difference in perception
10 we talked it through and came to, I think, a
11 conclusion that everybody felt good about.
12 Q. Did that happen often?
13 A. I don't recall, but I don't think so. I just
14 remember it being a very productive experience and
15 very -- one of the highlights of my professional
16 career in terms of learning from others and having
17 interesting and worthwhile discussions of all sorts of
18 topics related to this.
19 Q. Were any of the Task Force members themselves
20 practitioners of a therapy that could be called SOCE
21 or conversion therapy?
22 A. No. You must recall that the charge of the
23 Task Force was to revise an APA resolution and the
24 document that we produced and the product that was
25 going to be the resolution that was an internal APA

1 product for APA purposes. So, as such, the document
2 had to be consistent with APA policies and
3 resolutions, and in 1975 APA had adopted a resolution
4 that homosexuality was not a mental illness or
5 developmental defect and that the Association should
6 work to end the stigma toward homosexuality.
7 So many people who practiced such therapy
8 such as sexual orientation change therapies stated in
9 their publications that they perceive homosexuality as
10 a defect, so they would not be considered generally
11 able to participate.
12 Q. You testified earlier that there were a lot
13 of reasons why you didn't like the term "conversion
14 therapy." Can you explain what those are?
15 A. I think it's -- for our purposes writing the
16 report, we wanted to have a term that was more
17 specific and didn't perhaps have any connotations one
18 way or the other that people could misinterpret and I
19 think we wanted something that reflected our charge.
20 So, you know, generally, again, this was an APA -- the
21 task we were doing was for the American Psychological
22 Association, so we really focused on what would meet
23 their requirements and, I think, you know, be
24 inclusive of the approaches we were going to think
25 about.

1 Even if the approaches were not going to be
2 considered in the research review, you have to
3 remember that if you saw the final product -- I don't
4 know. I assume, to be honest, that you haven't
5 read -- maybe you have read and enjoyed the report.
6 Or whatever. Found it interesting.
7 MR. WILLIAMS: Is that a yes or a no?
8 Q. Read, yes. I'll reserve judgment on whether
9 I enjoyed it.
10 MR. WILLIAMS: All right.
11 A. And that reminds me of something I left out
12 and I'm going to get back to. That -- now I forgot my
13 train of thought.
14 So I think we wanted it to be comprehensive.
15 I think Lee felt that the word "therapy" was
16 problematic because some of the tech -- some of the
17 approaches he wanted to include, such as the religious
18 and spiritual approaches, weren't perhaps, per se,
19 therapy. So because we are dealing with the provision
20 of efforts by nonprofessionals, we had to expand the
21 term and "efforts" was chosen.
22 MR. WILLIAMS: Lee Beckstead; right?
23 THE WITNESS: Dr. Beckstead, yes.
24 MR. WILLIAMS: The use of first names, I
25 think, reflects the collegiality of your Task

1 Force.
2 THE WITNESS: I apologize for not being
3 specific on that.
4 MR. WILLIAMS: That's all right. I'm going
5 to be a pest on that.
6 BY MR. GANNAM:
7 Q. So did your Task Force coin the term "sexual
8 orientation change efforts"?
9 A. Yes, we did. Yes. We did coin that, for
10 better for worse.
11 I also want to say that, as an APA product,
12 you have to remember that the report was going to be
13 peer reviewed after it was done so that we knew that
14 we were going to write this report and perhaps propose
15 a new resolution. And I think in the first meeting we
16 really determined that the resolution was very
17 outdated and didn't reflect any recent research so we
18 had to revise it and we wanted to, you know, come up
19 with a term that was accurate but that also would deal
20 with the fact that we were going to be peer reviewed
21 both by all the internal APA board and committees, but
22 we were going to submit the report to outside
23 reviewers, just like if it had gone through a peer
24 review journal.
25 So we wanted to pick a term that was

1 appropriate, but we also wanted to do a product, you
2 know. And then at the end the report was going to
3 have to be accepted by -- reviewed by all the boards
4 and committees, accepted by them, then it had to be
5 accepted by the council -- it had to be reviewed by
6 the board of directors and then accepted by the
7 council of representatives and any resolution we came
8 up with had to, of course, be peer reviewed, all those
9 things, and then voted on by the council of
10 representatives.
11 So there was just a lot of pressure or just
12 aware that our activities were going to be highly
13 scrutinized and the work product had to be really
14 quite excellent so we needed to be very, very thorough
15 and thoughtful.
16 Q. At the time that you came up with the term,
17 and when I say you I mean the Task Force, did you
18 personally consider conversion therapy to be a term
19 that carried with it some connotation of approval or
20 disapproval of the practice?
21 A. I think we thought that the term -- I didn't
22 think that per se because some people were positive
23 about the term who used it, some people were negative.
24 I think it had this -- conversion is a strange -- is a
25 word that's unique and didn't reflect the process, but

1 it also, I believe, is the lay term and that's more
2 understandable. S-O-C-E, SOCE, hasn't met with public
3 interest as a term particularly much.
4 Q. Did you discuss or did you think at the time
5 that the term "conversion therapy" had a specifically
6 religious connotation?
7 A. We did discuss that. I'm not sure -- that
8 was certainly something we discussed. I don't recall
9 what side I came up on. I think there were pros and
10 cons to each. I think that opinion was expressed by
11 some people. I don't recall.
12 Q. So in terms of the various practices carried
13 out by licensed professionals, at the time you came up
14 with the term SOCE, what were those licensed
15 professionals calling those practices?
16 A. I'm not sure I recall totally. I mean, I
17 think people like Socarides would just say he did
18 psychoanalysis. I'm not sure. I don't recall that.
19 Some of them may have used that term and I
20 believe that -- it was a professional term before it
21 became a lay term, I believe, but I can't recall who
22 might have used that term in the professional
23 literature, but I believe it was a professional term
24 before it was a lay term.
25 But, you know, I think, you know, we just --

1 we spent a lot of time on that and I don't recall why.
2 I think, again, it was trying to find something that
3 was more -- that was more -- you know, sexual
4 orientation, we were focusing on that and we wanted to
5 really -- that was really the issue of looking at that
6 research and placing it within that context.
7 Q. Before we go further, a moment ago you said
8 there were was something you left out that you wanted
9 to come back to?
10 A. Oh, yeah. I left out this whole notion or
11 this whole actually scrutiny in the peer review
12 process that you had asked me about the Task Force
13 meetings and how the Task Force did its business and I
14 stopped short of -- I stopped at the end of -- I
15 stopped in 2007 though we didn't publish the report
16 until 2009, and as I'm speaking to you I realize that
17 I left out a year and-a-half of the Task Force
18 activities. So if you want to me to go back to that I
19 certainly could, or I don't know what your other
20 questions are at this point.
21 Q. I will. I'm going to ask a couple other
22 questions first.
23 Do you know who applied for membership on the
24 Task Force and was excluded?
25 A. No. I have no idea.

1 Q. Do you have knowledge of anyone who was
2 excluded?
3 A. I believe that Dr. Nicolosi applied, but I
4 don't know why I would think I know that. He wouldn't
5 have told me that personally, I may have just heard
6 that, but I don't know. I think Dr. Yarhouse did,
7 Mark Yarhouse, but I am not sure.
8 Q. Did you know Dr. Nicolosi?
9 A. I have not -- I think I have only formally
10 met him since the report came out. I do know, I was
11 aware -- I had read his books certainly and I knew who
12 he was by reputation.
13 Q. Do you know whether any APA members in good
14 standing were excluded from the Task Force because of
15 their practice of SOCE or related --
16 A. I do not know, no. I was not involved at all
17 of the selection process.
18 Q. Did the Task Force keep minutes or some other
19 written record of their proceedings or meetings?
20 A. I don't believe so, but I am not a hundred
21 percent sure. I don't recall.
22 Q. What about audio recordings or video
23 recordings of meetings?
24 A. I don't believe so.
25 Q. To the extent you communicated by e-mail, for

1 example, are those saved or archived somewhere?
2 A. I doubt it.
3 Q. As the Task Force Chair, when you
4 communicated by e-mail with other Task Force members,
5 what e-mail did you use? What account?
6 A. Either or both a Yahoo account or a Rutgers
7 account.
8 Q. Do you still have both of those accounts?
9 A. I don't have the Rutgers account. I may
10 have -- I think I still do, though it's somewhat
11 inactive, have the Yahoo account.
12 Q. Do you remember what the address was?
13 Something at Yahoo.com?
14 A. Drglassgold, d-r-g-l-a-s-s-g-o-l-d,
15 @Yahoocom.
16 Q. And what would your Rutgers e-mail address
17 have been, the one you're not sure whether you still
18 have?
19 A. I don't recall. They change systems
20 periodically. It's been a long time. And then I had
21 a long gap in my Rutgers employment, so it deactivated
22 and I have no idea.
23 Q. Do you ever recall seeing an official contact
24 list for the Task Force that you would refer to, this
25 is how we're supposed to talk to each other or get in

1 touch with each other?
2 A. We did have a contact list with e-mail
3 addresses that people provided.
4 Q. And apart from those two in-person meetings
5 and e-mail, did you communicate in any other manner?
6 A. Telephone.
7 Q. Telephone conference?
8 A. Telephone conference or perhaps individual
9 conference.
10 So, if you recall, so at one of the last --
11 the last meeting, in-person meeting, we distributed
12 work assignments in order to share the writing. I
13 mean, we had these great discussions, we had an
14 outline of the report, we had some text, but we had to
15 write the report, so we assigned writing assignments.
16 So it was assumed that the people who were -- they
17 were different pairs. Nobody was sort of left on
18 their own. Well, Robin kind of was with Roger.
19 So we all had to work together, so they were
20 individual phone conversations that I assume happened
21 between people. I know I called collaborators on a
22 chapter. Like I would talk to Dr. Beckstead a great
23 deal on the two chapters we worked on, like discussing
24 what we were writing.
25 Q. Did Task Force members consult persons who

1 were not on the Task Force in the course of preparing
2 the report?
3 A. Yes, I believe so. I couldn't speak to who
4 those were. Like I contacted Dr. Zucker at one point,
5 asked him about his research and some of his research
6 findings. I'm sure other people talked to people. I
7 may have talked to other people. I'm not sure I can
8 recall at this moment.
9 Perhaps other people spoke to experts too
10 that were related, but I don't have a list of those.
11 I have no idea.
12 Q. And would that contact with persons not on
13 the committee have been sort of part of the charge or
14 the work that you agreed to as Task Force members?
15 A. I think it was in order to complete our --
16 when we wrote the report we wanted to make sure that
17 we had as much information as possible and we were
18 accurately interpreting things. And quite a few of
19 these of the outside experts would have served as
20 reviewers, so I believe they were contacted to promote
21 the accuracy of the report.
22 Q. Did the Task Force solicit public comment or
23 solicit particular people or organizations to ask for
24 comments on your work or your charge?
25 A. Yes. You will find in the -- I believe it's

1 the preface. I could look at it now if you want me to
2 look at the particular.
3 Q. Yeah, we will get to it eventually.
4 A. We did solicit particular individuals. So
5 some of the individuals who did not serve,
6 Dr. Yarhouse was asked to comment on the report,
7 Dr. Warren Throckmorton was asked. So I believe some
8 of the individuals who were not included in the Task
9 Force membership, but who were interested in the
10 outcomes, were asked to comment and other people who
11 were considered experts in different areas.
12 So because it was such a long report, not
13 everybody could be an expert in all facets, so we
14 tried to gather some information or comments from
15 people from a broad spectrum. I believe we sent out
16 the report to at least 40 unique individuals. Then,
17 if you remember, so APA is a big organization with a
18 large -- and it's set up to solicit member input a
19 great deal. And at the time we did the report it was
20 divided into directorates, so we sent the report to
21 the board of scientific affairs, the board of
22 professional practice, we sent it to divisions, all
23 the boards and committees of APA would review it.
24 And in March of 2009 -- so we met twice in
25 2007. Then we spent 2008 writing the thing. That was

1 basically it. And I think we really pushed to try to
2 finish it by early-ish January of 2009 so that we
3 could -- or maybe December of 2009 was more like it,
4 so we could get it out to all the boards and
5 committees.
6 So we're talking about 25 standing
7 committees, each with about five or six psychologists
8 from different backgrounds who were going to be asked
9 to review the report and provide us in-person feedback
10 at what's called the consolidated meetings, which is
11 when all the boards and committees come together. And
12 that would be in March of 2009.
13 We also asked the ethics officer or ethics
14 specialist. We asked a whole bunch of people. And I
15 think people gave us ideas, Task Force members and
16 other people gave us ideas about who to ask for input.
17 So the process was going to be we finish the
18 report by the end of 2008, we send it out for review
19 to both outside experts and to members of APA
20 Leadership. And the council members were going to get
21 this report. There are 200 council members.
22 Then if people had comments, I and other Task
23 Force members, but predominantly me, and Clinton to
24 some degree, Clinton Anderson, were going to have to
25 respond to all the comments like you would do at a

1 peer review process.
2 So let's say someone says change this, change
3 that, change this, we would have to evaluate what we
4 wanted to -- if their comments made sense. We would
5 then make the changes or, if we didn't feel that was
6 appropriate, we would have to write an explanation of
7 why we didn't make the change.
8 So we wanted to -- our hope was that if we
9 got the report out by the end of 2008 and we got all
10 the comments back, including the in-person comments,
11 by March of 2009, that somehow or other, oh, God, we
12 were going to finish the work and get it to the
13 printer. No, not to the printer. At least get it to
14 the Board for their August meeting in Toronto.
15 So, you know, we had five months to
16 accomplish the goal of responding to the critiques,
17 finalizing the copy, proofreading it, you know, all
18 that stuff so it could be voted on, either accepted or
19 declined, and the resolution can be voted on by August
20 and then it would be printed and available on the
21 internet.
22 Q. Did any of the persons outside the Task Force
23 who you specifically target to send the draft to for
24 review, were any of them non-APA members?
25 A. They may have been, but I would have to look

1 at the list of individuals in the preface. I am not
2 sure I called --
3 We really considered this a scientific
4 document so we wanted -- and a professional document,
5 so we sent it to primarily professionals. I don't
6 know if we sent it to people from the NASW, that's the
7 National Association of Social Workers, or other
8 people. I don't recall. I don't believe we sent it
9 to advocacy groups because we really did consider this
10 a professional document.
11 Q. Did the Task Force or any individual member
12 of the Task Force receive unsolicited input or
13 lobbying even from advocacy groups or persons?
14 A. I don't recall. I don't recall my being
15 contacted. Clinton Anderson may have been contacted.
16 I know some individuals who felt they were included
17 may have met with him. I think he told me that. I
18 was not involved in any of that.
19 I think certain administrators within APA,
20 Clinton's boss at that time, Gwendolyn Keita, who was
21 director of the public interest directorate, I think
22 they tried to protect us from all that and I believe
23 some letters went to the board of directors or to the
24 president of the APA, but we were really kind of in a
25 little cocoon, I believe. But, you know, it's 12

1 years, so it's been a while.
2 Q. And you couldn't speak for other Task Force
3 members and who they spoke with?
4 A. I have no idea. I think, ethically, we did
5 talk about being open and honest with each other and I
6 think if they had felt that something was going on
7 they would have told Clinton and myself if they felt
8 like there was undue pressure or somebody was trying
9 to influence the outcome. I believe they -- everybody
10 really bought into, no matter where they were coming
11 from, that this was a serious task and it was an
12 important task, and we knew that it was really
13 important and we wanted to do a good job.
14 Q. Did every Task Force member read all of the
15 research that was selected for the systematic review?
16 A. I cannot speak to what every Task Force
17 member did. I know I tried to at least skim it
18 though, you know, I cannot speak to that.
19 Q. Was it expected of each Task Force member to
20 have read all of the research selected for review?
21 A. No, it was not. I think some people felt
22 that their primary background was psychotherapy or
23 something like that and, as Dr. Miller had such
24 tremendous expertise, we did lean on her the same way
25 that the psychotherapy sections were primarily

1 Dr. Beckstead, myself, and Dr. Greene. The concerns
2 of religious individuals, which I think is really a
3 terrific chapter, that was primarily Dr. Beckstead,
4 Dr. Greene, myself. So that people carved out certain
5 things and, as you know, I'm sure from serving on the
6 Task Force committees, I'm just assuming, some people
7 were part of others.
8 MR. WILLIAMS: I'll take judicial notice of
9 that fact.
10 Q. Now, in your declaration here you said that
11 you wrote sections and edited the final report at
12 least in 2009. So let's start with what sections did
13 you personally write of the 2009 report?
14 A. May I consult the report, please?
15 Q. Yeah. And, in fact, let's establish it is
16 what it is.
17 In Exhibit B of your declaration in front of
18 you is attached the report of the American
19 Psychological Association Task Force On Appropriate
20 Therapeutic Responses to Sexual Orientation. Did I
21 say that correctly?
22 A. Yes.
23 Q. And this is attached to Exhibit 28, your
24 declaration in this case; right?
25 A. Right.

