

EXHIBIT 23
REDACTED

Message

From: ACF URM Program (ACF) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CDCCBED3E69B4ED1944F3E2BA5B53354-ACFURMPROGR]
Sent: 4/3/2019 8:12:57 PM
To: Mullooly, Anne (ACF) [anne.mullooly@acf.hhs.gov]
Subject: RE: Foster Parents

Okay, Anne. I will just use the standard template and refer the person to USCCB's foster care website.

Thanks,
Marisa

From: Mullooly, Anne (ACF) <Anne.Mullooly@acf.hhs.gov>
Sent: Wednesday, April 03, 2019 3:31 PM
To: ACF URM Program (ACF) <urmprogram@ACF.hhs.gov>
Subject: RE: Foster Parents

Well, USCCB is remaining as the Replacement Designee for URM operations in Texas so I would just refer this person to USCCB. Let me know if you want me to review the response before you send.

From: ACF URM Program (ACF) <urmprogram@ACF.hhs.gov>
Sent: Wednesday, April 3, 2019 1:18 PM
To: Mullooly, Anne (ACF) <Anne.Mullooly@acf.hhs.gov>
Subject: FW: Foster Parents

Hi Anne,

Can we discuss a response to this email tomorrow during our check-in? Due to the impending shift with Fort Worth and the current litigation, I want to be sure that I am communicating the right information.

Thanks,
Marisa

From: [REDACTED]
Sent: Tuesday, April 02, 2019 3:29 PM
To: ACF URM Program (ACF) <urmprogram@ACF.hhs.gov>
Subject: Foster Parents

Hi my husband and I are Licensed Foster Parents in [REDACTED] TX it is about 30 miles from Fort Worth. We currently have a bed open in our home and would love to foster one of these kids. My husband is full bilingual and I am moderate both in Spanish. My husband is from the Dominican Republic and I lived there for 8 years. How can we become part of this program?

Thank you

[REDACTED]

EXHIBIT 24
REDACTED

Message

From: ACF URM Program (ACF) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CDCCBED3E69B4ED1944F3E2BA5B53354-ACFURMPROGR]
Sent: 6/5/2020 2:30:13 PM
To: Mullooly, Anne (ACF) [anne.mullooly@acf.hhs.gov]
Subject: FW: Fostering Unaccompanied Refugee Minors

Privileged - AC/WP

From: ACF URM Program (ACF) <ACFurmprogram2@acf.hhs.gov>
Sent: Tuesday, February 25, 2020 4:53 PM
To: [REDACTED]; ACF URM Program (ACF) <ACFurmprogram2@acf.hhs.gov>
Subject: RE: Fostering Unaccompanied Refugee Minors

Good Afternoon, [REDACTED],

Thank you for your email inquiry to the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR).

To learn more about the Unaccompanied Alien Children's (UAC) Services program, please visit the ORR website: <http://www.acf.hhs.gov/orr/programs/ucs/about>. For information on how to assist with the UAC program, including fostering unaccompanied alien children, please refer to the FAQs listed on the ORR website: <http://www.acf.hhs.gov/orr/unaccompanied-children-frequently-asked-questions>. You may also contact the UAC program at UACProgram@acf.hhs.gov.

To learn more about the Unaccompanied Refugee Minors (URM) program, please visit the ORR website: <http://www.acf.hhs.gov/orr/programs/urm/about>

Two national voluntary agencies assist with the URM program: Lutheran Immigration and Refugee Services (LIRS) and the United States Conference of Catholic Bishops (USCCB). Both agencies have a network of foster care providers serving unaccompanied refugee and immigrant children.

Lutheran Immigration and Refugee Service (LIRS) <http://lirs.org/fostercare/>

United States Conference of Catholic Bishops (USCCB) <http://www.usccb.org/fostercare>

Thank you,

The URM Team

From: [REDACTED]
Sent: Monday, February 24, 2020 3:03 AM
To: ACF URM Program (ACF) <ACFurmprogram2@acf.hhs.gov>
Subject: Fostering Unaccompanied Refugee Minors

My partner and I are interested in fostering unaccompanied refugee minors. What is the process to help out these kiddos?

[REDACTED]

[REDACTED]

[REDACTED]

<https://protect2.fireeye.com/url?k=7a360597-26630c84-7a3634a8-0cc47adb5650-82abe7b78cccb29b&u=http://www.wellsourcgroup.com/>

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EXHIBIT 25
REDACTED

Message

From: ACF URM Program (ACF) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CDCCBED3E69B4ED1944F3E2BA5B53354-ACFURMPROGR]
Sent: 6/5/2020 2:16:24 PM
To: Mullooly, Anne (ACF) [anne.mullooly@acf.hhs.gov]
Subject: FW: How to get started

Privileged - AC/WP

From: ACF URM Program (ACF) <ACFurmprogram2@acf.hhs.gov>
Sent: Friday, May 01, 2020 10:55 AM
To: [REDACTED]; ACF URM Program (ACF) <ACFurmprogram2@acf.hhs.gov>
Subject: RE: How to get started

Good Morning, [REDACTED],

Thank you for your email inquiry to the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR).

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To learn more about the Unaccompanied Refugee Minors (URM) program, please visit the ORR website: <http://www.acf.hhs.gov/orr/programs/urm/about>

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Lutheran Immigration and Refugee Service (LIRS) <http://lirs.org/fostercare/>

United States Conference of Catholic Bishops (USCCB) <http://www.usccb.org/fostercare>

Best,
Hope Gray

From: [REDACTED]
Sent: Thursday, April 30, 2020 1:48 PM
To: ACF URM Program (ACF) <ACFurmprogram2@acf.hhs.gov>
Subject: How to get started

Good Afternoon,

My partner and I are interested in becoming an available home for the URM Program. We currently reside in Travis County, Texas and have two bedrooms and heavy hearts for the children in your care. How can we go about getting started?

Thank you in advance,

[REDACTED]

EXHIBIT 26
REDACTED

Message

From: ACF URM Program (ACF) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CDCCBED3E69B4ED1944F3E2BA5B53354-ACFURMPROGR]
Sent: 5/29/2020 1:43:22 PM
To: [REDACTED]; ACF URM Program (ACF) [acfurmprogram2@acf.hhs.gov]
Subject: RE: Unaccompanied minor foster program

Good Morning, [REDACTED],

Thank you for your email inquiry to the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR).

To learn more about the Unaccompanied Alien Children's (UAC) Services program, please visit the ORR website: <http://www.acf.hhs.gov/orr/programs/ucs/about>. For information on how to assist with the UAC program, including fostering unaccompanied alien children, please refer to the FAQs listed on the ORR website: <http://www.acf.hhs.gov/orr/unaccompanied-children-frequently-asked-questions>. You may also contact the UAC program at UACProgram@acf.hhs.gov.

To learn more about the Unaccompanied Refugee Minors (URM) program, please visit the ORR website: <http://www.acf.hhs.gov/orr/programs/urm/about>

Two national voluntary agencies assist with the URM program: Lutheran Immigration and Refugee Services (LIRS) and the United States Conference of Catholic Bishops (USCCB). Both agencies have a network of foster care providers serving unaccompanied refugee and immigrant children.

Lutheran Immigration and Refugee Service (LIRS) <http://lirs.org/fostercare/>

United States Conference of Catholic Bishops (USCCB) <http://www.usccb.org/fostercare>

Best,
The URM Team

-----Original Message-----

From: [REDACTED]
Sent: Thursday, May 28, 2020 9:43 PM
To: ACF URM Program (ACF) <ACFurmprogram2@acf.hhs.gov>
Subject: Unaccompanied minor foster program

Hi there,

I wanted to inquire about the unaccompanied minor foster program. My partner and I are interested in fostering. She is Spanish speaking so I thought this may be a good fit for us.

Thank you
[REDACTED]

EXHIBIT 28

Dana Springer

From: Dana Springer
Sent: Wednesday, February 22, 2017 9:30 AM
To: Heather Reynolds
Subject: RE: Refugee Foster Care Program

Third call I've had to do like this between yesterday and today. They actually all went super well (because I'm the queen of sharing this news now). Anyways, the conversation was going amazing, until I shared our qualifications for licensing foster parents based on our CST & Catholic doctrine – and then she said “well we're a same sex couple” and then cut me off and basically told me that children are fleeing their home countries because they are homosexual. To which I said we have not experienced that, but thank you for sharing that information so that we can be prepared for any upcoming trends in refugees. Then she said “well, goodbye”. Todd and I feel it might not be the end of it – so there you have it 😊

Thanks,

Dana Springer MA, LCCA

Director of Child Welfare
Catholic Charities Fort Worth
O: 817.289.3893
F: 817.535.8779
CatholicCharitiesFortWorth.org

Create. Eradicate. Transform.



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From: Heather Reynolds [mailto:hreynolds@ccdofw.org]
Sent: Thursday, February 16, 2017 8:25 PM
To: Dana Springer <danaspringer@ccdofw.org>
Subject: RE: Refugee Foster Care Program

Yay!

From: Dana Springer [mailto:danaspringer@ccdofw.org]
Sent: Thursday, February 16, 2017 8:23 PM
To: Heather Reynolds <hreynolds@ccdofw.org>
Subject: Re: Refugee Foster Care Program

I'm fine with it - if it doesn't go well I can escalate up to y'all!

Dana Springer, MA, LCCA
Director of Child Welfare
Catholic Charities Fort Worth
(817) 289-3893

Sent from my iPhone

On Feb 16, 2017, at 8:03 PM, Heather Reynolds <hreynolds@ccdofw.org> wrote:

I think the best course is for you to call her, share what we would typically do regarding our foster parents, and go from there...what do you think?

From: Dana Springer [mailto:danaspringer@ccdofw.org]
Sent: Thursday, February 16, 2017 5:17 PM
To: Heather Reynolds <hreynolds@ccdofw.org>
Subject: Fwd: Refugee Foster Care Program

Dana Springer, MA, LCCA
Director of Child Welfare
Catholic Charities Fort Worth
(817) 289-3893

Sent from my iPhone

Begin forwarded message:

From: Brenna Linehan <blinehan@ccdofw.org>
Date: February 16, 2017 at 2:58:54 PM CST
To: Dana Springer <danaspringer@ccdofw.org>
Subject: Fwd: Refugee Foster Care Program

She left a voicemail today as well

Brenna Linehan

Begin forwarded message:

From: "Marouf, Fatma E" <fatma.marouf@law.tamu.edu>
Date: February 16, 2017 at 11:52:27 AM CST
To: "blinehan@ccdofw.org" <blinehan@ccdofw.org>
Cc: "brynesplin@gmail.com" <brynesplin@gmail.com>
Subject: Refugee Foster Care Program

Hi Brenna,

My spouse and I are interested in becoming foster parents through the refugee foster care program. Could you please let us know how to get more information about the program? We looked at the information online already and are interested in the next step.

Thank you!

Fatma

Fatma E. Marouf
Professor of Law
Director, Immigrant Rights Clinic
Texas A&M University School of Law
1515 Commerce St.
Fort Worth, Texas 76102
fatma.marouf@law.tamu.edu

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EXHIBIT 29
REDACTED

Message

From: ACF URM Program (ACF) [ACFurmprogram2@acf.hhs.gov]
Sent: 8/9/2019 1:44:10 PM
To: [REDACTED]
CC: ACF URM Program (ACF) [ACFurmprogram2@acf.hhs.gov]
Subject: RE: Fostering Unaccompanied children

Flag: Follow up

Good morning, [REDACTED].

Thank you for your interest and perseverance. At this time, there are 23 programs in 15 states. Unfortunately, there are no URM programs in the state of Tennessee.

Please reach out to the UAC program via UACProgram@acf.hhs.gov to inquire if there are currently any long term foster care providers or plans to open any facilities in your area.

Regards,
The URM team

-----Original Message-----

From: [REDACTED]
Sent: Friday, August 09, 2019 9:36 AM
To: ACF URM Program (ACF) <urmprogram@ACF.hhs.gov>
Subject: Re: Fostering Unaccompanied children

Hello again,

I failed to mention (mostly because I always forget that I'm not considered an "equal") but I am legally married to another woman. I already contacted Bethany Services in Nashville, and they are reaching out to their stakeholder (USCCB) to see if there is an issue. I have not heard back and based on their website, I don't expect to hear back. I have reached out to LIRS this morning, but I think I will run into the same problem. Are there any services available for us to go through in order to help? I am bilingual and we have kids of our own. We are in a good position to help.

Thanks,
[REDACTED]

> On Aug 8, 2019, at 11:25 AM, ACF URM Program (ACF) <urmprogram@ACF.hhs.gov> wrote:

>

> Good Morning, [REDACTED],

>

> Thank you for your email inquiry to the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR).

>

> To learn more about the Unaccompanied Alien Children's (UAC) Services program, please visit the ORR website: <http://www.acf.hhs.gov/orr/programs/ucs/about> . For information on how to assist with the UAC program, including fostering unaccompanied alien children, please refer to the FAQs listed on the ORR website: <http://www.acf.hhs.gov/orr/unaccompanied-children-frequently-asked-questions> . You may also contact the UAC program at UACProgram@acf.hhs.gov.

>

> To learn more about the Unaccompanied Refugee Minors (URM) program,
> please visit the ORR website:

> <http://www.acf.hhs.gov/orr/programs/urm/about>

>

> Two national voluntary agencies assist with the URM program: Lutheran Immigration and Refugee Services (LIRS) and the United States Conference of Catholic Bishops (USCCB). Both agencies have a network of foster care providers serving unaccompanied refugee and immigrant children.

>

> Lutheran Immigration and Refugee Service (LIRS)

> <https://protect2.fireeye.com/url?k=e99702bf-b5c31bc3-e9973380-0cc47adc>

> 5fa2-3158deadaa97d4fd&u=https://protect2.fireeye.com/url?k=35446137-69

> 10481c-35445008-0cc47a6d17cc-3a02d6ac0024a3a5&u=http://lirs.org/foster

> care/

>

> United States Conference of Catholic Bishops (USCCB)

> <http://www.usccb.org/fostercare>

>

> Thank you,

>

> The URM Team

>

> -----Original Message-----

> From: [REDACTED]

> Sent: Thursday, August 8, 2019 9:14 AM

> To: ACF URM Program (ACF) <urmprogram@ACF.hhs.gov>

> Subject: Fostering Unaccompanied children

>

> Hello,

>

> I'd like some information about fostering minors. What do I need to do to get started?

>

> Thanks,

> [REDACTED]

EXHIBIT 30



Migration and Refugee Services
Office of the Executive Director

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3065 • FAX 202-722-8755
WEBSITE: www.usccb.org/mrs

Transmitted by Email

February 25, 2022

Amy Scott
Branch Director III - TN State Director
Bethany Christian Services

Dear Ms. Scott:

We have been made aware of a court case, *Easter v. U.S. Department of Health & Human Services*, No. 1:21-cv-02681 (D.D.C.), filed in U.S. District Court for the District of Columbia by a Nashville resident, Kelly Easter. In her complaint, Ms. Easter alleges that she is a single woman with a homosexual orientation who approached Bethany Christian Services (BCS) regarding opportunities to serve as a foster parent through federally funded programs for unaccompanied immigrant children. Ms. Easter further alleges that BCS informed her that it was bound by the policies of the U.S. Conference of Catholic Bishops (USCCB), which purportedly preclude her from participation in such programs due to her sexual orientation.

It appears that this litigation is driven by a misunderstanding concerning the USCCB's religious beliefs that govern foster care placements. In reality, neither the USCCB's religious beliefs nor its subgrant agreement with BCS bars a single person with a homosexual orientation from serving as a foster parent by virtue of his or her orientation. Likewise, placement of a foster child with such an individual would violate neither the USCCB's religious beliefs nor its subgrant agreement with BCS.

We hope this is helpful.

Sincerely,

William Canny
Executive Director
Migration and Refugee Services

cc: Tawnya Brown
Senior VP of Global, Refugee and Immigrant Services, National Administration
Bethany Christian Services

Dana Anderson
Vice President, Refugee & Immigrant Children's Services
Bethany Christian Services

Constanza Morales
Project Officer
Office of Refugee Resettlement,
US Department of Health and Human Services

EXHIBIT 32

Anne Mullooly

May 18, 2022

UNITED STATES DISTRICT COURT

DISTRICT OF COLUMBIA

- - -

FATMA MAROUF and BRYN	:	CASE NO.
ESPLIN, a Married	:	1:18-cv-378
Couple,	:	(APM)
Plaintiffs,	:	
	:	
V.	:	
	:	
ALEX AZAR, in his	:	
official capacity as	:	
Secretary of the	:	
UNITED STATES	:	
DEPARTMENT OF HEALTH	:	
AND HUMAN SERVICES,	:	
Defendants.	:	

- - -

May 18, 2022

- - -

Videoconference deposition of ANNE
MULLOOLY, ORR/URM, (with all parties
participating remotely), commencing at 9:02
a.m. on the above date, before Teresa M.
Beaver, Professional Court Reporter and
Notary Public.

- - -

US LEGAL SUPPORT
(877) 479-2484

1 A P P E A R A N C E S :

2 (VIA VIDEOCONFERENCE)
3 HOGAN LOVELLS U.S., LLP
4 BY: KATHERINE CULORA, ESQUIRE
5 (D.C. office)
6 and
7 RUSSELL WELCH, ESQUIRE
8 and
9 KENNETH CHOE, ESQUIRE
10 (D.C. office)
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13 katherine.culora@hoganlovells.com
14 russell.welch@hoganlovells.com
15 ken.choe@hoganlovells.com
16 Counsel for the Plaintiffs

17 and

18 (VIA VIDEOCONFERENCE)
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20 BY: CAMILLA B. TAYLOR, ESQUIRE
21 65 E. Wacker Place, Suite 2000
22 Chicago, Illinois 60601-7245
23 ctaylor@lambdalegal.org
24 Counsel for the Plaintiffs

25 and

26 (VIA VIDEOCONFERENCE)
27 AMERICANS UNITED FOR SEPARATION OF
28 CHURCH AND STATE
29 BY: KENNETH DALE UPTON, JR., ESQUIRE
30 1310 L. Street N.W., Suite 200
31 Washington, D.C. 20005
32 upton@au.org
33 Counsel for the Plaintiffs

1 A P P E A R A N C E S :

2

(VIA VIDEOCONFERENCE)

3

U.S. DEPARTMENT OF JUSTICE -
CIVIL DIVISION

4

BY: JASON LYNCH, ESQUIRE

5

1100 L Street, H.W.

6

Washington, D.C. 20005

7

jason.lynch@usdoj.gov

8

Counsel for the Federal Defendants and
the Witness

9

10

(VIA VIDEOCONFERENCE)

11

JONES DAY

12

BY: DAVID T. RAIMER, ESQUIRE

13

(D.C. office)

14

500 Grant Street, Suite 4500

15

Pittsburgh, Pennsylvania 15219-2514

16

dtraimer@jonesday.com

17

Counsel for the U.S. Conference of

18

Catholic Bishops

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- - -

20

A L S O P R E S E N T :

21

KEVIN LAKE, ESQUIRE

22

HHS

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LLEWELLYN WOOLFORD, ESQUIRE

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MULLOOLY

agree.

MR. LYNCH: Jason Lynch from the Department of Justice on behalf of the federal defendants, I agree.

MR. RAIMER: David Raimer on behalf of the U.S. Conference of Catholic Bishops, I agree.

- - -

ANNE MULLOOLY, ORR/URM, after having been duly sworn, was examined and testified as follows:

- - -

EXAMINATION

- - -

BY MS. CULORA:

Q. Good morning, Miss Mullooly. Can you please state your name for the record?

A. Ann Mullooly.

Q. Miss Mullooly, have you ever been deposed before?

A. Yes.

Q. Since you're familiar with how this works, I'll quickly go over some ground

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MULLOOLY

purpose of having that neutral third party?

A. To ensure that any and all prospective foster parents, individuals, couples would have an opportunity to work with a URM provider to determine if they could become licensed foster parents in the URM program.

Q. I think you also mentioned when, as part of the government's involvement, was to clarify the program and certain criteria from the organizations.

Can you describe what clarifications ORR was looking for?

A. One example that I can give is Catholic Charities of Dallas already has a pool of licensed foster parents and so they were asking questions, does Catholic Charities Dallas need to re-refer those people back to the USCRI for an initial intake. We clarified no. They are already licensed through Catholic Charities of Dallas. There's no need to refer them to USCRI for an intake. They've already gone through the entire licensing process. That's

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MULLOOLY

Q. And USCCB serves URM program children through it's subgrantees Catholic Charities Dallas?

A. Correct. Catholic Charities.

Q. And for how long has USCCB served the URM program children through the subgrantee?

A. Since 2017.

Q. And as of today, approximately how many URM program children are in the custody of USCCB in the Dallas Fort Worth area?

A. The children are not in the custody of USCCB. They are in the custody of Catholic Charities of Dallas and there's about 50 kids in care right now in that program.

Q. And LIRS is a grantee of the URM program as well; right?

A. A grantee of ORR, yes.

Q. Yeah. And LIRS serves the URM program children through its subgrantee Upbring?

A. Yes.

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MULLOOLY

Q. For how long has LIRS served the URM program children through Upbring?

A. LIRS was designated as a replacement designee in 2020. They have not yet served any children. They are still working to hire staff and license foster parents.

Q. So as of today, Upbring does not have any children in their program. Is that right?

A. Correct.

Q. What does it mean for a prospective foster parent if LIRS has not served any children or Upbring doesn't have any children in the URM program?

A. I don't think I understand your question. Can you rephrase it?

Q. For example, if a prospective foster parent is referred to LIRS through USCRI, but LIRS or Upbring don't have any children in their program, what does that mean for the prospective foster parents?

A. The prospective foster parents would need to go through the required

1 MULLOOLY

2 Forth Worth.

3 Q. And what was the government's
4 purpose of the U.S. consortium model?

5 MR. LYNCH: I'm going to object
6 on deliberate process and attorney client
7 privilege grounds for probing the motivation
8 for deciding the consortium in the first
9 place. I think we can talk about the
10 implementation of it, but anything prior to
11 that decision we're going to object. She's
12 not going to answer.

