

1

ORDINANCE NO. 2017-046

AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, ESTABLISHING THE "PROHIBITION OF CONVERSION THERAPY ON MINORS ORDINANCE"; PROVIDING FOR INTENT; PROVIDING FOR A TITLE; PROVIDING FOR APPLICABILITY; PROVIDING FOR DEFINITIONS; PROVIDING FOR VIOLATIONS; PROVIDING FOR PENALTIES; PROVIDING FOR ENFORCEMENT; PROVIDING FOR REPEAL OF LAWS IN CONFLICT; PROVIDING FOR SEVERABILITY; PROVIDING FOR INCLUSION IN THE CODE OF LAWS AND ORDINANCES; PROVIDING FOR CAPTIONS; AND PROVIDING FOR AN EFFECTIVE DATE.

1 WHEREAS, as recognized by major professional associations of mental health  
2 practitioners and researchers in the United States and elsewhere for nearly 40 years, being  
3 lesbian, gay, bisexual, transgender or gender nonconforming, or questioning (LGBT or  
4 LGBTQ) is not a mental disease, disorder, illness, deficiency or shortcoming; and

5 WHEREAS, the American Academy of Pediatrics in 1993 published an article in its  
6 Journal, Pediatrics, stating: "Therapy directed at specifically changing sexual orientation is  
7 contraindicated, since it can provoke guilt and anxiety while having little or no potential for  
8 achieving changes in orientation;" and

9 WHEREAS, the American Psychiatric Association in December 1998 published its  
10 opposition to any psychiatric treatment, including reparative or conversion therapy, which  
11 therapy regime is based on the assumption that homosexuality is a mental disorder per se or  
12 that a patient should change his or her homosexual orientation; and

13 ~~WHEREAS, the American Psychological Association's Task Force on Appropriate~~  
14 ~~Therapeutic Responses to Sexual Orientation conducted a systematic review of peer-reviewed~~  
15 ~~journal literature on Sexual Orientation Change Efforts ("SOCE") and issued its report in 2009,~~  
16 ~~citing research that SOCE can pose critical health risks to lesbian, gay, and bisexual people,~~  
17 ~~including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal,~~  
18 ~~suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and~~  
19 ~~authenticity to others, increased self-hatred, hostility and blame towards parents, feelings of~~  
20 ~~anger and betrayal, loss of friends and potential romantic partners, problems in sexual and~~  
21 ~~emotional intimacy, sexual dysfunction, high risk sexual behaviors, a feeling of being~~  
22 ~~dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and~~  
23 ~~resources; and~~

1           **WHEREAS**, The American Psychological Association in 2009 issued a resolution on  
2   Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts,  
3   advising parents, guardians, young people, and their families “to avoid sexual orientation  
4   change efforts that portray homosexuality as a mental illness or developmental disorder and to  
5   seek psychotherapy, social support, and educational services that provide accurate information  
6   on sexual orientation and sexuality, increase family and school support, and reduce rejection of  
7   sexual minority youth”; and

8           **WHEREAS**, The American Psychoanalytic Association in June 2012 issued a position  
9   statement on conversion therapy efforts, articulating that “As with any societal prejudice, bias  
10   against individuals based on actual or perceived sexual orientation, gender identity or gender  
11   expression negatively affects mental health, contributing to an enduring sense of stigma and  
12   pervasive self-criticism through the internalization of such prejudice” and that psychoanalytic  
13   technique “does not encompass purposeful attempt to ‘convert,’ ‘repair,’ change or shift an  
14   individual’s sexual orientation, gender identity or gender expression,” such efforts being  
15   inapposite to “fundamental principles of psychoanalytic treatment and often result in  
16   substantial psychological pain by reinforcing damaging internalized attitudes”; and

17          **WHEREAS**, the American Academy of Child & Adolescent Psychiatry in 2012  
18   published an article in its Journal, Journal of the American Academy of Child and Adolescent  
19   Psychiatry, stating that “[c]linicians should be aware that there is no evidence that sexual  
20   orientation can be altered through therapy and that attempts to do so may be harmful. There is  
21   no empirical evidence adult homosexuality can be prevented if gender nonconforming children  
22   are influenced to be more gender conforming. Indeed, there is no medically valid basis for  
23   attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may  
24   encourage family rejection and undermine self-esteem, connectedness and caring, important  
25   protective factors against suicidal ideation and attempts. Given that there is no evidence that  
26   efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that  
27   they carry the risk of significant harm, such interventions are contraindicated”; and

28          **WHEREAS**, the Pan American Health Organization, a regional office of the World  
29   Health Organization, issued a statement in 2012 stating: “These supposed conversion therapies  
30   constitute a violation of the ethical principles of health care and violate human rights that are  
31   protected by international and regional agreements.” The organization also noted that

1 reparative therapies “lack medical justification and represent a serious threat to the health and  
2 well-being of affected people;” and

3       **WHEREAS**, in 2014 the American School Counselor Association issued a position  
4 statement that states: “It is not the role of the professional school counselor to attempt to  
5 change a student’s sexual orientation or gender identity. Professional school counselors do not  
6 support efforts by licensed mental health professionals to change a student’s sexual orientation  
7 or gender as these practices have been proven ineffective and harmful”; and

8       **WHEREAS**, a 2015 report of the Substance Abuse and Mental Health Services  
9 Administration, a division of the U.S. Department of Health and Human Services, “Ending  
10 Conversion Therapy: Supporting and Affirming LGBTQ Youth” further reiterates based on  
11 scientific literature that conversion therapy efforts to change an individual’s sexual orientation,  
12 gender identity, or gender expression, is a practice not supported by credible evidence and has  
13 been disavowed by behavioral health experts and associations; perpetuates outdated views of  
14 gender roles and identities, and negative stereotypes; and may put young people at risk of  
15 serious harm. The report recognizes that same-gender sexual orientation (including identity,  
16 behavior, and attraction) is part of the normal spectrum of human diversity and does not  
17 constitute a “mental disorder; and

18       **WHEREAS**, the American College of Physicians wrote a position paper in 2015  
19 opposing the use of “conversion,” “reorientation,” or “reparative” therapy for the treatment of  
20 LGBT persons, stating that “[a]vailable research does not support the use of reparative therapy  
21 as an effective method in the treatment of LGBT persons. Evidence shows that the practice  
22 may actually cause emotional or physical harm to LGBT individuals, particularly adolescents  
23 or young persons”; and

24       **WHEREAS**, two federal appeals courts found that a prohibition of SOCE does not  
25 violate first amendment rights and noted that the subject laws only required mental health  
26 providers who wish to engage in practices that seek to change a minor’s sexual orientation  
27 either to wait until the minor turns 18 or be subject to professional discipline, leaving mental  
28 health providers free to discuss or recommend treatment and to express their views on any  
29 topic; and

30       **WHEREAS**, Palm Beach County does not intend to prevent mental health providers  
31 from speaking to the public about SOCE; expressing their views to patients; recommending  
32 SOCE to patients; administering SOCE to any person who is 18 years of age or older; or

1 referring minors to unlicensed counselors, such as religious leaders. This Ordinance does not  
2 prevent unlicensed providers, such as religious leaders, from administering SOCE to children  
3 or adults; nor does it prevent minors from seeking SOCE from mental health providers in other  
4 political subdivisions outside of Palm Beach County, Florida; and

5       **WHEREAS**, Palm Beach County has a compelling interest in protecting the physical  
6 and psychological well-being of minors, including but not limited to lesbian, gay, bisexual,  
7 transgender and questioning youth, and in protecting its minors against exposure to serious  
8 harms caused by sexual orientation and gender identity change efforts; and

9       **WHEREAS**, the Palm Beach County Board of County Commissioners hereby finds the  
10 overwhelming research demonstrating that sexual orientation and gender identity change efforts  
11 can pose critical health risks to lesbian, gay, bisexual, transgender or questioning persons, and  
12 that being lesbian, gay, bisexual, transgender or questioning is not a mental disease, mental  
13 disorder, mental illness, deficiency, or shortcoming; and

14       **WHEREAS**, the Palm Beach County Board of County Commissioners finds minors  
15 receiving treatment from licensed therapists in Palm Beach County who may be subject to  
16 conversion or reparative therapy are not effectively protected by other means, including, but  
17 not limited to, other state statutes, local ordinances, or federal legislation; and

18       **WHEREAS**, the Palm Beach County Board of County Commissioners desires to  
19 prohibit, within the geographic boundaries of Palm Beach County, the practice of sexual  
20 orientation or gender identity change efforts on minors by licensed therapists only, including  
21 reparative and/or conversion therapy, that have been demonstrated to be harmful to the physical  
22 and psychological well-being of lesbian, gay, bisexual, transgender and questioning persons.

23       **NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY**  
24 **COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA**, that:

25       **SECTION 1. INTENT:**

26       The intent of this Ordinance is to protect the physical and psychological well-being of  
27 minors, including but not limited to lesbian, gay, bisexual, transgender and/or questioning  
28 youth, from exposure to the serious harms and risks caused by conversion therapy or reparative  
29 therapy by licensed providers, including but not limited to licensed therapists and the  
30 unlicensed individuals who perform counseling as part of professional training to become a  
31 licensed provider. This Ordinance is an exercise of the County's police power for the benefit



1 of the public health, safety, and welfare; and its sections are to be liberally construed to  
2 accomplish that purpose.

3 **SECTION 2. TITLE:**

4 This Ordinance shall be titled "Prohibition of Conversion Therapy on Minors  
5 Ordinance."

6 **SECTION 3. APPLICABILITY:**

7 This Ordinance shall be applicable within the unincorporated areas of Palm Beach  
8 County, and in all municipalities that have not adopted an ordinance in conflict. Unless  
9 otherwise provided, nothing in this Ordinance shall be construed to relieve any person from  
10 compliance with any applicable county or municipal regulations.

11 **SECTION 4. DEFINITIONS:**

12 As used in this Ordinance, unless some other meaning is plainly intended:

13 *Conversion Therapy* means ~~the any counseling practices or treatments that~~ of seeking  
14 to change an individual's sexual orientation or gender identity, including but not limited to  
15 efforts to change behaviors, gender identity, or gender expressions or to eliminate or reduce  
16 sexual or romantic attractions or feelings toward individuals of the same gender or sex.  
17 Conversion therapy does not include counseling that provides support and assistance to a  
18 person undergoing gender transition, or counseling that: provides acceptance, support, and  
19 understanding of a person or facilitates a person's coping, social support, and identity  
20 exploration and development, including sexual-orientation-neutral interventions to prevent or  
21 address unlawful conduct or unsafe sexual practices; and, as long as such counseling does not  
22 seek to change an individual's sexual orientation or gender identity.

23 *Minor* means any person less than eighteen (18) years of age.

24 *Provider* means any person who is licensed by the State of Florida to perform  
25 counseling pursuant to Chapters 456, 458, 459, 490 or 491 of the Florida Statutes as such  
26 chapters may be amended, including but not limited to medical practitioners, osteopathic  
27 practitioners, psychologists, psychotherapists, social workers, marriage and family therapists,  
28 and licensed counselors, or a person who performs counseling as part of the person's  
29 professional training for any of these professions. A provider does not include members of the  
30 clergy who are acting in their roles as clergy or pastoral counselors and providing religious  
31 counseling to congregants, as long as they do not hold themselves out as operating pursuant to  
32 any of the aforementioned Florida Statutes licensures.

1    **SECTION 5. VIOLATIONS:**

2           It shall be unlawful for any Provider to engage in conversion therapy on any minor  
3    regardless of whether the Provider receives monetary compensation in exchange for such  
4    services.

5    **SECTION 6. PENALTIES:**

6           Pursuant to section 125.69, Florida Statutes, a violation of this ordinance shall be  
7    prosecuted in the same manner as misdemeanors are prosecuted. A violation of any provision  
8    of this Ordinance shall be punished by a fine of \$250.00 for the first violation and \$500.00 for  
9    each repeat violation.

10   **SECTION 7. ENFORCEMENT**

11           In addition to the penalties set forth in Section 6 of this Ordinance, pursuant to section  
12    125.69(4), Florida Statutes, this Ordinance is enforceable by the County's Code Enforcement  
13    Officers and by all means provided by law. Additionally, Palm Beach County may choose to  
14    enforce this Ordinance by seeking injunctive relief in the Circuit Court of Palm Beach County.

15   **SECTION 8. REPEAL OF LAWS IN CONFLICT:**

16           All local laws and ordinances in conflict with any provision of this Ordinance are  
17    hereby repealed to the extent of such conflict.

18   **SECTION 9. SEVERABILITY:**

19           If any section, paragraph, sentence, clause, phrase, or word of this Ordinance is for any  
20    reason held by a Court of competent jurisdiction to be unconstitutional, inoperative, or void,  
21    such holding shall not affect the remainder of this Ordinance.

22   **SECTION 10. INCLUSION IN THE CODE OF LAWS AND ORDINANCES:**

23           The provisions of this Ordinance shall become and be made a part of the Palm Beach  
24    County Code. The sections of this Ordinance may be renumbered or relettered to accomplish  
25    such, and the word ordinance may be changed to section, article, or other appropriate word.

26   **SECTION 11. CAPTIONS:**

27           The captions, section headings, and section designations used in this Ordinance are for  
28    convenience only and shall have no effect on the interpretation of the provisions of this  
29    Ordinance.

30   **SECTION 12. EFFECTIVE DATE:**

31           The provisions of this Ordinance shall become effective upon filing with the  
32    Department of State.

1           APPROVED and ADOPTED by the Board of County Commissioners of Palm Beach  
2 County, Florida, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

3  
4       **SHARON R. BOCK, CLERK**                               **PALM BEACH COUNTY, FLORIDA, BY ITS**  
5   **BOARD OF COUNTY COMMISSIONERS**  
6

7       By: \_\_\_\_\_   By: \_\_\_\_\_  
8               Deputy Clerk   Mayor  
9

10       **APPROVED AS TO FORM AND**  
11       **LEGAL SUFFICIENCY**  
12

13       By: \_\_\_\_\_  
14               County Attorney  
15

16               **EFFECTIVE DATE:** Filed with the Department of State on the \_\_\_\_ day of  
17 \_\_\_\_\_, 20\_\_.

1

ORDINANCE NO. 20 \_\_\_\_\_

AN ORDINANCE OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, ESTABLISHING THE "PROHIBITION OF CONVERSION THERAPY ON MINORS ORDINANCE"; PROVIDING FOR INTENT; PROVIDING FOR A TITLE; PROVIDING FOR APPLICABILITY; PROVIDING FOR DEFINITIONS; PROVIDING FOR VIOLATIONS; PROVIDING FOR PENALTIES; PROVIDING FOR ENFORCEMENT; PROVIDING FOR REPEAL OF LAWS IN CONFLICT; PROVIDING FOR SEVERABILITY; PROVIDING FOR INCLUSION IN THE CODE OF LAWS AND ORDINANCES; PROVIDING FOR CAPTIONS; AND PROVIDING FOR AN EFFECTIVE DATE.

1       **WHEREAS**, as recognized by major professional associations of mental health  
2 practitioners and researchers in the United States and elsewhere for nearly 40 years, being  
3 lesbian, gay, bisexual, transgender or gender nonconforming, or questioning (LGBT or  
4 LGBTQ) is not a mental disease, disorder, illness, deficiency or shortcoming; and

5       **WHEREAS**, the American Academy of Pediatrics in 1993 published an article in its  
6 Journal, Pediatrics, stating: "Therapy directed at specifically changing sexual orientation is  
7 contraindicated, since it can provoke guilt and anxiety while having little or no potential for  
8 achieving changes in orientation;" and

9       **WHEREAS**, the American Psychiatric Association in December 1998 published its  
10 opposition to any psychiatric treatment, including reparative or conversion therapy, which  
11 therapy regime is based on the assumption that homosexuality is a mental disorder per se or  
12 that a patient should change his or her homosexual orientation; and

13       **WHEREAS**, The American Psychological Association in 2009 issued a resolution on  
14 Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts,  
15 advising parents, guardians, young people, and their families "to avoid sexual orientation  
16 change efforts that portray homosexuality as a mental illness or developmental disorder and to  
17 seek psychotherapy, social support, and educational services that provide accurate information  
18 on sexual orientation and sexuality, increase family and school support, and reduce rejection of  
19 sexual minority youth"; and

20       **WHEREAS**, The American Psychoanalytic Association in June 2012 issued a position  
21 statement on conversion therapy efforts, articulating that "As with any societal prejudice, bias  
22 against individuals based on actual or perceived sexual orientation, gender identity or gender  
23 expression negatively affects mental health, contributing to an enduring sense of stigma and



pervasive self-criticism through the internalization of such prejudice” and that psychoanalytic technique “does not encompass purposeful attempt to ‘convert,’ ‘repair,’ change or shift an individual’s sexual orientation, gender identity or gender expression,” such efforts being inapposite to “fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes”; and

**WHEREAS**, the American Academy of Child & Adolescent Psychiatry in 2012 published an article in its Journal, Journal of the American Academy of Child and Adolescent Psychiatry, stating that “[c]linicians should be aware that there is no evidence that sexual orientation can be altered through therapy and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated”; and

**WHEREAS**, the Pan American Health Organization, a regional office of the World Health Organization, issued a statement in 2012 stating: “These supposed conversion therapies constitute a violation of the ethical principles of health care and violate human rights that are protected by international and regional agreements.” The organization also noted that reparative therapies “lack medical justification and represent a serious threat to the health and well-being of affected people;” and

**WHEREAS**, in 2014 the American School Counselor Association issued a position statement that states: “It is not the role of the professional school counselor to attempt to change a student’s sexual orientation or gender identity. Professional school counselors do not support efforts by licensed mental health professionals to change a student’s sexual orientation or gender as these practices have been proven ineffective and harmful”; and

**WHEREAS**, a 2015 report of the Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services, “Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth” further reiterates based on scientific literature that conversion therapy efforts to change an individual’s sexual orientation, gender identity, or gender expression, is a practice not supported by credible evidence and has

1 been disavowed by behavioral health experts and associations; perpetuates outdated views of  
2 gender roles and identities, and negative stereotypes; and may put young people at risk of  
3 serious harm. The report recognizes that same-gender sexual orientation (including identity,  
4 behavior, and attraction) is part of the normal spectrum of human diversity and does not  
5 constitute a “mental disorder; and

6 **WHEREAS**, the American College of Physicians wrote a position paper in 2015  
7 opposing the use of “conversion,” “reorientation,” or “reparative” therapy for the treatment of  
8 LGBT persons, stating that “[a]vailable research does not support the use of reparative therapy  
9 as an effective method in the treatment of LGBT persons. Evidence shows that the practice  
10 may actually cause emotional or physical harm to LGBT individuals, particularly adolescents  
11 or young persons”; and

12 **WHEREAS**, two federal appeals courts found that a prohibition of Sexual Orientation  
13 Change Efforts (SOCE) does not violate first amendment rights and noted that the subject laws  
14 only required mental health providers who wish to engage in practices that seek to change a  
15 minor’s sexual orientation either to wait until the minor turns 18 or be subject to professional  
16 discipline, leaving mental health providers free to discuss or recommend treatment and to  
17 express their views on any topic; and

18 **WHEREAS**, Palm Beach County does not intend to prevent mental health providers  
19 from speaking to the public about SOCE; expressing their views to patients; recommending  
20 SOCE to patients; administering SOCE to any person who is 18 years of age or older; or  
21 referring minors to unlicensed counselors, such as religious leaders. This Ordinance does not  
22 prevent unlicensed providers, such as religious leaders, from administering SOCE to children  
23 or adults; nor does it prevent minors from seeking SOCE from mental health providers in other  
24 political subdivisions outside of Palm Beach County, Florida; and

25 **WHEREAS**, Palm Beach County has a compelling interest in protecting the physical  
26 and psychological well-being of minors, including but not limited to lesbian, gay, bisexual,  
27 transgender and questioning youth, and in protecting its minors against exposure to serious  
28 harms caused by sexual orientation and gender identity change efforts; and

29 **WHEREAS**, the Palm Beach County Board of County Commissioners hereby finds the  
30 overwhelming research demonstrating that sexual orientation and gender identity change efforts  
31 can pose critical health risks to lesbian, gay, bisexual, transgender or questioning persons, and

1 that being lesbian, gay, bisexual, transgender or questioning is not a mental disease, mental  
2 disorder, mental illness, deficiency, or shortcoming; and

3 **WHEREAS**, the Palm Beach County Board of County Commissioners finds minors  
4 receiving treatment from licensed therapists in Palm Beach County who may be subject to  
5 conversion or reparative therapy are not effectively protected by other means, including, but  
6 not limited to, other state statutes, local ordinances, or federal legislation; and

7 **WHEREAS**, the Palm Beach County Board of County Commissioners desires to  
8 prohibit, within the geographic boundaries of Palm Beach County, the practice of sexual  
9 orientation or gender identity change efforts on minors by licensed therapists only, including  
10 reparative and/or conversion therapy, that have been demonstrated to be harmful to the physical  
11 and psychological well-being of lesbian, gay, bisexual, transgender and questioning persons.

12 **NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY**  
13 **COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:**

14 **SECTION 1. INTENT:**

15 The intent of this Ordinance is to protect the physical and psychological well-being of  
16 minors, including but not limited to lesbian, gay, bisexual, transgender and/or questioning  
17 youth, from exposure to the serious harms and risks caused by conversion therapy or reparative  
18 therapy by licensed providers, including but not limited to licensed therapists and the  
19 unlicensed individuals who perform counseling as part of professional training to become a  
20 licensed provider. This Ordinance is an exercise of the County's police power for the benefit  
21 of the public health, safety, and welfare; and its sections are to be liberally construed to  
22 accomplish that purpose.

23 **SECTION 2. TITLE:**

24 This Ordinance shall be titled "Prohibition of Conversion Therapy on Minors  
25 Ordinance."

26 **SECTION 3. APPLICABILITY:**

27 This Ordinance shall be applicable within the unincorporated areas of Palm Beach  
28 County, and in all municipalities that have not adopted an ordinance in conflict. Unless  
29 otherwise provided, nothing in this Ordinance shall be construed to relieve any person from  
30 compliance with any applicable county or municipal regulations.

31 **SECTION 4. DEFINITIONS:**

32 As used in this Ordinance, unless some other meaning is plainly intended:

1        *Conversion Therapy* means the practice of seeking to change an individual's sexual  
2 orientation or gender identity, including but not limited to efforts to change behaviors, gender  
3 identity, or gender expressions or to eliminate or reduce sexual or romantic attractions or  
4 feelings toward individuals of the same gender or sex. Conversion therapy does not include  
5 counseling that provides support and assistance to a person undergoing gender transition, or  
6 counseling that: provides acceptance, support, and understanding of a person or facilitates a  
7 person's coping, social support, and identity exploration and development, including sexual-  
8 orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual  
9 practices; and does not seek to change an individual's sexual orientation or gender identity.

10        *Minor* means any person less than eighteen (18) years of age.

11        *Provider* means any person who is licensed by the State of Florida to perform  
12 counseling pursuant to Chapters 456, 458, 459, 490 or 491 of the Florida Statutes as such  
13 chapters may be amended, including but not limited to medical practitioners, osteopathic  
14 practitioners, psychologists, psychotherapists, social workers, marriage and family therapists,  
15 and licensed counselors, or a person who performs counseling as part of the person's  
16 professional training for any of these professions. A provider does not include members of the  
17 clergy who are acting in their roles as clergy or pastoral counselors and providing religious  
18 counseling to congregants, as long as they do not hold themselves out as operating pursuant to  
19 any of the aforementioned Florida Statutes licensures.

20        **SECTION 5. VIOLATIONS:**

21        It shall be unlawful for any Provider to engage in conversion therapy on any minor  
22 regardless of whether the Provider receives monetary compensation in exchange for such  
23 services.

24        **SECTION 6. PENALTIES:**

25        Pursuant to section 125.69, Florida Statutes, a violation of this ordinance shall be  
26 prosecuted in the same manner as misdemeanors are prosecuted. A violation of any provision  
27 of this Ordinance shall be punished by a fine of \$250.00 for the first violation and \$500.00 for  
28 each repeat violation.

29        **SECTION 7. ENFORCEMENT**

30        In addition to the penalties set forth in Section 6 of this Ordinance, pursuant to section  
31 125.69(4), Florida Statutes, this Ordinance is enforceable by the County's Code Enforcement



1 Officers and by all means provided by law. Additionally, Palm Beach County may choose to  
2 enforce this Ordinance by seeking injunctive relief in the Circuit Court of Palm Beach County.

3 **SECTION 8. REPEAL OF LAWS IN CONFLICT:**

4 All local laws and ordinances in conflict with any provision of this Ordinance are  
5 hereby repealed to the extent of such conflict.

6 **SECTION 9. SEVERABILITY:**

7 If any section, paragraph, sentence, clause, phrase, or word of this Ordinance is for any  
8 reason held by a Court of competent jurisdiction to be unconstitutional, inoperative, or void,  
9 such holding shall not affect the remainder of this Ordinance.

10 **SECTION 10. INCLUSION IN THE CODE OF LAWS AND ORDINANCES:**

11 The provisions of this Ordinance shall become and be made a part of the Palm Beach  
12 County Code. The sections of this Ordinance may be renumbered or relettered to accomplish  
13 such, and the word ordinance may be changed to section, article, or other appropriate word.

14 **SECTION 11. CAPTIONS:**

15 The captions, section headings, and section designations used in this Ordinance are for  
16 convenience only and shall have no effect on the interpretation of the provisions of this  
17 Ordinance.

18 **SECTION 12. EFFECTIVE DATE:**

19 The provisions of this Ordinance shall become effective upon filing with the  
20 Department of State.

21

1 APPROVED and ADOPTED by the Board of County Commissioners of Palm Beach  
2 County, Florida, on this the 19th day of December, 2017.

3  
4 SHARON R. BOCK, CLERK PALM BEACH COUNTY, FLORIDA, BY ITS  
5  
6 By: [Signature] Deputy Clerk  
7  
8 By: [Signature] Mayor  
9 Melissa McKinlay

10 APPROVED AS TO FORM AND  
11 LEGAL SUFFICIENCY  
12  
13 By: [Signature]  
14 County Attorney  
15

16 EFFECTIVE DATE: Filed with the Department of State on the 21st day of  
17 December, 2017.

STATE OF FLORIDA, COUNTY OF PALM BEACH  
I, SHARON R. BOCK, Clerk and Comptroller  
certify this to be a true and correct copy of the original  
filed in my office on December 19, 2017  
dated at West Palm Beach, Florida  
By: [Signature] Deputy Clerk  
7-13-18

Defendant County of Palm Beach

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
WEST PALM BEACH DIVISION

CASE NO. 9:18-CV-80771-RLR

ROBERT W. OTTO, PH.D., LMFT,  
individually, and on behalf of his patients,  
JULIE H. HAMILTON, PH.D., LMFT,  
individually, and on behalf of her patients,

Plaintiffs,

vs.

CITY OF BOCA RATON, FLORIDA and  
COUNTY OF PALM BEACH, FLORIDA,

Defendants.

\_\_\_\_\_ /

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TRANSCRIBED RECORDING OF  
PALM BEACH COUNTY COMMISSIONERS MEETING  
AGENDA ITEM 4.A.1

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DATE: DECEMBER 5, 2017

TIME: 11:02 - 1:51:15

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

2 Mayor Melissa McKinlay

3 Vice Mayor Mack Bernard

4 Commissioner Steven L. Abrams

5 Commissioner Mary Lou Berger

6 Commissioner Paulette Burdick

7 Commissioner Dave Kerner

8 Commissioner Hal R. Valeche

9 County Attorney Denise Nieman

10 Assistant County Attorney Helene Hvizd

11 Assistant County Administrator Todd Bonlarron

12

13 - - - - -

14 BE IT REMEMBERED, that the following  
15 transcription of the proceedings were transcribed by me,  
16 Angela Connolly, RPR, Notary Public, to the best of my  
17 ability.

18 - - -

19 (Thereupon, the discussion on Agenda Item  
20 4.A.1 begins.)

21 MR. BONLARRON: Thank you, Madam Mayor and  
22 Commissioners. I really appreciate the hard work  
23 that the County Attorney's Office has done on this.  
24 They've been our lead and research and in the  
25 preparation of the ordinance. So I'm going to turn



1 it over to Helene to provide a brief presentation  
2 just to go over how we got to where we are today  
3 and what's before you today on preliminary reading.

4 MAYOR MCKINLAY: Thank you.

5 MS. HVIDZD: Madam Mayor, Vice Mayor, and  
6 Commissioners.

7 MAYOR MCKINLAY: Helene, could you pull --  
8 thank you.

9 MS. HVIDZD: The Board gave the county attorney  
10 direction to examine conversion therapy and to  
11 present an ordinance to the League of Cities that  
12 would apply throughout Palm Beach County.

13 We have done that. What we have presented to  
14 the Board is modeled after this sample ordinance  
15 that was provided by the Palm Beach County Human  
16 Rights Coalition. This ordinance, in substantially  
17 the same form, has been adopted in many  
18 municipalities: West Palm Beach, Lake Worth,  
19 Boynton Beach, Delray Beach, Riviera Beach,  
20 Wellington, Greenacres, and Boca Raton.

21 There are a few differences regarding the  
22 penalties to be imposed. Our ordinance provides  
23 for a first penalty of \$250 and a second of 500. A  
24 couple of the other municipalities have provided  
25 for penalties up to \$500 for each violation.

1           The ordinance itself contains several Whereas  
2   Clauses. One of which, I should point out, we did  
3   meet with Dr. Julie Hamilton, who is here today and  
4   I believe will address the Board. She notes that  
5   on page 1, line 13, the Whereas Clause that begins  
6   there and references the American Psychological  
7   Association's Task Force on appropriate therapeutic  
8   responses to sexual orientation. As you might  
9   imagine, this draft ordinance was presented with  
10  the most persuasive case for those who are wishing  
11  that it be enacted.

12           So that particular APA Task Force, the Whereas  
13  Clause that contains research regarding sexual  
14  orientation change efforts is correct. That  
15  report, however, did make other findings. Those  
16  other findings are not included in the Whereas  
17  Clause. I equate it a little bit to the Home  
18  Caregiver Ordinance, the Whereas Clauses, which are  
19  not law, contain several statements about harm that  
20  could be done to adults. They don't contain -- the  
21  Whereas Clauses didn't contain statements that say  
22  thousands of home caregivers provide effective,  
23  efficient, safe care.

24           So that's one issue with the Whereas Clause.  
25  We're more than comfortable removing that fourth

1 Whereas Clause if it becomes an issue. There are  
2 several others that provide position statements at  
3 various organizations who decry the use of  
4 conversion therapy.

5 So our ordinance basically defines conversion  
6 therapy and provides that it's a violation to allow  
7 conversion -- to provide conversion therapy to  
8 minors. It excludes from the reach of this  
9 ordinance clergy who are acting as counselors for  
10 their congregants, and then provides for a first  
11 violation penalty of \$250 and a second violation  
12 penalty of \$500.

13 And I think that's about it. If there are any  
14 questions, I'm more than happy to address them.  
15 Oh, I'm sorry.

16 MR. BONLARRON: I did want to add one thing.  
17 There's been questions about -- and Helene did a  
18 good job in stating some of the other jurisdictions  
19 that have past conversion therapy. I think we  
20 wanted to note that Palm Beach County would be the  
21 first county, if this were to pass, to pass such a  
22 measure as a county government.

23 It was brought before the Miami-Dade Board of  
24 County Commissioners not long ago. It did not pass  
25 before their board. There were conversations about

1 the broad nature of the particular definitions  
2 within that ordinance that they were presented and  
3 ultimately did not move forward, so I just wanted  
4 to point that out to the Board that we would be the  
5 first jurisdiction as a county in Florida to move  
6 forward with this particular measure if it were to  
7 pass the Board.

8 MAYOR MCKINLAY: Todd, could you provide a  
9 little more detail on "broad nature"?

10 MR. BONLARRON: Yeah. Just some of the  
11 specifics were -- at that particular meeting it was  
12 discussed that the scope of who would be regulated  
13 would be beyond like licensed providers. As we've  
14 defined, our providers are licensed providers.

15 The contentions were that under the Miami-Dade  
16 ordinance it could actually pertain to parents  
17 counseling their children and be included as part  
18 of that, or the clergy, folks that were  
19 non-licensed practitioners, and so that was the --  
20 I think the broad aspect of those definitions is  
21 that they brought in some of those others, and I  
22 think Helene can address that.

23 MS. HVIZD: I wanted to note, if you take a  
24 look at Section 4 of the ordinance, I'm on page 5  
25 now at line 24, the definition of "provider," the



1 main difference between Miami-Dade's ordinance and  
2 ours is that "provider" in their definition meant  
3 any person who is licensed or unlicensed. They  
4 included those words right there in the definition,  
5 so that did open it up to a reading or  
6 interpretation that it would address parents. It  
7 would address anyone who attempted to speak to a  
8 minor, in essence.

9 We were asked to do the same, and I declined  
10 the invitation.

11 MAYOR MCKINLAY: Is there anything in the  
12 draft of this ordinance that prohibits a parent  
13 from taking their child to any therapist?

14 MS. HVIZD: No.

15 MAYOR MCKINLAY: Okay. Thank you.

16 Do I have any other questions right now?  
17 We're on questions, not comments.

18 COMMISSIONER VALECHE: In essence -- I mean  
19 there's nothing to prohibit a parent from taking  
20 them, but if the therapist engages in speech that  
21 we don't agree with via this ordinance, then the  
22 therapist is in violation; isn't that true?

23 MS. HVIZD: If the speeches does, in fact,  
24 fall within the definition of conversion therapy,  
25 correct.

1 COMMISSIONER VALECHE: I mean so that's a  
2 distinction without a difference if you can take  
3 them there but, you know, when they get there,  
4 they're subject to criminal activity, then that's a  
5 strong disincentive for you as a parent to take  
6 your child there.

7 MAYOR MCKINLAY: Do I have any other questions  
8 right now? Okay. We'll move to public comment.

9 COMMISSIONER BURDICK: Would the following  
10 people come to microphones and please state your  
11 name for the record and you will have three  
12 minutes: Dr. Julie Hamilton to one microphone,  
13 Dr. Rachel Needle to the other.

14 MAYOR MCKINLAY: Let me add, while they're  
15 walking to the microphone just for our staff  
16 upstairs, we will be breaking for lunch as close to  
17 noon as possible today. So, thank you.

18 COMMISSIONER BURDICK: Go ahead.

19 MS. HAMILTON: My name is Dr. Julie Hamilton.  
20 I'm a licensed marriage and family therapist  
21 practicing in Palm Beach County.

22 This ordinance is unlawful. It violates the  
23 Florida Patient's Bill of Rights. It's also  
24 outside your jurisdiction. The state of Florida  
25 regulates the practice of any of the professions,

1 anyone licensed by the state. And so if you pass  
2 this ordinance, to be honest, you're grossly  
3 overstepping your bounds, and I would actually say  
4 it's abuse of power.

5 We don't need protection by county  
6 commissioners of children. You don't have to  
7 protect children. The state has already set up  
8 laws and rules that prohibit us from harming  
9 children. We are not allowed to harm children.  
10 And if a child was being harmed, they can report  
11 that to the state. We have laws and rules and we  
12 have ethical codes that protect children.

13 In fact, the Department of Health says that  
14 there has not been a single report of harm ever  
15 reported in the state of Florida for this issue.  
16 So while you have been told that children are being  
17 harmed, the state says they are not being harmed.  
18 If they were being harmed, they can do something  
19 about that under our current laws.

20 Now what is harmful -- and, by the way,  
21 therapy is voluntary. Teenagers cannot be dragged  
22 into therapy by their parents and then forced to  
23 change by a therapist. If a parent drags a gay or  
24 lesbian youth into therapy and the child doesn't  
25 want to change, the therapist can't help them.

1 Therapy is voluntary; It's not coercive. But  
2 what's harmful here is this ordinance that does  
3 prohibit minors from seeking therapy if they want  
4 change.

5 Even though I've heard commissioners say, "Oh,  
6 you can still go to therapy," no, you cannot. If  
7 your goal is to change your attractions or your  
8 behavior, it is prohibited under this ordinance.  
9 And although other cities passed this, they were  
10 all in error. In fact, Tampa is being sued right  
11 now for passing this type of a ban. If you pass  
12 this, you are opening our county up to a lawsuit  
13 which would waste precious taxpayer dollars, so I  
14 urge you not to pass this.

15 I also want to remind you about the teenagers  
16 that are suicidal and depressed about attractions  
17 that they did not choose and do not want. They  
18 have the right to seek help for those attractions.  
19 You would be telling them they cannot seek help  
20 which would make them more suicidal and more  
21 depressed.

22 I also want to mention that there are confused  
23 children who have been sexually abused or exposed  
24 to pornography that really weren't gay to begin  
25 with but now they think they are and they might

1 want help getting those attractions and fantasies  
2 out of their head. You would prohibit those  
3 children from getting help, and you would prohibit  
4 gender-confused children. Even a six-year-old boy  
5 who thinks he's a girl would not be allowed to get  
6 help under this ordinance unless we help him become  
7 a girl. It actually says that in the definition of  
8 terms.

9 If we're assisting with gender transition, we  
10 can help him; but if we're clearing up his  
11 confusion, we cannot help him. By the way, it's  
12 talk therapy that's being banned.

13 Please consider what's good for the children.  
14 This ordinance is harmful to children. Please be  
15 responsible and vote no. It's the honorable thing  
16 to do. Thank you.

17 COMMISSIONER BURDICK: Dr. Robert Otto to the  
18 microphone, please. Go ahead, Rachel.

19 MS. NEEDLE: Good morning, Mayor and  
20 Commissioners. My name is Dr. Rachel Needle. I'm  
21 a licensed psychologist and a certified sex  
22 therapist. As a specialist in sexuality, I think  
23 I'm -- I want to lend some support to you in  
24 understanding the dangers of so-called conversion  
25 therapy.

1           The practice of conversion therapy is based on  
2   two false premises. First, it's based on the  
3   falsehood that being gay, lesbian, bisexual, or  
4   transgender is a mental disorder or defect that  
5   needs to be cured. Secondly, it's based on the  
6   presumption that being LGBTQIA is something that  
7   can actually be changed with therapy.

8           Sexual orientation and gender identity are not  
9   mental disorders or diseases, therefore any attempt  
10   to cure or suppress or change that is inherently  
11   invalid. Efforts to cure an LGBTQ person are based  
12   on theories with questionable scientific validity.

13           As the American Psychiatric Association has  
14   noted, so-called conversion therapists have not  
15   produced any scientific evidence to substantiate  
16   their claims of a cure. Research has actually  
17   found that efforts and so-called therapies aimed at  
18   changing one's gender, identity, or sexual  
19   orientation can result in a number of mental health  
20   issues for minors; including shame, guilt,  
21   depression, decreased self-esteem, increased  
22   self-hatred, angers of -- angers of -- feelings of  
23   anger and betrayal, loss of friends, social  
24   withdrawal, problems in sexual and emotional  
25   intimacy, high-risk behaviors, confusion,



1 self-harm, substance abuse, and suicidal ideation.  
2 Attempting to change one's sexual orientation can  
3 have devastating impact on a minor. These change  
4 efforts are guided by people's biases and can  
5 negatively affect a minor's mental health.

6 A number of associations have issued  
7 statements against the practice of conversion or  
8 reparative therapy -- I believe you received those.  
9 I'm happy to give them to you if not -- including  
10 the American Psychiatric Association, American  
11 Psychological Association, American Academy of  
12 Child and Adolescent Psychiatry, and the  
13 Association of American Academy of Pediatrics.  
14 There's many more where that came from as well.

15 Many LGBTQ youth in our society still grow up  
16 believing that there's something wrong with them.  
17 Passage of this ordinance will send a strong  
18 message to youth in our community. There's nothing  
19 wrong with their sexual identity or sexual  
20 orientation -- gender identity or sexual  
21 orientation.

22 Those against the ban, as Julie mentioned, are  
23 going to say that it means that youth and minors  
24 cannot seek psychotherapy. That could not be  
25 further from the truth. If a child is depressed,

1 having suicidal ideation, they can absolutely seek  
2 mental health services. The therapist just can't  
3 claim that they can convert or change their sexual  
4 orientation or gender identity because doing so  
5 causes psychological harm.

6 I strongly believe the commission should enact  
7 this ordinance to protect children and adolescents  
8 from a practice that is far beyond -- outside the  
9 bounds of any ethical, psychological treatment  
10 plan. This ordinance is narrowly tailored to  
11 prevent a well-documented risk of harm to minors  
12 and to address a serious threat to the well-being  
13 of LGBTQ youth.

14 So-called conversion therapy is proven to be  
15 ineffective, at the very least; and, at most,  
16 severely damaging to a child. I urge you to  
17 support this ordinance to protect the health of  
18 lesbian, gay, bisexual, transgender, queer, and  
19 questioning youth in our community from the dangers  
20 of conversion therapy. Thank you.

21 MAYOR MCKINLAY: Dr. Needle, I think  
22 Commissioner Kerner has a question for you.

23 COMMISSIONER KERNER: Thank you, Mayor. Yes,  
24 Dr. Needle. Thank you for your comments.

25 I'm wondering -- I read in some of the

1 materials that I received that the American  
2 Psychiatric Association, among other professional  
3 organizations, oppose this practice. I'm  
4 wondering -- much like as a member of the Florida  
5 Bar, there are limits and constraints imposed upon  
6 attorneys in this state in terms of what they can  
7 do and what they can say as part of their  
8 profession. Are there similar restrictions,  
9 ethical restrictions, within the mental health  
10 community in terms of practicing this type of  
11 treatment?

12 MS. NEEDLE: Absolutely. We certainly have  
13 ethical guidelines in our profession. The  
14 organizations of which all of the major -- both  
15 health and psychological mental health  
16 organizations have issued statements opposing it.  
17 There aren't sanctions in terms of, I guess,  
18 penalties in terms of people who do; however,  
19 people have been brought up on ethical violations  
20 when, in different areas, when there's claimed to  
21 be harm to a minor.

22 COMMISSIONER KERNER: Okay. Thank you.

23 MAYOR MCKINLAY: Dr. Needle, I have one more  
24 question. I was doing some research on this, and  
25 you speak of the American Academy of Pediatrics,

1 and a lot of the opposition seems to come from the  
2 American College of Pediatrics. I don't know if  
3 you're the best person to ask this, but can you  
4 explain the difference between the two  
5 organizations?

6 MS. NEEDLE: So I do have some research in my  
7 seat, but the American College of Pediatrics,  
8 that's the ACPeds, is more a -- it's not consisting  
9 of actual professionals in the community. It's  
10 those that --

11 I think it was formed as a social organization  
12 when at the -- and they started when -- to oppose  
13 gay adoption, so that's when they kind of were  
14 formed. And then since then they have opposed  
15 other issues such as conversion therapy or banning  
16 conversion therapy. So they've supported it.

17 MAYOR MCKINLAY: Okay. Thank you.

18 MS. NEEDLE: So it's not like a nationally  
19 recognized organization like the American College  
20 of Pediatrics or American Psychological  
21 Association. It's a privately formed organization.

22 MAYOR MCKINLAY: Okay. It's not an  
23 accrediting organization?

24 MS. NEEDLE: I don't know about accreditation.  
25 I mean I don't know about accreditation, but

1 they're not part of any of the national  
2 associations.

3 MAYOR MCKINLAY: Okay.

4 MS. NEEDLE: They're privately formed.

5 MAYOR MCKINLAY: Thank you.

6 MS. NEEDLE: And just to follow-up, the  
7 document that discussed -- the APA document, the  
8 Task Force Report, it's 140 pages. So while they  
9 have different paragraphs that opponents will read  
10 from, the conclusion of the -- of the document of  
11 this 140-page Task Force Report that reviewed all  
12 of the articles on conversion therapy was that it  
13 could be harmful, it can be harmful, that they  
14 don't recommend that it's -- that it's done, and so  
15 that conclusion shows that -- despite what's  
16 throughout this 140-page report, the conclusion was  
17 that it's psychologically harmful to minors.

18 MAYOR MCKINLAY: Thank you.

19 MS. NEEDLE: Thank you.

20 COMMISSIONER BURDICK: Patrick Hamel.

21 MR. OTTO: My name's Dr. Robert Otto. My  
22 address is 233 NE 31st Street in Boca Raton. I  
23 have a Ph.D in family therapy. I'm licensed by the  
24 state of Florida as a marriage and family  
25 therapist, and I work with clients, children, and

1 their families on this particular issue in my  
2 practice.

3 First of all, everything that you just heard  
4 is talking about what goes on with the client.  
5 Okay. That's for a licensure board, that's not for  
6 you. You all need to consider the legal issues,  
7 and I'd like to put the legal issues in front of  
8 you.

9 First of all, clients who are minors and their  
10 parents and therapists like me have rights to  
11 freedom of speech and freedom of religious  
12 expression, and what takes place in the counseling  
13 office is freedom of speech. What takes place in  
14 the counseling office is often freedom of  
15 expression and religious issues as well. And those  
16 are firmly grounded in our United States  
17 Constitution, and they're firmly grounded in the  
18 Constitution of the state of Florida, and you have  
19 no jurisdiction over what goes on in the speech and  
20 religious expression in a counseling office.  
21 That's outside of your jurisdiction as a county  
22 commission. That is the first reason you should  
23 vote no on this because you don't have jurisdiction  
24 for those reasons.

25 Secondly, my license here is issued by the



1 State of Florida Department of Health, The Division  
2 of Medical Quality Assurance, not you. Not you, so  
3 you have no jurisdiction over what happens in my  
4 office from a licensure standpoint.

5 Let me give you a parallel example. A medical  
6 doctor's license is issued by the same division  
7 that issues mine, and you have no jurisdiction to  
8 determine whether that medical doctor could  
9 prescribe a Z-Pak as an antibiotic for an issue  
10 that a patient is seeking help for. You have no  
11 jurisdiction there. It's completely outside of  
12 your purview. So you should vote no on this issue  
13 for the same reason, it's outside of your purview.

14 Legislative bodies and courts in the state of  
15 Florida legislature all the way up through the  
16 Supreme Court have passed laws and have written  
17 court opinions and ruled on court cases saying that  
18 parents have the right and the responsibility to  
19 make wise decisions for their children. If you  
20 pass this issue, then you're saying that you, as a  
21 county commission, you assert their authority,  
22 their legislatively-approved and their court-held  
23 authority, as parents to make decisions for their  
24 children on this issue. Again, you have no  
25 jurisdiction there.