1 Q. So this is the APA report we have been
2 talking about. Which sections did you write?
3 A. So I will say that I co-wrote the
4 introduction with Clinton Anderson. And perhaps in
5 section 2, the psychology, religion and homosexuality,
6 Lee Beckstead probably reviewed that as well.
7 Then A Brief History of Sexual Orientation
8 Change Efforts I contributed sections to as did Jack
9 Drescher, Lee Beckstead, Roger Worthington all
10 contributed sections to that.
11 Section 3 is primarily the work of Robin
12 Miller. Dr. Robin Miller. Section 4 is primarily the
13 work of Dr. Miller.
14 Section 5, I believe that's primarily the
15 work of Dr. Beckstead, but I may have contributed some
16 to that and maybe Dr. Greene contributed more comments
17 by telephone and other things. Chapter 6 is
18 Dr. Beckstead and myself. Chapter 7 I took primary
19 ownership of. Chapter 8, I wrote most of it, but in
20 close consultation with Dr. Greene.
21 Summary and conclusions, I probably took
22 primary responsibility for with some edits and
23 contribution by Clinton Anderson. The executive
24 summary was probably me with the help of Dr. Anderson
25 in places, perhaps, and Lee may have -- Dr. Beckstead

1 may have contributed too. And the abstract, probably
2 myself and Clinton Anderson.
3 Q. I missed Chapter 8. Who did you say was
4 responsible for Chapter 8?
5 A. Chapter 8 is I participated in that with the
6 participation via telephone and edits of Dr. Greene.
7 Q. So Chapters 3 and 4, both titled A Systematic
8 Review of Research, were primarily Dr. Miller's work?
9 A. Yes.
10 Q. Did you have any involvement in those
11 sections?
12 A. I and Dr. Miller worked -- discussed the
13 framework. We talked a lot about the organization of
14 that chapter. I had suggestions about the
15 organization, I edited it, but the content and format
16 and the conclusions are hers.
17 Q. Was there a --
18 A. But Doctor -- I just want to add -- sorry.
19 I'm sorry to interrupt you. I apologize.
20 Q. No, please.
21 A. Dr. Worthington, who also has background in
22 research, I believe read through some of these things
23 and also probably talked to Robin on the phone and may
24 have contributed some bit, but I wasn't involved in
25 their conversations. But I assume because he -- I

1 think he did engage in that, but I can't really get
2 into specifics.
3 Q. Was there any part of the report, the final
4 report, that was either objected to or not endorsed by
5 one or more members of the Task Force?
6 A. No.
7 Q. Was there any kind of minority report
8 prepared as to any section or any part of it?
9 A. No. I mean, everybody was expected to read
10 the whole thing once we put all the pieces together.
11 And there were changes and reorganization and a lot of
12 comments.
13 So when I say we wrote it for 2008, we had
14 deadlines for chapters. And then we went through this
15 internal review process where people commented and I
16 swear at certain points we had to like start all over
17 again. And, you know, it was a long writing process.
18 But, yeah, everybody read it and everybody, I think,
19 felt really good about it. I think we felt very proud
20 of it.
21 Q. What person or body within the APA ultimately
22 approved the final report for publication?
23 A. The council of representatives. So the APA
24 kind of has an interesting structure where it has a
25 legislative body that determines policies for the

1 association and all the ultimate resolutions, and that
2 is a council of representatives. The council of
3 representatives is made up of elected officials from
4 all the divisions of APA, including all the state
5 psychological associations that exist that participate
6 in APA. For instance, the Florida Psychological
7 Association would have at least one member, I believe,
8 on the council of representatives.
9 Now, the actual numbers -- every division, I
10 believe, is represented and every state psych.
11 association is represented. Some may have more
12 members based on size of membership. So sort of like,
13 I guess, the house of representatives where the more
14 heavily populated you are you get more votes.
15 So let's say some of the biggest divisions in
16 the APA are psychoanalysis, private practice, general
17 psychotherapy. So those people would all vote. So
18 you have over 200, I believe. I couldn't give you the
19 absolute number of people who would vote. As well as
20 people who were elected from the board of directors,
21 they also vote.
22 Q. Apart from those over 200, whatever that
23 number is, of the council of representatives, how many
24 other APA members have participated in the review and
25 comment process?

1 A. So I'm going to give you an estimate because
2 it would be all the committee members and all the
3 board members. So the boards have -- so I'm going to
4 just count out loud.
5 Q. Please.
6 A. The boards have about 10 to 15 people and
7 there are four of them, so that's 40 to 60. Then
8 they're all the committees of the public interest
9 directorate and I believe they're at least 10 if not
10 12, so that's 60 to 72. Then we also added the ethics
11 committee, which is in a separate area. So I'd say
12 about 150.
13 Q. In addition to the council of
14 representatives?
15 A. 200. Yes. So we're talking a great many
16 people. And the board of directors, which is a
17 separate body of, I believe, 20 people.
18 And then so many of the employees in the
19 highest level executive functions such as Dr. Keita,
20 who is the director of the public interest
21 directorate, the head of science directorate, the head
22 of the practice directorate, the head of the education
23 directorate, all those high-level administrators for
24 APA were expected to read it and give us comments.
25 And I know Dr. Keita certainly gave us her comments

1 and the science directorate gave us comments. So that
2 there was also -- so their members, about 500 members
3 gave us comments, and then APA administrators, who are
4 employees, also gave their comments and probably 10 to
5 15 of those in addition.
6 Q. Is there a log or a record of all the
7 comments received and how they were answered or
8 responded to?
9 A. I could not tell you. I know we initially
10 had all of them. I did not keep them. Dr. Anderson
11 may have had them. I have no idea if they are still
12 around. I don't know.
13 Q. Do you recall any conclusions reached in some
14 earlier draft of the report that were changed as a
15 result of comments received from others?
16 A. Let me just think about that for a few
17 minutes. No. I think we added material sometimes. I
18 think we did -- there may have been comments about
19 balance just in terms of how you present evidence
20 perhaps, but I don't recall specifically.
21 I do remember that the president -- so
22 because we took so long to get this done, it was a
23 such a lengthy process, APA presidents change every
24 year. So we were appointed by one president and then
25 Dr. Alan Kazdin, who is an expert in child and

1 adolescent psychology, I believe he's on the faculty
2 of Harvard Medical School or might be, he did change I
3 think -- he decided on the some of the wording of the
4 resolution. And will you permit me to look up that?
5 Q. Sure.
6 A. Let's see. I think the resolution may have
7 had more comments and more edits, but, to be honest,
8 the general gist remained the same. It was, oh, how
9 you express -- scientists can be very detail-oriented
10 sometimes. Some of them. Let's see. Where is the
11 resolution.
12 Q. I think you will find it at page 120.
13 A. Oh, thank you.
14 Q. If we're talking about the same thing.
15 A. Yes, we are. This sentence, "there is
16 insufficient evidence," in page 121, two down, I
17 believe the board of directors, and I think Dr. Kazdin
18 in particular, preferred that wording. I think there
19 was -- you know, they went back and forth too. I
20 think they included us in -- you know, there was --
21 and I forget what the original wording is, was, but
22 that phrase, I think the board of -- some of the
23 scientists on the board of directors and the
24 scientists felt that that was important.
25 Q. I'm going to read for the record the portion

1 I think you're referring to. It reads, "Be it further
2 resolved that the American Psychological Association
3 concludes that there is insufficient evidence to
4 support the use of psychological interventions to
5 change sexual orientation."
6 A. Yes.
7 Q. Did I read that correctly?
8 A. Yes, you did.
9 Q. And which part of that specifically do you
10 recall was changed at the request of the commenters?
11 A. There is insufficient evidence. I believe
12 the conclusion was the same that there is no evidence
13 to support the use. Insufficient evidence, I think
14 that was generally the discussion of how to frame the
15 fact that there is a lack of evidence that sexual
16 orientation change efforts are effective.
17 Q. Okay. Any other conclusions or aspects of
18 the resolution?
19 A. Not that I recall. Not that I recall really,
20 to be honest.
21 Q. Why did this Task Force not address gender
22 identity change efforts?
23 A. We were not asked to.
24 Q. Do you know why?
25 A. That was not in the charge. I couldn't tell

1 you. I believe at that time this was the issue that
2 was on people's minds. Gender identity change efforts
3 were really not the focus.
4 Q. So I am correct, this report does not address
5 gender identity?
6 A. That is correct. However, if you note in
7 Chapter 7 on children, that is somewhat touched on.
8 Because in children, some efforts reported in the
9 1960s in case studies do target gender nonconforming
10 behaviors and gender -- perhaps even gender identity
11 as a proxy for sexual orientation in children.
12 You have to recall that a six-year-old would
13 not say I am gay or lesbian, but they may act in ways
14 that are gender nonconforming that cause parents to
15 assume that they are or that there's something going
16 on and that then would become the focus of treatment.
17 So in that chapter we did discuss those issues and
18 that is why I spoke to Dr. Zucker.
19 But we reached no conclusions. Well, we did
20 discuss that conclusion somewhat.
21 MR. GANNAM: Can we go off for a moment.
22 (Lunch recess from 12:34 p.m. to 1:32 p.m.)
23 BY MR. GANNAM:
24 Q. So we've been talking about the 2009 APA
25 report. Is there any -- since this report came out in

1 2009 I want to ask, is there any part of the report
2 that has been withdrawn or updated or changed by the
3 APA since it came out?
4 A. No. I believe, though, an announcement went
5 out earlier this year that they are reviewing the 2009
6 resolution, so they are interested in updating that
7 resolution on SOCE as well as issuing a resolution in
8 GICE, but those are both in the process. They haven't
9 occurred yet.
10 Q. Do you know where in the process those
11 projects are?
12 A. No. I'm not involved in those processes.
13 May I clarify?
14 Q. Sure.
15 A. So they are updating the resolutions, but
16 there has not been any -- to answer the first part of
17 your question, no part of the report has been
18 withdrawn or changed and there have been -- when it
19 came out the report was praised. I modestly say that.
20 There have been no changes made.
21 Q. And, as we sit here today, are there any
22 changes that -- or any part of the report that you
23 personally would want to back away from or no longer
24 endorse?
25 A. No.

1 Q. Well, let's look at some of the specifics, if
2 we could. Let's go to page 2 of the report. There's
3 a footnote designated by two asterisks that reads, "In
4 this report we use the term sexual orientation change
5 efforts, SOCE, to describe methods, for example,
6 behavioral techniques, psychoanalytic techniques,
7 medical approaches, religious and spiritual approaches
8 that aim to change a person's same-sex sexual
9 orientation to other sex regardless of whether mental
10 health professionals or lay individuals, including
11 religious professionals, religious leaders, social
12 groups and other lay networks such as self-help groups
13 are involved."
14 Did I read that correctly?
15 A. Yes, you did.
16 Q. And is that consistent with your earlier
17 testimony about what the Task Force intended to
18 include within the term SOCE?
19 A. Yes.
20 Q. Given that it includes methods and approaches
21 that are not performed by licensed mental health
22 providers, but rather are performed by religious and
23 spiritual leaders, for example, does that mean that
24 any conclusion in this report that uses that term
25 "SOCE" is not differentiating between practices

1 carried out by licensed professionals and those
2 practices carried out by religious leaders and
3 non-licensed persons?
4 A. Could you repeat that because, I'm sorry, I
5 lost the first part paying attention to the second
6 part.
7 MR. GANNAM: Can you read that back for us.
8 (The question was read by the reporter.)
9 A. So, in my understanding of that question, in
10 the report the conclusions we draw have to do, though
11 we defined SOCE in this way, the research, review, and
12 evaluation only pertains and the conclusion that there
13 is no, or is insufficient or there's no evidence of
14 efficacy is based on a review of the scientific
15 literature. And if you look at actually the list of
16 studies that were examined, predominantly -- so I
17 would have to think about it, but predominantly the
18 behavioral treatment --
19 Actually, let me go back and just say I think
20 the answer is yes, as I review the literature that was
21 reviewed. So we reviewed both literature, reviewing
22 therapies tried by licensed professionals as well as
23 some articles that may have pertained to practices by
24 support groups and by religious or spiritual leaders.
25 We reviewed everything and our conclusions do apply to

1 both.
2 BY MR. GANNAM:
3 Q. Now will you look at page 3.
4 A. Uh-hum.
5 Q. Now that we've defined what SOCE means, and
6 on the left side of the page about two-thirds of the
7 way down is the heading Individuals Who Seek SOCE And
8 Their Experiences. Do you see that?
9 A. Uh-hum.
10 Q. I'll read the first sentence. "Although the
11 recent SOCE research cannot provide conclusions
12 regarding efficacy or safety, it does provide some
13 information on those individuals who participate in
14 change efforts."
15 Did I read that correctly?
16 A. Yes, you did.
17 Q. And that conclusion, is that still valid that
18 the recent SOCE research cannot provide conclusions
19 regarding efficacy or safety?
20 A. What do you mean by recent? Recent -- the
21 research reviewed in the report? I don't understand
22 your question.
23 Q. Whatever the word "recent" means in the
24 report?
25 A. Okay. So let me explain. And I apologize

1 for any confusion in this report.
2 We divided the research on SOCE into two
3 periods, an early period from the 1960s and '70s,
4 maybe one study from 1983, '84 that was empirical
5 scientifically reviewed literature. We called that
6 old SOCE. I'm not sure we even used the word "old."
7 We just called that SOCE research.
8 Then when we did the review we discovered a
9 body of research that, in 2009, was more recent. And
10 this was primarily, but not entirely, the research
11 provided by religiously-oriented professionals,
12 probably not psychologists or social workers. We
13 called that recent research. And when we reviewed the
14 recent research, most of it was not published in
15 scientific journals or some of it was, but it didn't
16 fit the criteria for a true experiment or a quasi
17 experimental design.
18 In other words, maybe it was qualitative like
19 Dr. Beckstead's work, or it was some other study. It
20 was not an empirical study so it could not provide us
21 evidence of harms or benefits. It could only provide
22 information on perceptions of participants. So that's
23 why we said it cannot provide conclusions. It's only
24 the recent research on SOCE that did not meet
25 experimental standards for causality that we said

1 cannot provide conclusions regarding efficacy or
2 safety.
3 Q. And what was the time period covered by which
4 you referred to as old or just plain SOCE?
5 A. Probably -- old SOCE. So if you go to the
6 back of the report, Appendix B, studies included, you
7 had asked for a list of all the studies that we
8 actually reviewed and looked at, even the ones that
9 maybe weren't commented on directly. So we list the
10 experimental studies and in 1981 the quasi -- yeah, so
11 it's like early '80s I would say. So non-experimental
12 studies also are there.
13 So it looks to be 1981 might be the last
14 study. But -- yeah, it's the last experimental study.
15 Though Ponticelli is a qualitative psychological
16 study. But let's say 1981 approximately.
17 Q. And going back to page 2, in the right column
18 about two-thirds of the way down it reads, "None of
19 the recent research," and then it gives a range, 1999
20 to 2007?
21 A. Right. So, yeah, so it explains itself.
22 There you go.
23 Q. So does that recent research there on page 2
24 correspond to that conclusion on page 3?
25 A. Yes. Thank you. That would have been

1 easier. And it explains what I tried to just explain
2 to you.
3 Q. So subject to that qualification of what
4 recent SOCE research is, this conclusion that's stated
5 here that it cannot provide conclusions regarding
6 efficacy or safety is still valid?
7 A. Right. So that conclusion on page 3 refers
8 to the data defined as recent 1999 to 2007. The
9 earlier research, 1960 to -- most states conducted to
10 1981, in the paragraph above it, those were the
11 studies that were an adequate methodological adequacy
12 to provide conclusions on causality and those found
13 that SOCE was not effective.
14 Q. Now will you turn to page 7, please.
15 Actually 6 and 7. At the lower right-hand corner of
16 page 6 is the heading that reads "Research." Do you
17 see that?
18 A. Uh-hum.
19 Q. And the first sentence says, "The Task Force
20 was asked to provide recommendations for future
21 research."
22 Did I read that correctly?
23 A. Yes.
24 Q. And then the next paragraph begins, "The
25 research on SOCE has not adequately assessed advocacy