13 BY MS. CULORA:

14 Q. Was the purpose to accommodate
15 USCCB's religious beliefs?

16 MR. LYNCH: Same objection.
17 Instruct the witness not to answer.

18 MS. CULORA: Is it your
19 instructing the witness not the answer for
20 reason that the program had changes?

21 MR. LYNCH: The reason for the
22 changes, yes. Anything about the
23 implementation of those changes, once the
24 decision was made, we've made Miss Mullooly
25 available to testify on, but we do have an

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2 objection on both deliberative process
3 grounds and attorney-client privilege grounds
4 regarding the decision to implement the
5 consortium in the first place.

6 BY MS. CULORA:

7 Q. Is there a document that
8 describes the consortium model and the role
9 of each organization?

10 A. Yes.

11 Q. What are those documents?

12 A. There is a consortium flow chart
13 that was created prior to the development and
14 implementation and then there's the charter
15 that was developed -- drafted by the
16 consortium members that outlines each
17 consortium member and their role and
18 responsibilities.

19 Q. Are there any other documents?

20 A. I mean there are other documents
21 circulated to the implementation of the
22 consortium such as the conflict of interest
23 plan, the intake procedures and then there is
24 mention of the consortium in USCRI's FY '22
25 state plan and the new rule that they were

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2 Q. So, ORR is not asking USCRI to
3 report as to why one family was referred to
4 an organization versus the other. Is that
5 what you're saying?

6 A. Correct.

7 Q. And I know this is just a
8 monthly report for April, but do you know how
9 many licensed foster parents are currently in
10 Upbring's network?

11 A. I believe there is one licensed
12 foster family currently at Upbring.

13 Q. This has two here for April.
14 Currently there's only one?

15 A. So, license is something
16 different than referrals to get licensed.
17 The licensing process takes months. So, what
18 you're looking at is kind of the front end
19 where people are inquiring about becoming
20 licensed foster parents. They are filling
21 out an intake. They are being referred to
22 the URM provider agency that can then start
23 the training and licensing process.

24 So, the family that's already
25 licensed through Upbring probably started the

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2 process months ago and is not captured here
3 in this April monthly report.

4 Q. If there's one family in
5 Upbring's network right now, is there at
6 least one child in Upbring's network for that
7 foster family?

8 A. No. I think Upbring is just
9 starting to review referrals.

10 Q. But there is one family that is
11 licensed, I think you said earlier; right?

12 A. I believe so, yes.

13 MS. CULORA: Russell, you can go
14 ahead and take that down, please.

15 BY MS. CULORA:

16 Q. So, we went over USCRI's role.
17 What is USCCB's role in the consortium?

18 A. Well, USCCB and LIRS both are
19 the replacement designees. So, they are the
20 administrators of the URM programs in Texas.
21 So, they were part of the consortium working
22 group to get this up and running. They
23 divided out tasks. So, USCCB was the lead
24 author of the conflict of interest plan.
25 LIRS was the lead author of the charter.

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2 criteria or objections they would have with
3 respect to that clause that you're referring
4 to?

5 A. Correct.

6 Q. What is the government's
7 understanding as to USCCB's religious
8 objections with respect to processing same
9 sex married couples to serve as foster
10 parents?

11 A. Based on previous experiences, I
12 would say that the government believes that
13 USCCB is not willing to work with same sex
14 couples or I should say their subgrantees,
15 Catholic Charities of Dallas is not willing
16 to work with same sex couples. USCCB doesn't
17 have the authority to license. They are not
18 a licensed child placing agency, but their
19 subgrantee is.

20 Q. I think you mentioned based on
21 the government's experiences.

22 What experiences are you
23 referring to?

24 A. The couple in Fort Worth that
25 was denied the opportunity to become licensed

1 MULLOOLY

2 by Catholic Charities of Fort Worth, which is
3 now Catholic Charities of Dallas.

4 Q. When you mean couple, are you
5 referring to plaintiffs?

6 A. The plaintiffs.

7 Q. Okay. So it's accurate to say
8 that it is the government's understanding
9 that USCCB has religious objection to same
10 sex married couples serving as foster
11 parents?

12 A. In the past, that is what we
13 were told.

14 Q. Is that the government's
15 understanding now?

16 A. I don't think it's specific to
17 USCCB. I think it really comes down to the
18 local URM provider agency that does the
19 licensing. USCCB doesn't have the authority
20 to license same sex foster parents or license
21 foster parents in general, I should say.

22 So, it really comes down to the
23 individual child -- licensed child placing
24 agency to make that decision.

25 Q. Okay. So, what is, move on to

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LIRS. What is LIRS's role? Is it the same as USCCB?

A. I would say yes. It's about the same as USCCB. In terms of the consortium?

Q. Yes.

A. Yes.

Q. Are there any differences in responsibilities or duties or involvement? I know you said that they drafted the charter.

A. Other than that, there's no differences.

Q. Is it the government's understanding that LIRS does not have a religious objection to processing same sex couples to serve as foster parents?

A. Yes, that is our understanding.

Q. What was the responsibility of the government in the oversight or the implementation of the consortium model?

A. We participated in the working group meetings, providing guidance and clarification.

We also wanted to make sure that the, you know, procedures were clear and that

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up Tab 2, which I think is now Exhibit 3.

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(Deposition Exhibit 3, Email Chain with attachments - HHS_SUPP_000062 through HHS_SUPP_000078, was marked for identification.)

- - -

BY MS. CULORA:

Q. Ms. Mullooly, can you see this document?

A. Yes.

MS. CULORA: Russell, can you scroll through so she can see all of it. There are some emails and attachments as well.

BY MS. CULORA:

Q. Have you seen this document before?

A. Yes.

Q. When did you first see it?

A. Which document? There's multiple documents here.

Q. Well, so, there's, it looks like at the top there's the email that has

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2 attachments and it's the four key documents
3 to the consortium model. It's what you've
4 already mentioned which is the conflicts of
5 interest, the intake form, the charter and
6 the procedures.

7 Do you recognize these
8 documents?

9 A. Yes.

10 MS. CULORA: Russell, if you go
11 to Page 8.

12 BY MS. CULORA:

13 Q. At the top it says the
14 Dallas-Fort Worth, DFW Texas URM Consortium
15 Charter.

16 Do you see that?

17 A. Yes.

18 Q. I think you said LIRS drafted
19 the charter. What is the purpose of the
20 charter?

21 A. To outline the primary roles and
22 responsibilities of the consortium members.

23 Q. You'll see at bullet point two,
24 USCCB and LIRS will develop agreements with
25 URM provider that address the function and

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procedures of the consortium.

Do you see that?

A. Yes.

Q. So, have these documents and agreements been developed?

A. Yes.

Q. What are those documents?

A. They were amendments to the MOUs that USCCB and LIRS already had with their URM provider agencies. They just amended the agreement to include the consortium function.

Q. And those have been provided to the government; right?

A. Yes.

Q. And then in the second paragraph, it says, Nothing in this charter or in this consortium engagements shall be construed to require any individual organization to engage in any conduct that violates the organization's religious beliefs or moral convictions.

Do you see that?

A. Yes.

Q. Who was involved in drafting

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A. The statement about the organization's religious beliefs or moral convictions?

Q. Yes.

A. I don't know.

Q. This wasn't conveyed to you as to why the provision was to be included in the charter?

A. This is something that is typically added in the grant documents that USCCB or grant proposals that USCCB has with the government.

Q. And so is your testimony that the government has no idea why -- what the scope of this provision is?

A. Based on our long-standing history with USCCB, we have a general understanding. We've never asked for please outline every single religious belief or moral conviction. But we have a general understanding.

Q. What is that general understanding?

A. So, in terms of their objection

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to same sex marriage, their objection to
contraception and abortion, any sort of
family planning.

Q. What happens when an individual
organization declines to engage in conduct
that would violate its religious beliefs or
moral convictions?

A. Can you repeat the question
again?

Q. If, for example, a foster parent
came in to inquire to become a foster parent
and they were referred to USCCB but they were
a same sex couple and USCCB would decline to
process them, what happens when they decline
to process that prospective foster parent?

A. So, under the new consortium
model?

Q. Yes.

A. Or before the consortium model?

Q. Yes. This is the charter for
the consortium model, yes.

A. So, USCRI is conducting the
initial intake and collecting information on
household composition. I think if there was

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2 any same sex couple, if that was made known
3 during the intake process, they would
4 probably would be referred to LIRS's URI
5 provider for Upbring for further vetting and
6 licensing.

7 Q. So, up front USCCB is
8 essentially declining to process the same sex
9 married couples on the grounds that it would
10 violate its religious beliefs or moral
11 convictions; right?

12 MR. LYNCH: Object to the form
13 of the question. You can go ahead,
14 Ms. Mullooly.

15 THE WITNESS: I don't know what
16 Catholic Charities of Dallas would do.

17 BY MS. CULORA:

18 Q. If they wouldn't process a same
19 sex married couple, they'd get referred to
20 LIRS or Upbring?

21 A. Correct. They would be referred
22 back to USCRI and then USCRI would probably
23 refer them to Upbring.

24 Q. You say probably. Is that what
25 you think might happen or is that a fact what

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of the question.

Go ahead, please.

THE WITNESS: We mentioned the pending litigation to USCRI.

BY MS. CULORA:

Q. What did you mention to them?

A. We mentioned that there was a same sex couple in the Dallas-Fort Worth area that were denied the opportunity to become a licensed foster parent by the URM provider there and, therefore, we designated a second replacement designee, LIRS, to open a second URM program in that geographic area and that now we wanted to create a consortium that would allow a neutral third party to conduct intakes and to kind of vet all initial inquiries and make referrals to ensure that all prospective foster parents had an opportunity to work with a URM provider agency.

Q. Did USC -- did -- I'm sorry.

Strike that.

Did ORR tell USCRI that USCCB had certain religious objections that would

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2 BY MS. CULORA:

3 Q. Can you tell me what the
4 outcome -- your implement of this consortium
5 model was the outcome for why you wanted this
6 consortium model stood up?

7 MR. LYNCH: I mean again, I'm
8 objecting to going into the why as far as the
9 consortium. Everything about the execution
10 and implementation as you've noticed in the
11 30(b)6 notice is fair game. But in terms of
12 deciding as an initial matter to go with the
13 consortium model, we do object to on
14 privileged grounds.

15 BY MS. CULORA:

16 Q. Can you tell me what the program
17 goals are then? You don't need to say why it
18 was implemented. What are the goals?

19 MR. LYNCH: That's fine. Go
20 ahead.

21 THE WITNESS: The goals. So,
22 the Dallas-Fort Worth area is the only
23 location in the country where we actually
24 have two URM programs.

25 So, the goal would be for this

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now.

Q. I think you testified earlier that if there was a same sex couple, they would be referred -- that was looking to become foster parents -- they would be referred to LIRS; right?

A. I believe that is -- that is probably what would happen. That is an assumption.

But USCRI, USCCB and LIRS discussed criteria that would prohibit or would not allow them to work with a couple or individual and we did not ask for what that criteria is. All we asked is that they assured that all prospective foster parents would have an opportunity to be referred to a URM provider agency.

Q. So you're telling me that the government has no idea what criteria USCCB or LIRS has in processing and accepting and processing foster parent applications?

A. So, USCCB and LIRS don't accept and process foster care applications. Upbring and Catholic Charities of Dallas do.

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But you're correct. We don't have that information. We haven't asked for it. What we have communicated is that as part of this consortium, that all consortium members agree to work together to ensure that all prospective foster parents have the opportunity to be referred.

Q. And to allow all of the foster parents to have the opportunity to be referred, there has to be a religious accommodation for USCCB and/or LIRS; right?

A. I'm not aware of LIRS requesting any sort of religious accommodation.

Q. Okay. So, just USCCB?

A. Based on our long-standing work history with USCCB, and based on this case, it's possible that Catholic Charities of Dallas has communicated to USCRI or USCCB has communicated to USCRI that they would not be able to work with same sex couples.

Q. And by --

A. We were not privy to that conversation. ORR -- the government was not part of that conversation. That was between

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BY MS. CULORA:

Q. So, after the intake inquiry form is completed, what happens?

A. USCRI reviews the information and makes the determination which URM provider agency will receive that referral and they are looking at all of the information in totality.

Q. It's accurate to say USCRI will make a determination to refer the prospective foster parent to their appropriate consortium member based on this information collected during the intake process; right?

A. Correct.

Q. Is it the government's understanding that USCRI will refer the PFP based on requirements or standards that each grantee or subgrantee has established?

A. Yes. That is our understanding.

Q. Does the government know what those criteria are?

A. No. We were not a part of that conversation. That was between USCRI, USCCB and LIRS.

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2 probably happen. And what is your assumption
3 based on?

4 A. Based on the government's
5 understanding based on USCCB's religious
6 convictions.

7 Q. What is the government's
8 understanding of USCCB's religious
9 convictions?

10 MR. RAIMER: Objection. Asked
11 and answered.

12 THE WITNESS: I didn't hear
13 that. I'm sorry.

14 MR. RAIMER: I'm just objecting.
15 Already been asked and answered. You can
16 continue.

17 THE WITNESS: It's the
18 government's understanding that USCCB does
19 not support same sex marriage.

20 BY MS. CULORA:

21 Q. Same sex married couples,
22 prospective foster parents would essentially
23 automatically just be sorted to LIRS?

24 MR. LYNCH: Object to the form
25 of the question. Go ahead.

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2 anomaly in the data that they had been
3 reporting, we could ask questions about it.

4 Q. Going back to the programs you
5 mentioned, there's the minimum requirements
6 that the state requires and then Upbring and
7 CCD have other trainings? Are you aware of
8 any resources or trainings or other forms of
9 support that USCCB offers, that CCD USCCD
10 offers that LIRS Upbring does not?

11 MR. LYNCH: Object to form. You
12 can go ahead.

13 THE WITNESS: The government is
14 not aware of any differences in trainings or
15 resources.

16 BY MS. CULORA:

17 Q. LIRS and Upbring are a newer
18 organization; right?

19 A. Well, LIRS has been around for a
20 long time. But they are the newer of the two
21 replacement designees in Texas that operate
22 the URM program. And Upbring also is new to
23 serving URM children.

24 Q. I think you mentioned that
25 Upbring is still in the process of hiring and

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2 standing up their program; right?

3 A. Correct.

4 Q. They might have less resources
5 than CCD, USCCD that's been around for a long
6 time?

7 A. Is that a question?

8 Q. Yes.

9 A. Or is it statement?

10 Q. It's a question.

11 A. I'm not aware of any differences
12 in resources, other than the funding level
13 that Catholic Charities of Dallas and USCCB
14 received. But that's because they have a lot
15 more staff and they have a lot -- they have
16 kids in care.

17 Q. So, that's a difference in the
18 resources; right? The budgeting, the funding
19 and the staffing is more robust?

20 A. Correct, it's because of the
21 size of the program. They are two very
22 different sized programs.

23 Q. LIRS receives less and Upbring
24 received less funding; right?

25 A. For now, yes. Because they

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with a URM agency to be further vetted.

Q. And why wouldn't there be an opportunity to work with -- what is the certain criteria that they would need to work with them?

MR. LYNCH: Object to form.

MR. RAIMER: Object to form.

THE WITNESS: The government is not aware of the specific criteria that the two URM provider agencies would -- that would -- you know, they would not be able to work with a prospective foster parent or couple.

BY MS. CULORA:

Q. So, you're saying that the government has no idea what this specific criteria is that USCRI considers in making its referral?

MR. LYNCH: Object to form.

MR. RAIMER: Object to form.

THE WITNESS: The government was not told the criteria that was discussed between USCRI, USCCB and LIRS.

BY MS. CULORA:

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Q. Why was the government not told?

A. We didn't ask them to tell us.

We just asked them to meet as consortium members and to ensure that all prospective foster parents have the opportunity to be referred to a URM provider agency.

Q. So if I'm hearing you correctly, your testimony is that the government is not interested in knowing or does not know the criteria that these organizations require?

MR. LYNCH: Object to form.

MR. RAIMER: Same objection.

THE WITNESS: Correct.

BY MS. CULORA:

Q. Who do I ask to find out what this criteria is? Is it USCCB? LIRS or USCRI?

A. Yes. Those would be the three agencies that were involved in that discussion.

Q. I need names from those organizations that would know, one, the religious criteria and two, I think the determinations that they would take into

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anything in writing.

Q. I understand they didn't want to put anything in writing, but do you know why?

A. There were concerns about potential additional litigation.

Q. If it was in writing, perhaps the government would then be not -- not have knowledge of what the criteria would be?

MR. RAIMER: Object to form.

BY MS. CULORA:

Q. You can answer.

A. What's the question?

Q. If it was in writing, it's possible that the government would have knowledge of what the criteria -- the PFP criteria would be?

MR. LYNCH: Object to form.

MR. RAIMER: Same objection.

MS. CULORA: You can answer.

THE WITNESS: If it's in writing, then yes, we would have knowledge of the criteria.

BY MS. CULORA:

Q. Why does the government choose

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2 to not know the criteria of the PFPs and
3 criteria that the USCCB has established?

4 MR. LYNCH: Object to form.

5 MR. RAIMER: Same objection.

6 THE WITNESS: The consortium
7 members did not want to put the criteria in
8 writing.

9 BY MS. CULORA:

10 Q. That wasn't my question. If it
11 was in writing, the government would have
12 knowledge of the criteria set forth by USCCB?

13 MR. LYNCH: Objection. Asked
14 and answered.

15 MR. RAIMER: Same objection.

16 MS. CULORA: I think all she
17 said was that they did not want to put it in
18 writing.

19 MR. LYNCH: I think she said
20 that if it was in writing, they would know
21 what the criteria are, but I'll let
22 Ms. Mullooly answer.

23 THE WITNESS: I don't understand
24 the question. Can you repeat it, please?

25 BY MS. CULORA:

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to confer and then we can perhaps wrap this up.

THE COURT REPORTER: Going off the record. 11:52.

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(Whereupon, there was a recess.)

- - -

THE COURT REPORTER: Going back on the record. 12:12.

BY MS. CULORA:

Q. Miss Mullooly, it's the government's position that it is unaware of the criteria used by USCRI to refer applicants; right?

A. Correct.

Q. If the plaintiffs were to apply again to be foster parents today, is it possible that USCRI would refer plaintiffs to CCD where they would be turned away again?

MR. LYNCH: Objection. Asked and answered. Go ahead.

THE WITNESS: It's possible.

MS. CULORA: No further questions.

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program. And in Texas, legal -- that legal responsibility arrangement is a private conservatorship where the URM provider goes to court to petition for conservatorship or custody, if you want to call it that, of the children that have been approved to be placed there.

Q. So, while one might characterize Upbring has having no children to offer, is that generally true of all URM provider agencies?

A. Correct. They -- how it works is ORR or the state department, if you are also talking about the other referral pipeline, they refer the children to the national network of URM providers and then the providers submit what's called a placement assurance memo, signaling that they have a foster family that's licensed or another placement that is available for that child, that can meet the child's needs and then the child, if the child is referred by ORR, we would submit or issue an approval letter approving that child to enter that URM

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2 program. And then the child arrives to the
3 program and is placed into the proposed
4 foster home or proposed foster placement.

5 So, a program doesn't have a
6 pool of children that are just waiting to be
7 placed. It's the other way, where they are
8 licensing foster parents and then those
9 foster parents are able to review referrals
10 of children who are in need of placement.

11 Q. And if we back up just a little
12 bit further, I think you said what you just
13 described is the second of two paths through
14 which children enter the URM program. Is
15 that right?

16 A. There's really two different
17 paths.

18 Q. And the first has to do with
19 children that actually come directly from
20 abroad through the state department. Is that
21 right?

22 A. Correct.

23 Q. And the second is children that
24 are already in the United States but would
25 become eligible for the URM program?

Anne Mullooly

May 18, 2022

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C E R T I F I C A T E

I hereby certify that the proceedings and evidence noted are contained fully and accurately in the notes taken by me on the deposition of the above matter, and that this is a correct transcript of the same.



Teresa M. Beaver

(The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or supervision of the certifying shorthand reporter.)

EXHIBIT 35

From: [Mullooly, Anne \(ACF\)](#)
To: [Eskinder Negash](#)
Cc: [Tumaylle, Carol \(ACF\) \(CTR\)](#); [Kim, Curi \(ACF\)](#); [Veeraraghavan, Mimi \(ACF\)](#); [Tanisha Elizaire](#); [Gursimran Grewal](#); [Kevin Sturtevant](#); [Tota, Kenneth \(ACF\)](#); [Edwards, Lauren \(ACF\)](#); [AnnaMarie Bena](#)
Subject: USCRI approval for TX URM task
Date: Wednesday, September 29, 2021 2:09:00 PM
Attachments: [USCRI approval letter for TX URM task-9-29-21.pdf](#)
Importance: High

Good afternoon, Eskinder:

I hope you're well. Attached please find a letter signed by ORR Deputy Director Ken Tota, authorizing USCRI to conduct initial intakes of prospective URM foster parents in the Dallas/Fort Worth, TX area.

ORR staff Mimi Veeraraghavan and Carol Tumaylle will connect with USCRI staff to begin planning for implementation, together with the Texas URDs (i.e. USCCB and LIRS).

We kindly ask that USCRI not publicize this new role in any way, considering the sensitivities around the pending litigation that prompted this consortium.

If you have any questions or concerns, please do not hesitate to reach out to me.

ORR appreciates your partnership!

All the best,
Anne

Anne Mullooly, MSSW
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EXHIBIT 36

Dallas/Fort Worth Unaccompanied Refugee Minors Prospective Foster Parent Intake

Dallas/Fort Worth, Texas Unaccompanied Refugee Minors Consortium



The Dallas/Fort Worth (DFW), Texas Unaccompanied Refugee Minors (URM) Consortium is a collaboration between LIRS, USCCB and USCRI, at the request of and under the initial guidance of the Office for Refugee Resettlement (ORR). The DFW Texas URM Consortium specifically relates to the work of the URM provider agencies in the recruitment of prospective URM foster parents (PFPs).

Dallas/Fort Worth Texas URM Prospective Foster Parent Intake

- ▶ The U.S. Committee for Refugees and Immigrants (USCRI) is a neutral party that is responsible for conducting intake and referring prospective foster parents, within the Dallas/Fort Worth, Texas area to consortium partners.

