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15  
16 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
17 **FOR THE COUNTY OF ALAMEDA**

18  
19 KATHERINE M. McCOBB

20 Plaintiff

21 v.

22 LLOYD W. WILLEY

23 Defendant  
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Case No.

**RG 17867440**

COMPLAINT

**FILED**  
ALAMEDA COUNTY

JUL 13 2017

CLERK OF SUPERIOR COURT  
By \_\_\_\_\_  
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**COMPLAINT**

1. Plaintiff Katherine M. McCobb files this complaint against Defendant Lloyd W. Willey and alleges the following:

**PRELIMINARY STATEMENT**

2. This case arises from Mr. Willey’s unethical, fraudulent, and unlawful attempts – as a marriage and family therapist (“MFT”) licensed by the State of California and in exchange for more than \$70,000 – to change Ms. McCobb’s sexual orientation. In particular, Ms. McCobb, who was 25 years old when she first began receiving counseling from Mr. Willey, files this suit due to Mr. Willey’s fraudulent and dangerous misrepresentations during paid counseling sessions that Ms. McCobb’s sexual orientation as a lesbian was pathological, and that counseling from Mr. Willey and participation in the group therapy sessions he administered would enable her to become heterosexual. Ms. McCobb paid Mr. Willey for his professional counseling “services,” trusting that as a licensed mental health professional he would provide her with accurate information and would not mislead, deceive, or defraud her. Ms. McCobb brings this case under the California Consumers Legal Remedies Act, Unfair Competition Law, and common law, all of which prohibit unfair, fraudulent, and deceptive business practices. Cal. Bus. & Prof. Code § 17200 *et seq.*; Cal. Civ. Code § 1770(a).

3. The medical and mental health community has long recognized that efforts by mental health professionals to change a person’s sexual orientation are ineffective and pose serious risks to patients. Since at least the early 1970s, medical science has recognized that same-sex sexual orientation is a normal variant of human behavior and is no longer treated as a mental disorder or defect. In the words of the U.S. Supreme Court, “in more recent years . . . psychiatrists and others [have] recognized that sexual orientation is both a normal expression of human sexuality and immutable.” *Obergefell v. Hodges*, 576 U.S. \_\_\_, 135 S. Ct. 2584, 2596 (2015). State courts have imposed liability under state consumer fraud laws on actors, like Mr. Willey, who take money from consumers based on claims that they are able to change a person’s sexual orientation.

1           4.       Mr. Willey is a licensed marriage and family therapist who holds himself out as an  
2 expert in assisting patients who require assistance coping with trauma. Over the course of eight  
3 years of therapy sessions with Ms. McCobb, and as detailed further herein, Mr. Willey attempted to  
4 change her sexual orientation from lesbian to heterosexual and repeatedly and continuously  
5 defrauded Ms. McCobb by falsely informing her that her identity as a lesbian was pathological and  
6 could be changed through the counseling services he was providing to her.

7           5.       From 2006 to 2014, Mr. Willey charged Ms. McCobb in excess of \$70,000 for  
8 private and group therapy sessions in which he instructed Ms. McCobb that she could change her  
9 sexual orientation from lesbian to heterosexual, including by becoming more "feminine." Mr.  
10 Willey instructed Ms. McCobb to grow out her hair, wear make-up and lose weight, and also  
11 orchestrated a sexual relationship between Ms. McCobb and one of his male patients, all in an effort  
12 to change her sexual orientation.

13           6.       Mr. Willey knew or should have known that these misrepresentations about sexual  
14 orientation and about the efficacy of efforts to change a person's sexual orientation have been  
15 discredited and disapproved by the American Psychological Association and myriad other  
16 professional counseling organizations because they are false and because attempts to change sexual  
17 orientation are ineffective and pose serious risks to a patient's mental health. Despite the  
18 discrediting of these misrepresentations and efforts to change a person's sexual orientation by  
19 contemporary medical science and the express statements of medical and mental health  
20 organizations condemning them, including organizations of his peers, Mr. Willey falsely claimed  
21 that his therapy services would enable Ms. McCobb to change her sexual orientation.

22           7.       Ms. McCobb seeks injunctive relief, restitution, attorney's fees and costs, and other  
23 relief as provided by law for violations of the Consumers Legal Remedies Act, the Unfair  
24 Competition Law, fraud and breach of fiduciary duty.

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## JURISDICTION AND VENUE

8. This court has personal jurisdiction over Mr. Willey because he is a citizen of the State of California.

9. Venue is proper here because the alleged therapeutic services at issue were provided at Mr. Willey's residence in Alameda County, and the interactions between Ms. McCobb and Mr. Willey took place in Alameda County.

## THE PARTIES

10. Plaintiff Katherine M. McCobb is a resident of the state of Oregon.

11. Upon information and belief, Defendant Lloyd W. Willey, was and remains a resident of Alameda County in the state of California. Mr. Willey is a licensed marriage and family therapist.