1 and safety."
2 Did I read that correctly?
3 A. Right.
4 Q. And this statement does not differentiate
5 between old research and recent research; does it?
6 A. No. I think it would apply to all research
7 because it's talking about future research, not past
8 studies.
9 Q. And so the context for recommending future
10 research is that the current body of research has not
11 adequately assessed efficacy and safety; is that
12 correct?
13 A. I mean, I would say that we know what the
14 current research has done or research to date. We
15 would ask for improvements. Adequately -- it has
16 tried to assess. It may not have adequately assessed
17 it, but it has tried to assess it.
18 Q. So, as written, the statement still stands
19 that it has not adequately assessed efficacy and
20 safety?
21 A. Uh-hum.
22 MR. MIHET: Is that a yes?
23 Q. Please say yes or no and not uh-hum.
24 A. Sorry. The sentence is accurate.
25 Q. Thank you. Let's go to page 37. In the

1 lower right there's a heading that says "Recent
2 Studies"?
3 A. Uh-hum.
4 Q. In here are we talking about the same time
5 frame that was identified before, '99 to 2007?
6 A. Yes.
7 Q. So in this paragraph about recent studies,
8 the second full sentence after the citations begins
9 "These studies." Do you see that?
10 A. Yes, I do.
11 Q. It reads, "These studies all use designs that
12 do not permit cause and effect attributions to be
13 made. We conclude that although these studies may be
14 useful in describing people who pursue SOCE and their
15 experiences of SOCE, none of the recent studies can
16 address the efficacy of SOCE or its promise as an
17 intervention."
18 Did I read that correctly?
19 A. Yes, you did.
20 Q. So as describing the recent studies in that
21 time frame that's identified, does this statement
22 still stand, that the studies use designs that do not
23 permit cause and effect attributions to be made?
24 A. That is correct.
25 Q. Will you go to page 42. Recent studies,

1 again, is the heading on page 42 and it begins,
2 "Although the recent studies do not provide valid
3 causal evidence of the efficacy of SOCE or of its
4 harm, some recent studies document that there are
5 people who perceive they have been harmed through
6 SOCE." Followed by citations. And then it reads,
7 "Just as other recent studies document that there are
8 people who perceive that they have benefited from it."
9 Did I read that correctly?
10 A. Yes.
11 Q. Now, again, we're talking about the same time
12 frame of studies; correct?
13 A. Correct.
14 Q. And so here does this statement stand, that
15 the recent studies do not provide valid causal
16 evidence of the efficacy of SOCE or of its harm?
17 A. That's correct. Well, do not provide -- so
18 do not provide valid causal efficacy. And then
19 there's the rest of the sentence, some studies
20 document that some people perceive they have been
21 harmed or have benefited from it.
22 Q. Okay. So I want to look down towards the
23 bottom of that paragraph that begins "Among those
24 studies reporting on the perceptions of harm." Do you
25 see that?

1 A. Right.
2 Q. It continues, "The reported negative social
3 and emotional consequences include self reports of
4 anger, anxiety, confusion, depression, grief, guilt,
5 hopelessness, deteriorated relationships with family,
6 loss of social support, loss of faith, poor self
7 image, social isolation, intimacy difficulties,
8 intrusive imagery, suicidal ideation, self hatred, and
9 sexual dysfunction."
10 Did I read that correctly?
11 A. Yes.
12 Q. And it says, "These reports of perceptions of
13 harm are countered by accounts of perceptions of
14 relief, happiness, improved relationships with God,
15 and perceived improvement in mental health status
16 among other reported benefits."
17 Did I read that correctly?
18 A. Right. Yes.
19 Q. So what I want to ask is did the Task Force
20 attempt to quantify the prevalence of the described
21 reported harms as compared to the described reported
22 benefits?
23 A. I think in a gross way, yes, though the
24 different studies, there were different numbers of
25 studies, different number we -- I'm not sure the

1 results were quantifiable, no.
2 Q. Now, understanding that this particular
3 paragraph is taking about recent studies, but given
4 this list of reported harms, does the Task Force
5 report attempt to assign any number or percentage on
6 the increased likelihood of one of these enumerated
7 harms occurring from SOCE as compared to psychotherapy
8 in general?
9 A. No.
10 Q. And I'll give an example just so I'm clear.
11 The first reported harm in this list is anger. So,
12 for example, did the Task Force attempt to quantify
13 how much more likely it is that a person who receives
14 SOCE will have increased anger as a result compared to
15 how many people would have increased anger as a result
16 of psychotherapy in general?
17 A. You have to remember that these studies,
18 because of their quality, would not permit that kind
19 of comparison.
20 Q. And so can -- asking not only about the
21 recent studies then, but about all of the research
22 that was reviewed, was the Task Force able to assign
23 any percentage of likelihood to these various reported
24 harms from SOCE as compared to the likelihood of those
25 reported harms from psychotherapy in general?

1 A. Dr. Miller did not complete that type of
2 analysis. The later research did not lend itself to
3 any sort of ability to do that. You have to remember,
4 the early research showed some serious harms, but we
5 did not do a quantitative analysis because also
6 that -- I'm not sure the harms research for general
7 studies, we did try to look what that might be, was
8 also not difficult to -- was difficult to obtain.
9 So there's so many psychological studies of
10 efficacy, different conditions, so I'm not sure we
11 were -- I'm not sure Robin -- Robin thought about
12 that, I think, maybe, but I'm not a hundred percent
13 sure. So it's not quantifiable.
14 MR. WILLIAMS: Robin who?
15 THE WITNESS: Dr. Miller. Sorry.
16 BY MR. GANNAM:
17 Q. And so is the answer then the difference in
18 percentages or the likelihood of one of these negative
19 or harms resulting from SOCE compared to one of these
20 negatives resulting from psychotherapy in general is
21 not quantifiable?
22 A. The research does not lend itself to that
23 type of quantification.
24 Q. So the answer is yes?
25 A. Could you repeat the question. Sorry.

1 MR. GANNAM: Could you repeat my last
2 question, please.
3 (The question was read by the reporter.)
4 A. I'm just pausing to think that through. I
5 believe it might be -- you know, might be quantifiable
6 for early research, but we -- I don't believe we did
7 that analysis. It would not be possible with the
8 later research.
9 BY MR. GANNAM:
10 Q. And are you aware of anyone who has done such
11 an analysis with the earlier research?
12 A. I am not aware.
13 Q. In the recent studies that are identified
14 here, was the prevalence of these various reported
15 harms resulting from SOCE by non-licensed persons
16 differentiated from the prevalence of these reported
17 harms from SOCE by licensed professionals?
18 A. No, I do not believe so.
19 Q. Did the Task Force make any attempt to
20 distinguish between those two categories, licensed
21 persons and unlicensed persons?
22 A. We may have, but I am not sure. I don't
23 recall.
24 Q. And there's no result of such an analysis in
25 the report?

1 A. I don't believe so, no.
2 Q. I want to go -- staying on page 42 in this
3 section titled Summary, which is the summary of
4 Chapter 4, the first sentence says, "We conclude that
5 there is a dearth of scientifically sound research on
6 the safety of SOCE."
7 Did I read that correctly?
8 A. Uh-hum. Yes.
9 Q. And then it continues, "Early and recent
10 research studies provide no clear indication of the
11 prevalence of harmful outcomes among people who have
12 undergone efforts to change their sexual orientation
13 or the frequency of occurrence of harm because no
14 study to date of adequate scientific rigor has been
15 explicitly designed to do. Thus, we cannot conclude
16 how likely it is that harm will occur from SOCE."
17 Did I read that correctly?
18 A. Yes.
19 Q. And does that conclusion still stand today?
20 A. What, the conclusion in the report regarding
21 that research reviewed?
22 Q. The final sentence, for example, we cannot
23 conclude how likely it is that harm will occur from
24 SOCE.
25 A. Are you talking about only with regard to

1 this research included in this report, not -- in other
2 words, I don't understand your question.
3 Q. Okay. The summary itself qualifies it by
4 saying early and recent research studies provide no
5 clear indication of the prevalence of harmful outcomes
6 among people who have undergone efforts to change
7 their sexual orientation or the frequency of
8 occurrence of harm because no study to date of
9 adequate scientific rigor has been explicitly designed
10 to do so. So I think we're talking about only studies
11 available to date at the time of this report.
12 A. Okay.
13 Q. So, based on those studies, is it still a
14 correct conclusion that we cannot conclude how likely
15 it is that harm will occur from SOCE?
16 A. So the conclusion on studies to date, so that
17 would be studies to 2007. So it only -- that sentence
18 is accurate with studies to date to 2007.
19 Q. Okay. Now, if there happens to be one from
20 '08 that got in here, would it still apply? I mean --
21 A. Right. If it's included in here, yes.
22 Q. Okay.
23 A. So the formal review was for -- yes, that's
24 correct.
25 Q. Can we go to 72 now. Page 72. This is in

1 the Chapter 8, Issues For Children and Adolescents and
2 Their Families. On page 72 there's a section titled
3 Literature Review. Do you see that?
4 A. Yes, I do.
5 Q. The first subheading is Literature on
6 Children and the first sentence reads, "There is a
7 lack of published research on SOCE among children."
8 Did I read that correctly?
9 A. Yes.
10 Q. And as of the time of this report, is that an
11 accurate statement?
12 A. Yes.
13 Q. And, going to page 73, the next subheading is
14 Literature On Adolescents. Do you see that?
15 A. Uh-hum.
16 Q. And the first sentences says, "We found no
17 empirical research on adolescents to request SOCE."
18 Did I read that correctly?
19 A. Yes.
20 Q. And is that still an accurate statement as to
21 the state of the empirical record at the time of this
22 report?
23 A. Yes.
24 Q. Now I'm going to flip back a bit to page 22
25 just for a definition.

1 MR. WILLIAMS: Two two?
2 MR. GANNAM: Two two, yes.
3 BY MR. GANNAM:
4 Q. Page 22 near the bottom of the first column
5 begins the sentence "Behavior therapists tried." Do
6 you see that?
7 A. Yes.
8 Q. It says, "Behavior therapists tried a variety
9 of aversion treatments such as inducing nausea,
10 vomiting, or paralysis, providing electric shocks, or
11 having the individual snap an elastic band around the
12 wrist when the individual became aroused to same-sex
13 erotic images or thoughts. Other examples of aversive
14 behavioral treatments included covert desensitization,
15 shame aversion, systematic desensitization, orgasmic
16 reconditioning and satiation therapy."
17 Did I read that correctly?
18 A. Yes.
19 Q. Is that an adequate or an accurate summary of
20 what aversion treatments are in this realm of SOCE?
21 A. I believe so.
22 Q. Is there any other --
23 A. Well --
24 Q. Go ahead.
25 A. In the United States, I believe that is an

1 accurate statement. There are, in international
2 settings, efforts to change sexual orientation that do
3 use, I believe, aversive treatments and mandatory
4 inpatient treatments, and I don't know the extent of
5 the aversive treatments. Okay.
6 Q. Just so I understand what you're saying, the
7 term "aversive treatments" could cover other things
8 besides what are listed here on page 22, but you
9 believe that what's listed on page 22 is a
10 representative list of things that have happened in
11 the United States?
12 A. Since the 1960s on. It might not cover -- I
13 think we left out the treatments from the 1920s, '30s,
14 and '40s such as hormone therapies, electric shock.
15 Did we include electric shock?
16 Q. Yes.
17 A. We didn't include hormone treatments and some
18 other treatments that occurred probably in the early
19 20th century.
20 Q. To kind of have a working definition of what
21 an aversion treatment or aversive treatment is, would
22 it be fair to say aversive treatments involve some
23 kind of intentional pain or discomfort inflicted on
24 the patient?
25 A. Not -- so it would be that plus any form of

1 punishment. Of punishing, punishment. So, you know,
2 some treatments you provide rewards, you give someone
3 a piece of candy afterwards. It's very simplistic.
4 And other treatments are aversive in that
5 it's a unpleasant sensation. Some people would say
6 that the seatbelt noise you get when you don't plug in
7 your seatbelt is unpleasant. There is some
8 subjectivity about aversion, but I think generally
9 it's unpleasant and perhaps a bit more than
10 unpleasant.
11 Q. And if I ask you a question about aversive
12 treatment or aversion therapy that would go beyond
13 what you've just described, just let me know, but I
14 just wanted to come up with some kind of working
15 definition so we're both talking about the same thing.
16 A. Right. But I want to just say that, in
17 general, if you notice there's some references, in the
18 modern era and this current millennium it's highly
19 unusual to have any form of aversive treatments. It's
20 highly, highly and may be, in this country, almost
21 nonexistent generally in psychotherapy.
22 Q. Let me ask you, how many -- or which of
23 these, if you can look at the list on 22, which, if
24 any, of these treatments would be considered unethical
25 if practiced by licensed mental health providers in

1 2019?
2 A. Well, there's some general terms so that I
3 couldn't speak. So covert sensitization, systematic
4 desensitization, satiation therapy may not be
5 aversive.
6 Q. Okay.
7 A. And some people still use the rubber band.
8 And then orgasmic recondition, yeah. But let me just
9 say, I am not a specialist in behavior therapy so I --
10 you know.
11 Q. Would inducing nausea, vomiting, or paralysis
12 in connection with SOCE be considered unethical, in
13 your opinion?
14 A. Yes. A human rights violation most likely.
15 And the electric shocks. Well, in this context.
16 Q. What about using the elastic band around the
17 wrist method in the context of SOCE, would that be
18 unethical?
19 A. Yes, but you must remember -- lost my
20 thought.
21 Q. Okay. Now that we've talked about what
22 aversion treatments look like, let's go to page 41.
23 And on the right column the main heading is Reports of
24 Harm. Do you see that?
25 A. Right.

1 Q. And the first subheading is Early Studies.
2 Do you see that?
3 A. Uh-hum.
4 Q. It says, "Early research on efforts to change
5 sexual orientation focused heavily on interventions
6 that include aversion techniques."
7 Did I read that correctly?
8 A. Yes.
9 Q. The last sentence in that paragraph -- I'll
10 just read the whole thing.
11 The next sentence is, "Many of these studies
12 did not set out to investigate harm. Nonetheless,
13 these studies provide some suggestion that harm can
14 occur from aversive efforts to change sexual
15 orientation?"
16 Did I read that correctly?
17 A. Yes.
18 Q. So would it be fair to say that these early
19 studies suggest that there may be a difference in the
20 quantity or prevalence of harm that can occur from
21 aversive SOCE as compared to non-aversive SOCE?
22 A. I'm not sure that paragraph means that.
23 Q. Okay. Well, let me just ask you, in the
24 whole report or in the research that was examined,
25 would it be fair to say that there may be some

1 difference in the harm that occurs from aversive SOCE
2 as compared to non-aversive SOCE?
3 A. No.
4 Q. And why is that the case?
5 A. Because non-aversive SOCE, or SOCE, can cause
6 suicidal ideation and suicide attempts, and those are
7 very harmful outcomes. They're life threatening. And
8 that can come from non-aversive conversion therapy or
9 SOCE.
10 Q. My question was is it possible there is a
11 difference in prevalence of harmful outcomes comparing
12 aversive SOCE to non-aversive SOCE?
13 A. I don't think the evidence gives us any way
14 to draw that conclusion.
15 Q. And is there -- does this early studies
16 paragraph on page 41 tell us that in the early studies
17 there were more that focused on aversion techniques as
18 compared to early studies that focused on non-aversive
19 techniques?
20 A. So one of the challenges in your question is
21 that the studies that Dr. Miller reviewed in early
22 studies represent only studies that meet certain
23 methodological criteria for determining cause and
24 effect. There were other reports from that era that
25 were not -- was not researched in terms of research

1 quality, you know, the work of Socarides or Bieber or
2 those individuals, so that we're considering a very
3 small sample of all the interventions that were
4 provided to individuals in the name -- into the rubric
5 of SOCE, so that we really can't compare, and I think
6 Dr. Miller would say we can't compare, early and late
7 research and draw these kind of conclusions that you
8 wish to make. Or I can't. I can't respond. I'm
9 sorry.
10 Q. In this category of the early studies, the
11 studies that preceded the recent studies as we've
12 already talked about, was there research in the early
13 studies showing that harm can occur from non-aversive
14 SOCE?
15 A. I would say so. Again, these early studies
16 are not the full spectrum of interventions offered, so
17 that interventions offered to individuals in that era
18 could have -- these are only behavioral treatments.
19 There were a variety of interventions offered to
20 people in that era that we couldn't use because they
21 really were not adequately designed. And they were
22 non -- they might have been considered non-aversive.
23 But we didn't really do a review of those, so
24 we can't compare that. I can't quantify or can't draw
25 a conclusion from that early era comparing