- ▶ USCRI uses the information collected during the intake process to determine the most appropriate URM provider agency for a PFP.
 - ▶ Catholic Charities Dallas Children's Services (USCCB)
 - ▶ Upbring (LIRS)

Roles of consortium members

USCRI:

- ▶ will establish and maintain communication mechanisms for prospective foster parent referrals;
- ▶ respond to inquiries from PFPs and conduct initial intake;
- ▶ refer PFPs to URM provider agencies;
- ▶ maintain all data collected during the intake process;
- ▶ provide summaries on data points.

USCCB and LIRS:

- ▶ will develop agreements with URM providers that address the functions and procedures of the Consortium;
- ▶ provide oversight and monitoring of the URM provider agencies' adherence to the process and timeframes outlined in the Intake and Referral Procedures.

Roles of consortium members cont.

Upbring and Catholic Charities Dallas Children's Services:

- ▶ will refer all PFPs to USCRI;
- ▶ respond to referrals from USCRI within the established timeframes;
- ▶ hold recruitment events for PFPs;
- ▶ make trainings available per licensing requirements;
- ▶ license all PFPs that meet Texas state licensing, agency, accreditation, and home study requirements

All Replacement Designees:

- ▶ will continuously collaborate, coordinate, contribute to procedures and shared documents to ensure the functioning of the intake and referral process;
- ▶ communicate regularly, including to address concerns with the process;
- ▶ ensure that all PFPs have an opportunity to work with a URM provider agency to determine their eligibility to be licensed to provide foster care for URMs;
- ▶ ensure requested information is reported to ORR in a timely manner.

The URM PFP Intake Process

- ▶ Any individual responding to an inquiry will be provided a description of the consortium, its purpose, and the intake process.

- ▶ The Prospective Foster Parents (PFP) shall be directed to the Dallas/Ft. Worth URM Prospective Foster Parent Intake by any of the following means:
 - ▶ Weblink: <https://refugees.org/dfw-urm/>
 - ▶ Email: DFW-URM@uscmail.org
 - ▶ Phone: 703-214-1073

“There are two URM provider agencies in the Dallas/Fort Worth area: Catholic Charities Dallas Children’s Services and Upbring. In order to ensure an equitable distribution of prospective foster parent (PFP) inquiries, a neutral third party (the U.S. Committee for Refugees and Immigrants) operates a centralized intake process to collect basic information from all PFPs. USCRI uses the information collected during the intake process to determine the most appropriate URM provider agency for a PFP. Upon selecting the appropriate URM provider agency, USCRI will provide the PFP’s information to the provider, who will contact the PFP within 10 business days. The URM provider agency is then responsible for determining a PFP’s eligibility to become a foster parent and completing the licensing process.”

USCRI will conduct the initial intake for all PFP

Regardless of the method of initial communication, all prospective URM foster parents will be referred to USCRI for the initial intake process. For example, this would include:

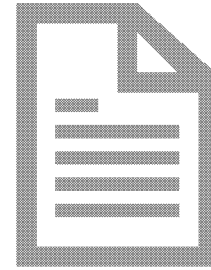
- ▶ if a prospective foster parent were to attend a recruitment event held by a URM provider agency and have initial contact with said agency
- ▶ if the prospective foster parent were referred by an existing, licensed foster parent with one of the URM provider agencies
- ▶ if the prospective foster parent expressed interest in working specifically with one of the URM provider agencies
- ▶ and all other scenarios in which a prospective foster parent may initially come into contact with the URM provider agency.



The PFP can complete the intake via two methods:

Online: The PFP completes and submits the online intake form to USCRI.

Phone: If the PFP calls and would like to complete the intake over the phone, USCRI will collect the same information listed on the online form.



USCRI staff will go through the intake form and ensure that all required information is collected from the PFP.

If additional information or clarification is necessary for online submissions, USCRI staff will contact the PFP to collect additional information over the phone.

DFW URM Intake Process

Referring the PFP to provider agencies

- ▶ Within 5 business days of the inquiry, USCRI will determine which consortium partner is most appropriate to receive the PFP's referral. The determination will be based on information collected during the intake process, including the following:
 - ▶ Information regarding PFPs
 - ▶ Demographic information, household and background information including any religious preferences, language(s) spoken, family composition, age, and country of origin preferences for foster children.
 - ▶ Requirements of consortium partner and URM provider agency
 - ▶ Established criteria for foster parents' eligibility of consortium partners and/or URM provider agencies.
 - ▶ Referral source
 - ▶ Where the PFP learned about the URM program
 - ▶ Any existing ties to a local URM provider agency

Reviewing the PFP referral

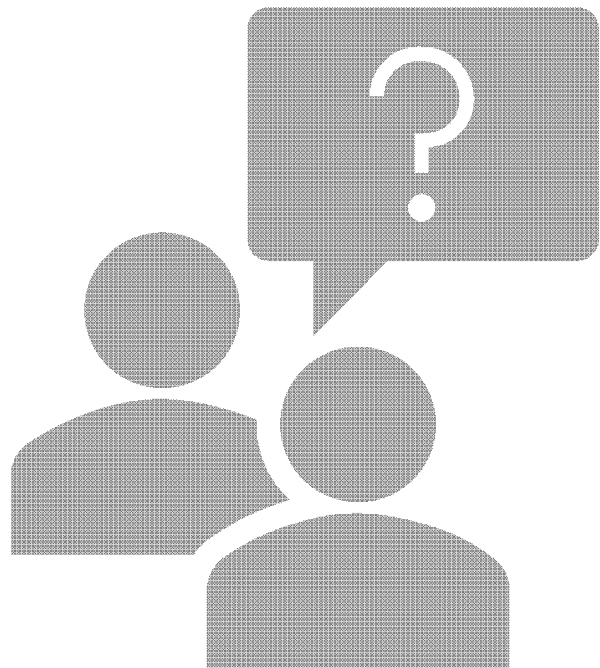
- ▶ The URM provider agency will contact the PFP within 10 business days of receiving an applicant's information.
- ▶ If the selected provider does not accept the referral, the PFP inquiry will be remanded to USCRI for reconsideration. USCRI will send the inquiry to the alternate URM provider agency within two business days.
 - ▶ A URM provider agency cannot decline a referral because it appears, based on the information collected by USCRI, that the PFP will not meet TX licensing requirements. The URM provider agency must gather additional information and determine the PFP's eligibility under state licensing standards.
 - ▶ In instances where a URM provider agency determines that a PFP does not meet eligibility requirements, they will document the decision, notify the PFP and inform USCRI.
 - ▶ Ineligible PFPs should not be referred to the alternate URM provider agency.

Reviewing the PFP referral cont.

- ▶ In any scenario where a URM provider agency decides, for reasons unrelated to Texas licensing requirements, they can no longer work with a PFP, they will notify the PFP and provide their information to the alternate URM provider agency, with the PFP's consent. The URM provider agency will also notify USCRI of the change.
 - ▶ If the PFP does not consent to have their information shared, they will be referred back to USCRI.

PFP who are already licensed by a URM provider

- ▶ If a PFP is already licensed by a URM provider agency, or after the intake function launches, is licensed by the URM provider agency solely for another non-URM purpose (TFC for UCs, domestic foster care) and later becomes interested in serving URMs, that PFP will not need to be referred to USCRI to complete the intake process.
 - ▶ The URM provider should document such occurrences for their URD, which should notify USCRI and LIRS.



Questions?

EXHIBIT 38

- Neutral third party has no other role in administering URM program in Texas and will receive funding from ORR directly to conduct this task. USCCB and LIRS will not have a sub-agreement with the neutral third party.
- Hotline and email will be included in recruitment materials used by the two URM providers.
- If local URM providers receive inquiries from prospective foster parents in the community, URM providers will refer them to the hotline for intake.
- If ORR receives any inquiries from prospective foster parents in the Dallas/Fort Worth area, ORR will refer them to the hotline for intake.
- Intake process will comprise of questions on basic demographics, including family composition.

Individual or couple interested in fostering URMs in Dallas/Fort Worth area sends inquiry to local hotline or general email administered by neutral third party.

Neutral third party responds to inquiry, sets up intake with interested individual or couple.

Based on intake, neutral third party refers individual or couple to either LIRS URM provider (Upbring) or USCCB URM provider (Catholic Charities Dallas).

Upbring contacts individual or couple to provide information on the URM program, foster parent licensing process, etc. If individual or couple meet minimum standards for foster care licensure in Texas, Upbring will train and license prospective foster parents.

Catholic Charities (CC) Dallas contacts individual or couple to provide information on the URM program, foster parent licensing process, etc. If individual or couple meet minimum standards for foster care licensure in Texas, CC Dallas will train and license prospective foster parents.

EXHIBIT 39



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

Eskinder Negash
President
U.S. Committee for Refugees and Immigrants
2231 Crystal Dr. Ste 350
Arlington, VA 22202-3794

September 28, 2021

Dear Eskinder:

Thank you for the U.S. Committee for Refugees and Immigrants' (USCRI's) commitment to implement the "Texas URM consortium" in partnership with the United States Conference of Catholic Bishops (USCCB) and Lutheran Immigration and Refugee Service (LIRS). While USCCB and LIRS serve as URM Replacement Designees (i.e. URDs) to administer the URM program in Texas, USCRI's role in the consortium is to:

- establish a hotline and email to receive inquiries from individuals or couples interested in fostering minors in the URM program in the Dallas/Fort Worth, Texas area;
- respond to all inquiries from individuals or couples interested in fostering minors in the URM program in the Dallas/Fort Worth, Texas area;
- conduct initial intakes of the individuals or couples, to collect basic demographic and family composition information; and
- refer the individuals or couples to one of the two URM provider agencies, i.e. Catholic Charities Dallas and Upbring, for further vetting, training, and licensing.

In this new role, USCRI is also committing to collaborating with USCCB and LIRS in the development of procedures and processes to ensure a smooth implementation of the consortium model.

ORR understands that USCRI will include costs associated with its role and responsibilities in the URM consortium in your FY 2022 ORR-1 estimate due November 1, 2021 and will outline this task in your FY 2022 Medical Replacement Designee (MRD) Plan due on January 7, 2022.

Please direct any questions about this letter to Anne Mullooly, URM Supervisor, at Anne.Mullooly@acf.hhs.gov or (202) 401-5369.

Thank you for accepting the responsibility of conducting intakes with prospective foster families in the Dallas/Fort Worth, Texas area for the URM program. We look forward to this new partnership.

Sincerely,

Kenneth Tota
Deputy Director
Office of Refugee Resettlement

EXHIBIT 40

Intake and Referral Procedures

The purpose of this document is to outline the procedures for the Dallas/Fort Worth Texas URM Prospective Foster Parent Intake within the Dallas/Fort Worth Texas URM Consortium. The U.S. Committee for Refugees and Immigrants (USCRI) is responsible for conducting intake and referring prospective foster parents, within the Dallas/Fort Worth, Texas area to consortium partners, the United States Conference of Catholic Bishops (USCCB) and Lutheran Immigration and Refugee Service (LIRS). *(Please see the Dallas/Fort Worth, Texas URM Consortium Charter for a full description of the scope of the consortium and its members.)*

- 1) Prospective Foster Parents (PFP) contacts consortium partners or local URM provider agencies regarding their interest in becoming a foster parent for the URM program in Dallas/Fort Worth, Texas. Any individual responding to an inquiry will provide a description of the consortium, its purpose, and the intake process. The PFP shall be directed to the Dallas/Ft. Worth URM Prospective Foster Parent Intake by any of the following means: Weblink: #####, Email: DFW-URM@uscmail.org, Phone: 703-214-1073.
- 2) The PFP completes and submits the online intake form to USCRI. If the PFP calls and would like to complete the intake over the phone, USCRI will collect the same information listed on the online form.
- 3) USCRI staff will go through the intake form and ensure that all required information is collected from the PFP. If additional information or clarification is necessary for online submissions, USCRI staff will contact the PFP to collect additional information over the phone.
- 4) Within 5 business days of the inquiry, USCRI will make a determination to refer the PFP to the most appropriate consortium partner. The determination will be based on information collected during the intake process, including the following:
 - a) Information regarding PFPs
 - i) Demographic information, household and background information including any religious preferences, language(s) spoken, family composition, age, and country of origin preferences for foster children.
 - b) Requirements of consortium partner and URM provider agency
 - i) Established criteria for foster parents' eligibility of consortium partners and/or URM provider agencies.
 - c) Referral source
 - i) Where the PFP learned about the URM program
 - ii) Any existing ties to a local URM provider agency
- 5) Immediately upon making a determination, USCRI will send the information collected to the selected local URM provider agency and copy the associated consortium partner (LIRS or USCCB).

- 6) The URM provider agency will contact the PFP within 10 business days of receiving an applicant's information. If the selected provider does not accept the referral, the PFP inquiry will be remanded to USCRI for reconsideration. USCRI will send the inquiry to the alternate URM provider agency with two business days.
 - a) A URM provider agency cannot decline a referral because it appears, based on the information collected by USCRI, that the PFP will not meet TX licensing requirements. The URM provider agency must gather additional information and determine the PFP's eligibility under state licensing standards. In instances where a URM provider agency determines that a PFP does not meet eligibility requirements, they will document the decision, notify the PFP and inform USCRI. Ineligible PFPs should not be referred to the alternate URM provider agency.
 - b) In any scenario where a URM provider agency decides, for reasons unrelated to Texas licensing requirements, they can no longer work with a PFP, they will notify the PFP and provide their information to the alternate URM provider agency, with the PFP's consent. The URM provider agency will also notify USCRI of the change. If the PFP does not consent to have their information shared, they will be referred back to USCRI.
 - c) In any instance where a PFP is already licensed by a URM provider agency, or after the intake function launches, is licensed by the URM provider agency solely for another non-URM purpose (TFC for UCs, domestic foster care) and later becomes interested in serving URM, that PFP will not need to be referred to USCRI to complete the intake process. The URM provider should document such occurrences for their URD, which should notify USCRI and LIRS.

Data Collection and Information Sharing

1. USCRI will maintain all data collected during the intake process and will provide, at a minimum, the following summaries to consortium members and ORR:
 - a. Number of inquiries received
 - b. Referral sources by percentage
 - c. Number of intakes completed
 - d. Number of referrals sent to each consortium member and URM provider agency
2. Consortium members can request data for a specific inquiry or intake in writing at any time. USCRI will provide the information within three business days.

In any case of conflict or dispute, consortium members will adhere to the Conflict of Interest Plan for the Dallas/Fort Worth, Texas URM Consortium.

Script Describing the DFW, TX URM Consortium- for URM provider staff

There are two URM provider agencies in the Dallas/Fort Worth area: Catholic Charities Dallas and Upbring. In order to ensure an equitable distribution of prospective foster parent (PFP) inquiries, a neutral third party (the U.S. Committee for Refugees and Immigrants) operates a centralized intake process to collect basic information from all PFPs. USCRI uses the information collected during the intake process to determine the most appropriate URM provider agency for a PFP. Upon selecting the appropriate URM provider agency, USCRI will provide the PFP's information to the provider, who will contact the PFP within 10 business days. The URM provider agency is then responsible for determining a PFP's eligibility to become a foster parent and completing the licensing process.

Script Describing the URM Program for USCRI Staff

The Unaccompanied Refugee Minors Program (URM) provides foster care and supportive services to some of the most vulnerable minors in the world - those fleeing persecution, violence, or abuse, who enter the United States without a parent or custodian. Minors and youth in the program represent about 50 nationalities, including [*insert top countries of origin, currently: Guatemala, Honduras, Eritrea, Democratic Republic of Congo, and Afghanistan*]. Some minors are resettled into the U.S. by the State Department as refugees. Others arrive in the U.S. on their own and first receive care through the Unaccompanied Children's (UC) program before meeting federal criteria for the URM program, with eligibility determined by Office of Refugee Resettlement (ORR). Most minors who enter the URM program are males between 15-17 years of age. The program helps unaccompanied refugee minors develop appropriate skills to enter adulthood and to achieve self-sufficiency. Foster parents are an essential part of the URM program, as they provide long-term care for minors and help prepare them for adulthood.

To become a foster parent for the URM program in the Dallas/Fort Worth area, an interested individual or family must become licensed with a child-placing agency licensed through Texas Health and Human Services (HHS) Child Care Regulation. In order to be licensed, an individual or family must, at a minimum:

- Meet all eligibility requirements
- Complete a thorough background check (this includes all household members age 14 and older)
- Complete a home study
- Complete pre-service training (Additional specialized training is required to become a foster parent for the URM program)

On average it takes three to six months to complete the licensing process. The two agencies who operate the URM program in the Dallas/Fort Worth area are Catholic Charities Dallas and Upbring. (*Begin the script describing the consortium and intake process*) The selected URM provider will provide more information on the URM program, the youth served, and details about the licensing process in follow up communications.

EXHIBIT 43



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

April 5, 2022

Eskinder Negash
President and CEO
U.S. Committee for Refugees and Immigrants (USCRI)
2231 Crystal Drive, #350
Arlington, VA 22202

Dear Mr. Negash,

We are pleased to inform you that the FY 2022 Medical Replacement Designee Plan for provision of Refugee Medical Assistance, Refugee Medical Screening, ORR-funded URM Medical Assistance, Refugee Social Services/Refugee Health Promotion Set-aside, the Dallas/Fort Worth URM Consortium, and Medical Assistance Coverage for Operation Allies Rescue/Welcome is approved. Based on our review, your plan is in compliance with the Office of Refugee Resettlement (ORR) regulations per 45 CFR Part 400 and the Afghanistan Supplemental Appropriations Act, 2022 and the Additional Afghanistan Supplemental Appropriations Act, 2022 (ASA). In order to comply with new ORR program goals established in FY 2022 since the submission of your FY 2022 Medical Replacement Designee Plan, including extension of the RMA time eligibility period to 12 months, and ASA-funded priorities established by ORR, ORR is requiring you to submit a state plan amendment no later than July 1, 2022, describing your plans to fully implement these new program features.

Please note that ORR-1 budget estimates will be reviewed and funds will be allocated based on actual expenditure and arrival patterns, Afghan Humanitarian Parolee arrivals to the states with Medical Replacement Designee operations, the refugee ceiling put forth in the Presidential Determination, the final Department of State, Bureau of Population, Refugees, and Migration (PRM) Reception and Placement (R&P) and Afghan Placement and Assistance (APA) program capacity plans for FY 2022, and availability of ORR FY 2022 funding.

We appreciate the work of your organization to successfully support ORR-eligible clients and we look forward to continuing our partnership with USCRI.

If you have any questions pertaining to this approval letter, please contact Carol Tumaylle (Health Program Specialist) at carol.tumaylle@acf.hhs.gov or Carl Rubenstein (Director, Division of Refugee Assistance) at Carl.Rubenstein@acf.hhs.gov.

Sincerely,

Kenneth Tota
Deputy Director,
Office of Refugee Resettlement

EXHIBIT 46

CONFLICT OF INTEREST PLAN: DALLAS/FORT WORTH, TEXAS URM CONSORTIUM

Section I: Conflict of Interest

The Dallas/Fort Worth (DFW), Texas Unaccompanied Refugee Minor (URM) Consortium, henceforth referred to as the “DFW Texas URM Consortium”, is a collaboration between Lutheran Immigration and Refugee Services (LIRS), the U.S. Conference of Catholic Bishops (USCCB) and the US Committee for Refugees and Immigrants (USCRI), at the request of and under the initial guidance of the Office for Refugee Resettlement (ORR). The DFW Texas URM Consortium partners will adhere to the procedures established by the Consortium group, as outlined in the DFW Texas URM Consortium Charter, this Conflict of Interest Plan, and the Intake and Referral Procedures Plan.

Purpose: To ensure ethical practices and relationships between all parties, LIRS, USCCB, and USCRI and to strive to make the operations of the DFW Texas URM Consortium open and transparent.

Conflict: This Conflict of Interest Plan applies to LIRS, USCCB, and USCRI and by extension, the subrecipient URM provider agencies of USCCB and LIRS in the operation of the DFW Texas URM Consortium. The DFW Texas URM Consortium Team works to ensure URM service providers are committed to ethical, business, and lawful conduct. This includes but is not limited to referral, recruitment events, collaboration, families being referred to each agency, and understanding licensing standards and compliance for foster homes. If a conflict arises regarding conflict of interest within the DFW Texas URM Consortium, it will be resolved by the DFW Texas URM Consortium Team, and if necessary, by the Children’s Services Directors of USCRI, USCCB, and LIRS identifying a resolution within 7 calendar days and/or elevating to the Executive leadership of their respective agencies.

Section II: Stakeholders

The DFW Texas URM Consortium Team includes representatives from LIRS, USCCB, and USCRI. LIRS, USCCB, and USCRI agree on the roles, responsibilities, and relationships outlined in the DFW Texas URM Consortium Charter.

Section III: Activities and Principles

Communication: The DFW Texas URM Consortium Team will enable effective communication and coordination by adhering to the following activities and principles:

1. Encourage transparency and accountability by making full and accurate information available to the extent possible without violating, each stakeholder’s confidentiality.

2. Act in the best interests of the group. Members cannot use information obtained as a member for personal gain or for the advantage of the member's local and/or national resettlement agency.
3. Take a position on behalf of the consortium.
4. Participate actively in the planning processes and working groups to ensure continuity of the consortium and completion of tasks.
5. Activities shall be characterized by cooperation, coordination, mutual support, and open communication when discussing program planning, problem solving, and certain joint service operations.
6. Encourage programs to address the cultural and linguistic needs of refugees.
7. Support flexible utilization of all available resources.
8. Support partner agencies to implement client-focused services.
9. Respect the right of clients to self-determination.
10. Support public engagement efforts on behalf of refugees and refugee programs.

A link will serve to track all inquiries to the USCRI website for third-party review and referral to Catholic Charities Dallas Children's Services and Upbring. (Link will be included later)

Section IV: Communication

Office of Refugee Resettlement: Members of the DFW Texas URM Consortium Team have a responsibility to share information when it has the potential to impact the statewide consortium group. To the extent possible, questions and communication to ORR that might impact the DFW Texas URM Consortium Team should be discussed within the group and an agreed upon approach to ORR should be decided. Being separate agencies, performance reports will be submitted individually to ORR.

Internal: Members of the DFW Texas URM Consortium Team have a responsibility to ensure collaboration and communication. Members are expected to cooperate, contribute feedback, provide input to shared documents/reports, provide accurate information, ensure confidentiality, and abide by the principles in this document.