## GENERAL ALLEGATIONS

**A. The Medical Community Has Discredited Attempts To Change A Person's Sexual Orientation And Rejects The Long-Outdated Hypothesis That Same-Sex Attractions Are Caused By A Mental Disorder, Trauma, Or Abuse.**

12. The medical community has soundly rejected the scientifically unsupported notion that being gay or lesbian is a mental illness or disorder that may be treated or cured through attempts to change a patient's sexual orientation. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth* (October 2015) available at <http://store.samhsa.gov/shin/content/SMA15-4928/SMA15-4928.pdf> (*hereinafter* "SAMHSA Report"). Efforts to change a person's sexual orientation from lesbian or gay to heterosexual, frequently referred to as conversion therapy or sexual orientation change efforts ("SOCE"), have been widely criticized by medical and mental health organizations as ineffective and harmful. *Id.* at 1. The California Association of Marriage and Family Therapists ("CAMFT") "opposes the use of psychological interventions to change any person's sexual orientation or gender identity." CAMFT Statement on Conversion Therapy (March 19, 2016), available at [http://www.camft.org/IAS/COS/About\\_CAMFT/Association\\_Docs/SOCE.aspx](http://www.camft.org/IAS/COS/About_CAMFT/Association_Docs/SOCE.aspx). Similarly, the American Association for Marriage and Family

1 Therapists (“AAMFT”) “does not consider homosexuality a disorder that requires treatment, and as  
2 such, [sees] no basis for such therapy.” AAMFT Social Policies, *available at*  
3 [http://www.aamft.org/iMIS15/AAMFT/Content/about\\_aamft/position\\_on\\_couples.aspx](http://www.aamft.org/iMIS15/AAMFT/Content/about_aamft/position_on_couples.aspx).

4 Recognizing that minors are particularly vulnerable to being harmed by these practices, California  
5 has enacted a law expressly protecting minors from attempts by licensed mental health professionals  
6 to change their sexual orientation. Cal. Bus. & Prof. Code §§ 865 *et seq.* (finding that “being  
7 lesbian, gay, or bisexual is not a disease, disorder, illness, deficiency, or shortcoming” and noting  
8 that “[t]he major professional associations of mental health practitioners and researchers in the  
9 United States have recognized this fact for nearly 40 years”). Attempts to change a person’s sexual  
10 orientation have also been held to be a fraudulent business practice under state consumer protection  
11 laws. *See, e.g., Ferguson v. JONAH*, No. HUDL547312, 2014 WL 2663322 (N.J.Super.L. June 6,  
12 2014).

13  
14 1. Sexual Orientation Change Efforts Originated In The Mid-19th Century In  
15 Reaction To The Now Discredited View That Same-Sex Attractions Are  
16 Pathological.

17 13. From around the mid-nineteenth century through the mid-twentieth century, many  
18 mental health professionals assumed, without any scientific proof, that homosexuality was caused  
19 by psychological immaturity or pathology, including sexual abuse. American Psychological  
20 Association, *Report of the American Psychological Association Task Force on Appropriate  
21 Therapeutic Responses to Sexual Orientation* (August 2009), *available at* [https://www.apa.org/  
22 pi/lgbt/resources/therapeutic-response.pdf](https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf) (*hereinafter* “2009 APA Report”) at 21. Based on that  
23 false hypothesis, many practitioners developed various “treatments” designed to “correct” or  
24 “repair” the damage done by these hypothetical pathogenic factors or to overcome patients’  
25 supposed “immaturity.” *Id.* Many approaches viewed being gay or lesbian as a disorder  
26 specifically related to gender roles and attempted to “cure” gay and lesbian patients by counseling  
27 them to conform to stereotypical gender roles and stereotypically gendered behavior – *i.e.*, by  
28 counseling lesbians to become more stereotypically “feminine,” and gay men to become more  
stereotypically “masculine.” *Id.* at 22. Behavior therapists tried aversion treatments, including

1 shaming patients. *Id.* Cognitive therapists attempted to change gay men and lesbians' thought  
2 patterns by reframing desires and redirecting thoughts, with the goal of changing sexual arousal,  
3 behavior and orientation. *Id.*

4 2. Medical Science Has Long Recognized That Being Lesbian Or Gay Is Not A  
5 Pathology That Can Be Corrected Or Cured.

6 14. In the latter half of the 20th century, research revealed that efforts to change a  
7 person's sexual orientation are misguided, harmful, and ineffective. Studies beginning in the 1950s  
8 cast doubt on then existing theories of sexuality, including by discrediting theories that family  
9 dynamics or trauma are factors in the development of sexual orientation. 2009 APA Report at 22-  
10 24. As early as the mid-1970s, the American Psychological Association and other professional  
11 organizations recognized that same-sex attractions are not a mental disorder. *Id.* at 11. By the  
12 1990s, this new scientifically-based recognition was shared by all mainstream health and mental  
13 health professions. *Id.* at 12. Medical science now uniformly recognizes that same-sex sexual  
14 orientation is "part of the normal spectrum of human diversity," and in no way constitutes a mental  
15 defect or pathology. SAMHSA Report at 1. The American Psychiatric Association removed the  
16 former diagnosis of "homosexuality" from the *Diagnostic and Statistical Manual of Mental*  
17 *Disorders* in 1973. The World Health Organization removed "homosexuality" from the  
18 *International Classification of Mental and Behavioral Disorders* in 1992. See World Health  
19 Organization, "Policy and Practice Update: Proposed declassification of disease categories related  
20 to sexual orientation in the International Statistical Classification of Diseases and Related Health  
21 Problems (ICD-11)," World Health Organization Bulletin, Vol. 92 (9 Sep. 2014), at 621-96,  
22 available at <http://www.who.int/bulletin/volumes/92/9/14-135541/en/>.