1 non-aversive versus aversive. I mean, Dr. Nicolosi or
2 Dr. Bieber or Dr. Socarides may have considered their
3 interventions non-aversive, but we didn't really look
4 at the outcomes and they didn't keep records that
5 would allow us to figure out outcomes.
6 Q. So the Task Force, I assume, intentionally
7 made this statement about the aversive nature of the
8 early studies that were reviewed. My question is were
9 there also early studies reviewed involving
10 non-aversive techniques where the same thing could be
11 said, that is, harm can occur from these non-aversive
12 therapies?
13 A. Some of that material may be found in a
14 report in more qualitative retrospective studies that
15 we discuss in other chapters. So --
16 Q. And so --
17 MR. WILLIAMS: Are you finished, Doctor?
18 THE WITNESS: Yeah, I'm finished.
19 BY MR. GANNAM:
20 Q. And so just to get back to the question I'm
21 asking, was any early research on efforts to change
22 sexual orientation that involved non-aversive
23 techniques reviewed for purposes of this Task Force
24 report?
25 A. It may have been in the qualitative studies

1 discussed in later chapters. Most likely it did, but
2 I can't -- some of those qualitative studies involved
3 retrospective accounts that may have occurred during
4 that period.
5 Q. And so in any of the research among the early
6 studies that involved non-aversive SOCE, did any of
7 those include reports of harm from that non-aversive
8 SOCE?
9 A. I believe the answer is yes, but I don't
10 really want to give that as my response because I
11 would have to go back and look at those studies in
12 terms of the time period.
13 Q. And so I'll ask a follow-up question. Were
14 there any studies included in the early studies
15 involving non-aversive SOCE showing that non-aversive
16 SOCE causes harm?
17 A. Let me just think. I believe so.
18 Q. And can you point me to where that would be
19 in this Task Force report?
20 A. It would have to be in the list if you look
21 at -- we focused on aversive though let me be honest,
22 the degree aversiveness may depend. Some of the
23 sensitization research may have included that, but, to
24 be honest, the studies are difficult -- it would be
25 difficult for me to draw any conclusions or answer

1 your question in terms of that issue. Though the
2 majority of early studies were aversive, some of the
3 sensitization or desensitization and there was one
4 study about fantasy that I can't -- I would not want
5 to say is necessarily aversive or not, but I just
6 don't remember the details that well.
7 Q. And so to further differentiate between these
8 early studies involving aversive efforts that are
9 expressly mentioned here on page 41, can you identify
10 any specific early study that involved non-aversive
11 efforts that is shown to have reported harm or shows
12 that those efforts caused harm?
13 A. I would have to review the studies again. I
14 don't recall.
15 Q. And so can you not identify any as you sit
16 here right now?
17 A. I can't identify any as I sit here now based
18 on my memory.
19 Q. Did you identify any such studies in your
20 declaration in this case?
21 A. I didn't seek to go back to those studies.
22 Q. So the answer is no?
23 A. That is correct.
24 Q. Can we go to, now, page -- let's go back to
25 page 4 towards the beginning of your report. This is

1 within the executive summary. Will you look at page 4
2 on the top right.
3 The first full sentence in that right column
4 says, "The clinical literature." Do you see that?
5 A. Yes, I do.
6 Q. It reads, "The clinical literature indicated
7 that adults perceive a benefit when they are provided
8 with client centered multicultural evidence based
9 approaches that provide." And then there's a listing.
10 "A, acceptance and report." Excuse me. "Acceptance
11 and support. B, a comprehensive assessment. C,
12 active coping. D, social support. And E, identity
13 exploration and development."
14 Did I read that correctly?
15 A. Yes.
16 Q. And then it reads, "Acceptance and support
17 include unconditional acceptance of and support for
18 the various aspects of the client, respect for the
19 client's values, beliefs, and needs, and a reduction
20 in internalized sexual stigma."
21 Did I read that correctly?
22 A. Yes.
23 Q. And going down to about halfway down the page
24 there's a sentence that begins, "Identity
25 exploration." Do you see that?

1 A. Yes, I do.
2 Q. "Identity exploration and development include
3 offering permission and opportunity to explore a wide
4 range of options and reducing the conflicts caused by
5 dichotomous or conflicting conceptions of self and
6 identity without prioritizing a particular outcome."
7 Did I read that correctly?
8 A. Yes.
9 Q. Now, I want to elaborate on that. On page 5
10 it begins -- in the left column about eight or so
11 lines down, the sentence begins "Given that there."
12 Do you see that?
13 A. Okay.
14 Q. "Given that there is diversity in how an
15 individual is defined and express their sexual
16 orientation identity, an affirmative approach is
17 supportive of clients identity development without an
18 a priori treatment goal concerning how clients
19 identify or live out their sexual orientation or
20 spiritual beliefs. This type of therapy can provide a
21 safe space where the different aspects of the evolving
22 self can be acknowledged, explored, respected, and
23 potentially rewoven into a more coherent sense of self
24 that feels authentic to the client and it can be
25 helpful to those who accept, reject, or are ambivalent

1 about their same-sex attractions. The treatment does
2 not differ although the outcome of the client's
3 pathway to a sexual orientation identity does."
4 Did I read that correctly?
5 A. Yes.
6 Q. So these passages I have just read from, it's
7 in a heading that says "Recommendations and future
8 directions," does this describe a treatment approach
9 that the Task Force approved of or supported?
10 A. Yes.
11 Q. And to differentiate that from SOCE that the
12 Task Force does not support or approve of, and I will
13 ask you to correct me if I'm wrong, it seems like a
14 key ingredient is the lack of an a priori treatment
15 goal concerning how clients identify or live out their
16 sexual orientation or spiritual beliefs; is that
17 correct?
18 A. Yes, that is one of the key aspects.
19 Q. And I believe you mentioned another key
20 aspect of SOCE that the Task Force does not endorse or
21 approve of would be SOCE based on an assumption that
22 homosexuality is a disorder or is somehow a defect
23 that needs to be remedied; is that correct?
24 A. Right. And that is reflected in this issue
25 of sexual stigma, the negative impact of SOCE can be

1 that it increases sexual stigma and thus causes harm.
2 Q. So I want to focus then on this sentence that
3 reads, "The treatment does not differ although the
4 outcome of the client's pathway to a sexual
5 orientation identity does."
6 First let me ask, is there a difference in
7 this report between the terms "sexual orientation" and
8 "sexual orientation identity"?
9 A. Yes, there is.
10 Q. And what is the difference?
11 A. Sexual orientation, it's -- I mean, you may
12 want to just refer to the section of the report that
13 defines it but --
14 Q. I could and I probably will. Sometimes it's
15 better if you can explain it and that will help us
16 with a working conversation about it.
17 A. So sexual orientation refers to attractions
18 and our patterns of arousal. Identity is how a person
19 labels and identifies themselves. So a simplistic
20 explanation would be someone who experiences arousal
21 to both men and women, but chooses to label
22 themselves -- that's their sexual orientation. That's
23 who arouses them sexually and that's who they're
24 attracted to, but, for whatever reason, that person
25 decides to self-label as heterosexual and those are

1 two different things. So those are just two different
2 things. That's an example.
3 Q. So a person can -- based on what you just
4 explained, a person can, at the same time, maintain or
5 present a heterosexual identity while also
6 experiencing same-sex attraction or bisexual
7 attraction?
8 A. That's correct. And that's developed in that
9 section of the report and gone into in quite detail.
10 Q. So, getting back then to the sentence I read
11 that says the treatment does not differ although the
12 outcome of the client's pathway to a sexual
13 orientation identity does, is this referring to the
14 fact that in one counseling session you may have a
15 therapist with no a priori treatment goal and no
16 assumption that homosexuality is a defect or a
17 disorder that needs to be solved, and another therapy
18 room or session we can have a therapist who does
19 assume that homosexuality is a defect and has as a
20 treatment goal to change the client from homosexual to
21 heterosexual. Is this statement saying that coming at
22 the therapy from those two different directions could
23 still look the same as far as the treatment that they
24 deliver?
25 A. No. This paragraph in this section only

1 referred to what we would term appropriate
2 intervention. So this different pathway refers to
3 different client trajectories.
4 So let's say you were working with an
5 individual who is bisexual, okay, that's their arousal
6 pattern, and they are struggling with giving
7 themselves that name, bisexual, because they perceive
8 that the environment or their parents would reject
9 them. So their pathway to perhaps self-acceptance as
10 a bisexual person would be one set of stages dealing
11 with biphobia, coping with the different valuations of
12 the same sex, which is the other sex attractions.
13 Then with a different client let's say we have a man
14 who experiences exclusively heterosexual attractions,
15 his pathway to feeling positive about his sexual
16 orientation may be rather effortless, so he would have
17 a different pathway.
18 So it really just refers to this process
19 that's described in depth, I believe, in Chapter 6 of
20 the appropriate intervention. We're not talking about
21 SOCE here. We're talking about identity development
22 issues and identity exploration issues that really
23 vary with clients based on where they start from, self
24 acceptance, self rejection, whether they -- and what
25 their actual struggles are in integrating into an

1 identity. Some people maybe never integrate anything
2 into an identity. So that's what we're discussing
3 here.
4 Q. And so, talking about, just for shorthand, an
5 affirmative approach as it's described here, it says
6 an affirmative approach is supportive of a client's
7 identity development without an a priori treatment
8 goal concerning how clients identify or live out their
9 sexual orientation or spiritual beliefs. Did I say
10 that accurately?
11 A. Yes, you did.
12 Q. So is it possible then that applying this
13 affirmative approach with no a priori treatment goal
14 on the part of the therapist, you can still have
15 clients who come at their problems from a different
16 direction? You may have one who submits to this
17 affirmative therapy who does desire to reduce same-sex
18 attraction or somehow align with a heterosexual
19 identity, whereas you may have another client who also
20 suffers from -- I don't mean to say suffer. Who
21 experiences same-sex attraction who doesn't want to
22 change that and is satisfied to -- let me just stop
23 there.
24 If you have no a priori treatment goal on the
25 part of the therapist, they can apply this affirmative

1 therapy whether the client's goal is to reduce
2 same-sex attraction or not to alter same-sex
3 attraction; is that accurate?
4 MR. WILLIAMS: Roger, that's about a multiple
5 compound question. I suspect that Dr. Glassgold
6 understands it, but if she doesn't, I don't and I
7 want the court reporter to read it back so I can
8 grasp what where you're going.
9 MR. GANNAM: How about I will strike that and
10 let me just start over.
11 BY MR. GANNAM:
12 Q. Is it true that a therapist can apply an
13 affirmative approach, as described here in the report,
14 that has no a priori treatment goal either to a client
15 who experiences same-sex attraction and wants to
16 reduce it or somehow align attractions with a
17 heterosexual identity and also to a client who
18 experiences same-sex attraction and does not want to
19 align with a heterosexual identity, the treatment
20 doesn't differ, but the pathway is the same?
21 A. Yes.
22 Q. Now, all of this, as you can see from just
23 the number of times I've had to try to ask the
24 question, it all seems very kind of nuance, for lack
25 of a better term. You have -- on one hand you may

1 have a therapist who has a particular treatment goal,
2 on the other hand you have a therapist who doesn't,
3 they might both meet with clients with same-sex
4 attraction who have their own goals for what they want
5 out of therapy.
6 Who is qualified to look at a counseling
7 session or what happens in the counseling session and
8 decide whether an affirmative approach has been
9 applied or whether a non-recommended SOCE has been
10 applied?
11 A. I am not sure I agree with the first phrase
12 of your question which has to do with nuance.
13 Q. Okay. Let me take that out of it then.
14 Suppose there is a client who presents to a
15 licensed therapist, the client is experiencing
16 same-sex attraction and it is the client's goal to
17 reduce that attraction, but it's not the therapist's
18 goal. The therapist is simply open and affirming of
19 whatever direction the client wants to go in. And, on
20 the other hand, you may have a client who presents
21 with same-sex attraction and wants to change that
22 same-sex attraction and the therapist also has a
23 treatment goal of reducing that same-sex attraction.
24 So in the first case there's no a priori
25 treatment goal, in the second case there is. Who

1 would be able to observe what happens in that
2 counseling session and decide whether SOCE has
3 occurred or whether the affirmative therapy that the
4 Task Force endorses has occurred?
5 A. It would depend on who was present in that
6 counseling session or who reports it. So the patient
7 may say, or their parent in the case of a minor may
8 report what the therapist said or did. Or whatever if
9 there -- whoever was present in the room might be able
10 to report what was said and done.
11 Q. And who would be qualified to decide, based
12 on that report, whether SOCE had occurred or an
13 appropriate affirmative therapy had occurred?
14 A. I think it would depend on the individual
15 circumstances.
16 Q. We talked earlier about practices that --
17 aversive practices that would be considered unethical
18 in 2019. Do you recall that?
19 A. Yes, I do.
20 Q. And would it be fair to say that every state
21 has some kind of licensing board for the various
22 licensed mental health disciplines such as psychology
23 or marriage and family therapy or et cetera. Would
24 that be a fair statement?
25 A. I believe, though I have not reviewed every

1 state because not all states license every type of
2 provider. But most states do have licensing boards
3 that cover certain mental health professionals.
4 Q. And would it be appropriate, if a client has
5 a complaint about potentially unethical practice, to
6 bring that complaint to the applicable state licensing
7 board for the licensee who that client was seeing or
8 received therapy from?
9 A. Most states have a complaint process for
10 consumers to report violations, but these complaint
11 processes are geared towards adults reporting
12 complaints.
13 Q. Now, can you say that based on knowledge of
14 all 50 states?
15 A. No, I have not reviewed.
16 Q. Okay. What I'm asking is -- strike that.
17 Let me just move on for now.
18 A. Yeah, that's a good idea.
19 MS. ROBBINS: Can we take a five-minute
20 break?
21 MR. GANNAM: Sure.
22 (Recess from 2:35 p.m. to 2:47 p.m.)
23 BY MR. GANNAM:
24 Q. I'm going to move on from the APA report for
25 now. I'm going to show you a document previously

1 marked in this case as Exhibit 4 at the deposition of
2 Sal Ruggiero.
3 A. Okay.
4 Q. This is the document filed by the City in
5 this case as the Tampa ordinance 2017-47. Do you
6 recognize this document?
7 A. Yes, I do.
8 Q. Have you read it before?
9 A. Yes, I have.
10 Q. I want to ask you, have you discussed with
11 any officials or employees of the City of Tampa how
12 the City intends to enforce this ordinance?
13 A. No.
14 Q. Okay. And have you read anything or heard
15 anything from anyone about how the City intends to
16 enforce this ordinance?
17 A. No, I don't believe so. No.
18 Q. In going back to your report on page 7 of
19 your declaration.
20 A. Oh, sorry. So now we're the declaration.
21 MR. WILLIAMS: We're back there.
22 Q. Yes, Exhibit 28. So I want to look at, in
23 page 7, paragraph 17. It says, "In fact, the
24 conclusions of the reports and policies reported in
25 the findings of the ordinance have been strengthened

1 over time by, A, new studies from separate research
2 groups on individuals who participated in conversion
3 therapy efforts published from 2010, summarized in
4 sections 2 and 3."
5 Did I read that correctly?
6 A. Yes.
7 Q. And then there is a footnote there, number 7,
8 that lists out several studies subsequent to the dates
9 of the APA report; correct?
10 A. Correct.
11 Q. I'm going to talk about some of those with
12 you.
13 MR. WILLIAMS: Some of the studies in
14 footnote 7?
15 MR. GANNAM: Yes.
16 (Plaintiffs' Exhibit No. 29 was marked for
17 identification.)
18 BY MR. GANNAM:
19 Q. So I will show you what I'm marking as
20 Exhibit 29. This is a study by Weiss, Morehouse,
21 Yeager & Berry from 2010, titled A Qualitative Study
22 of Ex-Gay and Ex-Ex-Gay Experiences.
23 Did I read that correctly?
24 A. Correct.
25 Q. I'm going to go to -- and this is numbered