1 I respect you. I respect your work here and  
2 helping with the streets and things, that's good,  
3 and there's other things that you do, but this  
4 issue is outside of your jurisdiction, so you need  
5 to vote no on it for that reason.

6 Interestingly enough, this legislation -- this  
7 proposal, as it's written, exempts parents and  
8 clergy. Now this truly is providing harm and doing  
9 harm for children when you're trying to prevent  
10 people like me, counselors like me, from harming  
11 children and providing child abuse for children,  
12 then isn't it wrong also for parents and clergy to  
13 do that too? Why would you exempt them? That's  
14 inconsistent.

15 So I would challenge it from a legal  
16 perspective. Vote no on this issue. You're going  
17 to hear a lot of emotional and counseling sides of  
18 this too. And they provide context, but the proper  
19 place for that discussion is with a licensure board  
20 and with the state legislature and not at the  
21 county commission level, so your responsibility is  
22 to stay within the box that you've been given and  
23 to vote no on this issue. Thank you very much.

24 COMMISSIONER BURDICK: Shannon Otto. Go  
25 ahead, Patrick.

1 MR. HAMEL: Hi. My name is Patrick Hamel. I  
2 live in 7600 Lauden Drive down here in Lake Worth,  
3 and I'd like to speak for those who have not been  
4 given a voice here to speak.

5 By the age of six years old, before many could  
6 ride a bike, I was practicing in homosexual  
7 behaviors. I was molested as a young child and,  
8 due to that, I thought that this was the natural  
9 thing. For me, I thought this was my actual desire  
10 that I wanted to walk in, and the shame and the  
11 guilt -- I heard us talking about that you can  
12 speak to your parents about this if the ban passes.  
13 I'm not sure about you, but I would never want to  
14 go to my parents about that. Like, the shame and  
15 the guilt that I felt from that, that I thought it  
16 was wrong, that was never a thing that I wanted to  
17 talk to them about. And so the actual counseling  
18 that has been provided, the actual way that goes  
19 out because I felt the psychological delusions that  
20 we called it of suicide and of depression before  
21 this, like before I felt the shame about it, and I  
22 was already in those things, so the help and the  
23 care that I got actually helped me through the  
24 suicidal intentions, helped me through wanting to  
25 take my own life, not -- it didn't increase the

1 fact that I wanted to actually do that.

2 So I want to speak on the people who don't  
3 have a voice to say that and say that the  
4 counseling, like, it's voluntary. I chose to want  
5 to do that. It wasn't something I was forced to  
6 do. And I had my own choice -- even if I was  
7 forced to go there, I had my own choice to say no  
8 if I wanted to, but I chose because I wanted to  
9 change that there was someone there to help. And I  
10 would assume that, with anything, that we would  
11 provide -- someone with a drug addiction, if they  
12 want to stop, I would provide help for that to  
13 stop.

14 And I see the point of passing this ban as  
15 just providing -- cutting off the help and the  
16 requirements of people who have gone to college,  
17 who have gotten their Ph.Ds and have dedicated  
18 their lives to helping people who want to change,  
19 and banning -- and passing this would inherently  
20 stop that. Thank you.

21 COMMISSIONER BURDICK: Sue Trombino.

22 MRS. OTTO: Hi. Name is Shannon Otto, and my  
23 address is 233 NE 31st Street in Boca Raton. I  
24 encourage you to vote no on this ordinance.

25 I am here this morning as a mom, as a

1 grandmother, and as an advocate for children in  
2 many ways. And I too was sexually molested as a  
3 child at the age of six or seven. I am so grateful  
4 that my mom was able to take me to counseling, and  
5 she was also able to go to court on my behalf.

6 We have an age of consent law in our state  
7 because we, as adults, know that children do not  
8 have mental capacity to consistently make wise  
9 choices about sexual practices with lifelong  
10 consequences. That fact is grounded in the science  
11 of brain development, specifically the development  
12 of the prefrontal cortex which gives us the ability  
13 to reason.

14 I have a 19-year-old daughter who mentors  
15 middle school students and she came to us the other  
16 day and she said, "Dad, Mom, did I really think  
17 like that when I was in 7th grade?" The idea of  
18 gender being a choice or a fluid concept, which is  
19 up to an individual to decide, is a new social  
20 construct and is not in any way grounded in  
21 scientific research.

22 Children have a challenge with critical  
23 thinking, as I mentioned earlier, because of the  
24 frontal cortex. If your daughter truly believes  
25 that 3 plus 4 equals 28, you have an obligation to

1 help her to see that that is not true, and you have  
2 a parental duty to teach her that 3 plus 4 is 7.  
3 If your son sincerely believes that the walls in  
4 this room have purple stripes and you do not  
5 correct him, you are doing him a disservice.

6 To ignore these realities and to be silent  
7 rather than to correct children in these ways  
8 results in harm and it is child abuse. Adults have  
9 known this for centuries in every culture; but  
10 today in America, and in Palm Beach County, for  
11 some reason adults have a problem seeing this  
12 clearly. This is unconstitutional, as was  
13 mentioned earlier. This ordinance infringes on  
14 both freedom of speech and freedom of religion and  
15 the freedom of parents, their parental rights.

16 Hans Christian Andersen wrote it very well  
17 simply in his book, "The Emperor's New Clothes."  
18 In the end, it took a little boy to cry out and  
19 plainly and clearly state what the adults didn't  
20 see, that the Emperor was naked.

21 There is a lot that is going on with this  
22 ordinance that's just out of your jurisdiction.  
23 And because I was abused as a child, I am so  
24 grateful that my parents were able to speak on my  
25 behalf. Vote no.



1 COMMISSIONER BURDICK: Thank you.

2 MRS. OTTO: Thank you.

3 MAYOR MCKINLAY: Let me just ask you one  
4 question. So you believe that any expedition of  
5 homosexual behavior needs to be corrected, is that  
6 what I heard you say?

7 MRS. OTTO: What I am saying is that if  
8 somebody --

9 MAYOR MCKINLAY: That was just a yes or no  
10 question.

11 MRS. OTTO: Okay. Ask it again.

12 MAYOR MCKINLAY: You stated that this behavior  
13 needs to be corrected. Are you -- are you stating  
14 that you believe homosexual behavior is something  
15 that ought to be corrected; yes or no?

16 MRS. OTTO: I'm just -- I'm stating that if  
17 somebody wants counseling, that they should be able  
18 to go for it.

19 MAYOR MCKINLAY: I'm asking you if you believe  
20 this behavior is something that needs to be  
21 corrected. I believe that's what I heard you say,  
22 so yes or no on that?

23 MRS. OTTO: I believe it does need to be  
24 corrected.

25 MAYOR MCKINLAY: Thank you.

1 COMMISSIONER BURDICK: Robert Tennies. Go  
2 ahead, Sue.

3 MS. TROMBINO: My name is Sue Trombino. I  
4 am -- I live in -- well, right now 1112 Russell  
5 Drive, Highland Beach, Florida. And I am not only  
6 representing Women Impacting the Nation, but also  
7 I'm here as a mom and as a parent.

8 I believe all of you received a email letter,  
9 or via email, the County Commissioners and the  
10 Mayor, from Liberty Counsel, which is one of the  
11 top litigators in this country. And, you know,  
12 Liberty Counsel obviously reviewed the Palm Beach  
13 County proposed ordinance and -- which, you know,  
14 it obviously seeks to ban this protected speech,  
15 but the Board of County Commissioners should reject  
16 the proposed ordinance for numerous infirmities,  
17 including its ban on counseling that is purely  
18 speech and violation of the First Amendment.

19 Now it is unconstitutional for Palm Beach  
20 County to enact this speech ban under the U.S. and  
21 Florida Constitution. And despite broad home rule  
22 powers, the county lacks the authority under  
23 Florida law to enact the ordinance. The ban is --  
24 the ban is premised on a strongman claim of  
25 barbaric practices but, in actuality, it bans

1 verbal discussion of sexuality.

2 The ban violates the First Amendment rights,  
3 not only of licensed counselors, but also the  
4 fundamental rights of parents to direct the  
5 associations and upbringing of their minor  
6 children, and the rights of minors themselves to  
7 seek and receive information.

8 Now as a parent, I'll speak as a parent, with  
9 all due respect, you have absolutely no authority  
10 to dictate to me or my family or my children or as  
11 a parent, no authority to dictate to me where I can  
12 and cannot take my child if I choose. And as a  
13 Christian, I have certain beliefs. Now it does not  
14 mean that I look at anybody else's beliefs  
15 differently, but I am, as a Christian, I choose to  
16 stand up for my -- for my child, and I am to bring  
17 him up in the admonition of the Lord. And when I  
18 do that, if you're going to tell me I'm going to  
19 get fined because -- or the counselor is going to  
20 get fined -- one side gets fined, the other side  
21 does not get fined, that doesn't seem right to me.  
22 But, therefore, not only does the county lack  
23 authority to invade the counselor-client  
24 relationship, but the county also has no  
25 jurisdiction to even attempt to silence licensed

1 professionals from speaking to their minor clients  
2 about unwanted same-sex attractions or gender  
3 confusion, and for the ordinance requirement that  
4 licensed counselors affirm homosexuality and gender  
5 confusion as beneficial to children. But under the  
6 Florida law, however, the county has no authority  
7 to act.

8 And I'm just asking you to not only do the  
9 right thing, vote no, but you are to take all of  
10 this and vote on truth and fact, not emotion or  
11 conjecture. Because this is an emotional issue,  
12 but it's about truth and fact, and you need to stay  
13 within the rules. And right now what you're trying  
14 to do is take the lines out of I-95 out and --

15 COMMISSIONER BURDICK: Thank you.

16 MS. TROMBINO: -- expect there not to be  
17 chaos. Thank you.

18 MAYOR MCKINLAY: Thank you. I'd like to ask  
19 staff one more time: Is anything in this proposed  
20 ordinance prohibiting a child from going to a  
21 therapist and talking to that therapist about their  
22 feelings?

23 MS. HVIZD: In talking about their feelings,  
24 no, nothing in this ordinance prohibits that.

25 MAYOR MCKINLAY: Okay. Thank you.

1 COMMISSIONER BURDICK: Sara Swart --

2 Swarthout. Swarthout. Go ahead, Robert.

3 MR. TENNIES: My name is Robert Tennies, and I  
4 live in Boca Raton, Florida, and I appreciate the  
5 opportunity to share with you today.

6 I believe that this -- this ordinance is an  
7 overreach and takes away parental rights and  
8 infringes on religious freedom. A parent should  
9 have the right to select a licensed counselor for  
10 their child that is sympathetic to the parent's  
11 religious beliefs.

12 Everyone has a world view; How they see the  
13 world. As a Christian and as a Christian educator,  
14 I see the world through a biblical lense. This is  
15 a result of my religious belief, and I believe the  
16 Bible communicates the word of God. It informs me  
17 on how I should see life.

18 When I look at the majesty of the sky in the  
19 morning, I see God's handiwork because the Bible  
20 says "The heavens declare the glory of God," Psalm  
21 19:1. It informs me of my ethics when it says "I  
22 shall not steal, covet, murder, or place other gods  
23 before him," Exodus 20. The scripture informs my  
24 view of family when it says, "A man will leave his  
25 father and mother and be united to his wife and

1 they become one flesh," Genesis 2:24, Matthew 19:5.  
2 Therefore, I believe same-sex marriage is contrary  
3 to God's will, and I want to -- I want to pass that  
4 on to my children, therefore, my -- my world view  
5 is going to influence how I raise my children.

6 As an American, I've always believed that I  
7 have the right to raise my children from a  
8 religious perspective consistent to my own, and the  
9 state should not interfere on a decision such as  
10 whether or not I would be able to send my child to  
11 a licensed counselor supporting -- who supports my  
12 religious convictions. This is a matter before you  
13 that impacts parental rights and freedom of  
14 religion, and I would appeal to you that you not  
15 move forward with it. Thank you.

16 COMMISSIONER BURDICK: Randall Clarke. Go  
17 ahead.

18 MS. SWARTHOUT: My name is Sara Swarthout, and  
19 I live in Boca Raton, Florida. I'm so privileged  
20 to be here and talk with you and have freedom of  
21 speech here in addressing you, and I urge that you  
22 allow freedom of speech for the therapists in Palm  
23 Beach County.

24 I also want to ask you: Have you considered  
25 how many dollars you're setting aside to defend



1 this in the legal process? And also to consider  
2 what it -- what a pernicious thing it might be that  
3 in this room of a therapist that is usually  
4 reserved for the client -- and maybe their parents,  
5 maybe or maybe not -- the client and the therapist,  
6 that now we're going to have another seat and  
7 that's going to be the government. How are you  
8 going to prove this? Could that not be -- that  
9 process be far more pernicious than the ordinance  
10 itself? How are you going to enforce it? What is  
11 it going to require to invade the privacy between  
12 the therapist and his client? It seems somewhat  
13 frightening.

14 I called earlier this week and spoke with  
15 somebody from your county office. They told me,  
16 "Oh, don't worry. This is a shoo-in. All you need  
17 is four people on the board, and we've got them.  
18 This is going to pass no matter what."

19 I urge you to consider the bigger picture.  
20 Thank you.

21 COMMISSIONER BURDICK: Alicia Clarke. Go  
22 ahead, Randall.

23 MR. CLARKE: Hi. My name is Randall Clarke.  
24 I'm a resident in Wellington, Florida, and I'm also  
25 a local pastor in -- here in Palm Beach County, so

1     thank you for the opportunity to speak. And I just  
2     wanted to give kind of a practical perspective.

3             I'm opposed to this ordinance, and I am a  
4     pastor here in Palm Beach County and I know that  
5     there's an exclusion clause for pastors; however,  
6     some pastors may also be licensed therapists, so  
7     there are pastors who are licensed therapists in  
8     the county, and that could present an issue for  
9     them of confusion regarding this ordinance. The  
10    ordinance -- but what I wanted to speak to as well  
11    is that the ordinance would take away my ability to  
12    refer to a licensed mental health therapist  
13    regarding this issue, and that of other pastors and  
14    other professionals as well.

15            As a pastor, I'm not trained as -- as a  
16    trained therapist, as a professional therapist, in  
17    many, many areas that face families today;  
18    including, for example, the pervasiveness of online  
19    pornography and addiction. That's really a huge  
20    issue in our culture here today as well. And so  
21    I'm deeply -- as a pastor, I would be deeply  
22    concerned about the spiritual life of anyone who  
23    wants to come within my congregation or within the  
24    community to speak to me, but I realize that I have  
25    limitations and many times I need to refer people

1 who are more trained, better trained, well-trained  
2 in those areas, and that would impede my ability,  
3 and other pastors, to do that.

4 I refer most people who come to me for  
5 counseling with issue -- any kind of issue:  
6 Relationship problem, emotional problems, inner  
7 conflict, I refer them to my wife who is a licensed  
8 therapist here in Florida.

9 People go to therapy because they want to  
10 change, because they want to clear up the confusion  
11 that they face in all areas of their life, not in  
12 just this particular issue. And relationship  
13 issues are inner conflict of the dissonance that  
14 they feel, and they want someone to talk to who can  
15 give them professional guidance. And why would you  
16 want to stop this in this particular issue that  
17 we're addressing here today? Why would you want to  
18 take away the parents' right to help their child  
19 who's clearly having some issues and confusion  
20 about this to go and speak to a professional  
21 counselor who might be able to help them navigate  
22 through that issue?

23 And, lastly, there are also, I believe,  
24 cross-cultural implications that we need to take  
25 into consideration. For families that are not just

1 in my church, of which I have many, I have a very  
2 multiethnic church here in Palm Beach County, but  
3 do you want to limit the rights of parents in a  
4 Haitian family or a Jamaican family or a family  
5 from Guyana or from Brazil or a Vietnamese family  
6 or a Guatemalan family? How are -- how are they  
7 going to handle this in their own cultural -- the  
8 culture that they grew up in and they bring into  
9 this county?

10 So please don't take away their freedom of  
11 choice, their right to help their children --

12 COMMISSIONER BURDICK: Thank you.

13 MR. CLARKE: -- address --

14 COMMISSIONER BURDICK: Thank you, sir.

15 MR. CLARKE: -- these confusing issues.

16 COMMISSIONER BURDICK: Thank you.

17 MR. CLARKE: Thank you.

18 COMMISSIONER BURDICK: Melanie Mahady. Go  
19 ahead, Alice.

20 MRS. CLARKE: My name is Alicia Clarke. I am  
21 a licensed mental health counselor. I live in  
22 Wellington, Florida. I represent the South Florida  
23 Association of Christian Counselors as their  
24 administrator.

25 I am his wife, and what I wanted to bring to

1 the thoughts here is that people do come to  
2 counseling when they have that conflict of their  
3 life and their behavior with their core values of  
4 their heart. And parents bring their children to  
5 counseling when their child wants to change from  
6 being an aggressive child, who's fighting with his  
7 siblings or his friends or not getting along at  
8 school, or a parent brings their child to  
9 counseling -- and I am a counselor, and I have  
10 counseled children and adolescents -- well, this is  
11 up to 18 years old, right? Up to under 18 -- who  
12 have been addicted to drinking, to pornography, to  
13 sexual promiscuity, and to watching porn and to  
14 even taking drugs, and parents are so concerned and  
15 the child is as well, an adolescent, to wanting to  
16 stop this behavior.

17 And so I think it would be wrong for us to  
18 say, "No, I can't help you stop that behavior. I  
19 can't help you line up your life with what your  
20 heart's desire is because it's illegal. It would  
21 be criminal activity." And that's how I feel if a  
22 child or an adolescent comes to me and says, "I  
23 don't want these sexual attractions that are  
24 homosexual," and some who have practiced  
25 homosexuality and say, "I don't want to do this

1 anymore. Can you help me?" And I'd have to say,  
2 "No, I cannot help you because that's illegal."  
3 And I'm not just talking about their feelings, but  
4 their behavior that they want to change, and it is  
5 possible to do that in a gentle way. I don't  
6 understand what the harm would be if it's done just  
7 talk therapy and it's done validating them as who  
8 they are.

9 And so I think you should oppose this because  
10 if a minor, an adolescent, wants to line their life  
11 up with a belief, a core heart belief that they  
12 want a heterosexual life and marriage and wants  
13 help, that we have to say, "No, can't do it."  
14 Thank you.

15 COMMISSIONER BURDICK: Janina Seifel. Go  
16 ahead, Melanie.

17 MS. MAHADY: My name is Melanie Mahady. I'm a  
18 licensed mental health counselor for the state of  
19 Florida, and I live in Boynton Beach, Florida, and  
20 I oppose this ban.

21 I want to share with you a case example to  
22 give you a clear picture of why therapy to address  
23 confusion is so important to this specific  
24 population of sexual abuse victims struggling with  
25 unwanted gender identity and/or same-sex

1 attractions. I've changed the identifying  
2 information in order to protect anonymity.

3 A 16-year-old boy comes into my office, head  
4 down, slouched over in tears. He tells me that  
5 when he was six years old he was sexually abused by  
6 an older male. He never talked about it and tried  
7 his best to push it out of his mind. So now at 16  
8 years old, he is in a relationship with his  
9 girlfriend and is having sexual thoughts about men.  
10 And when he has -- when he has these sexual  
11 thoughts about men, he reports feeling ashamed,  
12 angry, and fearful of those thoughts and questions  
13 whether he is gay. So he comes to therapy because  
14 he wants help with his undesired thoughts and to  
15 clear up the confusion that has surfaced as a  
16 result of this abuse.

17 So this boy, at six years old, believed, when  
18 he was sexually abused, that he deserved it, that  
19 it was pleasurable so he must be gay, and he must  
20 be asking for this to happen, that this was his  
21 fault and this is who he is, and those maladaptive  
22 beliefs are linked to his emotions of anger, shame,  
23 guilt, and sadness resulting from the trauma.  
24 Those beliefs are also attached to physical  
25 symptoms of anxiety, fear, and terror.

1           So when this boy considers his attraction to  
2   males, these same maladaptive symptoms are  
3   triggered and he feels shame, guilt, anxiety,  
4   sadness, and anger. So it is my job and  
5   responsibility to the state of Florida to provide  
6   therapy that addresses negative beliefs and  
7   symptoms to help my client safely and effectively  
8   reprocess painful traumatic events in order to live  
9   a healthier life that is not triggered by shame,  
10   guilt, anger, sadness, fear, and terror.

11           I need to be able to process the shame he is  
12   reporting that is linked to his same-sex attraction  
13   as well as his confusion surrounding his feelings  
14   towards the same sex resulting from the sexual  
15   abuse he endured as a child, and this ordinance  
16   bans any therapy aimed at change of attractions or  
17   identity. Therefore, according to this ordinance,  
18   this boy would not be permitted to receive the  
19   therapy of his choice since his goal is to change  
20   his sexual attractions and identity which have  
21   resulted from the sexual abuse.

22           So when you make this decision, I just want  
23   you to consider this type of case. It's different  
24   than those that are coming to therapy that identify  
25   as gay and have these same-sex attractions that



1 they are confident in versus someone who doesn't  
2 want them and has gotten them from an abuse that  
3 they've endured as a child. Thank you.

4 COMMISSIONER BURDICK: Marla Dieterle. Go  
5 ahead, Janina.

6 MS. SEIFEL: Good morning. My name is Janina  
7 Seifel, and I'm from Riviera Beach, Florida. And  
8 Commissioner McKinlay, I want to say that I feel  
9 like this ban or this ordinance is grossly being  
10 not shared with you correctly, so I want to go  
11 directly to the ordinance.

12 In Section 4, as defined in the ordinance,  
13 that "Conversion therapy means any counseling,  
14 practices, or treatments that seek to change an  
15 individual's sexual orientation or gender identity,  
16 including but not limited to efforts to change  
17 behavior, gender identity or expressions, or to  
18 eliminate or reduce sexual or romantic attractions  
19 or feelings toward individuals of the same gender  
20 or sex." It continues -- it continues with that.  
21 So I hope that at the end of my talk with you all,  
22 that you would please ask your attorneys if this  
23 ordinance clearly bans any counseling aimed at  
24 change, specifically to if they -- if we are  
25 allowed to work with people to diminish their

1 same-sex attraction or if they want to remain the  
2 same gender, are we allowed to do this with this  
3 ordinance? Because I think you'll find that that  
4 answer is no.

5 I come before you as a licensed mental health  
6 counselor and as a mother to a sweet little boy  
7 over there. His name is Zane. I want to first  
8 address as a professional and then as a mother.

9 I became licensed in 2011 and have primarily  
10 worked with juveniles both in foster care and also  
11 the criminal justice system, as well as their  
12 families. As a professional, I feel that this  
13 ordinance is a direct infringement on the freedom  
14 of speech for the client as well as the  
15 professional. It has been my privilege and honor  
16 to work with these young people and have discussed  
17 with them a variety of topics: Education, family,  
18 social life, abstinence and sex education, and  
19 anything else they felt was upsetting in their  
20 life.

21 My role as a therapist is to help the  
22 individual work through any thought or behavior  
23 that they deem troublesome. My role as a therapist  
24 is to educate, if necessary, listen and to  
25 facilitate conversation to the parents who bring

1 their children or teenagers to treatment. The  
2 therapy room of a professional is a safe place.  
3 The very standards of my license demand that the  
4 room be a judgment free zone, a place where one can  
5 come and share their innermost struggles and  
6 thoughts about fear of having their confidentiality  
7 broken.

8 Any client I've ever worked with who knows  
9 that there is no topic that is taboo and that my  
10 role in their life is to help them reach whatever  
11 their goal is. If they feel depressed and do not  
12 want to feel that way, we work towards decreased or  
13 absence of depression. If they are using  
14 substances and want to stop, we create a  
15 client-driven plan to help them stop using  
16 substances. If they're experiencing unwanted --  
17 this is the difference. This is unwanted same-sex  
18 attraction, then we will work towards a resolution  
19 that they feel happy with. In no way, shape, or  
20 form should there be a governmental ordinance  
21 denying a client a right to discuss anything that  
22 is on their mind. This is the very essence and  
23 beauty of the therapeutic relationship. I beg of  
24 you not to take this freedom away from the client  
25 as I fear what freedom would be taken away next.

1           As a mother, I have to say I'm appalled that  
2       this is even being considered because I see this as  
3       a direct assault on my parental right.

4           COMMISSIONER BURDICK: Thank you. Emma  
5       Dieterle. Go ahead, Marla.

6           MS. MARLA DIETERLE: Good morning. My name is  
7       Marla Dieterle, and I'm a certified couns -- school  
8       counselor by profession through the state of  
9       Florida. I'm very passionate about counseling, and  
10      I'm so thankful to be a part of this profession.

11          I come to you today on behalf of a sector of a  
12      population whose rights are being undermined.  
13      According to our state and national constitutions,  
14      each and every citizen has the right to freely  
15      share their opinions and obey their religious and  
16      conscientious duties. This present commission has  
17      set forth a proposition to bar licensed counselors  
18      from sharing the divine and scientific truths about  
19      male and female bodies.

20          Though others in this county may disagree with  
21      the belief that a person being made only male and  
22      female, it's the express right of these  
23      professionals to follow the dictates of conscience  
24      instead of the repression of this enactment. I ask  
25      you therefore not to decide on this proposition for

1 the sake of the opinion of one sector of our county  
2 but to stand on the ideals of our country with  
3 regards to our inalienable rights. According to  
4 our state and national constitutions, each and  
5 every citizen has the right to freely share their  
6 opinions and obey their religious and conscientious  
7 duties.

8 With regards to a minor under the age of 18  
9 being able to seek counseling regarding his or her  
10 sexual identity, if that minor is questioning or  
11 wanting to change his or her gender identity, the  
12 desire of his or her sexual orientation will not  
13 change the scientific truth of his or her DNA. Our  
14 DNA has X and Y chromosomes and surgery cannot  
15 change those facts.

16 God has delineated clearly in the "Book of  
17 Genesis" that he created life as man and woman  
18 alike. It is not an accident. It is a gift of God  
19 that is to be cherished. His word is our true  
20 source of wisdom.

21 So I hereby stand before the commission to say  
22 that this proposal is inherently wrong  
23 constitutionally, and it's also harmful to our  
24 minors. I'm asking you to stand up for what you  
25 know is right and true based on our country's

1 foundation, and to protect our minors from harm.

2 I appeal to your conscience and ask you to  
3 vote no against this ordinance.

4 COMMISSIONER BURDICK: Robert Swarthout. Go  
5 ahead, Emma.

6 MS. EMMA DIETERLE: Good morning. My name is  
7 Emma Dieterle. I am a home-educated high school  
8 student in Palm Beach County. I felt I needed to  
9 speak before this commission today.

10 The Bible provides the only true foundation  
11 for our thinking, starting with God's word, "We  
12 know that gender role is created by God and that  
13 people are created male and female," Genesis 1,  
14 "from the beginning." No matter how hard you try,  
15 you can't wish this fundamental physical reality  
16 away. The Bible teaches us that man and woman was  
17 created in his own image. Our gender identity is a  
18 social construct that can't change.

19 In Maine and California, students identifying  
20 as transgender can use whichever restroom they  
21 desire. The new way to approach the body is to see  
22 it as an Arch project, a means of self-expression  
23 rather than is how we were originally created. The  
24 lifestyle choice of transgenders cause much pain  
25 and brokenness. The suicide rates among

1 transgender individuals are 20 times higher than  
2 the general population.

3 I am a writing contributor to a GirlDefined  
4 blog which encourages young women to make -- to  
5 make God's design for womanhood, and I personally  
6 see the heartache and pain when minors make choices  
7 outside the boundaries of how God's word says we  
8 should live.

9 We should open our eyes to see that God has  
10 made us according to his perfect design. Man and  
11 womanhood aren't plan B. God himself has made us  
12 as we are, and minors under the age of 18 should be  
13 able to hear this kind of counseling. We cannot  
14 have our young people making the rules and  
15 determining what's truth without pure logic.

16 The fact in plain truth is God has created us  
17 to be a specific gender. I strongly -- I strongly  
18 encourage you to vote no against this ordinance.

19 COMMISSIONER BURDICK: William Dupere.

20 MR. SWARTHOUT: My name is Robert Swarthout.  
21 I live in Boca Raton, Florida.

22 I saw an article recently about Silvana De  
23 Mari. She's a medical doctor and a therapist in  
24 Italy. She doesn't practice in Florida. If she  
25 were to come to Boca Raton, and if I were to pay

1 for a meeting hall and let her speak about her  
2 opinion that homosexuality is why -- unwise, would  
3 that be illegal for me to do that? Melissa, would  
4 that be legal for me to do that?

5 COMMISSIONER BURDICK: Sir, we don't -- we  
6 don't dialogue.

7 MR. SWARTHOUT: Pardon me?

8 COMMISSIONER BURDICK: We don't dialogue.

9 MR. SWARTHOUT: Oh, you do not dialogue.

10 COMMISSIONER BURDICK: That's right.

11 MR. SWARTHOUT: Would the attorneys comment on  
12 that?

13 COMMISSIONER BURDICK: You have three minutes  
14 to speak, sir.

15 MR. SWARTHOUT: Will the attorneys comment on  
16 that issue?

17 MAYOR MCKINLAY: Sir, the way we do public  
18 comment is you have three minutes to make your  
19 comments.

20 MR. SWARTHOUT: In other words, the attorneys  
21 cannot comment on that?

22 MAYOR MCKINLAY: Not unless staff or  
23 commission asks them to.

24 MR. SWARTHOUT: Okay. Very good.

25 MAYOR MCKINLAY: Thank you.



1 MR. SWARTHOUT: Melissa, I'm pretty sure that  
2 your pitch --

3 MAYOR MCKINLAY: I'm sorry, sir. It's very  
4 disrespectful. I'm an elected member. You can  
5 address me as Commissioner or --

6 MR. SWARTHOUT: I'm sorry. I couldn't hear  
7 your voice.

8 MAYOR MCKINLAY: You may address me as  
9 Commissioner or Mayor, but please don't call any  
10 members of the commission by their first name  
11 during a public hearing. Thank you.

12 MR. SWARTHOUT: McKinlay, am I speaking  
13 that -- can I use that? Can I use that name?

14 MAYOR MCKINLAY: Please just make your public  
15 comments.

16 MR. SWARTHOUT: I think that the pitch that  
17 you're pushing is not going to help the demo --  
18 democratic party over the long run. That's just a  
19 political opinion.

20 COMMISSIONER BURDICK: Elizabeth Bessette. Go  
21 ahead, William.

22 MR. DUPERE: Good morning. My name is William  
23 Dupere. I am headmaster of Berean Christian  
24 School, and I live at 130 Nottingham Road, and I  
25 also represent Christian Schools of Palm Beach

1 County as president.

2 I've been following this for about a month now  
3 and my biggest concern is, as a headmaster of a  
4 school of about 700 students, is that parents will  
5 lose the right to be able to advocate for their  
6 child. We have a program at our school that is  
7 grace-based where, confidentially, a parent can  
8 suggest for or ask for counseling for -- from our  
9 counselor.

10 I employ a state counselor, which is Chapter  
11 491, and we are disconcerted about this because she  
12 will lose the ability to, A, counsel those students  
13 at a parent request, and also refer those students  
14 out for a referral. So this is alarming for me in  
15 that people actually send their kids to our school  
16 because they know that we care and because we then  
17 offer assistance. Not because I dictate what that  
18 assistance is or that my counselor dictates what  
19 that assistance is, but it's based on what the  
20 student wants, and on many times the parent and the  
21 student want their child to be counseled through  
22 this process.

23 I would ask for you to oppose this and  
24 definitely ask that you stand up for parental  
25 rights. Thank you.

1 COMMISSIONER BURDICK: Carly Cass, Cass. Does  
2 not wish -- oh, okay.

3 Steve Thomas. Go ahead, Elizabeth.

4 MS. BESSETTE: Good morning, Commissioners and  
5 Mayor. I would just like to reiterate that I'm in  
6 support of a ban that prevents mental health  
7 professionals from changing a person's sexual  
8 identity.

9 Fundamentally, I can agree with one aspect of  
10 this debate, and that's freedom. But as a resident  
11 of Palm Beach County and a mental health  
12 professional, this is something that I cannot back  
13 as far as conversion therapy goes.

14 As a therapist, the first rule of thumb is to  
15 do no harm. Conversion therapy not only violates  
16 this ethic, but it implies that a therapist has the  
17 ability to change one's sexual orientation. As  
18 great as we are, therapists are far and wide unable  
19 to pinpoint the therapeutic intervention which can  
20 make an individual change this part of who they  
21 are.

22 Ethical clinicians maintain and complete  
23 continuing education and consultation to ensure  
24 that their political, personal, and religious views  
25 are not impressed on to their clients as this

1 impacts their ability to remain objective. For  
2 this reason, I'm having a difficult time  
3 understanding the discrimination of religion and  
4 freedom of speech in the context of mental health  
5 counselors as it relates to banning conversion  
6 therapy.

7 Manipulating research to help this argument in  
8 and of itself is detrimental. There is no evidence  
9 that any of the claims of conversion therapy is  
10 effective, and the APAs concluded that  
11 homosexuality is not a mental illness or disorder,  
12 so what purpose does conversion therapy serve?

13 I appreciate the concern and ensuring the  
14 freedom of therapists to continue practicing the  
15 way we see fit, but even we are not above a code of  
16 ethics. Doctors, priests, nurses, politicians, we  
17 all have a spectrum which we have to practice our  
18 craft within, and to think there is a total freedom  
19 is a farce in general.

20 The implementation of orders -- ordinances  
21 such as those that will allow conversion therapy to  
22 continue is not something that I can support. I  
23 entered this field wanting to make a difference. I  
24 don't attempt to change anyone as I feel each  
25 person I work with already has the tools that they

1 need to be able to make the difference they desire  
2 in their life. I am simply a facilitator of that  
3 change.

4 I think each of the clients I interact with  
5 are all gifted, talented, unique, and beautiful  
6 people on their own. Collaboration within the  
7 therapeutic relationship aids an individual in  
8 realizing and accepting their true self. So the  
9 question I pose is: What kind of a therapist would  
10 I be if I assume that my client was inadequate or  
11 wrong or inappropriate based on their sexuality?  
12 And what kind of arrogant clinician would I be to  
13 assume I had the power to change who they were?  
14 Thank you.

15 COMMISSIONER BURDICK: Thank you. Kieron  
16 Sharpe.

17 MR. THOMAS: Good morning. My name is Steve  
18 Thomas. I am the pastor of the First Baptist  
19 Church of Delray Beach, and I lead the Palm Beach  
20 Baptist Network and Association of about 100  
21 churches here in Palm Beach County.

22 I want to say, first of all, I appreciate you  
23 as commissioners. This is a difficult job and I  
24 think that it's -- there's a lot of hard choices  
25 you have to make. And it seems today that we're

1 coming to an issue where you're saying, "We want to  
2 help the weak," and I want you to know I applaud  
3 you for that. I think that's a positive thing;  
4 however, I cannot support this ordinance.

5 I'm not a fan of conversion or reparative  
6 therapy because I think it -- it has, in some  
7 cases, used the therapist's office in a way that  
8 would provide shame, harm in difficult situations;  
9 however, because some have misused therapy doesn't  
10 mean that we should limit or try to ban therapy.  
11 In the same way, some people have abused pageants,  
12 child sports, all kinds of things that children do  
13 and cause psychological harm, but we're not banning  
14 that.

15 What we're saying is, as Christians, as  
16 followers of Christ, is we want to raise our kids  
17 that they could love the Lord their God with all  
18 their heart, with all their soul, with all their  
19 mind, and to love their neighbor as themselves.  
20 That was a answer that Jesus Christ gave when he  
21 was questioned by lawyers, "What's the most  
22 important thing? What really matters?" And Jesus  
23 said that. He quoted the Shema from Deuteronomy 6,  
24 "Love the Lord your God with all your heart, soul,  
25 and mind. Love your neighbors yourself." That's

1 as believers, as Christians, as pastors that we're  
2 trying to get people to do. We do not earn God's  
3 grace or God's favor by doing good. We earn God's  
4 grace and God's favor by responding to his love by  
5 loving him and by loving others.

6 I've raised three kids here in this county.  
7 I've enjoyed it. I love this place. And I  
8 appreciate you being a part of helping it to be a  
9 great place to live; however, I think it's really,  
10 really scary for you to try to tell therapists to  
11 not present a certain point of view, which happens  
12 to be our point of view, which makes it much more  
13 difficult for us to raise our kids in this  
14 wonderful place called Palm Beach County.

15 I think it's a great idea to try to help us  
16 all get along and love one another, but to limit  
17 and try to step into the therapist's office and say  
18 to me as a pastor, me as a parent, "You can't get  
19 certain help to help a child evaluate their  
20 sexuality." I think that's -- that's a wrong step,  
21 and I think it makes it a much more dangerous and  
22 much worse place to live.

23 So thank you so much for your time today. I  
24 appreciate your work.

25 COMMISSIONER BURDICK: Dr. Carla [sic] Wels.

1 Go ahead, Kieron.

2 MR. SHARPE: Good morning. My name is Kieron  
3 Sharpe. I live in Jupiter, Florida, and I've been  
4 a counseling pastor for many years. And I just  
5 want to appreciate and show my appreciation to this  
6 body for the decisions you have to make. And I  
7 would also pray and encourage you to seriously  
8 consider -- we've heard so many different arguments  
9 this morning. There's a lot of passion here. And  
10 I don't want to be redundant and repeat some of the  
11 amazing stories and arguments that people have  
12 made, but I just wanted to ask a couple of  
13 questions.

14 We are here concerned with children, and  
15 that's why we're here. And I would also like to  
16 say that the reason why we're concerned with  
17 children is because they're our future. We love  
18 our kids. I'm a parent of three kids, now a parent  
19 of almost six grandkids. We love our children.  
20 And there's some questions that come out with  
21 regard to what is being promoted here.

22 Words like "conversion," that predisposes the  
23 argument that this is a really bad thing. Our  
24 counselors and our therapists who are in that field  
25 and that line of work, I would say that they have



1 to be loving because the whole purpose of a  
2 counselor is building relationships within the  
3 counseling environment. In building relationships,  
4 the environment has to be comfortable. It has to  
5 be loving and these kids need to be affirmed and  
6 encouraged.

7 What is my point? If a child comes in and the  
8 parent sends them in for help because they have an  
9 unwanted sexual attraction, the role is to help  
10 this child or this student reach that place where  
11 they can make the appropriate decision and be at  
12 ease and comfort with the decisions they make.

13 One of the things I see that come out here,  
14 we're accused, as counselors, of trying to change  
15 the orientation that causes depression, suicidal  
16 thoughts, substance abuse and the like. I get  
17 these kids coming to me before they even step into  
18 a counseling office. They already have these types  
19 of things going on.

20 And I'll cite one example. A young woman, who  
21 was suicidal, who struggled with same-sex  
22 attraction, from her perspective it was unwanted,  
23 and she got the appropriate help. And fast forward  
24 a few years. She is now a wife and mother of three  
25 healthy children. No more ideation of suicide. No

1 more discomforts. She's moving forward, and I see  
2 these kids all the time.

3 So all we want -- it would behoove you to  
4 really consider opposing this prohibition because  
5 it's about the health and welfare of our children.  
6 Thank you.

7 COMMISSIONER BURDICK: Thank you. Kathleen  
8 Moran [sic]. Here you go.

9 MS. WELS: Hi. My name is Dr. Daria Wels. I  
10 live in Boca Raton, Florida. I've been a licensed  
11 psychologist in the state of Florida for over 25  
12 years. The Florida Board of Psychology is composed  
13 of five persons with doctorate degrees in  
14 psychology and was established to ensure that every  
15 psychologist practicing in this state meets minimum  
16 requirements for safe practice. So if they  
17 discipline a psychologist, it is done by peers who  
18 understand all of the nuances.

19 In Section 7, you state that "This ordinance  
20 is enforceable by the county's code enforcement  
21 officers." So Palm Beach County will be sending  
22 out the same person that ascertains that garbage  
23 cans are up to code to evaluate the therapy of a  
24 licensed psychologist practices? You fail to cite  
25 evidence to show why existing channels for

1 complaints would not be adequate to address any  
2 alleged harm.

3 A licensed professional who counsels her own  
4 child, arguably, would run afoul of the ordinance  
5 because the ordinance prohibits conversion therapy  
6 by a licensed counselor whether the counselor is  
7 paid or unpaid. There is no exception for parents  
8 who are licensed providers who might give counsel  
9 to their own LGBT-identified child.

10 Research shows that autistic adolescents are  
11 7.59 times more likely to express gender variance.  
12 Adolescent girls with autism are vulnerable to  
13 being misdiagnosed as being transgender because  
14 they fixate on gender just as they fixate on other  
15 things.

16 Under this ordinance, a provider who attempts  
17 to help an autistic client sort out whether she is  
18 fixating on gender but is not trans, or whether she  
19 is really transgender, could be accused of  
20 practicing conversion therapy. Adolescent lesbians  
21 report growing pressure within the LGBT community  
22 to identify as transgender males instead of as  
23 lesbian girls.

24 The ordinance contains a blanket prohibition  
25 on so-called conversion therapy for minors. Minors

1 are defined as children under 18; however, the  
2 ordinance treats a minor who is 17 the same as a  
3 minor who is two.

4 The ordinance infringes on the religious  
5 liberty rights of pastors and parents. A lay  
6 person who is a licensed counselor for Catholic  
7 Charities, for example, is not afforded a protected  
8 right to engage in religious counseling.

9 My quick read of the Palm Beach County  
10 ordinances show that you do not police any other  
11 professions. Why are you picking on psychologists?  
12 How about requiring accountants to inform minors  
13 that using a calculator stunts their math  
14 abilities?

15 You have a lot to worry about if you start  
16 down the road of muzzling psychologists. Once you  
17 do, there is no return. The road to hell is paved  
18 with many good intentions. Thank you.

19 COMMISSIONER BURDICK: Tyler Hamilton. Go  
20 ahead, Kathleen.

21 MS. MARTIN: My name is Kathleen Martin, and  
22 I'm a licensed psychotherapist currently in private  
23 practice in Palm Beach County. My three minutes  
24 are going to be used asking a few questions. Not  
25 of you all, don't worry, but general questions.

1           My first one being: How many of you remember  
2     the name Charlie Gard? Charlie Gard was actually  
3     named Charles Matthew William Gard. He was born on  
4     August 4, 2016. He was the infant born in the  
5     United Kingdom with mitochondrial DNA depletion  
6     syndrome, a very rare genetic disorder. Charlie's  
7     case captured the world's attention and raised  
8     questions concerning the government's right to  
9     oversee and ultimately take control of a child's  
10    medical treatment and disregard -- actually,  
11    disallow a parent's right to seek treatment for  
12    their child.

13           United Kingdom actually refused to allow  
14    Charlie's parents to take him to the U.S. for  
15    medical treatment with hopes of saving Charlie's  
16    life. A five month court battle ensued, to no  
17    avail. The pope, the president, and truthfully  
18    every person that I -- I know did not agree with  
19    England's decision to refuse to allow his parents  
20    to travel in a desperate attempt to save their  
21    child's life.

22           A different issue you state concerning today's  
23    hearing? No, no. Today's issue is the beginning  
24    of a slippery slope. Stripping away a child's  
25    rights, parental rights, essentially all in favor

1 of a government's control, that's frightening to  
2 me, very frightening.

3 Number two question: How many of you have  
4 attended graduate school and become licensed  
5 therapists?

6 UNIDENTIFIED SPEAKER: Just the first four.

7 MS. MARTIN: Okay. Good, a couple here.

8 Well, if you had, you would have heard one --  
9 you would have learned one of the very first  
10 hard-and-fast rules of therapy, and that is to go  
11 where the client goes. We're trained and we're  
12 retrained not to take control, not to impose our  
13 personal beliefs on any client. That would be  
14 inappropriate. Oh, but wait a minute, isn't that  
15 exactly what this ban is looking to do? This ban  
16 is looking to impose a county, a government's  
17 agenda to what they deem is appropriate rather than  
18 allowing the child and the client to direct the  
19 therapy needed.

20 The state is actually asking us, as  
21 therapists, to break our hard-and-fast rule and  
22 direct a child to an agenda determined by the state  
23 rather than determined by the child. Unthinkable  
24 for a therapist. Unthinkable.

25 Number three: Finally, how many of you are

1 parents? I know we got to make it quick here.  
2 Okay. Can you think of one person in your life, in  
3 your child's life that has a more pure or loving  
4 motive for your child than you? Can you think of  
5 one person who would have a more pure motive? I  
6 can't. I doubt it. And yet parents are being told  
7 they are not allowed to get their children help  
8 when their children are struggling with unwanted  
9 sexual --

10 COMMISSIONER BURDICK: Thank you.

11 MS. MARTIN: Sorry.

12 COMMISSIONER BURDICK: Thank you.

13 MS. MARTIN: Thank you. Thank you.

14 COMMISSIONER BURDICK: Charlene Harren. Go  
15 ahead, Tyler.

16 MR. HAMILTON: Thank you, Commissioners.  
17 Yours is a job that's not for the faint of heart,  
18 and so I appreciate the willingness to serve this  
19 county.

20 On the issue of banning therapy for minors, I  
21 think everyone's hearts are in the right place. I  
22 have friends who are neither coerced into therapy  
23 nor promised something that couldn't be delivered  
24 through therapy and who have experienced success.  
25 This ordinance, and the people who put you up to

1 proposing it, marginalize my friends by telling  
2 them that they either don't exist or that they're  
3 diluted. This ordinance also steals an option from  
4 kids who are just like my friends.

5         Given that this ordinance was recycled from  
6 numerous identical ones circulating throughout  
7 municipalities in South Florida, it's clear that  
8 this ban was prompted by a group with an objective  
9 to get rid of any notion that conflicts with their  
10 own views and basic assumptions about sexuality.  
11 Likewise, the ordinance is based upon  
12 presuppositions and conclusions primarily taken  
13 from the American Psychiatric Association, American  
14 Psychological Associations, drawn from incomplete  
15 research evidence. And the organizations drawing  
16 the conclusions are represented by association  
17 members with specific biases and objectives.

18         The APA Task Force Report, for example, is  
19 written by members of that organization who have  
20 written elsewhere about strategy and success in  
21 getting rid of any therapy besides that which they  
22 espouse, specifically what you've operationally  
23 defined as conversion therapy.