23 15. Many other medical and mental health professional organizations have issued formal  
24 reports and statements warning practitioners and patients that therapy intended to change a person's  
25 sexual orientation have no scientific basis, are ineffective, and pose serious risks of harm.

26 16. In 1996, the National Association of Social Workers issued a policy statement that:  
27 "Sexual orientation conversion therapies assume that homosexual orientation is both pathological  
28 and freely chosen. No data demonstrates that reparative or conversion therapies are effective, and,

1 in fact, they may be harmful.” National Association of Social Workers, “Lesbian, Gay, and  
2 Bisexual Issues Policy Statement” (approved 1996), *available at* [http://www.naswdc.org/diversity/  
3 lgb/reparative.asp](http://www.naswdc.org/diversity/lgb/reparative.asp). The Association recently updated this statement, citing additional studies that  
4 demonstrated that SOCE practices “negatively impact the mental health and self-esteem of the  
5 individual.” National Association of Social Workers, “Sexual Orientation Change Efforts (SOCE)  
6 and Conversion Therapy with Lesbians, Gay Men, Bisexuals, and Transgender Persons” (2015),  
7 *available at* [http://www.socialworkers.org/diversity/new/documents/HRIA\\_PRO\\_18315\\_SOCE\\_  
8 June\\_2015.pdf](http://www.socialworkers.org/diversity/new/documents/HRIA_PRO_18315_SOCE_June_2015.pdf).

9 17. In 1998, the American Counseling Association Governing Council issued a policy  
10 statement condemning “portrayals of lesbian, gay and bisexual individuals as mentally ill due to  
11 their sexual orientation,” and in 1999, issued a second policy statement condemning “the promotion  
12 of ‘reparative therapy’ as a ‘cure’ for individuals who are homosexual.” American Counseling  
13 Association, “Ethical Issues Related to Conversion or Reparative Therapy” (2013) (citing and  
14 quoting the 1998 and 1999 policy statements), *available at* [www.Counseling.org/news/updates/  
15 2013/01/16/Ethical-Issues-Related-to-Conversion-or-Reparative-Therapy](http://www.Counseling.org/news/updates/2013/01/16/Ethical-Issues-Related-to-Conversion-or-Reparative-Therapy).

16 18. In 2000, the American Psychoanalytic Association issued a policy cautioning that:  
17 “Psychoanalytic technique does not encompass purposeful efforts to ‘convert’ or ‘repair’ an  
18 individual’s sexual orientation. Such directed efforts are against fundamental principles of  
19 psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging  
20 internalized homophobic attitudes.” APA Report at 24 (citing and quoting the 2000 policy). The  
21 Psychoanalytic Association reaffirmed this position in a 2012 statement explaining “psychoanalytic  
22 technique does not encompass purposeful attempts to ‘convert,’ ‘repair,’ change or shift an  
23 individual’s sexual orientation, gender identity or gender expression. Such directed efforts are  
24 against fundamental principles of psychoanalytic treatment and often result in substantial  
25 psychological pain by reinforcing damaging internalized attitudes.” American Psychoanalytic  
26 Association, “Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or  
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1 Gender Expression” (2012), *available at* [http://www.apsa.org/content/2012-position-statement-](http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender)  
2 [attempts-change-sexual-orientation-gender-identity-or-gender](http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender).

3           19. In 2000, the American Psychiatric Association issued a policy statement warning  
4 that “ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in  
5 mind the medical dictum to first, do no harm. . . . The potential risks of ‘reparative therapy’ are  
6 great, including depression, anxiety and self-destructive behavior. . . . Therefore, the American  
7 Psychiatric Association opposes any psychiatric treatment such as ‘reparative’ or ‘conversion’  
8 therapy that is based on the assumption that homosexuality per se is a mental disorder or based on  
9 the a priori assumption that a patient should change his/her sexual homosexual orientation.”

10 American Psychiatric Association, Commission on Psychotherapy by Psychiatrists, “*Position*  
11 *Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or*  
12 *Conversion Therapies), Supplement,”* APA Official Actions (approved May 2000), *available at*  
13 [http://psychiatry.org/Organization-Documents-Policies/Policies/Position-2000-Therapies-Change-](http://psychiatry.org/Organization-Documents-Policies/Policies/Position-2000-Therapies-Change-Sexual-Orientation.pdf?_ga=1.101084102.6962423170.1483042091)  
14 [Sexual-Orientation.pdf?\\_ga=1.101084102.6962423170.1483042091](http://psychiatry.org/Organization-Documents-Policies/Policies/Position-2000-Therapies-Change-Sexual-Orientation.pdf?_ga=1.101084102.6962423170.1483042091).