1 according to the journal where it appeared so it
2 starts on page 291. I'm going to turn to page 292.
3 A. Okay.
4 Q. So about halfway down on page 292 in the
5 second full paragraph in the middle it begins
6 "Scientific estimates." Do you see that?
7 A. Okay. I think I see where that sentence
8 begins, yes.
9 Q. And also, before I get there, this is in fact
10 a study that you cite in your declaration at footnote
11 7; correct?
12 A. I believe so. Yes.
13 Q. Okay. Sorry about that. Going back to page
14 292 in the middle, the sentence, "Scientific Estimates
15 of the effectiveness of conversion therapy are
16 essentially nonexistent because of difficulties
17 obtaining samples following individuals after they
18 exit therapy, defining success, and obtaining
19 objective measurements of behavioral and psychological
20 change."
21 Did I read that correctly?
22 A. Yes.
23 Q. Do you have any reason to disagree with that
24 statement?
25 A. I might not have worded the sentence the way

1 they have, I don't like their writing style or
2 whatever, but I wouldn't use the word "estimates" and
3 I wouldn't use the word "effectiveness." Efficacy.
4 But I think the general principal I agree with.
5 Q. Okay. Drop down to the bottom, the last
6 sentence on the page that begins "The combination."
7 Do you see that?
8 A. Okay.
9 Q. It reads, "The combination of the failure
10 rate of conversion therapies and the potential
11 negative effects of participating in conversion
12 therapy makes this an important area for research.
13 However, scientific research on the entire topic of
14 changing one's sexual orientation has been limited
15 and, in many cases, seriously methodologically
16 flawed."
17 Do you have any reason to disagree with that
18 statement?
19 A. Yes, I generally agree.
20 Q. Yes, you generally agree with it?
21 A. Yes.
22 (Plaintiffs' Exhibit No. 30 was marked for
23 identification.)
24 Q. I'm going to go on to Exhibit 30. All right.
25 This exhibit is an article by -- you know, I can't

1 pronounce this name. It's F-l-e-n-t-j-e. Do you know
2 how to pronounce that?
3 A. I believe the J is pronounced like Y, but I
4 think we're okay. I know what you're talking about.
5 Q. I'll go with Flentje. So it's by Flentje,
6 Heck & Cochran. It is an article from 2014 titled
7 Experiences of Ex-Ex-Gay Individuals in Sexual
8 Reorientation Therapy: Reasons For Seeking Treatment,
9 Perceived Helpfulness and Harmfulness of Treatment,
10 and Post-Treatment Identification.
11 A. Uh-hum.
12 Q. Did I say that correctly?
13 A. Yes.
14 Q. And is this another of the studies cited in
15 your declaration?
16 A. Yes.
17 Q. Will you turn to page 1245 of this article.
18 MR. WILLIAMS: Exhibit 30; right?
19 MR. GANNAM: Exhibit 30; that's correct.
20 BY MR. GANNAM:
21 Q. Now, about halfway down the page it reads,
22 "Reorientation therapy." Do you see that?
23 A. Right.
24 Q. Now, were they use term "reorientation
25 therapy" in this article, do you understand that to

1 be, generally speaking, synonymous with SOCE or
2 conversion therapy as we have been discussing already?
3 A. I believe so.
4 Q. So it reads, "Reorientation therapy is a
5 political, emotional, and controversial topic and,
6 perhaps as a result of this, there is little
7 methodologically sound empirical research on this type
8 of therapy."
9 Did I read that correctly?
10 A. Yes.
11 Q. And do you have any reason to disagree with
12 that statement?
13 A. I disagree somewhat with that statement.
14 Q. What do you disagree with?
15 A. I think that this statement was published --
16 I think there is some what we would call -- I would
17 disagree. I think there is some better research at
18 this point. It might not be perfect research, but
19 there is some research on these issues at this point
20 in time published since 2014.
21 Q. So the statement reads, "There is little
22 methodologically sound empirical research on this type
23 of therapy." Do you disagree with that statement
24 specifically?
25 A. I'm not sure what they mean by

1 methodologically sound.
2 Q. Okay. So how would you correct what they
3 said if you were to undertake to do that?
4 A. I would use the word "RCTs." Randomly
5 controlled design trials or rigorous experiments that
6 can provide cause and effect conclusions.
7 Q. So, with that statement, would it be accurate
8 to say there is little research fitting the criteria
9 you just described on this type of therapy?
10 A. Yes. Actually -- oh, okay. I think -- yeah,
11 that's okay.
12 The reason I bring this up is that she
13 discusses Beckstead and though some of his early
14 research was qualitative, it has its strengths too.
15 But we -- I think we are getting into the weeds a bit.
16 Q. Okay. Will you turn to page 1264.
17 MR. WILLIAMS: Six four; correct?
18 MR. GANNAM: Right.
19 BY MR. GANNAM:
20 Q. About halfway down there's a heading that
21 reads, "Future Directions." Do you see that?
22 A. Right.
23 Q. And the first sentence says, "This study also
24 points to the need for future research." Do you agree
25 with that statement?

1 A. I'm not sure. I would have to reread the
2 article.
3 Q. As you sit here, do you know of a reason to
4 disagree with that statement?
5 A. I think it would depend on the kind of
6 research and the population it was applied to and
7 whether it could be -- that's all.
8 Q. So will you look at the -- skip the next
9 sentence and go down where it says, "Future research."
10 Do you see that?
11 A. Right.
12 Q. It says, "Future research could assess the
13 psychological health and wellbeing of individuals with
14 varying levels of motivation for seeking reorientation
15 therapy in an effort to approximate the prevalence of
16 psychological disorders and suicidality among
17 individuals who are highly motivated to seek this form
18 of treatment."
19 Did I read that correctly?
20 A. Correct.
21 Q. Do you agree this is one possible avenue for
22 future research?
23 A. Yes.
24 Q. And would the point of this research be to
25 determine whether a person who is highly motivated to

1 obtain what they call reorientation therapy may have
2 some predisposition or existing psychological disorder
3 that could lead to a feeling or a report of harm
4 following the therapy?
5 A. No. I think this would let us know a bit
6 more about the level of distress and the level of
7 complicating mental health issues in people who seek
8 to change their sexual orientation.
9 Q. And would it be true that in determining
10 whether any therapy, but in this case SOCE or what
11 they call reorientation therapy, can be linked to or
12 can be said to cause harmful outcomes such as
13 suicidality, would it be necessary to know what level
14 of suicidality the individual was experiencing going
15 into the treatment in order to determine how it was
16 changed or exacerbated by the treatment?
17 A. How about if we repeat the question.
18 MR. GANNAM: Can you repeat the question.
19 I'm not sure I could.
20 (The question was read by the reporter.)
21 THE WITNESS: Could you do that again,
22 please. It's just a long sentence and I'm trying
23 to make sure I get all the phrases. Can I borrow
24 a sheet of paper so I can keep track of the
25 sentence. Thank you.

1 (The question was read by the reporter.)
2 A. I would say yes, with the proviso there's
3 also the issue -- yes, in certain instances and then
4 there are others potentially as well.
5 BY MR. GANNAM:
6 Q. When you say others potentially as well, what
7 do you mean?
8 A. Ineffective therapy. You suggested that
9 either exacerbated or changed or not impacted.
10 (Plaintiffs' Exhibit No. 31 was marked for
11 identification.)
12 Q. Okay. Fair enough.
13 I'm showing you an article that I'm marking
14 Exhibit 31. This is an article by Dehlin, Bradshaw,
15 Hyde & Crowell, titled Sexual Orientation Change
16 Efforts Among Current Or Formal LDS Church Members.
17 It's from a 2015 publication. Do you recognize this
18 article?
19 A. Yes.
20 Q. And is this one that's cited in your
21 declaration?
22 A. I believe so.
23 Q. I want to look at the first page in the --
24 not in the abstract, but in the first main paragraph.
25 There's a sentence that begins, about the third

1 sentence down, "Despite a recent increase." Do you
2 see that?
3 A. In the first paragraph?
4 Q. The first paragraph begins, "Many 21st
5 century." Do you see that?
6 A. Right. Okay. Despite. Okay.
7 Q. So I'll read the sentence. "Despite a recent
8 increase in public discourse regarding SSA, SOCE
9 studies have been limited in quantity, scope, and
10 methodology and ultimately have failed to demonstrate
11 either the effectiveness or benefit/harm of SOCE."
12 And it cites the 2009 APA report.
13 Did I read that correctly?
14 A. Yes.
15 Q. And then -- well, let me just ask you, do you
16 believe that's an accurate statement?
17 A. Not necessarily.
18 Q. What do you disagree with in that statement?
19 A. The issue of harm.
20 Q. Oh, okay. What specifically do you disagree
21 with in the statement?
22 A. I think the APA report concluded that there
23 was the possibility of harm.
24 Q. Okay. So would it be fair to say the APA
25 report concluded there is a possibility of harm from

1 SOCE, but it did not -- it did not go so far as to
2 conclude that SOCE causes harm definitively?
3 A. I think it said that patients' perceptions of
4 harm and that there is a risk of harm. I would have
5 to read the report. I would have to look -- we could
6 look at the sentence of the report again, but, yes,
7 there's a risk of harm.
8 I believe the report did conclude that
9 patients' perceptions -- patients did receive there to
10 be harms as well as benefits, but the patients did
11 perceive there to be harms. And in some ways treated
12 those perceptions as credible and worthy of
13 significance.
14 Q. Apart from that qualification, do you
15 otherwise agree with the statement that I just read in
16 this Exhibit 31?
17 A. I agree with SOCE studies have been limited
18 in quantity, scope, and methodology, and ultimately
19 have failed to demonstrate the effectiveness of SOCE.
20 In fact, to go back to the report, I
21 apologize, as you -- as we discussed for a long time,
22 the methodologically adequate studies where there was
23 harm and you pointed out aversive studies, did
24 indicate harm and that was substantial harm.
25 Q. When you say indicated harm, you mean

1 indicated that the patients or clients reported harm;
2 correct?
3 A. No, they, I believe, showed that there were
4 excessive dropout rates, loss of sexual feeling,
5 suicidality. The actual reports documented the harm.
6 The actual studies found harm.
7 The aversive studies -- or the early studies,
8 the aversiveness of the -- the types of aversiveness
9 varied, there was a spectrum, and those did indicate
10 harms. And then the more recent studies and some of
11 the qualitative studies like Dr. Beckstead and
12 Morrow's studies, members of the LDS church, discussed
13 perceived harms and benefits of SOCE.
14 Q. But, as we've already discussed, as far as
15 the recent studies go, the Task Force report concluded
16 that the recent studies do not provide valid causal
17 evidence of the efficacy of SOCE or of its harm;
18 correct?
19 A. Cause and effect, yes.
20 Q. And is it also true that regarding all the
21 studies covered by the 2009 report you concluded or
22 stated, we conclude that there is a dearth of
23 scientifically sound research on the safety of SOCE
24 and also that we cannot conclude how likely it is that
25 harm will occur from SOCE?

1 A. Dearth -- Dearth, I'm sorry, I'm a
2 New Yorker, does not mean there is none, and there is
3 some. It's hard to predict the extent and who will
4 either report harms or benefits.
5 Q. So that statement still is true, that we
6 cannot conclude how likely it is that harm will occur
7 from SOCE?
8 A. That is correct. In some ways that makes it
9 even more risky.
10 MR. GANNAM: I just want to move to strike
11 that last response after that is correct as
12 nonresponsive to the question.
13 MR. WILLIAMS: Ignore that.
14 THE WITNESS: Okay.
15 BY MR. GANNAM:
16 Q. So will you look at page 96 of this Exhibit
17 31.
18 MR. WILLIAMS: Nine six; right, Roger?
19 MR. GANNAM: Yes, nine six.
20 MR. WILLIAMS: Got it.
21 BY MR. GANNAM:
22 Q. On the left column, the second full paragraph
23 begins "Finally." Do you see that?
24 A. Yes.
25 Q. It says, "Finally, qualitative reports have

1 suggested that individuals who engaged in SOCE
2 reported a variety of perceived benefits and harms."
3 Did I read that correctly?
4 A. Yes.
5 Q. The next sentence reads, "Based on a
6 comprehensive review of this work, the APA 2009 SOCE
7 Task Force concluded that no study to date has
8 demonstrated adequate scientific rigor to provide a
9 clear picture of the prevalence or frequency of either
10 beneficial or harmful outcomes."
11 Did I read that correctly?
12 A. Yes.
13 Q. And is that an accurate statement?
14 A. Yes.
15 Q. And then the next sentence reads, "More
16 recent studies claiming benefits and/or harm have done
17 little to ameliorate this concern."
18 Did I read that correctly?
19 A. Yes.
20 Q. And is that an accurate statement?
21 A. I'm not sure I'm familiar with Karten & Wade,
22 but I believe that's accurate. I'm just not familiar
23 with their -- with that article.
24 Q. Okay. Moving to the next column, first full
25 paragraph on the right where it says "The frequency."

1 Do you see that?
2 A. Right.
3 Q. It says, "The frequency and rate of SOCE in
4 SSA populations remain unknown."
5 Did I read that correctly?
6 A. Yes.
7 Q. And, by SSA populations, are they referring
8 to same-sex attracted populations?
9 A. I believe so, but I'm not sure where first
10 usage occurred so I would have -- you know.
11 Q. Is that a normal or standard terminology in
12 the academic literature to refer to same-sex
13 attraction?
14 A. I'm not sure. I think in some, but not
15 others. I think generally that isn't a term. Some
16 people use that term. I think most don't. And I'm
17 not sure APA would, but whatever.
18 Q. Fair enough. The next sentence reads, "No
19 known study to date has drawn from a representative
20 sample of sufficient size to draw conclusions about
21 the experience of those who have attempted SOCE."
22 Did I read that correctly?
23 A. Yes.
24 Q. And is that an accurate statement as of the
25 date of this article?

1 A. Yes.
2 Q. It continues, "Furthermore, no known study to
3 date has provided a comprehensive assessment of basic
4 demographic information, psychosocial wellbeing, and
5 religiosity, which would be required to understand the
6 effectiveness, benefits and/or harm caused by SOCE."
7 Did I read that correctly?
8 A. Yes.
9 Q. And is that an accurate statement?
10 A. As of the date of this article?
11 Q. Yes.
12 A. Yes.
13 Q. Skipping a sentence and getting to the word
14 "finally." Do you see that?
15 A. Okay.
16 Q. It says, "Finally, in spite of the APA's 2009
17 report on SOCE, considerable debate continues about
18 the meaning of the report focusing specifically around
19 the lack of more conclusive SOCE related outcome
20 research."
21 Did I read that correctly?
22 A. Yes.
23 Q. And is it true that considerable debate
24 continues about the meaning of the report?
25 A. I don't think so.

1 Q. And why do you disagree with that?
2 A. I'm not sure how much -- I'm not sure what
3 they're referring to about considerable debate. I'm
4 not sure what that really means in terms of I am
5 trying -- I think just two people, two groups arguing
6 may not be considerable debate.
7 Q. Would you agree that there is some debate
8 that continues about the meaning of the report?
9 A. I actually don't think there's very much
10 debate.
11 Q. So there is some, but you wouldn't quantify
12 it as considerable?
13 A. That's correct.
14 (Plaintiffs' Exhibit No. 32 was marked for
15 identification.)
16 Q. All right. I'm going to show you now Exhibit
17 32. This is a report by Ryan, Toomey, Diaz & Russell
18 from 2018 titled --
19 A. Yes.
20 Q. -- Parent-Initiated Sexual Orientation Change
21 Efforts With LGBT Adolescents: Implications For Young
22 Adult Mental Health and Adjustment."
23 Did I read that correctly?
24 A. Yes.
25 Q. Will you turn to the -- this one has, I

1 guess, a cover page from the service that provided it.
2 Would you turn to the first page of the article
3 itself. It is one over from the cover there. We'll
4 call this page 1.
5 At the bottom, the sentence that begins,
6 "Although." Do you see that?
7 A. Right.
8 Q. "Although research on adult populations has
9 documented harmful effects of sexual orientation
10 change efforts, SOCE, no studies have examined SOCE
11 among adolescents, APA Task Force --
12 THE COURT REPORTER: I'm sorry. One more
13 time for me.
14 Q. "APA Task Force on appropriate therapeutic
15 responses to sexual orientation 2009."
16 So did I read that correctly?
17 A. Yes.
18 Q. And you agree no studies have examined SOCE
19 among adolescents?
20 A. I would have inserted the adjective "research
21 studies" or "scientific research studies."
22 Q. Okay.
23 A. Actually -- yeah, research, research studies
24 or experiments would be the appropriate word, to be
25 honest.