24         I have two questions. What particular  
25 expertise or information does the county posses



1 about therapy that would lead it to co-op the  
2 Florida Department of Health? And secondly, with  
3 passage of this ordinance, only so-called  
4 affirmative therapy would be available to minors;  
5 therefore, what body of research evidence does the  
6 county use to demonstrate safety and efficacy of  
7 such therapy? Specifically, what research evidence  
8 exists to suggest that this type of therapy is safe  
9 and effective in minors who are indeed distressed  
10 by their attractions or behaviors? Thank you.

11 COMMISSIONER BURDICK: Amanda Canate. Okay.

12 MS. HARREN: My name is Charlene Harren.

13 COMMISSIONER BURDICK: Wait a minute,  
14 Charlene.

15 MS. HARREN: I'm sorry.

16 COMMISSIONER BURDICK: Rand Hoch. Go ahead,  
17 Charlene. I'm sorry.

18 MS. HARREN: My name is Charlene Harren, and I  
19 live in Boynton Beach. My husband, who just passed  
20 away in May, was a pastoral counselor. He worked  
21 for many years with people who had unwanted  
22 homosexual attractions, including teenagers, young  
23 adults, and men. He would also refer them to  
24 professional counselors to address the deeper  
25 issues. Professional counseling is a very

1 important resource for people addressing unwanted  
2 attractions.

3 Over the years we had the privilege of  
4 witnessing change take place in the lives of many  
5 of the people that we knew through ministry and  
6 many of the people that he counseled. In fact, my  
7 husband and I had the privilege of attending a  
8 wedding of one of the young men that my husband had  
9 counseled.

10 And when my husband passed away, that same  
11 young man called to offer condolences. He said  
12 that my husband had helped him become the man he is  
13 today, and he added that he and his wife and two  
14 children were moving away to begin training to  
15 enter the ministry.

16 Over the years we have known many people who  
17 have chose to get help for reducing unwanted  
18 homosexual attractions. I've known several couples  
19 that one or both used to identify as homosexual but  
20 are now married to one another in a heterosexual  
21 relationship. And I have known others who have  
22 chosen celibacy over homosexual relationships.

23 Although you may not personally know people  
24 who have been dissatisfied with their homosexual  
25 attractions, please don't assume such people do not

1 exist. There are, in fact, many people who desire  
2 change, including many teenagers. Please don't  
3 disregard this population. Please don't take away  
4 the right of young people to seek licensed  
5 professional counseling when they are distressed by  
6 their unwanted attractions. Would you want this  
7 for your child? Would you want your child to have  
8 no other choice? Please vote no on this ordinance.  
9 Thank you.

10 MR. HOCH: Hi. My name is Rand Hoch. I'm  
11 president of -- and founder of the Palm Beach  
12 County Human Rights Council. Mayor McKinlay and  
13 Commissioners, thank you for taking a look at this  
14 ordinance at our request.

15 Over the past two years we've heard from two  
16 individuals, minors, who have been required to go  
17 to conversion therapy by their parents. These are  
18 kids with gay friends who are comfortable where  
19 they are; It's their parents that have a problem  
20 with their children being gay or lesbian.

21 I guess I'm the first lawyer other than Helene  
22 to talk today. You've heard legal advice from a  
23 bunch of psychologists and other people, but I have  
24 to tell you, Helene has done an amazing job looking  
25 at this for the past year and a half. She's read

1 every case that's out there. She has challenged  
2 Trent Steele and I and Jamie Foreman from the  
3 council on every section that might be a problem, a  
4 year and a half of legal research, and she won most  
5 of the arguments. Things --

6 When we first made the presentation, we were  
7 overreaching. We knew that we wanted everything.  
8 We wanted to prohibit advertising of conversion  
9 therapy, which is illegal in two states because  
10 conversion therapy is fraudulent. There is no  
11 evidence that it works. Among the federal cases,  
12 they wouldn't even allow one of the witnesses, who  
13 was a conversion therapist, to testify because he  
14 lacked scientific knowledge and reality that was  
15 acceptable by the courts.

16 Our ordinance is different than the one in  
17 Miami-Dade County. It's narrower because of  
18 Helene. She took a look at what was going on there  
19 and said, "This opens us up to a problem," so she  
20 closed the gap.

21 Florida legislature has never had a hearing on  
22 conversion therapy regardless of what you've been  
23 told. Excuse me?

24 COMMISSIONER: Can you address that?

25 MR. HOCH: Okay. They've never had a hearing

1 on conversion therapy. Bills have been filed, but  
2 they have refused to amend the sections of the law  
3 that governs psychologists, psychiatrists, medical  
4 providers, to specifically address conversion  
5 therapy, and that's the problem and that's why  
6 we're here today. That's why we've been to other  
7 places throughout the county, and other groups have  
8 been throughout Florida because there is a problem.  
9 Conversion therapy causes harm. That is proven in  
10 every one of the studies that we provided you.

11 And I apologize for giving you hundreds of  
12 pages of things to review, but it's consistent.  
13 And these are done by real groups. They're not  
14 done by the American College of Pediatricians --  
15 and I have ten seconds left -- so nothing affects  
16 free speech. It affects conduct, and that has been  
17 dealt with by the United States Supreme Court and a  
18 lot of lower courts. Thank you.

19 COMMISSIONER BURDICK: Thank you.

20 That concludes the members of the public who  
21 wish to speak, but we do have a number of cards  
22 here that do not want to speak but wanted their  
23 names read into the record.

24 Amanda Canate is in support. Dylan Brocks is  
25 in support. Carly Cass is in support. Sherman

1 Dibble is opposed. Rachel Brent is opposed. Julie  
2 Thomas is in opposition. Joe Seifel is opposed.  
3 And Vanessa Smith is also opposed.

4 And that concludes our comment from the  
5 public, and I will now turn it over to the Mayor of  
6 Palm Beach County, Melissa McKinlay.

7 MAYOR MCKINLAY: Thank you very much. Thank  
8 you very much. Commissioner Berger, you're  
9 recognized.

10 COMMISSIONER BERGER: I wanted to ask  
11 something of Rand, but that's okay, he's already  
12 sat down. I'll just make it in my comments.

13 MAYOR MCKINLAY: Okay.

14 COMMISSIONER BERGER: I'll just make it in my  
15 comments.

16 MAYOR MCKINLAY: We're on comments. Did you  
17 want to make your comments or do you want me to  
18 come back to you?

19 COMMISSIONER BERGER: Still on questions?

20 MAYOR MCKINLAY: No, we're not. We're on  
21 comment right now.

22 COMMISSIONER BERGER: Okay. Do we need a  
23 motion?

24 MAYOR MCKINLAY: Actually, we can do -- we can  
25 do questions, that's fine. Commissioner Abrams.

1 COMMISSIONER ABRAMS: Thank you, Madam Mayor.  
2 I do have a couple of areas of inquiry here. The  
3 first is this issue of the Board's jurisdiction,  
4 the county's jurisdiction, I guess, over this  
5 issue. What's the county attorney's position on  
6 that?

7 MS. HVIZD: Well, the question I believe  
8 should not be phrased in terms of jurisdiction,  
9 which is an authority to hear an issue. I believe  
10 it rather is a question of preemption. That's the  
11 way a court would look at it.

12 As you know, there are two ways that the  
13 county might be preempted from legislating in a  
14 particular area. One is an express preemption.  
15 There is no express preemption in the Florida law.

16 COMMISSIONER ABRAMS: That's when the  
17 legislature specifically says "The county shall not  
18 legislate in this area."

19 MS. HVIZD: Correct. And the second way would  
20 be an implied preemption, and that would be  
21 something that the courts would have to imply from  
22 the legislative scheme. And in this regard, you  
23 are writing on a clean slate. There has been no  
24 court in the state of Florida to address this type  
25 of question, and so I am also giving you advice

1 based on a lack of precedence that we can refer to.

2 The proponents of this particular ordinance  
3 point to language in the Florida legislature that  
4 says that counties may protect the health, safety,  
5 and welfare of children, and they see that as a  
6 statement of the legislature's intent not to  
7 preempt counties from legislating in this area.

8 That's one argument. The other side of the  
9 argument is that Florida does have a very broad  
10 Patient's Bill of Rights and very extensive  
11 legislation regarding professional associations and  
12 boards that do oversee physicians.

13 So there is an argument to be made on both  
14 sides. There is no express preemption, however.

15 COMMISSIONER ABRAMS: Okay. And then I guess  
16 the -- moving to more of a substantive issue on  
17 this, you know, a lot of discussion -- I was  
18 wondering where all my friends from Boca Raton,  
19 where they were when the Boca Raton City Council  
20 took this up; but in any event, I'm glad to see you  
21 all came up here to West Palm. But let me ask: A  
22 lot of -- a lot of debate this morning about  
23 discussion -- discussing with youth or children the  
24 issue of unwanted attractions versus the act -- the  
25 actual treatment or seeking to change a child's



1 sexual orientation.

2 And I know we're on first reading today and,  
3 you know, I don't know if this is going to move  
4 forward or not; but if it were to move forward, if  
5 there weren't some ability to even further sort of  
6 narrowly tailor this to the actual treatment that  
7 would seek to change a child's sexual  
8 orientation -- because my problem isn't so much  
9 with the freedom that I think people should have to  
10 discuss things as opposed -- or even counseling  
11 and, you know, I don't know if that's a term of art  
12 in the, you know, psychological community, but I  
13 do, in my head at least, make a distinction between  
14 discussing and counseling versus what we have in  
15 your definition of practices or treatment to seek  
16 to change an individual's sexual orientation or  
17 gender identity because that I don't think can  
18 occur as a matter of fact. But, you know, if this  
19 were to come back, Madam Mayor, you know, I  
20 would -- I would like to see if we couldn't tighten  
21 that up to prohibit the actual activity that I  
22 think is being complained of by the Human Rights  
23 Coalition, which is the actual practice or  
24 treatment of changing someone's sexual orientation.

25 And then just if you can confirm that you've

1 written it up so that it sort of works both ways.  
2 That, you know, a child who is gay cannot be  
3 converted to being straight, likewise, this would  
4 prohibit a straight child from being converted to  
5 being gay if -- you know, again, if any of that is  
6 even possible, which it's not in my view. And  
7 that's what you are saying in this -- in this  
8 section for definition of conversion therapy.

9 Because while you are saying that conversion  
10 therapy does not include counseling that provides  
11 support and assistance, et cetera, you have  
12 provided that this is so as long as such counseling  
13 does not seek to change an individual's sexual  
14 orientation or gender identity. So it works both  
15 ways as you've drafted it; is that correct?

16 MS. HVIZD: Correct.

17 COMMISSIONER ABRAMS: Okay. Thank you.

18 MAYOR MCKINLAY: Commissioner Valeche.

19 COMMISSIONER VALECHE: Thank you, Madam Mayor.  
20 I think we're on very dangerous ground here and, to  
21 me, this is primarily about speech and what we're  
22 doing here, to be honest, and at least in my view,  
23 is criminalizing and --

24 MAYOR MCKINLAY: Mr. Valeche, I'd like to  
25 remind you that we're on questions right now, not

1 on comments.

2 COMMISSIONER VALECHE: Okay. Well, I'm  
3 questioning the Board's motives in doing this, but  
4 I'll -- I'll defer -- I'll wait. Sure.

5 MAYOR MCKINLAY: Thank you. Commissioner  
6 Kerner.

7 COMMISSIONER KERNER: Thank you, Madam Mayor.  
8 My -- my line of questioning pertains directly to  
9 what Commissioner Abrams was interested in, and  
10 that is the implied preemption concern for -- the  
11 legislature would have to fully occupy the field of  
12 regulation over this conduct for it to be impliedly  
13 preempted; is that correct?

14 MS. HVIZD: I think I might extend that a  
15 little bit. You're suggesting that they would have  
16 to completely occupy the field as to this conduct  
17 as to --

18 COMMISSIONER KERNER: As to the regulation of  
19 mental health treatment, I guess.

20 MS. HVIZD: Okay. If it is more -- if the  
21 statement is more broad, I would agree with that.

22 COMMISSIONER KERNER: And so in that line, I  
23 know that there's not any precedent as to sexual  
24 orientation change efforts specifically, but is the  
25 County Attorney's Office aware of regulation within

1 that field by local governments that don't pertain  
2 specifically to that issue?

3 MS. HVIKD: Other than the ordinances that  
4 several other municipalities have already passed,  
5 I -- I am not aware of every municipality's  
6 ordinances though, so --

7 COMMISSIONER KERNER: Sure. Well, I guess I'm  
8 wondering: Have other local governments attempted  
9 to regulate -- not SOCE specifically, but other  
10 aspects of mental health or psychological  
11 treatment?

12 MS. HVIKD: And again, Commissioner, I'm  
13 sorry, I'm just not able to answer that question  
14 with any specificity. I can't -- I can't say.

15 COMMISSIONER KERNER: If we find instances  
16 where local governments have regulated in that  
17 area, the broadest area possible, would that give  
18 the County Attorney's Office more comfort that  
19 local governments have regulated and thus it's been  
20 upheld and thus there is no implied preemption?

21 MS. HVIKD: Certainly. I'm not aware of any  
22 ordinances.

23 The county commission, pursuant to its home  
24 rule charter, is allowed to enact ordinances to  
25 protect the health, safety, and welfare of its

1 citizens. And so, in that light, you have the  
2 authority, if you will, to enact an ordinance that  
3 you believe is intended to protect the health,  
4 safety, and welfare of minors, of any citizen. So  
5 it would not surprise me if we were to find an  
6 ordinance in another municipality or county within  
7 the state of Florida that does indeed place some  
8 limits on medical practices.

9 COMMISSIONER KERNER: Okay. So for the many  
10 speakers that came up and essentially warned us  
11 that we're operating outside of our authority as  
12 the county commission, as we sit here today,  
13 there's nothing specific that you can point to to  
14 sustain their allegations?

15 MS. HVIZD: Correct.

16 COMMISSIONER KERNER: Okay. Beyond that, I  
17 guess I'll save the rest for debate.

18 MAYOR MCKINLAY: Commissioner Burdick.

19 COMMISSIONER BURDICK: Thank you. I'd like to  
20 move the approval on preliminary reading and  
21 advertise for public hearing on December 19, 2017  
22 at 9:30 in the morning establishing a Prohibition  
23 of Conversion Therapy on Minors Ordinance.

24 VICE MAYOR BERNARD: Second.

25 MAYOR MCKINLAY: Okay. There's a motion

1 that's been made by Commissioner Burdick and a  
2 second by Vice Mayor Bernard.

3 Commissioner Berger, I do know that you had a  
4 question, so if you would like to ask that, please  
5 feel free.

6 COMMISSIONER BERGER: I wanted to direct a  
7 question to the young lady that's sitting towards  
8 the back there that came up and spoke. You are a  
9 counselor and you spoke very eloquently and had the  
10 really beautiful blue color dress on. Yes. Oh,  
11 blue blouse, sorry. I just like the color blue.

12 Thank you. Thank you for coming out. I  
13 just -- I'm not sure that we've been real clear  
14 with each other about exactly what conversion  
15 therapy is, so I'm going to take a stab at this  
16 question. If a parent came to you with a young  
17 person, a teenager, that was having difficulty and  
18 that parent said, "I want you to take my child. I  
19 want you to tell him or her that he or she is  
20 wrong, bad, a sinner, will go to hell, not go to  
21 heaven," would you take that case?

22 MS. BESSETTE: I don't think it's such a cut  
23 and dry answer. I would definitely explore that  
24 with the parents.

25 Within the practice that I work in, we have

1 policies and procedures in place where we wouldn't  
2 see a child without seeing a parent first, so that  
3 would be a discussion that I would have. It's not  
4 a black and white answer for me, but I know that  
5 for myself ethically, I'm not in a business to  
6 change people. I'm in it to help them discover  
7 what they already have.

8       There's no evidence to say that conversion  
9 therapy works, so I go back to what someone cited  
10 earlier about your jurisdiction of letting a doctor  
11 give a Z-Pak. Well, you wouldn't give a Z-Pak if  
12 you didn't have a diagnosis, and there's no  
13 diagnosis that says that this is what conversion  
14 therapy is for. I hope that answers your question.

15       COMMISSIONER BERGER: Yes, it does. And I  
16 appreciate your honesty in that answer. Thank you.

17       MAYOR MCKINLAY: We are now on comments, and I  
18 will go back to Commissioner Valeche.

19       COMMISSIONER VALECHE: Thank you, Madam Mayor.  
20 I'll start again.

21       We are on very dangerous ground here because,  
22 in my view, this is a speech issue and what we're  
23 doing is banning and criminalizing speech that we  
24 might not agree with or might find distasteful.

25       I -- from what I've read about conversion

1 therapy, it's probably not a good thing, but I  
2 would certainly not be presumptuous enough to  
3 impose my nonprofessional opinion, and I don't  
4 think we should be presumptuous enough to impose  
5 our nonprofessional opinions on a profession that's  
6 self-regulating.

7 Another thing that we're doing here is getting  
8 between -- we're interposing ourselves between  
9 parents and children, which is certainly not the  
10 role of the county commission, and I'll illustrate.

11 I mean if a parent wants to -- thinks that  
12 this thing is good, which they're allowed to  
13 think -- you know, we're not in the thought control  
14 business here -- and they want to take their kid to  
15 a therapist that previously, you know, contemplated  
16 this, I don't even know what it is, and we haven't  
17 defined it yet, they won't be able to do it. Or,  
18 as the Mayor asked, they could bring their kid  
19 there but if the -- if the conversation inches into  
20 this area, this amorphous area that we don't -- we  
21 haven't even defined, then suddenly the therapist  
22 could be cited by our code enforcement officer and,  
23 you know, given a fine. I don't know what the  
24 penalties are here, but there is a fine.

25 This is smacking of fascism to me, you know,



1 because that's how fascism starts. You don't like  
2 somebody's ideas and you say you can't say them  
3 anymore.

4 The last thing, and then I'll read something  
5 from the ACLU, which, as you know, is very  
6 fair-minded about speech issues, but this is  
7 unenforceable. Honestly, that code enforcement  
8 question I thought was very relevant. How are we  
9 going to find out whether this is taking place  
10 within people's offices in the privacy of -- and  
11 I'm assuming that like most doctor-patient  
12 relationships, and these are not always doctors,  
13 but that this conversation is privileged. And how  
14 do we -- what do we do? Break in? Do we eavesdrop  
15 on people? I think there's all sorts of problems.

16 But let me read from the ACLU. "Available  
17 research does not support the use of conversion  
18 therapy as an effective method in the treatment of  
19 LGBT persons. Evidence shows that the practice may  
20 actually cause emotional or physical harm to LGBT  
21 individuals, particularly adolescents or young  
22 persons. At the same time, however, we believe  
23 that this type of therapy is and can be prohibited  
24 more appropriately through other methods, including  
25 through the professional disciplinary process.

1 Legislative regulation remains problematic in our  
2 view, particularly because of its potential civil  
3 liberties impact far beyond its designated intent.

4 Here is what we have argued: Professional  
5 licensing entities are better suited than  
6 legislators to regulate medical practices given  
7 their expertise in the field and the lower risk  
8 that such decisions will be based on politics  
9 rather than the medical evidence."

10 I think we're overstepping our bounds here.

11 MAYOR MCKINLAY: Vice Mayor Bernard.

12 VICE MAYOR BERNARD: Thank you, Madam Mayor.

13 You know, I move that -- you know, I think it's so  
14 important for us -- for this to, you know, go into  
15 December 19th. I know it's not a -- it's not a  
16 perfect ordinance and where we may need to -- if  
17 there is issues that we need to address in terms of  
18 making sure that it's -- it's applied narrowly, I  
19 think that we would have time between now and  
20 December 19th to address those. But, you know,  
21 since we're -- we're here to protect the health,  
22 safety, and the welfare of our residents, and this  
23 is our opportunity to protect minors.

24 And since the state -- since the legislature  
25 have not -- have not acted on this, we, as a county

1 commission, I believe that we should move forward  
2 since there's no express or implied preemption.  
3 This gives us a clean slate. And if the  
4 legislature want to preempt us, then they can do  
5 that in the future.

6 So I'm supporting this, and if there's  
7 something that we need to address in the future  
8 between now and December 19th, I think that we  
9 should bring the parties together and address it to  
10 make sure that it's narrowly tailored. Thank you.

11 MAYOR MCKINLAY: Thank you, Vice Mayor  
12 Bernard. Commissioner Kerner.

13 COMMISSIONER KERNER: Thank you, Madam Mayor.  
14 I will vote today to move forward with this  
15 proposed ordinance.

16 I think it's important to make the distinction  
17 that we're not regulating speech here. We're  
18 not -- first of all, we're not interfering with the  
19 parental relationship or the pastoral relationship.  
20 What we are doing here today, or what we may do, is  
21 regulate a profession.

22 There was some comments made about 3 plus 4  
23 equals 21 and these -- and that's incorrect. And  
24 the assumption is that being homosexual is and  
25 somehow wrong. That's the presumption that I feel

1 when someone says "3 plus 4 equals 21, you're  
2 wrong." There's an analogy there. And so what  
3 we're talking about today is it's fine to believe  
4 that. I'm not going to impose my views on my  
5 constituents. It's fine to believe that. It's  
6 fine to speak about that in the parent-child  
7 relationship if that's how you wish to teach your  
8 children. That's far beyond our authority as  
9 county commissioners.

10 And certainly within the religious context, we  
11 don't mean to infringe upon the religious  
12 relationship that exists. That's sacred and that's  
13 not something that governments should interfere  
14 with, but what we are speaking about today is  
15 regulating the profession of psychology,  
16 psychiatry -- psychiatry, and licensed mental  
17 health, and so government is well-empowered to  
18 regulate that relationship.

19 And just to allay fears about code enforcement  
20 officers sneaking in or eavesdropping on that very  
21 sacred relationship as well, that's not how this  
22 ordinance would or could be enforced. The way that  
23 I see it being enforced is that if a young -- if a  
24 minor is compelled to go to this type of therapy --  
25 as it stands right now, they have no outlet to

1 object to it except objecting to their parents, but  
2 if they are compelled to go to this type of therapy  
3 and they don't agree with it and it offends them  
4 and it hurts them and it affects their psychology  
5 and mental health, then they have the ability to  
6 petition their government and say, "Hey, my  
7 psychologist is violating the law and I want my  
8 government to do something." That option does not  
9 otherwise exist in the current legislative scheme  
10 in Palm Beach County, and I will be voting for it  
11 today. Thank you.

12 MAYOR MCKINLAY: Ms. Nieman.

13 MS. NIEMAN: I just want to point out that I  
14 appreciate Mr. Hoch's comments about Helene's hard  
15 work, and she definitely has, but we are stepping  
16 into new grounds.

17 You heard earlier that Tampa is being sued.  
18 I've requested a copy of that complaint and will  
19 have that reviewed to see how our ordinance  
20 parallels and what the challenges are so you have  
21 that information for your point of public hearing.

22 MAYOR MCKINLAY: Commissioner Kerner.

23 COMMISSIONER KERNER: I have a question on  
24 that issue. Thank you, Madam Mayor.

25 Is the lawsuit as to the facial and

1 constitutional of the ordinance or is it being  
2 challenged as it was applied?

3 MS. NIEMAN: I have no idea. It's new  
4 information that there -- a suit was filed. So  
5 I've requested that this morning as I'm sitting  
6 here, and we will have that, you know, information  
7 for you. I just don't want to leave an impression  
8 that all of Helene's good work results in a slam  
9 dunk if we're challenged.

10 COMMISSIONER KERNER: Thank you.

11 MS. NIEMAN: We know that doesn't happen any  
12 time with what we're doing, but especially here.

13 MAYOR MCKINLAY: Thank you. Commissioner  
14 Abrams.

15 COMMISSIONER ABRAMS: Madam Mayor, I can --  
16 this is a difficult issue. I must say I  
17 acknowledge the arguments on both sides. I can --  
18 but we are here on first reading. I can support  
19 bringing this back and -- but I would want to see  
20 what a final version looked like based on some of  
21 the concerns that I've expressed based on the  
22 additional information that County Attorney's  
23 Office is going to provide or reserve the right  
24 myself to make changes at the next meeting -- you  
25 know, to propose changes for the Board's

1 consideration and would withhold my judgment on the  
2 substance of this until then.

3 MAYOR MCKINLAY: Thank you, Commissioner  
4 Abrams. And I don't see any more lights, so I'll  
5 just wrap it up.

6 Our job is not an easy one, and sometimes we  
7 get into subjects that we don't always see eye to  
8 eye with and from certain members of the public.  
9 This -- this type of issue is one of those. I  
10 think it's an argument versus those of us that  
11 believe a person's sexual preference is something  
12 that they're born with versus those that believe  
13 that it's a learned behavior.

14 I -- I support the position that it's a  
15 genetic inclination and that a person is born that  
16 way. I do not believe that it's a behavior that  
17 needs to be corrected. I think it's a behavior  
18 that our society needs to learn to live with and to  
19 accept.

20 And Pastor Thomas, you've said it -- you said  
21 it perfectly when that we should love our  
22 neighbors, we love ourselves. And that means our  
23 neighbors with -- with their flaws or with their  
24 beliefs that are different than our own, we should  
25 still love them.

1 I am also here as a mother, and I'm also here  
2 as a advocate for children and have been doing that  
3 mostly in a volunteer capacity for more than a  
4 quarter of a century. And I had a boss one time,  
5 he annoyed me. I was 25 years old and I went to  
6 him to complain, and he looked at me and he said,  
7 "Feelings are feelings. They're neither right nor  
8 wrong." And at the time I thought that was the  
9 most idiotic piece of advice that I had ever been  
10 given, and now that I realize there is some parts  
11 of him that -- that were a bit genius.

12 I respect the mostly respectful debate that  
13 we've had here today and appreciate everybody's  
14 position on both sides of this issue. I believe  
15 that this conversation warrants further discussion,  
16 and I look forward to supporting this in bringing  
17 this back to us in a few weeks for a final  
18 decision.

19 I had a lot of other comments here, but I  
20 think I'll refrain from those right now because I  
21 don't want this conversation to turn ugly, and I  
22 will just say that I particularly am grateful for  
23 Commissioner Kerner's comments and believe that you  
24 have presented the best argument today for moving  
25 forward.



1           So with that, I don't see any further  
2   discussion, so I will call for a vote. So all in  
3   favor of moving forward on preliminary reading for  
4   this ordinance to come back to us for final  
5   adoption, please signify by saying aye.

6           COMMISSIONERS: Aye (en masse).

7           MAYOR MCKINLAY: All those opposed?

8           Let the record reflect the motion carries 6 to  
9   1 with Commissioner Valeche opposing. Thank you.

10          (Whereupon, the discussion regarding Agenda  
11   Item 4.A.1. is concluded.)

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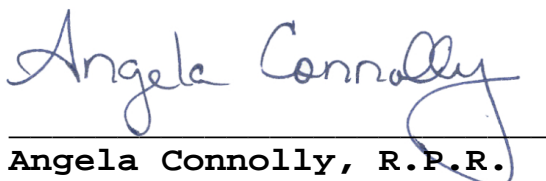
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Dated this 19th day of July, 2018.

  
Angela Connolly, R.P.R.

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
WEST PALM BEACH DIVISION

CASE NO. 9:18-CV-80771-RLR

ROBERT W. OTTO, PH.D., LMFT,  
individually, and on behalf of his patients,  
JULIE H. HAMILTON, PH.D., LMFT,  
individually, and on behalf of her patients,

Plaintiffs,

vs.

CITY OF BOCA RATON, FLORIDA and  
COUNTY OF PALM BEACH, FLORIDA,

Defendants.

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TRANSCRIBED RECORDING OF  
PALM BEACH COUNTY COMMISSIONERS MEETING  
AGENDA ITEM 4.F.1

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DATE: DECEMBER 19, 2017

TIME: 39:01 - 2:33:35

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

2 Mayor Melissa McKinlay

3 Vice Mayor Mack Bernard

4 Commissioner Steven L. Abrams

5 Commissioner Mary Lou Berger

6 Commissioner Paulette Burdick

7 Commissioner Dave Kerner

8 Commissioner Hal R. Valeche

9 County Attorney Denise Nieman

10 Assistant County Attorney Helene Hvizd

11 Assistant County Administrator Todd Bonlarron

12

13 - - - - -

14 BE IT REMEMBERED, that the following  
15 transcription of the proceedings were transcribed by me,  
16 Angela Connolly, RPR, Notary Public, to the best of my  
17 ability.

18 - - -

19 (Thereupon, the discussion on Agenda Item  
20 4.F.1 begins.)

21 MAYOR MCKINLAY: 4.F.1, this is the proposed  
22 ordinance on conversion therapy. I'll ask one more  
23 time: If any member of the public would like to  
24 speak, now is the time to turn in your card. If  
25 not, I won't accept any more cards after this.

1           Okay. Thank you. Mr. Bonlarron, I'll turn  
2 this over to you.

3           MR. BONLARRON: Thank you, Madam.

4           MAYOR MCKINLAY: Let me turn this to Denise.

5           MS. NIEMAN: Oh, I would like -- would you  
6 like me to make my statement? I have a strong  
7 recommendation. Is that why it's being turned over  
8 to me now? Okay. Because I -- what would you  
9 like?

10          MR. BONLARRON: If you want, we can just go  
11 over the revisions that we've made to the ordinance  
12 based on the conversation from the last meeting,  
13 and then Denise can offer an opinion as well, if  
14 you want to do it that way.

15          MS. NIEMAN: Yeah. I think it would be  
16 important to put that on the record before you take  
17 public comment.

18          MR. BONLARRON: So Helene is going to go over,  
19 briefly, the revisions that we've made since the  
20 last meeting to the first public hearing.

21          MS. HVIKD: Good morning, Madam Mayor and  
22 Commissioners. We made, in essence, two changes to  
23 the ordinance that was presented to you at the last  
24 meeting on December 5th. Those changes were as a  
25 result of conversations with Dr. Julie Hamilton, as

1 well as direction from Commissioner Abrams.

2 The first is that we removed the fourth  
3 Whereas Clause discussing the American  
4 Psychological Association's Task Force on  
5 appropriate therapeutic responses to sexual  
6 orientation. That was in response to discussion  
7 with Dr. Hamilton.

8 And then in response to discussion, or  
9 direction rather from Commissioner Abrams, we've  
10 altered the definition of conversion therapy,  
11 Section 4. This is on page 5, beginning at line  
12 13. And, in essence -- well, what we did was we  
13 took out any "counseling" or "treatment," so the  
14 definition now says, "Conversion therapy means the  
15 practice of seeking to change an individual's  
16 sexual orientation or gender identity," et cetera.  
17 This ordinance now, in essence, mimics the New  
18 Jersey law that was a state law that was upheld in  
19 a couple of cases out of New Jersey by the federal  
20 courts.

21 So those were the changes that have been made.  
22 If there are any other questions, then I -- I  
23 understand the county attorney has a comment.

24 MS. NIEMAN: Yes. At the last hearing -- I'm  
25 sorry, the first reading, we were -- it was brought

1 to our attention that a very similar ordinance that  
2 the city of Tampa had adopted was under judicial  
3 review.

4 We had a chance to review that complaint since  
5 the last meeting, and it really is an ordinance  
6 that's similar to ours. I would strongly recommend  
7 that the Board not take action on this, but to hold  
8 off and direct staff to monitor the court  
9 proceedings. That way we can learn and have a  
10 federal court case in Florida as to what the -- the  
11 law is in Florida. Because, as Helene pointed out,  
12 the ordinance is legally sound based on cases  
13 outside of our state; but now we know that we're in  
14 federal court, I always advise you not to move  
15 forward with a federal ordinance.

16 MS. HVIZD: And if I could expand on that just  
17 briefly. I was in contact with counsel for the  
18 City of Tampa this morning, and he says that there  
19 will be no action taken prior to January 12th, but  
20 at some point thereafter he expects a hearing to be  
21 set on the plea for injunctive relief.

22 MAYOR MCKINLAY: Does anybody have any  
23 questions? I do. I have one question. What is  
24 the difference between what we're proposing and  
25 what Tampa has passed?



1 MS. HVIZD: The main difference is the  
2 penalties. They have penalties established of  
3 \$1,000 for a first violation and \$5,000 for a  
4 second violation. Our penalties are \$250 and \$500.

5 The definition of conversion therapy is  
6 virtually identical. They define counselors. They  
7 exclude clergy as we do. So it's basically just  
8 the penalties imposed. There may be -- there may  
9 be a comma here or there, but it makes no  
10 difference for the meaning.

11 MAYOR MCKINLAY: Commissioner Valeche.

12 COMMISSIONER VALECHE: Just to follow-up on  
13 that, but what will be heard in this case and the  
14 gravamen of the case is not the amount of the  
15 fines, right? It's -- I mean that is sort of a  
16 detail that won't bear on the outcome of the case?  
17 Or, Ms. Nieman, could you --

18 MS. NIEMAN: Right. That is not a major part  
19 or any part of this lawsuit at all. It's whether  
20 or not it can be regulated at a local level.

21 COMMISSIONER VALECHE: So for all intents and  
22 purposes, our -- our ordinance is identical?

23 MS. NIEMAN: It will get into the preemption  
24 that we discussed last meeting. It's a well-pled  
25 complaint with a lot of, you know, causes but the

1 penalties are not critical in this case.

2 COMMISSIONER VALECHE: Thank you.

3 MAYOR MCKINLAY: Commissioner Kerner.

4 COMMISSIONER KERNER: Thank you, Madam Mayor.

5 City County Attorney, is there any possibility that  
6 if suit is filed in Palm Beach County, that our  
7 action would be stayed or consolidated with the  
8 other action on the west coast?

9 MS. NIEMAN: I have -- I'm not in a position  
10 to answer that question. We didn't have that  
11 conversation. Ms. Helene, have you discussed --

12 MS. HVIZD: I think consolidation may be a  
13 possibility, but there are several factors that  
14 you'd have to examine first, and we just don't have  
15 the facts sufficient to say whether or not that  
16 would take place.

17 COMMISSIONER KERNER: Thank you.

18 MAYOR MCKINLAY: A consolidation, if that were  
19 ordered by the federal courts, would also include  
20 all of the municipalities that are passing around  
21 ordinances?

22 MS. NIEMAN: Had individual suits filed  
23 against them.

24 MAYOR MCKINLAY: With that, we're going to go  
25 to public comment. I would ask the audience to

1 please not clap or cheer or boo or any -- any  
2 behavior as such. Thank you.

3 COMMISSIONER BURDICK: Julie Hamilton and  
4 Diane Torres. Please state your name for the  
5 record, and you have three minutes.

6 MS. HAMILTON: Okay. My name is Dr. Julie  
7 Hamilton. I'm a licensed therapist in Palm Beach  
8 Gardens. I do appreciate the word of caution  
9 because it would cost this county many, many tax  
10 dollars to fight a lawsuit that would inevitably be  
11 filed against the county if it passes today.

12 But I want to say that the changes that were  
13 made, taking out the word "counseling" and keeping  
14 the word "practice" is really not a change at all.  
15 As therapists, the only practice we engage in is  
16 talking. We listen. We ask questions. We have  
17 conversations. So that is our practice. It is a  
18 speech violation.

19 The other thing I want to say is that if  
20 you -- actually, I just want to ask a few  
21 questions. I know you can't answer them, but some  
22 things to consider as you consider this ban whether  
23 today or in January or next year. What do you want  
24 us to do with the clients we are currently seeing  
25 if you pass this ban? If we drop them, that's

1 considered abandonment by our field.

2 The next question would be: What if the  
3 mother calls us and says her son is suicidal  
4 because he has attractions that he doesn't want.  
5 Should we tell her that the county commissioners  
6 say we're not allowed to work with him if his goal  
7 is to change?

8 By the way, this is a ban on goals, it is not  
9 a ban on practice. Please understand this. There  
10 is no such thing as conversion therapy. We do the  
11 same thing with all our clients. We talk to them.  
12 Whether they come in with substance abuse, eating  
13 disorders, homosexual attractions, whatever it is,  
14 it's the same thing. Conversion therapy is a  
15 made-up term by activists, defined by activists.  
16 It does not describe what we do. We talk to  
17 clients.

18 Your ordinance is banning a goal. I don't  
19 know if you guys are still listening or not, but  
20 your ordinance is banning a goal. It's a goal.  
21 You're saying clients are not allowed to have the  
22 goal of changing -- and you know what? You're not  
23 banning us because we don't set the goals, the  
24 clients do. You're telling clients they cannot  
25 come to us with the goal of changing, so do you

1 want us to tell them the commissioners say you're  
2 not allowed to have that goal?

3 And then what if we're seeing a client and  
4 they come in for depression and substance abuse,  
5 but six months into treatment we discover that the  
6 reason they're depressed is because they were  
7 sexually abused and they were left with attractions  
8 that they don't want? Do we tell them, "I'm sorry.  
9 We can keep talking about your substance abuse, but  
10 we cannot help you if your goal is to get rid of  
11 those attractions. The commissioners say we cannot  
12 help you with that goal"?

13 You know, I could go on and on with ethical  
14 dilemmas that this ordinance would cause and harm  
15 it would cause to children and teenagers, the ones  
16 that are suicidal and depressed, but the truth is  
17 I'm -- we're going to have questions as we go  
18 forward about how we would implement this on a  
19 daily basis. Is your office going to be available  
20 for phone calls? Because the state regulates us  
21 and the Department of Professional Regulation is  
22 available for us to call if we have questions about  
23 the laws and rules in Florida. We can call them or  
24 we can email them and we can ask them.

25 So if you're going to step in and oversee us,

1 can we call you each time we have an ethical  
2 dilemma or a suicidal client? Can we ask you what  
3 to do about that client?

4 You're stepping into dangerous ground, and I  
5 would ask you to vote no. Not just postpone it,  
6 but vote no. Thank you.

7 COMMISSIONER BURDICK: Connie Bogner.

8 MAYOR MCKINLAY: Yes, Commissioner Berger.

9 COMMISSIONER BERGER: I have a question for  
10 the lady that just finished speaking, if I may.  
11 Thank you for coming back up to the microphone.

12 You made a statement early on that all we do  
13 is talk.

14 MS. HAMILTON: Yes.

15 COMMISSIONER BERGER: Are you guaranteeing to  
16 me that every therapist in Palm Beach County only  
17 talks to their clients?

18 MS. HAMILTON: Yes. We're talking about talk  
19 therapy. Now if -- now for medication, that's  
20 dispensed by a psychiatrist. If there's any other  
21 procedure that you're talking about, I'm not aware  
22 of any therapists in Palm Beach County doing that.

23 COMMISSIONER BERGER: Thank you.

24 MS. HAMILTON: You're welcome. Can I add to  
25 it? Can I answer one more thing? This -- if

1 you're talking about adverse techniques or shock  
2 therapy or anything like that, that is illegal.  
3 That cannot go on in a therapy office, cannot. It  
4 is literally talking. Okay.

5 COMMISSIONER BURDICK: Connie Bogner. Not  
6 Connie Bogner?

7 Andres Torrens. Is Andres here?

8 MS. TORRES: Is it my turn?

9 COMMISSIONER BURDICK: Yes, ma'am.

10 MS. TORRES: Hi. My name is Diane Torres, and  
11 I work with kids all my life. I was a kid once.  
12 We were all kids once. And my only point to this  
13 is that when we were kids, we didn't have to worry  
14 about all this sexual identity stuff. We were just  
15 kids being kids, and so I don't understand why we  
16 can't just let kids be kids.

17 And so the fact of it is now we have this  
18 thing where kids are being pressured and feeling  
19 pressured and feeling bullied into being one way or  
20 the other, and that's not right. And I think that  
21 if a kid feels that way, and they want to talk to  
22 somebody that they feel is safe, or a parent sees  
23 that a child needs somebody that the child wants to  
24 go and talk to somebody that they feel safe, they  
25 should have the right to do that, and it's not

1 right for us to legislate morality. It's not up to  
2 us to legislate how a child feels or what a child  
3 wants. We have to do what's best for them, and I  
4 don't think the way society is being run right now  
5 is good for kids. And we need to provide every  
6 safety net we can so that a child feels safe to  
7 express themselves.

8 And so I ask you to say no to this ban. I  
9 think it is ridiculous that we even have to have  
10 this conversation. And that's all I have to say,  
11 so I thank you very much for your attention.

12 COMMISSIONER BURDICK: Thank you.

13 MS. TORRES: You're welcome.

14 MS. BOGNER: Hi. Good morning. I'm Connie  
15 Bogner. Sorry for the delay. I'm stickered up  
16 with my little one with me here.

17 Connie Bogner from Riviera Beach, Florida.  
18 I'm a native. And I actually went to school in  
19 Riviera Beach High School, Suncoast High School  
20 there as well. I think we're all here, we're just  
21 trying to accomplish the same thing, which is to  
22 protect the children, and nobody wants something to  
23 be forced on children that's going to shame them or  
24 harm them I think on -- on both sides, both  
25 positions.



1           So we're all trying to accomplish the same  
2    thing. I think maybe the means that we're going  
3    about is not the best means. You are trying to do  
4    what -- what we feel we have control over.

5           The parents, like myself here, are trying to  
6    speak out and you esteemed commissioners taking the  
7    laws that you can implement and trying -- and  
8    better our community, but I think what -- what will  
9    actually happen is our -- our goals are not going  
10   to end up happening because we're -- we're going to  
11   actually -- by trying to protect those who want --  
12   or who want to -- children who want to have a  
13   homosexual lifestyle and parents who are forcing  
14   them to not to -- to try to live a different way,  
15   by protecting those children, we're discounting the  
16   ones who have these homosexual attractions and  
17   don't want it.

18          God forbid any of our children, you know,  
19   experience a sexual trauma and have confusion, you  
20   know, and want help, this -- this ban would prevent  
21   that. And I'm just -- I'm just a parent. I'm not  
22   a professional speaker, obviously. I'm just trying  
23   to do the best thing for my kids. I love my kids.  
24   I try and have open communication with my kids.  
25   And if -- if they choose either way, I want them to

1 be able to get help. And so, you know, I just  
2 really ask of you to please just keep that option  
3 available. So, thank you so much.

4 COMMISSIONER BURDICK: Virginia Brooks.

5 MR. TORRENS: Good morning. Andres Torrens,  
6 122 Casa Grande Court in Palm Beach Gardens,  
7 Florida.

8 Good morning, and thank you for giving me this  
9 opportunity to speak today. I am a licensed  
10 clinical social worker and a family therapist who's  
11 been practicing for over 30 years. I have worked  
12 with youth and families my entire career, currently  
13 run a behavior health program for children and  
14 families in West Palm Beach, and serve as the  
15 legislative chair for the National Association of  
16 Social Workers. I am here to speak to you about a  
17 practice known as conversion therapy, an extremely  
18 dangerous and unethical practice that does not work  
19 and which should be banned.

20 Imagine what it would be like for you if, as a  
21 minor, you were taken to see a therapist and the  
22 therapist told you that they were going to help you  
23 become homosexual because identifying as  
24 heterosexual was wrong. How absurd would that have  
25 been for you, especially for those of you who

1 identify as heterosexual? Young people who are  
2 subjected to this barbaric treatment can become  
3 depressed, engage in substance abuse, engage in  
4 self-harm, and even become suicidal.

5 A recent study showed that 40 percent of youth  
6 who identified as LGBT either had a plan to hurt  
7 themselves or had attempted suicide. Some of this  
8 could have been avoided had they had qualified and  
9 sensitively-trained clinicians that worked with  
10 them in coming to terms with their identity rather  
11 than telling them that there was something wrong  
12 with them. But even given the sad but true  
13 statistics, some mental health providers continue  
14 to subject our LGBT youth to conversion therapy.

15 In Palm Beach County, recognizing how  
16 destructive this practice is -- I'm sorry. In  
17 some -- in Palm Beach County, recognizing how  
18 destructive this practice is to our LGBT youth,  
19 some municipalities have stood up for our kids and  
20 banned the use of conversion therapy. I am here  
21 today to ask you to please ban this practice in all  
22 of Palm Beach County. Let's not allow one more  
23 young person to hurt themselves or take their life  
24 because of this inhumane practice.

25 I love this county that I have lived in for

1 the past 11 years but, frankly, I am disappointed  
2 and ashamed to say that I live in a city and a  
3 county that allows children to be abused by the  
4 practice of conversion therapy. Please, I ask you,  
5 as an advocate for children, to stand up and speak  
6 for those who don't have a voice, our children.

7 Do you want to go to bed tonight knowing that  
8 there could be a child receiving this abusive form  
9 of therapy and you didn't do anything to prevent  
10 it? Thank you.

11 COMMISSIONER BURDICK: Sue Trombino.

12 MS. BROOKS: Okay. My name is Virginia  
13 Brooks. I live at 917 Evergreen Drive in North  
14 Palm Beach.

15 There are serious issues to be addressed as  
16 you consider how you are to vote on the proposed  
17 ban on conversion therapy. One is the definition  
18 of conversion -- conversion therapy itself. And I  
19 actually have not heard any specifics as to what  
20 this is, what it does, except that I've read some  
21 things about certain types of techniques that have  
22 been discredited for several years. It's a rather  
23 umbrella term. There's nothing that I have seen  
24 that suggests what it does for children at all.

25 Popular explanations of the activity suggests

1 unpleasant attempts by nonprofessionals to force  
2 gay or lesbian youth to convert to heterosexuality.  
3 And I can understand why you might be cautious  
4 about that if the reports are actually true, but  
5 who could be in favor of these kinds of practices?  
6 But this ordinance does not recognize the needs of  
7 young people who have unwanted same-sex attractions  
8 or confusion, for some due possibly to previous  
9 sexual abuse, to exposure to pornography, to  
10 dysfunctional family life. These are young people  
11 who need someone to talk with, someone to talk to  
12 about the problems they have and understanding who  
13 they are both physically and sexually.

14 Yes, the ordinance allows for pastors to  
15 counsel them, and I commend the ones that are here.  
16 But as you seriously consider how to vote on this  
17 ordinance, you surely cannot refuse to allow mental  
18 health professionals: Psychiatrists,  
19 psychologists, therapists, counselors, who are  
20 licensed by the state of Florida to meet with  
21 troubled kids, to listen to their stories and their  
22 concerns, to offer professional help and let them  
23 talk through their problems and deal with the  
24 problems relating to their sexual identity, to help  
25 them reach conclusions that are most consistent

1 with their health and their true desires. If we  
2 don't allow health professionals to do this, who is  
3 going to help them otherwise?

