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Attorneys for Defendants

MICHAEL FERGUSON, et al.,

Plaintiffs,

-vs-

JONAH, etc., et al.,

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - HUDSON COUNTY
Docket No. L-5473-12

Civil Action

**CERTIFICATION OF MICHELLE A.
CRETELLA, M.D.**

I, Michelle A. Cretella, M.D., certify:

1. I am a medical doctor, licensed to practice in the states of Connecticut and Rhode Island.
2. I have been certified by the American Board of Pediatrics since October 1997 and have been a Fellow of the American Academy of Pediatrics since 1994.

7. Accordingly, Dr. Judd Marmor, a past president of the American Psychiatric Association instrumental in removing homosexuality from the DSM II, acknowledged that homosexuality had multiple roots and was in fact malleable. Even after homosexuality was removed as a diagnosis he stated, "The fact that most homosexual preferences are probably learned and not inborn means that, in the presence of strong motivation to change, they are open to modification, and clinical experience confirms this." ²

8. Decades of research and clinical experience confirms that homosexuality is not a biologically determined trait like race. Environment - who we interact with and how, and the culture at large - play a major role in forming one's sexual orientation. Sexual orientation is not fixed at birth but rather is environmentally shaped and unfolds slowly across childhood, adolescence and even into adulthood for some individuals.³ Francis Collins, MD, former director of the Human Genome Project and current director of the NIH, has concluded that "there is an inescapable component of heritability to many human behavioral traits. For virtually none of them is heredity ever close to predictive." Regarding homosexuality, he states "sexual orientation is genetically influenced but not hardwired by DNA ... whatever genes are involved represent predispositions, not predeterminations."⁴ Environment and free will decisions interact with these predispositions and play an important role in the development of SSA.⁵ In 2008 the American Psychological Association noted that a majority of researchers agree that sexual orientation develops from a combination of environmental and biological influences.⁶ The debate concerns whether or not change of sexual orientation is enduring or even possible.

considerable skepticism that sexual orientation could be changed through psychotherapy and also assumed that therapeutic attempts at reorientation would produce harm, recent empirical evidence demonstrates that homosexual orientation can indeed be therapeutically changed in motivated clients and that reorientation therapy does not produce emotional harm.”⁹

Sexual Orientation is Subject to Adventitious Change

12. Before reviewing some of the literature regarding therapeutic attempts to change sexual orientation, it is appropriate to note the evidence for spontaneous change of sexual orientation. The American Psychiatric Association acknowledges the existence of sexual fluidity: "Some people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person's lifetime. Individuals may become aware at different points in their lives that they are heterosexual, gay, lesbian, or bisexual."¹⁰ That enduring change of sexual attractions and behaviors may occur adventitiously has been recognized and documented for decades.¹¹ In his book *My Genes Made Me Do It! A scientific look at Sexual Orientation*, Dr. Neil Whitehead writes extensively about this point, noting that: "Neutral academic surveys show there is substantial change. About half of the homosexual/bisexual population (in a non-therapeutic environment) moves towards heterosexuality over a lifetime. About 3% of the present heterosexual population once firmly believed themselves to be homosexual or bisexual. Sexual orientation is not set in concrete."

¹² This has been well documented among women in recent years by Drs. Lisa Diamond, Elisabeth Thompson and Elizabeth Morgan.¹³

others use psychodynamic methods, or affective therapy approaches, or CBT (cognitive, behavioral therapy), EFT (Emotionally Focused therapy), EMDR (Eye Movement Desensitization and Reprocessing), non-aversive classical conditioning, assertiveness training and social skill building, and others. There are also at least two sets of ethical guidelines for mental health professionals regarding how to proceed with sexual orientation change efforts.¹⁶

15. That a diversity of therapeutic approaches are successfully employed reflects the fact that all therapy is concerned with behavioral and attitudinal change of some sort. Consequently, it is not surprising that the success rates for change of orientation are in the same range of success rates for treating other similar behavioral challenges. For example, the overall success rate for Alcoholics Anonymous is a mere 25 percent,¹⁷ and the composite success rate for rehabilitating criminal behavior, for example, is at best 40 percent.¹⁸ Regarding change of sexual orientation, Dr. Judd Marmor said, "There is little doubt that a genuine shift in preferential sex object can and does take place in somewhere between 20 and 50 percent of patients with homosexual behavior who seek psychotherapy with this end in mind."¹⁹ Similarly, Dr. Jeffrey Satinover, a noted psychiatrist, researcher, and author of Homosexuality and the Politics of Truth, reviewed the scientific literature regarding sexual orientation change efforts and found a composite success rate of 50%.²⁰ Factors that predict a greater likelihood of success have also been identified. These include seeking treatment prior to initiating homosexual activity, age under 35, the presence of past or coexisting

18. Shortly after publication, Dr. Hershberger, a researcher highly skeptical of change therapies, questioned the legitimacy of the subjects' responses in the Spitzer study and decided to subject the data to a Guttman scalability analysis to answer this question. The Guttman test is a scalogram that is used to determine where or not reported changes occur in a cumulative, orderly fashion.