1 Q. So how about starting with the word "no,"
2 read it how it would be accurate.
3 A. Although research in adult populations, blah,
4 blah, blah, SOCE, no empirically based research
5 studies.
6 Q. Have examined SOCE among adolescents?
7 A. I'm still thinking. Have solely no
8 empirically based research studies have focused --
9 have examined or -- examined and focused on SOCE among
10 adolescents.
11 Q. So I will read the clause as I believe you
12 have modified it just so we're clear. No empirically
13 based research studies have examined and focused on
14 SOCE among adolescents?
15 A. Yes.
16 Q. So, as rewritten, that is accurate?
17 A. Or reasonably accurate at the time of this
18 deposition.
19 Q. Okay. July 25, 2019?
20 A. 3:19.
21 Q. And this is a study that you cited in your
22 declaration; correct?
23 A. That is correct.
24 Q. It's probably the newest study that you cited
25 in your declaration being from 2018?

1 A. Probably, yes.
2 Q. I want to turn to page 11 of the study, the
3 bottom of page 11. The paragraph begins "There are."
4 Do you see that?
5 A. There are.
6 Q. "There are several limitations of this
7 study."
8 Did I read that correctly?
9 A. Yes.
10 Q. I want to flip over now to page 12 among the
11 list of limitations. About halfway down that first
12 paragraph appears the word "third." Do you see that?
13 A. Third. Okay.
14 Q. It says, "Third, the design is retrospective
15 and thus causal claims cannot be made."
16 Did I read that correctly?
17 A. Yes.
18 Q. And do you agree that that's the case with
19 this study?
20 A. Yes.
21 MR. WILLIAMS: Which study are you talking
22 about? Let's make sure.
23 THE WITNESS: Ryan.
24 BY MR. GANNAM:
25 Q. The Ryan study. What did I mark that, 32?

1 A. Uh-hum.
2 Q. So that's a correct statement then?
3 A. Uh-hum.
4 MR. WILLIAMS: Yes?
5 THE WITNESS: Yes.
6 MR. GANNAM: Thank you.
7 MR. WILLIAMS: It's getting late in the
8 afternoon.
9 THE WITNESS: Have you had a chance to read
10 all these?
11 MR. WILLIAMS: That's how I go to sleep every
12 night is reading these things.
13 THE WITNESS: Some of them are more
14 interesting than others.
15 MR. WILLIAMS: I told you I sleep very well.
16 THE WITNESS: That's true.
17 MR. MIHET: Is all of this on the record?
18 THE COURT REPORTER: It is.
19 (Plaintiffs' Exhibit No. 33 was marked for
20 identification.)
21 BY MR. GANNAM:
22 Q. I'm going to show you now what I'm marking as
23 Exhibit 33. This is a document filed in this case at
24 document 135-1. Its title is Guidelines For
25 Psychological Practice With Transgender and Gender

1 Nonconforming People, published by the APA. Do you
2 recognize this document?
3 A. Yes.
4 Q. Have you seen it before?
5 A. I have.
6 Q. Okay. Will you turn then to page 841. Are
7 you on page 841?
8 A. Yes, I am.
9 Q. Guideline 8 in the right column about halfway
10 down, do you see that?
11 A. Correct. Yes, I do.
12 Q. It says, "Guideline 8. Psychologists working
13 with gender-questioning and TGNC youth understand the
14 different developmental needs of children and
15 adolescents and that not all youth will persist in a
16 TGNC identity into adulthood."
17 Did I read that correctly?
18 A. Yes.
19 Q. And do you understand TGNC means transgender
20 or gender nonconforming in this article?
21 A. Yes.
22 Q. Now, in that section, the heading of which I
23 just read, over on page 842, about halfway down the
24 left column, the first full paragraph begins "A clear
25 distinction." Do you see that?

1 A. Yes.
2 Q. The second sentence of that paragraph says,
3 "Due to the evidence that not all children persist in
4 a TGNC identity into adolescence or adulthood and
5 because no approach to working with TGNC children has
6 in been adequately empirically invalidated, consensus
7 does not exist regarding best practice with
8 prepubertal children."
9 Did I read that correctly?
10 A. Yes.
11 Q. Do you agree with that statement, at least as
12 of the date of this report, there is no approach to
13 working with TGNC children that has been adequately
14 empirically validated?
15 A. I personally would disagree with that.
16 Q. Why would you disagree?
17 A. I prefer the approach in the SAMHSA report
18 that perhaps doesn't come down on one or two --
19 narrows the range and says would not use the word
20 "no," would probably say -- where is it. I would add
21 another adjective. I think in the SAMHSA report I
22 like the way that prepubertal treatment with this
23 population and this age was described better. I would
24 say does not exist is somewhat strong.
25 Q. So there's two different clauses or phrases

1 here. I just want to make sure we're talking about
2 the same thing. After the word "and" it says,
3 "because no approach to working with TGNC children has
4 been adequately empirically validated." So let's just
5 focus on that statement. Is that an accurate
6 statement?
7 A. No approach. Not entirely, no.
8 Q. How would you modify it to make it accurate
9 in your opinion?
10 A. I would say because approaches, blah, blah,
11 blah, to working with TGNC children are still being
12 investigated and validated.
13 Q. Okay. And then the next clause reads,
14 "Consensus does not exist regarding best practice with
15 prepubertal children."
16 A. I would say best practices are evolving or
17 are in development. But I would refer you -- I really
18 refer you to the SAMHSA report. I think, you know,
19 though there is, again, this way that professionals
20 qualify their work all over the place, as we always
21 do, I like some of the descriptions, more in-depth
22 descriptions of possible practices. I think they're
23 concrete and helpful.
24 Q. So are you saying that the SAMHSA report
25 stands against this APA guidelines that we're reading

1 from?
2 A. I'm not sure against. I think they provide
3 some deeper understanding. I think, again, of course
4 the organizations have different ways they like to
5 frame issues. This makes sense for an APA document.
6 APA has its own internal ways it frames issues and
7 that makes sense for APA.
8 Q. So is it objectively true to say a consensus
9 does not exist regarding best practice with
10 prepubertal TGNC and gender-questioning children?
11 A. I'm not sure I can answer that, no. I don't
12 believe it does, but I defer that. I don't believe
13 it -- I'm not sure that's correct.
14 Q. You're not sure that a consensus does not
15 exist or you're not sure that a consensus does exist?
16 A. I'm not sure a consensus does not exist. I
17 believe that there are trends towards a consensus.
18 Q. Is that the same as saying that there is a
19 consensus? What I'm trying to figure out is do you
20 disagree with it completely or would you qualify it?
21 For example, consensus does not exist, but a trend
22 towards consensus does exist? Or would you say it
23 differently?
24 A. I think that's a reasonable phrasing.
25 Q. Okay. Going down in the same section, the

1 same paragraph actually, do you see where it says "Two
2 distinct"?
3 A. The same paragraph?
4 Q. Yes. The word "two" followed by "distinct."
5 Do you see that?
6 A. Right.
7 Q. It says, "Two distinct approaches exist to
8 address gender identity concerns in children with some
9 authors subdividing one of the approaches to suggest
10 three."
11 Did I read that correctly?
12 A. Yes.
13 Q. Now, the next paragraph begins, "One approach
14 encourages an affirmation and acceptance of children's
15 expressed gender identity."
16 Did I read that correctly?
17 A. Correct.
18 Q. And do you agree that that is one approach
19 that exists regarding treating children with gender
20 identity concerns?
21 A. Yes.
22 Q. The next paragraph reads, "In the second
23 approach, children are encouraged to embrace their
24 given bodies and to align with their assigned gender
25 roles. This includes endorsing and supporting

1 behaviors and attitudes that align the child's sex
2 assigned at birth prior to the onset of puberty."
3 Did I read that correctly?
4 A. Yes.
5 Q. And do you agree that that is also an
6 approach to treating children with gender identity
7 concerns?
8 A. I believe that is an approach though it has
9 been reduced in its -- I think fewer people endorse
10 that approach than in the past when this document was
11 published.
12 Q. So since 2015, when this document was
13 published, December of 2015, you're saying that that
14 second approach is less common or less favored?
15 A. Less favored.
16 Q. Has it fallen out of practice or out of favor
17 all together or is it just diminished to some extent?
18 A. I think it is diminished to a very great
19 extent. I am not sure whether -- how many people
20 actually do provide that kind of treatment or how
21 often it's provided.
22 Q. And what do you base that belief on?
23 A. My conversations with colleagues unrelated to
24 this discussion in the case.
25 Q. Are you familiar with any particular study or

1 group of studies that have reached the conclusion that
2 that approach is not favorable or should not be
3 applied by professionals?
4 A. I am not aware of any studies.
5 Q. Would it be fair to say that you personally
6 haven't undertaken any kind of full survey of the
7 landscape of professionals engaged in this kind of
8 therapy to determine how many are or are not engaging
9 in this second approach of encouraging a child to
10 align with their sex assigned at birth?
11 A. A survey of all the possible professionals
12 who could be implementing a certain treatment in
13 confidential settings?
14 Q. Let me rephrase that. You said you're not
15 aware of any studies?
16 A. Published. But I am not aware personally.
17 Those studies may exist.
18 Q. I understand. What I'm trying to decide or
19 determine is, based on what you do know or believe as
20 to the diminishing of that particular approach, is
21 that based on some formal or thorough attempt you've
22 undertaken to answer that question or is that just
23 based on conversations you've had with people
24 professionally?
25 A. There are some new publications out in book

1 form that provide background and a summation or
2 summary and integration of trends in this aspect of
3 the field. And I am thinking of a book recently
4 published by APA, but whose name escapes me. So that
5 is one book I am familiar with that reviews the
6 issues.
7 The work of Laura Edwards-Leeper is the
8 research I'm most familiar with and she has a chapter
9 in that book and I have reviewed a manuscript she
10 wrote, or was provided with a manuscript she wrote on
11 these topics and that's -- and her work and then Marco
12 Hildalgo has also published in this area. So those
13 are the studies I'm thinking about when I'm reflecting
14 on this topic and they are more recent than this.
15 Q. And what have they concluded regarding this
16 approach?
17 A. That they would probably subscribe to careful
18 assessment and then most likely tend towards the first
19 approach rather than the second approach, especially
20 if the second approach increases dysphoria and
21 distress in children.
22 MR. WILLIAMS: Roger, you about through with
23 this exhibit because I would like to take a
24 break.
25 MR. GANNAM: I will be done shortly.

1 MR. WILLIAMS: All right.
2 BY MR. GANNAM:
3 Q. Did either of those authors you've mentioned
4 conclude that the second approach causes harm or
5 should be discontinued all together?
6 A. Possibly. I would have to review those
7 studies or those chapters.
8 Q. So you don't know as you sit here right now?
9 A. I can't recall.
10 Q. Will you look at page 843. On the right
11 column, second -- third full paragraph begins
12 "Psychologist may encourage." Do you see that?
13 A. Correct. Yes, I do.
14 Q. All right. Maybe a third of the way down
15 that paragraph is the word "emphasizing." Do you see
16 that?
17 A. Uh-hum.
18 Q. It reads, "Emphasizing to parents the
19 importance of allowing their child the freedom to
20 return to a gender identity that align with sex
21 assigned at birth or another gender identity at any
22 point cannot be overstated, particularly given the
23 research that suggests that not all young gender
24 nonconforming children will ultimately express a
25 gender identity different from that assigned at

1 birth."
2 Did I read that correctly?
3 A. Yes, you did.
4 Q. And do you have any reason to disagree with
5 that statement?
6 A. Yes. In most circumstances the phrase
7 "cannot be overstated" I think is intense, but
8 whatever.
9 Q. So you would agree with it in most
10 circumstances maybe without that intensification that
11 the author has included?
12 A. I think the first phrase is the most
13 important up to the word "freedom." The freedom to,
14 you know, develop their own gender identity. I think
15 generally I'd say yes.
16 Q. Okay. So maybe can I try to give an example
17 then. Suppose an adolescent who is biologically male
18 identifies as female for a period of time, adopts a
19 female gender identity, but after some period of time
20 decides on the child's own that the child wants to
21 return to a gender identity that matches the sex
22 assigned at birth. Generally what the author's are
23 saying here.
24 Should, in most cases, a therapist be free to
25 help a child who requests therapy or counseling to

1 assist with that de-transition or return to the gender
2 or the sex assigned at birth?
3 MR. WILLIAMS: I will object to the form of
4 the question as being, frankly, vague and overly
5 generalized.
6 Q. You can answer.
7 A. To be honest, that's such a hypothetical I
8 think is impossible to answer because I don't think
9 there's enough clinical detail and assessment
10 information, that each case is unique and that, to be
11 honest, that there is research, I think, recently
12 published if I recall actually as I think about your
13 example, that returning is actually a very small
14 percent of individuals, probably 1 to 2 percent, and I
15 forget the exact age range where that occurs more. So
16 that I think that -- I can't really -- I think that's
17 a difficult hypothetical provided to provide an answer
18 to.
19 Q. Do you think that licensed professionals
20 should be precluded in all cases from helping a child
21 who requests help with that kind of return or
22 de-transition?
23 A. I think you need to do a very careful
24 assessment of any course of action with children and
25 that any course of action either to assist in any

1 direction needs to be assessed carefully. And the
2 reasons and rationale need to be carefully examined in
3 all instances. I think hypotheticals in clinical
4 cases are very difficult to answer.
5 Q. So, from your answer, would it be fair to say
6 the licensed provider or professional in that case
7 should carefully assess the situation before deciding
8 whether or not to help?
9 A. Right.
10 Q. Is there any reason to legally prohibit that
11 licensed professional from making that determination
12 to assist or not assist the child who requests help in
13 that area?
14 MR. WILLIAMS: Object to the form of the
15 question. It calls for a legal conclusion and
16 assumes facts that really aren't in evidence
17 here.
18 THE WITNESS: Do I still have to answer?
19 MR. WILLIAMS: Yeah, you can answer it if you
20 think you can.
21 A. I'm not sure I can answer that. I think,
22 again, it's too vague. I think it presumes competence
23 on the part of the professional that we haven't
24 established. Or other issues too. So I can't really
25 answer that question.

1 I also can't draw a legal conclusion. I
2 think -- I just find that a very difficult
3 hypothetical question.
4 Q. Let's assume that the licensed professional
5 is competent to assess the situation and make an
6 appropriate determination of whether to help the child
7 or not. My question is is there any reason that that
8 professional should be legally prohibited from ever
9 helping a child with that request?
10 MR. WILLIAMS: I'm going to repeat the
11 objection made to the prior question. Your
12 revision doesn't cure the problem with the
13 question posed.
14 A. I don't think I -- I don't want to speculate
15 and I feel like you're asking me to really speculate
16 here and I feel like any speculation would include
17 such inaccuracies to not be helpful. I mean, to not
18 be accurate.
19 Q. So, going back to the passage from these APA
20 guidelines, where it says emphasizing to parents the
21 importance of allowing their child freedom to return
22 to a gender identity that aligns with sex assigned at
23 birth or another gender identity at any point cannot
24 be overstated. Now, you've objected to that
25 intensifying language "cannot be overstated," but I

1 believe you testified you agree with the general
2 proposition that a child ought to be allowed the
3 freedom to return if the child wants to?
4 A. Yes, in most circumstances. Yes, in general
5 circumstances. Yeah, most circumstances or in certain
6 circumstances.
7 Q. So, generally speaking, should that freedom
8 include the freedom to receive professional assistance
9 with that return or that change if the child wants it?
10 A. I think when we're -- so I think --
11 MR. WILLIAMS: I'm going to object to the
12 form of the question. It just goes back to the
13 prior questions in the sense it assumes facts
14 that aren't in evidence and it calls for
15 speculation based on assumptions that are
16 embedded in the question itself.
17 I'm making an objection for the record,
18 Doctor. If you think you can answer that
19 question, that's fine. It's up to the court to
20 determine whether or not the question is proper.
21 MR. GANNAM: And I just want to say for the
22 record in response to your objection that asking
23 this kind of hypothetical is perfectly acceptable
24 when we're talking with an expert witness, one
25 who has the qualification and training to discuss

1 these matters.
2 MR. WILLIAMS: Well, we disagree on that.
3 That's why judges exist to make rulings.
4 A. I think this topic is complicated and
5 involves some degree of speculation and consideration
6 of issues of coercion and non-coercion so that I think
7 there's just a lot of important issues of how to
8 consider and vagueness and definitions.
9 BY MR. GANNAM:
10 Q. Then let me ask this. Should the freedom
11 that we've talked about for a child to return to a
12 gender identity that aligns with sex assigned at birth
13 include the freedom to consult a competent
14 professional, without coercion, to accomplish that
15 return?
16 MR. WILLIAMS: You mean from a clinical point
17 of view as opposed to a legal point of view?
18 MR. GANNAM: Yeah.
19 A. There's another issue here about the issue of
20 minors and informed consent so, generally speaking,
21 the parents provide informed consent to all these
22 treatments and procedures. So you're talking on a
23 minor consulting with a professional that the parent
24 provides, generally, informed consent to. So freedom
25 is a complicated word here.