4 I am asking you to vote against this ban.  
5 While you're trying to protect young people, your  
6 vote for the ban ignores the needs of some of our  
7 most troubled youth. We cannot do this. These  
8 young people and the citizens of Palm Beach County  
9 will appreciate a no vote. For your sakes, please  
10 consider this carefully and vote no. Thank you  
11 very much.

12 COMMISSIONER BURDICK: Elizabeth Bessette.

13 MS. TROMBINO: Hi, thank you. My name is Sue  
14 Trombino. I live in Highland Beach, Boca Raton.  
15 And as I -- as I re-read the summary and about this  
16 conversion therapy, I think that words matter. And  
17 conversion therapy is just -- it's a very  
18 misleading term.

19 You know, everybody, as you read this,  
20 everybody wants children to be safe. And what I  
21 don't understand is that you say the well-being of  
22 minors, including lesbian, guy, bisexual,  
23 transgender, LGBTQPT -- whatever it is. It's just  
24 like it's silly. But you can't just make up that  
25 there are serious harms and risks to all this

1 because there's no real data. There's no  
2 complaints up at the -- up in Tallahassee. You  
3 can't just project what you think may happen.

4 Now there's a lot of confusion here, and it  
5 seems to me that one side gets fined, the other  
6 doesn't. What about the harm to the less -- to the  
7 99.9 percent of the children that are not going to  
8 get help? You're talking about the less than  
9 1 percent.

10 Well, you know, those children that you -- you  
11 separate here, all minors should be under the  
12 authority of their parents. And the LGBT, whatever  
13 here, they have no more rights than a heterosexual  
14 person. We're all in the same. Children are  
15 children. If they need help, they need to get  
16 help.

17 And I don't believe, with all due respect,  
18 that all of you sitting here, number one, have the  
19 authority to tell a parent what they can and cannot  
20 do with the God-given right that God has given  
21 them, number one. Number two is you have  
22 absolutely no authority by the Florida Constitution  
23 and the patient right. And number three, you have  
24 no authority by the U.S. Constitution.

25 And I know you all have received the letter

1 from Liberty Counsel. Liberty Counsel is suing.  
2 They -- 92 percent of the time, when they show up  
3 against the ACLU, they win. And on this time, the  
4 ACLU is on our side.

5 Now there's a couple things that you  
6 mentioned. I think, Madam Mayor, you mentioned  
7 about tax dollars. You were very concerned on one  
8 of the other issues about tax dollars. Well,  
9 again, with all due respect, at the end of the day  
10 you will get your paycheck, the attorneys will get  
11 their paycheck, but who will lose at the end of the  
12 day because there will be a lawsuit if you all say  
13 yes? And I would heed you should heed your  
14 attorney. But at the end of the day it's the  
15 people, it's we the people that will end up getting  
16 hurt because it's our money.

17 You see, government does not create jobs. It  
18 is a third-party transaction. You are using our  
19 money and you will -- at the end of the day you  
20 will get your money, they will get their money, but  
21 we the people will lose our money. And you are  
22 supposed to be a good steward of the money that --  
23 that you have been given. You are supposed to  
24 be -- you are -- it's a privilege to sit in the  
25 seat that you're in, but within your jurisdiction



1 you have --

2 MAYOR MCKINLAY: I have something to add.

3 MS. TROMBINO: -- more jurisdiction with my  
4 child. Thank you.

5 MAYOR MCKINLAY: Let me just add: One of your  
6 comments was that the LGBTQI community has the same  
7 rights. No, they don't. In many communities  
8 that's been one of the arguments across this  
9 country.

10 They haven't been able to marry. They don't  
11 have housing protections. The legislature hasn't  
12 even been able to pass legislation that includes  
13 them in the protective classes when you're talking  
14 about anti-bullying legislation.

15 MS. TROMBINO: But --

16 MAYOR MCKINLAY: I'm not asking for a comment.

17 MS. TROMBINO: Oh, okay. I can't limit your  
18 time but --

19 MAYOR MCKINLAY: Thank you very much.

20 MS. TROMBINO: Thank you.

21 MAYOR MCKINLAY: They do not have the same  
22 rights.

23 MS. TROMBINO: Well, that's a misnomer.

24 MAYOR MCKINLAY: That's what we're --

25 COMMISSIONER BURDICK: Steve Thomas.

1 MAYOR MCKINLAY: -- aiming for.

2 COMMISSIONER BURDICK: Go ahead, Elizabeth.

3 MS. BESSETTE: Good morning, Madam Mayor and  
4 Commissioners. My name is Elizabeth Bessette. I'm  
5 a master-degreed registered intern in Palm Beach  
6 County. I would like to clarify it's LGBTQIA, not  
7 "whatever."

8 The practice of conversion therapy began in  
9 the 20th century when homosexuality was considered  
10 to be a mental disorder. Mental health  
11 professionals aim to cure homosexuality with the  
12 number of barbaric techniques, including electric  
13 shock therapy and even castration.

14 In 1973, the American Psychiatric Association  
15 removed homosexuality from the "Diagnostic and  
16 Statistical Manual of Mental Disorders." These  
17 so-called treatments in the name of curing  
18 homosexuality are now widely understood to have  
19 been tragic episode in our history.

20 Opponents of the ban have said that there are  
21 organizations who support conversion therapy in  
22 minors. I want to point out that one such  
23 organization they often mention, the American  
24 College of Pediatricians, otherwise known as  
25 ACPeds, is a socially conservative advocacy group

1 of pediatricians and other health care  
2 professionals in the United States. It was founded  
3 in 2002 as a protest against the American Academy  
4 of Pediatric support for adoption of gay couples.

5 The Southern Poverty Law Center has classified  
6 ACPeds as a hate group which has history of  
7 propagating damaging falsehoods about LGBTQ people,  
8 including linking homosexuality to pedophilia.  
9 According to the American Civil Liberties Union,  
10 ACPeds is a fringe group that has acted to promote  
11 unscientific and harmful reparative therapies for  
12 LGBTQ students.

13 Conversion therapy has been criticized by  
14 professional organizations across helping  
15 disciplines. In 2009, the American Psychological  
16 Association prepared a report and resolution  
17 against conversion therapy which was based on  
18 another study of 83 peer-reviewed studies from 1960  
19 to 2007, and a few of them were found to be  
20 methodically sound.

21 Among the key findings, though, were that  
22 treatment doesn't change sexual orientation. It  
23 does contribute to distress through stigma, shame,  
24 isolation, and rejection. And in contrast, clients  
25 whose sexual orientation was affirmed experienced

1 immeasurable benefit. I urge you to support this  
2 ordinance to protect the health of lesbian, gay,  
3 bisexual, transgender, queer, and questioning youth  
4 in our city from the dangers of conversion therapy.  
5 Thank you.

6 COMMISSIONER BURDICK: Troy Bailes.

7 MR. THOMAS: Good morning. My name is Steve  
8 Thomas. I serve as the lead pastor of the First  
9 Baptist Church in Delray Beach and also the leader  
10 of the Palm Beach Baptist Network.

11 I want to come today and just explain a little  
12 bit from a pastor's perspective. I feel like that  
13 churches are being viewed as oppressive, unfair,  
14 unloving because we teach what the Bible clearly  
15 says. An honest pastor who believes in the Bible  
16 is going to do what the Bible says, which is to  
17 share with people what sin is.

18 Now let's be clear, the Bible says that all,  
19 all have sinned and fall short of the glory of God,  
20 every one of us. The challenge of the pastor is to  
21 say to people how do I connect you to God? I am  
22 not the go-between between people and their God,  
23 rather I'm the one that helps connect them directly  
24 to God himself. And so my goal with people is to  
25 share with them what the Bible says in clear

1 honesty and say, "Listen, Jesus Christ died to  
2 forgive us of all sin, and I want you to know that  
3 forgiveness." That's the goal of the pastor.  
4 That's the goal of the church.

5 So we see this ordinance, our purpose is to  
6 say, "Listen, I feel like you are telling us we  
7 don't have the right to say what, in fact, the  
8 Bible says. You are infringing on our religious  
9 liberty, our belief, and our thought." And as  
10 Americans, we want to -- everybody should have the  
11 right to believe what they want to believe, and  
12 that's our goal.

13 When you think of, "Well, people still have  
14 the opportunity to go to therapy. We're not  
15 shutting down therapy," but you are telling  
16 therapists what they can and cannot say. It's a  
17 little bit like telling a financial advisor "You  
18 can only advise people to buy stocks." We can go  
19 get advice from a financial counselor, but he can  
20 only tell us what we tell us -- what we tell him he  
21 can tell us. That's not freedom, and that's not  
22 advice. That's simply the government saying what  
23 you can and cannot say.

24 Thank you for your work. I believe your  
25 motives are pure. I think you want to help

1 children, but you are also causing great harm to  
2 other children. As a result, if you vote for this  
3 ban, you are saying no to children. You're saying  
4 you can't have access to someone who feels the way  
5 you feel, who will help you in the direction you  
6 feel like you want to go.

7 You can say that in fact, "No, that's no true,  
8 we're going to take you where you want to go;" but  
9 in reality, if someone helps them change, they  
10 could indeed be fined. So thank you for your work.

11 COMMISSIONER BURDICK: Thank you. Tye Riter.  
12 Go ahead.

13 MR. BAILES: Troy Bailes from Loxahatchee.  
14 Good morning, Commissioners.

15 According to the proposed ordinance, it,  
16 quote, is an exercise of the county's police power  
17 for the benefit of public health, safety, and  
18 welfare. No matter what the courts say, the  
19 pro-LGBT website, "The Advocate," says "STIs that  
20 spread through skin-to-skin contact, herpes and  
21 HPV, can still be spread with condom use especially  
22 if either party has any open sores or lesions."

23 When they say "especially," they acknowledge  
24 the fact that even without any open sores or  
25 lesions, STIs can still spread even when using

1 condoms.

2 MAYOR MCKINLAY: Sir, could you keep your  
3 comments related to conversion therapy and the  
4 ordinance before us today --

5 MR. BAILES: I am.

6 MAYOR MCKINLAY: -- and not STIs? Thank you.

7 MR. BAILES: I am. Tell us how then is this  
8 ordinance benefiting health, safety, and welfare.

9 No matter what the courts say, when speaking  
10 of HIV, the CBC website says after initial  
11 infection, people may have -- may not have any  
12 symptoms for years. Tell us, how many people know  
13 they have HIV as soon as they get it? And how many  
14 sexual partners could they have had before they  
15 even find out they have it?

16 MAYOR MCKINLAY: I will remind you again --

17 MR. BAILES: Commissioner Bernard --

18 MAYOR MCKINLAY: -- conversion therapy only,  
19 please. Thank you.

20 MR. BAILES: Commissioner Bernard said "We're  
21 here to protect the health, safety, and welfare of  
22 our residents." He also said this is an  
23 opportunity to protect minors.

24 Number one, no, you're not here to protect the  
25 health, safety, and welfare of our residents.

1 You're here to protect the God-given rights of Palm  
2 Beach County residents recognized by our  
3 Constitution. Voting to pass this ordinance is a  
4 betrayal of that duty.

5 Number two, this is not an opportunity to  
6 protect minors. It will outlaw certain forms of  
7 free speech, which will open the door to outlawing  
8 more free speech.

9 Number three, this ordinance denies parental  
10 rights by stripping parents of their right to seek  
11 out counseling to deliver their child from the  
12 travesty of homosexuality and transgenderism.

13 Number four, this ordinance denies minors the  
14 right to seek out any counseling to help them out  
15 of this lifestyle once they realize it is no longer  
16 cool but bankrupt and deadly.

17 This whole homosexuality and transgender  
18 business is a fad. It will pass, I assure you.  
19 There is a wholly righteous and just God who will  
20 judge and destroy this county and this nation for  
21 this abomination putting an end to this practice  
22 unless we, as a nation, repent.

23 And you, Commissioners, shall stand before  
24 Jesus Christ, the one and only true king of all  
25 there is, and give an account to him. Not only for



1 how you vote on this wicked proposal, but how you  
2 live your lives. I urge you to repent for even  
3 considering this travesty and beg Jesus Christ for  
4 forgiveness. Thank you.

5 COMMISSIONER BURDICK: Nicole Davis. Nicole  
6 Davis here? Okay. Go ahead, sir.

7 MR. RITER: Good morning. My name is Tye  
8 Riter. I live at 9107 Rodeo Drive in Lake Worth,  
9 and I'm a pastor at REVEAL Fellowship.

10 I attended the meeting a couple of weeks ago,  
11 and I felt like there was some perspective that was  
12 missing in what was presented. Kind of like a good  
13 murder mystery, it appears like things are going  
14 this way and then there's other things that come to  
15 light or information that comes to light that we  
16 need to consider.

17 Mayor McKinlay, I sense that you are a really  
18 compassionate and caring person, as are many of the  
19 commission -- as I assume all the commissioners  
20 are. And in your closing comments, Mayor McKinlay,  
21 you mentioned two weeks ago that -- you quoted  
22 Jesus about loving one another, and I agree. I  
23 couldn't agree more.

24 This ordinance has come from you -- come  
25 before you on behalf of the Human Rights Coalition

1 from the voices of two adolescents that felt forced  
2 to attend conversion therapy. I think most of us  
3 would dislike the concept of therapy aimed at  
4 forcing someone to change their deeply-held beliefs  
5 or try to fix something that isn't broken, but I  
6 believe this is where conversion therapy is a  
7 misnomer. The term, it's an archaic term often  
8 associated with barbaric practices like shock  
9 therapy. What is -- what's currently being used is  
10 more -- is talk therapy, not shock therapy, and  
11 there's a dramatic difference.

12 Modern research suggests that sexual  
13 orientation is actually on a continuum. Some  
14 people have purely homosexual or purely  
15 heterosexual attractions, but some have places in  
16 between where they have a majority of one or the  
17 other or even bisexual, for example, that are in  
18 the middle. Even modern social units are  
19 confirming Bruce Jenner's conversion or evolution  
20 to Caitlyn Jenner is evidence of change in gender  
21 identity.

22 The DSM-5 currently recognizes 14 different  
23 sexual orientations. We live in an era -- a time  
24 of much confusion. The premise of that sexual  
25 orientation and identity are somehow fixed at birth

1 doesn't really line up with the facts or our  
2 culture. We talk about attractions and feelings,  
3 but feelings can change.

4 In the last meeting there was a -- you  
5 mentioned that you had a plethora of evidence that  
6 was presented -- that you were presented by the  
7 Human Rights Coalition, yet they are the ones that  
8 were promoting this ban. And you mentioned that  
9 you did your own research, but Google doesn't give  
10 you access to all of the studies, and the nature of  
11 the studies sometimes make it difficult to get the  
12 accurate information. Many of the studies actually  
13 specifically exclude participants who have had  
14 religious experiences that influenced their  
15 transformation.

16 We do have the testimony of people like  
17 Patrick Hamel. He testified before you last --  
18 last time. He was a young man that was molested as  
19 a child, and as a adolescent had homosexual  
20 attractions. And he shared with you, through  
21 therapy and the power of God, he was transformed.

22 At our church we have more than five people  
23 that have experienced that transformation. So can  
24 people change? Yes. Do all? No, of course not.  
25 Is it possible for all? I don't know. That's not

1 my decision. But I do know that there are many  
2 that have changed and have experienced that.

3 If you're truly compassionate and care about  
4 the feelings and struggles of all people, you need  
5 to vote no on this ordinance.

6 COMMISSIONER BURDICK: Steven Smith.

7 MS. DAVIS: Good day. The word that comes to  
8 me is "option." Merriam-Webster's definition of  
9 option is the power or right to choose freedom of  
10 choice.

11 As a parent, if my child is -- if there's  
12 something going on with my child and you guys are  
13 presenting to me A, B, and C, even though D and E  
14 can work, you're taking away my options, and that's  
15 not right. When we voted for you all, we had  
16 options, but you all won because you were the  
17 better choice.

18 In Dade County, even though I know we're in  
19 Palm Beach County, Miami-Dade rejected the ban.  
20 Commissioner Rebeca Sosa, whose past votes on  
21 transgender rights and same-sex marriage is what  
22 brought her the endorsement of SAVE, which is a gay  
23 rights group, Commissioner Rebeca Sosa, Dade County  
24 stated, "In this case, my problem is with the  
25 rights of parents. If you make a decision about

1 your children that, in the end, is wrong, that's  
2 your responsibility. I think government has to be  
3 respectful of that," and that's where I stand as  
4 well.

5 I am a parent, and it's my choice to choose  
6 where I would like for my child to have counseling  
7 if they need counseling. And I believe that I am  
8 educated enough to do my due diligence and research  
9 any reviews or if there's anything that has been  
10 written against a particular counselor, and that's  
11 my right to choose which counselor I would like to  
12 take my child to. Thank you all for your patience.

13 MR. SMITH: Good morning, everybody. My name  
14 is --

15 COMMISSIONER BURDICK: One moment, sir. Sara  
16 Swarthout, is Sara here? Okay. Go ahead, sir.

17 MR. SMITH: Good morning, everybody. My name  
18 is Steven Smith. The reason why I'm asking you to  
19 say no to this ban, this conversion, is because  
20 I've dealt with that lifestyle. I struggled with  
21 it. I went through many different situations. I  
22 was molested for three years as a child and I never  
23 told anyone, so I held it in and I acted out in  
24 different ways.

25 And you guys are talking about doing shock

1 therapy to someone. If that would have happened to  
2 me, I can only imagine it would be -- you were  
3 trying to condition me to believe that this was  
4 going to work for me. In all actuality, I talked  
5 to God and I talked to other people around my  
6 situation, and that's what helped me to get to the  
7 point of, yes, I was comfortable in it because I  
8 was trying to find a love of a father. But at the  
9 end of the day, you're talking about using  
10 something almost to the point of making them  
11 believe that they are really something when they're  
12 really not.

13 It takes you to talk to people. It takes you  
14 to be able to speak to someone and tell your  
15 situation and your story. You have to start at the  
16 root of the conception of the situation to realize  
17 that you have to find out why this child is this  
18 way, whether it's a generational curse or they were  
19 raped or molested or they were introduced to this  
20 lifestyle because they were lonely or they had a  
21 need for something.

22 If you're going to do this type of conversion  
23 where you're going to do shock therapy, then you  
24 should include the drug dealers, the drug users,  
25 the alcoholics, the murderers, the thieves, the

1 robbers, and probably some people that are in  
2 government because you fail to realize that we all  
3 have things that have caused us to be the way that  
4 we are.

5 And I worked around kids. I've talked to  
6 kids. I've been in the lifestyle to the point that  
7 they wanted to commit suicide because they had no  
8 one to talk to. Now you're saying that you want to  
9 take something -- almost like you do prodding a cow  
10 or an animal to make them fell like, okay, this is  
11 going to work for you; that every time you get out  
12 of line, that this is going to bring you back to  
13 the place of, okay, you're not that. You're not  
14 that. How do you know? These -- a lot of them are  
15 killing themselves because they have nobody to talk  
16 to, and I just personally don't feel that's going  
17 to work.

18 The way that I was delivered from it was in  
19 2010 when I told God I don't want to be gay anymore  
20 and he took it away from me, and that's what you  
21 need. I'm a Christian, I'm a believer, and I know  
22 that it worked for me. And if anybody else have  
23 kids that are out here that are dealing with it,  
24 the only way you're going to get it done is through  
25 prayer whether you believe or not because it's been

1           seven years for me.

2           So I'm saying no, and I'm asking you guys to  
3       vote no on it because you got to realize, at the end of  
4       the day, once you guys make the decision, if you say yes  
5       to it, you have to live with that for the rest of your  
6       life. And you will stand before God and he's going to  
7       question you on it, but you guys were put in this  
8       position by God to do the right things for the people.  
9       That's the sole purpose of us voting for you guys. And  
10      to do something like that, where you're stripping or  
11      taking away the rights of the parents in the household,  
12      then you might as well raise the children yourself  
13      because they're going to feel like, "Well, I don't have  
14      to do it because the government said that you can't do  
15      this to me or the government is saying this, that, and  
16      the other." So are you really giving the parents the  
17      true rights of a child that they brought into this world  
18      or are you going to totally take that away?

19           And my last thing is what if it happens to one  
20      of your children? Are you going to agree to them  
21      shocking them? Because the repercussions are going to  
22      come back and you're going to have to deal with it.  
23      Thank you.

24           COMMISSIONER BURDICK: Sir, your time is up.

25           Thank you. Reverend Jeremy McKeen. Go ahead,



1 ma'am.

2 MS. SWARTHOUT: I'm Sara Swarthout, excuse me,  
3 from Boca Raton. I didn't know when Boca Raton  
4 passed its ordinance and, as a result, I wasn't  
5 able to step up in my own community and speak out.  
6 But when I did find out it happened, I keep  
7 wondering why -- why is this happening in the  
8 ordinance level? Why don't they put it on a ballot  
9 so that people can be aware when they go to vote on  
10 this huge issue?

11 We all know this country's divided. And  
12 one-half has one agenda, the other has the other  
13 agenda, and each one wants to stuff it down the  
14 other person's throat. It's time for government to  
15 be limited. You do not need to overreach.  
16 Stopping speech therapy is not a good thing.

17 Now if all you're concerned about is electric  
18 shock, which already Dr. Hamilton testified  
19 doesn't -- is not even allowed, if all you're  
20 worried about those kind of brutal techniques, then  
21 talk about those. Limit your ordinance. No --  
22 just say "I want to reinforce the idea that there's  
23 no shock therapy." But to talk about speech  
24 therapy, and to be the one governing freedom of  
25 speech is a bit presumptuous. So, I thank you.

1 COMMISSIONER BURDICK: Rachel Needle. Go  
2 ahead, sir.

3 MR. MCKEEN: Good morning, Madam Mayor, Vice  
4 Mayor, the distinguished commissioners and a  
5 dedicated staff. My name is Jeremy McKeen, and I  
6 am the founding and lead pastor at Truth Point  
7 Church, a Presbyterian church in West Palm Beach.

8 And, first, I want to apologize. Anyone  
9 speaking in the name of Jesus should not do so in a  
10 self-righteous, condemning, or critical, or cryful  
11 way. That's not the way of Jesus. And I come to  
12 you on behalf of the clergy in our county first to  
13 thank you. We do not thank you enough. We do not  
14 pray for you enough. And I want to thank you for  
15 the excellent and often thankless work that you do.

16 I sincerely believe that we live in the best  
17 county in the state of Florida. I know it's not a  
18 competition, but I believe that with all my heart  
19 because of the work that you do. And this morning  
20 it's not thankless. We thank you. And because I  
21 know that you -- that you care to do excellent  
22 work, I would ask that you would say no to this ban  
23 or at least postpone it, and here's why: If you  
24 pass this ban, even with the changes that were  
25 made, and I'm thankful for those, you would, and I

1 believe unintentionally, be preventing minors from  
2 receiving advice on how to make choices that are  
3 consistent with their own desired sexuality.

4 For example, I think everyone in attendance  
5 here, or even those watching, are perhaps wondering  
6 if -- let's say a 16-year-old who identifies as  
7 homosexual but wants to receive counsel and verbal  
8 advice on how they themselves can take personal  
9 steps to change, not counselors changing them,  
10 would this ban prohibit therapists from giving that  
11 requested counsel? From the way the bill reads,  
12 even with the changes, I believe it does. And if  
13 it doesn't, I'm not sure what is being banned.

14 And so it appears that you're about to go  
15 against the very principles that we all stand for,  
16 principles of freedom and equality. So in an  
17 effort to protect minors, this ban is taking away  
18 the equal rights of minors by forbidding them to  
19 choose the type of professional therapy that suits  
20 them because it bans therapists from giving a  
21 particular form of advice that they, their client,  
22 may want. And so I think we're just questioning  
23 the freedom and equality in all this.

24 Again, it's been said, your hearts are in the  
25 right place, but I would just urge you to either

1 say no or at least postpone this in the name of  
2 freedom and equality that we all stand for. Again,  
3 thank you for the work that you do, and I'm honored  
4 to stand here and address you this morning.

5 Thank you. Merry Christmas, Happy Holidays to  
6 you and your family.

7 COMMISSIONER BURDICK: Lori Messham.

8 MS. NEEDLE: Good morning, Mayor,  
9 Commissioners. My name is Dr. Rachel Needle. I'm  
10 a licensed psychologist and certified sex  
11 therapist, and I train people on the topic of  
12 sexuality around the world. I've also taught  
13 master's and doctorate programs at a number of  
14 universities in South Florida. And given that one  
15 of the courses that I teach is ethics, I have to  
16 say that some of the claims that I've been hearing  
17 from local therapists are quite disturbing to me.

18 You heard a lot of comments both today and at  
19 the first hearing about how this ordinance will  
20 prevent free speech and prevent minors from seeking  
21 mental health services, even went as far as saying  
22 that you're banning a goal, and that we're going to  
23 be calling you to ask, you know, "Is this okay?" or  
24 abandoning a client.

25 First of all, that could not be further from

1 the truth. All this is doing is saying that you  
2 cannot claim to change or convert someone's sexual  
3 orientations or attractions because there's no  
4 evidence that doing so is possible, and there is  
5 evidence that it can produce harm.

6 Being gay, lesbian, bisexual, or transgender  
7 is not a result of trauma in childhood or  
8 adulthood, and is not a result of child sexual  
9 abuse. That's -- conversion therapy is not  
10 attempting to cure or treat a mental health  
11 disorder. It is not supported by trauma therapy.

12 Conversion therapy is not based in science,  
13 meaning that -- and it's not evidence-based, so  
14 rigorous, objective, empirical research has not  
15 been shown to be effective. Research has shown  
16 that it can cause harm to minors. Opponents of the  
17 ban have also mentioned child sexual abuse as being  
18 a cause of being gay.

19 While estimates of child sexual abuse vary,  
20 understandably so; some don't admit it, some don't  
21 remember it, they range between 17 and 25 percent,  
22 and some studies suggest higher, yet the portion of  
23 American adults identifying as LGBTQIA is about  
24 4 percent. So the claim doesn't fit. And even if  
25 it did, the first rule that I've learned as a

1 researcher is that correlation does not equal  
2 causation.

3 I would like to take a moment to enter into  
4 the record some statements from some of the most  
5 highly respected organizations on the dangers of  
6 conversion therapy. The American Psychological  
7 Association concluded that conversion therapy,  
8 quote, may cause serious risk of harm, such as  
9 confusion, depression, guilt, helplessness,  
10 hopelessness, shame, and social withdrawal.

11 Additionally, the American Psychiatric  
12 Association stated, quote, the potential risks of  
13 reparative therapy are great, including depression,  
14 anxiety, and self-destructive behavior.

15 I want to just touch on somebody mentioned the  
16 research on sexual fluidity. I happen to have a  
17 personal relationship with Dr. Lisa Diamond who is  
18 the leading expert and the one that's done all the  
19 research on sexual fluidity. She talks about, in  
20 her research, that you can expand an individual's  
21 orientations but cannot take away. You cannot  
22 effortly change or mold someone's sexuality.

23 So you can read the research and see that this  
24 is -- that however they're spinning it, you cannot  
25 change it. You cannot -- you can watch it change

1 and add attractions, but you cannot take  
2 attractions away or purposely do so.

3 Rather than strengthening the message of hate  
4 and disapproval contributing to LGBTQ youth in our  
5 society feeling badly about themselves and  
6 increasing shame, with this ordinance you have the  
7 ability to protect them and to change this message  
8 to one of acceptance and love. Enacting this  
9 ordinance will protect children and adolescents  
10 from a practice that is far beyond the ethical --  
11 outside the bounds of any ethical, psychological  
12 treatment plan. Thank you very much.

13 COMMISSIONER BURDICK: Thank you. Harm  
14 Maarsigh.

15 MAYOR MCKINLAY: I have Commissioner  
16 Valeche -- Dr. Needle?

17 MS. NEEDLE: Oh, sure.

18 MAYOR MCKINLAY: Commissioner Valeche has a  
19 question.

20 COMMISSIONER VALECHE: Just one great  
21 question. I just want to ask you: Do you honestly  
22 believe that your colleagues in the psychological  
23 community are actually aggressively trying, in a --  
24 in a forceful manner, to change people's sexuality?

25 MS. NEEDLE: I mean, I'm not sure what you

1 mean by that. I don't think that aggressively  
2 trying to --

3 COMMISSIONER VALECHE: I mean do you think  
4 people come in to an office and are aggressively, I  
5 don't know, you know, tried -- persuaded, I don't  
6 know what the term would be in psychology but --

7 MS. NEEDLE: Sure.

8 COMMISSIONER VALECHE: -- do you really  
9 believe that that's going on in psychologists'  
10 offices?

11 MS. NEEDLE: Whether it's aggressive or not,  
12 claiming to be able to do something that there's no  
13 evidence that is possible -- not only that, but the  
14 evidence that does exist suggests that it can cause  
15 psychological harm to a client is --

16 COMMISSIONER VALECHE: But do you think  
17 psychologists are trying to cause psychological  
18 harm to their -- whether inadvertently or not, do  
19 you think --

20 MS. NEEDLE: I can't speak to their goals.

21 COMMISSIONER VALECHE: -- they're actually  
22 trying do that?

23 MS. NEEDLE: Because --

24 COMMISSIONER VALECHE: Honestly, I mean  
25 because that's the issue here. If this --



1           You know, some speakers have said, "We're not  
2   even sure that this exists anymore. We don't know  
3   what it is. It's ill-defined." But whatever it  
4   is, if it's bad, do you think responsible  
5   psychologists are engaging in this practice?

6           MS. NEEDLE: So I'm not going to pretend that  
7   I think that all psychologists are responsible and  
8   most -- I think we have to ask the psychologists  
9   that have spoken.

10          COMMISSIONER VALECHE: Well, do you think  
11   any -- do you think -- what is your view as to the  
12   prevalence of this among practitioners?

13          MS. NEEDLE: I think that if it's happening at  
14   all, that's too much, and it is happening. So you  
15   can Google, you can try to find a therapist that  
16   does it --

17          COMMISSIONER VALECHE: So you do think that?

18          MS. NEEDLE: -- and you can find it.

19          MAYOR MCKINLAY: Mr. Valeche --

20          COMMISSIONER VALECHE: Okay.

21          MAYOR MCKINLAY: -- you've asked her a lot of  
22   questions. Let her answer.

23          COMMISSIONER VALECHE: Okay.

24          MAYOR MCKINLAY: Thank you.

25

1 MS. NEEDLE: Thank you.

2 MS. MESSHAM: Hello. My name is Lori Messham.  
3 I own the Attachment Center of the Palm Beaches in  
4 Lake Worth, Florida. I also reside at 75 Cleveland  
5 Road, Lake Worth, Florida. I'm a mom of three as  
6 well; seven, five, and two years old.

7 I'm a little bit confused on why this is even  
8 part of an agenda, and I'm going to tell you why.  
9 I work with a lot of kids. I've been doing private  
10 practice, and I've been doing counseling for over  
11 23 years. I work with perpetrators, and when my  
12 colleague stands here and tells me there is no  
13 evidence of change; I'm sorry you have not seen  
14 that, but I have personally seen people change from  
15 one identity to another. Not through whatever is  
16 explained as conversion therapy, but I'm also a  
17 believer in Jesus Christ. And when people come to  
18 me seeking help, I give them a document that  
19 explains -- and I tell them on the phone, as I do  
20 some intake preparation from them, I say, "Listen,  
21 therapists are like gloves. Some fit and some  
22 don't. Some will work for you. You will not like  
23 them or some will. It just depends based on your  
24 faith."

25 My faith is I believe in the Bible, and I let

1     them know that, and I have them sign something  
2     saying that will be part of therapy. I will  
3     implement that. And if they have a problem with  
4     any of that, then I'm not the best suited therapist  
5     for them or their children.

6             What you're not taking into account is the  
7     practicality. There's a lot of numbers going  
8     around, but do you realize how many perpetrators  
9     that are out there and victims that I've worked  
10    with who have been told, since they were infants,  
11    by a child -- by another child in the home that's  
12    perpetrated them, that they shouldn't have been a  
13    girl, they shouldn't have been a boy, and telling  
14    them -- brainwashing them that they should be a  
15    different sex? So to say to me that that isn't  
16    happening when I've worked with kids, that's going  
17    on more than you guys realize. And they're being  
18    sexually traumatized by the same family members  
19    that are children. This happens in the adoption  
20    world all the time, and I don't think any of you  
21    realize that.

22            So we get to the roots. I don't try and say,  
23    "Well, I'm going to tell them what the Bible says."  
24    I tell them what I believe. But I'm a very  
25    respectful therapist, and what they choose -- I

1 like Jesus Christ. You can make your choices,  
2 okay. God loves, Jesus loves, regardless of our  
3 choices. But there's a -- there's blessings that  
4 come from obedience, whether it's being a  
5 heterosexual or not.

6 And so, ultimately, when they come to me and  
7 parents come to me with children who are aggressive  
8 or they're having lots of behavior problems, if  
9 this is an issue, and a lot of times there are, and  
10 I'm like the last stop on the road --

11 COMMISSIONER BURDICK: Thank you.

12 MAYOR MCKINLAY: I have a question. If you're  
13 dealing with the victims that are being abused by  
14 other children in their homes --

15 MS. MESSHAM: Yes.

16 MAYOR MCKINLAY: -- you're a mandatory  
17 reporter, are you reporting that abuse?

18 MS. MESSHAM: Absolutely every time, and  
19 they're taken out.

20 COMMISSIONER BURDICK: Kieron Sharpe.

21 MR. MAARSIGH: Hi. My name is Dr. Harm  
22 Maarsigh. I'm not an expert on transgenderism. My  
23 field of expertise is pharmacology. I'm a licensed  
24 pharmacologist, certified.

25 We heard a lot about does it work or not. All

1 of you buy supplements or other homeopathic  
2 medications that have no proof that they actually  
3 work that we do not talk about banning those here  
4 in this moment.

5 The World Professional Association for  
6 Transgender Health, in their rules of -- standards  
7 of care, notes that roughly 6 to 23 percent of boys  
8 and 12 to 27 percent of girls that have gender  
9 dysphoria as a preadolescent actually carry this  
10 into adulthood. In other words, roughly 80 percent  
11 do not.

12 I really appreciate your efforts to protect a  
13 very vulnerable class. Children are vulnerable by  
14 definition. And children who are confused are even  
15 more vulnerable, whatever the source of confusion  
16 is. But if you're not helping the 80 percent of  
17 children that are happy with their birth, gender,  
18 sex, identity with therapy, I think we do those  
19 children a disservice.

20 It feels like we're talking here just one  
21 option and it's this ban or it's forced conversion  
22 therapy. I don't think that's in the books. I  
23 think that's -- those are the only options. The  
24 options are: Do we allow therapists to pick the  
25 therapy they think they should pick in best

1 interests of their clients?

2 We talk about clients. We have unwanted  
3 sexual desires, meaning they have two conflicting  
4 desires. They want to be -- maybe have some sexual  
5 attractions here but, on the other hand, they want  
6 to be something else.

7 You, as commission, I don't think you can say  
8 that you can be forced to go one desire and we  
9 decide which one of those two it will be. I think  
10 you can only do one wise thing, and it's to leave  
11 the options open. The option, again, is not just  
12 to have forced conversion therapy, it's to have  
13 free choice, have the free choice to pick what  
14 therapy you think will meet your goal best.

15 I thank you very much -- I thank you very much  
16 for your time, and I wish you a lot of wisdom to  
17 make this decision. Thank you very much.

18 COMMISSIONER BURDICK: Kathy Martin. Go  
19 ahead, sir.

20 MR. SHARPE: Good morning, Commissioners. My  
21 name is Kieron Sharpe. I'm a counseling pastor in  
22 Tequesta. I reside in Jupiter, Florida. And I'm  
23 reading this on behalf of Tyler Hamilton who could  
24 not be here today.

25 I would like to raise four points and two

1 questions about this ordinance. First, attorneys  
2 and scientists define research differently. This  
3 ordinance is rationale stemmed from task force  
4 reports and position statements. Statements from  
5 professional associations are not research  
6 statements. Statements are arguable. Statements  
7 are neither conclusive nor infallible. Statements  
8 do not constitute a standard of practice. Basing  
9 your rationale on position statements is like using  
10 CliffsNotes to write your master's thesis.

11 Second, professional associations are not  
12 regulatory agencies. Professional associations are  
13 governed by political entities that advocate and  
14 lobby for their interests within broader  
15 communities and institutions. Associations are  
16 beset by the same inadequacies as other  
17 institutions. Competing organizations are commonly  
18 created in response to such inadequacies, such as  
19 the case of the -- the case law on decline of the  
20 American Medical Association and the rise of  
21 medical specialty organizations.

22 The mental health associations must honestly  
23 admit the role that politics has played in their  
24 own recent histories. Nicholas Cummings is a  
25 forerunner of advances in LGBT interests in the

1 mental health professions, and he has publicly  
2 decried the lack of scientific evidence that  
3 justify these political actions.

4 Third, conversion therapy is not a specific  
5 practice. The professionals that have been  
6 targeted by the instigators of this ordinance are  
7 not conversion therapists. None of them have  
8 attended conversion therapy school. They don't  
9 shock or castrate their clients.

10 Fourth, change does occur. Change in therapy  
11 does not mean turning a gay person straight.  
12 Change can be any slight shift in feelings,  
13 attractions, behaviors, or identity. In this  
14 regard, change is possible. And contrary to  
15 generalizations about phobic parents, there are  
16 children who desire and do change.

17 I conclude with the following questions: One,  
18 would you please describe a typical session with a  
19 conversion therapist? Furthermore, can you  
20 describe what differentiates a conversion  
21 therapist's skill set from that of some other type  
22 of therapist?

23 Two, can you produce research, evidence, to  
24 justify the so-called affirmative therapy that this  
25 ordinance prescribes for children?



1           If you can't sufficiently answer these  
2       questions, I would submit that you're not prepared  
3       to pass this ordinance. Thank you.

4           COMMISSIONER BURDICK: Janina Seifel. Go  
5       ahead, ma'am.

6           MS. MARTIN: Thank you. My name is Kathy  
7       Martin, and I'm a licensed psychotherapist  
8       currently in private practice in Palm Beach County.

9           I would like to begin by stating that I am --  
10       I do not believe in conversion therapy nor do I  
11       think that any ethical state licensed therapist  
12       should. Why do I say this? Because it is not my  
13       job to convert anyone to my particular way of  
14       thinking. My code of ethics dictates that I am to  
15       go where the client is, not lead them to where I  
16       want them to go.

17           I am mandated by my state license to work with  
18       the client at his or her point of struggle. My  
19       code of ethics clearly disallows any client  
20       coercion, bullying, brainwashing to only my way of  
21       thinking. Wait a minute. Isn't that exactly what  
22       the Palm Beach County Commissioners in this  
23       proposed ban are attempting to do by allowing me to  
24       counsel in only one direction? Their direction?

25           So if a client, a child, comes to me with

1 confused, unwanted same-sex attractions, the  
2 commissioners are telling me that I am banned from  
3 going where the client is. They are attempting to  
4 force me to break my code of ethics, not allowing  
5 me to help my client at their point of struggle.

6 A quick example of this. I'm currently  
7 working with a young teenage boy, 16 years old. He  
8 was introduced to male-on-male pornography at a  
9 very young age. As a trained therapist, my  
10 knowledge base recognizes that first arousal  
11 experience plant an incredible and powerful imprint  
12 on the brain which impacts future arousal  
13 responses. Has that caused my young client  
14 confusion when he feels same-sex attractions?  
15 Absolutely. He doesn't understand why he has them  
16 and, frankly, he doesn't want them.

17 Will I allow a group of, no offense, untrained  
18 county commissioners to legally force me to break  
19 my code of ethics by not allowing me to go where my  
20 client is by banning me from helping my client  
21 unravel his or her unwanted attractions?

22 Absolutely not. I will regulate my work based on a  
23 higher authority, the state of Florida. They are  
24 the ones who oversee and regulate both my code of  
25 ethics and my license, not a group of local

1 commissioners.

2 And finally, as a Christian, I am told  
3 biblically to submit to my governing authorities,  
4 provided they do not require me to sin by going  
5 against my conscience. I believe that the state of  
6 Florida has done an excellent job in regulating my  
7 code of ethics, and I gladly submit to the rules,  
8 so I hope you say no to this ban. Thank you.

9 COMMISSIONER BURDICK: Dr. Daria Wels. Go  
10 ahead.

11 MS. SEIFEL: Thank you. Good morning. My  
12 name is Janina Seifel, a licensed mental health  
13 counselor from Riviera Beach, Florida. I would  
14 like to request that you vote no on this ordinance  
15 for several reasons.

16 One, on Florida Statute 381.026, under (d),  
17 "Access to health care," it states that "A patient  
18 has the right to access any mode of treatment that  
19 is, in his or her own judgment and the judgment of  
20 his or her health care practitioner, in the best  
21 interests of the patient, including complementary  
22 or alternative health care treatments, in  
23 accordance with the provisions of Statute 456.41."

24 This statute clearly states that a client has  
25 a right to pursue whatever type of treatment they

1 want. So if they say it's unwanted homosexual  
2 attractions, this statute says it's their right to  
3 seek counsel in addressing those attractions. If a  
4 child is experiencing gender confusion and desires  
5 them to embrace their gender of their birth, the  
6 statute says it's their right.

7 Two, in the same statute, under "Individual  
8 dignity," it states that the individual dignity  
9 must be respected at all times and upon all  
10 occasions. This statute already prohibits  
11 therapists from engaging in any counseling or  
12 practices that would elicit shame or coercive  
13 therapy.

14 Three, again under the same statute, which is  
15 the Florida Patient's Bill of Rights -- I'm sorry I  
16 didn't mention that earlier. Under "Information,"  
17 it states that the patient has the right to express  
18 grievances to a appropriate state licensing agency  
19 regarding alleged violations of patients' rights.  
20 A patient has the right to know the procedures for  
21 expressing a grievance.

22 On the December 5th reading, Commissioner  
23 Kerner had questioned if there was a place for  
24 clients to report, and we do have that. And every  
25 practice and practitioner I know makes sure that

1 their clients know what the number is to report any  
2 grievances with their therapist.

3 Four, although at the last meeting it was  
4 stated that one of the commissioners believe that  
5 an individual's orientation is dictated by  
6 genetics, the American Psychological Association  
7 states on their website that there's no consensus,  
8 I'm sorry, among scientists about the exact reasons  
9 that an individual develops a heterosexual,  
10 bisexual, gay, or lesbian orientation. But even if  
11 there was a consensus, would the individual not  
12 still have the right to change their orientation if  
13 they were born that way?

14 If someone is born with brown hair and they  
15 want blonde, they can bleach their hair. If a  
16 woman is unhappy with her breast size, she can  
17 either get implants or a reduction. The list can  
18 go on and on for biological traits that can be  
19 changed if an individual is distressed or unhappy  
20 with what they were born. The Department of Health  
21 has never received a single report of harm in the  
22 state of Florida with regard to this issue.

23 In closing, I want to clarify that I  
24 understand that the commissioners is trying to  
25 protect minors from bad therapists and therapy.

1     However, the state of Florida has already put  
2     protection for minors and adults in place with the  
3     Department of Health, licensing boards, and the  
4     Florida Patient's Bill of Rights. Please do not  
5     trample on the civil rights of patients saying they  
6     cannot receive the type of therapy that they  
7     desire. Thank you for your time.

8           COMMISSIONER BURDICK: Emma Dieterle. Go  
9     ahead, ma'am.

10          MS. WELS: Dr. Daria Wels, licensed  
11     psychologist, Boca Raton.

12          This ordinance is about there being only one  
13     right way, the commissioner's way. Your ordinance  
14     would forbid me from helping a minor who is  
15     wondering if they are gay or transgender from  
16     exploring this.

17          According to your ordinance, I would only be  
18     allowed to point them toward a gay or transgender  
19     lifestyle. Good therapy is about listening to what  
20     patients say, identifying ambivalences, clarifying  
21     meanings, feelings, intense goals, and assessing  
22     the accuracy of their perceptions. All of this may  
23     run afoul of your ordinance depending on what might  
24     be presented to me. Your ordinance would make me  
25     decide for them that the only direction is an LGBT

1 identity, your ideological goal, not necessarily  
2 the patient's.

3 A good therapist listens to a patient that  
4 wants to minimize same-sex feelings or overcome  
5 their gender confusion in order to identify with  
6 his or her biological sex, but this ordinance  
7 subjects me to fines for exploring ambivalence or  
8 outside influences. It makes it illegal for me to  
9 provide information about the negative consequences  
10 of medical or surgical transition like permanent  
11 infertility. All of these normal ethical  
12 therapeutic techniques would be illegal.

13 This ordinance exposes therapists to  
14 malpractice, either because we fail to adhere to  
15 ethical patient-centered therapeutic methods, or  
16 for fear that the techniques we use might be  
17 misconstrued as the practice of conversion therapy.  
18 This ordinance substitutes the judgment of  
19 non-licensed commissioners for the professional  
20 judgment of state licensing organizations. It  
21 requires therapists to apply a double standard to  
22 treat minors unequally. Why do you presume a minor  
23 is mature enough to seek gender transition but  
24 isn't mature enough to decide they like who they  
25 biologically are?

1           HIPAA laws, how will you get evidence of a  
2   violation? Will you spy on my therapy sessions?  
3   Will you ask therapists to violate confidentiality  
4   by revealing the substance of our sessions? How  
5   can I possibly defend myself against charges that I  
6   violated this ordinance when I am prohibited by law  
7   from revealing protected health information even  
8   when the evidence might prove my innocence? What  
9   if the charge comes from a friend or LGBT  
10   organization? Without the patient's permission, I  
11   cannot disclose confidential communications in  
12   order to defend myself.

13           Given the sensitive nature of the topic, it is  
14   unfair to expect a minor to give permission for  
15   public disclosure of the contents of a therapy  
16   session. Give the children of this county a  
17   choice. Please vote no. Thank you.

18           COMMISSIONER BURDICK: Marla Dieterle.

19           MAYOR MCKINLAY: Helene, can you just give us  
20   a brief explanation of how a complaint would be  
21   filed?

22           MS. HVIZD: We're -- we're all still somewhat  
23   imagining, Mayor, how this would actually work. So  
24   I imagine that it would be complaint-driven,  
25   somewhat similar to code enforcement being informed



1 of some other violation. At that point a code  
2 enforcement officer would need to investigate.