15           20. In 2009, the American Psychological Association conducted an exhaustive review of  
16 the relevant academic literature and reaffirmed its 1997 conclusion that same-sex attractions are not  
17 a mental disorder. It found “no empirical studies or peer-reviewed research that supported theories  
18 attributing same-sex sexual orientation to family dysfunction or trauma.” 2009 APA Report at 54.  
19 Further, it found no evidence that sexual orientation change efforts are effective, and concluded  
20 instead, that they may cause serious harm, including by causing anxiety, suicidal ideation,  
21 depression, relationship dysfunction, substance abuse, and physical distress. *Id.* at 42.

22           21. More recently, in 2012, the Pan American Health Organization, an affiliate of the  
23 World Health Organization, issued a statement that: “These supposed conversion therapies  
24 constitute a violation of the ethical principles of health care and violate human rights that are  
25 protected by international and regional agreements.” Pan American Health Organization: Regional  
26 Office of the World Health Organization, “‘Cures’ for an Illness That Does Not Exist: Purported  
27 Therapies Aimed at Changing Sexual Orientation Lack Medical Justification and are Ethically  
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1 *Unacceptable*” (2012), available at [http://www.paho.org/hq/index.php?option=com\\_docman](http://www.paho.org/hq/index.php?option=com_docman)  
2 &task=doc\_view&gid=17703 &Itemid=270. It continued that reparative therapies “lack medical  
3 justification and represent a serious threat to the health and well-being of affected people.” *Id.*

4 22. Also, in 2015, the American Academy of Nursing issued a formal policy statement  
5 recognizing “that reparative therapies aimed at ‘curing’ or changing same-sex orientation to  
6 heterosexual orientation are pseudo- scientific, ineffective, unethical, abusive and harmful practices  
7 that pose serious threats to the dignity, autonomy and human rights as well as to the physical and  
8 mental health of individuals exposed to them.” American Academy of Nursing, *Position Statement*  
9 *on Reparative Therapy* (2015), available at <http://www.nursingoutlook.org/article/s0029->  
10 6554(15)00125-6/pdf.

11 23. In a report commissioned by the United States Department of Health and Human  
12 Services, the Substance Abuse and Mental Health Services Administration (“SAMHSA”) reviewed  
13 the scientific and clinical literature on the practice and impact of sexual orientation change efforts  
14 and summarized the scientific consensus that the practice is harmful to patients. It concluded that  
15 the overwhelming weight of scientific and clinical evidence shows that “[i]nterventions aimed at a  
16 fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at  
17 changing gender identity, gender expression, and sexual orientation are coercive, can be harmful,  
18 and should not be part of behavioral health treatment.” SAMHSA Report at 1.

19 24. Any licensed mental health professional should have been aware by no later than  
20 2000 of the scientific consensus that a person’s sexual orientation is not caused by abuse or trauma  
21 and that attempts to change, “correct,” or “cure” a patient’s sexual orientation have no scientific  
22 basis, are ineffective, and pose a risk of serious harm to patients.

23 3. California’s Association For Marriage And Family Therapists Recognizes  
24 That Sexual Orientation Is Not Determined By Trauma Or Abuse And That  
25 Attempts To Change A Person’s Sexual Orientation Are Unethical,  
Ineffective, And Dangerous.

26 25. The policy of the Board of the California Association of Marriage and Family  
27 Therapists (“CAMFT”) is that “it is unethical for clinicians to recommend or support treatments that  
28 seek to alter a person’s sexual orientation or mode of gender expression” and “[t]his ethical position

1 is consistent with the empirical research accepted by our profession, which holds that sexual  
2 orientation change efforts (SOCE) do not lead to effective, enduring or beneficial change.  
3 Moreover, much of the literature emphasizes the harm to clients that can result from such efforts.”  
4 See, e.g., CAMFT, “Statement on the Ethical Treatment of Sexual Orientation and Gender” (12 Jan.  
5 2011), available at [http://www.camft.org/IAS/CAMFT/About\\_CAMFT/Association\\_Docs/  
6 Governance/Board\\_adopts\\_recommendations\\_of\\_Ethic\\_Committee.aspx?WebsiteKey=8e6183d3-  
7 f25b-47e1-bcef-8e2b023c58ba](http://www.camft.org/IAS/CAMFT/About_CAMFT/Association_Docs/Governance/Board_adopts_recommendations_of_Ethic_Committee.aspx?WebsiteKey=8e6183d3-f25b-47e1-bcef-8e2b023c58ba); CAMFT, “Statement on Sexual Orientation Change Efforts  
8 (SOCE)” (September 20, 2014), available at <http://www.sfcamft.org/camft-soce-efforts.aspx>;  
9 CAMFT, “Statement on Conversion Therapy (SOCE)” (March 19, 2016), available at  
10 [http://www.camft.org/IAS/COS/About\\_CAMFT/ Association\\_Docs/SOCE.aspx](http://www.camft.org/IAS/COS/About_CAMFT/Association_Docs/SOCE.aspx).