Section V: Accountability and Agreement

Members of the DFW Texas URM Dallas Consortium Team are required to openly communicate and collaborate, to use appropriate decision-making techniques, and to resolve disagreements. When the DFW Texas URM Dallas Consortium Team makes decisions that impact the group, the consortium group will use the following tools:

- Working group recommendations
- Consortium discussions
- Evidence-based practices
- Subject matter experts

If the DFW Texas URM Consortium is unable to come to an agreement, the issue will be raised to the Children's Services Directors of USCCB, USCRI, and LIRS and/or elevated to the Executive Leadership of the respective agencies.

Nothing in this policy shall be construed to require any individual organization to engage in any conduct that violates that organization's religious beliefs or moral convictions.

Section VI: Confidentiality and Information Sharing

Members shall not discuss or disclose information about the DFW Texas URM Consortium Team and its discussions, nor any specifics regarding Texas resettlement activities to any person or entity unless such information is already a matter of public knowledge, such person or entity has a need to know, or the disclosure of such information is in furtherance of the groups purposes or can reasonably be expected to benefit the group. In addition, Members shall not share any individual level or provider level data with any external entity without prior knowledge and approval of the member, except for the reasons stated above.

Section VII: Data Sharing

The DFW Texas URM Consortium Team shall abide by 45 CFR 400.27 -28, and ORR Policy Letter "Data Sharing" 17-02 to ensure the safeguarding and sharing of information. Data shared across the group will be submitted through encrypted emails. The aim to data sharing is to assist with providing the group with data to support efforts in the coordination and administration of program services across Texas.

Section VIII: Acknowledgement

Modification of this Conflict of Interest Plan may be necessary, among other reasons, due to changes in the refugee program and/or member organizations. All members agree to review the Conflict of Interest Plan annually in January, or as needed. Any modifications to this Plan must be in writing and agreed upon unanimously.

EXHIBIT 47

Differences Between International Foster Care and Domestic Foster Care

International Foster Care

Catholic Charities has conservatorship

Typically, children removed because of situation outside of the family – war or persecution

Birth parents are deceased or still in home country

Children typically remain in foster care until they are 21 and can live on own

Children are not generally eligible for adoption

Domestic Foster Care

CPS has conservatorship

Children removed because of issues within the family

Birth parents are still involved in the process

Children may be in foster care for less than a year

Depending on situation with birth families, children in foster care may be eligible for adoption

EXHIBIT 49

Steps to Become an International Foster Parent!

Potential Foster Family

IFC Client

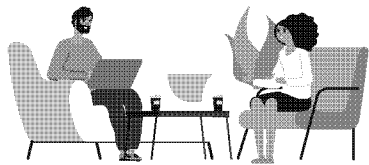


1 The recruiter works with community to find potential foster parents or potential foster parent find program.

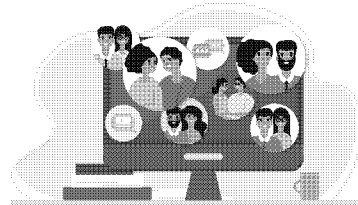
2 Potential foster parent completes intake with the DFW-URM Intake Team at U.S. Committee for Refugees and Immigrants by visiting <https://refugees.org/dfw-urm/>. You can also contact them by email: DFW-URM@uscmail.org or phone: 703-214-1073.



1 Situation in Minor's home country is dangerous forcing them to flee **OR** they are brought to the U.S. as a Victim of trafficking



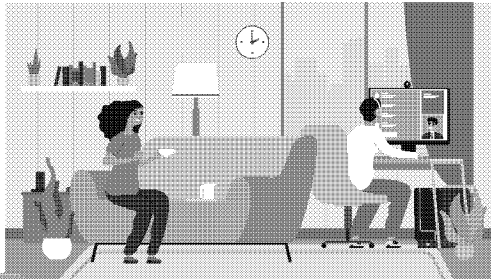
3 Potential Foster Parents complete pre-service required training and other paperwork and documentation.



3 Potential foster parents attend virtual orientation meeting, complete application, and background consent forms.



2 Minor flees to neighboring country and gets in contact with United Nations High Commissioners of Refugees and applies for resettlement, **OR** seeks asylum in U.S., **OR** is rescued from a trafficking situation.

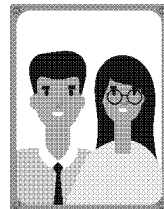


4 Complete Home Study and 8 observation hours with licensed foster home.



3 Minor gets approved for URM and their name and information is sent to USCCB in Washington.

4 USCCB calls foster care programs that accept URM referrals around the U.S. to find an available licensed home.



5 Prospective foster parents are licensed!



6 IFC Client is placed into licensed foster home!!

EXHIBIT 50

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

FATMA MAROUF AND BRYN ESPLIN,)	
)	
Plaintiffs,)	
)	
v.)	Case No. 1:18-cv-378 (APM)
)	
ALEX AZAR, in his official capacity as)	
Secretary of the UNITED STATES)	EXPERT REPORT OF DAVID M.
DEPARTMENT OF HEALTH AND HUMAN)	BRODZINSKY, PH.D.
SERVICES, <i>et al.</i> ,)	
)	
<i>Defendants.</i>)	
)	

EXPERT REPORT OF DAVID M. BRODZINSKY, PH.D.

I, David M. Brodzinsky, do solemnly attest as follows:

I. Assignment

1. I have been retained by plaintiffs' counsel to prepare a written expert report in this case relating to professional standards for inclusion of qualified families in the child welfare system, and the impact on children and families that can result when a private child-placement agency that contracts with or receives a grant from the Federal government excludes same-sex couples based on the agency's religious belief that this group of individuals should not be foster parents. The analyses and opinions expressed in this report are my own. I am being compensated at a rate of \$250 per hour. My compensation in this matter is in no way contingent or based on the content of my opinions or the outcome of this matter.

II. Professional Qualifications (see attached curriculum vitae for more details)

2. I received a Ph.D. in developmental psychology from the State University of New York at Buffalo in 1974, as well as additional training as a clinical psychologist during a clinical

internship at the Irving Schwartz Institute for Children and Youth in Philadelphia from 1972-1973 and a post-doctoral clinical fellowship at the same institution from 1973-1974.

3. I am a licensed psychologist in the state of California (#21152).

4. From 1974 to 2006, I served as an Assistant Professor, Associate Professor, and then Full Professor in the Department of Psychology at Rutgers University, where I taught undergraduate and graduate courses in developmental and clinical psychology, conducted research, and supervised doctoral students in clinical and school psychology. Currently, I am Professor Emeritus of Clinical and Developmental Psychology at Rutgers University.

Selection of Specific Qualifications Related to Adoption and Foster Care

5. I have nearly 40 years of experience in the fields of adoption and foster care as a researcher, scholar, teacher, clinician, policy analyst, trainer, consultant, and forensic expert. I have over 100 publications, including numerous peer-reviewed journal articles, book chapters, and six books on adoption and foster care, as well as on other topics in developmental and clinical psychology. I have also reviewed hundreds of articles in these areas submitted for publication to the most prestigious professional journals in developmental and clinical psychology, as well as in child welfare.

6. From 1986 to 1995, I directed a post-adoption service program under contract from the New Jersey Division of Youth and Family Services, now known as the Department of Children and Families. The project provided direct clinical services to children adopted from foster care and their families in several northern counties in New Jersey.

7. From 1989 to 2006, I was Director of the Rutgers Foster Care Counseling Project, a state-funded training and service program focusing on the clinical needs of foster children and their families in central New Jersey. During this period, I trained over 100 doctoral-level psychology

students in psychological issues in foster care, adoption and trauma, and the project served over 700 foster families.

8. From 1996 to 2006, I was on the Board of Directors of the Donaldson Adoption Institute in New York City, an internationally known non-profit organization focusing on policy analysis, research, education, and advocacy in the fields of adoption and foster care. From 2006 through 2014, I served as Research Director for the Institute. During my time with the Donaldson Adoption Institute, I created the Modern Adoptive Families Project, a nationwide survey of adoptive parents focusing on the experiences and outcomes of different types of adoptive families, including those headed by sexual minority individuals/couples¹. To date, 10 empirical articles or technical reports have been published from this dataset, with additional ones in preparation.

9. I have served or am currently serving on the Editorial Boards of *Adoption Quarterly*, *Developmental Child Welfare*, *Journal of Applied Developmental Psychology*, and *Youth and Society*.

10. I have been in private practice as a psychologist for 35 years, with the majority of my clinical work focusing on the mental health needs of adopted and foster children and their families. Over this time period, I have worked with approximately two thousand families who have adopted or fostered children.

11. From 2008 to 2016, I was a clinical supervisor for A Home Within, a non-profit organization in the San Francisco Bay area providing pro bono clinical services to foster children and their families.

¹ Sexual minority is a term referring to a group whose sexual identity, orientation or practices differ from the majority of the surrounding society. Primarily used to refer to lesbian, gay, bisexual or non-heterosexual individuals, it can also refer to transgender, non-binary (including third gender) or intersex individuals.

12. I have also been a practicing forensic psychologist for 33 years. During this time I have been involved in approximately 650 forensic cases, testifying over 100 times in 12 different states. Most of my cases have involved issues related to child custody, juvenile dependency, contested adoption, wrongful adoption, child abuse, and trauma-related personal injury. Approximately 45-50 of these forensic cases involved issues related to adoption, fostering, and/or parenting by sexual minority individuals/couples.

13. I have given hundreds of conference presentations, professional workshops, medical grand rounds presentations, invited university lectures, and community lectures to mental health professionals, child welfare professionals, legal professionals, and/or the public related to adoption and foster care throughout the United States, Europe, and parts of South America.

14. I have been a consultant to hundreds of public and private adoption agencies and child welfare agencies in the United States, Canada, England, Northern Ireland, Wales, Spain, Italy, Holland, Sweden, Norway, Iceland, and Colombia. Currently, I am a clinical and training consultant for the Center for Adoption Support and Education in Burtonsville, Maryland, and a research and project consultant for the National Center on Adoption and Permanency in Newton, Massachusetts.

Selection of Specific Qualifications Related to Adoption, Foster Care, and Parenting by Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Individuals and Couples

15. I have published a dozen peer-reviewed journal articles, policy papers, book chapters, and an edited book (*Adoption by Lesbians and Gay Men: A New Dimension in Family Diversity*, Oxford University Press, 2012) focusing on adoption and parenting by lesbians and gay individuals/couples.

16. I have worked clinically with hundreds of families headed by LGBTQ parents during

my career, including those who have adopted or fostered children. Since moving to California in 2006, approximately 30-40% of my clinical practice has been with families headed by LGBTQ individuals/couples. In addition, I have regularly supervised the clinical work of other professionals working with families headed by LGBTQ parents.

17. From 2009 to 2015, I was a clinical supervisor and consultant to the Pacific Center in Berkeley, California, a non-profit organization serving the mental health needs of the LGBTQ community.

18. I have been involved in numerous court cases related to adoption, fostering, parenting, and marriage by sexual minority individuals/couples, for which I have provided expert reports on case issues, evaluated the parties, and/or testified during deposition or at trial. These cases include the same-sex marriage trial in Hawaii in 1996 (Baehr v. State of Hawaii); four separate challenges to Florida's ban on adoption by gay and lesbian adults (Amer v. Johnson in 1997; Lofton v. Kearney, et al. in 2001; IMO Adoption of JCB in 2005; IMO Adoption of XG and NG in 2008); Catholic Charities v. State of Illinois in 2011; and the Michigan same-sex marriage case (DeBoer v. Snyder in 2014). In all of these cases where I appeared in court, I was qualified as an expert on issues related to adoption, fostering, and parenting by LGBTQ adults.

19. I have made numerous presentations on issues related to adoption, fostering, and parenting by sexual minority adults to mental health professionals, child welfare professionals, and legal/judicial professionals throughout the United States, Canada, Western Europe, and Colombia.

III. Opinions

20. The opinions below are supported by research and scholarly writings in the areas of child development, family psychology, and child welfare, as well as my professional experience.

Relevant authoritative books, book chapters, journal articles, policy briefs, and technical reports are cited herein in support of my opinions. In addition to these documents, my opinions are based on 40 years of research, clinical, consultation, training, and forensic experience in child development, family psychology, and/or child welfare, as well as my direct clinical involvement and supervisory experience with hundreds of foster and adoptive families, including many headed by LGBTQ parents.

A. Professional child welfare standards provide for the inclusion of all qualified foster and adoptive families so as to best serve the needs of children.

21. Children in foster care are some of the most vulnerable children in our nation, often experiencing pre-placement adversity and trauma such as inadequate health care, neglect, abuse, exposure to domestic violence, exposure to parental psychopathology and/or substance abuse, disrupted emotional attachments to caregivers, and disrupted education. These experiences lead to increased risk for psychological and educational maladjustment during childhood and adolescence, as well as poorer life adjustment in adulthood.² Among the thousands of children who enter foster care in the United States each year are those who come into the country through the Unaccompanied Alien Children program (UAC) and the Unaccompanied Refugee Minors (URM) program, both of which are administered through the Federal Office of Refugee Resettlement.³ Like other foster children, youth who enter foster care through the UAC and URM programs are psychologically vulnerable because of histories of separation from family members, early life adversity and trauma, including, in many cases, abuse, exposure to civil

² American Academy of Pediatrics (2000). Developmental issues for young children in foster care. *Pediatrics*, 106, 1145-1150; Jones, A. & Morris, T.L. (2012). Psychological adjustment of children in foster care: Review and implications for best practice. *Journal of Public Child Welfare*, 6, 129-148.

³ <https://www.hhs.gov/programs/social-services/unaccompanied-alien-children/latest-uac-data-fy2019/index.html>; <https://www.acf.hhs.gov/orr/programs/urm/about#:~:text=About%20Unaccompanied%20Refugee%20Minors%20Program%20Background.%20URM,them.%20%20Program%20Description%20%20URM%20program.%20>

unrest and violence. Research indicates that these children have high rates of Post-Traumatic Stress Disorder, as well as other forms of emotional/behavioral disturbance⁴, although they can also show remarkable resilience and adjustment to their new home and country with appropriate support, care, and expectations from their new families⁵.

22. Given their vulnerability, finding stable, loving, and permanent homes for foster children, including those who are designated as URM or UAC, represents one of the most important responsibilities for child welfare agencies. To fulfill this goal, well-established professional standards in the field of child welfare promote practices that welcome all capable prospective foster and adoptive parents regardless of race, religion, marital status, gender, disability, or sexual orientation.

23. The Child Welfare League of America (CWLA), which is the national standard setter in the field of child welfare, has promulgated the well-accepted Standards of Excellence for Child Welfare Services, including Family Foster Services⁶ and Adoption Services.⁷ CWLA standards are “goals for the continuing improvement of services for children and their families... CWLA

⁴ Carlson, B.E., Cacciatore, J. & Klimek, B. (2012). A risk and resilience perspective on unaccompanied refugee minors. *Social Work*, 57, 259-269; Franco, D. (2018). Trauma without borders: The necessity for school-based interventions in treating unaccompanied refugee minors. *Child and Adolescent Social Work*, 35, 551-565; Geltman, P.I., Grant-Knight, W., Mehta, S.D., Lloyd-Tragaglini, C., Lustig, S. et al. (2005). *Archives of Pediatric and Adolescent Medicine*, 159, 585-591; Hodes, M., Jagdev, D., Chandra, N. & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry*, 49, 723-732; Thommessen, S, Laghi, F., Cerrone, C., Baiocco, R., & Todd, B.K. (2013). Internalizing and externalizing symptoms among unaccompanied refugee and Italian adolescents. *Children and Youth Services Review*, 35, 7-10; Van Holen, F., Blijkers, C., Trogh, L., West, D. & Vanderfaeillie, J. (2020). Unaccompanied children in Flemish family foster care: Prevalence and associated factors of placement breakdown. *Children and Youth Services Review*, 109, prepublication online copy <http://doi.org/10.1016/j.childyouth.2019.104736>.

⁵ Bates, L., Baird, D., Johnson, D.J., Lee, R.E., Luster, T. & Rehagen, C. (2005). Sudanese refugee youth in foster care: The ‘lost boys’ in America. *Child Welfare: Journal of Policy, Practice, and Program*, 84, 631–648; Carlson, B.E., Cacciatore, J. & Klimek, B. (2012). A risk and resilience perspective on unaccompanied refugee minors. *Social Work*, 57, 259-269.

⁶ *Child Welfare League of America Standards of Excellence for Family Foster Care Services* (Rev Ed) (1995). Washington, D.C.

⁷ *Child Welfare League of America Standards of Excellence for Adoption Services* (Rev. Ed) (2000). Washington, D.C.

standards are directed to all who are concerned with the enhancement of services to children and their families, including parents; public and voluntary child welfare agency governing board members; direct service, supervisory, and administrative staff members; the general public; citizen groups; public officials; courts and judges; legislators; professional groups; organizations serving children and their families; organizations whose functions include the planning and financing of community services; state or local agencies entrusted by law with functions relating to the licensing or supervision of organizations serving children and their families; tribal organizations; advocacy groups; and federations whose membership requirements involve judgments on the nature of services rendered by their member agencies.”⁸

24. CWLA standards make it clear that all individuals and families should be considered when applying to foster or adopt children, including those who are sexual minority adults. CWLA standards for foster care clearly state that “the family foster care agency should not reject foster applicants solely due to their age, income, marital status, race, religious preference, sexual orientation, physical or disabling condition, or location of the foster home.”⁹ Similarly, CWLA standards for adoption state that “applicants should be assessed on the basis of their abilities to successfully parent a child needing family membership and not on their race, ethnicity or culture, income, age, marital status, religion, appearance, differing lifestyle, or sexual orientation. Applicants should be accepted on the basis of an individual assessment of their capacity to understand and meet the needs of a particular available child at the point of the adoption and in the future.”¹⁰

25. CWLA issued a position statement affirming that sexual minority adults are just as

⁸ CWLA Family Foster Care Services, *ibid*, pg vi

⁹ *CWLA Standards of Excellence for Family Foster Care Services*, *ibid*, pg 97

¹⁰ *CWLA Standards of Excellence for Adoption Services*, *ibid*, pgs 56-57

capable of raising children as their heterosexual counterparts and strongly opposing efforts to exclude foster care and adoption applicants based solely on their sexual orientation.¹¹ Among the many professional organizations issuing similar position statements related to parenting, fostering and/or adoption by LGBTQ adults are the American Psychological Association, American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Academy of Pediatrics, and the American Medical Association.

26. The positions taken by these organizations are based on nearly 30 years of research showing that sexual minority parents are as well-adjusted psychologically and have similar parenting competence as their heterosexual counterparts. Furthermore, studies indicate that children are not disadvantaged psychologically, socially, or educationally when they are raised by sexual minority parents. These findings have been replicated many times for sexual minority parents with biological children and adopted children.¹² Although there are fewer studies on outcomes for foster children raised by sexual minority parents, there is no logical or theoretical reason to expect that the findings would be different from those focusing on adopted children. In fact, a sizable percentage of children adopted by sexual minority individuals/couples are from the domestic foster care system, and evidence suggests that these children are doing as well as their agemates adopted by heterosexual parents.¹³

27. One of the many reasons it is so important in the child welfare field to not exclude from the process those who may represent qualified families is the dramatic shortage of families

¹¹ <https://www.cwla.org/position-statement-on-parenting-of-children-by-lesbian-gay-and-bisexual-adults/>

¹² Farr, R.H., Vasquez, C.P., & Patterson, C.J. (2020). LGBTQ adoptive parents and their children. In A.E. Goldberg & Allen, K.R. (Eds), *LGBTQ-parent families: Innovations in research and implications for practice*, (pgs 45-64) (2nd ed). New York: Springer.

¹³ Cody, P.A., Farr, R.H., McRoy, R.G., Ayers-Lopez, S.J., & Ledesma, K.J. (2017). Youth perspectives on being adopted from foster care by lesbian and gay parents: Implications for families and adoption professionals, *Adoption Quarterly*, 20, 98-118; Lavner, J.A., Waterman, J., & Peplau, L.A. (2012). Can gay and lesbian parents promote healthy development in high-risk children adopted from foster care? *American Journal of Orthopsychiatry*, 82, 465-472.

available to meet the needs of children in the foster care system. In fact, a recent report by the Chronicle of Social Change indicates that at least half of the states in the U.S. have seen foster care capacity decrease between 2012 and 2017.¹⁴ The most recent national child welfare statistics on foster care and adoption are for FY2018 (i.e., October 1, 2017 through September 30, 2018).¹⁵ During this time period, over 437,283 children resided in foster care, with 125,422 children waiting to be placed for adoption.¹⁶ For Texas, in particular, between 2013 and 2017, an average of 29,844 children resided in foster care, with an average of 13,094 waiting to be adopted.¹⁷ The inability to find stable, nurturing, and permanent homes for children in public care reflects, in part, the limited number of motivated and qualified families willing to foster and adopt them. Therefore, if Federally-funded private child welfare agencies are permitted to exclude any group of qualified applicants, including those who are LGBTQ, it will reduce the chances of these children finding nurturing and permanent life-long family connections in a timely manner and increase the risk for long-term adjustment difficulties. Indeed, excluding same-sex couples may have an especially serious impact on children in foster care and those waiting to be adopted because research indicates that members of this group of adults are disproportionately more likely to foster and adopt children than their heterosexual peers. Specifically, among couples raising children, same-sex couples are six times more likely than different-sex couples to be raising foster children and four times more likely to be raising adopted children.¹⁸

28. Not only is the number of children in need of families great but many have personal and life circumstances that make it challenging to find families to care for them. A sizable percentage

¹⁴ <https://imprintnews.org/wp-content/uploads/2017/10/The-Foster-Care-Housing-Crisis-10-31.pdf>

¹⁵ <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf>

¹⁶ *ibid.*

¹⁷ <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/texas.html>

¹⁸ Gates, G. (2013). *LGBTQ parenting in the United States*. The Williams Institute, Los Angeles.

of children in foster care are beyond the infancy and toddler years, have serious medical, developmental or emotional needs, have histories of trauma, and/or have lingered in care for many years. In addition, a disproportionate number of these children are from racial/ethnic minority groups. These characteristics, known as “special needs”, make it more difficult for agencies to find families willing to provide a home for them. Many of these characteristics also apply to children coming into the U.S. through URM and UAC programs – for example, older age when entering foster care, minority racial/ethnic group membership, trauma history).