3 And people that have spoken to you are  
4 absolutely correct in suggesting that there is a  
5 patient-therapist privilege that attaches to  
6 communications between a patient and a therapist,  
7 and that the therapist is not entitled to waive  
8 that privilege except for circumstances, I believe,  
9 when it's a lawsuit filed against them and they are  
10 defending themselves. I think that's traditionally  
11 the only way a physician can waive that privilege.

12 Minors are able to waive the privilege. And I  
13 believe the way that's traditionally done, or as  
14 I've seen it in one case, is that a guardian ad  
15 litem is appointed on behalf of the minor and then  
16 that guardian makes the decision about waiver of a  
17 privilege.

18 At that point the cases would follow the  
19 normal case for a code enforcement situation.  
20 There would be a hearing in front of a magistrate.  
21 Evidence would be presented such as it is, and a  
22 decision would be made by the magistrate as to  
23 whether or not the ordinance had been violated.

24 MAYOR MCKINLAY: Okay. Commissioner Valeche.

25 COMMISSIONER VALECHE: Thank you, Madam Mayor.

1 Well, two things struck me about what you said.  
2 One is if this is an incomplete work process that  
3 we're trying to adopt, why -- why isn't it fully  
4 baked before it gets to us where we have a process  
5 of complaint specified -- you know, saying that --  
6 or we have some vague notion about how this is  
7 going to happen but it's not real? The ordinance  
8 is real. The fines are real. Why isn't the  
9 complaint process real?

10 The second part of that question is: In  
11 researching this, I would assume you've -- if we're  
12 providing a remedy, then there had to have been --  
13 there has to be something that this is a remedy  
14 for. Is there a record of complaints filed with  
15 whatever regulatory -- you know, psychologists here  
16 have cited their regulatory bodies in the state.  
17 Is there a database of complaints about conversion  
18 therapy in that database or is this just, again,  
19 something that people think happens but there's no  
20 concrete evidence of happening?

21 MS. HVIKD: Madam Mayor, Commissioner Valeche,  
22 I apologize if you mistook my comments for  
23 suggesting that there is no process in place for  
24 enforcement. There certainly is. It's the code  
25 enforcement process.

1           My suggestion that we're still imagining how  
2   this would work is directly related to the  
3   evidence, collection of the evidence, and the  
4   process by which a patient or therapist privilege  
5   might be waived. So there is a process in place.  
6   It will follow the code enforcement process.

7           As to your second question regarding  
8   complaints, we are here at the direction of the  
9   Board of County Commissioners who asked us to bring  
10   back an ordinance that was first sent to the Palm  
11   Beach County League of Cities, and that they  
12   approved of, and that is what we have done. I am  
13   being told that a public records request was  
14   conducted on behalf of the Liberty Counsel to one  
15   department, I believe, Department of Children and  
16   Families at the state level, asking for any  
17   complaints regarding conversion therapy, and that  
18   they were told there were no public records that  
19   satisfied that public records request.

20           Other than that, I have not researched whether  
21   there are complaints currently existing against any  
22   of these therapists. We have been told by the Palm  
23   Beach County Human Rights Coalition that there have  
24   been two complaints of children regarding this  
25   practice. That's what we were told, but I would

1 not be able to give you details. I believe that  
2 perhaps could be asked of Mr. Hoch if he's here.

3 COMMISSIONER VALECHE: Okay.

4 COMMISSIONER BURDICK: Go ahead, Emma.

5 MS. EMMA DIETERLE: Good morning. My name is  
6 Emma Dieterle. I'm a home-educated high school  
7 student in Palm Beach County, and I'm here to  
8 address the Board this morning to -- for my  
9 concerns.

10 There's a great deal of confusion regarding  
11 gender due to the growing LGBTQ movement, but God's  
12 word brings me to clarity and simplicity to this  
13 issue. It simply and clearly states that God  
14 created male and female in his image. We do not  
15 have the authority to redefine and ignore the  
16 gender God has created us to be.

17 This perspective on changing one's identity  
18 has influenced how many people view their body.  
19 They think it's a blank slate upon which we may  
20 draw any identity we choose. The Bible teaches a  
21 very different perspective. Our manhood or  
22 womanhood is not incidental. It has been given us  
23 by God as a gift. God's word is the truth. It  
24 makes sense of our humanity. It restores our  
25 dignity. It calls us to be men and women who see

1 our body as a gift, a vessel by which we may give  
2 glory to our maker and redeemer. This is not a  
3 fairytale. It's a true fact that no one can change  
4 their identity.

5 Last summer the federal government stated that  
6 it would not require Medicaid or Medicare to cover  
7 transition-affirming procedures for children  
8 because medical experts at the Department of Health  
9 and Human Services found the risks were often too  
10 high. Children who undergo -- undergo sex  
11 reassignment even in Sweden, which is among the  
12 most LGBTQ-affirming countries, have a suicide rate  
13 nearly 20 times greater than that of the general  
14 population.

15 Today's institutions that promote  
16 transition -- transition of affirmation are pushing  
17 children to impersonate the opposite sex, sending  
18 many of them down to the path -- path of puberty  
19 blockers, sterilization, the removal of healthy  
20 body parts, and untold psychological damage.  
21 Clearly conversion therapy is child abuse. It's  
22 time for you, Commissioners, to understand exactly  
23 what is happening to minors and unite to take  
24 action to say no to this ordinance. Thank you.

25 MS. MARLA DIETERLE: Good morning. My name is

1 Marla Dieterle.

2 COMMISSIONER BURDICK: Marla, before you --  
3 Jesse Dieterle. Go ahead, Marla.

4 MS. MARLA DIETERLE: My name is Marla  
5 Dieterle, and I'm a resident of Palm Beach County,  
6 and I'm here to speak to you as a certified  
7 counselor with the state of Florida, but more  
8 importantly as a concerned parent.

9 My husband and I have personally chosen to  
10 home educate both of our children. The reason is  
11 simple: In the Book of Deuteronomy, the Lord tells  
12 parents to raise their children in God's ways and  
13 teach them about him day and night. We've been  
14 able to do this because of the freedoms granted to  
15 us in the state of Florida and within the country  
16 we live in, the United States of America. This  
17 country was founded upon biblical principles and  
18 for those of life, liberty, and the pursuit of  
19 happiness.

20 This First Amendment gives me the right of  
21 freedom of religion to raise my children in God's  
22 ways and with his truth. If either of my children  
23 were to have a struggle in which they needed  
24 counseling, there is no other consideration for  
25 them than to look to the wisdom that God has set

1 before us in his word. The 66 books contained in  
2 this Bible is their truth to live by. That is the  
3 only wisdom that would ring true for them, wisdom  
4 from God.

5 I would also like to remind the Board that  
6 within Florida we have a patient bill of rights.  
7 These rights provide clients the choice of a full  
8 range of treatment and counseling options. Palm  
9 Beach County does not have the right to limit the  
10 choice of treatment that a counselor and patient  
11 decide upon. The proposal before the commission is  
12 an overreach of the Florida State Patient's Bill of  
13 Rights and my children's right to seek biblical  
14 counseling.

15 Let me remind the Board that the Supreme Court  
16 of the United States, as the law of this land, has  
17 given me the right as a parent to direct the  
18 upbringing of my children. We still live in the  
19 United States of America, the land of the free, and  
20 I do have freedom of religion.

21 This proposal is wrong. If your purpose as  
22 commissioners is to uphold our American values and  
23 our Constitutional freedoms and protect the rights  
24 of our minors, you have no other choice than to  
25 vote no against this proposal on this 19th day of

1 December. I humbly ask that each one of you seek  
2 your God-given conscience and vote no on this  
3 unconstitutional proposal.

4 COMMISSIONER BURDICK: Gordon Dieterle. Go  
5 ahead, sir.

6 MR. JESSE DIETERLE: Thank you, Commissioners  
7 and Madam Mayor, for this public meeting and giving  
8 me the opportunity to speak this morning. My name  
9 is Jesse Dieterle. I'm a home-educated high school  
10 student. I'm here to ask you to vote against the  
11 conversion therapy resolution for a multitude of  
12 reasons.

13 This document of regulations before us is  
14 intolerant of a specific section of the Palm Beach  
15 County populace. It allows for non-Christian and  
16 secular counselors to provide the prescriptions of  
17 their conscience while denying this right of free  
18 speech to those with religious convictions. These  
19 men and women have every right to share the  
20 prescription they recognize as most beneficial to  
21 their patients. You are asking for tolerance for  
22 all counselors except one, the Christian counselor.

23 Commissioners, I have been homeschooled for  
24 seven years of my life because of the parental  
25 rights in this state. Now, if this resolution is



1 passed, Christian parents and their children who  
2 are experiencing these emotions cannot and will not  
3 receive the help they need and want. This is  
4 depriving poor confused children of the counsel  
5 they and their parents want and desire. The  
6 counselor does not seek the patient but vice versa.

7 I ask you to allow freedom and tolerance to  
8 grace our county's record. This unconstitutional  
9 and illiberal policy only taints our record to the  
10 nation and future generations. These counselors  
11 are asking you and beseeching you, Commissioners,  
12 to publicly obey their God as any person would want  
13 to follow the principles of their heart. This  
14 resolution sets before us two pathways: A pathway  
15 of narrow-mindedness or a pathway of liberty and  
16 the free exercise of religious conscience and free  
17 speech.

18 I hope the choice is fairly clear and set  
19 before you today as you decide to vote on an issue  
20 of immeasurable consequence.

21 COMMISSIONER BURDICK: Shannon Otto.

22 MR. GORDON DIETERLE: Good morning, Mayor  
23 McKinlay, Vice Mayor Bernard, distinguished  
24 commissioners and staff. My name is Gordon  
25 Dieterle. Thank you for allowing me to speak

1 today. It's a privilege to be before you.

2 I'm a 27-year member of the Florida Bar, a  
3 member of the 15th Judicial Nominating Commission,  
4 on the Board Directors of the South Palm Beach  
5 County Bar Association. I'm a parent of two, and  
6 you've seen my children and wife speak before me.  
7 I'm also a practicing Christian.

8 I stand today as a resident of Palm Beach  
9 County, but also as a concerned Christian in  
10 opposition to this ordinance that's before the  
11 commission today. This commission is voting on an  
12 ordinance that is a significant overreach that goes  
13 beyond the powers it was given by the Florida  
14 Constitution in regulating the ability of  
15 therapists to counsel minors and parents of their  
16 own choosing.

17 This ordinance is unconstitutional for  
18 multiple reasons. It's a violation of the due  
19 process clause, the equal protection clause, the  
20 right to free speech, and the freedom of religion,  
21 but I'll focus on two other issues as to why this  
22 ordinance is unconstitutional and why, if suit is  
23 filed, is likely to be struck down, as the one in  
24 Tampa will likely be struck down.

25 One is the right to privacy. U.S. Supreme

1 Court in the Griswold case and progeny handed down  
2 since then has held that we, as U.S. citizens, have  
3 a right to privacy. This ordinance infringes on  
4 the right to privacy of parents and minors in the  
5 confines of their own home to decide whether  
6 therapy of this nature or any nature is  
7 permissible, and you are taking that fundamental  
8 right away from parents and minors by passing this  
9 ordinance. I would ask you to revisit this and  
10 reconsider what you might be doing here in taking  
11 away a right that we have come to hold as  
12 sacrosanct.

13 Secondly, this county, for years, has been at  
14 the forefront of passing antidiscrimination  
15 ordinances in housing, in jobs, and you are to be  
16 commended for that. However, this particular  
17 ordinance, if passed today, is discriminatory on  
18 its face. It targets and selects a class of  
19 citizens, practicing Christians, and precludes them  
20 from being able to practice their faith, to  
21 practice free speech, to honor their God, to follow  
22 the Bible, and to counsel with Christian counselors  
23 on matters of intense personal nature that should  
24 be decided by them in the confines of their own  
25 home.

1 I would respectfully request that you take the  
2 county attorney's advice and table voting on this  
3 ordinance today and see how the federal court in  
4 the Middle District of Florida is going to rule on  
5 the case that Liberty foundation has filed there.

6 If you pass this ordinance today, there will  
7 be a lawsuit and there will be an injunction that's  
8 entered, and this ordinance will ultimately be  
9 struck down as unconstitutional. Thank you so much  
10 for your time. Happy Holidays and God bless you.

11 COMMISSIONER BURDICK: Dr. Robert Otto.

12 MRS. OTTO: He is not here. He's in court  
13 right now as an expert witness.

14 COMMISSIONER BURDICK: Chris Stanin [sic], is  
15 Chris here? No? Our last speak -- Chris? Our  
16 last speaker will be Rand Hoch. Oh, Chris, come on  
17 up. Go ahead, Shannon.

18 MRS. OTTO: Madam Mayor McKinlay, you sent my  
19 husband Dr. Otto an email yesterday reassuring him  
20 that if the ordinance passes, he can still help  
21 minors with their feelings on this issue. Your  
22 email is public record, so people can see that I am  
23 not taking your comment out of context, and I have  
24 a copy right here if anybody would like to see it.

25 The Section 4 of the ordinance states very

1 clearly that this proposal would make it illegal  
2 for any therapist to help minors, and I quote,  
3 eliminate or reduce sexual or romantic attractions  
4 or feelings. So let the record reflect that Mayor  
5 McKinlay, in her email, is giving my husband  
6 permission to violate the law.

7 MAYOR MCKINLAY: Let me clarify that, if you  
8 can pose -- pause the clock there.

9 No, it's not. What it's saying is that as a  
10 parent, you still have the right to take your child  
11 to seek mental health therapy. Nothing in this  
12 ordinance prevents a parent from seeking mental  
13 health therapy services for their patient -- for  
14 their children.

15 It just states, as Dr. Needle so eloquently  
16 stated earlier, that you cannot claim to convert a  
17 child for one's sexual orientation to another.  
18 That was the purpose of my email, and your husband  
19 was very gracious to thank me for being the only  
20 commissioner that responded to him.

21 MRS. OTTO: Yes.

22 MAYOR MCKINLAY: We'll let the clock continue.

23 MRS. OTTO: Yes, he was grateful for that.  
24 However, what you just said is not about feelings,  
25 it's not about the parent taking their child, it's

1 about what the therapist and the child can be  
2 talking about. That's what we're talking about.  
3 And the therapist doesn't have the opportunity to  
4 talk about a child -- to talk with a child if the  
5 child decides that they would like to talk about  
6 their feelings to move out of a homosexual  
7 lifestyle or something like that. We're still  
8 talking about feelings, and they don't have the  
9 right to talk about that. The therapist and the  
10 child doesn't have that right. It's right there.

11 Does that mean that you will pay the fines  
12 that they receive? According to the fact that you  
13 had said that they cannot talk about their -- that  
14 they can talk about their feelings, but in the  
15 ordinance it says that they can't.

16 It's really appalling to think that we're even  
17 talking about this subject today. It's really --  
18 it's very -- it's just outrageous. We live in  
19 America. We have freedom of speech. We have  
20 freedom of religion. We have parental rights.  
21 It's amazing to me, as I look at this Board -- and  
22 I know you're educated people. I know some of you  
23 are attorneys, and it's as though you haven't even  
24 researched this.

25 And even your council -- like you were saying

1 Mr. Hal, that -- that there -- there are decisions  
2 being made on one side, but you don't even have --  
3 you don't even have some things in place. You  
4 don't even have understanding of the full picture  
5 here and the ramifications of it.

6 I have -- well, I know that you have received  
7 a letter from Liberty Counsel, and I have the 198  
8 pages, and I just wonder even about this ordinance.  
9 What have you all read? What -- have you read this  
10 briefly?

11 COMMISSIONER BURDICK: Thank you. Thank you,  
12 Mrs. Otto. Chris Stani, and our last speaker will  
13 be Rand Hoch.

14 MR. STAHL: Good morning. My name is  
15 Christopher Stahl. I'm just going to read here  
16 what I typed up.

17 Freedom of religion is a principle that  
18 supports the freedom of an individual or community,  
19 in public or private, to manifest religion or  
20 belief in teaching, practice, worship, and  
21 observance. It also includes the freedom to change  
22 one's religion or belief.

23 Congress shall make no law respecting an  
24 establishment of religion or prohibiting the free  
25 exercise thereof or obliging the freedom of speech,

1 and this proposal violates both of those. The  
2 author of this law is violating the Constitution of  
3 the United States and the rights of all United  
4 States citizens. If Congress cannot interfere with  
5 religion, then why do they think they can?

6 So this proposed law violates a person's right  
7 to discuss a belief and for teaching and practice  
8 of a person's sexuality and religion. A counselor  
9 that cannot talk to a child about their sexuality  
10 is interfering with the free exercise of their  
11 religion and the freedom of speech of that child or  
12 whoever is seeking the counseling.

13 Additionally, professional licenses for  
14 counselors are issued by the state of Florida. The  
15 county commission has no authority to restrict what  
16 happens in a counseling room. That is controlled  
17 by the State Department of Health, Florida Statute  
18 491.009. This fact was ignored by the county  
19 commission and denied by the attorney who wrote the  
20 proposal.

21 And I close with a question: Why is the  
22 Constitution of the United States being  
23 circumvented here? Because it clearly is. Thank  
24 you.

25 COMMISSIONER BURDICK: Go ahead, Mr. Hoch.



1 MR. HOCH: Mayor McKinlay, Commissioners, my  
2 name is Rand Hoch. I'm president and founder of  
3 the Palm Beach County Human Rights Council.

4 For almost three decades county commissioners  
5 and other public officials have enacted laws and  
6 policies to protect LGBTQ people. As a result,  
7 Palm Beach County is now one of the safest places  
8 in the world for LGBTQ people to live, study, work,  
9 create families, raise children, and retire, and I  
10 want to thank you for that.

11 I also want to commend Helene for modifying  
12 the ordinance to take into effect the concerns  
13 raised by Commissioner Abrams at the last meeting.  
14 Helene has gone to great lengths to balance the  
15 interest of children, parents, and therapists. Not  
16 a single word needs to be added or deleted from the  
17 draft presented to you today. If enacted, this  
18 ordinance will serve as a model for other counties  
19 around the state and the nation.

20 For the past 18 months I've had to endure  
21 people suggesting to elected officials that gay  
22 people are God's mistakes, and then go on to say  
23 that they are the ones who can fix the mistakes  
24 through therapy. How arrogant. I have been taught  
25 that each one of us is created in God's image.

1 I have been taught that God does not make  
2 mistakes, and I believe those statements to be  
3 true. I also believe the statements and  
4 conclusions from virtually every mainstream  
5 scientific, medical, psychiatric, and psychological  
6 organization in this country that conversion  
7 therapy is ineffective and it causes harm to  
8 children.

9 So the choice before you today is clear. You  
10 can vote to protect children from harm or you can  
11 vote to protect these people who want to continue  
12 to cause children harm. Basically the choice is  
13 between kids and quacks. Please vote to protect  
14 the kids. Thank you, and Happy Holidays, Happy New  
15 Year.

16 COMMISSIONER BURDICK: Madam Mayor, we have 13  
17 additional cards who do not wish to speak this  
18 morning but are in opposition.

19 MAYOR MCKINLAY: And we will enter those into  
20 the record. Commissioner Valeche.

21 COMMISSIONER VALECHE: Mr. Hoch, I just had  
22 a -- you can go over there, I think.

23 Just in terms of the complaints, it was  
24 mentioned earlier that there were two that the HRC  
25 knows of. Could you give me an idea of who those

1 complaints were registered with, who they  
2 originated from, what the disposition of them was,  
3 et cetera?

4 MR. HOCH: Gladly.

5 COMMISSIONER VALECHE: Give us some color on  
6 that, please.

7 MR. HOCH: Both of the complaints regard  
8 children who live in your district.

9 COMMISSIONER VALECHE: Okay.

10 MR. HOCH: We received complaints from the  
11 mothers of gay people because their friends, the  
12 gay children's friends who also identified as gay,  
13 were being subjected to conversion therapy.

14 COMMISSIONER VALECHE: And?

15 MR. HOCH: There's nothing we can do about  
16 that unless you act today. So these kids are still  
17 being forced to go to therapists who are telling  
18 them that God does not love them --

19 COMMISSIONER VALECHE: Isn't there -- isn't  
20 there some recourse for the parent if they feel  
21 their child has been harmed by a professional?

22 MR. HOCH: The parents are the ones who are  
23 causing the harm to the children by sending them to  
24 therapy. The children are the ones being harmed by  
25 the therapy. There is no recourse unless you pass

1 an ordinance and the child comes forward to the  
2 county and says, "This is what's happening to me,"  
3 and only a complaint is going to trigger this  
4 ordinance from taking effect. It's not like  
5 anyone's going to go into a therapist's office and  
6 sit in with patients.

7 And the children are allowed to waive all of  
8 the HIPAA requirements for their therapist. They  
9 can tell them because the children are the  
10 patients.

11 COMMISSIONER VALECHE: Okay. I understand.  
12 But wouldn't the child in this instance, in these  
13 two instances, have been able to register a  
14 complaint?

15 MR. HOCH: With who? Well, that's the  
16 problem.

17 COMMISSIONER VALECHE: Well --

18 MAYOR MCKINLAY: It's not banned.

19 COMMISSIONER VALECHE: -- I think there's a  
20 licensing organization. There's a professional  
21 organization.

22 MR. HOCH: There is no state law that  
23 specifically prohibits therapists from doing  
24 conversion therapy. That's the entire problem.  
25 That's why 16 communities have already passed this.

1 That's why 10 states have already passed this.

2 That's why dozens of cities and counties around the  
3 country have passed it. Without the law, these  
4 kids are helpless.

5 COMMISSIONER VALECHE: Well, but there --  
6 whether the statute or the regulatory body mentions  
7 conversion therapy per se, there's still a  
8 prohibition against the psychologist abusing his or  
9 her professional position to do harm to a patient  
10 and, you know, that can take in a wide range of  
11 subjects beyond conversion therapy. And I think  
12 there is recourse in those instances, isn't there?

13 MR. HOCH: These psychologists and therapists  
14 don't think they're doing harm. That's a problem.  
15 That is the problem. And you're dealing with  
16 minors, so you're the only ones who can protect  
17 them. It's up to the seven of you.

18 COMMISSIONER VALECHE: Well, but in this -- if  
19 we were to pass the ordinance, it would be the  
20 minors' perception that they were being harmed,  
21 it's not the -- whether the psychologist believes  
22 they're doing harm or not is totally irrelevant to  
23 this, it's the patient who's -- who we're going to  
24 be listening to.

25 MR. HOCH: That's correct.

1 COMMISSIONER VALECHE: So why isn't the  
2 patient in this case, you know, responsible to --  
3 not responsible, but why doesn't they -- why don't  
4 they have the option of making the abusive therapy  
5 known to the licensing authority?

6 MR. HOCH: I imagine they could, but I don't  
7 know if the licensing authority will actually do  
8 anything. I do have faith that Palm Beach  
9 County --

10 COMMISSIONER VALECHE: Well, why would they be  
11 more inclined to report it to the county than they  
12 would to -- to the state?

13 MR. HOCH: Don't you get a lot of complaints  
14 from people that should really go elsewhere? You  
15 are the closest form of government to these kids.  
16 They look to you. Don't send them elsewhere. Take  
17 responsibility, protect these children.

18 COMMISSIONER VALECHE: All right. Okay.

19 MR. HOCH: Thank you.

20 MAYOR MCKINLAY: And let me add that this is  
21 the same state legislature that has refused to hear  
22 a ban on conversion therapy under the premise of  
23 protection of privacy rights, but the same state  
24 legislature that forces a female, who's seeking an  
25 abortion, to have a six inch wand stuck between her

1 legs in a forced ultrasound before she can move  
2 forward with that procedure.

3 COMMISSIONER BURDICK: Are you ready? I'd  
4 like to move the adoption of the ordinance of the  
5 Palm Beach County Commissioners, Palm Beach County,  
6 Florida Establishing a Prohibition for Conversion  
7 Therapy on Minors Ordinance.

8 COMMISSIONER KERNER: Second.

9 MAYOR MCKINLAY: I have a motion by  
10 Commissioner Burdick to move the ordinance. I have  
11 a second by Commissioner Kerner.

12 Commissioner Abrams, you are recognized.

13 COMMISSIONER ABRAMS: Well, I think in making  
14 that motion, we don't want to just give short  
15 shrift to the county attorney's caution/admonition  
16 on this. You know, we'd be the first county, my  
17 understanding, to pass such an ordinance.

18 There's -- it's a gray area. There's no doubt  
19 that -- we've already been told there would be  
20 lawsuits filed, and I have no doubt of that.  
21 They're public-interest organizations that file  
22 these lawsuits, such as the one in Tampa. That  
23 would result in monetary exposure to the county. I  
24 mean there's no doubt.

25 I'm mindful of the county attorney's

1 admonition. It's something that is consistent  
2 advice she's given on many, many issues. Not just  
3 this one, many issues. Any concern, my colleagues  
4 know what I've had on many issues and believe we  
5 should wait until the Tampa case is resolved. It  
6 may be resolved sooner than later, we don't know,  
7 but wait -- wait until the Tampa case is resolved.

8 I would move a substitute motion to postpone  
9 the matter until the current litigation in Tampa is  
10 resolved.

11 COMMISSIONER VALECHE: Second.

12 MAYOR MCKINLAY: Any substitute motion to  
13 postpone consideration by Commissioner Abrams,  
14 seconded by Commissioner Valeche.

15 COMMISSIONER ABRAMS: Just on discussion on  
16 the motion because I do want to just clarify my  
17 views on this.

18 I appreciate all sides coming together on that  
19 amendment. I do think that -- I know the faith  
20 community would prefer that the ordinance obviously  
21 be rejected in its entirety. That's not clearly  
22 where a vote would be going on this. This narrows  
23 the scope of this to exactly what the Human Rights  
24 Coalition's specific concerns are, so I think it's  
25 a -- it's a good amendment.



1 I don't believe in conversion therapy. That's  
2 not my effort in making this substitute motion to  
3 somehow avoid taking a position on that. I think  
4 the county -- that the county should not sanction  
5 conversion therapy, but I do think that I am  
6 mindful and heedful of the advice of the county  
7 attorney as she's given that advice in the past and  
8 in the future, and we've -- it still, you know,  
9 would give an opportunity for the Board to take the  
10 matter up in the future.

11 MAYOR MCKINLAY: Commissioner Berger.

12 COMMISSIONER BERGER: Thank you, Madam Mayor.  
13 Commissioner Abrams, I -- I hear what you said  
14 about going along with the county attorney's  
15 opinion. And while I'm hesitant to do that, I have  
16 always respected the staff, and I have always  
17 respected the county attorney and the advice that  
18 she's given us. So I can -- I can entertain that,  
19 although it is reluctant.

20 The other thing I wanted to share was in a  
21 recent Huffington Post article there was a young  
22 man that was only identified as T.C., and he came  
23 forward, and he was 19 years old. It took him four  
24 years to come forward and discuss what happened to  
25 him in conversion therapy. And remember the words

1 "conversion." You're trying to change something.

2 That's -- that's the meaning of that. And he --

3 I'm not going to go into the details of the --  
4 of the article or what he said, but my strong  
5 feeling is that there's a young man or a young lady  
6 who wants to come forward with a complaint, that  
7 young man or that young lady should be able to do  
8 that. So I do support the ordinance, and I would  
9 hope that the Tampa -- that the Tampa case comes  
10 out with that order, but I will -- I have always  
11 gone with staff's recommendation, and I will do  
12 that today, but at the end of the day I do support  
13 this completely.

14 MAYOR MCKINLAY: Commissioner Valeche.

15 COMMISSIONER VALECHE: Thank you, Madam Mayor.  
16 Yeah, I just wanted to agree with Commissioner  
17 Abrams. You know, I don't see why we need to rush  
18 when there's actual litigation occurring. And if  
19 we're subjecting our county to potential litigation  
20 ourselves and some costs, a delay of who knows how  
21 long but, you know, a few months, I don't think  
22 this problem is -- is that pressing if there have  
23 been two complaints in whatever time period  
24 we've -- we've looked at in the county.

25 You know, it's not as though this is happening

1 every day and we need to step in and stop it  
2 immediately, so I think a delay of a few months is  
3 not going to affect very many people. And it will  
4 save us the, you know, distress of having to defend  
5 this in court if -- should we have to.

6 MAYOR MCKINLAY: Commissioner Bernard.

7 VICE MAYOR BERNARD: Thank you. Thank you,  
8 Madam Mayor. At this moment I will not support the  
9 substitute motion. I believe that we do need to  
10 move forward with this issue.

11 And, you know, we don't know how long the  
12 Tampa case is going to take place. It could be  
13 three years. And with the current administration  
14 in terms of sacking the court, we have no idea, you  
15 know, how they're going to react, so I believe that  
16 we need to move forward. Thank you.

17 MAYOR MCKINLAY: Commissioner Kerner.

18 COMMISSIONER KERNER: Thank you, Madam Mayor.  
19 I'll save my debate depending on how this motion --  
20 whether it prevails or not, but I do have a  
21 question for the county attorney. Was there a  
22 temporary injunction issued in the Tampa case?

23 MS. NIEMAN: No. That is what is currently  
24 going to be scheduled. They've asked for one and  
25 they asked for a permanent injunction and we

1 haven't -- there hasn't been a hearing on anything  
2 yet.

3 COMMISSIONER KERNER: So these temporary  
4 injections are heard much more quickly and  
5 there's --

6 MS. NIEMAN: Yes.

7 COMMISSIONER KERNER: -- they -- they do make  
8 a facial determination as to the likelihood of the  
9 merits, don't they?

10 MS. NIEMAN: Right.

11 COMMISSIONER KERNER: Okay. So I'll save my  
12 debate for the next vote for the underlying motion.

13 MAYOR MCKINLAY: First of all, as much respect  
14 as I have for Mr. Hoch, let me just assure those  
15 that spoke today that I understand you are  
16 passionate about your feelings and about your  
17 religious beliefs, and in no way do I find any of  
18 you to be "quacks." I think that is an unfair  
19 adjective to use to describe your passion and your  
20 advocacy.

21 As for me, for me, this -- you know, it's been  
22 described that we have two agendas on this issue.  
23 For me it's one agenda, and it's just to love  
24 people for the way they are. Telling a child that  
25 there is something inherently wrong with them

1 because of the way they believe or the way they  
2 feel about their sexuality is the only issue that  
3 matters to me in this debate today. I don't think  
4 there's anything inherently wrong with a child who  
5 believes that they are gay.

6 I asked my own teenage daughters to describe  
7 to me one word -- in one word what conversion  
8 therapy meant to them. One said stupid, typical  
9 teenager response; and the older teenager said  
10 torture, and I take the opinions of them pretty  
11 heavy-heartedly.

12 And I don't know what the proper procedure is,  
13 but I know under our rules we're allowed to have  
14 two substitute motions. If this motion to postpone  
15 were to pass, we don't consider the underlying  
16 motion. So I'm going to pass the gavel to  
17 Commissioner Bernard and make a substitute motion  
18 that we move this ordinance passage today.

19 I do believe that we have the ability, as we  
20 had when the legislature preempted us on our gun  
21 ordinances, to look at the decision that is made in  
22 the federal court regarding the Tampa case. In the  
23 future, if we are forced to rescind or revise our  
24 ordinance, we can do so at that time. So I make a  
25 substitute motion to pass the ordinance banning

1 conversion therapy today.

2 COMMISSIONER KERNER: Point of order, Madam  
3 Mayor?

4 VICE MAYOR BERNARD: You're recognized.

5 COMMISSIONER KERNER: If we were to vote on  
6 this -- on Commissioner Abrams' motion and it were  
7 to fail, wouldn't we not return to the underlying  
8 motion which is the motion that you've essentially  
9 made? So should we vote on Commissioner Abrams'  
10 motion first?

11 MAYOR MCKINLAY: If that's how you want to do  
12 it, I'll rescind my substitute motion.

13 COMMISSIONER KERNER: I don't have a  
14 preference. I just want to keep the record clear  
15 or maybe you could call the vote on -- on your  
16 motion, Madam Mayor.

17 MAYOR MCKINLAY: Okay. All right. I will  
18 call for a vote on the substitute motion to  
19 postpone the passage of the conversion therapy  
20 ordinance until such a time that we have a decision  
21 by the federal court regarding the Tampa case.

22 Seeing no further lights, and no further  
23 discussion, all in favor? To postpone --

24 COMMISSIONER ABRAMS: Postpone until Tampa --

25 MAYOR MCKINLAY: All in favor? That was

1 surprising.

2 All opposed?

3 Motion fails 5 to 2 with Commissioners Kerner,  
4 Bernard, Burdick, Berger, and McKinlay opposing  
5 postponement.

6 That takes us to the original motion. And  
7 Commissioner Kerner, you are recognized.

8 COMMISSIONER KERNER: Thank you, Madam Mayor.  
9 Let me start by saying that I do appreciate the  
10 positions and the passion that have been  
11 demonstrated here on both sides of this very  
12 important issue. I think it's important, based  
13 upon what I've heard today, and some of the  
14 rhetoric that's been discussed at the podium here  
15 today, I think it's important that we discuss, as a  
16 Board of County Commissioners, what we are not  
17 doing.

18 First and foremost, this ordinance is not an  
19 intrusion into the parent-child relationship.  
20 Nothing within the ordinance prevents or prohibits  
21 or attempts to regulate what a parent can say or  
22 discuss with their child. And if that was lost in  
23 your interpretation of the ordinance, I apologize,  
24 but that part is made clear.

25 This is not an intrusion into the pastor or

1 rabbi or other religious leader relationship with a  
2 child. This specifically exempts that I am very  
3 cognizant, very respectful, and deeply humbled at  
4 the fact that in this country we have religious  
5 freedom, and I don't think there's anybody on this  
6 Board of County Commissioners that would ever act  
7 to interfere in that relationship.

8 This is not your government making a  
9 determination on the merits of one sexual  
10 preference or gender identity position over  
11 another. Those are personal issues that are left  
12 to children and their parents and their religion  
13 and other factors. This ordinance does not  
14 authorize your government to monitor or intrude  
15 into the psychologist or mental health expert  
16 relationship with their patient.

17 I've also heard that this is a clear violation  
18 of the First Amendment, a amendment that is the  
19 cornerstone of our democracy, freedom of speech.  
20 An appellate court has already ruled on this issue.  
21 The 3rd Circuit Court of Appeals considered this  
22 case in New Jersey in the case of King versus  
23 Governor of State of New Jersey. Governor  
24 Christie, a Republican.

25 The Court went on to answer the question



1 whether this is a violation of the First Amendment.  
2 It said that "We disagree that it's a violation and  
3 hold that the verbal communication that occurs  
4 during SOCE, Sexual Orientation Change Efforts, is  
5 speech that enjoy some degree of protection under  
6 the First Amendment. Because plaintiffs are  
7 speaking as state licensed professionals within the  
8 confines of a professional relationship, however,  
9 this level of protection is diminished.  
10 Accordingly, it survives plaintiffs' free speech  
11 challenge." That is the law of the land.

12 And I will note that even though the 11th  
13 Circuit Court of Appeals has not weighed in on  
14 this, this was appealed to the U.S. Supreme Court,  
15 and they decided not to review the case. And so  
16 what I would say to my colleagues on this board  
17 about the Tampa case is that the persuasive  
18 authority is in favor of our position if we were to  
19 pass this.

20 I also asked the county attorney whether there  
21 was a temporary injunction issued in the Tampa  
22 case. And the reason that I asked that is in cases  
23 where the government infringes upon the rights, and  
24 certainly the Constitutional rights of our  
25 citizens, they have the opportunity to ask for a

1 temporary injunction. That is a process that  
2 happens quickly. It also weighs the merits of the  
3 case at a very facial level.

4 That has not occurred here. So to my  
5 colleagues on the board that are concerned about  
6 the Tampa case, what I would tell you is: There is  
7 a clear and present danger here today in Palm Beach  
8 County. Unless we act, this practice will not be  
9 banned.

10 One of the commissioners asked why -- why  
11 would we not just wait? That's the reason why. If  
12 you believe in your heart that the government  
13 should regulate this type of conduct, which I do,  
14 then we have a duty to act today. I would not let  
15 another case, in another part of the state, where a  
16 temporary injection has not been issued, influence  
17 you in any meaningful way.

18 With that said, let me just review my notes.  
19 You know what? I heard from a gentleman, Steven  
20 Smith. I think he's since left, but I mean he came  
21 to the podium and spoke very passionately about  
22 some very personal issues about how in 2010 he  
23 talked to God and he talked to other people, and  
24 through that process he changed, I guess, from  
25 being homosexual to heterosexual. And he had the

1 courage to come up here and tell us that story in  
2 front of his government leaders and on camera.

3 And what I would say to Mr. Smith, if he was  
4 here, is that this ordinance wouldn't have affected  
5 his experience at all. This is not about us  
6 affecting your relationship or interfering with  
7 your relationship with God. This is about  
8 regulating the professional and licensed conduct of  
9 people that attempt to change, through therapy, the  
10 way a young child sees him or herself.

11 There is a need to act on this ordinance  
12 today. If -- if the elected leaders in this  
13 country always deferred and stepped back when there  
14 was litigation, we would not have meaningful change  
15 in any area of our laws that needed reform. This  
16 is our opportunity to stand up for children, our  
17 community, and protect them in the immediate  
18 future. The moment we vote on this, that will be  
19 the law in Palm Beach County, and I would encourage  
20 you to join me in voting for this ordinance. Thank  
21 you, Madam Mayor.

22 COMMISSIONER ABRAMS: I feel like my  
23 colleague's discussions are kind of directed at me  
24 since I had made the original motion based on the  
25 Tampa case, and so let me just respond by saying:

1 The New Jersey case law may be clear, but New  
2 Jersey is not Florida. If there is a temporary  
3 injunction issued, the matter can come back to us.

4 It is not a question, Madam Mayor, of passing  
5 the ordinance and then having to rescind it if the  
6 Tampa litigation is not successful. The -- the  
7 scenario would be that we would pass the ordinance,  
8 we would get sued, we would have to litigate it;  
9 then if the Tampa case were not successful, we  
10 might -- we would then be -- have to rescind it. I  
11 don't know if it would -- it would be  
12 unconstitutional, I guess.

13 My fiduciary duty, I can only talk about what  
14 our responsibilities and duties up here are, is to  
15 avoid that. We still have, as was articulated,  
16 a -- an avenue through the state -- which has now  
17 gotten more publicity now, which I think is fine --  
18 for those children who feel that they have been  
19 mistreated in their therapy. So I don't think  
20 we're for that -- that avenue is foreclosed in any  
21 way.

22 So I do think it is the better position, the  
23 better approach that we're not to wait while  
24 knowing that if harm is occurring to a child, there  
25 is an avenue. This may be a better avenue, and I

1 accept what you're saying about that.

2 And what Mr. Hoch in fact had said, that  
3 sometimes the complaints coming to local officials  
4 or having that outlet at the local government level  
5 is more effective, but I think we can balance  
6 things here while waiting for the outcome and yet  
7 still having an avenue, and then taking it up in  
8 the future.

9 MAYOR MCKINLAY: Commissioner Valeche.

10 COMMISSIONER VALECHE: Thank you, Madam Mayor.  
11 Well, I'm going to continue to oppose this. And as  
12 I said last time, as it's been described to me, I  
13 don't believe in conversion therapy. I think it's  
14 a harmful practice. Having said that, I am really  
15 not convinced that it's going on at the level that  
16 people claim it is.

17 From the professionals who are here today who  
18 spoke, I thought very eloquently about how they run  
19 their practices, they respond to -- and I don't  
20 want to get into this actually. Let me stop there  
21 because we're not talking about psychological  
22 practices. But what we're doing here I think is --  
23 the language that we use is overly broad, and it  
24 restricts what psychologists can speak to their  
25 patients about for fear of running afoul of this

1 law.

2 Again, conversion therapy to me is a very  
3 ill-defined subject here, and I think that's why  
4 we're stepping into a very dangerous area here  
5 because other things that aren't conversion therapy  
6 can be covered by this ordinance and can result in  
7 violations. So I think we're -- again, as I said  
8 last time, I think we're overreaching our authority  
9 as a county commission.

10 I personally found it troubling that we've  
11 spent an entire morning bringing religion, values,  
12 sexuality, things that the county commission really  
13 is not constituted to consider. You know, why are  
14 we doing this? Why are we getting into areas that  
15 are best left to people that are trained in those  
16 things and, you know, have far more experience  
17 professionally and education to rule on?

18 I think we're way out of our league here; and  
19 for that reason, I think, as I've said, I continue  
20 to oppose it.

21 MAYOR MCKINLAY: I see no further lights. I  
22 have a motion on the floor, I believe it was made  
23 by Commissioner Burdick and seconded by  
24 Commissioner Kerner, to pass the ordinance of  
25 conversion therapy.

1 All in favor?

2 All opposed?

3 Motion carries the vote of 5 to 2 with

4 Commissioners Valeche and Abrams dissenting.

5 (Whereupon, the discussion regarding Agenda

6 Item 4.F.1. is concluded.)

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Dated this 20th day of July, 2018.

  
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**From:** [Melanie Cullen J.](#)  
**To:** [Melanie Cullen J.](#)  
**Subject:** BCC Regular AM  
**Date:** Thursday, July 19, 2018 11:59:22 AM

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<http://ec4.cc/bh3d2623>

**From:** [Melanie Cullen J.](#)  
**To:** [Melanie Cullen J.](#)  
**Subject:** BCC Regular PM  
**Date:** Thursday, July 19, 2018 11:59:38 AM

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<http://ec4.cc/bh749bda>

**From:** [Melanie Cullen J.](#)  
**To:** [Melanie Cullen J.](#)  
**Subject:** BCC Regular AM - 12-19-17  
**Date:** Thursday, July 19, 2018 11:59:58 AM

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<http://ec4.cc/ch9dd2a3>

**From:** [Melanie Cullen J.](#)  
**To:** [Melanie Cullen J.](#)  
**Subject:** BCC Regular PM - 12-19-17  
**Date:** Thursday, July 19, 2018 12:00:15 PM

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<http://ec4.cc/cha22ea5>



Defendant County of Palm Beach

**From:** Nick Sofoul  
**To:** BCC-All Commissioners  
**Cc:** davism23@gmail.com  
**Subject:** Support for Conversion Therapy Ban  
**Date:** Monday, December 18, 2017 10:16:33 PM

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Distinguished Commissioners,

I'm writing to you in SUPPORT of a the proposed ban on "conversion therapy" for minors. As a resident and a member of the LGBT community, I have personally heard and been moved by the horrific stories of friends that have been subject to these cruel and inhumane methods. Passing this ordinance would send a strong message that PBC stands with the LGBT community in protecting children from mental and physical abuse of these archaic and dangerous practices.

Thank you for your continued leadership. I am a proud PBC resident and hope that you will make the right choice and not be swayed by potential legal challenges by people who dedicate their lives to hatred and intolerance. Please vote in the affirmative.

[https://urldefense.proofpoint.com/v2/url?u=https-3A\\_\\_www.nbcnews.com\\_\\_feature\\_nbc-2Dout\\_outfront-2Dlgbtq-2Dactivist-2Dfights-2Dend-2Dconversion-2Dtherapy-2Dn708816&d=DwIFaQ&c=JMlxdiOfvjJKeebMXBrIn8vDKQGalsQQJbzDQHviG0&r=Cu4R5l4FyZoqqp-Ua9A6wDw85l4ndq5dV-cN8-a0jDA&m=t0Biz2omCJblaeBh4Kpp4TZRYvN-hBE2rcy3Riy9sOo&s=FDezZ2lzzAQHQZhA8mgJfiB0lqLqrQsKGO3o7divQbE&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.nbcnews.com__feature_nbc-2Dout_outfront-2Dlgbtq-2Dactivist-2Dfights-2Dend-2Dconversion-2Dtherapy-2Dn708816&d=DwIFaQ&c=JMlxdiOfvjJKeebMXBrIn8vDKQGalsQQJbzDQHviG0&r=Cu4R5l4FyZoqqp-Ua9A6wDw85l4ndq5dV-cN8-a0jDA&m=t0Biz2omCJblaeBh4Kpp4TZRYvN-hBE2rcy3Riy9sOo&s=FDezZ2lzzAQHQZhA8mgJfiB0lqLqrQsKGO3o7divQbE&e=)

Respectfully,

Nicholas A. Sofoul, AICP  
8151 Brigamar Isles Ave  
Boynton Beach, FL 33473

Cell: (407)267-6682

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
CASE NO. 9:18-CV-80771-ROSENBERG/REINHART

ROBERT W. OTTO, PH.D., LMFT, and  
JULIE H. HAMILTON, PH.D., LMFT,

Plaintiffs,

vs.

CITY OF BOCA RATON, FLORIDA, and  
COUNTY OF PALM BEACH, FLORIDA,

Defendants.

---

-----  
DEPOSITION OF ROBERT W. OTTO, PH.D., LMFT

A WITNESS

TAKEN BY THE DEFENDANTS  
-----

DATE: AUGUST 29, 2018

TIME: 10:00 A.M. - 4:09 P.M.

1 I N D E X

2 WITNESS PAGE

3 ROBERT W. OTTO, PH.D., LMFT

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5 Cross-Examination By Ms. Phan 134

6 Cross-Examination By Mr. Mihet 190

7

8 E X H I B I T S

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14 Exhibit 5 SDG Counseling, LLC, Informed Consent 140  
15 For Counseling Regarding Unwanted  
16 Same-Sex Attractions And Behaviors

17 Exhibit 6 SDG Counseling, LLC, Payment Agreement 141

18

19

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25

1           The deposition of ROBERT W. OTTO, PH.D., LMFT,  
2   in the above-entitled and numbered cause was taken  
3   before me Angela Connolly, Registered Professional  
4   Reporter, taken at Palm Beach County Attorney's Office,  
5   300 N. Dixie Highway, Suite 359, West Palm Beach, Palm  
6   Beach County, Florida, on the 29th day of August, 2018,  
7   pursuant to Notice in said cause for the taking of said  
8   deposition on behalf of the Defendants.