11 4. Courts Have Recognized That Charging A Client Money For Counseling To  
12 Change That Person’s Sexual Orientation Is A Fraudulent Business Practice  
13 Under Consumer Protection Statutes.

14 26. Charging a client money for therapy that purports to be able to change a person’s  
15 sexual orientation is fraudulent. In 2012, a group of men who had been subjected to such therapy  
16 brought suit in New Jersey challenging the practice as unfair and fraudulent under the New Jersey  
17 Fraud Act. *Ferguson v. JONAH*, No. HUDL547312, 2014 WL 2663322 (N.J.Super.L. June 6,  
18 2014). Defendants ran a center called Jews Offering New Alternatives Healing (“JONAH”) that  
19 purported to provide “scientifically based” counseling that could change the sexual orientation of  
20 gay men. The plaintiffs alleged that these services were fraudulent and deceptive. In particular,  
21 they argued that the defendants had misrepresented to the plaintiffs that gay sexual orientation is a  
22 mental disorder and that this condition could be changed through participation in defendants’  
23 therapy program. At trial, the jury found in favor of the plaintiffs, and awarded them \$72,400 in  
24 damages to compensate them for the fees paid to defendants for fraudulent therapy services as well  
25 as attorneys’ fees and costs.

26 **B. Ms. McCobb’s Therapy With Defendant Willey.**

27 27. Ms. McCobb moved to San Francisco, California in or around October 2004.  
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1           28.     In or around 2006, a friend of Ms. McCobb's began attending therapy sessions with  
2 Mr. Willey. Ms. McCobb thought that she, too, might benefit from therapy to develop more self-  
3 confidence at work and in her personal life. She was not initially interested in being treated by Mr.  
4 Willey because his offices were in Berkeley and Ms. McCobb lived in San Francisco. She asked  
5 her friend to seek a recommendation from Mr. Willey for a therapist in San Francisco. Mr. Willey  
6 refused to provide a recommendation, stating that there was no other therapist "doing the kind of  
7 work" he was doing.

8           29.     In Ms. McCobb's first session with Mr. Willey, he concluded that Ms. McCobb had  
9 been sexually abused. Ms. McCobb later observed that Mr. Willey drew similar conclusions about  
10 other participants in the group who were gay. Mr. Willey told one member of the group therapy  
11 session that her desire to have relationships with women stemmed from past abuse and encouraged  
12 her to engage in sexual relationships with men. He made similar statements to a visitor to the  
13 group, declaring she had been abused upon hearing that she had relationships with women.

14           30.     Following this initial session, Mr. Willey pushed Ms. McCobb to "recover  
15 memories" of this purported past abuse. Through these sessions, Mr. Willey encouraged Ms.  
16 McCobb to construct a narrative in which she had been sexually abused, although Ms. McCobb had  
17 no specific memories of such abuse.

18           31.     Prior to entering into therapy with Mr. Willey, Ms. McCobb identified as a lesbian.  
19 She did not enter into therapy seeking counseling regarding her sexual orientation. It was, instead,  
20 Mr. Willey who raised the topic of her sexual orientation, interjecting it into Ms. McCobb's therapy.

21           32.     Mr. Willey used his position as Ms. McCobb's therapist to convince her that she  
22 should not identify as a lesbian, that her identification as a lesbian was pathological, and that she  
23 should instead identify as a heterosexual woman and become more "feminine." He encouraged her  
24 to lose weight, change her wardrobe and become "softer," "sexier," and "more feminine." He  
25 pressured her to stop having romantic feelings for women and counseled her that such feelings were  
26 unhealthy and pathological. Mr. Willey also held up other heterosexual female members of the  
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1 group as role models. Mr. Willey told Ms. McCobb that if only she tried hard enough, she could  
2 become “as womanly” and heterosexual as they were.

3 33. In these sessions, Mr. Willey explained that the goal of their counseling sessions, for  
4 which he charged Ms. McCobb money, was to “rewire” Ms. McCobb’s brain to understand that she  
5 was not a lesbian and that her attraction to women was pathological. Mr. Willey told Ms. McCobb  
6 that she was “biologically designed” to be heterosexual and to engage in heterosexual intercourse  
7 and that being heterosexual is the only “natural” identity. With no scientific basis for doing so, Mr.  
8 Willey claimed that same-sex attraction is an unnatural and pathological condition caused by  
9 trauma, stating: “All homosexuality is a trauma response.” Mr. Willey counseled Ms. McCobb that  
10 if she accepted his counseling and advice, she would be able to rid herself of her attraction to  
11 women and reveal her “true self” as a heterosexual woman, representing to Ms. McCobb that over  
12 time, the “neuropathways” that triggered her desire for women would “atrophy” and she would  
13 “stop wanting to be with women.”