19. Following this analysis, Hershberger concluded, "The orderly, law-like pattern of changes in homosexual sexual behavior, homosexual self-identification, and homosexual attraction and fantasy observed in Spitzer's study is strong evidence that reparative therapy can assist individuals in changing their homosexual orientation to a heterosexual orientation. Now it is up to those skeptical of reparative therapy to provide strong evidence to support their position. In my opinion, they have yet to do so."²⁵

20. Despite Dr. Spitzer's "apology" to the homosexual community for publishing this study,²⁶ there has been no new data to contradict his original results. Dr. Spitzer's research remains scientifically sound, and his original conclusion - that some highly motivated individuals with unwanted homosexual attractions can change - still stands.²⁷ This is why Dr. Kenneth Zucker, editor of the Archives of Sexual Behavior, never published an official retraction of Spitzer's study.

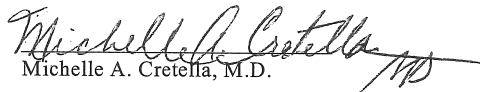
21. In 2007, Drs. Jones and Yarhouse published a long-term study of a cohort of "ex-gays" who participated in religiously mediated therapy to change their sexual orientation. Jones and Yarhouse established through a scientific, longitudinal study that change of sexual

psychological - is without risk of harm. No therapy has a 100% guarantee of success.
Parents, psychosocially mature adolescents, and adults have the right to make informed
health care decisions based on accurate and unbiased information.

24. The endnotes to this certification are attached hereto as Exhibit 2.

I certify that the foregoing statements made by me are true. I am aware that if any of
the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: May 18, 2013


Michelle A. Cretella, M.D.

References

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- ² Judd Marmor, Homosexual Behavior: A Modern Reappraisal 276-277 (Basic Books 1980).
- ³ Neil & Briar Whitehead, My Genes Made Me Do It! (revised 2nd ed. 2010), accessed at <http://www.mygenes.co.nz/download.htm>; N. Langstrom, Q. Rahman, E. Carlstrom, & P. Lichtenstein, "Genetic and environmental effects on same-sexual behavior: A population study of twins in Sweden," *Archives of Sexual Behavior*, Vol. 39, Issue 1, Feb. 2010, 75-80; P. Santilla, N.K. Sandnabba, N. Harlaar, M. Varjonen, K. Alanko, & B. von der Pahlen, "Potential for homosexual response is prevalent and genetic," *Biological Psychology*, Jan. 2008, 77, 102-105; J.M. Bailey, M.P. Dunne & N.G. Martin, "Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample," *Journal of Personality and Social Psychology*, Vol. 78, No. 3, Mar. 2000, 524-536; P.S. Bearman & H. Bruckner, "Opposite-sex twins and adolescent same-sex attraction," *American Journal of Sociology*, Vol. 107, No. 5, Mar. 2005, 1179-1205; M. Frisch & A. Hviid, "Childhood family correlates of heterosexual and homosexual marriages: A national cohort study to two million Dances," *Archives of Sexual Behavior*, Vol. 35, No. 5, Oct. 2006, 533-547; Jeffrey Satinover, "How Might Homosexuality Develop? Putting the Pieces Together," accessed at <http://www.narth.com/docs/pieces.html>.
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- ¹³ Lisa Diamond, Sexual Fluidity: Understanding Women's Love and Desire (Harvard University Press 2009); Elisabeth Morgan Thompson & Elizabeth M. Morgan, "Mostly Straight Young Women: Variations in Sexual Behavior and Identity Development," *Developmental Psychology*, Vol. 44, No. 1, Jan. 2008, 15-21.

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Michelle A. Cretella, M.D.
Curriculum Vitae

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EMPLOYMENT:

2010 - 2013	Flanders Pediatrics, East Lyme, CT
2000 - 2010	Wood River Health Services, Inc., Hope Valley, RI
2002 - 2003	Westerly Pediatrics (per diem), Westerly, RI
1999 - 2000	Private Pediatric Practice, Westerly, RI

CLINICAL TRAINING:

1998 - 1999	Fellowship in College Health University of Virginia School of Medicine, Charlottesville, VA
1997 - 1998	Maternity leave
1995 - 1997	Residency in Pediatrics University of Connecticut School of Medicine, Farmington, CT
1994 - 1995	Internship in Pediatrics University of Connecticut School of Medicine, Farmington, CT

EDUCATION:

1990 - 1994	University of Connecticut School of Medicine, Farmington, CT M.D., June 1994
1986 - 1990	Wesleyan University, Middletown, CT B.A., Biology, May 1990

HONORS/AWARDS:

1997	James A. Kangos Award for Excellence in Patient Care
1990	Phi Beta Kappa Honor Society, Wesleyan University
1990	Clark Fellowship, Wesleyan University
1989	Weller Prize, Wesleyan University

CERTIFICATES:

American Board of Pediatrics:
Primary Certification: October 1997
Recertified: July 2005
Maintenance of Certification: October 2011
Re-examination date: 2014
Basic Life Support Certified: Fall 2011

LICENSURE:

Primary Licensure: July 1997 - The Commonwealth of Virginia

010-055513 (inactive)

Active Licensure: November 2010 - Present: The State of Connecticut

049231

Active Licensure: July 1999 - present: The State of Rhode Island

MD10078

PROFESSIONAL MEMBERSHIPS:

2012 - present

Vice President

American College of Pediatricians

(member since 2005)

2010 - present

Board of Directors

National Association for Research and Therapy of Homosexuality

(member since 2009)

1994 - present

Fellow of the American Academy of Pediatrics