9

10

11           APPEARING ON BEHALF OF PLAINTIFFS:

12

13           LIBERTY COUNSEL  
14           BY: HORATIO G. MIHET, ESQUIRE  
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19

20

21           APPEARING ON BEHALF OF CITY OF BOCA RATON:

21

22           WEISS, SEROTA, HELFMAN, COLE & BIERMAN, P.L.  
23           BY: DANIEL L. ABBOTT, ESQUIRE  
24           200 EAST BROWARD BOULEVARD, SUITE 1900  
25           FORT LAUDERDALE, FL 33301  
            (954) 763-4242

25

1 APPEARING ON BEHALF OF THE COUNTY OF PALM BEACH:

2 PALM BEACH COUNTY ATTORNEY'S OFFICE

3 BY: RACHEL FAHEY, ESQUIRE

4 BY: KIM PHAN, ESQUIRE

5 BY: HELENE HVIZD, ESQUIRE

6 300 N. DIXIE HIGHWAY, SUITE 359

7 WEST PALM BEACH, FL 33401

8 (561) 355-6337

9

10 ALSO PRESENT:

11 Julie H. Hamilton, Ph.D., LMFT, Plaintiff

12 Dr. Rachel Needle

13 - - - - -

14 Thereupon:

15 ROBERT W. OTTO, PH.D., LMFT,

16 Having been first duly sworn by me, was

17 examined and testified as follows:

18 THE WITNESS: I do.

19 DIRECT EXAMINATION

20 BY MR. ABBOTT:

21 Q Would you please state your name for the  
22 record, sir?

23 A It's Dr. Robert Otto.

24 Q Dr. Otto, my name is Dan Abbott. I represent  
25 the City of Boca Raton in connection with a lawsuit that  
you have filed. Doctor, have you had your deposition  
taken before?

A Yes, I have.

1 Q And can you give me a sense of about how many  
2 times that's occurred?

3 A Two dozen.

4 Q Okay.

5 MR. MIHET: Mr. Abbott, I hate to interrupt,  
6 but I need to. I'd like to, for the record, to  
7 reflect who all is in the room. And I noticed that  
8 some of the folks here are, to my knowledge, not  
9 employed by the city or the county, so I'd like to  
10 hear the Defendants' position as to why their  
11 presence is required or needed here today. Can we  
12 do that before we start?

13 MR. ABBOTT: I don't object to that.

14 MR. MIHET: Okay.

15 MR. ABBOTT: My name is Dan Abbott, and I'm  
16 the only representative here for the City of Boca  
17 Raton.

18 MR. MIHET: Okay.

19 MS. PHAN: I'm Kim Phan on behalf of Palm  
20 Beach County.

21 MS. FAHEY: Rachel Fahey on behalf of Palm  
22 Beach County. We have with us Dr. Needle who is  
23 consulting with the county on this case.

24 MS. HVIzd: And I'm Helene Hvizd, the  
25 assistant county attorney for Palm Beach County.

1 MR. MIHET: Okay. For the record, we also  
2 have Dr. Julie Hamilton, the Plaintiff; obviously  
3 Dr. Robert Otto, the Plaintiff; and then Horatio  
4 Mihet and Roger Gannam on behalf of the Plaintiffs.

5 Is she here as an expert consultant or --

6 MS. PHAN: Yes.

7 MR. MIHET: She is? Okay. The Plaintiffs  
8 believe that she's going to be a fact witness in  
9 the case as well given her involvement in the  
10 consideration, enactment, and passage of the  
11 legislation; and as such, it would be the  
12 Plaintiffs' position that it is not appropriate for  
13 her to be here during fact depositions, so we would  
14 object to her being here.

15 MS. PHAN: To my knowledge, a deposition is an  
16 open proceeding and you can't sequester witnesses.  
17 So unless you show us case law saying otherwise, I  
18 don't see a legal basis for your position.

19 MR. MIHET: Well, you're not suggesting that  
20 we can just invite the public from the street to  
21 partake in this proceeding?

22 MS. PHAN: But your reasoning is that because  
23 you think she's going to be a fact witness so you  
24 want to sequester her, so it's very specific here.  
25 We're not talking about open to the public.

1 MR. MIHET: Okay.

2 MS. PHAN: We're talking specifically to her  
3 as a fact witness.

4 MR. MIHET: Okay. Well, we have our  
5 objections for the record. Rather than debating it  
6 now, I think we'll proceed, and we'll determine  
7 whether we need to seek additional remedies as we  
8 go along.

9 MS. PHAN: Okay.

10 MR. MIHET: Sorry about that.

11 BY MR. ABBOTT:

12 Q No problem. Doctor, given that you've given a  
13 deposition a couple of dozen times, you've probably  
14 heard a comparable speech from attorneys in the past,  
15 but let me bore you again.

16 I'm here to ask you a series of questions  
17 about the lawsuit that you have filed, and the court  
18 reporter is here to record my questions and your  
19 answers. You understand that?

20 A Yes, I do.

21 Q The court reporter is also only able to record  
22 our verbal statements, and so she's not able to record  
23 things like nods of the head or shakes of the head. So  
24 for purposes of the deposition, we'll communicate  
25 verbally. Agreed?



1 A Yes, I do.

2 Q If I ask you any question that you don't  
3 understand or that's confusing, would you ask me to  
4 restate the question?

5 A Yes, I will.

6 Q Okay. And, doctor, this is not a test of  
7 endurance of any sort. At any time you want to take a  
8 break, you let me know, and we'll take a break.

9 A Yes.

10 Q All right. Doctor, would you please give us  
11 the benefit of your educational background?

12 A I have a bachelor's degree from the United  
13 States Military Academy in Aerospace Engineering. I  
14 have a master's degree and a doctoral degree in family  
15 therapy from Nova Southeastern University.

16 Q The bachelor's degree, that's a bachelor of  
17 science?

18 A Yes, it is.

19 Q And when did you obtain that degree?

20 A 1991.

21 Q And you have obtained two degrees from Nova  
22 Southeastern?

23 A That's correct.

24 Q And what was the first one and when did you  
25 obtain it?

1           A     It was a master's in family therapy, and that  
2     was 2000, to the best of my recollection. And the  
3     doctoral degree in family therapy, Ph.D, that was 2010,  
4     to the best of my recollection.

5           Q     When did you first start practicing  
6     psychology?

7           A     I don't practice psychology.

8           Q     What would you say the field is that you  
9     practice in?

10          A     I'm a licensed marriage and family therapist,  
11     so that would be the field that I practice in.

12          Q     When did you first start your professional  
13     career as a therapist?

14          A     I guess you could go back to the internship  
15     that I did as a master's student. There's internship  
16     time as part of the doctoral program, and I became a  
17     licensed -- a registered intern with the state of  
18     Florida at some point before the end of the doctoral  
19     program. I couldn't give you the exact date off the top  
20     of my head.

21          Q     Do you expect that was sometime in calendar  
22     year 2009?

23          A     I don't have any recollection exactly when  
24     that was. You go through a Ph.D and your head is in a  
25     fog sometimes.

1           Q     Well, let me ask you this: What was the  
2 duration of the Ph.D program?

3           A     I started that in 2000 -- rolled right out of  
4 the master's program in 2000 into the doctoral program.  
5 I did the coursework and finished that within  
6 two-and-a-half-years, as I recall. And then the  
7 dissertation took until 2010 to complete.

8                     Somewhere in the middle of that, roughly,  
9 would have been when I started -- I don't know.  
10 Beginning or middle of that I started as an intern,  
11 registered intern with the state. You'd have to get  
12 that from the state website if it's still there.

13          Q     All right. Were you employed, sir, between  
14 2000 and 2010?

15          A     Yes, I was.

16          Q     And can you tell me who you were employed by  
17 and what you were doing?

18          A     I had three jobs during that time period. I  
19 was employed by Spanish River Counseling Center in Boca  
20 Raton, Florida. I was a marriage and family therapist  
21 there. I did an internship there. And then when my  
22 license was -- after the internship here, I got fully  
23 licensed with the state of Florida and have been -- was  
24 fully employed from that point on as a licensed  
25 therapist.

1           Second job, I served for approximately 18  
2 years as an expert witness for Palm Beach County courts  
3 in guardianship cases. I'm on the examining committees  
4 for incapacity hearings.

5           And the third job, I had a real estate  
6 broker's license, and I worked at a few different real  
7 estate companies in my area, in Boca.

8           Q     Do you hold any professional licenses, sir?

9           A     Yes, I do. I'm a licensed marriage and family  
10 therapist in the state of Florida. And I'm not sure if  
11 it's considered a professional license, I also have a  
12 real estate broker's license in the state of Florida.

13          Q     And how long have you held the marriage and  
14 family therapist license?

15          A     Again, that would have been somewhere during  
16 the years of the doctoral program; middle, beginning,  
17 somewhere in there. I don't recall the date when it  
18 went from a registered intern with the state of Florida  
19 to fully licensed. It's somewhere in that time period  
20 before the 2010 graduation date, as I recall.

21          Q     What are the requirements, sir, to obtain a  
22 marriage and family therapist license in Florida?

23          A     It's a master's level license, so you have to  
24 have a master's degree from an accredited program. You  
25 have to do an internship which requires a certain number

1 of supervision hours and a certain number of client  
2 hours. You have to pass the state licensure exam. As I  
3 recall, those are the only requirements.

4 Q Is there a continuing education or renewal  
5 process for that license?

6 A I believe that's every two years. I couldn't  
7 tell you how many hours it is every two years, but, yes,  
8 there's something every two years in that.

9 Q And that every two years, is that a continuing  
10 education requirement?

11 A Yes, it is.

12 Q Is there any retesting component for that  
13 license?

14 A No, there's not; other than the test at the  
15 end of the continuing education to make sure that you  
16 have mastered whatever the topic is that you've taken  
17 the course for.

18 Q The continuing education requirement is to  
19 take a single course?

20 A No. No. I can't remember whether it's 50 or  
21 30 hours, but it's multiple hours. It's not one, so  
22 you'll have to look it up and find out exactly how many  
23 hours that is. I don't recall off the top of my head.

24 Q Okay. And how many hours of credit does a  
25 typical course provide?

1           A     I don't know. I've seen -- I don't know what  
2     typical is, but I've seen them for one or one and a  
3     half, three. You'll have to check that out and verify.  
4     There's lots of different courses on lots of different  
5     topics.

6           Q     Okay. And at the conclusion of each course,  
7     to gain continuing education credits, you have to pass a  
8     proficiency exam?

9           A     I can't tell you for all of them, but for the  
10    ones that I have taken, at the end of the courses there  
11    have been multiple choice tests just to make sure that  
12    you actually sat there and did the work.

13          Q     If you don't pass the test, do you not gain  
14    those continuing education credits?

15          A     I would assume so, but I don't know for sure  
16    because it's never happened to me, and I don't know  
17    anybody that's happened to.

18          Q     Have you continuously fulfilled your  
19    educational requirements since obtaining your license?

20          A     Yes, I have.

21          Q     You have continually been licensed in marriage  
22    and family -- as a marriage and family therapist in  
23    Florida since you first obtained the license?

24          A     That's correct.

25          Q     Could you please give me the benefit of your

1 employment experience after obtaining that license?

2 A So this would begin after the registered  
3 intern when I became a fully licensed marriage and  
4 family therapist, okay. So starting at that point, I  
5 was employed at Spanish River Counseling Center in Boca  
6 Raton, Florida, continuously until somewhere around the  
7 beginning of June, end of -- beginning of July, end of  
8 June of this year. And at that point I opened a private  
9 practice, and I'm in private practice at this point.

10 Q And forgive me if I asked you this before, do  
11 you recall when you began your employment at Spanish  
12 River?

13 A When you say "employment," are you talking  
14 about as a fully licensed marriage and family therapist  
15 or as a registered intern?

16 Q Well, why don't you tell me both and then tell  
17 me at what point you gained your licensure.

18 MR. MIHET: I'm going to object as asked and  
19 answered, but go ahead.

20 THE WITNESS: I don't have the dates off the  
21 top of my head. You can check online with the  
22 state website. I'm sure they have them posted  
23 there under my name. But after the -- after the  
24 master's program, I rolled into the doctoral  
25 program, and at some point within a few years I

1 started doing an internship at Spanish River  
2 Counseling Center. I don't remember the date. It  
3 would have been after -- it would have been after  
4 2000. And I've been there until June of this year,  
5 June/July of this year.

6 BY MR. ABBOTT:

7 Q And what particular counseling did you do at  
8 Spanish River?

9 A Help me understand what you're looking for.  
10 That's a broad question.

11 Q Okay. I'm just trying to figure out how you  
12 filled your workdays there, what you were --

13 A Okay.

14 Q -- doing.

15 A Okay. I understand.

16 I would see individuals or couples or  
17 families. A broad variety of topics would come across  
18 my couch. And not an exhaustive list, but certainly a  
19 representative list would include things like  
20 post-traumatic stress, marriage issues, parenting  
21 issues, sexual orientation issues, issues with  
22 pornography, divorce, recovery from divorce. Again,  
23 that's a representative list certainly not exhaustive.

24 Q Is that the same sort of work that you're  
25 doing now that you're in private practice?



1 A Yes, it is.

2 Q You have served as an expert witness in  
3 guardianship proceedings?

4 A That's correct.

5 Q And have you been retained by particular  
6 parties in those proceedings?

7 A I'm on the list that the 15th Circuit has for  
8 expert witnesses for incapacity cases. And in those  
9 cases the judge appoints a three member panel, and I'm  
10 one of the people that is appointed to those panels to  
11 go and interview an individual to see what their  
12 functional assessment is and make a recommendation to  
13 the judge.

14 Q Are those contested proceedings?

15 A Define "contested" for me.

16 Q Well, are there occasions where the individual  
17 is contesting whether or not he should be -- he or she  
18 should be deemed incompetent and required a guardian?

19 A Yes, I have seen some cases that have that  
20 factor.

21 Q And in connection with those guardianship  
22 proceedings, do you testify in court or do you just  
23 provide a written recommendation to the judge?

24 A Every case has a written recommendation to the  
25 judge on the standard format that the court requires I

1 use. At times I am asked to come -- subpoenaed to come  
2 and be a witness in a hearing.

3 Q Subpoenaed by one of the parties to the  
4 proceeding?

5 A Yes.

6 Q Can you provide me an estimate, sir, for the  
7 approximate number of times that you have been appointed  
8 as an expert witness in a guardianship proceeding?

9 MR. MIHET: Form.

10 THE WITNESS: Can I answer that?

11 MR. MIHET: Yes.

12 THE WITNESS: Okay. This is -- this is just  
13 a -- a wild guess. If I get two cases a month  
14 times 12 months, you're at -- let's just round it  
15 up to 25 a year, and I've been doing it for 18  
16 years, approximately 480 cases -- 450 cases there,  
17 if that's what the math is off the top of my head.  
18 And, again, that's just a raw guess, but it's a  
19 significant number like that.

20 BY MR. ABBOTT:

21 Q And those appointments are made by the court?

22 A Yes, sir.

23 Q Are you -- are you from time to time retained  
24 as an expert witness by anybody other than the court?

25 A Yes.

1 Q And tell me how that occurs.

2 A There are times when attorneys that I have met  
3 through doing these cases have called me and said  
4 something along the lines of "I have a client who thinks  
5 that his relative might need a guardianship, but before  
6 we go through with the full guardianship procedure and  
7 the cost of that and the time of that, we want to hire  
8 you to come out and do an assessment to see whether --  
9 if you are on this examining committee, would it be  
10 reasonable to think that this person needs a guardian,"  
11 and I make a recommendation and then they take into  
12 their considerations and make a decision whether to go  
13 forward with the case or not.

14 Q Have you, sir, ever testified as an expert in  
15 court in any capacity other than as a member of the  
16 examining committee?

17 MR. MIHET: Form.

18 THE WITNESS: Not that I can recall.

19 BY MR. ABBOTT:

20 Q Has any court ever refused to recognize you as  
21 an expert witness?

22 A No, not on -- not on the subject or the topic  
23 that I'm working with in the capacity as an examining  
24 committee member for guardianship cases.

25 Q Have you ever, sir, practiced marriage and

1 family therapy in any capacity other than at Spanish  
2 River and your private practice?

3 A When you say at that, you mean physical  
4 location or do you mean where my license is held?

5 Q Well, I mean --

6 A Or employed?

7 Q Right. I mean in your employment capacity.  
8 You, for a while, were employed at Spanish River?

9 A Yes. That's correct.

10 Q And now you've opened up your own practice?

11 A That's correct. In addition to that, I did  
12 two internships as part of the master's and the doctoral  
13 work -- three internships. Two of those were the Family  
14 Therapy Clinic at Nova University, which I believe is  
15 called Brief Therapy Clinic or something like that, and  
16 then one at Sheridan House in Broward County, Florida.

17 Q Have we now covered, sir, all of the -- all of  
18 the marriage and family therapy employments that you  
19 have had?

20 A Yes, we have.

21 Q Okay. Did you open up your private practice  
22 in June or July of this year?

23 A Yes. As I recall, it was the end of June,  
24 early July, but I don't have a specific date.

25 Q And where is your business address?

1           A     4400 North Federal Highway, Suite 210, in Boca  
2     Raton, Florida 33431.

3           Q     And that has remained your business address  
4     since you went into private practice?

5           A     That's correct.

6           Q     Is that business incorporated?

7           A     It's an LLC in the state of Florida.

8           Q     And what is the name of the LLC?

9           A     SDG Counseling, LLC.

10          Q     And who is employed by that organization?

11          A     Just me at this point, yes.

12          Q     There are no other marriage and family  
13     therapists employed by that organization?

14          A     No.

15          Q     And you don't have any support staff or like  
16     secretaries?

17          A     At this point, no, but I look to expand and do  
18     that, yes.

19          Q     Are you hoping to expand at your current  
20     location or to open up an additional location?

21          A     I don't have any plans one way or the other on  
22     that.

23          Q     Now forgive me, doctor, I'm not a family  
24     therapist and I haven't gone to one. Can you give me  
25     some sense of how that practice works?

1           First of all, what would be the best thing to  
2   call a meeting that you have with a client?

3           A     A session.

4           Q     Okay. And would it be fair to say that you  
5   provide therapy in those sessions?

6           MR. MIHET:   Form.

7           THE WITNESS:   Yes. I provide therapy for  
8   clients in those sessions. When you -- when you're  
9   asking that question, I want to make a distinction  
10   that the therapy I provide is 100 percent speech  
11   and not conduct, and I think that -- I think that  
12   it's a dubious constitutional endeavor in the 11th  
13   Circuit to equate conduct and speech or speech and  
14   conduct.

15           The flow of those sessions is I shake their  
16   hand when they arrive, and I open the door for  
17   them. We sit down. I rock in my chair a little  
18   bit. I write a few notes maybe. I shake their  
19   hand when they leave and open the door. Everything  
20   else that happens in that hour session is speech.  
21   So when you ask me about conducting therapy, in my  
22   head, my perspective, it is 100 percent speech.

23   BY MR. ABBOTT:

24           Q     Well, let me ask you this: Is therapy a term  
25   of art in your profession?

1 MR. MIHET: Form.

2 THE WITNESS: I don't know what "a term of  
3 art" means.

4 BY MR. ABBOTT:

5 Q Does the word have a defined meaning in what  
6 you do?

7 MR. MIHET: Form.

8 THE WITNESS: I don't know. I don't know if  
9 there's some specific definition that's out there  
10 that -- it's a general term.

11 BY MR. ABBOTT:

12 Q Well, let me ask you this: What does it mean  
13 to be a therapist?

14 A Well, when my client's come and they're asking  
15 me to work with them, they're sharing discomfort or  
16 challenges in their lives, and they want me to help them  
17 walk through those issues in the ways that they deem  
18 helpful and productive to reduce the stress -- the  
19 distress in their worlds. And so we do that through  
20 speaking about those issues. And does that answer your  
21 question?

22 Q Well, I'm not sure it does. I have friends  
23 from time to time that come by my house and tell me that  
24 they're troubled about something, and we talk about it.  
25 I gather you would agree that I'm not providing therapy

1 in those -- in those meetings?

2 MR. MIHET: Form.

3 THE WITNESS: Yes, I would agree with that.

4 BY MR. ABBOTT:

5 Q Okay. And so why is what you do different?

6 What makes what you do therapy and what I do not?

7 MR. MIHET: Form.

8 THE WITNESS: Well, number one, you're not  
9 licensed with the state of Florida. You've not had  
10 the training that I've had. You might have good  
11 intentions, but -- but you certainly don't have the  
12 expertise that would come with my level of training  
13 and experience.

14 BY MR. ABBOTT:

15 Q And tell me, how do your training and -- how  
16 does your training and expertise help you do what you  
17 do? How does what you know make you behave differently  
18 than I do in those sorts of meetings with my friends?

19 MR. MIHET: Form.

20 THE WITNESS: Sure. That's a really big  
21 answer that took many years of coursework and  
22 dissertation work to delve into, so my answer is  
23 certainly not going to be able to cover all of  
24 that. I can give you a piece of that. And that  
25 would be that I understand that I cannot change my



1 clients, that my clients can choose to change, and  
2 that it would be inappropriate for me to impose my  
3 views on my clients, but it would be appropriate to  
4 me to be client-centered and client-directed and  
5 client-driven in my therapy.

6 So if my client comes in with an issue that is  
7 providing discomfort for them, and distress for  
8 them, and that client wants to experience some  
9 relief from that, then I would be obligated to help  
10 that client to get to the place where there is some  
11 relief from that discomfort and distress.

12 BY MR. ABBOTT:

13 Q Okay. So I think I understand at least one of  
14 the things that you don't do. I'm still not sure I have  
15 a handle on what you do do that nonprofessionals do when  
16 they're just speaking with troubled people.

17 A Well, I could give you --

18 MR. MIHET: Form.

19 THE WITNESS: Sorry.

20 MR. MIHET: Form. Is there a question?

21 BY MR. ABBOTT:

22 Q Yes, and I believe the witness was beginning  
23 to answer.

24 A I might have some good ideas about, you know,  
25 how to write a will. You might want to leave your stuff

1 to your kids, you know, but I'm not an attorney, you  
2 are. There's going to be limits on what I'm able to  
3 advise people just because I have common sense versus  
4 education.

5           You might have common sense in something, but  
6 the education provides me a different perspective,  
7 perhaps, than -- than what someone else might have.  
8 That doesn't nullify, you know, all the ideas that  
9 somebody's not licensed might have, and certainly people  
10 do gain relief in talking with friends, so I wouldn't --  
11 I wouldn't minimize that, but as someone who's been  
12 trained to work with people and walk them through like  
13 grief, for example, or post-traumatic distress, how do  
14 you handle post-traumatic stress? That's a big topic  
15 that takes some training and some experience and  
16 expertise on, and so there are some specific things like  
17 that.

18           I'm not sure that answers your question, but  
19 that's kind of my thoughts.

20           Q     Okay. You have a doctorate?

21           A     Yes, I do. It's a Ph.D.

22           Q     A Ph.D. You have scientific training and  
23 licensing?

24           MR. MIHET: Form.

25           THE WITNESS: I'm sorry, I didn't hear the

1 question.

2 BY MR. ABBOTT:

3 Q You have scientific training?

4 A I don't know what scientific training means.

5 Q All right. Well, is marriage and family  
6 therapy a science?

7 MR. MIHET: Form.

8 THE WITNESS: Okay. The marriage and family  
9 therapy, the theories, are based upon research,  
10 outcomes, and what does and doesn't help clients  
11 according to research and outcome-based studies.

12 BY MR. ABBOTT:

13 Q There are means and methods in how a therapist  
14 practices his profession?

15 MR. MIHET: Form.

16 THE WITNESS: What do you mean by "means and  
17 methods"?

18 BY MR. ABBOTT:

19 Q Well, I'm just trying to, again, figure out --  
20 and I think you've let me know, and I don't disagree  
21 with you, that you have training that I don't have. So  
22 you are prepared to provide therapy in a way that I'm  
23 not, true?

24 A Yes.

25 Q And I'm trying to get a handle on what that

1 is. What would you call what you know and what you do  
2 versus what I know and what I would do?

3 A Okay.

4 MR. MIHET: Stop. Form, asked and answered.  
5 Go ahead.

6 THE WITNESS: Okay. So in the coursework that  
7 I had at Nova University, we studied marriage and  
8 family therapy. We studied cognitive, behavioral.  
9 We studied solution-focused family therapy. We  
10 studied client and client-based family therapy, but  
11 many other different theories of how family therapy  
12 can work that have been a part of the development  
13 in this field for the last many decades.

14 So if you're asking about science, there's a  
15 piece of each one of those theories that would be  
16 rooted in science and have proponents for strengths  
17 and limitations. Does that answer your question?

18 BY MR. ABBOTT:

19 Q Well, let me use your example. You have  
20 provided therapy to patients who are suffering from  
21 post-traumatic stress?

22 A Yes.

23 Q So why don't we just use that as an example.  
24 What do you do in a therapy session for a patient who  
25 has post-traumatic stress? What do you do to try to

1 help them?

2 MR. MIHET: Form.

3 THE WITNESS: What you're asking me there is  
4 for a simple answer on a complex topic. Every  
5 client that comes through my door -- again, using  
6 that example of post-traumatic stress, every client  
7 that comes through my door dealing with that  
8 particular issue is a different conversation, is a  
9 different speech, a different talk back and forth,  
10 so there's not a one-size-fits-all to that, okay.

11 If you're looking for some general principles  
12 or general parts that would be involved in each of  
13 those different conversations and speeches -- when  
14 I say "speech," I mean my speech and my client's  
15 speech, okay. For post-traumatic stress, again  
16 using that example, I would go through a checklist  
17 and these are common symptoms for post-traumatic  
18 stress.

19 I would share with them that post-traumatic  
20 stress actually shows up on a brain scan. It's as  
21 clear as a broken bone shows up on an X-ray, and  
22 that provides some relief when people realize  
23 they're not crazy.

24 I would talk them through and discuss with  
25 them the causes of their post-traumatic stress and

1           how it's a normal person's reaction to a completely  
2           abnormal situation. I would talk them through how  
3           that impacts people's relationships with others,  
4           and we might get into topics such as secondary PTSD  
5           with family members.

6                   I would talk with them about normal responses  
7           in relationships, normal responses in people, and  
8           whether that's physical responses or emotional  
9           responses. Usually the emotional response is what  
10          brings them through my door or the relationship  
11          responses bring them through my door. And to be  
12          able to normalize that, to understand from their  
13          perspective what it's like, again, "If this is  
14          providing you distress, would you like it to be  
15          different, you know?" And so working with the  
16          client-centered approach on that.

17                   Those would be some of the key points that I  
18          would have with any client on post-traumatic  
19          stress.

20   BY MR. ABBOTT:

21           Q       All right. So let me see if I've got those in  
22          order. One of things you do is you make a diagnosis?

23                   MR. MIHET: Objection. Form.

24                   THE WITNESS: When you talk about making a  
25          diagnosis, I don't -- I don't make a diagnosis.

1 I'll make an assessment of what's going on. I am  
2 not -- with my license, I do not believe I'm able  
3 to make a formal diagnosis of something like a  
4 psychiatrist would make, so I'm not going to  
5 diagnose somebody as being bipolar or something  
6 like that.

7 I have not found that labels are particularly  
8 helpful in my practice most of the time, so I would  
9 make an assessment that you're -- you know, if  
10 you've got many of these things on this checklist,  
11 let's talk about these things and the root causes  
12 of these issues and some solutions for those  
13 issues.

14 BY MR. ABBOTT:

15 Q All right. What do you mean by "an  
16 assessment" and how is that different than a diagnosis?

17 A Well, if they're coming in and they're talking  
18 about a combat experience that they've had or a  
19 traumatic experience as a police officer, as a first  
20 responder, or sexual abuse, that would trigger me to  
21 pull out my post-traumatic stress checklist. And if  
22 they checked off some things on that list, then I would  
23 be inclined to have conversations about that topic with  
24 them.

25 Q All right. So while you might not make a

1 diagnosis of post-traumatic stress, you would begin  
2 treating your patient as if they had post-traumatic  
3 stress?

4 MR. MIHET: Objection. Form.

5 THE WITNESS: I would be -- I would be  
6 addressing the issues that they're distressed about  
7 and help them understand that those are common with  
8 people who experience trauma.

9 BY MR. ABBOTT:

10 Q Okay. Post-traumatic stress would show on a  
11 brain scan?

12 A That's correct.

13 Q In your practice, do you either order or  
14 recommend that your patients from time to time get a  
15 medical exam?

16 A I work hand-in-hand with medical  
17 professionals, doctors and psychiatrists, in a team  
18 effort to help my clients.

19 Q So in the example that we're talking about, if  
20 you had a patient that you were able to check off a  
21 number of symptoms of post-traumatic stress, do you,  
22 from time to time, recommend that your patient get a  
23 brain scan?

24 A Just for clarification, I refer to my clients  
25 as clients, not patients. Medical doctors usually refer



1 to them as patients.

2 So with my clients, I have talked about brain  
3 scans with them, but at this point it's, I think, about  
4 \$3,000 and if you have the -- if I have the information  
5 and they have the information on a checklist and they  
6 see they checked off 80 percent of the things that are  
7 common with people who have experienced trauma, usually  
8 they don't say, "Gosh, I want to go see this on a brain  
9 scan. Let me pay \$3,000." They have the information  
10 they need at that point. But we certainly talk about  
11 how that shows, and I'll perhaps show them pictures of  
12 brain scans of people with PTSD just to validate that so  
13 they can see it in a concrete way.

14 There was something else you asked about  
15 working with doctors. Is that -- did I answer your  
16 question or is there another piece to that?

17 Q I think I'm good. Thanks.

18 MR. MIHET: He'll let you know if you didn't  
19 answer his question to his satisfaction.

20 THE WITNESS: Okay. Got it.

21 BY MR. ABBOTT:

22 Q And the last thing I wrote down on the list  
23 that you gave me in speaking about post-traumatic stress  
24 is you will let your client know what the normal  
25 responses are to traumatic events. Do I remember that

1 correctly?

2 A Yes.

3 Q And you do that why? Is that a part of -- is  
4 that a part of the treatment? You're hoping that that  
5 process will help your client address their concerns?

6 MR. MIHET: Form.

7 THE WITNESS: Again, using this specific  
8 example of post-traumatic stress, there are certain  
9 common responses that people have.

10 The example that I will use with my clients  
11 oftentimes is "This is a heavy wooden door and if I  
12 open it and put my hand in it and you slam the door  
13 as hard as you can, what will happen?" And they  
14 look at me and they say, "Well, your hand would  
15 break and you would be in a lot of pain and you'd  
16 scream and cry."

17 "Would that happen if we did it to your hand?"  
18 And they'd say, "Yes." I'd say "That's a normal  
19 person's response to a completely abnormal  
20 situation."

21 When people experience trauma, there are  
22 certain normal responses that they have, and they  
23 are common to all trauma. And normal people  
24 experience these things, and that helps clients to  
25 understand that they're actually normal and they're

1 not bad and they're not wrong and they're not  
2 deficient and they're not in any way lacking or  
3 lesser in value because they're experiencing this  
4 discomfort.

5 BY MR. ABBOTT:

6 Q And the thought in your profession is if the  
7 client realizes that they have had a normal response,  
8 that will help them deal with what's troubling them?

9 MR. MIHET: Form.

10 THE WITNESS: I'm not sure I would make that  
11 such a sweeping statement. It would be a part of  
12 helping them deal with what's going on, but just  
13 that realization doesn't change everything. It  
14 might bring about another conversation, another  
15 level of conversation with them.

16 BY MR. ABBOTT:

17 Q So what else do you do to then help your  
18 patient?

19 MR. MIHET: Form.

20 BY MR. ABBOTT:

21 Q I think you've told me -- and we're talking  
22 about post-traumatic stress symptoms. So you've got a  
23 hypothetical client. They're exhibiting signs of  
24 post-traumatic stress, and so you make an assessment and  
25 you let the client know that their reaction to a

1 traumatic event is normal. Yes?

2 A Yes.

3 Q And what else do you do to help your client  
4 deal with the trauma that has caused them to seek your  
5 help?

6 A Depending on the level of discomfort that  
7 they're experiencing, we may continue to talk about  
8 their anxieties and their behavior changes and their  
9 emotional responses and how to deal with those.

10 I will also work with clients with something  
11 called EMDR, which has proven to be very beneficial for  
12 clients with post-traumatic stress issues.

13 Q You will talk to the client about their  
14 anxieties, true?

15 A Yes.

16 Q And is that -- how does that help the client?

17 A Well, if they understand their anxieties and  
18 they understand what's causing those anxieties and how  
19 those anxieties are -- and "anxieties," I'm using that  
20 as a broad generalization of a term, not --

21 Okay, a discomfort. We're talking about their  
22 discomforts and they understand how those discomforts  
23 will affect and are affecting their relationships with  
24 their -- with a spouse, with children, with co-workers,  
25 and being able to understand that that discomfort that

1 they're experiencing is perhaps rooted in a normal  
2 response to trauma, then that can help them understand  
3 how to -- how to bring about some changes in their lives  
4 and see those situations differently.

5 Q The next thing I think you told me is that you  
6 might help your clients undergo behavioral changes?

7 A If there are things that they're doing that  
8 they would like to be different. For example,  
9 responding with -- in anger. Short fuse, rage, those  
10 are normal responses to trauma. We would talk about how  
11 to have other responses in those situations.

12 Q Is it fair to call that phase of what you do  
13 treatment?

14 MR. MIHET: Form.

15 THE WITNESS: Yes, I guess so.

16 BY MR. ABBOTT:

17 Q And can you explain to me how you are more  
18 qualified to effect those behavioral changes than a  
19 nonprofessional?

20 A Sure.

21 MR. MIHET: Objection. Form, asked and  
22 answered.

23 THE WITNESS: Sure. How am I more qualified  
24 to do that than someone else?

25 BY MR. ABBOTT:

1 Q Yes, sir.

2 A When you say someone -- someone like you?

3 Q Yes, sir.

4 A Okay. Because I have met the state's  
5 requirements for education and training and licensure to  
6 be able to do that, and the state has determined what  
7 those requirements are.

8 Q And what are the methods that you are familiar  
9 with that I'm not that help you in effecting those  
10 behavioral changes?

11 MR. MIHET: Form, asked and answered.

12 THE WITNESS: You're asking me to boil down  
13 many years of graduate school into one answer here.  
14 I don't know how to do that.

15 BY MR. ABBOTT:

16 Q Okay. There are a myriad of things that  
17 you're aware of that you use to help effect behavioral  
18 changes that I'm not familiar with, is that what you're  
19 telling me?

20 A I have learned some things in the classwork at  
21 Nova Southeastern University and my studies and my  
22 continuing education that has given me the ability to  
23 help people in dealing with the stress in their lives.

24 Q Okay.

25 A And if you had taken that same classwork and

1 that same continuing education and the same licensure, I  
2 imagine you would have the same insights as I have at  
3 this point.

4 Q I think, doctor, you perhaps overestimate me.

5 So let me talk about the example that we've  
6 been talking about. So you've got -- you've got a  
7 client who is exhibiting signs of post-traumatic stress  
8 disorder and they are responding by acting out in anger.  
9 Can you let me know some of the methods that you use to  
10 help your client not respond in an angry way?

11 MR. MIHET: Form.

12 THE WITNESS: Well, we would talk about what  
13 situations are triggers for those outbursts. We  
14 would talk about how to avoid those situations or  
15 have a different response in those situations. We  
16 would look for triggers.

17 BY MR. ABBOTT:

18 Q And those are things that you have been  
19 trained to do?

20 A Yes.

21 Q And you apply that training with your clients?

22 A Yes. That's correct.

23 Q Now, doctor, you made a point earlier on that  
24 what you do in your practice is speech.

25 A Yes.

1 Q And I think you told me only speech.

2 A I didn't say only speech. I said that when I  
3 greet people at the door, I speak. Most of what we do  
4 in the office is speak, is talk, uh-huh.

5 Q Okay. Is there anything that you do that's  
6 not speech? Let me break that down. Do you have any  
7 medical instruments that you use in your office?

8 A Okay. So with post-traumatic stress, I have  
9 been trained for EMDR. And that is a device that  
10 somebody holds in their hands and it's a bilateral  
11 stimulation of the brain, left side/right side, and we  
12 talk. They talk, I listen, while they're -- while  
13 they're holding those little buzzers in their hand.

14 Q Are those called EMDR devices or buzzers or  
15 what can I call them?

16 A That's a good generic title for it, either one  
17 of those.

18 Q Okay. Are there any other medical instruments  
19 that you use in your office?

20 A No, sir.

21 Q Is there anything else tangible that you use  
22 in your office? Do you have photographs that you use?

23 A I have a white board I write on. Again, that  
24 would be written speech in my opinion.

25 Q That white board is --



1           A     Dry-erase.  It's a dry-erase board.

2           Q     Fair enough.  I wasn't even going to bug you  
3     about that.  I was going to ask you this:  That white  
4     board or that dry-erase board is usually blank when the  
5     session begins?

6           A     Yes, it is.

7           Q     Okay.  And the things you write on the white  
8     board are what?  Things that your client may have said  
9     that you find to be of significance?

10          A     Sometimes.

11          Q     And what else might you write on there, on  
12     your white board?

13          A     Well, they might write on it also.

14          Q     Okay.

15          A     Okay.  And so, again, it's their speech and  
16     it's my speech.  I might write some key points for them  
17     to see.  I might --

18                 An hour is a long time to sit and talk with  
19     somebody.  If you want to keep track of key ideas,  
20     oftentimes clients will take notes on paper or we'll  
21     write things down so we don't lose what we talked about  
22     at the beginning of the session by the end of the  
23     session so they can see, you know, the progression of  
24     the conversation.

25          Q     Okay.  Other than the dry-erase board and the

1 EMDR device, is there anything else tangible that you  
2 use in your office?

3 MR. MIHET: Form.

4 THE WITNESS: I have a laptop. I may show a  
5 picture on the laptop.

6 BY MR. ABBOTT:

7 Q And those are -- I am technologically  
8 primitive. Those are pictures that are a part of the  
9 drive of the computer or those are pictures you will  
10 find by doing an Internet search?

11 A An Internet search.

12 Q Okay. Anything else that you -- tangible that  
13 you use in your office?

14 A Tissues, lots of them.

15 Q And, doctor, are you an unusual marriage and  
16 family therapist in that regard? In other words, are  
17 there others in your profession that routinely use  
18 tangible devices that we have not discussed here today?

19 MR. MIHET: Form.

20 THE WITNESS: I can only speak to the  
21 professionals that I have known at the counseling  
22 center where I worked, at the places where I've  
23 done internships. And other than EMDR devices, I  
24 don't think there's -- and the white boards, I  
25 don't think there's anything else that anybody else

1           would use that I have seen --

2       BY MR. ABBOTT:

3           Q       Okay.

4           A       -- but I can't speak for everybody across the  
5       profession.

6           Q       Sure.

7           A       I can only tell you what I have seen.

8           Q       And is that consistent with your training? By  
9       which I mean the following: Are there -- were there  
10      devices that were recommended to you or that you were  
11      taught in your training that you have just on your own  
12      opted not to use?

13          A       No.

14          Q       And I think before -- I think you told me  
15      this, forgive me, you deem all of those things that  
16      you're doing and using in the office to be speech?

17          A       I didn't say that.

18                 MR. MIHET: Objection. Mischaracterizes his  
19      testimony.

20       BY MR. ABBOTT:

21          Q       All right. Forgive me. I misspoke then.

22                 Would you categorize the things that we have  
23      discussed here, the things that you do in your  
24      profession, as all being speech?

25                 MR. MIHET: Form, asked and answered.

1 THE WITNESS: So holding those EMDR devices in  
2 their hand would not be speech. While we're  
3 talking, while they're talking with me while  
4 they're doing that, that is speech. You can do  
5 some research on what that does.

6 The computer, showing a picture of a brain  
7 scan on a computer is an example for PTSD. I'm not  
8 an attorney, you have to find out whether that's  
9 speech. Let the attorneys argue that one out. But  
10 those are really -- writing on the white board, I  
11 would consider that speech. Talking, a lot of  
12 talking. Crying's not speech, but I mean I guess  
13 you could pass a tissue box.

14 BY MR. ABBOTT:

15 Q Right. Would you agree then it's really the  
16 nature of your profession that you do -- you do what you  
17 do? Your profession is accomplished through speech?

18 A Yes. That's correct.

19 Q Is part of your practice, doctor, engaged in  
20 efforts to change a client's sexual orientation?

21 MR. MIHET: Form.

22 THE WITNESS: I told you earlier that I can't  
23 change any client.

24 BY MR. ABBOTT:

25 Q All right. Is it a part of your practice to

1 attempt to change any client's sexual orientation?

2 MR. MIHET: Form.

3 THE WITNESS: I can't change any client. My  
4 client's come to me with issues of distress that  
5 they want to work on, and I will talk with them  
6 about those issues and about alleviating their  
7 stress. Or if they have a conflict between their  
8 sincerely held religious beliefs and some other  
9 aspect of their life, be that sexual or not, we'll  
10 talk about those incongruities and how to make  
11 sense of those and how to decrease their anxiety  
12 and discomfort that comes from that.

13 And, again, this is client-centered and  
14 client-directed with clients' goals. So when you  
15 ask me about trying to change somebody, I am not  
16 trying to change anybody on anything. These are  
17 client issues that clients want to seek change on,  
18 and they come asking for assistance as they walk  
19 through that journey, and we talk about that  
20 process in speech.

21 BY MR. ABBOTT:

22 Q All right. Well, let me make sure I  
23 understand. And I didn't mean to suggest that anything  
24 you do is against a client's will.

25 So let's assume that you have a client that

1 expresses a desire to change his or her sexual  
2 orientation. Do you then undergo efforts in an attempt  
3 to, in fact, change the client's sexual orientation?

4 MR. MIHET: Form.

5 THE WITNESS: I've already said I can't do  
6 that. That's like trying to say you go to the  
7 doctor and here, "I'd like to be nine feet tall.  
8 Would you try to change me?" That's impossible.  
9 The doctor is not going to change you to do that.  
10 So, I cannot change a client to do that.

11 You can ask that in lots of different ways,  
12 but the answer is always going to be "I cannot  
13 change a client."

14 BY MR. ABBOTT:

15 Q Okay. In an equally clear way, would you  
16 agree that that being the case, you don't attempt to  
17 change a client's sexual orientation?

18 A Yes. With the caveat that I don't want the  
19 way you asked that question to imply that, whether or  
20 not I attempt to do it or not, that is something that  
21 could be attempted or that I could do if I did attempt  
22 it. Okay.

23 Q I understand.

24 A I don't attempt it. I cannot do it even if I  
25 were to attempt it.

1           Q     Understood. But you understand people --  
2     people sometimes attempt things that are unlikely to be  
3     successful. I can go home and attempt --

4           A     I did not attempt it, and I cannot do it.

5           Q     Very good, sir.

6                     Much in the way that I can attempt to go home  
7     and dunk a basketball even though I can't do it, right?  
8     So you understand the distinction I'm drawing?

9           A     Yes, I do.

10          Q     And you made it clear that you neither can nor  
11     do you attempt to change --

12          A     That's correct.

13          Q     -- sexual orientation?

14          A     That is correct.

15          Q     All right. So what's the best way to describe  
16     what you do in terms of clients with sexual orientation  
17     issues? You don't change the orientation or try to  
18     change the orientation. What do you do in that regard?

19          A     Well, if I have a client who comes in --  
20     that's a real broad question. There are lots of --

21                     Can you narrow that down? There's a lot of  
22     clients who might be coming in, hypothetically, to deal  
23     with that topic that you've just mentioned. Focus me in  
24     a little bit on that.

25          Q     Well, all right. Maybe it would be better for

1 you to answer by way of an example rather than as a  
2 universal. I'm just not -- I just want to get a handle  
3 on what it is you do or what you might do if you have a  
4 client that has sexual orientation issues.

5 A Okay. Are you talking about a minor? Are you  
6 talking about an adult?

7 Q Well, let's talk about minors.

8 A Okay. So if I have a minor who comes in, the  
9 parents bring the client in. I have consent forms that  
10 they sign. We talk about goals for therapy. That  
11 conversation includes the parents and the child. We  
12 talk about why they came, what's the distress they're  
13 experiencing that they would like to be different. We  
14 would talk about how it's affecting their life. What  
15 are the root causes of that discomfort? Is there some  
16 incongruity between what they believe and what they  
17 feel?

18 And in this regard, since we're talking about  
19 minors, if they don't want to participate in a  
20 conversation, they keep their mouths closed, end of  
21 story, game's over, let's go home. So I can't coerce  
22 somebody to even participate in a conversation, okay.  
23 And if a client comes in and is willing to participate  
24 in a conversation, is asking me to participate in that  
25 conversation about how to handle these points of



1 dissonance in their lives, then we'll talk about those  
2 things. And, again, all of that is speech. All of that  
3 is talk.

4 Q Okay.

5 MR. MIHET: Mr. Abbott, we've been at it for  
6 about an hour. When it's convenient for you, I  
7 could use a restroom break.

8 MR. ABBOTT: Any time is convenient, so have  
9 at it.

10 (Thereupon, a short break was taken from 10:56  
11 a.m. to 11:03 a.m.)

12 BY MR. ABBOTT:

13 Q Doctor, I think when we left off we were  
14 talking about patients who come to see you with regard  
15 to sexual orientation issues. I think the last thing  
16 that -- well, I'm not sure it was the last thing, but  
17 you mentioned that you can't make a client speak.

18 A That's correct.

19 Q And does that happen or has that happened?  
20 Have you had a minor client come to see you about sexual  
21 orientation issues and then that client just wouldn't  
22 communicate with you?

23 A I have had minor clients who didn't want to  
24 communicate about that topic with me.

25 Q Okay.

1           A     I've had other minor clients who got up and  
2     walked out of the room, but not on that topic.

3           Q     So when we started to talk about minors, you  
4     said a few things. You said when you have a minor  
5     client, that the parents bring the child in to see you?

6           A     Well, if they have a driver's license, they  
7     can come themselves, but the first time the parents do  
8     bring them because it is helpful to -- well, the parents  
9     sign the consent forms, the parents pay.

10                  The goals that the clients set are often set  
11     in conjunction with parents and conversations with  
12     parents, and so it's helpful to get everybody in the  
13     room oftentimes upfront for a few minutes and say "What  
14     are the goals that we have that we want to work  
15     towards?" And that's usually a collaborative process  
16     that involves all parties.

17           Q     Is that a legal requirement to the best of  
18     your knowledge?

19                  MR. MIHET: Objection. Form.

20                  THE WITNESS: I don't know whether it's -- I  
21     know it's in the code -- I believe it's in the code  
22     of ethics for the different professional  
23     organizations, but I don't know if it's a legal  
24     requirement. We do it. I do it.