14 34. Ms. McCobb relied on Mr. Willey’s representations and assumed that because he  
15 was a therapist, and based on his constant misrepresentations to her that his approach was  
16 scientifically based, he was providing her with truthful information about sexual orientation and  
17 about his ability to change her sexual orientation from lesbian to heterosexual. Based on his  
18 professional guidance and advice, she grew out her hair, wore make-up on occasion, and flirted with  
19 men. For Ms. McCobb, these changes were awkward and felt extremely unnatural. Because Mr.  
20 Willey convinced her that her same-sex attractions were pathological and had been caused by  
21 sexual abuse, she believed that the only way she could be psychologically healthy was to follow his  
22 advice and try to get rid of her romantic attraction to women and to become heterosexual.

23 35. A key component of the therapy provided by Mr. Willey was the “Circle of Friends,”  
24 which was Mr. Willey’s name for the group therapy sessions he administered. Nearly all of the  
25 participants in the Circle of Friends lived within walking distance of Mr. Willey’s office and  
26 attended group sessions at least once a week. Mr. Willey explained to his patients that each of them  
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1 was suffering from post-traumatic stress disorder and they needed to be in this small, close group of  
2 friends to heal.

3           36.       In group sessions, Mr. Willey instructed Ms. McCobb to share the “memories” she  
4 had purportedly recovered with other patients in the group. Each summer, the Circle of Friends  
5 would also go on a retreat together for a week. The retreats were an opportunity for Mr. Willey to  
6 push participants even harder than usual. Members of the group spent their days processing trauma  
7 “memories” and going to therapy sessions. Many individuals “recovered” new memories on these  
8 retreats.

9           37.       Despite routinely attending both individual and group sessions with Mr. Willey, in  
10 mid-2010 Ms. McCobb commenced a new relationship with a woman. That woman, referred to  
11 here as “Jane,” later became a patient of Mr. Willey’s and was a frequent participant in group  
12 therapy with the Circle of Friends.

13           38.       In a private session with Mr. Willey, Ms. McCobb described her first date with Jane.  
14 Mr. Willey criticized Ms. McCobb harshly for commencing a new same-sex relationship. He told  
15 her that she had made a “terrible decision” and that nothing good would come from her pursuit of  
16 relationships with women. Mr. Willey spent the remainder of the session telling Ms. McCobb that  
17 her attraction to Jane and decision to continue pursuing sexual relationships with women was the  
18 result of past sexual abuse and the consequent trauma.

19           39.       Mr. Willey opened the group session immediately following his meeting with Ms.  
20 McCobb by asking her to “tell everyone what you’ve been up to.” Ms. McCobb felt humiliated as  
21 she described her date with Jane. Members of the Circle of Friends, under the influence and at the  
22 direction of Mr. Willey, attempted to “relate,” meaning they acted as though they knew what it was  
23 like to give up or falter in the work of recovering from childhood abuse. Ms. McCobb was  
24 devastated because she knew that if Mr. Willey would not accept her in a same-sex relationship,  
25 then neither would her community of peers in the Circle of Friends.

26           40.       For a time, Ms. McCobb continued to see Jane. In private and group sessions, Mr.  
27 Willey counseled Ms. McCobb that the relationship was not genuine and that she was “prostituting  
28

1 [her]self to have [her] infantile needs met.” He told her that by dating Jane “all [Ms. McCobb is]  
2 doing is reenacting [her past] sexual abuse,” and that she was not a lesbian. Mr. Willey repeatedly  
3 warned Ms. McCobb that because her relationship with Jane was not genuine, it was a “dead end.”  
4 He encouraged her to focus on her feelings about her past trauma instead, and claimed that if she  
5 did so she would never want to have sex with a woman again.

6 41. As a result of Mr. Willey’s statements, Ms. McCobb was ashamed and emotionally  
7 paralyzed. Many members of the Circle of Friends, under Mr. Willey’s influence and at his  
8 direction, repeated and reinforced Mr. Willey’s advice. After months of pressure from Mr. Willey,  
9 Ms. McCobb and Jane ended their relationship.

10 42. Having convinced Ms. McCobb to end her relationship with Jane, in 2011, Mr.  
11 Willey began a campaign to encourage her to “take a man” and commence a heterosexual  
12 relationship. At first, he made this suggestion in the abstract, counseling Ms. McCobb that she  
13 should start a family and shed her “false self” by accepting that her sexual orientation is merely a  
14 trauma response and not reflective of her true desires.

15 43. By the middle of 2011, Mr. Willey became more specific, advising her to start a  
16 heterosexual relationship with another one of his patients, referred to here as “John.” He began to  
17 extol John’s virtues in private sessions, and in group therapy, Mr. Willey commented on how much  
18 love and attraction he sensed between them. In one such session, he instructed Ms. McCobb to  
19 touch John’s arm to “feel the love” between them. She complied and was relieved not to be shamed  
20 by Mr. Willey or the group.

21 44. After several months of urging by Mr. Willey, Ms. McCobb agreed to commence a  
22 relationship with John as “an experiment” and they began to cohabit. Although Ms. McCobb  
23 was uncomfortable with the relationship and did not feel any physical attraction for John, she forced  
24 herself to have sexual relations with him. In her private sessions with Mr. Willey, she told him she  
25 was not attracted at all to John and explained her difficulty engaging in a sexual relationship with  
26 him.