29. Research indicates that same-sex couples are disproportionately more likely than heterosexual adults to adopt racial minority children and frequently adopt children with developmental and emotional difficulties. For example, in one national survey of families with adopted children, 47% of children in families headed by same-sex couples were racial minority children compared to 37% of children in families headed by heterosexual couples¹⁹. Therefore, excluding sexual minority individuals and couples from adopting or fostering children reduces the pool of applicants who are willing to take on the challenges of raising special needs children, leading to longer stays in foster care and increased risks for long-term adjustment difficulties. In short, child welfare policies and practices that allow the exclusion of families willing and able to foster and adopt these vulnerable children, simply on the basis of their sexual orientation or gender identity, do not serve the interests of the children or society in general.

30. Even if there were an abundance of families willing to foster and adopt children from the child welfare system, it would still be critical to access every qualified family to ensure that all children can be placed with families that are well-matched to meet their specific needs. Child

¹⁹ Gates et al (2007). *Adoption and foster care by lesbian and gay parents in the United States*. Technical report issued jointly by The Williams Institute (Los Angeles) and the Urban Institute (Washington, D.C.)

placements are assessed on a case-by-case basis, with the goal of determining which family is best suited to understand, support, and advocate for the special needs of each child. All children have unique needs and families are not fungible. In sum, excluding sexual minority adults from fostering and adopting reduces the pool of families from which to choose when looking for good matches to meet the needs of each child.

31. In addition, research and child welfare practice support maintaining foster and adopted children's connections to their birth family and birth heritage, whenever possible, because these connections often promote more secure identity development and healthier emotional well-being.²⁰ This goal, although not always achievable, is also true for those youth coming into the country through URM and UAC programs.²¹ Sexual minority adults have been shown to be very supportive of their children's need for birth family contact.²² Therefore, excluding sexual minority adults from fostering and adopting reduces the pool of applicants who are likely to be willing to help their children maintain connections with birth family members and explore their birth heritage.

B. Children in the foster care system are harmed when there are not enough families to meet their needs.

32. Without sufficient numbers of motivated and qualified families, children continue to

²⁰ Brodzinsky, D. (2005). Reconceptualizing openness in adoption: Implications for theory, research and practice. In D. Brodzinsky & J. Palacios (Eds.), *Psychological issues in adoption: Research and practice*. Westport, CT: Praeger; CWLA *Standards of Excellence for Adoption Services* (Rev Ed) (2000). Washington, D.C.; Grotevant, H. & McRoy, R. (1998). *Openness in adoption: Exploring family connections*. Thousand Oaks, CA: Sage; Neil, E. & Howe, D. (2004). *Contact in adoption and permanent foster care: Research, theory and practice*. London: British Association for Adoption & Fostering.

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<https://www.acf.hhs.gov/orr/programs/urm/about#:~:text=About%20Unaccompanied%20Refugee%20Minors%20Program%201%20Background.%20URM,them.%202%20Program%20Description%203%20URM%20program.%20>

²² Brodzinsky, D. & Goldberg, A. (2016). Contact with birth families in adoptive families headed by lesbian, gay male, and heterosexual parents. *Children and Youth Services Review*, 62, 9-17; Brodzinsky, D. & Goldberg, A. (2017). Contact with birth family in intercountry adoptions: Comparing families headed by sexual minority and heterosexual parents. *Children and Youth Services Review*, 74, 117-124

linger in foster care, often moving from home to home over the years. A longer time in foster care and a greater number of moves while in placement directly contributes to adverse developmental outcomes for children because it undermines the development and/or maintenance of secure attachment bonds, which are the cornerstone of healthy human functioning.²³ In short, children in the foster care system are harmed when there are not enough families available to foster or adopt them.

33. When there are insufficient families available to foster or adopt children, children in the foster care system sometimes end up in group homes or institutional environments. As an example, across the country, for FY2018, 19,253 children in state care (4%) lived in group homes, and 28,040 lived in institutional facilities (6%).²⁴ In Texas, between 2013 and 2017, an average of 1.8% of foster children who were younger than 12 years when they entered care currently lived in group homes and 4.6% in institutional settings.²⁵ Data were not available for the percentage of children currently living in these two types of placement who were older than 12 years at the time they first entered foster care. It should be noted, however, that youth who first enter foster care during the teenage years are more likely to be placed in group care and institutional care facilities than younger children. These types of care environments cannot offer children the stability, nurturance, safety, life-long family connections and support, and genuine sense of legal, residential, relational and psychological permanence that families can provide.²⁶ Although the majority of children placed in care through the Office of Refugee Resettlement are

²³ Pecora, P.J. et al. (2009). Mental health services for children placed in foster care: An overview of current challenges. *Child Welfare*, 88, 5-26; Dozier, M. & Rutter, M. (2016). Challenges to the development of attachment relationships faced by young children in foster and adoptive care (696-714). In J. Cassidy & P.R Shaver (Eds), *Handbook of attachment: Theory, research, and clinical applications*. 3rd ed. New York: Guilford Press.

²⁴ <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>.

²⁵ <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/texas.html#fn5>

²⁶ Brodzinsky, D. & Smith, S. (In Press). *Commentary: Understanding research, policy, and practice issues in adoption instability*. Research on Social Work Practice.

in licensed foster homes, some are in other types of placements including group homes and residential treatment centers.²⁷ The availability of a larger pool of foster parents, including those who are LGBTQ, would likely increase the chances of placing children from the URM and UAC programs in a stable and nurturing foster home rather than a group care facility.

34. When there are insufficient families available to adopt children or provide other forms of permanence (e.g., guardianship), child welfare agencies often change the case goal to emancipation (i.e., the youth is no longer a ward of the State) as opposed to adoption or other forms of family permanency. These permanency goal changes are associated with greater likelihood for multiple placements and institutional placements and less likelihood for being adopted or achieving other forms of family permanency.²⁸ From FY2014 through FY2018, between 7% and 9% of youth in care (roughly 20,300 per year on average) failed to achieve permanency and aged out from foster care.²⁹ In Texas, between 2013 and 2017, nearly 68% of youth who entered foster care beyond the age of 12 years, existed foster care through emancipation or “aging out.”³⁰ Although research indicates that some emancipated foster care youth maintain connections with their previous foster families and others return to their birth families, many of those who age out from care have no stable, committed, and nurturing relationships they can count on as they transition to adulthood. As a result, these young men and women face tremendous difficulties in areas related to education, employment, housing, physical

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<https://www.acf.hhs.gov/orr/programs/urm/about#:~:text=About%20Unaccompanied%20Refugee%20Minors%20Program%20Background.%20URM,them.%202%20Program%20Description%203%20URM%20program.%20>

²⁸ Cushing, G. & Greenblatt, S.B. (2009). Vulnerability to foster care drift after the termination of parental rights with foster care backgrounds. *Research in Social Work Practice*, 19, 694-698.

²⁹ Department of Health and Human Services. The AFCARS reports #22-26. Department of Health and Human Services, Children's Bureau. <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars>

³⁰ <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/texas.html>

and mental health, substance abuse, criminality, and early, unplanned parenting.³¹ Furthermore, as a result of the many losses they experienced following removal from their families, as well as subsequent multiple moves they experience in foster care, they are likely to have great difficulty in forming trusting and secure relationships as they get older. In fact, emotional support and relationship permanency are two key missing needs identified by "aging out" youth themselves.³² The URM and UAC programs are responsible for the placement of many older youth. For example, from FY2015 to FY2018, 33% of youth, on average, were 17 years old.³³ Some of these youth were unable to be placed in stable foster homes, but rather lived in group homes, therapeutic residential centers, or in independent living situations.³⁴ Like those youth who "age out" from domestic state foster care, adolescents from the URM and UAC programs who do not have an opportunity to develop secure familial relationships are likely to enter adulthood facing significant challenges in multiple domains of functioning (e.g., employment, housing, physical and mental health, etc.).

35. Reducing the pool of available foster or adoptive families increases the chances that children will be placed with families that are not well-matched for their individual needs, or who do not understand or are unprepared to cope with their special needs. When this happens, the chances of placement disruption or adoption breakdown increases. Regardless of the reason, placement breakdowns typically lead to increased adjustment difficulties for children, in large

³¹ Howard, J. & Berzin, S. (2011). *Never too old: Achieving permanency and sustaining connections for older youth in foster care*. New York: Donaldson Adoption Institute; Rebbe, R., Nurius, P.S., Ahrens, K.R., & Courtney, M.E. (2017). Adverse childhood experiences among youth aging out of foster care: A latent class analysis. *Children and Youth Services Review*, 74, 108-116.

³² Samuels, G. (2009). Ambiguous loss of home: The experience of familial (im)permanence among young adults with foster care backgrounds. *Children and Youth Services Review*, 31, 1229-1239.

³³ <https://www.acf.hhs.gov/orr/about/ucs/facts-and-data>.

³⁴

<https://www.acf.hhs.gov/orr/programs/urm/about#:~:text=About%20Unaccompanied%20Refugee%20Minors%20Program%201%20Background.%20URM,them.%202%20Program%20Description%203%20URM%20program.%20>

part because of disruption to existing attachment relationships and support networks.³⁵ Given the older age of youth placed through the URM and UAC programs and their history of adverse life experiences, they are at risk for the type of individual and relational problems that correlate with placement instability. In fact, placement breakdown is a well known but unfortunate outcome for too many unaccompanied refugee and alien children.³⁶ Thus, it is in the interest of these youth and society, in general, to have the largest pool of prospective foster and adoptive applicants available, including those who self-identify as LGBTQ, in order to increase the chances of a good placement match.

C. Permitting private child placement agencies, funded by and acting on behalf of the federal government, to turn away same-sex couples can reduce family placement options for children in the child welfare system, thereby undermining their long-term well-being.

36. If a private child placement agency, funded by and acting on behalf of the federal government, does not accept a class of prospective families such as same-sex couples, children in the care of that agency may lose out on the family that would have best served their needs and, instead, be placed with a family in the agency's pool of licensed families that meets the qualifications to foster or adopt but is a less appropriate choice for the child for any number of reasons (e.g., not as well-prepared to manage a child's serious emotional or medical issues; lacking in experience to meet the child's special needs; having different expectations regarding

³⁵ Brodzinsky, D. & Smith, S. (2019). Commentary: Understanding research, policy, and practice issues in adoption instability. *Research on Social Work Practice*, 29, 85-194; Palacios, J., Rolock, N., Selwyn, J. & Barbosa-Ducharne, M. (2019). Adoption breakdown: Concept, research, & implications. *Research on Social Work Practice*. 29. 130-142; Koback, R., Zajac, K. & Madison, S. (2016). *Attachment disruptions, reparative processes, and psychopathology: Theoretical and clinical implications*. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications*. (3rd ed.). New York: Guilford Press.

³⁶ Linowitz, J. & Boothby, N. (1988). Cross-cultural placements. In E. Ressler, N. Boothby, & D. Steinbock (Eds), *Unaccompanied children: Care and protection in wars, natural disasters, and refugee movements* (pp. 181-207). New York: Oxford University Press; Van Holen, F., Trogh, L., Carlier, E., Gypen, L. & Vanderfaeillie, J. (2019). Unaccompanied refugee minors and foster care: A narrative literature review. *Child and Family Social Work*, 25, 506-514.

the placement than the youth placed with them; having difficulty understanding and supporting the youth's sexual orientation or gender identity).

37. Eliminating a group of potential applicants from fostering youth placed through the URM and UAC programs, simply because of their sexual orientation and/or gender identity, is inconsistent with research on those factors that correlate with the success of URM and UAC foster care placements. Research suggests that these children do best with foster parents who have realistic expectations about them, are available to form warm and trusting relationships, respect the youth's cultural background and language, support the youth's contact with peers from their own culture, support the youth's cultural identity, are open minded and flexible in their beliefs, are able to adjust to differences the youth brings into the family, and can serve as role models in helping the youth with acculturation.³⁷ None of these parenting characteristics are found less often in same-sex couples than heterosexual couples.³⁸ In fact, as noted previously, studies have found sexual minority adoptive parents to be as supportive of contact between their child and the birth family, and at times even more so, as heterosexual adoptive parents.³⁹ Moreover, they have been shown to be highly motivated and competent in supporting their children's racial/ethnic identity and connection with their birth culture.⁴⁰ In short, not accepting LGBTQ applicants as potential foster parents for youth being placed through the URM and UAC programs eliminates a group of individuals who have the very parenting characteristics that are correlated with success of these placements.

³⁷ Van Hoen et al. (2019) *ibid*

³⁸ Farr, R.H, Vasquez, C.P., & Patterson, C.J. (2020). *Ibid*; Goldberg, A.E. (2010). *Lesbian and gay parents and their children: Research on the family life cycle*. Washington, D.C.: American Psychological Association

³⁹ Brodzinsky, D. & Goldberg, A.E. (2016, 2017). *Ibid*: Goldberg, A.E. (2019). *Open adoption and diverse families: Complex relationships in the digital age*. New York: Oxford University Press.

⁴⁰ Battalen, A.W., Dow-Fleisner, S.J., Brodzinsky, D.M. & McRoy, R.G.(2019). Lesbian, gay, and heterosexual adoptive parents' attitudes towards racial socialization practices. *Journal of Evidence-Based Social Work*.16, 178-191

38. In addition, when child placement agencies acting on behalf of the federal government are permitted to exclude same-sex couples regardless of their qualifications, it creates a deterrent to same-sex couples' participation in the foster care and adoption system as a whole. Same-sex couples who are turned away by an agency because of their sexual orientation may be hesitant about approaching another agency in their community for fear of further discrimination. They may not know how receptive another agency will be to sexual minority applicants. Although professional child welfare organizations encourage agencies to state clearly that they welcome same-sex couples,⁴¹ some agencies do not. Furthermore, some same-sex couples who would be interested in fostering or adopting may decline to pursue it altogether if they know that the Federal government sanctions discrimination against sexual minorities by some private placement agencies. Minority stress research shows the significant impact of discrimination on marginalized groups. Individuals who experience discrimination and prejudice because they are members of a minority class, such as those who are LGBTQ, are impacted by significant stress that is psychologically harmful, increases the risk for internalized homophobia, and potentially can deter them from participating in various areas of life out of fear of repeated discrimination and feelings of exclusion and humiliation.⁴² Moreover, such stress can also negatively impact their physical and emotional health, undermine identity and self-image, and compromise the pursuit of life goals. Thus, it would be wrong to assume that all same-sex couples who are interested in fostering or adopting a child from the foster care system would move forward in

⁴¹ www.nrcdr.org/assets/files/strategies-for-recruiting-LGBT-foster-adoptive-kinship-families.pdf.

⁴² Goldberg, A. & Smith, J. (2011). Stigma, social context, and mental health: Lesbian and gay couples across the transition to adoptive parenthood. *Journal of Counseling Psychology*, 58, 139-150; Herek, G., Gillis, J. & Cogan, J. (2009). *Internalized stigma among sexual minority adults: Insights from a social psychological perspective*. *Journal of Counseling Psychology*, 56, 32-43; Meyer, I. (2003). *Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence*. *Psychological Bulletin*, 129, 674-697; Meyer, I. & Frost, D. (2013). *Minority stress and the health of sexual minorities*. In C. Patterson & A. D'Augelli (Eds.), *Handbook of psychology and sexual orientation*. New York: Oxford University Press.

pursuit of that goal when they know that doing so comes with the risk of facing further discrimination by another agency.

39. Allowing discrimination against any group would create a deterrent, but for LGBTQ people, this is exacerbated by the lingering impact of widespread bias against sexual minority adults in the child welfare field which, until fairly recently, had been a significant obstacle to participation of LGBTQ people in adoption and foster care.⁴³ Despite greater acceptance of LGBTQ individuals and couples as prospective foster and adoptive parents, especially after the Supreme Court decision in *Obergefell v Hodges*, 576 U.S. 644 (2015)⁴⁴, sexual minority individuals continue to experience delays and disruptions in the foster and adoption process because of prejudicial attitudes of child welfare workers⁴⁵.

40. A growing number of child welfare agencies have worked to overcome the damage of past discrimination by conveying a welcoming message to LGBTQ prospective families and providing appropriate support for their efforts to adopt and foster children.^{46,47} Federal sanction

⁴³ Appell, A. (2012). *Legal issues in lesbian and gay adoption*. In D. Brodzinsky & A. Pertman (Eds.), *Adoption by lesbians and gay men: A new dimension in family diversity*. New York: Oxford University Press; Pertman, A. & Howard, J. (2012). *Emerging diversity in family life: Adoption by gay and lesbian parents*. In D. Brodzinsky & A. Pertman (Eds.), *Adoption by lesbians and gay men: A new dimension in family diversity*. New York: Oxford University Press.

⁴⁴ <https://supreme.justia.com/cases/federal/us/576/14-556/>

⁴⁵ Goldberg, A.E., Frost, R.L., Miranda, L. & Kahn, E. (2019). LGBTQ individuals' experiences with delays and disruption in the foster and adoption process. *Children and Youth Service Review*, 106, article 104466.

⁴⁶ Brodzinsky, D. (2011). *Expanding resources for children III: Research-based best practices in adoption by gays and lesbians*. New York: Donaldson Adoption Institute; Brodzinsky, D. & Goldberg, A. (2016). *Practice guidelines supporting open adoption in families headed by lesbian and gay male parents: Lessons learned from the Modern Adoptive Families Study*. New York: Donaldson Adoption Institute; Brodzinsky, D. & Pertman, A. (2012) (Eds.), *Adoption by lesbian and gay men: A new dimension in family diversity*. New York: Oxford University Press; Howard, J. (2006). *Expanding resources for children: Is adoption by gays and lesbians part of the answer for boys and girls who need homes?* New York: Donaldson Adoption Institute; Howard, J. & Freundlich, M. (2008). *Expanding resources for waiting children II: Eliminating legal and practice barriers to gay and lesbian adoption from foster care*. New York: Donaldson Adoption Institute; Human Rights Campaign (2012). *All children, all families: Promising practices in adoption and foster care*, 4th ed. Washington, D.C.: Human Rights Campaign Foundation; Mallon, G. (2006). *Lesbian and gay foster and adoptive parents: Recruiting, assessing, and supporting an untapped resource for children and youth*. Washington, DC: Child Welfare League of America.

⁴⁷ Despite greater participation by sexual minority adults in adoption and foster care in the past decade, they continue to experience perceived bias and prejudice during the adoption process from multiple sources, including child

of discrimination against same-sex couples by private placement agencies directly undermines these nationwide steps toward inclusion by other agencies, and would likely reduce the number of LGBTQ families seeking to adopt or foster children, which, in turn, would lead to further losses in placement options for those boys and girls in need of foster and adoptive parents.

41. In addition to the deterrent effect of discrimination and the stigma it creates, if private child placement agencies administering federal foster care programs are permitted to exclude same-sex couples as prospective foster or adoptive parents, there may not be another agency located nearby that can meet their needs. If a family must travel some distance to find an agency willing to work with them, it could undermine their ability to move forward with the foster care or adoption process. Furthermore, even if they are willing to travel the distance for initial intakes and interviewing, the burden of traveling could jeopardize their availability for ongoing, thorough pre-placement preparation and/or limit the amount of post-placement support they could receive from the agency. Thorough pre-placement preparation and the availability of high-quality post-placement support are strong predictors of placement stability and child/family well-being.⁴⁸

42. If private agencies administering federal foster care programs exclude same-sex couples, even if there are other agencies in their vicinity, there is also no guarantee that any of those agencies will be appropriate for the family's circumstances. Different agencies may offer different training schedules or services and support for families. And some agencies specialize in

welfare workers, agency support staff, judges, attorneys, and birth families. For example, one study of 158 lesbian and gay adoptive parents noted that nearly 50% of survey respondents reported experiencing bias from one or more sources during the adoption process. Brodzinsky, D. (2011). *Expanding resources for children III: Research-based best practices in adoption by gays and lesbians*. New York: Donaldson Adoption Institute. A state practice of allowing agencies to discriminate against same-sex couples could exacerbate this problem by giving it the state's endorsement.

⁴⁸ Smith, S. (2010). *Keeping the promise: The critical need for post-adoption services to enable children and families to succeed*. New York: Donaldson Adoption Institute.

particular types of placements (e.g., older children; medically fragile children; children from racial/ethnic minority groups). Thus, when an agency is authorized to exclude same-sex couples, some families may not be able to work with another agency in their area that would suit their specific foster or adoption preferences or their life circumstances.

D. Permitting private agencies that administer federal foster care programs to turn away same-sex couples could result in additional negative consequences for LGBTQ youth in the foster care system.

43. Government sanctioned discrimination against LGBTQ applicants has a disproportionate adverse effect on LGBTQ youth, who are among the most vulnerable in the child welfare system. Research shows that LGBTQ youth are overrepresented in foster care as well as among youth who are homeless.⁴⁹ Rejection by family members, abuse, and discrimination are common reasons for these youth to be removed from their homes or to run away.⁵⁰ Once in foster care, LGBTQ youth remain at significant risk for ongoing discrimination and violence.⁵¹ Furthermore, LGBTQ youth in foster care are significantly less likely to find a permanent placement through adoption or family reunification than heterosexual youth.⁵² Although no data exist on the number of LGBTQ youth who are placed through the URM and

⁴⁹ Cochran, B., Stewart, A., Ginzler, J., & Cauce, A. (2002). *Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. American Journal of Public Health, 92*, 773-77; Durso, L. E., & Gates, G. J. (2015). *Serving our youth: Findings from a national survey of service providers working with Lesbian, Gay, Bisexual, and Transgender youth who are homeless or at risk of becoming homeless*. Los Angeles: The Williams Institute. Wilson, B., Cooper, K., Kastanis, A. & Nezhad, S. (2014). *Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles*. Los Angeles: The Williams Institute, UCLA School of Law.

<https://www.hrc.org/blog/new-report-on-youth-homeless-affirms-that-lgbtq-youth-disproportionately-ex>

⁵⁰ Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*, 346-352; Savin-Williams, R. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology, 62*, 261-269.