1 Q. Well, there's always going to be an informed
2 consent issue any time a minor receives psychotherapy;
3 correct?
4 A. That's correct.
5 Q. So is there something about this situation
6 that is different from any other situation where a
7 minor receives psychotherapy or professional
8 counseling?
9 A. I think it's a very complex situation. I
10 think this is very complex topic.
11 Q. So, to address your response, assume then
12 that this is a situation where the child wants to
13 return to a gender identity that aligns with the sex
14 assigned at birth, that there is a competent
15 professional able to help that child, that there is no
16 coercion, and that the parent appropriately exercises
17 their parental responsibility of informed consent.
18 Should that child, or that child and the parents, have
19 the freedom to get professional help with that return?
20 MR. WILLIAMS: I'm going to repeat the same
21 objections I've been iterating now for the last
22 ten minutes. Vague, overly broad, indefinite,
23 improper hypothetical. You may try to answer the
24 question, Doctor.
25 A. In a hypothetically perfect world where

1 everyone is exquisitely trained and all that, that may
2 be an appropriate course of action.
3 Q. You said that may be an appropriate?
4 A. May be an appropriate.
5 MR. GANNAM: Thank you. Let's take that
6 break that Ron asked for.
7 MR. WILLIAMS: Okay. Great.
8 (Recess from 3:48 p.m. to 4:12 p.m.)
9 MR. WILLIAMS: We've just finished a break
10 and during the break Dr. Glassgold told me what
11 was obvious to me, that she's really getting
12 tired and she was concerned about a particular
13 question that Mr. Gannam asked her, gosh, about
14 20, 30 minutes ago, I don't remember. And she
15 wants to address that question and make sure that
16 her answer is clear and correct in her own mind.
17 So I'm going to ask the court reporter to
18 read that question if you can find it very
19 quickly, madam court reporter, so Dr. Glassgold
20 can address it.
21 MR. GANNAM: I just want to object to your,
22 you know, taking this opportunity to ask a
23 question during my direct examination time. You
24 have the opportunity to redirect after the
25 conclusion of my questions.

1 MR. WILLIAMS: I'm going to go ahead and do
2 it anyway and I understand your objection, but
3 she's getting more tired. I want to make sure.
4 It's only fair to this witness that she have that
5 opportunity.
6 THE WITNESS: So do I need to speak to you
7 about which question it was?
8 MR. GANNAM: Excuse me.
9 MR. WILLIAMS: Do you remember the question?
10 THE WITNESS: Yes, I do. It's one I took
11 notes on.
12 MR. WILLIAMS: All right. Why don't you go
13 ahead and do whatever you need to do to make sure
14 the record is clear.
15 MR. GANNAM: And I will just reiterate, we're
16 within our seven hours still of our time.
17 MR. WILLIAMS: I understand.
18 MR. GANNAM: So I would like to continue.
19 MR. WILLIAMS: Let Dr. Glassgold clarify her
20 answer, if you would, and then we'll move on.
21 THE WITNESS: It has to do with the question
22 about the Caitlin Ryan studies and a measure of
23 suicidality before -- would it be necessary to
24 have a measure of suicidality before assessing
25 suicide or something like that.

1 BY MR. GANNAM:
2 Q. Is there something you would like to change
3 about your answer that you gave previously?
4 A. Yes. I believe I said yes to that and I
5 meant to say no. That was that question we read over
6 at least two times and I took some notes too and I
7 edited it, but then I think it was just I was
8 confused. Tired and confused.
9 MR. GANNAM: All right. Just for the record
10 I want to say after a 22-minute break the witness
11 has given a new answer to a prior question that
12 was some time back. I move to strike the attempt
13 to re-answer the question and I just want to go
14 back on the record. I mean, I just want to
15 continue now with my questioning.
16 BY MR. GANNAM:
17 Q. I guess before I go there, Dr. Glassgold, the
18 new answer that you just gave, did you discuss that
19 with anyone during the break?
20 A. I discussed with Mr. Williams that I felt
21 that my answer had not been accurate and I had not --
22 I thought about it. It was a multi-part question and
23 though the question was read back to me a few times, I
24 felt like that wasn't the answer that reflected my
25 views.

1 Q. And did you decide that your answer needed to
2 be changed or was it brought to your attention by
3 someone else?
4 A. I decided my answer needed to be changed.
5 Q. And I just want to remind you, Dr. Glassgold,
6 when we began the deposition I did ask that if I asked
7 a question that you didn't understand that you let me
8 know that, and I think you agreed that if you answered
9 the question that I could assume that you understood
10 it when I asked you. Do you recall that?
11 A. I do.
12 Q. Before we continue, is there any other aspect
13 of your earlier testimony that you want to change?
14 A. I don't think so.
15 Q. Okay. Let's look at the SAMHSA report that
16 you commuted to me earlier. It's Exhibit C to your
17 expert declaration which was marked Exhibit 28.
18 MR. GANNAM: For the record, SAMHSA is an
19 acronym for Substance Abuse and Mental Health
20 Services Administration, and this report is dated
21 October 2015.
22 BY MR. GANNAM:
23 Q. What was your involvement with this report,
24 Dr. Glassgold?
25 A. I helped support the work of a professional

1 group of experts who came together within a -- we were
2 brought together by SAMHSA to discuss the issues
3 covered in the report, so I was a staff person at APA
4 at the time.
5 Q. And SAMHSA is a governmental organization;
6 correct?
7 A. That is correct. It's an agency of the
8 Department of Health and Human Services.
9 Q. Of the U.S. government?
10 A. Yes.
11 Q. And would it be fair to say this SAMHSA
12 report did not undergo the same layers of review as
13 the 2009 Task Force report that we talked about
14 earlier, at least within the APA?
15 A. It is not an APA product, so it did not
16 undergo review at APA.
17 Q. What review did it undergo or go through
18 before it was published, if you know?
19 A. It went under review in the Department of
20 Health and Human Services, and my understanding is
21 that it was reviewed by different -- I believe it was
22 reviewed within that organization.
23 Q. Will you look at page 13 of the SAMHSA
24 report, please.
25 A. Uh-hum.

1 Q. Earlier we were looking at the APA guidelines
2 on transgender and gender nonconforming children. Do
3 you remember that?
4 A. Yes.
5 Q. And we had a discussion about whether there
6 was or was not a consensus on certain issues. Do you
7 recall that?
8 A. Yes.
9 Q. On page 13 of the SAMHSA report at the top
10 within a section called consensus on efforts to change
11 gender identity. Do you see that?
12 A. Yes.
13 Q. And it reads, "Number 3. There is a lack of
14 published research on efforts to change gender
15 identity among children and adolescents." We stop
16 there. Do you agree with that statement?
17 A. Yes.
18 Q. And it's an accurate statement as of December
19 2015 when this report was published?
20 A. I believe it was October 2015, yes.
21 Q. Okay. Thank you. Will you go to page 25,
22 please.
23 While you're looking for that, did you edit
24 or contribute to the writing of this report?
25 A. I assisted on the executive summary and then

1 I sent in some materials written by Dr. Yarhouse to
2 the writer of this report, as well as I believe I
3 facilitated the connection of the writer to our ethics
4 specialist, or the ethics specialist. This was -- so
5 there was a professional writer who was -- and
6 professional consultants hired by SAMHSA to pull
7 together this report. So I facilitated the
8 communications of Dr. Yarhouse and another expert from
9 the Fordham Center to the person, and then I believe I
10 assisted and edited in the writing of the executive
11 summary.
12 Q. And when you submitted the Yarhouse
13 materials, did the writer of the report receive and
14 consider those materials when you sent them?
15 A. Yes, I believe so.
16 Q. And did they make it into the report or
17 whatever aspect of them you brought to the writer's
18 attention?
19 A. Some aspect of them.
20 Q. So would it be fair to say you had access to
21 the writer of this report before it was published and
22 had an opportunity to give input to it?
23 A. Yes.
24 Q. Would you look at page 25 on the left column.
25 A. Well, I just want to clarify, I was not sent

1 the report, the entire report to edit at all. I did
2 not see the report itself. I had some access to the
3 writer of the report to submit material and I saw the
4 executive summary or I was asked to assist in order to
5 finish by the timeline. I did not see the bulk of the
6 report before it was -- I did not edit the report or
7 see the majority of it until after it came out.
8 Q. Did you receive and read it when it came out?
9 A. I did receive and read it when it came out.
10 Q. And did you -- at the time it came out did
11 you disagree with anything in it or object to anything
12 that had been published in it?
13 A. Not that I recall.
14 Q. As you sit here today, do you object to
15 anything in this report or think it is in any way
16 inaccurate?
17 A. I don't believe so, but even though I've
18 looked at it, glanced at it since then, I haven't read
19 it with intensity or with an editorial frame of mind.
20 Q. So, on page 25, the first paragraph there on
21 the left, the last sentence where it says "No new
22 studies," do you see that?
23 A. Right.
24 Q. Is says, "No new studies have been published
25 that would change the conclusions reached in the APA

1 Task Force's 2009 review."
2 Did I read that correctly?
3 A. Yes.
4 Q. And that's referring to your APA Task Force
5 and its report; correct?
6 A. Right.
7 Q. And that's an accurate statement?
8 A. I would say that it probably is, but part of
9 the problem I have with that sentence is it doesn't --
10 the two previous sentences, as I look at them now, it
11 separates research on adults and research on children.
12 And then the last sentence doesn't qualify whether
13 it's all, both adults and children's studies, or one
14 or the other.
15 And so I'm not sure that -- I'd have to think
16 about whether, as of October 2015, that probably is
17 correct for adults and children, but I think that -- I
18 think that's accurate, yes. Sorry I had to try to
19 think things through.
20 Q. No problem. Will you look at page 26?
21 A. Uh-hum.
22 Q. About halfway down on the first full
23 paragraph is the word "although." Do you see that?
24 A. Yes.
25 Q. It says, "Although no research demonstrating

1 the harms of conversion therapy with gender minority
2 youth has been published." Let me stop there.
3 Do you agree with that statement, that no
4 research demonstrating the harms of conversion therapy
5 with gender minority youth has been published?
6 A. As of October 2015, when that sentence was
7 written, I believe that sentence was accurate.
8 Q. In your declaration that you filed in this
9 case, do you cite to any research that would disagree
10 with that statement from October of 2015 in the SAMHSA
11 report?
12 A. Actually, the Ryan study did include
13 individuals who identify, in her study, as transgender
14 and they perceive and report concerns that would
15 indicate harm.
16 Q. And we're talking about the Ryan 2018 study?
17 A. Yes.
18 Q. And I think we did already discuss that you
19 agreed with that statement in that report, that the
20 design is retrospective and thus causal claims cannot
21 be made from the Ryan report; correct?
22 A. That's why I used patient perception.
23 Q. Apart from that Ryan report, as we've just
24 discussed, do you cite in your declaration any other
25 research demonstrating harm from conversion therapy

1 with gender minority youth?
2 A. I don't believe so, though in the Bradshaw
3 study, one of the Bradshaw studies, they discuss the
4 experiences of individuals who do identify as gender
5 nonconforming who felt -- or felt that their gender
6 nonconforming behaviors were targeted, but I believe
7 those were individuals who experienced therapy as
8 adults, but they might have had therapy as young
9 adults or adolescents, but I am doubtful to that. But
10 I believe it's only Ryan who identified that at this
11 point, but I'm pretty sure. I would have to think
12 about this thing a little bit more.
13 Q. Let me ask you this. I'm sorry. Are you
14 still thinking?
15 A. I'm still thinking.
16 Q. Please finish. I mean, take your time.
17 A. I believe that is -- my answer is correct.
18 Q. Can you go back to your report. Your
19 declaration, excuse me, Exhibit 28. And I'm looking
20 at page 5.
21 A. Uh-hum.
22 MR. WILLIAMS: Give me a second here, Roger.
23 Let me catch up to you, if I may. All right.
24 Thank you.
25 Q. Specifically, paragraph 14.

1 A. Uh-hum.
2 Q. It reads, "The ordinance is supported by the
3 best available scientific research relevant to
4 children and adolescents which is, again, cited in the
5 legislative findings of the ordinance." Let me stop
6 there.
7 Will you look at, for the moment, Exhibit 4,
8 the ordinance itself. In paragraph 14, where you
9 refer to the legislative findings of the ordinance,
10 are those the various whereas clauses appearing on
11 pages 1 through 5 of the ordinance?
12 A. Yes.
13 Q. Okay. The next sentence, going back to
14 paragraph 14 on page 5 in your declaration says,
15 "Specifically, current scientific evidence, including
16 those cited in findings, confirm unequivocally that
17 conversion therapy, CT, in any form is ineffective and
18 harmful."
19 Did I read that correctly?
20 A. Yes.
21 Q. Now, we have looked at your APA report itself
22 that makes a statement, "We cannot include how likely
23 it is that harm will occur from SOCE." And we've
24 looked at the SAMHSA report from 2015 that says, "No
25 studies have changed any of the conclusions in the

1 2009 APA report."
2 My question is how do we get from those
3 studies to your statement that the current scientific
4 evidence confirms unequivocally that conversion
5 therapy in any form is both ineffective and harmful?
6 A. There is no scientific evidence that
7 conversion therapy is effective and I believe patient
8 perception qualitative accounts of harm are valid to
9 be considered substantial enough evidence of harm that
10 the standards for harm are different than standards
11 for efficacy and patient perception of harm is
12 adequate reason to reconsider patient -- to consider a
13 therapeutic program.
14 Q. So isn't it different to say that conversion
15 therapy poses a risk of harm on the one hand and
16 saying that it is harmful on the other hand,
17 scientifically speaking?
18 A. Perhaps I think at some point we're
19 nitpicking, but there is a distinction. I think --
20 so, to answer your question, I believe the totality of
21 the evidence supports my statement and I could go into
22 depth about that if you wish.
23 Q. Well, I just would like to ask you to point
24 me to the study that or the research that was
25 completed or occurred from the 2015 SAMHSA report

1 through the date of your declaration that goes from no
2 conclusions from the APA report in 2009 have been
3 changed by the research to now it's unequivocal that
4 conversion therapy is harmful and ineffective?
5 A. I believe the Ryan report and the research
6 from 2015 on, including Bradshaw, point to strong
7 patient perceptions of harm. And if you look at the
8 accounts in Bradshaw that compare the different types
9 of therapy, there is evidence of perceived harm and,
10 again, the evidence from harm do not have to be RCTs
11 in order for their treatment to be considered
12 extremely risky and seriously harmful.
13 Q. And, apart from the Ryan study and the
14 Bradshaw study, are there any others that support that
15 statement since the 2015 SAMHSA report?
16 A. I believe that the collective work of the
17 Bradshaw daily group, they're a group of studies by
18 that group, the Ryan work, which is most pertinent to
19 adolescents, is strong enough evidence for that
20 statement.
21 Q. And, just so I'm clear, where the Ryan report
22 says causal connections cannot be made, you believe
23 that's strong enough to make a statement that research
24 confirms unequivocally that conversion therapy is
25 harmful?

1 A. Yes, especially given that in the last 100
2 years there is no shred of evidence that is it
3 effective. And providing ineffective treatment in
4 itself is harmful because you delay access to
5 effective care and that can increase the stress or
6 does not mitigate the stress in a timely fashion. It
7 is the responsibility of the provider to provide
8 effective and safe care in a timely manner. Pursuing
9 conversion therapy delays the provision of safe and
10 effective treatment and can worsen symptoms, and that
11 in itself is also harmful.
12 Q. I want to make sure we're clear that since
13 the 2015 SAMHSA report you've identified the Ryan
14 report and the Bradshaw work, which are the LDS
15 studies. I believe there are two of them, correct, in
16 that time frame?
17 A. Two to three; right.
18 Q. Apart from those, are there any others that
19 support that statement that the research confirms
20 unequivocally that conversion therapy is ineffective
21 and harmful?
22 A. In the peer review journal, no, I don't
23 believe so.
24 Q. You don't believe there's any others?
25 A. I don't believe so.