25     BY MR. ABBOTT:

1 Q Okay. You require parents to sign consent  
2 forms?

3 A I have always required parents to sign consent  
4 forms when working with children, yes.

5 Q And you will not -- you will not treat a  
6 client whose parent has not signed a consent form?

7 A In the past I have not. I believe there's a  
8 Florida Statute that says if clients are 13 or older,  
9 then they can -- they can give limited consent. I  
10 don't -- I can't tell you whether that would come into  
11 play in my practice in the future or not, but I believe  
12 that's out there.

13 Q Okay. At least as of today, you have not  
14 treated a client whose parents -- treated a minor client  
15 whose parent did not sign a consent form?

16 A That's correct.

17 Q I think the next thing you told me is that  
18 parents pay?

19 A That's correct.

20 Q That's an important part of your practice?

21 A Yes, sir.

22 Q And what if you had a hypothetical minor  
23 client who had the means and willingness to pay, would  
24 you still require a parent to sign the consent form?

25 A That's a pretty broad hypothetical. Again, I

1 believe that Florida Statute says that if they're 13 or  
2 older, then they can provide some -- they can consent.  
3 And there are some limitations in that statute that  
4 would allow a certain amount or level of care.

5 At this point in my practice I want to work  
6 with parents because family therapy takes in the context  
7 the family system. And if that minor is living in a  
8 house with parents, it would be helpful for everybody in  
9 the house to understand what's going on. And again, I'm  
10 generally speaking, and so I have not found it  
11 beneficial to date to provide counseling for minors  
12 without parental consent even if they would fall under  
13 that Florida Statute that would give me permission to do  
14 so.

15 Q I hope you forgive me, doctor. I am not  
16 familiar with that Florida Statute. Do you happen to  
17 know it by number?

18 A No, I don't.

19 Q And can you tell me any more about it other  
20 than it allows minors 13 years old or older to consent  
21 to therapy? Is it therapy in particular?

22 A I would say the only thing I remember about  
23 it, other than what I've just said, is I believe one of  
24 the limitations is twice a week. You'll have to do the  
25 research and find it.

1 Q That's fine.

2 A I've not used it in my practice, so it's not  
3 something that I have on the tip of my tongue.

4 Q Fair enough.

5 And I think you told me that in your practice  
6 the parents help set the goals?

7 MR. MIHET: Form.

8 THE WITNESS: Yes, sir. That's correct.

9 BY MR. ABBOTT:

10 Q And how does that happen practically? Does  
11 the initial session with a minor client necessarily  
12 begin with both the minor client and the -- and a  
13 parent?

14 A Again, that's not a one-size-fits-all answer.  
15 I have had clients where the parent might come in first  
16 and give some background information and then the minor  
17 comes in. I've had clients where the minor wanted to  
18 come in first and talk, and I've had clients where we  
19 all sit down together and have that conversation  
20 together. Again, it's client-directed. What are they  
21 comfortable with, I'll work with that.

22 Q For each of the minor clients you have had,  
23 have you had meetings with both the minor and a parent  
24 to help set goals for the therapy?

25 A I've seen a lot of minors over the years. Are

1 you just focusing in on the sexual question here at hand  
2 that this ordinance covers or are you focusing on all of  
3 my minor clients across the board?

4 Q Fair question. Let me start more generally.

5 For all of your minor clients, do you -- in  
6 order to set goals for the therapy, do you take input  
7 from both the minor and a parent?

8 MR. MIHET: Form.

9 THE WITNESS: Yes.

10 BY MR. ABBOTT:

11 Q Have you ever had a prospective minor client  
12 who didn't want you to meet with his or her parents?

13 A When you say want me to meet with them, give  
14 me some details on what you mean by that.

15 Q Sure. I think you just told me that when a  
16 minor client comes in, that in order to set the goals  
17 for the therapy, you take input from both the minor and  
18 from a parent.

19 A Yes. That's correct.

20 Q Have you ever had a minor client who has said  
21 "These are my goals from the therapy and you don't need  
22 to talk to my parents about it"?

23 A No, I haven't had that, but I've had clients  
24 who said "I have different goals than my parents."

25 Q And what do you do when that occurs? What

1 happens if the minor and the parents have different  
2 goals?

3 A I'll give you an example of a teenager that --  
4 again, that's broad because there's a lot of different  
5 issues and a lot of different aged type of clients, but  
6 again, a teenager had different goals than the parents,  
7 and I mean if the teenager is not going to talk about  
8 what the parents want to talk about, you know, I can't  
9 force the teenager to do that. We can talk -- "What's  
10 interesting to you? Let's talk about what's interesting  
11 to you." And we'll go with whatever the teenager's  
12 goals are at that point and talk about that.

13 Oftentimes those conversations kind of turn  
14 back on "Where's the disconnect between you and your  
15 parents? Obviously you're living under their roof. If  
16 there's some level of discomfort because of this topic,  
17 maybe we could talk about how you handle that discomfort  
18 and the anxiety that might be there in your world  
19 because of that disconnect." But I can't -- and I don't  
20 impose, you know, the parents' goals on that teenager.

21 Again, I can't force that teenager to change.  
22 If the teenager wants to change, obviously he or she  
23 can. There's lots of examples. People wouldn't come to  
24 therapy if they didn't think they could change.

25 So, you know, there are some things that

1 are -- you know, that they want to talk about that  
2 they'd like to change. "Great. We can do that. What  
3 are they? We'll talk about what your goals are," and  
4 we'll have a conversation about their goals and move in  
5 that direction.

6 Q So am I understanding you correctly that in  
7 the event a minor client's goals are different than the  
8 parents' goals, it's the minor client's goals that you  
9 will -- that you'll attempt to meet?

10 A The example I gave you was a teenager. I've  
11 never met a five year old who says, "Dad, would you  
12 please take me to the pediatrician so I can get my  
13 immunization shots? I really like the way that hurts."

14 There's a place where parents do make  
15 decisions for young minors. There's a place where  
16 minors begin to be able to speak about things that are  
17 important to them, and that's that handoff from parents  
18 training children to stand on their own two feet. Where  
19 does that occur on a time line? You cannot put a dot on  
20 the time line and say "Here they are." But obviously  
21 the older the minor is, the more they would have input  
22 on those kinds of things.

23 So to your question -- I'm sorry. The  
24 question was something about parents imposing -- or who  
25 do I listen to?



1 Q Yes.

2 A Okay. I -- obviously parents setting a goal  
3 for a five year old about learning to obey the first  
4 time, I'm going to listen to the parent and not to the  
5 five year old who says, you know, "But I don't want to  
6 do it. I want to be in charge." But when it comes to a  
7 teenager, who might have sexual orientation preferences  
8 that are different than the parents, I can't force that  
9 teenager to do anything.

10 If the teenager wants to talk about something,  
11 that's all I can talk about is what they want to talk  
12 about. I can't impose change because I can't change  
13 that teenager that the parents may want. I can't impose  
14 that on them because I can't change that teenager.

15 Now if that teenager wants to change, even in  
16 sexual orientation issues or attractions or behaviors or  
17 obedience behaviors or school behaviors or anything else  
18 like that, then that teenager can experience change.

19 Q So I'm wondering if, given what you've said,  
20 that if the minor client doesn't have something as a  
21 goal, that you can't make the minor address it, why is  
22 it then that parents are a part of setting the goals for  
23 the therapy?

24 A Okay. Again, your question overlooks the  
25 example I gave you of a six-year-old or a five-year-old

1 who doesn't want to obey. So I'm assuming your question  
2 is talking about a 14, 15, 16 year old who has different  
3 goals than parents, is that accurate?

4 Q I think that's fair enough.

5 A Okay. So assuming that that's what you're  
6 talking about, why is it important to have everybody's  
7 input on those goals?

8 They live under the same roof. These are  
9 families that come to see me, and so if they have  
10 different ways of handling whether or not somebody  
11 should eat in their room and leave dirty plates on the  
12 floor in their room, the teenager might have one  
13 perspective on that and the parents might have another  
14 perspective on that. They might disagree. And it would  
15 be helpful, since they're all living under one roof, to  
16 be able to talk about that, and maybe the teenager will  
17 want to change that or maybe not. Maybe the teenager  
18 doesn't want to talk about it but at least having a  
19 conversation about "What are your goals? What are your  
20 parents' goals? You know, we can -- we can understand  
21 the starting point for where we're headed."

22 The question I ask people is: "Why are you  
23 here? What brings you in today?" Because that gives me  
24 an idea on why each person is there and how invested  
25 they are in the process of change, what change they're

1 looking for individually. Is that common amongst each  
2 of the family members? Who's most invested? Who's  
3 least invested in that?

4 Q So let me use the example that you gave of a  
5 minor who's got a messy room. What happens if the  
6 parents say, "I would like for you to offer therapy to  
7 my child, and my goal is to have [REDACTED] keep [REDACTED] room  
8 clean," and then you meet with the minor client and the  
9 minor client says, "That's not a goal of mine. I'm  
10 perfectly comfortable with my messy room"? What happens  
11 in that scenario?

12 A Okay. Off the top of my head, I can just  
13 think of two routes that conversation might have.  
14 They're certainly not the only two.

15 Part of that might be "So your parents want  
16 you to have a clean room and they don't like the  
17 standard of cleanliness that you've been keeping. Is  
18 that causing -- is that conflict with your parents over  
19 this topic causing you distress? If so, to what level?  
20 What degree of distress? And is that something that you  
21 would like to change? The distress piece. You know,  
22 not the messy room, but the dissonance between you and  
23 your parents. If that's something you'd like to change,  
24 how invested are you in that change? What kind of  
25 things would you be willing to do to bring about that

1 change?"

2 Second avenue of conversation might be with  
3 the parents and, again, talking about the consequences.  
4 So if your child is not, you know, making the bed and  
5 folding the blanket at the end of the bed, that's  
6 different than is your child -- you know, is there four  
7 weeks' worth of laundry on the floor and bags of potato  
8 chips and old ice cream bowls sitting on the floor?  
9 "What consequences are you willing to put in place or  
10 what conversations might you have or how can you work on  
11 your relationship with your child so that they want to  
12 do the things that you desire?" And we'll talk about  
13 parenting, parenting issues then.

14 So depending whether it's the minor, whether  
15 it's the parent, if they have different goals, those are  
16 the two conversations that would be -- two of many  
17 conversations that would come to the top of my head that  
18 I would certainly pursue.

19 Q All right. Well, let's bring the conversation  
20 closer to the matter at hand. How many clients have you  
21 had where the issue to be addressed is the minor's  
22 same-sex sexual attractions?

23 A I've dealt with four.

24 Q And what are their ages?

25 A 14, 14, 16, 16, to the best of my

1 recollection.

2 MR. MIHET: Object as to form on that  
3 question, retroactively.

4 BY MR. ABBOTT:

5 Q And have each of those clients been clients of  
6 yours since you've gone into private practice?

7 MR. MIHET: Form.

8 THE WITNESS: I've seen one of those clients  
9 since then. Two of those clients I haven't --  
10 their file is in my active files list, but I have  
11 not interacted with them since I went into private  
12 practice. And the fourth one, I don't believe I've  
13 had any contact since private practice. I think  
14 that one's a closed case.

15 BY MR. ABBOTT:

16 Q All right. So I'm clear, one client you had,  
17 that carried over from your work at Spanish River and  
18 you are still providing counseling for?

19 MR. MIHET: Form.

20 THE WITNESS: That's correct.

21 BY MR. ABBOTT:

22 Q Okay. Two of them you provided counseling for  
23 at Spanish River and you expect that you might see them  
24 or treat them in the future, but so far you haven't in  
25 your private practice?

1           A       When you say "treat them," the families are --  
2       the families are clients of mine, not just the  
3       individuals, so it's not just treating the child, okay.

4                   I might see someone from the family. I might  
5       see the child. I might see the parents and the child  
6       together. That's an open file. It is a family file,  
7       and it is an open file.

8           Q       But you have not seen the minor since you  
9       opened your private practice?

10          A       That's correct.

11          Q       And the last one is somebody that you provided  
12       counseling for at Spanish River that you have no reason  
13       to -- that's a closed case?

14          A       At this point, yes.

15          Q       In those four cases, doctor, have the goals of  
16       the minor and the goals of the parents been materially  
17       identical?

18                   MR. MIHET: Form.

19                   THE WITNESS: No.

20       BY MR. ABBOTT:

21          Q       Okay. You have had one or more clients that  
22       had different goals than their parents have had?

23          A       That's correct.

24          Q       And can you explain that to me? How many of  
25       the clients and what has the conflict been?

1           A     I had one client who -- whose parents came in  
2     with the client because there were parental issues going  
3     on of general parenting, had nothing to do with sexual  
4     orientation, okay. And the parents also mentioned, "By  
5     the way, our child is not heterosexual and is talking  
6     about that, and we would like you to address that issue  
7     as well, okay, and we would like your help on that  
8     issue." I spoke with that minor child and there was not  
9     an issue for the child, perfectly content with that.

10           The second one was -- let me back up. The  
11     first one was not really interested in talking about the  
12     issue, okay.

13           The second one was open to talking about the  
14     issue, and I would describe that not necessarily that  
15     the parents had different goals, but there was just a  
16     season of curiosity and experimentation and opened to  
17     talking about the issue.

18           The third client was experiencing discomfort  
19     because of the way that [REDACTED] sexual orientation was  
20     impacting [REDACTED] friendships, had different goals than [REDACTED]  
21     parents on that initially, and so we talked about the  
22     discomfort that [REDACTED] was experiencing because that was the  
23     point of agreement that we had. And the third client, I  
24     would just categorize that as experimenting, and [REDACTED] was  
25     certainly willing to talk and have a conversation.

1 Q All right. I hope you're going to remember  
2 the order in which --

3 A I did. I wrote it down just so I'd have it.

4 Q Excellent. I think the first child, you told  
5 me about the parents were concerned about the  
6 orientation of their child --

7 A That's correct.

8 Q -- and the child didn't want to talk about it?

9 A Let me articulate that a little bit  
10 differently. [REDACTED] was fine talking about it, but [REDACTED]  
11 wasn't interested in talking about how that could change  
12 for [REDACTED].

13 [REDACTED] was content with the way [REDACTED] was feeling,  
14 the way [REDACTED] was behaving, and that was not causing [REDACTED]  
15 distress in [REDACTED] life. It was causing [REDACTED] distress in  
16 [REDACTED] conflict with [REDACTED] parents, but [REDACTED] was willing to  
17 talk about any of that, just not about -- [REDACTED] didn't  
18 want [REDACTED] parents to change [REDACTED] and [REDACTED] didn't want me to  
19 try to change [REDACTED], and [REDACTED] came in with that concern and  
20 [REDACTED] expressed it.

21 Q And so what did you do as a result of that?  
22 Would the counseling sessions deal at least in part on  
23 the subject of the sexual orientation of the child or  
24 did it not?

25 A Other than just gathering information up front



1 the first week or two about -- and [REDACTED] would share about  
2 [REDACTED] -- I guess the first week is kind of an overview  
3 week, "Bring me up to speed on what's going on in your  
4 life." [REDACTED] would -- [REDACTED] would bring it up every now and  
5 then in the first many weeks we met. I didn't initiate  
6 that. I didn't ask that. And, interestingly enough,  
7 over the course of our sessions together [REDACTED] went from  
8 identifying [REDACTED] as a lesbian to identifying [REDACTED]  
9 as a bisexual to saying "I'm heterosexual. I have a  
10 boyfriend."

11 The idea of changing [REDACTED] sexual orientation  
12 like that was never a part of the conversation that we  
13 had in the office other than just to say that "So your  
14 parents are -- you and your parents have a conflict over  
15 your sexual orientation. How are you handling that  
16 conflict? What's that like for you? How do you -- how  
17 do you deal with that stress with your parents?"

18 Q Other than the sort of initial meeting, the  
19 initial goal setting meetings, are the parents of your  
20 minor clients kept apprised as to the progress of the  
21 therapy?

22 A Yes. Absolutely.

23 Q In the case that we're talking about, was it  
24 the sexual orientation of the child that caused the  
25 parents to arrange for the therapy?

1           A       That was one of two issues. The primary issue  
2 was disobedience and conflict in terms of obeying mom.

3           Q       As to the first issue, did the parents follow  
4 up with you from time to time and ask you questions  
5 like, "How are the sexual orientation issues with my  
6 child going? What kind of progress are we making?"

7           MR. MIHET: Form, and mischaracterizes the  
8 testimony.

9           THE WITNESS: I told them initially when I  
10 first spoke with them that "I cannot change your  
11 [REDACTED]," and so they knew from the outset that my  
12 position was not going to be trying to change their  
13 [REDACTED], okay.

14           They knew from the conversations that I had  
15 with them after the first session that the time  
16 together was really focusing on the obedience  
17 issues and the explosive anger issues towards mom  
18 and how to handle those, okay, and in working in  
19 conjunction with a psychiatrist to help some  
20 medication issues and maybe stabilize some of the  
21 outbursts and some of the anxieties and depression  
22 that might have been going on there.

23           So my conversations with mom were about those  
24 things, not about the sexual orientation issues.  
25           However, at times I recall mom might have said, you

1 know, "Oh, by the way, this is what [REDACTED] said this  
2 week about sexual orientation, and did [REDACTED] mention  
3 that to you in counseling? You know, did [REDACTED]  
4 mention [REDACTED] has a boyfriend now or whatever? You  
5 know, did [REDACTED] mention [REDACTED] bisexual now?" And mom  
6 would give me a little comment like that every now  
7 and then, but our --

8 My conversations with mom were never back and  
9 forth, me or [REDACTED], addressing issues of how -- "So  
10 how are you doing changing my [REDACTED]'s sexual  
11 orientation?" Again, because that was not a part  
12 of the discussion with the [REDACTED] and that's not  
13 something I can do anyways, but [REDACTED] demonstrated  
14 that [REDACTED] could change if [REDACTED] wanted to on that  
15 issue. So it's not that change is immutable  
16 because I didn't change [REDACTED]. I had nothing to do  
17 with that.

18 BY MR. ABBOTT:

19 Q So the child's mother didn't express any  
20 disappointment to you that the subject of sexual  
21 orientation was not a big part of the ongoing therapy  
22 sessions?

23 A As I recall, [REDACTED] understood that there was a  
24 lot to talk about and [REDACTED] understood that we would be  
25 talking about the things that the [REDACTED] was most

1 comfortable talking about and wanted to talk about  
2 because [REDACTED] understood that the [REDACTED] would not come  
3 back if we didn't talk about the things that the  
4 [REDACTED] wanted to talk about. And that if I tried to  
5 force her to talk about other issues, that [REDACTED] wouldn't  
6 come back. And even if the mother got [REDACTED] in the car  
7 and brought [REDACTED] in my office, that [REDACTED] would sit there  
8 and not say anything and waste [REDACTED] mom's money.

9 And [REDACTED] said -- [REDACTED] said [REDACTED] wouldn't walk  
10 out, but [REDACTED] wanted to sit there the whole hour and  
11 waste mom's money as punishment for mom, and so mom knew  
12 the expectation, we'd go with what the [REDACTED] wants to  
13 talk about.

14 Q Right. So there wasn't disappointment  
15 expressed to you or words to the effect of "Hey, doctor,  
16 I brought my child in to you for two reasons and one of  
17 the things doesn't seem to be being addressed"?

18 A Never.

19 Q Okay.

20 A Never. Uh-uh.

21 Q Okay. Your second client expressed some  
22 curiosity and experimented in homosexual activity?

23 A Yes.

24 Q And that client was willing to talk to you  
25 about that subject?

1           A     To a -- to a very small degree.

2           Q     Did that client express to you in the goal  
3     setting meeting a goal to address sexual orientation or  
4     sexual orientation attractions?

5           A     No, but the client expressed -- ■■■ shared  
6     something that had happened to ■■■ which caused ■■■  
7     great distress and depression and anxiety. ■■■ was  
8     dealing with an eating disorder and with cutting, and  
9     that had all had its onset after this particular  
10    incident.

11                     And ■■■ was willing to talk about those things  
12    in very limited degrees which is, in my experience,  
13    common. When teenagers come in with issues like that,  
14    the conversations start slowly because we're building  
15    trust.

16           Q     So at least at the goal setting session the  
17    minor didn't say words to the effect "I would like my  
18    orientation or my sexual attractions to decrease"?

19           A     No. ■■■ was distressed by the experience that  
20    ■■■ had had and confused by the feelings that came with  
21    that experience that were contrary to ■■■ sincerely held  
22    religious beliefs. And that conflict, that dissonance  
23    there was very difficult for ■■■, and ■■■ didn't know  
24    how to handle those confused feelings. And layering  
25    upon that the way that manifested in eating issues and

1 in cutting issues and in suicidal thoughts that was --  
2 it was a slow conversation, at [REDACTED] pace, on the topics  
3 that [REDACTED] wanted to talk about.

4 Q Did [REDACTED] parent or parents express as a goal in  
5 the initial goal setting meetings to address their  
6 child's sexual orientation?

7 A No. That had -- that didn't come up until  
8 down the road. When I say "that didn't come up," I mean  
9 her thoughts and feelings of confusion were not  
10 something that [REDACTED] articulated in that initial meeting.  
11 That actually came out weeks later.

12 Q I understand. When -- and when it did come  
13 out, did you advise [REDACTED] parent or parents about this  
14 issue that had arisen?

15 A As I recall, they advised me, and then [REDACTED]  
16 shared it with me in a counseling session before I  
17 brought it up.

18 Q Okay.

19 A So they gave me the background information,  
20 said "Let [REDACTED] bring it up," and [REDACTED] did.

21 Q All right. And in that conversation did the  
22 client's parent or parents express as a goal that the  
23 child not have those sexual attractions?

24 A They realized that these sexual attractions  
25 were causing great confusion for their [REDACTED] because

1 they were contrary to [REDACTED] sincerely held religious  
2 beliefs and that [REDACTED] didn't know how to handle that  
3 delta, that difference. And they were disturbed by the  
4 experience that [REDACTED] had that had triggered all of this  
5 and asking for help dealing with the whole package of  
6 all of those things.

7           They -- when the conversation went to [REDACTED]  
8 sexual feelings -- when the conversation shifted at some  
9 point from "anxiety, depression because of what happened  
10 to me" to "I had these confused sexual feelings," at  
11 that point the parents did talk with me about how to  
12 help [REDACTED] make sense of those, and their preference was  
13 that those feelings would not be something that would  
14 continue. And we talked about how, you know, it's  
15 really up to your [REDACTED] about what [REDACTED] wants and that  
16 [REDACTED] would direct -- you know, give us some direction to  
17 go on how to handle that.

18           Q     Was progress made? Did the client make peace  
19 with the tension between his or her sincerely held  
20 religious beliefs and the distressing incident?

21           A     I can tell you that progress was made and the  
22 communication with dad and mom increased, and that the  
23 trust that [REDACTED] had in [REDACTED] parents increased to the point  
24 that [REDACTED] was able to talk about things openly with [REDACTED]  
25 parents, and that [REDACTED] -- the shame -- the level of shame

1     █████ felt because █████ had been a victim of something,  
2     that was hard for █████, but █████ realized that █████ was not  
3     bad and that there was no reason for █████ to feel shame  
4     for that, and █████ was able to talk about those feelings  
5     and how they had affected █████.

6             In terms of change in █████ sexual feelings and  
7     the confusion from that, I -- I don't recall that being  
8     something that we discussed before I referred █████ on to  
9     another counselor.

10            Q     All right. I have just a few more questions  
11     on that subject, and I promise I'll move on.

12            So may I assume that the troubling incident  
13     involved the minor client and another individual of the  
14     same gender as the client?

15            A     That's correct. And it was unwanted.

16            Q     Do you have a sense -- did the client express  
17     to you any prevailing sexual orientation? Does that  
18     subject come up? Did you ask --

19            A     █████ had never had any -- I did ask about that  
20     and █████ --

21            MR. MIHET: Let me object as to form.

22            THE WITNESS: Okay. And █████ had never had any  
23     same-sex attractions, thoughts, activities before  
24     that incident.

25     BY MR. ABBOTT:



1 Q Okay. And at the time that you referred [REDACTED]  
2 on, was [REDACTED] still having either same-sex attractions or  
3 those confusing thoughts about the incident?

4 A Yes. That had heightened at that point.

5 Q And what did you do in the counseling sessions  
6 to address those feelings that your client was having?

7 A The same-sex feelings? Because there are a  
8 lot of feelings we're talking about here.

9 Q Yes, yes, thank you.

10 A We talked about how that was confusing for  
11 her. "How do you make sense of feeling this way and yet  
12 having this experience that was contrary to what you  
13 wanted and what discomfort is that causing you now? How  
14 does that dissonance reflect itself in your feelings and  
15 thoughts, emotions, behaviors, and your level of  
16 anxiety, depression, your suicidal thoughts, things that  
17 are a trigger for your eating disorder?" So we talked  
18 about it in that regard.

19 Q Did you talk with the client directly about  
20 how he or she might go about decreasing those same-sex  
21 attractions or feelings?

22 A No, I did not.

23 Q The third client I wrote down was having  
24 trouble with friends or schoolmates with regard to  
25 sexual orientation issues.

1           A     That's correct.

2           Q     And can you give me any more details on that?

3           A     Individual had told his friends that ■ was  
4     gay and had been in school with these other friends  
5     since ■ was in kindergarten, and all of the sudden ■  
6     was -- the relationships changed and ■ was feeling  
7     distant and uninvolved.

8           Q     Do you remember -- or I suspect you do -- was  
9     that client's goal to help to no longer be gay or was  
10    that client's goal to get along better with ■  
11    schoolmates and friends?

12          A     Okay. To your comment, help to -- "help to no  
13    longer be gay" I think is how you worded that?

14          Q     Yeah. I think you told me that the client  
15    announced to you that ■ had told ■ friends that ■  
16    was gay.

17          A     Right. So my response to you on that would be  
18    labeling somebody is not -- like, that is not something  
19    I found helpful in my practice. We're talking about  
20    behaviors. We're talking about anxieties. We're  
21    talking about distress. We're talking about depression,  
22    those kinds of things, so I'm not looking to help ■ be  
23    not gay, okay.

24          Q     Fair enough. I'm sorry, you weren't finished.  
25    Go ahead.

1           A     My conversations with [REDACTED] were never about  
2     that. We spoke about the discomfort [REDACTED] experienced in  
3     the change in [REDACTED] relationships with [REDACTED] friends, why  
4     that might be there, how to deal with that. And [REDACTED] was  
5     also dealing with this conflicts with religious views  
6     for [REDACTED] as well, and [REDACTED] was trying to make sense of that  
7     issue in [REDACTED] life, so we talked about that.

8           Q     And did you offer any advice for that client?

9                 MR. MIHET: Form.

10                THE WITNESS: What do you mean by "advice"?

11                Clarify that for me.

12           BY MR. ABBOTT:

13           Q     Well, once again, I've confessed to not having  
14     a good background in terms of what you do but,  
15     hypothetically, if this client had come in and told you  
16     that story, a hypothetical person might have said, "Find  
17     new friends," or a hypothetical response would be, "Stop  
18     telling them that you're gay and maybe those people will  
19     be more friendly to you."

20                So I'm just trying to understand if you -- if  
21     you had any advice for how those conflicts might be  
22     resolved by your client.

23           A     Yeah, I understand what you're saying there.  
24     I wasn't there to give [REDACTED] advice. We talked about pros  
25     and cons for telling [REDACTED] friends that [REDACTED] gay.

1            Obviously when ■ shared that information,  
2            that caused the change in their relationship. Was that  
3            beneficial for ■ or was that change causing ■  
4            distress? Was it -- were there benefits to letting ■  
5            friends know that ■ was gay? And if so, what were  
6            those benefits? And then ■ would have to weigh in the  
7            balance the pros and the cons and make decisions about  
8            how vocal ■ was because ■ was the same -- ■ was the  
9            same buddy they played with all along, you know, and  
10          they had a friendship that went back many years. And so  
11          ■ would have to weigh in the balance the pros and cons  
12          of what ■ said to these friends based upon what ■  
13          thought the reactions would be and how that would  
14          influence ■ relationship with them.

15            So we talked about that. It was not to give  
16          ■ advice and telling ■ which way to go with that, I  
17          was providing ■ an opportunity to talk through that  
18          issue and speak about that with me in a safe context  
19          where ■ would not be judged on that and ■ would be  
20          able to make ■ own decision on what ■ thought would  
21          be in ■ own best interests.

22          Q     All right. What did the client decide? I  
23          mean when the client weighed those pros and cons did --  
24          were you told about any decision in terms of whether the  
25          client would continue to tell ■ friends that ■ was

1 gay?

2 A That was -- that was a recurring theme. The  
3 distress with [REDACTED] friends was a recurring theme that came  
4 up week after week after week. And I think also we're  
5 dealing with a minor who might not remember what  
6 homework [REDACTED] has for math class, and so to remember, you  
7 know, some of these things as [REDACTED] talking with [REDACTED]  
8 friends might not have been easy for [REDACTED] as well just  
9 developmentally where [REDACTED] was.

10 As far as I know, to this day [REDACTED] still says  
11 [REDACTED] gay and is content with that in [REDACTED] own mind and  
12 sees a discord between that and [REDACTED] faith, and [REDACTED]  
13 still trying to sort that out.

14 I believe there was a season, as I recall  
15 right, there was a season when he didn't talk as much  
16 with [REDACTED] friends about these things because [REDACTED] felt like  
17 they didn't understand how to handle that issue. And  
18 they were just, you know, young guys and to [REDACTED] it was  
19 more important to be included in things like "Let's go  
20 to a movie on Friday night" than to talk about [REDACTED] gay  
21 thoughts and feelings and have some kind of a negative  
22 consequence in terms of not being invited to a movie  
23 night with [REDACTED] buddies.

24 Q Is this individual still a client of yours?

25 A This is -- this is a client that I would still

1 say the family's file is in my active list, but I have  
2 not interacted with this family I would say more than  
3 once since the beginning of 2018. And it was not with  
4 [REDACTED] when I interacted with the family. It was not about  
5 [REDACTED] and it was not with [REDACTED].

6 Q Has your involvement with this client changed  
7 in any way that you attribute to a Boca Raton ordinance  
8 or a Palm Beach County ordinance?

9 MR. MIHET: Objection. Form, asked and  
10 answered.

11 THE WITNESS: I have not spoken with this  
12 client since the Palm Beach County -- with this  
13 minor, since the Palm Beach County or the City of  
14 Boca ordinances were passed.

15 If this client were to come see me now, I do  
16 not feel that I would be able to have the  
17 conversations with [REDACTED] now under these ordinances  
18 that I would have been able to have back then.

19 BY MR. ABBOTT:

20 Q And what do you intend to do as a response?

21 MR. MIHET: Form.

22 THE WITNESS: I don't understand your  
23 question.

24 BY MR. ABBOTT:

25 Q What if the child makes an appointment to come

1 see you -- well, you don't have a secretarial staff.

2 Are the appointments made by contacting you directly?

3 A Yes. They would contact me directly.

4 Q So if you were contacted to schedule an  
5 appointment, will you agree to schedule the appointment?

6 A Yes, I will.

7 Q And you will have an hour long session,  
8 assuming that's what the client wants?

9 A Yes, I will.

10 Q And what will happen differently in that  
11 session in light of the ordinances?

12 MR. MIHET: Form.

13 THE WITNESS: If the client brings up these  
14 issues, I would -- I would inform the client and  
15 the parents that "Right now the ordinances from the  
16 city and the county prevent me from having these  
17 conversations about your sexual feelings to the  
18 degree that they're unwanted. If you want those  
19 sexual feelings to change so your discomfort goes  
20 down with your friends, you know, I'm not able to  
21 have that conversation. I don't have anything" --

22 I mean it's a hypothetical. I'm not really  
23 sure how to answer that other than the way that I  
24 did.

25 BY MR. ABBOTT:

1           Q     Okay. But your thought is you would have the  
2 session, you would just have to -- would you tell your  
3 client that certain things cannot be discussed in the  
4 session?

5           A     This was one of many topics that I spoke with  
6 this client about, so if this client called me to  
7 schedule a session, I would not assume that that session  
8 would involve sexual orientation issues, and so I would  
9 have that session just as if we were -- somebody else --  
10 they were coming in any other time about obeying  
11 parents, just to use that example again. And if the  
12 sexual orientation issue came up, I would -- I would  
13 have to say that "Because of the current ordinances, I  
14 cannot talk about that topic, but I can talk about any  
15 of these others that you have in mind."

16          Q     You wouldn't discuss that topic in general?  
17 And by the topic -- forgive me. Just so I'm clear, the  
18 topic is I think the minor announcing to his friends  
19 that he's gay and then being troubled by the reactions  
20 his friends have?

21               MR. MIHET: Form, asked and answered.

22               THE WITNESS: Well, I'm not an attorney. As I  
23 read the ordinance, the city and the county  
24 ordinances, I believe that I'm not able to discuss  
25 unwanted sexual feelings, just to choose one of



1           those off the list.

2           If ■ starts talking about this and ■ says,  
3           "By the way, I really don't like these feelings,  
4           they've affected my life in a negative way" and I  
5           continue that conversation, then I would find  
6           myself liable to the dog catcher to come and give  
7           me a fine in the form of the code enforcement  
8           officer. And so I would not want to place myself  
9           in a position where I could be financially,  
10          legally, or criminally liable for having a  
11          conversation, speech with a minor, about something  
12          ■ wanted to talk about so at this point my  
13          attorneys have advised me to not have that  
14          conversation.

15                 And my client -- if I can just keep going  
16          here --

17       BY MR. ABBOTT:

18                 Q       Sure.

19                 A       My client and I would both be in that case  
20          restricted from what we would be able to say. I see  
21          that as a violation of the First Amendment. That would  
22          be a violation of my religious preferences to be able to  
23          speak.

24                 Most of my clients are Christians. This  
25          family, this ■ a Christian. ■ self-reports as a

1 Christian, and ■ has expressed that that is in  
2 dissonance with this issue in ■ life, and so that's --  
3 again, that's a First Amendment, Freedom of Religion and  
4 Freedom of Speech issue. I would see those to be  
5 problems.

6 MR. MIHET: Mr. Otto, I'm sure it was  
7 unintentional, but let me remind you not to  
8 disclose any conversations that you and your  
9 attorneys have had --

10 THE WITNESS: Yes.

11 MR. MIHET: -- within the confines of this  
12 lawsuit.

13 THE WITNESS: Thank you.

14 BY MR. ABBOTT:

15 Q Has that client, in your previous sessions,  
16 expressed to you that ■ was troubled by being gay? He  
17 or she, forgive me.

18 A ■ was troubled by the reaction that ■  
19 friends had. And, by the way, that had a negative  
20 impact on ■ personal life and ■ relationships.

21 Q Do you know or do you have a belief one way or  
22 the other in terms of whether or not that client  
23 actually has or had same-sex attractions?

24 A Yes. ■ told me that he did.

25 Q But ■ didn't tell you that ■ wanted those

1 attractions to go away, ■ told you ■ was troubled by  
2 ■ friends' reactions to the announcement that ■ was  
3 gay?

4 A That's correct.

5 Q So I hate to go backwards, the first client  
6 that we talked about, the -- I believe the ■ who  
7 was -- who expressed to you that ■ was not distressed  
8 by ■ same-sex attractions --

9 A Yes.

10 Q -- is ■ still a client of yours?

11 A I would say that file is in the closed box.  
12 Not to say ■ wouldn't come back in the future to see  
13 me, but that one's closed out right now.

14 Q All right. If that minor were to call to  
15 schedule a session with you, would you agree to schedule  
16 the session?

17 A Yes.

18 Q And is there anything that has gone on in past  
19 sessions that you think could no longer be discussed  
20 with the patient in light of the county and city  
21 ordinances?

22 A Yes.

23 Q And what matters are those?

24 A As ■ talked about changing from lesbian to  
25 bisexual to heterosexual -- again, those conversations

1     ■■■■ initiated that. I never brought that up. I didn't  
2     ask ■■■■ those questions. ■■■■ just volunteered the  
3     information. We talked about that some; ■■■■ feelings  
4     about that, ■■■■ feelings about what that journey was  
5     like for ■■■■, and about making sense of ■■■■ sincerely  
6     held religious beliefs and ■■■■ feelings and ■■■■  
7     behaviors.

8                     And as I read the ordinances -- again, I'm not  
9     an attorney, but as I read the ordinances, those  
10    conversations would cross the line and be unallowed  
11    right now under the current ordinances.

12            Q     That client never expressed distress about ■■■■  
13    sexuality?

14            A     No. ■■■■ was very content with being fluid.

15            Q     And yet you would not have similar sessions  
16    with her in the future because of the ordinances?

17            A     I'm not an attorney, but as I read the  
18    ordinances, there is a preferential view of moving from  
19    heterosexual to something else, but a provision -- but a  
20    prohibition of against moving in the other direction.  
21    And because ■■■■ chose to move in the other direction  
22    toward heterosexuality, I would feel that I would be on  
23    very shaky legal ground.

24                     And again, I'm not an attorney, but I would  
25    feel like I'd be on very shaky legal ground to have that

1 conversation because that is not the preferred view as I  
2 read the ordinances from the county and the city.

3 Q And the second client that we talked about  
4 earlier, the one who had expressed curiosity and had  
5 experimented and talked to you to a small degree, is  
6 that person still a client of yours?

7 A No. I referred her to another professional.  
8 The family is still a client of mine for other issues.

9 Q Your relationship with the -- with the minor's  
10 parents hasn't been affected in any way by either of the  
11 ordinances, has it?

12 A I would disagree with that statement.

13 Q Tell me how your relationship for the  
14 counseling that you have provided to the parents have  
15 been altered by the ordinances.

16 A The parents were experiencing and continue to  
17 experience distress because of the incident that  
18 happened to their [REDACTED] as well as because of the  
19 nature of that same-sex incident and the way that that  
20 has affected their [REDACTED], with [REDACTED] confusion and  
21 feelings and "How do I make sense of these sexual  
22 feelings up against what I've always thought and felt  
23 and believed if my sincerely held religious beliefs are  
24 a part of that?"

25 And so the parents were very interested in

1 talking with me about how to handle that as parents and  
2 to be wise in that journey and what they could be  
3 sensitive to and how they could help [REDACTED]. And I believe  
4 that those conversations would be crossing the line  
5 legally, according to the way I read those ordinances  
6 from the city and county. I wouldn't be comfortable  
7 having those now.

8 Q Do you think that the ordinance would restrict  
9 your discussions with the parents who indicated to you  
10 that they are troubled by that incident involving their  
11 [REDACTED]?

12 A Well, remember that my client is the family  
13 and this [REDACTED] is a part of the family. [REDACTED]  
14 receiving individual counseling from another counselor  
15 at this point, but [REDACTED] still a part of the family, and  
16 so at times all family members might come in and be in  
17 my office.

18 So even though [REDACTED] not my individual client  
19 right now, [REDACTED] might be coming in and be a part of the  
20 family discussion. And so because [REDACTED]s still a part of  
21 that family unit that is my client, I would feel  
22 uncomfortable having those conversations because I feel  
23 that I would be liable under the ordinances.

24 Q Have you, in fact, had an individual session  
25 with either of the minor's parents since the ordinances

1     were adopted?

2           A     Yes, I have.

3           Q     And was that session constrained in any way by  
4     the ordinances?

5           A     No. We were talking about the suicidal issues  
6     and eating disorder and cutting.

7           Q     If the parents in a future session expressed  
8     to you concern about their child's sexual orientation or  
9     sexual attractions, would you feel prohibited from  
10    engaging in those conversations?

11          A     I'm sorry, my mind wandered. Can you say the  
12    question again?

13          Q     Of course. If those parents schedule a future  
14    session with you, and if in that session they express to  
15    you concern about their child's sexual orientation,  
16    would your treatment be affected in any way by the  
17    ordinances?

18                   MR. MIHET: Form.

19                   THE WITNESS: I would tell them that I don't  
20    feel comfortable talking about that because of the  
21    ordinances, and I would not talk about that.

22    BY MR. ABBOTT:

23          Q     By the way, the referral of the minor to  
24    another mental health care professional, was that  
25    motivated in any way by the ordinances?

1 A No, it was not.

2 Q And long last that brings us to the fourth  
3 client --

4 A Before we do that --

5 Q Yes, sir.

6 A -- I've been drinking this water bottle. Can  
7 we take a break?

8 Q Of course.

9 A It's been an hour.

10 Q Of course.

11 A Thank you.

12 (Thereupon, a short break was taken from 12:02  
13 p.m. to 12:08 p.m.)

14 BY MR. ABBOTT:

15 Q Doctor, before we took a break I was going to  
16 ask you about the fourth minor client that we discussed,  
17 and I believe you told me earlier that that client had  
18 engaged in some experimenting with, I guess, same-sex  
19 attractions and was willing to talk about it?

20 A That wasn't -- well, define "experimenting."  
21 What do you mean by that?

22 Q Well, I don't think we need to go down that  
23 rabbit hole. That's just the word that I wrote down.

24 A Okay.

25 Q Do you remember the fourth client to whom you



1 referred?

2 A Yes, I do.

3 Q And would you tell me about that client?

4 A Yes. That client came in because the parents  
5 brought [REDACTED] in dealing with same-sex attractions,  
6 same-sex --

7 The reason I ask experimenting, it was  
8 experimenting with pornography, it wasn't experimenting  
9 with people, okay. And so that was the extent of [REDACTED]  
10 experience. And that was causing distress in their  
11 lives and as a family and distress for [REDACTED], and he was  
12 unsure how to make sense of all of that.

13 Q Okay. Did you have an initial meeting with  
14 both the parents and the minor to establish goals for  
15 the therapy?

16 A Yes. I don't recall whether that was the two  
17 of them in the room together or whether that was mom  
18 first and [REDACTED] second or [REDACTED] first and mom second, but I  
19 did receive input from both of them on goals.

20 Q All right. And I think you made it clear that  
21 the mother's goal at least was to either decrease the  
22 child's same-sex attractions or get [REDACTED] to stop looking  
23 at what I presume to be homosexual pornography?

24 A Yes, I think that's an accurate statement.

25 Q And how about the minor client, what were [REDACTED]

1 goals?

2 A [REDACTED] was -- [REDACTED] was concerned about the conflict  
3 with mom and wanting to see that decrease. [REDACTED] was -- [REDACTED]  
4 was trying to figure out how to make sense of what [REDACTED]  
5 was seeing and the feelings that [REDACTED] was having as a  
6 result of that, the sexual feelings [REDACTED] was having as a  
7 result of that given that that was different than what  
8 [REDACTED] had been taught and what [REDACTED] believed was true based  
9 upon [REDACTED] faith.

10 And again, I worked at a Christian counseling  
11 center. My clients are -- to a vast majority, would  
12 identify themselves as Bible believing Christians. Not  
13 just parents coming in and beating their kids over the  
14 head with that, but this is what the kids would tell me.  
15 This is what this [REDACTED] would tell me. And so [REDACTED] was  
16 trying to make sense of that disconnect in [REDACTED] life or  
17 that dissonance.

18 Q All right. Would it be fair to say then that  
19 the minor expressed two goals to you? One was [REDACTED] wanted  
20 to address the conflict [REDACTED] was having at home with [REDACTED]  
21 mom or with [REDACTED] parents?

22 A Uh-huh.

23 Q Yes?

24 A Yes. That's correct.

25 Q But --

1           A     And that conflict was not just about this  
2     issue. That was a broad conflict so...

3           Q     Okay. But the minor also expressed, as a goal  
4     or as a concern, the feelings ■ was having and how that  
5     compared to ■ religious teachings?

6           A     ■ wanted to figure out how to make sense of  
7     all of that and how to remove the disconnect between  
8     those two.

9           Q     And this particular client, when did you first  
10    start treating ■?

11          A     I can just say it would have been in the last  
12    two years. I don't have a date for you.

13          Q     And is this one of the clients that has  
14    transitioned from Spanish River to your private  
15    practice?

16          A     Yes.

17          Q     Do you remember about when your last session  
18    was with this minor client?

19          A     I believe I met with ■ once since I started  
20    the private practice.

21          Q     And I know that hasn't been a long time, but  
22    can you estimate for me about --

23          A     Within the last two months. One time within  
24    the last two months.

25          Q     And has your treatment been to address the

1 same goals that were identified by ■ and ■ mom at the  
2 outset?

3 MR. MIHET: Form.

4 THE WITNESS: The issue that ■ came in most  
5 recently for was twofold: To share with me some  
6 changes in ■ life where ■ felt like ■ had  
7 matured and grown, and ■ wanted to share that  
8 because that was germane to some of the things that  
9 we had been talking about in the past. And ■ was  
10 excited to do that, so ■ asked ■ mom to come in  
11 and talk with me.

12 And the second issue was talking about going  
13 into the next school year and what that was going  
14 to look like for ■. So the same-sex issue was  
15 not a part of what we talked about. It was not on  
16 the table.

17 BY MR. ABBOTT:

18 Q Okay. So the maturity that ■ had gained was  
19 not directly related to any sexuality?

20 A ■ was talking about things and ways that ■  
21 had grown as a person. Some of that included ■ faith,  
22 and ■ had shared some experiences that ■ had had in  
23 that regard, and ■ felt that ■ had some -- been able  
24 to connect some things in his own mind about ■.  
25 And the issue of sexuality was not a part of that.

1           Although growing in [REDACTED] faith certainly does  
2     impact the sexuality topic because the discord that [REDACTED]  
3     was experiencing, that we talked about in the past, had  
4     to do with [REDACTED] faith and the dissonance between that and  
5     [REDACTED] sexuality. Does that make sense?

6           Q     Sure.

7           A     Okay.

8           Q     But just so I'm clear, the subject of the  
9     client's sexuality or sexual preferences didn't come up  
10    in this recent session?

11          A     That's correct.

12          Q     May I assume then, sir, that the city  
13    ordinance or the county ordinance didn't affect that  
14    session?

15               MR. MIHET: Form, mischaracterizes his  
16    testimony.

17               THE WITNESS: I -- to the extent that we  
18    didn't talk about that specifically, the ordinances  
19    did not affect this session; however, we did talk  
20    about [REDACTED] sincerely held religious faith which was  
21    connected to the conversations of sexuality in the  
22    past. And [REDACTED] incidence of looking at homosexual  
23    pornography had decreased. Looking at pornography  
24    in general had decreased, and [REDACTED] was glad for those  
25    changes. And they had reduced the conflict with

1           [REDACTED] mom, and [REDACTED] mom was glad for those changes.