⁵¹ Love, A. (2014). A room of one's own: Safe placement for transgender youth in foster care. *New York University Law Review, 89*, 2265-2300.

http://nc.casaforchildren.org/files/public/site/publications/TheConnection/Fall2009/Full_Issue.pdf⁵²

UAC programs, there is every reason to believe that some of these youth have already identified as LGBT or are in the process of questioning their sexual orientation or gender identity. Data analyzed by the Williams Institute indicates that there are approximately 81,000 LGBT Dreamers in the U.S., including 39,000 LGBTQ individuals who have participated in the Deferred Action for Childhood Arrivals (DACA) program since its inception in 2012. Although it is unknown whether these individuals self-identified as LGBTQ when they entered the U.S., it is likely that some who were already adolescent did so.⁵³ Furthermore, recognition that some of the youth placed through the URM and UAC are LGBTQ is supported by a program that has been developed to help residential care providers meet the needs of LGBTQ youth who enter the U.S. through the Office of Refugee Resettlement.⁵⁴ Given the significant psychosocial risk for sexual minority youth in foster care, it is critical that the pool of placement applicants be as large as possible so as to find homes for these vulnerable young people with parents who understand, accept, and support them. Therefore, excluding any group of willing and qualified foster care applicants runs counter to the needs of these young people and society in general.

44. Allowing agencies to exclude same-sex couples as foster care applicants also means a loss of families who are likely to be the preferred placement for many LGBTQ youth. For those youth who have experienced family rejection or violence in their home countries because of their sexual orientation or gender identity, a sexual minority foster family may feel safer and potentially more accepting to them because the foster parents are likely to understand the discrimination, prejudice, marginalization, emotional isolation, and family rejection they have experienced. Placements for unaccompanied refugee minors in foster care are more stable when

⁵³ Conron, K.J., Lohr, W. & Brown, T.N.T. (2020). *LGBT Dreamers and Deferred Action for Childhood Arrivals (DACA)*. William Institute, UCLA: Los Angeles.

⁵⁴ Portman, S. & Weyl, D. (2013). *Creating an inclusive environment for LGBTQ UAC in ORR-DCS custody and care: A curriculum for residential care providers*. Chicago: Heartland Alliance International

authorities and foster parents take into account the youth's needs and wishes.⁵⁵ In short, allowing agencies to exclude sexual minority families as foster and adoption applicants reduces the likelihood that LGBTQ youth in foster care will be placed with the type of family with whom they wish to live; and specifically, one that is uniquely prepared to help them learn how to cope with all they have gone through.

45. Allowing private child placement agencies acting on behalf of the federal government to exclude same-sex couples also sends the damaging and stigmatizing message to LGBTQ youth in the care of those agencies that the people responsible for their welfare deem them to be deviant and unsuitable to be parents when they grow up. Such a message would likely be extremely hurtful to these vulnerable youth, undermining their already fragile identity and self-esteem⁵⁶.

E. Enforcing nondiscrimination provisions in Federally-funded contracts with or grants to private child placement agencies would not reduce the availability of families for children in the foster care system.

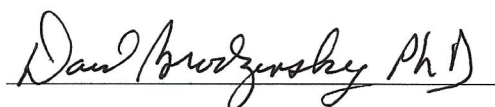
46. Based upon my professional experience, knowledge of the child welfare literature, and consultations with foster care and adoption organizations and agencies across the country, I am aware of no evidence suggesting that when child placement agencies have chosen to discontinue their foster care and adoption services because they had religious objections to complying with nondiscrimination requirements to accept all qualified families, this caused a reduction in the number of families available for children in the foster care system or otherwise impaired the government's ability to meet the needs of children in its care.

47. Given that professional child welfare standards call for the acceptance of all qualified

⁵⁵ Chase, E., Knight, A. & Statham, J. (2008). *The emotional well-being of unaccompanied young people seeking asylum in the UK*. London: British Association for Adoption and Fostering.

⁵⁶ Goldberg, A. & Smith, J. (2011). *ibid*; Herek, G. et al (2009). *ibid*; Meyer, I. (2003). *ibid*

families and the fact that agencies, both secular and faith-based, generally adhere to these professional standards, there would be no basis to expect that requiring private agencies to accept all qualified families when acting on the government's behalf would compromise the Federal government's ability to find agencies to recruit families for children in need. There are numerous faith-based and secular agencies willing to accept all qualified families, including those headed by same-sex couples.⁵⁷ In my professional opinion, requiring private agencies administering federal foster care programs to accept all qualified families would serve the interests of all children placed through the URM and UAC programs, as well as the interests of society in general.



August 24, 2020

David Brodzinsky, Ph.D.

⁵⁷ Brodzinsky, D. (2012). Adoption by lesbians and gay men: A national survey of adoption agency policies and practices. In D. Brodzinsky & A. Pertman (Eds), *Adoption by lesbians and gay men: A new dimension in family diversity* (pp. 62-84). New York: Oxford University Press.

July 2020

CURRICULUM VITAE

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EDUCATION

1969-1974 Ph.D., SUNY at Buffalo (Developmental Psychology)
1964-1968 B.A., SUNY at Buffalo (Psychology Major)

CLINICAL INTERNSHIP AND POST-DOCTORAL TRAINING

1973-1974 Post-Doctoral Fellowship in Clinical Child Psychology, Irving
Schwartz Institute for Children and Youth, Philadelphia, Pa.
1972-1973 Clinical Internship, Irving Schwartz Institute for Children and
Youth, Philadelphia, Pa. (APA Approved Internship)

ACADEMIC APPOINTMENTS

PRIMARY APPOINTMENTS

2006-Present Professor Emeritus, Developmental and Clinical Psychology,
Rutgers University
2003-2006 Professor of Developmental and Clinical Psychology, Rutgers
University
1979-2003 Associate Professor of Developmental and Clinical Psychology,
Rutgers University
1974-1979 Assistant Professor of Developmental and Clinical Psychology,
Douglass College, Rutgers University

ADJUNCT APPOINTMENTS

2011 Consulting Lecturer, St. Louis Psychoanalytic Institute, St. Louis, MO.

- 1991-2006 Adjunct Associate Professor of Psychiatry, Department of Child and Adolescent Psychiatry, University of Medicine and Dentistry of New Jersey, Newark, NJ
- 1979-2006 Adjunct Associate Professor of Clinical Psychology, Graduate School of Applied and Professional Psychology, Rutgers University
- 1974-1979 Adjunct Assistant Professor of Clinical Psychology, Graduate School of Applied and Professional Psychology, Rutgers University
- 1977-1979 Adjunct Assistant Professor of Educational Psychology, City University of New York, Graduate Center

ADMINISTRATIVE POSITIONS

- 1989-2006 Director, Rutgers Foster Care Counseling Project (under contract with the Division of Youth and Family Services of New Jersey)
- 1986-1988 Vice-Chair for Graduate Studies in Psychology, Rutgers University
- 1983-1986 Area Coordinator, Graduate Program in Developmental Psychology, Rutgers University
- 1979-1980 Area Coordinator, Graduate Program in Developmental Psychology, Rutgers University

CLINICAL AND CONSULTANT POSITIONS

- 2014–Present Research and Project Consultant, National Center on Adoption and Permanency, Newton, MA
- 2011-Present Clinical and Training Consultant, Center for Adoption Support and Education. Burtonsville, MD.
- 2011 St. Louis Psychoanalytic Institute. Training consultant. Seven week distance education course on "Adopted and foster children in social context."
- 2009-2017 Consultant, On Your Feet Foundation, San Francisco, CA
- 2009-Present Training Consultant, Advokids, Corte Madera, CA
- 2009-2016 Clinical Supervisor, Pacific Center, Berkeley, CA
- 2008-2016 Forensic Psychological Consultant, Preventive Psychiatry Associates Medical Group, San Francisco
- 2008-2017 Clinical Supervisor, A Home Within, East Bay Chapter, Oakland, CA
- 2006-2014 Research and Project Director, Donaldson Adoption Institute, New York City
- 1983-Present Private Practice in Clinical Psychology (through Family Mental Health Consultants) -- individual, marital, and family therapy with children, adolescents, and adults; consultations in adoption and child development; parent-child attachment therapy
- 1989-2006 Director and Clinical Supervisor, Rutgers Foster Care

- Counseling Project, Rutgers University. Project provided direct clinical services to foster children and their foster & biological families. Both community-based and office-based services provided. Project also served as a training site for Ph.D. and Psy.D. Clinical and School Psychology students at Rutgers University.
- 1975-2006 Clinical Supervisor, Ph.D. and Psy.D. Programs in Clinical Psychology, Rutgers University
- 1984-2006 Consultant, New Jersey Division of Youth and Family Services
- 1996-2006 Consultant, CASA (Court Appointed Special Advocates), Essex County, NJ
- 1995-1996 Consultant, Spence Chapin Adoption Agency, New York City
- 1986-1995 Director, Post-Adoption Services Program (under contract with the New Jersey Division of Youth and Family Services)
Project provided direct clinical services to adopted children and their families in several counties in New Jersey. Both community-based and office-based services provided
- 1988-1995 Consultant, National Center for Special Needs Adoption, Springfield, MI.
- 1989-1992 Consultant, Community Health Law Project, East Orange, NJ
- 1986-1988 Consultant, Diversified Health Service, Philadelphia
- 1984-1988 Consultant, Center for Adoptive Families, New York City
- 1984-1987 Consultant, Children's Aid and Adoption Society, Bogota, NJ
- 1984-1987 Consultant, Children's Home Society, Trenton, NJ

FORENSIC CONSULTANT

- 1985-Present Private Practice in Forensic Psychology (through Family Mental Health Consultants) focusing primarily on cases involving child custody and parenting time (including relocation cases), termination of parental rights, juvenile dependency, contested adoptions, wrongful adoptions, personal injury, and child abuse.

Involved in approximately 600 forensic cases, testifying in family, civil, or criminal court over a 100 times. Accepted as an expert witness in 12 different states – CA, NJ, NY, MI, PA, TX, ID, FL, HI, MD, AZ.

Served as a parent coordinator, Special Master, or mediator in approximately 60 cases in NJ and CA.

High profile forensic cases include:

In re Baby M (surrogate mother case in NJ), 1987

State of NJ v Margaret Kelly Michaels (day care sex abuse case in NJ), 1988

In re Baby Jessica (contested adoption case in MI), 1993

Woody Allen v. Mia Farrow (contested adoption & child custody case in NY), 1994
Baehr v Miike (gay marriage trial in HI), 1996
Amer v Johnson (contested same-sex adoption case in FL), 1997
Lofton et al v Kearney et al (contested same-sex adoption case in FL; deposition only), 2001
In the Matter of Adoption of XG & NG (contested same-sex adoption case; decision overturned ban on same-sex adoption in FL), 2010
State of Arizona v Trent Benson (capital mitigation case in AZ), 2010
Catholic Charities v State of Illinois (contested same-sex adoption case in IL; affidavit only), 2011
DeBoer v Snyder (gay marriage trial in MI), 2014

MEDIA CONSULTANT

1985 Children's Television Workshop
1997 Peter Weir, The Truman Show
2012-Present Pixar Films
2012-Present Disney TV Channel

RESEARCH FELLOWSHIPS

2003-2006 Senior Research Fellow, Donaldson Adoption Institute, New York City

AWARDS

2002 U.S. Congressional Coalition on Adoption, Angel in Adoption Award for outstanding commitment and advocacy in adoption. National Award.
2010 Marshall Schechter Memorial Adoption Lecture Award. Presented by the American Academy of Child and Adolescent Psychiatry.
2015 U.S. Department of Health & Human Services Adoption Excellence Award

PROFESSIONAL LICENSES & CERTIFICATIONS

California Psychology License #21152 (licensed in 2006)
New Jersey Psychology License #2014 (licensed in 1985; inactive at present)
Certification in Advanced Studies in Child Maltreatment, with Specialization in Child Sexual Abuse, from the New Jersey Child Abuse Training Institute (2004)

BOARD OF DIRECTORS, ADVISORY BOARDS, AND STUDY GROUPS

- 2012-Present National Task Force for Adoption Competence Clinical Certification, Convened by Center for Adoption Support and Education, Burtonsville, MD
- 2011-Present Advisory Board, Adokids, Corte Madera, CA
- 2008-2016 Scientific Advisory Board, Rockway Institute, San Francisco
- 2008-2016 Scientific Advisory Board, Children’s Psychological Health Center, San Francisco
- 1996-2006 Board of Directors, Donaldson Adoption Institute, New York City; Chairperson, Research Advisory Board;
- 1983-Present Director, Family Mental Health Consultants, Oakland, CA (formerly in Maplewood, NJ)
- 2001-2006 Forensic Psychology Study Group in New Jersey
- 1990-2006 Forensic Psychology Committee, New Jersey Psychological Assoc.
- 1996-2006 Advisory Board, Court Appointed Special Advocates, Essex County, NJ
- 1989-2006 Board of Directors, Adoption and Infertility Services, Inc., Lincroft, NJ
- 1988-2002 Advisory Board, Resolve of New Jersey
- 1990-1995 Board of Directors, New Jersey Infant Mental Health Assoc.
- 1987-1999 Adoption and Foster Care Study Group, American Orthopsychiatric Association
- 1989-1993 Advisory Board, American Adoption Congress
- 1986-1995 New Jersey Adoption Advisory Committee
- 1988-1989 New Jersey Bioethical Task Force on Reproductive Technologies
- 1981-1982 Vice President & Chairperson of Convention, Jean Piaget Society
- 1976-1982 Board of Directors, Jean Piaget Society

EDITORIAL REVIEWING & EDITORIAL BOARDS

- 1974-Present Editorial Reviewer (selected list), **Adoption Quarterly, American Journal of Orthopsychiatry Child Development, Children and Youth Services Review, Developmental Psychology, Family Relations, Journal of Applied Developmental Psychology, , Journal of Consulting and Clinical Psychology, Journal of Clinical Child Psychology, Development and Psychopathology, Journal of Marriage and the Family, Journal of Personality and Social Psychology, Journal of Family Psychology, Journal of Child Psychology and Psychiatry, Youth & Society**
- 1986-1995 Editorial Board, **Journal of Applied Developmental Psychology**
- 1987-1993 Editorial Board, **Youth and Society**

2000-Present Editorial Board, **Adoption Quarterly**
2018-Present Editorial Board, **Developmental Child Welfare**

MEMBERSHIP IN PROFESSIONAL SOCIETIES

American Psychological Society (Fellow Status)
Division 7 - Developmental Psychology
Division 12 - Society of Clinical Psychology
Division 37 - Society for Child and Family Policy and Practice
Division 41 - American Psychology - Law Society
Division 53 - Society of Clinical Child and Adolescent Psychology
Association of Family and Conciliation Courts
New Jersey Psychological Association
1990-2006, Forensic Psychology Committee

MAJOR RESEARCH AND SCHOLARLY INTERESTS

Adoption and Foster Care; Stress and Coping in Children; Developmental Psychopathology; Gay and Lesbian Parenting; Family Disruption; Divorce and Child Custody Issues; Forensic Psychology

SELECTIVE GRANTS AND CONTRACTS

1978	Rutgers Summer Faculty Fellowship, \$1,500. On the motivational basis of reflection-impulsivity. Principle Investigator
1979-1980	Charles and Joanna Busch Memorial Fund, \$6,000. Children's understanding of adoption. Principle Investigator.
1980-1982	National Institute of Mental Health, \$89,529. Adjustment factors in adoption. Principle Investigator.
1983-1984	Charles and Joanna Busch Memorial Fund, \$6,000. Mother-infant attachment in adoptive families. Principle Investigator.
1989-2006	Division of Youth and Family Services of New Jersey. Foster Care Counseling Project. \$1,917,015. Awarded to the Center for Applied Psychology, Rutgers University. Project Director
2001-2002	Rainbow Endowment. \$20,000. Adoption by lesbians and gay men: A national survey of adoption agency policies, practices, and attitudes. Awarded to the Evan B. Donaldson Adoption Institute (NYC). Project Director.
2007-2008	Private Donor. \$38,000. The Adoptive Parent Preparation Project. Awarded to the Evan B. Donaldson Adoption Institute (NYC). Project Director.
2007-2011	David Bohnett Foundation. Helping adoption agencies work with LGBT prospective adoptive parents. \$100,000. Awarded to the Evan B. Donaldson Adoption Institute. Project Director

TEACHING EXPERIENCE

1974-2006 Department of Psychology, Rutgers University

Undergraduate Courses:

Child Development
Lifespan Human Development
Adulthood and Aging
Atypical Child Development,
Stress and Coping in Children
Psychology of Adoption and Foster Care
Tests and Measurement

Graduate Courses:

Theories of Human Development
Survey in Developmental Psychology
Cognitive Development
Stress and Coping in Children
Developmental Psychopathology (selected topics)
Psychology of Separation and Loss
Psychology of Adoption and Foster Care
Techniques in Child Therapy
Child Forensic Psychology

1977 Graduate Center, Department of Educational Psychology, City
University of New York. Graduate course in
Socio-emotional Development

PUBLICATIONS

1972

Brodzinsky, D.M., Jackson, J.P., & Overton, W.F. (1972). Effects of perceptual shielding in the development of spatial perspectives. *Child Development, 43*, 1041-1046.

Overton, W.F. & Brodzinsky, D.M. (1972). Perceptual and logical factors in the development of multiplicative classification. *Developmental Psychology, 6*, 104-109.

1975

Brodzinsky, D.M. (1975). The role of conceptual tempo and stimulus characteristics in children's humor development. *Developmental Psychology, 11*, 843-850.

1976

Brodzinsky, D.M. & Dein, P. (1976). Short-term stability of adult reflection-impulsivity. *Perceptual and Motor Skills, 43*, 1012-1014.

Brodzinsky, D.M. & Rightmyer, J. (1976). Pleasure associated with cognitive mastery as related to children's conceptual tempo. *Child Development,*

47, 881-884.

Brodzinsky, D.M. & Rubien, J. (1976). Humor production as a function of sex of subject, creativity, and cartoon content. *Journal of Consulting and Clinical Psychology, 44*, 597-600.

Gerstein, A., Brodzinsky, D.M., & Reiskind, N. (1976). Perceptual integration on the Rorschach as an indicator of cognitive capacity: A developmental study of racial differences in a clinical population. *Journal of Consulting and Clinical Psychology, 44*, 760-765.

1977

Brodzinsky, D.M. (1977). Children's comprehension and appreciation of verbal jokes as a function of conceptual tempo. *Child Development, 48*, 960-967

Brodzinsky, D.M. (1977). Conceptual tempo as an individual difference variable in children's humour development. In T. Chapman & H. Foot (Eds.), *It's a Funny Thing Humour: International Conference on Humour and Laughter*. London: Pergamon Press.

Brodzinsky, D.M., Feuer, V., & Owens, J. (1977). Detection of linguistic ambiguity by reflective, impulsive, fast-accurate and slow-inaccurate children. *Journal of Educational Psychology, 69*, 237-234.

Sigel, I.E. & Brodzinsky, D.M. (1977). Individual differences: A perspective for understanding intellectual development. In Hom & Robinson (Eds.), *Psychological Processes in Early Education*. New York: Academic Press.

1978

Kleinman, J. & Brodzinsky, D.M. (1978). Haptic exploration in young, middle-age, and elderly adults. *Journal of Gerontology, 23*, 521-527.

1979

Ambron, S.R. & Brodzinsky, D.M. (1979). *Lifespan of Human Development*. New York: Holt, Rinehard, & Winston (1st. ed).

Brodzinsky, D.M., Messer, S.B., & Tew, J.D. (1979). Sex differences in children's expression and control of fantasy and overt aggression. *Child Development, 50*, 372-379.

Brodzinsky, D.M., Tew, J.D., & Palkovitz, R. (1979). Control of humorous affect in relation to children's conceptual tempo. *Developmental Psychology, 15*, 275-279.

Messer, S.B. & Brodzinsky, D.M. (1979). Aggression and its control among conceptual tempo groups. *Child Development, 50*, 758-766.

1980

Brodzinsky, D.M. (1980). Cognitive style differences in children's spatial perspective taking. *Developmental Psychology, 16*, 151-152.

Brodzinsky, D.M. & Rightmyer, J. (1980). Individual differences in children's humor development. In P. McGhee & T. Chapman (Eds.), *Children's Humor*. London: Wiley Interscience.

1981

Brodzinsky, D.M., Barnet, K., & Aiello, J.R. (1981). Sex of subject and gender identity as factors in humor appreciation. *Sex Roles, 7*, 561-573

- Brodzinsky, D.M., Pappas, C., Singer, L., & Braff, A. (1981). Children's conception of adoption: A preliminary study. *Journal of Pediatric Psychology*, *6*, 177-189.
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- 2015
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- 2017
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- mental health professionals). In M. Andolfi, M. Chistolini, & A. D'Andrea (Eds.). *La famiglia adottiva tra crisi e sviluppo*. Milan, Italy: Franco Angeli Publisher.
- Brodzinsky, D. & Goldberg, A. (2017). Contact with birth family in intercountry adoptions: Comparing families headed by sexual minority and heterosexual parents. *Children and Youth Services Review, 74*, 117-124.
- 2018
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- Brodzinsky, D. (2018). Parenting by lesbians and gay men: Outcomes for children and youth. In M. Bornstein (Ed.), *Encyclopedia of lifespan human development*. Thousand Oaks, CA: Sage Publications.
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- 2019
- Battalen, A.W., Farr, R.H., Brodzinsky, D.J. & McRoy, R.G. (2019), Socializing children about family structure. Perspectives of lesbian and gay adoptive parents. *Journal of GLBT Family Studies, 15*, 235-255.
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- Brodzinsky, D. & Smith, S.L. (2019). Commentary: Understanding research, policy and practice issues in adoption instability. *Research on Social Work Practice, 29*, 85-194
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- Palacios, J., Adroher, S., Brodzinsky, D., Grotevant, H., Johnson, D., Juffer, F., Martinez-Mora, L., Muhamedrahimov, R., Selwyn, J., Simmonds, J. & Tarren-Sweeney, M. (2019). Adoption in the service of child protection: An international interdisciplinary perspective. *Psychology, Public Policy, and Law, 25*, 57-72.
- Pinderhughes, E. & Brodzinsky, D. (2019). *Parenting in adoptive families*. In M. H. Bornstein (Ed.), *Handbook of parenting 3e* (Vol.1, pp. 322-367). New York: Routledge.
- 2020
- Lee, B. R., Battalen, A. W., Brodzinsky, D. M., & Goldberg, A. E. (2020). Parent, Child, and Adoption Characteristics associated with Post-Adoption Support Needs. *Social Work Research, 44*, 21-32.
- Messina, R. & Brodzinsky, D. (2020). Children adopted by same- sex couples: Identity-related issues from pre-school years to late adolescence. *Journal of Family Psychology, 34*, 509-522

Wyman Battalen, A., Dow-Fleisner, S., & Brodzinsky, D. (2020). School responsiveness to adoption among lesbian mothers. *Journal of Lesbian Studies*, 24, 25-40

IN PRESS

Wyman Battalen, A., Goldberg, A., Brodzinsky, D., McRoy, R., & Hawkins, S. (In press). Satisfaction with adoption-competency of pediatricians and mental health providers among lesbian, gay, and heterosexual adoptive parent families. *Developmental Child Welfare*.