1           45. By the summer of 2012, Ms. McCobb had ended her relationship with John.  
2 Throughout 2012, 2013 and much of 2014, Ms. McCobb continued to see Mr. Willey for both  
3 individual and group counseling sessions. Ms. McCobb eventually began dating women again. Mr.  
4 Willey warned her that it was dangerous to pursue relationships with women. He cautioned her that  
5 if she tried to work through her past abuse on her own she would “fail.”

6           46. In the fall of 2014, Ms. McCobb graduated from college and moved to Portland,  
7 Oregon. In the spring of 2015, she began to see a new therapist. In individual sessions with the  
8 therapist, Ms. McCobb described her prior therapy with Mr. Willey. Upon hearing the descriptions  
9 of Mr. Willey’s counseling sessions, the therapist informed Ms. McCobb that Mr. Willey’s attempts  
10 to change her sexual orientation were unethical. This was when Ms. McCobb first began to  
11 consider the possibility that Mr. Willey’s attempts to change her sexual orientation were baseless  
12 and fraudulent.

13           47. Over her eight years in therapy with Mr. Willey, beginning when she was only 25  
14 years old, Mr. Willey never informed Ms. McCobb of the scientific consensus that being gay or  
15 lesbian is a normal variant of human sexuality, and that it is not the result of pathology, including  
16 trauma or abuse. He never informed Ms. McCobb that attempts to change a person’s sexual  
17 orientation – including altering gender role behavior, aversion and shame treatment, affection  
18 training, and changing thought patterns by reframing desires – are ineffective and dangerous. He  
19 never used the terms “conversion therapy,” “sexual orientation change efforts,” or “SOCE.”

20           48. Instead, Mr. Willey encouraged Ms. McCobb’s long-term dependence on therapy  
21 and, in particular, on him, his mode of therapy, and the community he had established. He  
22 encouraged Ms. McCobb, as with the other members of the Circle of Friends, to reside close to him.  
23 He encouraged frequent sessions. He dismissed other forms of therapy, questioning or  
24 independence, frequently asserting that he was uniquely qualified to provide the therapeutic care  
25 required by those within the Circle of Friends; and indeed that abandoning or questioning his  
26 therapy could result in serious negative consequences, including depression, anxiety and potentially  
27 suicide. In those instances in which Ms. McCobb (or others) strayed from his direction, he  
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1 chastised her (and them) and imposed social costs by creating and fostering an environment in  
2 which the rest of the community would reinforce his views.

3 49. The reasonable and intended effect was to ensure ongoing and substantial fees for his  
4 fraud. Ms. McCobb – who had never been treated by a therapist before Mr. Willey, who had no  
5 education or training in psychology or psychiatry, and who was not a member of any LGBTQ  
6 organizations – reasonably relied on his misrepresentations and did not know or suspect that his  
7 statements about her sexual orientation and her ability to change it were fraudulent.  
8

9 **CLAIMS FOR RELIEF**

10 **COUNT I**

11 **(Consumers Legal Remedies Act)**

12 50. The allegations in paragraphs 1 through 49 above are repeated and incorporated by  
13 reference herein.

14 51. Defendant Willey’s false representations that being lesbian is unnatural, pathological  
15 and caused by sexual abuse, and that Ms. McCobb could and should eliminate her attraction to  
16 women and change her sexual orientation from lesbian to heterosexual through the use of his  
17 psychotherapy services, constitute unfair and deceptive acts or practices in violation of the  
18 Consumers Legal Remedies Act. Cal. Civ. Code §§ 1770(a) & 1770(a)(5).

19 52. Mr. Willey had a duty to disclose that attempts to change sexual orientation are  
20 ineffective, unethical, and pose a risk of serious harm, and his failure to do so constitutes unfair and  
21 deceptive acts or practices in violation of the Consumers Legal Remedies Act. Cal. Civ. Code  
22 §§ 1770(a) & 1770(a)(5).

23 53. In making these false representations and omissions, Mr. Willey represented that his  
24 services had sponsorship, approval, characteristics, ingredients, uses, benefits, or quantities that they  
25 did not have. Cal. Civ. Code § 1770(a)(5).  
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1 services, constitute unlawful, unfair, and fraudulent business practices that violate the Unfair  
2 Competition Law. Cal. Bus. & Prof. Code §§ 17200 *et seq.*

3 63. Defendant had a duty to disclose that attempts to change sexual orientation are  
4 ineffective, unethical, and pose a risk of serious harm, and his failure to do so constitutes an  
5 unlawful, unfair, and fraudulent business practice that violates the Unfair Competition Law. Cal.  
6 Bus. & Prof. Code §§ 17200 *et seq.*

7 64. As alleged above, including at paragraphs 50-55, Defendant's false representations  
8 and omissions violate the Consumers Legal Remedies Act, Cal. Civ. Code §§ 1770(a) & 1770(a)(5).  
9 As alleged both here and below, including at paragraphs 56-63 and 68-80, Defendant's  
10 representations and omissions also constituted negligent and intentional misrepresentation and a  
11 breach of his fiduciary duty as a therapist. For each of these independent reasons, Defendant's  
12 conduct constitutes unlawful business practices that violate the Unfair Competition Law. Cal. Bus.  
13 & Prof. Code §§ 17200 *et seq.*

14 65. Defendant's false representations and omissions constitute unfair business practices  
15 that violate the Unfair Competition Law, Cal. Bus. & Prof. Code §§ 17200 *et seq.*, because, among  
16 other things, such practices both generally and under the circumstances alleged here violate the  
17 Consumers Legal Remedies Act and its legislatively declared policies, as well as that of other laws,  
18 and otherwise substantially threaten or harm consumers, including Ms. McCobb, without any  
19 offsetting utility, benefit, or justification. Given her lack of expertise and her trust in Mr. Willey,  
20 Ms. McCobb could not have avoided these practices.