1 Q. You earlier spoke about a -- okay. Let me
2 follow up. Any anything apart from a peer review
3 journal that supports that statement?
4 A. I only have reviewed the peer reviewed
5 statements.
6 Q. So the answer is no, to your knowledge?
7 A. Not to my knowledge.
8 Q. Now, in your paragraph -- or in that
9 statement that the current scientific evidence
10 confirms unequivocally that conversion therapy is
11 ineffective and harmful, you added a footnote number 4
12 that cites to a Weiss, Morehouse, Yeager & Berry
13 study; correct?
14 A. Uh-hum.
15 Q. And we looked at -- and that was from 2010;
16 correct?
17 A. Uh-hum.
18 MR. MIHET: Just a reminder to use verbal
19 answers. Yes or no, please.
20 THE WITNESS: Okay.
21 BY MR. GANNAM:
22 Q. And is there a particular reason why that was
23 the study you cite to support that particular
24 statement as opposed to something newer, for example,
25 or any of the other studies?

1 A. I don't recall, to be honest. I really don't
2 recall.
3 Q. You testified earlier that you gave a
4 declaration in the Schwartz case in New York?
5 A. That is correct.
6 (Plaintiffs' Exhibit No. 34 was marked for
7 identification.)
8 Q. Show you a copy that I will mark as Exhibit
9 34.
10 MR. WILLIAMS: Thank you.
11 Q. This document was filed at document 24-15 in
12 Schwartz v. The City of New York, case number 1:19
13 Civ. 00463. The title is Declaration of Judith M.
14 Glassgold In Support of Defendant's Opposition to
15 Plaintiff's Motion For a Preliminary Injunction.
16 Did I read that title correctly?
17 A. Yes, you did.
18 Q. And I will represent that as I looked at this
19 on the docket it included 30, approximately, exhibits
20 that were attached to it in the original filing in the
21 New York court. Is that also your recollection?
22 A. I did not prepare the filing myself, so I
23 sent -- so I cannot say what it included.
24 Q. As far as what you prepared yourself, is this
25 Exhibit 34 a copy of that document?

1 A. I believe so.
2 Q. I want to refer you to -- you know what, I'm
3 just going to leave it alone as having you
4 authenticate it for the record. I'm not going to ask
5 you any questions about it.
6 MR. WILLIAMS: Authenticate what, Roger?
7 MR. GANNAM: That that was her declaration in
8 the New York case. I'm not going to ask any
9 further questions about it.
10 MR. WILLIAMS: All right.
11 BY MR. GANNAM:
12 Q. I would now like to -- I'm going to go back
13 to something that we talked about earlier and that was
14 your role with the Born Perfect project of NCLR.
15 A. Uh-hum.
16 Q. Since we talked and it earlier today, do you
17 have any more clarity on what your position is or the
18 title of your position with the organization?
19 A. I believe I was part of an advisory body to
20 the Born Perfect. I wasn't a board member. I was on
21 a professional advisory body to provide them some
22 scientific and professional information.
23 Q. And is part of joining that project and the
24 role in which you joined as an advisory -- in an
25 advisory capacity or an advisory board or committee,

1 did you or were you asked to agree to or affirm any
2 kind of mission statement or goals of the project?
3 A. I don't believe so.
4 Q. In accepting that position with the project,
5 were you in fact committed to the goals of the project
6 when you joined it?
7 A. My goals were to try to make sure that the
8 efforts were grounded as much as possible in the
9 professional literature.
10 Q. And by efforts, what specifically are you
11 talking about?
12 A. Whatever efforts they involved in.
13 (Plaintiffs' Exhibit No. 35 was marked for
14 identification.)
15 Q. I'm going to show you a document that I've
16 marked as Exhibit 35. This is a printout of the Born
17 Perfect home page on the internet. At the top it says
18 Born Perfect: The Campaign to End Conversion Therapy.
19 National Center For Lesbian Rights. Do you see that
20 at the very top?
21 A. Right. Uh-huh.
22 Q. And then, going to the center of the page
23 under the Born Perfect logo, it reads, "In June 2014
24 NCLR launched Born Perfect, the campaign to end
25 conversion therapy by passing laws across the country

1 to protect LGBT children and young people, fighting in
2 courtrooms to ensure their safety and raising
3 awareness about the serious harms caused by these
4 dangerous practices."
5 Did I read that correctly?
6 A. I believe so, yes.
7 Q. And, having seen this, does that refresh your
8 recollection as to the purpose of the Born Perfect
9 campaign that you joined?
10 MR. WILLIAMS: Whoa, whoa, whoa. That
11 misstates her prior testimony. She was a member
12 of the advisory committee. That's what she said.
13 That's not the same as joining something.
14 A. So, in 2014, I don't know what their website
15 was or the discussion we had. I was asked by Caitlin
16 Ryan to join the advisory body to ensure that their
17 efforts were to the best reasonable professional
18 level. I don't recall what their website was there or
19 what information I received at that time, to be
20 honest.
21 Q. At the time did you understand the Born
22 Perfect project to have the specific role of ending
23 conversion therapy by passing laws across the country?
24 A. I believe that was one of their goals, but I
25 also believe that not everybody. I'm not sure whether

1 everyone endorsed that or not.
2 Q. Did you endorse that goal?
3 A. In part.
4 Q. And, Caitlin Ryan, is that the same Ryan who
5 authored the 2018 study that you cited in your
6 declaration?
7 A. Right.
8 Q. Are you friends with Ms. Ryan?
9 A. Yes. We've known each other maybe 40 years
10 now.
11 Q. Is -- strike that.
12 On the second page in the middle among
13 that -- below the first graphic that appears on that
14 page it says, "We are committed to ending these
15 dangerous and stigmatizing practices across the
16 country once and for all." Do you see that?
17 A. Oh, okay. Yes, I do.
18 Q. Did you sign onto or share that commitment
19 when you agreed to serve in an advisory capacity to
20 the project?
21 A. In part I'm not sure I -- my understanding
22 was I was to be an advisory person to help their
23 efforts, ensure that their efforts had some rational
24 and what they did had some basis in science and
25 professional practice. I did not -- I was not

1 consulted about any of their actions or lawsuits or
2 approve of or have to endorse any of their actions,
3 specific actions I may or may not agree with, but I
4 was not asked or not committed to endorsing any of
5 them.
6 Q. So did your agreement to serve in an advisory
7 capacity go as far as agreeing to their goal of ending
8 conversion therapy?
9 A. My goal was to improve the quality of care
10 that adolescents and children receive with regard to
11 sexual orientation and gender identity. I did not
12 necessarily agree to all of their actions or all of
13 their strategies.
14 Q. Do you currently support the project's goal
15 of ending conversion therapy?
16 A. Yes. In general.
17 Q. And you testified earlier that it was an NCLR
18 representative who initiated your involvement in this
19 case; correct?
20 A. That's correct.
21 Q. And so was procuring your services as an
22 expert in this case in furtherance of the Born Perfect
23 project and its goals to end conversion therapy?
24 MR. WILLIAMS: I didn't understand that
25 question. Would you read it back.

1 (The question was read by the reporter.)
2 MR. WILLIAMS: Object to the form of the
3 question. It's unintelligible to me, but if you
4 understand it.
5 THE WITNESS: I don't understand it.
6 MR. GANNAM: Rob, I appreciate just making
7 your objection and not suggesting --
8 MR. WILLIAMS: That's what I just did. It's
9 unintelligible. What else can I say.
10 A. I'm not sure I can make the causal leap that
11 that question requires.
12 BY MR. GANNAM:
13 Q. Okay. Do you understand that your
14 involvement in this case has to do with the Born
15 Perfect project of NCLR?
16 A. I don't think -- I'm not sure -- is NCLR
17 involved in this case?
18 Q. Well, NCLR called you to suggest that you
19 serve as an expert in this case; correct?
20 A. So I was introduced -- so I guess if you want
21 to break down your question to did a professional from
22 NCLR introduce me to Mr. Williams, yes, that is
23 correct.
24 Q. The NCLR lawyer who is sitting in the room
25 today; correct?

1 A. That's correct.
2 Q. And did you ask the NCLR lawyer who called
3 you whether it was in connection with the Born Perfect
4 project?
5 A. No, I did not.
6 Q. Was the Born Perfect project discussed during
7 the course of that phone call?
8 A. No.
9 Q. And since you have been engaged to serve as
10 an expert in this case, have you discussed the Born
11 Perfect project with anyone at NCLR?
12 A. No.
13 Q. You said that you generally support the goal
14 of NCLR to end conversion therapy; is that correct?
15 A. That is correct.
16 Q. Is there anything specific about -- or any
17 specific goal of NCLR or any specific action of NCLR
18 in the Born Perfect project that you disagree with?
19 A. To be honest with you, I do not follow
20 their -- what they do, to be honest, in great detail.
21 I generally respond to phone calls for them with
22 specific questions. I don't keep up with what they
23 do.
24 Q. So it'd be fair to say, as you sit here
25 today, you can't identify any goal or action of the

1 project that you disagree with?
2 A. Can't identify any goal or action of the
3 project that I agree or disagree with. I'm not sure
4 what they're doing. I'd have to look -- to answer
5 your question I'd have to review what they're doing,
6 to be honest.
7 Q. But you did say you agree with their goal of
8 ending conversion therapy?
9 A. That goal, but their particular strategy in
10 the goal that's what I'm not sure what they're doing
11 to achieve that goal.
12 Q. So apart from agreeing generally with the
13 goal to end conversion therapy, you can't identify any
14 other goal or action of the Born Perfect project that
15 you agree or disagree with?
16 A. Right, in terms of specific issues.
17 MR. GANNAM: Okay. I think I want to take a
18 break just to consult with my colleague here.
19 (Recess from 4:50 p.m. to 4:53 p.m.)
20 BY MR. GANNAM:
21 Q. Wrap up a couple things. First, I think you
22 testified earlier that you were not being compensated
23 for your expert witness engagement in New York; is
24 that correct?
25 A. That's correct.

1 Q. You are being compensated for your engagement
2 here in Tampa; correct?
3 A. For the physical presence, yes.
4 Q. Any particular reason for the difference in
5 treatment of the two cases?
6 A. I don't necessarily charge for the statement
7 preparation and in Schwartz all I did was prepare a
8 statement. For the physical time when I have to be
9 aware from my other businesses or professional
10 engagements, I do ask to be compensated.
11 Q. So in terms of compensation for the written
12 declaration, it's the same in both cases, you're not
13 being paid by either one?
14 A. That's correct. That's a good way of putting
15 it. Thank you.
16 Q. Thank you. So if you testify in New York,
17 would you charge for your time in that situation?
18 A. I would ask to be compensated for my time,
19 yes.
20 MR. GANNAM: That ought to make you happy
21 that she's not treating Tampa differently from
22 New York.
23 MR. WILLIAMS: I will finally get to sleep
24 tonight.
25 BY MR. GANNAM:

1 Q. A lot of the questions about scientific
2 research and what it does and doesn't support today
3 have been limited by the timing of research in terms
4 of, for example, when I ask you about a particular
5 report you would say, yeah, as of the time of the
6 record that statement is accurate. Do you follow me
7 in general?
8 A. Yes.
9 Q. So I want to ask you specifically about as we
10 sit here today, July 25, 2019, from any of the
11 scientific research that you are familiar with, can
12 you identify quantitatively the likelihood of harm
13 that could occur from SOCE as compared to other kinds
14 of psychotherapy?
15 A. So I will try to be responsive to your
16 question. Ideally, so if one could, and one could
17 identify people who could be harmed or benefited, that
18 would be a great boom to practitioners. But because
19 we cannot predict who will be harmed and who may not
20 be harmed or what their -- may be harmed or not, it
21 makes it more risky because you can't predict the
22 treatment effect. That was my answer.
23 Q. So is the answer, no, you can't quantify the
24 likelihood of harm from SOCE as compared to other
25 therapies?

1 A. That is correct.
2 MR. GANNAM: And so just to give it -- strike
3 that.
4 No further questions.
5 MR. WILLIAMS: My witness?
6 MR. MIHET: Yes, sir.
7 MR. WILLIAMS: Dr. Glassgold, I have no
8 questions.
9 THE WITNESS: Thank you.
10 MR. WILLIAMS: Now, I'm sure you will
11 transcribe this deposition. And once that
12 transcription is completed, I will get a copy and
13 you will have an opportunity to review it and
14 make any corrections and so forth.
15 And how quickly are you going to get this --
16 have you talked to her yet about that?
17 MR. GANNAM: We haven't.
18 MR. WILLIAMS: Well, whenever it is --
19 MR. GANNAM: Regular delivery. I don't think
20 we have a need for rush.
21 MR. WILLIAMS: We're not waiving is my point.
22 We're not going to waive. She's not going to
23 waive. So just put that on the record so
24 everybody can understand.
25 MR. MIHET: Your obligation to read and sign

1 happens whether or not we order a transcript.
2 MR. WILLIAMS: How can I read and sign
3 something that's not transcribed?
4 MR. MIHET: You do what you do, we do what we
5 do.
6 MR. WILLIAMS: That's a new one on me, Harry.
7 I've never done that in 47 years. I don't intend
8 to start now.
9 If it's transcribed, she will read it and she
10 will sign. That's what the errata sheet is for.
11 THE COURT REPORTER: And you're keeping the
12 exhibits?
13 MR. GANNAM: Yes. And I will scan them and
14 distribute them to everyone tomorrow.
15 THE COURT REPORTER: Are you ordering now?
16 MR. GANNAM: Yes, standard delivery.
17 MR. WILLIAMS: We'll take a copy, obviously.
18 THE COURT REPORTER: Anyone want paper or is
19 electronic fine?
20 MR. GANNAM: Electronic.
21 MR. WILLIAMS: Electronic is fine.
22 THE COURT REPORTER: And we're off the record
23 now?
24 MR. GANNAM: Yes.
25 (This deposition concluded at 4:58 p.m.)

1 RE : Robert L. Vazzo v. City of Tampa
DEPO OF: Judith M. Glassgold, Psy.D.
2 TAKEN : July 25, 2019
3
4 EXCEPT FOR ANY CORRECTIONS
MADE ON THE ERRATA SHEET BY
5 ME, I CERTIFY THIS IS A TRUE
AND ACCURATE TRANSCRIPT.
6 FURTHER DEPONENT SAYETH NOT.
7
JUDITH M. GLASSGOLD
8
9 STATE OF FLORIDA)
) SS:
10 COUNTY OF HILLSBOROUGH)
11
Sworn and subscribed to before me this
12
____________ day of _______________, 2019.
13
PERSONALLY KNOWN_______ OR I.D._____________________
14
____
15 Notary Public in and for
the State of Florida at
16 Large.
17 My commission expires:
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1 ERRATA SHEET

RE : Robert L. Vazzo v. City of Tampa

2 DEPO OF: Judith M. Glassgold, Psy.D.

TAKEN : July 25, 2019

3

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20 State of Florida)

County of Hillsborough)

21

Under penalties of perjury, I declare that I have read

22 the deposition transcript and it is true and correct

subject to any changes in form or substance entered

23 here.

24

_______________ _______________________________

25 Date Judith Glassgold

1 CERTIFICATE OF OATH OF WITNESS
2
3 STATE OF FLORIDA
4 COUNTY OF HILLSBOROUGH
5
6 I, MARY ANN SMITH, Registered Professional
7 Reporter, Registered Merit Reporter, Notary
8 Public, State of Florida, certify that the
9 witness, Judith Glassgold, Psy.D., personally
10 appeared before me on the 25th day of July, 2019,
11 and was duly sworn by me.
12
13 WITNESS my hand and official seal this 9th
14 day of August, 2019.
15
16
17
18
19 Mary Ann Smith, RPR, RMR
Notary Public - State of Florida
20 My Commission No. FF 977637
Expires: May 17, 2020
21
22
23
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1 REPORTER'S DEPOSITION CERTIFICATE
2
3 STATE OF FLORIDA
4 COUNTY OF MANATEE
5
I, MARY ANN SMITH, Registered Professional
6 Reporter, Registered Merit Reporter, certify that I
was authorized to and did stenographically report the
7 deposition of Judith Glassgold, Psy.D., the witness
herein, on July 25, 2019; that a review of the
8 transcript was requested; that the foregoing
transcript, pages 1 through 206 inclusive is a true
9 and complete record of my stenographic notes of the
deposition by said witness; and that this
10 computer-assisted transcript was prepared under my
supervision.
11
I further certify that I am not a relative,
12 employee, attorney or counsel of any of the parties,
nor am I a relative or employee of any of the parties'
13 attorney or counsel connected with the action.
14 DATED this 9th day of August, 2019, at
Lakewood Ranch, Manatee County, Florida.
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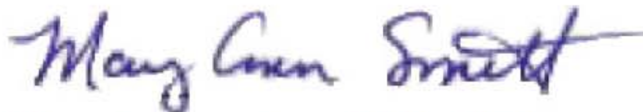
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Mary Ann Smith, RPR, RMR
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