SUBMITTED FOR PUBLICATION

Carone, N. & Brodzinsky, D. (2019). Children of gay and heterosexual single fathers through surrogacy: Factors associated with their self-worth and internalizing and externalizing problems in middle childhood.

TECHNICAL AND POLICY REPORTS

2003

Brodzinsky, D & the Staff of the Evan B. Donaldson Adoption Institute (2003). *Adoption by lesbians and gays: A national survey of adoption Agency policies, practices, and attitudes*. New York: Donaldson Adoption Institute. Available online at www.adoptioninstitute.org.

2008

Brodzinsky, D. (2008). *Adoptive Parent Preparation Project. Phase I: Meeting the mental health and developmental needs of adopted children*. New York: Donaldson Adoption Institute. Available online at www.adoptioninstitute.org.

2011

Brodzinsky, D. (2011). *Expanding resources for children III: Research-based best practices in adoption by gays and lesbians*. New York: Donaldson Adoption Institute. Available online at www.adoptioninstitute.org.

2013

Brodzinsky, D. (2013). *A need to know: Enhancing adoption competence among mental health professionals*. New York: Donaldson Adoption Institute. Available online at www.adoptioninstitute.org

2015

Brodzinsky, D. (2015). *The Modern Adoptive Families Study: An Introduction*. New York: Donaldson Adoption Institute. Available online at www.adoptioninstitute.org

2016

Brodzinsky, D. & Goldberg, A. (2016). *Practice guidelines supporting open adoption in families headed by lesbian and gay male parents: Lessons learned from the Modern Adoptive Families Study*. New York: Donaldson Adoption Institute. Available online at www.adoptioninstitute.org

ARCHIVED WEBINARS AND CONTINUING EDUCATION TRAININGS

- Brodzinsky, D. (2008). Mental health and parenting issues in transracial adoption. Continuing education web briefing sponsored by Alliant University, San Francisco. Available online at www.ce-psychology.com
- Brodzinsky, D. (2009). Preparing adoptive parents to meet the mental health, developmental, and medical needs of their children: Training the trainers. Continuing education web briefing sponsored by Alliant University and the Evan B. Donaldson Adoption Institute. Available online at www.ce-psychology.com
- Brodzinsky, D. (2009). Clinical and developmental issues in the adjustment of adopted children. Continuing education workshop sponsored by Alliant University, San Francisco. Available online at www.ce-psychology.com
- Brodzinsky, D. (2012). Adoption and foster care in social contexts. Continuing education workshop sponsored by Alliant University, San Francisco. Available online at www.ce-psychology.com/adoption.

SELECTED CONFERENCE PRESENTATIONS, INVITED ADDRESSES, WORKSHOPS AND LEGISLATIVE BRIEFINGS SINCE 1990

1990

- Brodzinsky, D. (1990, January). Working with the emotionally disturbed adopted child. Invited Grand Rounds Presentation. Department of Psychology, UMDNJ, Newark, NJ.
- Brodzinsky, D. (1990, February). Developmental issues in adoption. Invited Grand Rounds Presentation. Department of Psychiatry, New York Hospital - Cornell Medical Center, White Plains, NY.
- Brodzinsky, D. (1990, November). Clinical and developmental issues in adoption and foster care. Invited workshop for mental health professionals and social service personnel sponsored by New York Division of Family and Children's Services. Huntington, NY
- Brodzinsky, D. (1990, November). Understanding the psychology of adoption. Invited presentation. Barker Foundation and Washington School of Psychiatry. Washington, DC.

1991

- Brodzinsky, D. (1991, March). Adoption: A developmental perspective. Invited workshop sponsored by the Virginia Department of Social Services. Williamsburg, VA
- Brodzinsky, D., & Smith, D. (1991, March). The development of stress and coping in adopted children and adolescents. Presented at the meetings of the American Orthopsychiatric Association, Toronto.
- Clarke, J. & Brodzinsky, D. (1991, March). The relationship of coping to emotional and behavioral problems in children. Presented at the meetings of the Association for the Advancement of Behavior Therapy. New York City.
- Brodzinsky, D. & Donley, K. (1991, March). Social casework issues and clinical issues in adoption. Invited two day workshop presented to mental health professionals and social service personnel sponsored by the Indiana Department

- of Social Services and Department of Mental Health. Indianapolis, IN.
- Brodzinsky, D. (1991, March). Adopting children who have been sexual abused: Assessment and counseling issues. Invited presentation to the Indiana Dept of Social Services and Dept of Mental Health. Indianapolis, IN
- Brodzinsky, D., Hitt, J., & Smith, D. (1991, March). The impact of divorce on adopted and nonadopted children. Presented at the meetings of the American Orthopsychiatric Association, Toronto.
- Brodzinsky, D. (1991, May). Psychiatric issues in adoption. Invited Grand Rounds Presentation. Department of Psychiatry, Jersey City Medical Center, Jersey City.
- Brodzinsky, D. & Brodzinsky, A. (1991, June). Psychological issues in raising adopted children. Invited one-day workshop presented at the Annual National Meeting of Catholic Charities, New Orleans.
- Brodzinsky, D (1991, September). Perspectives on permanency planning for adopted children. Presented at the International Conference on Adoption. Edinburgh, Scotland.
- Brodzinsky, D. & Brodzinsky, A. (1991, September/October). Developmental and clinical issues in adoption. Seven, one-day invited workshops presented to mental health professionals and social service personnel in London, Newcastle, Birmingham, Bristol, and Belfast. Sponsored by the British Agencies for Adoption and Fostering, and the Tavistock Clinic.
- Kaplan, G., Pannullo, D., Brodzinsky, D., & Clarke, J. (1991, October). Noncompliance with family court evaluations. Presented at the meetings of the American Psychiatric Association, New York City.
- 1992
- Brodzinsky, D. (1992, November). Forensic issues in personal injury cases with children. Presented at the meeting of the New Jersey Psychological Association. Somerset, NJ.
- Brodzinsky, D. (1992, November). Adoption: The lifelong search for self. Invited Keynote Address at the annual conference of Concerned Persons for Adoption sponsored by Seton Hall University, South Orange, NJ.
- 1993
- Brodzinsky, D. (1993, January). Psychological issues in termination of parental rights cases. Presented to the Forensic Committee of the New Jersey Psychological Association, Livingston, NJ.
- Brodzinsky, D. (1993, March). Clinical issues in foster care. Invited Grand Rounds Presentation. Department of Psychiatry. Elizabeth General Hospital, Elizabeth, NJ.
- Brodzinsky, D. (1993, May). Development and the sexually abused adopted child. Invited workshop for mental health professionals and social service personnel sponsored by the New York State Citizen's Coalition for Children. Albany.
- 1994
- Smith, D., Brodzinsky, D. & Fairfield, K. (1994, March). Adoption-related stress and coping among special needs and traditional adoptees. Presented at the meetings of the Southeastern Psychological Association, New Orleans.
- Brodzinsky, D. (1994, April). In search of self: Identity issues in adopted children.

- Invited presentation at the annual conference of the American Academy of Adoption Attorneys. Sante Fe.
- Brodzinsky, D. (1994, April). Mental health issues in adopted children. Invited keynote presentation at the annual conference of the American Academy of Adoption Attorneys. Sante Fe.
- Brodzinsky, D. (1994, May). Facilitating self-esteem in the adopted child. Keynote address at the annual meeting of the Children's Home Society of North Carolina. Greensboro, NC.
- Brodzinsky, D & Brodzinsky, A. (1994, May). Developmental and clinical issues in adoption. Invited workshop for mental health professionals and social service personnel sponsored by the Children's Home Society of North Carolina and the School of Social Work, University of North Carolina, Greensboro, NC.
- Brodzinsky, D. (1994, May). Clinical issues and interventions in adoption. Invited two-day workshop for mental health professionals and social service personnel sponsored by the National Center for Special Needs Adoption. Detroit, MI.
- Brodzinsky, D. (1994, August). Child custody evaluations: The role of psychological testing. Present as part of a symposium on Child Custody Evaluations, III: Ethical and Professional Issues at the meetings of the American Psychological Association. Los Angeles.
- Brodzinsky, D. (1994, August). Children's changing understanding of adoption and its influence on their adjustment. Invited address at the Cornell University Conference on Adoption Research, Ithaca, NY
- Smith, D., Brodzinsky, D., & Fairfield, K. (1994, November). Parenting stress in traditional and special needs adoptive families. Presented at the meetings of the Association for the Advancement of Behavior Therapy. San Diego.
- 1995
- Brodzinsky, D. (1995, October). Forensic evaluations of children: Child custody guidelines. Invited presentation to the Department of Child Psychiatry, UMDNJ, Newark.
- Brodzinsky, D. (1995, December). Family lifecycle issues in adoption. Presented at the Casey Foundation Post Adoption Conference. Boston.
- 1996
- Brodzinsky, D. (1996, January). Adoption through the lifecycle: Adaptation and psychopathology. Grand Rounds Presentation at Rockland Children's Psychiatric Center, Orangeburg, NY.
- Brodzinsky, D. (1996, March). Attachment issues in school age adopted children. Presented at the PACT Post Adoption Conference, Oakland.
- Brodzinsky, D. (1996, March). Clinical issues in adoption. Invited one-day Workshop for mental health professionals and social service personnel sponsored by the National Association of Social Workers, Minnesota Chapter, St. Paul.
- Brodzinsky, D. (1996, April). Clinical and developmental issues in adoption. Invited one-day workshop for mental health professionals and social service personnel sponsored by the Department of Family Services, State of Utah, Salt Lake City.

Brodzinsky, D. (1996, August). Enhancing the role of psychological testing in child custody evaluations. Presented as part of a symposium at the meetings of the American Psychological Association, Toronto.

Brodzinsky, D. (1996, October). Research issues in adoption: Exploring psychological risk. Invited colloquium presentation in the Department of Psychology, Long Island University, Brooklyn.

1997

Brodzinsky, D. (1997, March). Working with the adopted child and adoptive family. Invited lecture to the Child Psychology Interns and Child Psychiatry Residents, Department of Child and Adolescent Psychiatry, UMDNJ, Newark.

Brodzinsky, D. (1997, April). Research issues in adoption. Presented at the meetings of the Society for Research in Child Development.

Brodzinsky, D. (1997, May). Parenting adopted and foster children: Research and clinical issues. Presented at the Conference on Alternative Forms of Parenting, Beth Israel Hospital, New York City.

Brodzinsky, D. (1997, October). Adoption of children prenatally exposed to drugs and alcohol: Research and practice issues. Presentation at the Evan B. Donaldson Conference on Adoption and Prenatal Exposure to Drugs and Alcohol. Alexandria, VA.

Brodzinsky, D. (1997, October). The psychology of adoption. Keynote address at the Rutgers University Workshop on Clinical and Developmental Issues in Adoption. Sponsored by the Graduate School of Applied and Professional Psychology. Piscataway, NJ.

Brodzinsky, D. (1997, October). Clinical interventions in adoption. Workshop presented at the Rutgers University Workshop on Clinical and Developmental Issues in Adoption. Sponsored by the Graduate School of Applied and Professional Psychology. Piscataway, NJ.

Brodzinsky, D. (1997, November). Facilitating self-esteem in the adopted child. Invited luncheon address at the 9th Biennial National Open Adoption Conference. Walnut Creek, CA.

1998

Brodzinsky, D. (1998, March). Creating openness in adoption. Presented at the Annual Barker Foundation Conference on Adoption, Washington, DC.

Brodzinsky, D. (1998, September). Psychopathology in the adopted child. Grand Rounds Presentation. Department of Child and Adolescent Psychiatry, Bronx Children's Hospital. New York.

Brodzinsky, D. (1998, October). Learning and attention problems in the adopted child. Invited community lecture sponsored by the Spence Chapin Adoption Agency, New York City.

Brodzinsky, D. (1998, November). Children's adjustment to adoption. Invited keynote address at the Catholic Charities Conference on Adoption. Binghamton, NY.

Brodzinsky, D. (1998, November). Parenting special needs children. Workshop presented at the Catholic Charities Conference on Adoption, Binghamton, NY.

1999

Brodzinsky, D. (1999, April). Childhood risk and resiliency in adoption. Invited keynote address at the Lancaster County Mental Health Alliance Conference on Children and Violence. Lancaster, Pa.

Brodzinsky, D. (1999, November). Psychological issues in adoption adjustment. Invited keynote address at the Hawaii Adoption Permanency Alliance Conference. Honolulu.

Brodzinsky, D. (1999, November). Clinical issues and interventions in adoption. One-day workshop for mental health professionals and social service personnel sponsored by the Hawaii Adoption Permanency Alliance. Honolulu.

Brodzinsky, D. (1999, November). Openness in adoption: New perspectives. Invited keynote address at the annual Concern Person's for Adoption Conference, Seton Hall University, South Orange, NJ.

2000

Brodzinsky, D. (2000, April). Children's adjustment to foster care: A stress and coping model. Invited keynote address presented at the Conference on Foster Care sponsored by the Ministry of Social Welfare and Mental Health, Barcelona, Spain

Brodzinsky, D. (2000, April). Loss in adoption: Impact on children's adjustment. Invited lecture. Department of Psychology, University of Seville, Spain.

Brodzinsky, D. (2000, August). Connecting adoption research to policy and practice. Discussant at a symposium on Adoption: Theory, Research, and Practice presented at the meetings of the American Psychological Association. San Francisco.

Brodzinsky, D. (2000, October). Reconceptualizing open adoption. Invited luncheon address at the 10th Biennial National Open Adoption Conference, Anaheim, CA.

Brodzinsky, D. (2000, October). Facilitating openness in adoption. Workshop presented at the 10th Biennial National Open Adoption Conference, Anaheim, CA.

Brodzinsky, D. (2000, October). Infertility and its impact on adoption adjustment. Workshop presented at the 10th Biennial National Open Adoption Conference, Anaheim, CA.

2001

Brodzinsky, D. (2001, May). Mental health issues in child custody determinations.

Panel discussant at the Annual Family Court Judges Retreat, Ocean City, NJ.

Brodzinsky, D. (2001, June). Research issues in adoption. Invited lecture.

Department of Psychology, University of Seville, Seville, Spain.

Brodzinsky, D. (2001, October). Custody and visitation: Mental health perspectives.

Invited lecture at the New Judges Orientation Workshop sponsored by the Continuing Education Program of the Superior Court of New Jersey, Princeton.

Brodzinsky, D. (2001, October). The learning disabled adopted child. Invited community lecture sponsored by the Spence Chapin Adoption Agency, New York City.

Brodzinsky, D. (2001, September). The psychology of adoption. Invited one-day workshop for DYFS supervisors and social service workers sponsored by the School of Social Work, Rutgers University.

2002

- Brodzinsky, D. (2002, January). Psychological and academic adjustment in adopted children. Keynote address at the Annual Conference of National Association of Therapeutic Schools and Sponsored Programs, Stuart, FL.
- Brodzinsky, D. (2002, March). Adoption by gay and lesbian individuals: Legal, social casework, and psychological issues. Presented at the Dave Thomas Center for Adoption Law Fourth Annual Symposium, Capital University Law School, Columbus, OH.
- Brodzinsky, D. (2002, March). Talking with adopted children about their origins. Keynote address presented at the Annual PACT Adoption Conference, Oakland, CA.
- Brodzinsky, D. (2002, March). New directions and challenges in adoption practice. Keynote address presented at the Annual Georgia State-Wide Matching and Training Conference, Atlanta.
- Brodzinsky, D. (2002, March). Assessing and working clinically with adopted children who have been neglected and abused. Workshop presented at the Annual Georgia State-Wide Matching and Training Conference, Atlanta.
- Brodzinsky, D. (2002, March). Coping with loss in adoption. Workshop presented at the Annual Georgia State-Wide Matching and Training Conference, Atlanta.
- Brodzinsky, D. (2002, April). Clinical issues in adoption. In-service training lecture to the Psychology Interns and Child Psychiatric Residents at UMDNJ, Newark.
- Brodzinsky, D. (2002, November). Reconceptualizing openness in adoption. Invited luncheon address at the National Open Adoption Conference, Lake Tahoe, NV
- Brodzinsky, D. (2002, November). Infertility and adoption adjustment. Workshop presented at the National Open Adoption Conference, Lake Tahoe, NV
- Brodzinsky, D. (2002, November). Searching by minors: Guidelines for professionals and parents. Workshop presented at the National Open Adoption Conference, Lake Tahoe, NV.

2003

- Brodzinsky, D. (2003, March). Reconceptualizing openness in adoption: Implications for casework and clinical practice. Invited Keynote Address at the Southern New England 11th Annual Adoption Conference, Providence, Rhode Island
- Brodzinsky, D. (2003, March). Facilitating self-esteem in adopted children. Workshop presented at the Southern New England 11th Annual Adoption Conference, Providence, Rhode Island.
- Brodzinsky, D. (2003, April). Clinical issues in adoption. Invited talk presented at the University of Seville, Spain.
- Brodzinsky, D. (2003, April). Contemporary trends and adjustment issues in adoption. Invited workshop presented to Spanish social casework and mental health professionals, Seville, Spain.
- Brodzinsky, D. (2003, June). Risk and resilience in adoption: A Multidimensional stress and coping model. Invited address at the Conference on Attachment Issues in Adoption: Risk and Resilience. London, England [Also presented at a similar conference in Manchester, England, June 2003.]

2004

- Brodzinsky, D. (2004, March). What type of openness really matters in adoption?

- Invited Keynote Address at the Barker Foundation Conference on Adoption. Rockville, MD.
- Brodzinsky, D. (2004, March). Clinical issues in adoption. In-service training lecture to the Psychology Interns, UMDNJ, Newark
- Brodzinsky, D. (2004, March). Clinical issues and interventions in adoption. Children's Home of Pittsburgh Conference on Adoption. Pittsburgh, PA
- Brodzinsky, D. (2004, April). Creating communicative openness in adoption. Invited Keynote Address at the PACT Adoption Conference, Oakland, CA.
- Brodzinsky, D. (2004, April). Attachment issues in cases of contested adoption. Invited Address at the Annual Conference of the American Academy of Adoption Attorneys. Philadelphia, PA.
- Brodzinsky, D. (2004, July). Family structural openness versus communicative openness as predictors of adjustment in adopted children. Presented as part of a symposium at the meetings of the International Society for the Study of Behavioral Development, Ghent, Belgium.
- Brodzinsky, D. (2004, September). Clinical assessment and interventions in adoption. Invited workshop for mental health and social service professionals sponsored by the Children's Home of Pittsburgh, Pittsburgh, Pa.
- Brodzinsky, D. (2004, October). Clinical assessment and interventions in adoption. Invited workshop for the Manchester Adoption Society, Manchester, England.
- Brodzinsky, D. (2004, October). Creating and supporting openness in adoption: Implications for children's self-esteem and emotional well-being. Invited workshop for the British Agencies for Adoption and Fostering, London, England
- Brodzinsky, D. (2004, October). Psychological issues in adoption: Implications for clinical interventions and social casework practice. Workshop for social casework professionals and mental health professionals sponsored by the Colorado Division of Child and Family Services. Grand Junction, CO
- Brodzinsky, D. (2004, November). Structural openness versus communicative openness as factors in children's adoption adjustment. Keynote address presented at the Adoption UK Conference, Newry, N. Ireland.
- Brodzinsky, D. (2004, November). Supporting the search for self: Guidelines for talking with children about adoption. Presented at the Adoption UK Conference, Newry, N. Ireland.
- Brodzinsky, D. (2004, November). The role of psychological testing in child custody evaluations. Presented to the Family Law Section of the Inns of Court. Glen Ridge, NJ.
- 2005
- Brodzinsky, D. (2005, March). Parenting the adopted child: Family life cycle issues. Keynote address presented at the Ours Adoption Conference, Green Bay, WI.
- Brodzinsky, D. (2005, March). Adoption and infertility. Workshop presented at the Ours Adoption Conference, Green Bay, WI.
- Brodzinsky, D. (2005, March). Separation and loss in adoption. Workshop presented at the Ours Adoption Conference, Green Bay, WI
- Brodzinsky, D. (2005, March). Children's understanding of adoption: Implications for the telling process. Workshop presented at the Ours Adoption Conference, Green Bay, WI.

- Brodzinsky, D. (2005, September). Developmental and parenting issues in transracial adoption. Keynote address at the PACT Adoption Workshop, San Jose, CA.
- Brodzinsky, D. (2005, October). Adoption by lesbians and gay men: What do we know, what do we need to know, and what do we need to do? Presented at the Conference on Gay and Lesbian Parenting and Adoption, Caceres, Spain.
- Brodzinsky, D. (2005, October). A family life cycle perspective on post-adoption services. Presented at the Conference on Gay and Lesbian Parenting and Adoption, Caceres, Spain.
- Brodzinsky, D. (2005, October). Clinical issues and interventions in adoption. Two-day workshop for mental health professionals sponsored by the Ministry for Children and Families, Seville, Spain.
- Brodzinsky, D. (2005, October). The mental health needs of foster children. Presented at the La Caixa Conference on Foster Care, Barcelona, Spain.
- Brodzinsky, D. (2005, October). The psychology of adoption. One-day workshop for adoption professionals and mental health professionals sponsored by the Adoption Certification Program, Graduate School of Social Work, Rutgers University, Piscataway, NJ

2006

- Brodzinsky, D. (2006, March). The experience of sibling loss on adopted and foster children. Presented at the conference on Sibling Loss: Biology and Beyond, Claremont McKenna College, Ontario, California
- Brodzinsky, D. (2006, May). Creating openness in adoption: Guidelines for adoption agencies. In-service workshop for the staff of The Cradle, Evanston, IL.
- Brodzinsky, D. (2006, May). New directions in adoption. In-service workshop for the Board of Directors of The Cradle, Evanston, IL.
- Brown, L. & Brodzinsky, D. (2006, October). The role of perceived similarity to parents in adopted children's adjustment. Presented at the St. John's University Fourth Biennial Adoption Conference, "Families Without Borders: Adoption Across Culture and Race," New York City.
- Brodzinsky, D. (2006, November). Openness in adoption: Implications for policy and practice. Presented at Evan B. Donaldson Adoption Institute Workshop, "A Revolution in the Family: A National Forum on Adoption Policy and Practice." The John F. Kennedy Presidential Library and Museum, Boston, MA.
- Brodzinsky, D. (2006, November). Facilitating openness in adoption. In-service training presented to the staff of the Spence Chapin Adoption Agency, New York City.