21 66. Defendant's false representations and omissions would be likely to mislead a  
22 member of the general public, and therefore constitute fraudulent business practices that violate the  
23 Unfair Competition Law. Cal. Bus. & Prof. Code §§ 17200 *et seq.*

24 67. As a result of Defendant's unlawful, unfair, and fraudulent business practices, Ms.  
25 McCobb paid in excess of \$70,000 for individual and group therapy sessions, and therefore has  
26 suffered injury in fact and lost money or property as a result of such practices.  
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**COUNT III**

**(Intentional Misrepresentation)**

68. The allegations in paragraphs 1 through 67 above are repeated and incorporated by reference herein.

69. Defendant Willey held himself out as a licensed marriage and family therapist who specialized in therapy for individuals coping with trauma and repeatedly assured Ms. McCobb that his treatments for changing sexual orientation were effective and scientifically based.

70. In therapy sessions with Ms. McCobb, Defendant misrepresented to her that being lesbian is unnatural, pathological and caused by sexual abuse, and that Ms. McCobb could and should eliminate her attraction to women and change her sexual orientation from lesbian to heterosexual through the use of his psychotherapy services.

71. As a licensed therapist, Defendant knew that attempts to change sexual orientation are ineffective, unethical, and pose a risk of serious harm, and therefore knew these misrepresentations to be false.

72. In making these statements, Defendant intended to induce Ms. McCobb to rely on the facts misrepresented.

73. Ms. McCobb reasonably relied on Defendant's representations, including because he was, and held himself out to be, a licensed therapist and repeatedly assured her that his treatments for changing sexual orientation were effective and scientifically based.

74. Defendant's misrepresentations were malicious and oppressive.

75. As a result of these misrepresentations, Ms. McCobb suffered damages including payment to Defendant of more than \$70,000 for therapy services.

**COUNT IV**

**(Breach of Fiduciary Duty)**

76. The allegations in paragraphs 1 through 75 above are repeated and incorporated by reference herein.

77. As her therapist, Defendant Willey owed a fiduciary duty to Ms. McCobb.



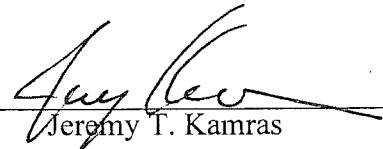
**JURY DEMAND**

81. Plaintiff demands trial by jury for all triable issues in this Complaint.

July 13, 2017

ARNOLD & PORTER KAYE SCHOLER LLP  
JEREMY T. KAMRAS  
AMY V. ENDICOTT

By: \_\_\_\_\_



Jeremy T. Kamras

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# EXHIBIT A

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12  
13 *Attorneys for Plaintiff*  
KATHERINE M. McCOBB

14  
15 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
16 **FOR THE COUNTY OF ALAMEDA**

17 KATHERINE M. McCOBB

18 Plaintiff

19 vs.

20 LLOYD W. WILLEY

21 Defendant  
22

Case No.

VENUE DECLARATION OF PLAINTIFF  
KATHERINE M. McCOBB PURSUANT TO  
CONSUMERS LEGAL REMEDIES ACT OF  
CALIFORNIA, CAL. CIVIL CODE §1780(d)

23 I, Katherine M. McCobb, declare:

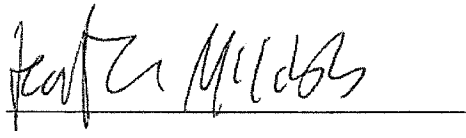
24 1. I am the plaintiff in the above-captioned matter, and provide this declaration  
25 pursuant to the Consumers Legal Remedies Act of California, Cal. Civil Code §1780(d). The facts  
26 contained in this declaration are based on my personal knowledge, and if called upon to do so, I  
27 could and would testify competently thereto.  
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2. Beginning shortly after I commenced the therapy at issue in the above-captioned matter, and until the completion of that therapy, I became and remained a resident of Alameda County, California.

3. The therapy administered by the defendant in the above-captioned matter was primarily provided at his residence at 1385 Neilson Street, Berkeley, California 94702, in Alameda County, California. That was the location of defendant's principal place of business, and also where all payments for the therapy were directed or provided.

I declare under penalty of perjury under the laws of the States of California and Oregon that the foregoing is true and correct. Executed on this 10<sup>th</sup> day of July, 2017 in Portland, Oregon.



Katherine M. McCobb