2007

- Brodzinsky, D. (2007, March). Mental health and parenting issues in special needs adoptions. Full day workshop presented to the staff of Sierra Adoption Services, and to adoptive parents, Chico, CA & Yuba City, CA.
- Brodzinsky, D. (2007, March). Adoptive parent preparation: Issues and challenges. In-service training presented to the staff of Adoption Connection, San Francisco, CA
- Brodzinsky, D. (2007, March). Mental health issues in adoption: Parenting implications. Keynote presented at the annual PACT for Adoption conference, Oakland, CA.
- Brodzinsky, D. (2007, March). Fostering open communication in adoption. Workshop

- presented at the annual PACT for Adoption conference, Oakland, CA
- Brodzinsky, D. (2007, March). Understanding and managing adoption-related loss. Workshop presented at the annual PACT for Adoption conference, Oakland, CA.
- Brodzinsky, D. (2007, April). Clinical and developmental issues and interventions in adoption. Two day workshop presented to mental health professionals in Valladolid, Spain.
- Brodzinsky, D. (2007, May). Mental health issues in adoption. Workshop presented at the Community Partnership Conference on Adoption sponsored by the Los Angeles County Department of Children and Family Services, Los Angeles.
- Brodzinsky, D. (2007, May). Characteristics of successful special needs adoptive families. Workshop presented at the Community Partnership Conference on Adoption sponsored by the Los Angeles County Department of Children and Family Services, Los Angeles.
- Brodzinsky, D. (2007, October). The role of sibling loss in the adjustment of adopted and foster children. Presented at the Adoption Ethics and Accountability Conference, Arlington, VA.
- Brodzinsky, D. (2007, October). Discussing difficult background information about birth family members with adoptive parents: Guidelines for adoption professionals. In-service workshop for Independent Adoption Center, Oakland, CA.
- Brodzinsky, D. (2007, October). Children's understanding of adoption: Developmental and clinical issues. Presented at the annual conference of the American Academy of Pediatrics, San Francisco, CA.
- Brodzinsky, D. & Brodzinsky, A. (2007, November). Children's understanding of adoption: Implications for adjustment and clinical interventions. In-service and community workshop for the Ann Martin Children's Center, Oakland, CA.
- Brodzinsky, D. (2007, November). Adoptive parent preparation. Closing plenary address presented at Adoption in America 2007: What We Know and How It Matters for Children and Families. University of Maryland School of Social Work, Baltimore, MD.

2008

- Brodzinsky, D. (2008, March). Lifetime developmental issues for the adopted individual: Implications for best practice standards. Keynote address presented at the American Adoption Congress meetings. Portland, OR.
- Brodzinsky, D. (2008, March). The role of psychological testing in child custody evaluations. Presentation to the Alameda County Family Law Association. Hayward, CA.
- Brodzinsky, D. (2008, April). The Adoptive Parent Preparation Project: Best practice standards for preparing adoptive parents. Presented as part of a panel on "Welcome to the Adoption Revolution: What We've Learned From and About Adoptive Families." 14th Annual Ametz Conference on Infertility, Adoption, and the Family. New York City.
- Brodzinsky, D. (2008, April). Lifelong issues for the adoptive family. Workshop presented at the 14th Annual Ametz Conference on Infertility, Adoption, and the Family. New York City.
- Brodzinsky, D. (2008, October). Mental health and parenting issues in transracial adoption. Continuing education web briefing sponsored by Alliant University,

San Francisco [available online at www.ce-psychology.com]

- Brodzinsky, D. (2008, October). Communication between parents and children about adoption. Presentation at I Jornados Postadopcion De Andalucia. Seville, Spain.
- Brodzinsky, D. (2008, October). Integration of racial, ethnic, and cultural differences in adoptive families. Keynote address at I Jornados Postadopcion De Andalucia. Seville, Spain.
- Brodzinsky, D. (2008, October). Working with adopted children who have siblings. Workshop presented to mental health and child welfare professionals. Seville, Spain.
- Brodzinsky, D. (2008, October). Searching for origins in international adoption. Workshop presented to mental health and child welfare professionals. Seville, Spain.
- Brodzinsky, D. (2008, October). Techniques for facilitating integration of racial, ethnic, and cultural differences in adoptive families. Workshop presented to mental health and child welfare professionals. Seville, Spain.
- Brodzinsky, D. (2008, November). Prenatal substance exposure for adopted children: Outcomes and implications. Presentation to adoption professionals and adoptive parents sponsored by Open Path and PACT, An Adoption Alliance. San Francisco.
- Brodzinsky, D. (2008, November). Clinical and systemic issues in the adjustment of foster children. Presentation for judicial, legal, mental health, and child welfare professionals at the conference on Permanency: A Legal and Psychological Mandate for Foster Children, sponsored by AdvoKids and A Home Within. University of San Francisco, San Francisco, CA.

2009

- Brodzinsky, D. (2009, February, April, & June). Preparing adoptive parents to meet the mental health, developmental, and medical needs of their children: Training the trainers. Continuing education web briefing sponsored by Alliant University and the Evan B. Donaldson Adoption Institute. Available online at www.ce-psychology.com
- Brodzinsky, D. (2009, March). Clinical issues in adopted children. Presidential Lecture Series presentation at Alliant University.
- Brodzinsky, D. (2009, May). Managing the mental health and developmental challenges of adoptive family life. Workshop for social casework and mental health professionals sponsored by the Boulder County Department of Social Services, Boulder, CO.
- Brodzinsky, D. (2009, May). International adoption in global perspective: Policy and practice issues. Keynote address presented at the Conference on International Adoption, Oslo, Norway.
- Brodzinsky, D. (2009, May). A biopsychosocial model of children's adjustment to adoption. Invited address presented to the Faculty of Psychology and Social Sciences, Cambridge University, England.
- Brodzinsky, D. (2009, May). Understanding and managing loss in adoption. Invited workshop presented at the Post-Adoption Clinical Training Program, Barcelona, Spain.

- Brodzinsky, D. (2009, June). Mental health issues in dependency cases. Invited keynote address presented at the workshop on Decision Making in the Child Welfare Process: Permanency for Kids. Sponsored by the Bucks County Board of Judges and the Bucks County Children and Youth Social Services Agency. Doylestown, Pa.
- Brodzinsky, D. (2009, August). Preparing and supporting adoption by lesbians and gay men. Presented as part of a symposium on Gay and Lesbian Family Frontiers at the annual conference of the American Psychological Association, Toronto, Canada.
- Brodzinsky, D. (2009, September). Understanding and managing loss in adoption. Webinar presented to adoption professionals and adoptive parents through the Joint Council on International Children's Services, Oakland, CA.
- Brodzinsky, D. (2009, September). Preparing parents to adopt the older child. In-service training for the staff of Across the World Adoptions, Pleasant Hill, CA.
- Brodzinsky, D. (2009, September). Attachment issues in child custody cases. Luncheon address to the Sacramento County Minor's Counsel Association, Sacramento, CA.

2010

- Brodzinsky, D. & Howard, J (January, 2010). Preparing and educating adoptive parents. Workshop presented at the annual meetings of the Child Welfare League of America, Washington, D.C.
- Brodzinsky, D. (April, 2010). Preparing, educating, and supporting adoptive parents: What do we know and what do we need to know? Workshop presented at the conference on New Worlds of Adoption: Linking Research with Practice, University of Massachusetts, Amherst, MA.
- Brodzinsky, D. (April, 2010). Clinical and systemic issues in the adjustment of foster children. Workshop for legal, mental health, and child welfare professionals. sponsored by AdvoKids, Sacramento, San Francisco, CA.
- Brodzinsky, D. (May, 2010). Attachment issues in dependency cases. Workshop for legal professionals and court appointed special advocates. Sponsored by Advokids and A Home Within. Mariposa, CA
- Brodzinsky, D. (May, 2010). Clinical and systemic issues in the adjustment of foster children. Workshop for legal professionals and court appointed special advocates. Sponsored by Advokids and A Home Within. Mariposa, CA.
- Brodzinsky, D. (June, 2010). Role of parental expectations in pre-adoption and post-adoption services for parents. Workshop presented to adoption professionals, Seville, Spain
- Brodzinsky, D. (June, 2010). Understanding and managing loss in adoption. Workshop presented at the Post-Adoption Clinical Training Program. Barcelona, Spain
- Brodzinsky, D. & Palacios, J (June, 2010). Trends in adoption research: Implications for adoption practice. Presented at the Post-Adoption Clinical Training Program. Barcelona, Spain.
- Brodzinsky, D. (July, 2010). Adoptive parent preparation and support: Rationale, barriers, and key issues. Paper presented at the International Conference on Adoption Research. Leiden, Netherlands.
- Brodzinsky, D. (September, 2010). Understanding and managing loss in adoption. Continuing education workshop sponsored by Alliant University, San Francisco.

Available online at www.ce-psychology.com

- Brodzinsky, D. (September, 2010). Role of attachment theory in dependency cases. Workshop for social casework and legal professionals sponsored by AdvoKids, Oakland, CA.
- Brodzinsky, D. (October, 2010). Transition to adoptive parenthood: Issues in preparing and supporting adoptive parents. Presented as part of a symposium on Family Variables in the Life-long Process of Adoption at the 5th Congress of the European Society of Family Relations. Milan, Italy.
- Brodzinsky, D. (October, 2010). Clinical and developmental issues in the adjustment of adopted children. Invited day-long workshop for adoption and mental health professionals sponsored by Centro Italiano Aiuti all'Infanzia (CIAI). Milan, Italy
- Brodzinsky, D. (October, 2010). Adoption by lesbians and gay men: Trends and practice issues. Presented at the St. John's Conference on Adoption. New York City.
- Brodzinsky, D. (November 2010). Adoption by lesbians and gay men: What we know, need to know, and ought to do. Invited keynote address the Conference on Gay and Lesbian Adoption sponsored by Ethica. Tucson, AZ.

2011

- Brodzinsky, D. (April, 2011). Post-placement adjustment and the needs of women who place infants for adoption. Conference on Open Adoption sponsored by On Your Feet Foundation and Adoption Connection. San Francisco, CA.
- Brodzinsky, D. (April, 2011). New trends and challenges in adoption: Implications for adoption practice. Day-long workshop for adoption professionals sponsored by the Ontario Association of Children's Aid Societies. Toronto, Canada.
- Brodzinsky, D. (June, 2011). Ethnicity issues in intercountry adoption: Preparation and support for adoptive parents. Invited keynote address at the International Congress on Adoption: Becoming 'good enough' parents. Florence, Italy
- Brodzinsky, D. (August, 2011). Attachment issues in dependency cases. Workshop for LA County Department of Children and Family Services sponsored by AdvoKids, Los Angeles, CA.
- Brodzinsky, D. & Brodzinsky, A. (October, 2011). Family lifecycle issues in transracial adoption. Workshop for children welfare professionals sponsored by Hawaii International Adopted Child, Honolulu, HI.
- Brodzinsky, D. (November, 2011). Adopting adolescents from foster care: Clinical and parenting issues. Workshop for adoption professionals and adoptive parents sponsored by Family Builders, Oakland, CA.
- Brodzinsky, D. (November, 2011). Working with older youth in care: Clinical issues considerations. Workshop for child welfare professionals sponsored by the San Mateo County Department of Children and Family Services, San Mateo, CA

2012

- Brodzinsky, D. (March 2012). The lifespan of adoption: Preparing children and parents. Lecture to mental health and adoption professionals sponsored by St. Louis Psychoanalytic Institute. St. Louis, MO.
- Brodzinsky, D. & Popper, S. (March 2012). Who am I? Where do I belong? Workshop presented at New Worlds of Adoption: Navigating the Teen Years. Sponsored by the Rudd Adoption Research Program at the University of Massachusetts.

Amherst, MA.

- Brodzinsky, D. (May, 2012). Clinical and systemic issues in the adjustment of foster children: Implications for dependency cases. Presented at Early Childhood Mental Health and Development: Science Driving Practice in Juvenile Dependency Court. Sponsored by Advokids and UCLA. Los Angeles
- Brodzinsky, D. (July, 2012). Adoption and the life cycle: Growing up as an adoptee. Keynote address at the workshop "Growing up and Coming of Age as an Adoptee in Spain" sponsored by the Instituto Universitario de la Familia, Universidad de Comillas, Madrid, Spain.
- Brodzinsky, D. (August, 2012). Preparing parents and children for adoption. In-service training for child welfare professionals. San Mateo County, CA.
- Brodzinsky, D. (August, 2012). Placing children with relatives versus maintaining placement in foster/adopt homes. In-service training for child welfare professionals. San Mateo County, CA
- Brodzinsky, D. (September, 2012). Best practices in transracial adoption. In-service training for child welfare professionals. San Mateo County, CA.
- Brodzinsky, D. (September, 2012). Creating and supporting openness in child welfare adoptions. In-service training for child welfare professionals. San Mateo County, CA.
- Brodzinsky, D. (September, 2012). Adoption today: Understanding the impact on individual and family dynamics. In-service professional workshop. Disney TV Channel. Burbank, CA
- Brodzinsky, D. (October, 2012). Individual and relationship dynamics in adoptive families. Consultation and in-service training. Pixar Films. Emeryville, CA
- Brodzinsky, D. (November, 2012). Children's adjustment to adoption: Three decades of research and clinical practice. Workshop for mental health and adoption professionals sponsored by the Center for Adoption Education and Support. Chevy Chase, MD.

2013

- Brodzinsky, D. (April, 2013). Adoption disruptions and dissolutions: Issues and interventions. Workshop presented at the 31st Annual Child Abuse Symposium hosted by the Santa Clara County Child Abuse Council. Santa Clara, CA.
- Brodzinsky, D. (June, 2013). Adolescence and adoption: Preserving old connections, facilitating new ones. Workshop for child welfare professionals and adoptive families sponsored by Aspiranet. Clovis, CA
- Brodzinsky, D. (June, 2013). Preparing children and parents for successful adoptive placements. Workshop for child welfare professionals sponsored by Aspiranet. Madera, CA.
- Brodzinsky, D. (June, 2013). Preparing parents to understand and support the emotional life of adopted children. Workshop for child welfare and mental health professionals sponsored by Aspiranet. Visalia, CA.
- Brodzinsky, D. (June, 2013). Understanding and managing loss in adoption. Workshop for child welfare and mental health professionals sponsored by Aspiranet. Visalia, CA.
- Amamburu-Alegret, I., Aznar-Martinez, B, Salamero-Baro, M., Perez-Testor, C., Davins-Pujols, M., Mirabent, V. & Brodzinsky, D. (July, 2013). Psychological

- adjustment and communication openness in internationally adopted adolescents. Presented at the International Conference on Adoption Research. Bilbao, Spain.
- Brodzinsky, D. (July, 2013). Convener and discussant of symposium, "Enhancing adoption competence in mental health professionals: Multi-national perspectives" at the International Conference on Adoption Research. Bilbao, Spain.
- Brodzinsky, D. (July, 2013). Discussant of symposium, "Outcomes and interventions for children adopted from foster care" at the International Conference on Adoption Research. Bilbao, Spain
- Brodzinsky, D., Smith, S. & On Your Feet Foundation (July, 2013). Post-placement adjustment and the needs of women who place an infant for adoption. Poster session at the International Conference on Adoption Research. Bilbao, Spain.
- 2014
- Brodzinsky, D. (January, 2014). The role of birthparents in the life of the adoptive family: Real versus symbolic presence. Invited lecture at Catholic University, Milan, Italy.
- Brodzinsky, D. (February, 2014). Clinical issues and interventions in adoption. Day-long workshop for mental health and adoption professionals sponsored by Centro di Terapia dell' Adolescenza, Milan, Italy.
- Brodzinsky, D. (March, 2014). Choosing an adoption competent therapist. Workshop for adoptive kinship members sponsored by PACT, an Adoption Alliance. Oakland, CA.
- Brodzinsky, D. (April 2014). Briefing on Assembly Bill 1790 before the Assembly Health Committee, Sacramento, CA.
- Brodzinsky, D. (June, 2014). Congressional Briefing on Adoption and Disabilities on behalf of the American Psychological Association and the Donaldson Adoption Institute. Washington, D.C.
- Brodzinsky, D. (September, 2014). The psychology of adoption. Series of seminars and keynote addresses to child welfare and adoption professionals. Bogota, Colombia.
- Brodzinsky, D. (November, 2014). Communication openness in adoption. Workshop for adoption professional sponsored by the British Association for Adoption and Fostering. Separate workshops in London, Belfast, and Cardiff.
- Brodzinsky, D. (November, 2014). The importance of birth family in the mental and emotional life of the adopted person. Workshop presented to adoption professionals sponsored by Coram Family Services. London, England
- Brodzinsky, D. (November, 2014). Adjustment to adoption: A biopsychosocial model. Presentation to faculty and students in the School of Policy Studies, University of Bristol. Bristol, England
- 2016
- Brodzinsky, D. & Goldberg, A. (May, 2016). Contact with birth family in child welfare adoptions: A comparison of adoptive families headed by heterosexual, lesbian, and gay male parents. Presented at the Rudd Adoption Research Conference, Amherst, MA.
- 2017
- Brodzinsky, D. (April, 2017). Transracial adoption: Issues and outcomes. Keynote address at Psychology Day workshop, California State University, Fullerton. CA

- Wyman Battalen, A., McRoy, R. & Brodzinsky, D. (May, 2017). Lesbian, gay, and heterosexual adoptive parents' racial socialization beliefs, perceptions, and self-efficacy. Rudd Research Institute, Amherst, MA.
- Wyman Battalen, A. & Brodzinsky, D. (November, 2017). Parents' racial socialization in lesbian, gay, and heterosexual adoptive families. "Community Matters: Race and Cultural Implications." Paper symposium. National Council on Family Relations (NCFR) Annual Conference. Orlando, FL.
- Wyman Battalen, A., Farr, R. & Brodzinsky, D. (November, 2017). Socialization beliefs and perceptions among lesbian and gay parents. "Families Negotiating Identities and Orientations Across Contexts' Poster Symposium. National Council on Family Relations Annual Conference, Orlando, FL.

2018

- Battalen, A., Farr, R.H., Dow-Fleisner, S., & Brodzinsky, D. (January, 2018). Lesbian and gay parents' beliefs about talking with their children about their sexual minority status: Associations with child adjustment. Society for Social Work Research Conference, Washington, D.C.
- Brodzinsky, D. (January 2018). Promoting adoption clinical competence in mental health professionals. Invited address. Catholic University of Milan. Milan, Italy.
- Brodzinsky, D. (January 2018). Frontiers in adoption: Open adoption and adoption by sexual minority adults. Training seminar for mental health professionals sponsored by the School for Psychotherapy, IRIS, and the Center of Adolescent Therapy. Milan, Italy.
- Wyman Battalen, A. Brodzinsky, D., & McRoy, R. (July, 2018). Lesbian, gay, and heterosexual parents' attitudes towards racial socialization self-efficacy. "Achieving authenticity in cultural ethnic racial socialization: Factors related to parents's socialization choices for their adopted children." Paper symposium. International Conference on Adoption Research, Montreal.
- Brodzinsky, D. (July, 2018). Why mental health professionals need better training related to adoption. Presentation in symposium, "Improving outcomes for success: Building a community of adoption competent practitioners" at the International Conference of Adoption Researchers. Montreal, Canada
- Brodzinsky, D. & Lemieux, J. (July, 2018). Special needs adoptions: Clinical practice issues. Day-long training workshop for mental health professionals at the International Conference of Adoption Researchers. Montreal, Canada

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- Dow-Fleisner, S., Wyman Battalen, A., McRoy, R. & Brodzinsky, D. (January, 2019). Lesbian, gay, and heterosexual adoptive parents' attitudes toward racial socialization practices. Society for Social Work Research Conference. San Francisco.
- Wyman Battalen, A., McRoy, R. & Brodzinsky, D. (January, 2019). Predictors of access, use, and satisfaction with adoption-competent mental health services among sexual minority and heterosexual adoptive parents. Society for Social Work Research Conference, San Francisco.

Expert Testimony at Trial or Deposition, 2014-2019

cc – child custody case
ac – adoption, juvenile dependency, or guardianship case
gm – gay marriage case
pi – personal injury case
fs – federal suit

Cooper v Click	PA 013630 (depo)	2016 cc
DeBoer et al v. Snyder et al	MI 120-cv-10285	2014 gm
Dumont et al v Lyon et al	MI No. 2:17-cv-13080- PDB-EAS (Expert Declaration)	2018 fs
In the matter of A.L. & R.L .	CA, SC JV SQ15-51572 SQ15-51573	2017 ac
In the matter of A.T.	CA 82132	2016 ac
In the matter of B.M. & M.M.	CA OJ13020846 OJ13021112	2015 ac
In the matter of E.C.S .	CA JV82432	2014 ac
In the matter of E.T.W	CA 81955	2014 ac
In the matter of J.E.M., D J.M.D. C.G.M.D.	CA 83145, 83146, 83147	2019 ac
In the matter of L.L.	CA J6050	2016 ac
In the matter of M.D.	CA JD232884	2015 ac
In the matter of N.C.W-R	CA OJ12018175	2016 ac
In re Guardianship of A.B.M	CA PRO 115632	2015 ac
Gomez et al v Hee Duk Kang et al	CA 2015-1-cv-285407 (depo)	2017 pi
Jane Doe v The Annie E. Casey Foundation	CT #:12-cv-01779-AWT (Expert Declaration)	2014 fs
Kant v Singh	CA HF13677269 (depo)	2016 cc
Metha v Metha	CA 1-12-FL-160543 (depo)	2017 cc
Salverson et al v. Legacy Behavioral Services et al.	CA S-1500-CV-278479 (Expert Declaration)	2014 ac