2       BY MR. ABBOTT:

3           Q       And those topics were discussed during this  
4       last session?

5           A       Yes, sir.

6           Q       And the existence of the ordinance didn't  
7       constrain you -- didn't constrain that session in any  
8       way?

9           MR. MIHET:   Form.

10          THE WITNESS:   Again, my sessions are -- what  
11       we talk about in my sessions is client-focused and  
12       client-driven.

13          In this particular session, I don't think that  
14       there was anything -- in fact, there was nothing  
15       that I felt would have crossed the line with those  
16       ordinances; however, [REDACTED] could have brought up other  
17       topics that we have talked about in the past that  
18       would have been, "Whoa, whoa, I can't talk about  
19       that now."   And so you're asking me in a way that  
20       makes it sound to me like I'm saying that the  
21       ordinance, therefore, did not affect my  
22       relationship with this client, and I do not agree  
23       with that statement.

24       BY MR. ABBOTT:

25          Q       The ordinances have not affected any session

1 with that client, would you agree with me?

2 A The ordinances --

3 MR. MIHET: Go ahead.

4 THE WITNESS: The ordinances affect my ability  
5 to talk about topics with this client that I have  
6 spoken with [REDACTED] about in the past. To be clear,  
7 before the ordinances were passed.

8 I could not have those same conversations  
9 today with this client because of the ordinances,  
10 even if the client brought them up, which [REDACTED] did in  
11 the past.

12 BY MR. ABBOTT:

13 Q I think we're going round and round on this,  
14 but let me ask one more time: Did you not say anything  
15 at this session with your client that you would have  
16 been otherwise inclined to say if the ordinances did not  
17 exist?

18 MR. MIHET: We are going round and round. I  
19 am going to object to form, asked and answered, but  
20 go ahead.

21 THE WITNESS: I didn't say anything in this  
22 session that I would feel would cross the lines of  
23 the ordinances, and my client did not bring up  
24 anything in this session that would have crossed  
25 the lines in the ordinances. [REDACTED] has brought up

1 topics in the past that if ■ brought up today, I  
2 would not be able to talk about.

3 BY MR. ABBOTT:

4 Q Well, you win, you got -- I got tired of that  
5 before you did.

6 Doctor, do you hold -- I think I asked you  
7 this earlier but I just want to be clear, do you hold  
8 professional counseling licenses in any state other than  
9 the state of Florida?

10 A No, sir.

11 Q And you have not, in fact, counseled in any  
12 state other than the state of Florida?

13 A I've never had a counseling session with  
14 anybody. There's informal conversations that I've had.  
15 I've spoken at marriage conferences around the country  
16 on military bases, but you don't need a license to talk  
17 with somebody about their marriage.

18 To have a formal counseling session and to  
19 charge them, you know, that's different. I have not  
20 done that outside of the state of Florida.

21 Q Well, I suspect you don't know about the  
22 licensing requirements in other states, but maybe you do  
23 about Florida. What is it that one can do if they have  
24 a marriage counseling license like you have in Florida  
25 and what can't one do?



1 MR. MIHET: Form.

2 THE WITNESS: What can't one do? I can't  
3 practice any other profession.

4 What can one do? I can hang my shingle and  
5 advertise and perform services as a marriage and  
6 family therapist.

7 BY MR. ABBOTT:

8 Q So you can advertise your services?

9 A That's correct. And I've advertised my  
10 services and would like to continue to, and the  
11 ordinance prevents me from doing that.

12 Q And you can hold yourself out to the world to  
13 be a therapist?

14 A That's correct.

15 Q What else is it, if you can describe, that one  
16 without a license cannot do in your field in this state?

17 A That's really a question for an attorney. I  
18 don't know. I believe there's certain titles that are  
19 restricted that people cannot use unless they have a  
20 license.

21 They can't say they're a licensed marriage and  
22 family therapist unless they actually are. I'm not sure  
23 what the punishment is, but I would imagine that there  
24 are restrictions on people who do not have the license  
25 that I have.

1           Q     Okay. Could you describe for me in some way  
2     when you're acting as a therapist, perhaps outside of  
3     the office, and when you're not? For instance, you  
4     mentioned earlier you spoke at a marriage conference in  
5     another state. You apparently felt comfortable doing  
6     that.

7           MR. MIHET: Form.

8           THE WITNESS: You say when I'm acting as a  
9     therapist. Again, I would make a distinction  
10    between the speech that I conduct with clients and  
11    actions or conduct. With that caveat, I have --  
12    I'm sorry, I forgot the question.

13   BY MR. ABBOTT:

14          Q     Yeah. Here's what I'm trying to get at: If I  
15    were in the adjoining seat in a plane near you and we  
16    struck up a conversation and we started to talk about my  
17    life, is there a point that you would be concerned that  
18    the things you say might be practicing your profession  
19    or might be a session in the eyes of the law?

20          A     I see sessions -- and again, I'm not an  
21    attorney, but I would see sessions as something where I  
22    have a consent form signed, I have a payment agreement  
23    signed, I'm in my office, or in a -- I see clients  
24    outside of my office also, but there are consent forms  
25    signed and payment agreements signed and we work on

1 goals together, and there is a formal relationship that  
2 is understood by me and by my client who has employed  
3 me.

4 Barring that kind of a formal relationship,  
5 casual conversations certainly -- you know, I'm willing  
6 to share at points, you know, to help people, but that's  
7 different than a formal counseling relationship that I  
8 have established with a client who has come to see me  
9 for purposes of helping them walk through things that  
10 give them distress.

11 Q Okay. There is some paperwork involved to  
12 establish the relationship?

13 A Yes. We've talked about some of those  
14 earlier, the forms and things.

15 Q All right. Doctor, when did you first learn  
16 about the city of Boca Raton ordinance?

17 A Approximately two weeks after it was passed,  
18 unfortunately.

19 Q And I don't -- are you aware that the  
20 ordinance was considered and voted upon at two  
21 governmental meetings?

22 A In the city of Boca or in Palm Beach County?

23 Q In the city of Boca.

24 A No. I am only aware of one.

25 Q Okay. But your understanding is that you

1 learned about the ordinance about two weeks after it was  
2 passed?

3 A That's correct.

4 Q Does that seem as if it's probably late  
5 October of 2017?

6 A What was the date that it was passed? I  
7 thought it was -- was it late October or was it late  
8 November or -- I don't recall the date it was passed.

9 Q Okay. I believe it was passed on October 10th  
10 of 2017, if that helps.

11 A Yeah. I found out -- approximately two weeks  
12 after that, I believe, is when I found out about it.

13 Q All right. How did you find out about it?

14 A I believe I received an email from a colleague  
15 or a phone call from a colleague.

16 Q And who is that colleague?

17 A I have no idea.

18 Q And what was the substance of the conversation  
19 that you and the colleague had?

20 A It wasn't --

21 MR. MIHET: Form.

22 THE WITNESS: I believe it was an email  
23 because I don't recall it being a dialogue back and  
24 forth. I think it was just an email saying that  
25 "This is what was passed. Here's what the

1 ordinance says. Boca passed it, you know, two  
2 weeks ago, and Palm Beach County is considering  
3 passing the same thing. Here's the date for the  
4 Palm Beach County Commissioner's hearing on it."

5 BY MR. ABBOTT:

6 Q Did you read the essence of the email to  
7 encourage you to oppose the county ordinance?

8 A I recall that part of the email was  
9 informative saying, you know, "This is what current  
10 ordinances are governing or attempting to govern our  
11 profession, so make sure you operate within the  
12 boundaries of the ordinances and the laws that are  
13 established."

14 And part of it was saying that, "How did this  
15 happen? We didn't know about it beforehand. We would  
16 have liked to go speak and share as professionals who  
17 deal with this issue with the city council, who does not  
18 have the same degrees that I have and does not  
19 understand the issues that my clients bring to the table  
20 and the desires of my clients to talk about these  
21 things, to apply their Freedom of Speech in my office,  
22 to apply their Freedom of Religion in my office. And  
23 the city council passed this and we never had a  
24 chance -- I never had a chance because I didn't know to  
25 say something to them about this side of the issue that

1 they might not have heard about. So let's go make sure  
2 that the county hears about this side of the issue."

3 Q Did you do anything in response to that email?

4 A I shared it with as many colleagues as I could  
5 find. I shared it with pastors. Not necessarily that  
6 email, but the information. I shared it with pastors.  
7 I shared it with headmasters from schools. I shared it  
8 with other counseling professionals, medical doctors,  
9 friends from Boca Raton and Palm Beach County that I  
10 know from various places.

11 Q And did you encourage those people to do  
12 anything?

13 A Absolutely.

14 Q What did you encourage them to do?

15 A "Go and let your voice be heard on how you  
16 feel about this issue at the county commission meeting."

17 Q Did you offer any advice or encouragement with  
18 regard to what to do about the city ordinance?

19 A I don't recall doing that because I'm not an  
20 attorney and I wouldn't know how to handle that.

21 As we were talking about the county ordinance,  
22 we were put in touch with -- or contacted Liberty  
23 Counsel and --

24 Q I don't mean to cut you off, doctor, but if  
25 we're getting close to talking about attorney

1 communications --

2 A No. I'm saying I don't know -- I don't recall  
3 knowing how to handle the city ordinance, so I contacted  
4 my attorney.

5 Q Have you had any contact with the City of Boca  
6 Raton or its elected officials that pertains to the  
7 ordinance in any way?

8 A Scott Singer, the acting mayor, he was the  
9 city council member at the time. He knocked on my door  
10 campaigning for mayor a couple weeks ago.

11 Q A couple of weeks ago?

12 A The election was yesterday, and he was  
13 campaigning in the last few weeks, knocking on doors in  
14 other neighborhoods, and he came to my neighborhood as  
15 well.

16 Q And did you have a conversation with now Mayor  
17 Singer about the ordinance?

18 A I told him I wasn't going to vote for him  
19 because he voted for this ordinance.

20 Q Have you had any other communication with [REDACTED] the  
21 City of Boca Raton that pertains in any way to the  
22 ordinance?

23 A No, sir.

24 Q What did you do in connection with learning  
25 that the -- that Palm Beach County was considering the

1 ordinance that they ultimately adopted?

2 A I shared with you that I passed that  
3 information on to many people --

4 Q Yes, sir.

5 A -- that I listed. I came to the first hearing  
6 on that, and I spoke at the first hearing.

7 Q Did you do anything else in connection with  
8 the county ordinance?

9 A I emailed with county commissioners between  
10 the two hearings.

11 Q I gather you didn't attend the second hearing  
12 on the ordinance?

13 A No. I was a witness in federal court that day  
14 for a guardianship case, so my wife took my notes and  
15 used her two minutes to share my thoughts.

16 Q I should have asked you this earlier. I think  
17 you told me that you were on a list to be -- to be  
18 appointed in connection with guardianship issues?

19 A That's correct.

20 Q Is that a list for state courts or federal  
21 courts or both?

22 A It's a list for the 15th Circuit Court. The  
23 reason I was in federal court that day was because the  
24 individual that I had interviewed was -- had federal  
25 charges against him, and the guardianship may or may not



1 have been germane to how that would be disposed of. But  
2 the guardianship was a 15th Circuit Court case.

3 Q Doctor, are sexual preferences or same-sex  
4 attractions, are they genetically caused?

5 MR. MIHET: Form.

6 THE WITNESS: I think that the research shows  
7 that there's nature and nurture in the sense of --  
8 let me back up. Strike that.

9 The research shows that there are many  
10 influences that will -- many factors that will  
11 influence people's sexual orientation. I have not  
12 seen any research to show that there is a gay gene  
13 or that people are born that way.

14 I have seen research that deals with a lot of  
15 environmental factors, relationship factors, abuse  
16 factors, lots of things like that. But I guess  
17 that answers your question.

18 BY MR. ABBOTT:

19 Q You may have, but let me ask you another  
20 question. And you may tell me that you just answered  
21 this question, but do you believe sexual preference or  
22 sexual orientation is a choice?

23 MR. MIHET: Form.

24 THE WITNESS: We're talking about behaviors.  
25 Behaviors are choices. If we're talking about

1 attitudes, I can change my attitude about things.

2 You can change your attitude about things.

3 In my experience, and as I read the  
4 literature, there is the ability for clients to  
5 change on this particular issue of sexual  
6 orientation. Do all people? No. Do some people?  
7 Yes. And, again, that's why my practice is  
8 client-driven and not Dr. Otto driven with my  
9 preferences and my personal views, but it's my  
10 client's goals, not my goals. And so -- I don't  
11 know. I think that answers your question.

12 BY MR. ABBOTT:

13 Q On those occasions when you got a client that  
14 tells you that they're gay or that they have same-sex  
15 attractions, do you assume that to be the case or do you  
16 somehow try to evaluate whether, in fact, the client is  
17 gay or does have those attractions?

18 A If they tell me, do I assume that they're  
19 speaking the truth to me?

20 Q Yes, sir.

21 A Yes. I believe my clients.

22 Q Okay.

23 A Now if you're talking about if my clients tell  
24 me they are gay, I don't see that as an immutable,  
25 unchangeable dynamic because in my practice we're

1 talking about behaviors and attitudes and things like  
2 that, which do change, which can change if people choose  
3 to change them, and if they sometimes choose to get help  
4 to change them.

5 So if you're saying if my client comes to me  
6 and says "I am this way," it's said in concrete, no, I  
7 don't see that concept as set in concrete. Behaviors  
8 and attitudes do change and can change if clients want  
9 them to.

10 Q Do you have clients who are gay or who have  
11 same-sex attractions and have announced to you that  
12 those attractions are not unwanted?

13 MR. MIHET: Form, asked and answered.

14 THE WITNESS: I've told you about the four  
15 minor clients.

16 BY MR. ABBOTT:

17 Q Yes, sir.

18 A You have the answers on those.

19 I've had a small handful, maybe on one hand I  
20 could count them, of clients who are gay who came to see  
21 me who are content with that, and I had probably two or  
22 three, but that was not the issue that they came in for  
23 and so we didn't talk about it.

24 Q Have you ever found that the root problem  
25 that's causing distress that has caused a client to come

1 to see you is that client's sexual orientation even  
2 though the client didn't announce to you at the  
3 beginning of the sessions that that was the problem?

4 MR. MIHET: Form.

5 THE WITNESS: I think I've given you details  
6 of four clients that I've addressed that with, the  
7 four minor clients I've addressed that with, and I  
8 have not addressed it with any adult clients. If  
9 you have specifics about any of those four that I  
10 did not already answer, I can do that, but I don't  
11 know that I have anything else to add to what I've  
12 already shared.

13 BY MR. ABBOTT:

14 Q No, that's fair. You have answered my  
15 questions completely as to those four clients, so I  
16 guess my question pertains to adult clients. Have you  
17 ever determined or with your help has a client ever  
18 determined that the root cause of their discomfort is  
19 their sexual orientation when they didn't initially  
20 believe that to be the case?

21 MR. MIHET: Form.

22 THE WITNESS: Two thoughts on that. This case  
23 is about an ordinance addressing minors and my  
24 dealing with minors, that's one.

25 Number two, I have dealt with, just as I said

1 a minute ago, just a very small number of  
2 homosexual adult clients who came in for other  
3 reasons. I don't remember off the top of my head  
4 what those other reasons might be, but they would  
5 be things like PTSD, we talked about that earlier,  
6 or things like relationship issues with a parent  
7 and how to handle that, or sibling issues or  
8 something like that. So I don't have any other  
9 information other than that.

10 MR. ABBOTT: All right. Is this a good time  
11 to break? It's about how much time you said.

12 MR. MIHET: If you're close to being done --

13 MR. ABBOTT: I am not.

14 MR. MIHET: You're not close? Okay, then  
15 let's break.

16 MR. ABBOTT: Okay.

17 (Thereupon, a lunch break was taken from 12:38  
18 p.m. to 1:44 p.m.)

19 BY MR. ABBOTT:

20 Q Doctor, the way I read your Complaint, it  
21 alleges, at least in part, that the City of Boca Raton  
22 ordinance infringes the free speech rights of your minor  
23 clients.

24 First of all, I'll ask you have I read that  
25 correctly? Is that one of your allegations?

1           A     Yes.

2           Q     And can you explain to me, doctor, how the  
3 Boca Raton ordinance affects your minor client's speech  
4 rights?

5                     MR. MIHET:  Objection.  Calls for a legal  
6 conclusion.

7                     THE WITNESS:  If my clients come in and they  
8 want to talk about their same-sex attractions and  
9 they want help reducing or eliminating attractions  
10 or behaviors or -- and I am not able to help them,  
11 then that's restricting the topics that we can talk  
12 about in the office back and forth, and that would  
13 be taking place in the form of a conversation,  
14 which takes two people; and if one of us is not  
15 allowed to speak about that because I'm a licensed  
16 person under the control of the ordinance, then  
17 that conversation is stifled.

18 BY MR. ABBOTT:

19           Q     So let me break that down.  Is it your  
20 understanding of the city ordinance, doctor, that a  
21 client of yours would not be allowed to tell you, in a  
22 counseling session, that he is experiencing unwanted  
23 sexual attractions?

24           A     Well, you'd have to fight that out as  
25 attorneys, and I'm not an attorney, but as I read the

1 ordinance --

2 MR. MIHET: Same objection, by the way. Thank  
3 you.

4 THE WITNESS: -- the ordinance does prevent me  
5 from having conversations, which take two people to  
6 have a conversation, two or more, and it prevents  
7 me from participating in a conversation that my  
8 clients wish to participate in and I -- I see that  
9 as impacting my client's ability to have a  
10 conversation they want to have.

11 BY MR. ABBOTT:

12 Q So if I understand you correctly, you read the  
13 ordinance as prohibiting you from having a conversation  
14 with your minor clients on the subject of same-sex  
15 attractions?

16 MR. MIHET: Same objection, also form, also  
17 mischaracterizes the testimony.

18 THE WITNESS: Not having a conversation on  
19 same-sex attractions but on their unwanted -- if  
20 they have -- if this particular hypothetical client  
21 has unwanted same-sex attractions, then the  
22 ordinance would prevent me from doing that.

23 And Freedom of Speech is -- it secures our  
24 freedom of thought and our freedom of ideas, that  
25 was Justice Kennedy in the NIFLA case. And if my

1 clients cannot speak and I cannot speak, then the  
2 city or the county are squashing my client's and my  
3 ability to exercise their First Amendment rights.

4 MR. MIHET: Are you sure you're not a lawyer?  
5 I'm just kidding.

6 THE WITNESS: I'm just a lay person reading  
7 the ordinance and reading the Constitution and  
8 reading the --

9 MR. MIHET: That was a joke, for the record.

10 BY MR. ABBOTT:

11 Q Doctor, have you -- have you been prosecuted  
12 under the city ordinance?

13 A No, sir.

14 Q Have you been threatened with prosecution  
15 under the city ordinance?

16 A No, sir.

17 Q Has anyone from the city approached you and  
18 suggested in any way that you are violating the  
19 ordinance?

20 A No, sir.

21 MR. MIHET: Form.

22 BY MR. ABBOTT:

23 Q Do you advertise your professional services?

24 A I have, yes.

25 Q And how do you do that?



1           A     I had a website that I was on at the Spanish  
2 River Counseling Center. I've advertised on the radio.

3                     The counseling center handled a lot of  
4 advertising, and so it went a lot of other places that I  
5 was not privy too. I think the Good News Newspaper was  
6 one, but it was print, electronic, radio, flyers that  
7 would be promoting the counseling center, promoting my  
8 services at different places around the county.

9           Q     The website that you refer to, that was a  
10 website maintained by Spanish River?

11          A     Yes, sir. That's correct.

12          Q     The advertising on the radio, was that done by  
13 Spanish River or have you done that in your private  
14 practice?

15          A     Some of that was by Spanish River, some of  
16 that was when I was invited to speak on the radio. And  
17 so it wasn't private practice, it wasn't the counseling  
18 center, it was me as a professional speaking on a topic  
19 on the radio, and that was pretty good advertising.

20          Q     You have not purchased an advertising spot on  
21 a radio station --

22          A     No, sir.

23          Q     -- since you opened your business?

24          A     No, sir.

25          Q     The Good News Newspaper, was that work done by

1 Spanish River or in your -- for your business?

2 A That was Spanish River for the counseling  
3 center specific. There are many counselors that work at  
4 the counseling center, so I benefited from the generic  
5 advertising that Spanish River Counseling Center did.

6 And I believe that there was some in the Good  
7 News Newspaper. I can't -- you know, I mean I'm -- I'm  
8 about 90 percent sure that there was print advertising  
9 there over the course of many years.

10 Q I promise I am not going to get too far into  
11 your personal business, but I'm just curious: When you  
12 worked at Spanish River, were you salaried or were you  
13 compensated by your clients or some combination of the  
14 two?

15 A I was not salaried. Clients would pay for the  
16 sessions, and a portion of that would be my split and a  
17 portion would be the counseling center's split.

18 Q You would give a percentage to the counseling  
19 center?

20 A That's correct.

21 Q The flyers to which you referred, were those  
22 done by Spanish River or by your company?

23 A There was some done by Spanish River. There  
24 was some done by me individually. Since I opened my new  
25 practice I have not made any flyers yet, but I will.

1 Q So is it fair to say that in your -- since you  
2 have started your own private practice, you have not  
3 advertised at all?

4 A That's correct.

5 Q Do you intend to?

6 A Absolutely.

7 Q Has anything prevented you from advertising to  
8 date?

9 A Yes.

10 Q What has that been?

11 A I was out of town for approximately two weeks  
12 with a family emergency, right in the middle of that.

13 Q Do you read the city ordinance as restricting  
14 your advertising in any way?

15 A Yes, I do.

16 Q How so?

17 A Well, I'm not an attorney --

18 MR. MIHET: Objection. Calls for a legal  
19 conclusion.

20 THE WITNESS: -- I would say that my read of  
21 it is that it prevents me from advertising to say  
22 "If your child has unwanted same-sex attractions,  
23 that I would be glad to help your minor child with  
24 those issues."

25 BY MR. ABBOTT:

1           Q     Doctor, we talked a little bit earlier in the  
2     deposition about the informed consent that you obtain  
3     from your minor clients and the parents of your minor  
4     clients?

5           A     Yes.

6           Q     You, through your attorney, you have provided  
7     me an informed consent form that's titled "Counseling  
8     Regarding Unwanted Same-Sex Attractions and Behaviors."  
9     Are you familiar with that form?

10          A     Could you show it to me for just a second?

11          Q     I didn't bring it with me. You can just tell  
12     me you're not sure if --

13          A     Generally speaking, yes, I am aware that I  
14     have such a form. That might not be the exact title  
15     but --

16                   MS. PHAN: I have it. Do you want it?

17                   MR. ABBOTT: That's all right.

18                   MS. PHAN: Okay.

19                   THE WITNESS: -- I do have a form like that,  
20     yes.

21     BY MR. ABBOTT:

22          Q     Okay. And is that form, is that the extent of  
23     the informed consent? Do you present it to your  
24     prospective clients and have them sign it?

25          A     Yes.

1 Q And do you have --

2 A Dealing with the same-sex issues.

3 Q Of course. Of course. And do you have  
4 discussions with your clients about the contents of that  
5 form?

6 A All of the forms that I use in my office we  
7 discuss in general terms. If they have specific  
8 questions about it, then we'll answer those questions  
9 before they sign the forms.

10 Q Do you recall having any particular  
11 discussions with your minor clients or their parents  
12 with regard to the informed consent for unwanted  
13 same-sex counseling?

14 MR. MIHET: Form.

15 THE WITNESS: No, I've never had any  
16 objections, any issues with that.

17 I'm sorry. What was your question? I just  
18 want to make sure.

19 BY MR. ABBOTT:

20 Q Well, I might have missaid it because there  
21 was an objection. What I meant to ask is: Have you had  
22 any conversations with your clients about that form?

23 A No, sir.

24 MR. MIHET: Form.

25 BY MR. ABBOTT:

1           Q     I've seen you write this as an answer to an  
2     interrogatory that you sent to the county, and the  
3     question was: What would you do if a minor client  
4     wanted counseling so that they can be more comfortable  
5     about their same-sex attractions? And you told them  
6     words to the effect that you would refer that client to  
7     professionals who would be better able to help -- to  
8     help them.

9           A     Yes, sir.

10           MR. MIHET: Let me object because I don't  
11     think that's the full extent of his response. I  
12     think it's maybe mischaracterizing it.

13           MR. ABBOTT: Okay.

14     BY MR. ABBOTT:

15           Q     Is what I said a fair summary of what you  
16     would do under those circumstances?

17           MR. MIHET: Form.

18           THE WITNESS: As part of what I would do, I  
19     would refer that to a therapist who focuses on that  
20     particular issue in the same way that I would refer  
21     somebody with an eating disorder to somebody who  
22     focuses on that particular issue.

23           We, as professionals, all have our little  
24     slice of the pie that we function within most  
25     frequently, and we refer other cases consistently

1 back and forth to other professionals who can  
2 provide the best level of care for those issues  
3 that the clients bring to the table.

4 BY MR. ABBOTT:

5 Q In your profession, sir, are there ethical  
6 restrictions against abandoning a client?

7 MR. MIHET: Form.

8 THE WITNESS: Yes. Yes.

9 BY MR. ABBOTT:

10 Q The scenario that we just discussed whereby a  
11 therapist refers a patient to another mental health care  
12 professional, is that abandonment to your understanding  
13 of that prohibition?

14 A No. It's important to make a good handoff as  
15 best as I can on my end, so I would provide a few names  
16 of professionals who might be able to help on that  
17 particular issue, whatever the issue would be, more  
18 effectively than I could, and I would make sure that  
19 they have name and contact information on those  
20 professionals, and I would follow-up to make sure that  
21 they had at least reached out.

22 Q Okay. Doctor, are you familiar with a  
23 treatment method called behavioral techniques?

24 A No, sir.

25 Q No?

1 A No, sir.

2 Q Are you familiar with cognitive behavioral  
3 techniques?

4 A I'm aware of the titles of these. They're  
5 not -- I do client-focused therapy and I focus on my  
6 clients' issues and what they bring in. I have  
7 colleagues who do that, that I know, but it's not my  
8 expertise.

9 Q Okay. Fair enough. So you don't engage in  
10 behavioral techniques or cognitive behavioral  
11 techniques?

12 A No, sir. I would say I'm under the category  
13 of client-focused therapy.

14 Q Okay. Do you employ psychoanalytic  
15 techniques?

16 A No, sir.

17 Q For your minor clients who have unwanted  
18 same-sex attractions, do you ever recommend surgical  
19 treatment?

20 MR. MIHET: Form.

21 THE WITNESS: No, I do not.

22 BY MR. ABBOTT:

23 Q Do you recommend substance-based methods,  
24 medications or the like?

25 MR. MIHET: Form.



1 THE WITNESS: When my clients are dealing with  
2 depression, anxiety, I work hand-in-hand with  
3 psychiatrists and medical doctors. If they do not  
4 have one that they've been seeing, then I recommend  
5 a couple. And they might help with depression  
6 medications or anxiety medications or mood  
7 stabilizers.

8 If you're talking specifically about the  
9 medications or sex hormones or cross-sex hormones,  
10 my understanding of the research that was just  
11 published even this last month says that cross-sex  
12 hormones have an increase in heart issues and  
13 strokes, and I would not think that that would be  
14 in the benefit of my clients so I would not  
15 encourage them to pursue that. And I'd show them  
16 that research and let them read it for themselves,  
17 but that's a significant increase, according to  
18 that study, on heart issues, heart attacks, and on  
19 strokes.

20 BY MR. ABBOTT:

21 Q Have you ever recommended to a minor client  
22 seeking counseling with regard to same-sex attractions  
23 that they take any drugs, any substance?

24 MR. MIHET: Form.

25 THE WITNESS: Not for that issue. If they're

1           having problems sleeping, I've recommended at times  
2           that sometimes it can be helpful to take something  
3           to help them sleep because we heal when we sleep.  
4           And if they're dealing with depression and not  
5           sleeping, then that might be something that I would  
6           recommend.

7   BY MR. ABBOTT:

8           Q     Okay.

9           A     Again, in conjunction with a medical doctor or  
10          psychiatrist.

11          Q     Of course. But you have never recommended  
12          sexual stimulants or depressants?

13          A     No, sir.

14          Q     Or hormone treatment?

15          A     No, sir. No, sir.

16          Q     Okay. Are your minor clients who have  
17          same-sex attractions, do you ever treat them in group  
18          therapy?

19          A     No, sir.

20          Q     Do you engage in hypnosis?

21          A     No, sir.

22          Q     Do you apply aversion therapy?

23          A     No, sir.

24          Q     Are you familiar with a concept called  
25          "bioenergetic"?

1 A No, sir.

2 Q As far as you know, you don't practice it?

3 A No, sir.

4 Q Okay. Do you practice psychoanalysis?

5 A No, sir.

6 MR. MIHET: Asked and answered.

7 BY MR. ABBOTT:

8 Q Doctor, are you a member of any professional  
9 organizations?

10 A I was in the past a member of the American  
11 Association of Marriage and Family Therapists, but I  
12 currently am not.

13 Q That's the only professional organization that  
14 you have been a member of?

15 A That's correct. American Association of  
16 Christian Counselors I might have been. I can't  
17 remember. I don't recall, but I'm not now.

18 Q Do you have any affiliation with the American  
19 Psychiatric Association?

20 A Nothing other than reading some of their  
21 journal articles.

22 Q Any association with the American  
23 Psychological Association?

24 A No, sir.

25 Q Any association or affiliation with the

1 American Counseling Association?

2 A No, sir.

3 Q Any involvement or association with the  
4 National Association of Social Workers in the U.S.A?

5 A No.

6 Q Any relationship with the Royal College of  
7 Psychiatrists?

8 A No.

9 Q Any affiliation or dealings with the Family  
10 Research Council?

11 A What do you mean by affiliations or dealings  
12 with?

13 Q Well, why don't you tell me. Have you had any  
14 involvement with people associated with that  
15 organization?

16 MR. MIHET: Form.

17 THE WITNESS: About 20 years ago I gave money  
18 to them. I recently met someone who works there  
19 and had about a ten minute conversation with her  
20 about her son who is in the military like I was.  
21 Other than that, no, sir.

22 BY MR. ABBOTT:

23 Q Do you have any dealings or affiliations with  
24 the American Family Association?

25 A No, sir.

1 Q Do you have any dealings or affiliation with  
2 the National Association for Research & Therapy of  
3 Homosexuality?

4 A No, sir.

5 Q Have you read the City of Boca Raton ordinance  
6 that has brought us here today?

7 A Yes, sir, I have.

8 Q Do you remember, sir, that the WHEREAS clauses  
9 of the ordinance cite a number of papers and studies on  
10 the subject of sexual orientation change efforts?

11 MR. MIHET: Objection. Form, and  
12 mischaracterizes the document.

13 THE WITNESS: I've read it. I can look at it  
14 and you can -- I can take a look and acknowledge  
15 whether it does or it doesn't, but I don't recall  
16 off the top of my head --

17 BY MR. ABBOTT:

18 Q Okay.

19 A -- if that's in the WHEREAS clause or not.

20 Q Sure. It's not a memory test and I'd be happy  
21 to show it to you, but the question I was going to ask  
22 you is: Are you familiar with the literature that's  
23 cited in there? And is the answer going to be "maybe  
24 yes and maybe no"?

25 A That's correct. Maybe yes and maybe no.

1 Q Okay. I guess you can mark this as Exhibit 1.  
2 It's a copy of the city ordinance.

3 Doctor, can you take a look at what's now been  
4 marked as Defendants' Exhibit 1, and can we agree that  
5 that's the City of Boca Raton ordinance that's the  
6 subject of this lawsuit?

7 A It sure looks like it, yes.

8 (Thereupon, Defendants' Exhibit 1 was marked  
9 for identification.)

10 BY MR. ABBOTT:

11 Q Okay. I'm going to just ask you, and we're  
12 going to go through these and you'll see that there are  
13 references to a series of writings that I'm going to ask  
14 if you're familiar with those writings.

15 So I'm on the last WHEREAS clause on page 1.  
16 There's a reference to the American Academy of  
17 Pediatrics in a 1993 article. Are you familiar with  
18 that article?

19 A I've read a lot of the literature on this  
20 topic. I've gone through and read as much as -- I'm  
21 guessing that I've read that article, yes, but if you  
22 have a copy of it and want to let me refresh myself with  
23 it and read it here and look at it, I will, but I don't  
24 remember it off the top of my head.

25 Q All right.

1           A       But I know that I've prepared for this by  
2     reading articles.

3           Q       Okay. So maybe we can shortcut this. The  
4     question I was going to ask you for articles that you're  
5     familiar with is whether or not you agree or disagree  
6     that these recitations are a fair recap of those  
7     publications. Are you going to have opinions on that  
8     subject?

9           MR. MIHET: Objection. Form. I think the  
10    articles speak for themselves, and I think this  
11    would be administering a memory test to the  
12    witness, but go ahead.

13          THE WITNESS: I do believe that some of the  
14    articles that I've read, that would include some of  
15    the ones in here in the WHEREAS clauses, are  
16    characterized in an oversimplified way because  
17    there are portions of them -- and again, I'm just  
18    speaking in generalities. I can't point to a  
19    specific article unless you give me one, but, you  
20    know, there are places where it says in one  
21    paragraph that there is little research to show  
22    that there is harm to minor clients who deal with  
23    same-sex, you know, change and then working through  
24    change and their attractions, and yet the way it's  
25    cited is not in that direction. It will cite a

1 different portion of the article.

2 So I don't think that these WHEREAS clauses  
3 that are three-and-a-half lines each can accurately  
4 summarize a 95-page article. It's cherrypicking  
5 one phrase or one concept out of it when that is  
6 not what the article says in its entirety.

7 BY MR. ABBOTT:

8 Q Fair enough. Doctor, do you ever speak in  
9 public with regard to sexual orientation change efforts?

10 A The only speaking I've done in public with  
11 regard to sexual orientation change efforts is -- again,  
12 I'm not saying I changed somebody's sexuality. I'm just  
13 using that as a heading, a topic, for why we're here  
14 today.

15 Q Okay.

16 A The only time I've spoken in public about that  
17 would be at the county commission hearings, the one that  
18 I went to. I've spoken in public about it with  
19 individual people. I mean, it's in public. It's not in  
20 my office, it's not in my house, it's out in public, but  
21 it would be with an individual person. Like you asked  
22 me earlier, what did I do when I found out that the city  
23 ordinance had passed and the county was coming up, I  
24 would consider talking with the school headmaster or the  
25 pastor and sharing that information. That would be



1 speaking in public about this issue.

2 If you're asking if I've ever taught a class  
3 on this issue or had a lecture or a seminar on this  
4 issue, the answer would be no.

5 Q Do you intend in the future, sir, to speak on  
6 the subject of sexual orientation change efforts?

7 MR. MIHET: Form.

8 THE WITNESS: I might, sure.

9 BY MR. ABBOTT:

10 Q Would you feel constrained in any way by the  
11 city ordinance from speaking in public about sexual  
12 orientation change efforts?

13 MR. MIHET: Form.

14 THE WITNESS: If that's considered  
15 advertising. If I can't have flyers and pamphlets  
16 and business cards out because that would be  
17 considered advertising, then I might get in trouble  
18 and I might be concerned about getting in trouble  
19 with the ordinance in that way.

20 I would have to have a specific example and  
21 not just a general hypothetical to give you a more  
22 specific answer.

23 BY MR. ABBOTT:

24 Q All right. What I'm trying to gather is do  
25 you feel constrained? Do you feel as if speech that you

1 wanted to give in public about sexual orientation change  
2 efforts are thwarted by the city ordinance?

3 MR. MIHET: Form.

4 THE WITNESS: To the extent that it would be  
5 construed as advertising, I would think that that  
6 would be an issue with the city ordinance.

7 I don't necessarily know that the ordinance --  
8 again, I'm not an attorney. You're asking for a  
9 legal conclusion maybe, but I don't know if the  
10 ordinance is telling me that I can't have a  
11 conversation with somebody outside of my office on  
12 this in a -- in a casual way.

13 BY MR. ABBOTT:

14 Q Have you, sir, in the past ever expressed your  
15 views with regard to same-sex attractions to your  
16 patients?

17 MR. MIHET: Form.

18 THE WITNESS: I'm just thinking through the  
19 different kinds of clients that have come through  
20 my office, not just these four that you're talking  
21 about. With these four here specifically, the  
22 answer -- I'm sorry. The four minors that we spoke  
23 about earlier today, the answer would be, no, I  
24 never spoke about my preferences with them.

25 With the adult clients who came in for other

1 issues that were homosexuals, no, I never spoke  
2 about my preferences with them.

3 With regard to other clients who might come in  
4 and say, "How do I deal with this with an adult  
5 family member and an adult friend?" I don't  
6 recall. I may or may not have in the course of  
7 saying, "Hey, I'm a Christian, you're a Christian,  
8 this is what our Bible says, how do you deal with  
9 that? With kindness, with compassion, with love,  
10 with -- you know, not shaming somebody."

11 You know, those are things that would be --  
12 would that let a client know what my preference,  
13 what my personal opinion is? Well, they already  
14 know because we're Christians. I'm a Christian and  
15 this particular client might be a Christian and,  
16 therefore, we have a common set of values that we  
17 come from sincerely held religion beliefs, so I  
18 would imagine they would know what I'm saying and  
19 they would know my opinion from what I'm saying,  
20 but that's not hidden because that's why they're  
21 there to see me.

22 BY MR. ABBOTT:

23 Q Are you concerned, doctor, that the city  
24 ordinance constrains you in any way from expressing your  
25 views to your clients?

1 MR. MIHET: Form.

2 THE WITNESS: Well, if you're asking me if it  
3 does or not, that's a legal question. If you're  
4 asking my opinion, I'm saying that I cannot speak  
5 with clients, minor clients, about their unwanted  
6 sexual feelings. I am prohibited by the city and  
7 the county ordinance, in my understanding, from  
8 doing that, and that's an infringement upon my  
9 First Amendment, Freedom of Speech, and my ability  
10 to speak about my sincerely held religious beliefs.  
11 And so, yes, I would say that that is something  
12 that the ordinance is restricting me from doing.

13 BY MR. ABBOTT:

14 Q Have you, sir, ever recommended sexual  
15 orientation change efforts to any of your clients?

16 MR. MIHET: Form.

17 THE WITNESS: May I add to my previous answer?

18 BY MR. ABBOTT:

19 Q Of course. Of course.

20 A Okay. The damages for not being able to speak  
21 could be --

22 MR. MIHET: He hasn't asked you anything about  
23 damages. Let him ask a question about that.

24 THE WITNESS: All right. Next question.

25 BY MR. ABBOTT:

1 Q Yes, sir. I was asking if you have ever  
2 recommended sexual orientation change efforts to any of  
3 your clients.

4 A No, sir. And, again, that -- I have that  
5 qualification of I don't see that as something that I  
6 could do or anyone else could do --

7 Q Okay.

8 A -- but clients can change.

9 Q Have you ever referred a minor client to  
10 receive unlicensed counseling, like to a member of the  
11 church or a religious leader?

12 MR. MIHET: Form.

13 THE WITNESS: For this issue of sexual  
14 attraction or in general?

15 BY MR. ABBOTT:

16 Q How about in general?

17 A Okay. In general, my clients come in --  
18 again, my minor clients might be involved in their  
19 church youth group and I know that there's value in  
20 their mentors there, and so I encourage those  
21 relationships, but I don't refer them to those  
22 relationships for counseling. I have never -- never  
23 done that.

24 Q Are you concerned, doctor, that the city  
25 ordinance prohibits you in any way from referring your

1 minor clients to religious leaders?

2 MR. MIHET: Form, calls for a legal  
3 conclusion.

4 THE WITNESS: I know religious leaders who are  
5 licensed counselors. They would be prohibited from  
6 having conversations in the same way I would be, so  
7 I would not be able to refer them there and that  
8 would be limiting.

9 BY MR. ABBOTT:

10 Q How about the religious leaders that do not  
11 have licenses such as yours?

12 A My reading of the -- again, it's a legal  
13 conclusion, but my reading of the document, the  
14 ordinance says that it does not apply to anyone who's  
15 not licensed.

16 Q So you wouldn't hesitate to refer a minor  
17 client to a religious leader --

18 MR. MIHET: Form, misstates prior testimony.

19 BY MR. ABBOTT:

20 Q -- in Boca Raton?

21 A I would feel comfortable bringing all those  
22 assets in this client's life to bear, and certainly  
23 religious leaders would be among those assets that I  
24 would like to bring in.

25 Q Okay. Doctor, I've taken up enough of your

1 time. I'm going to let the attorney to my left ask you  
2 some questions.

3 CROSS-EXAMINATION

4 BY MS. PHAN:

5 Q Doctor, my name is Kim Phan and I represent  
6 the county. So when I refer -- just for clarification  
7 purposes, when I refer to "ordinance," I'm talking about  
8 the county's ordinance because I know you've been  
9 talking about the city's ordinance.

10 So I'd like to mark the first document as  
11 county's exhibit --

12 THE COURT REPORTER: Do you want to go 1, 2,  
13 3?

14 MR. MIHET: Can't we just do 2 so it will make  
15 continuous sense?

16 MS. PHAN: Okay.

17 MR. MIHET: So Otto deposition Exhibit 2.

18 MS. PHAN: Okay. So here you go.

19 (Thereupon, Defendants' Exhibit 2 was marked  
20 for identification.)

21 BY MS. PHAN:

22 Q So this is a document that I pulled off of the  
23 Florida Health Department website, and I just wanted to  
24 confirm the information on here. So this is -- this  
25 says -- this document says Robert William Otto. Is that

1 you?

2 A Yes, it is.

3 Q And license number is MT2707. Is that you?

4 A That's correct.

5 Q Your license number?

6 A Yes.

7 Q And it says profession is licensed marriage  
8 and family therapist; is that correct?

9 A Yes.

10 Q And that your license status is clear and  
11 active, correct?

12 A Yes.

13 Q And your license expiration date is 3/31/2019,  
14 correct?

15 A Yes.

16 Q And the license original issue date is  
17 July 26, 2012?

18 A Yes.

19 Q And the address of record is 2400 West Yamato  
20 Road, Boca Raton, Florida 33431; is that correct?

21 A No.

22 MR. MIHET: Let me object as to form. Are we  
23 asking him to confirm what's written on here or  
24 whether that's actually the case today?

25 BY MS. PHAN:



1 Q Is that the correct information for him -- is  
2 that the correct current information for you?

3 A Okay. This is the address for Spanish River  
4 Counseling Center, and I gave you the address of 4400  
5 North Yamato Road, Suite 210 earlier today, so this will  
6 need to be updated with the state. And again, I've been  
7 out of town and I've been unable to stay on top of all  
8 of that, but this is in the process of transitioning, so  
9 that will be updated soon.

10 Q Gotcha. Okay. So you said you graduated from  
11 Nova with your Ph.D around 2010, correct?

12 A Yes.

13 Q So how come your license original issue date  
14 is July 2012? I'm just wondering about that gap.

15 A I was a registered intern before then, and I  
16 know there was a couple years of gathering up all the  
17 hundreds of hours that we needed -- that I needed for  
18 licensure, so that must have been when I finished the  
19 number of hours that was needed under the registered  
20 intern license, and that's when it went from the  
21 registered intern license over to the fully licensed.

22 Q And you obtained those hours working at the  
23 Spanish River Counseling Center --

24 A Yes. That's correct.

25 Q -- is that correct?

1 A Yes.

2 Q Okay. So I'm going to hand you another  
3 document. I'd like to mark this as Defendants' Exhibit  
4 Number 3.

5 So Defendants' Exhibit Number 3 is a document  
6 that I pulled off of Sunbiz.org. It's from the Division  
7 of Corporations in the State of Florida. And same thing  
8 here, I just want to verify that the information on this  
9 document is correct and current, okay.

10 So it says here that this is for a Florida  
11 limited liability company, SDG Counseling, LLC. Is that  
12 your business that you were speaking of earlier about  
13 opening around July?

14 A Yes, it is.

15 (Thereupon, Defendants' Exhibit 3 was marked  
16 for identification.)

17 BY MS. PHAN:

18 Q Okay. So it says here the date filed is  
19 July 5, 2018. Is that when you filed with the state?

20 A I would -- it sounds about right, yeah.

21 Q Okay.

22 A That might have been when the paperwork was  
23 processed at the state. I might have sent it in at the  
24 end of June but, yeah, that looks right.

25 Q And that address, that's the correct address,

1 the 4400 North Federal Highway, Suite 210?

2 A Yes. That's correct.

3 Q Okay. And the mailing address, 233 NE 31st  
4 Street, Boca Raton, that's correct?

5 A That's my residence. Yes, that's correct.

6 Q Okay. And it lists here that you're the  
7 manager, correct?

8 A That's correct.

9 Q Okay. And it lists Shannon Otto as also a  
10 manager; is that correct?

11 A That's correct.

12 Q And what is your relationship with Shannon  
13 Otto?

14 A She's my bride of 25 years.

15 Q Congratulations. That's all I have for that  
16 document. The next document I'd like to mark is  
17 Defendants' Exhibit Number 4.

18 So this is a document that is titled "Robert  
19 W. Otto, Ph.D," and it has the Bates number Otto 001.  
20 This is something that we received through discovery  
21 responses from your attorney. Is it safe to call this  
22 your resume?

23 A Yes.

24 (Thereupon, Defendants' Exhibit 4 was marked  
25 for identification.)

1 BY MS. PHAN:

2 Q Okay. And is the information on this resume  
3 true and accurate?

4 A To the best of my knowledge, yes.

5 Q And did you prepare this resume?

6 A Yes, I did.

7 Q And when did you prepare this resume?

8 A That would have been sometime after the suit  
9 was filed. I don't recall what month that would have  
10 been.

11 Q And why did you prepare this resume?

12 A Because I believe that was a part of the  
13 interrogatories that you sent to me, and this was in  
14 response to one of the questions, as I recall.

15 Q Okay. So has it been revised since -- or when  
16 was the last time it was revised?

17 A In preparation of the interrogatories.

18 Q Okay. That's all I have for this document.

19 The next document I have is -- or I'd like to  
20 mark Defendants' Exhibit Number 5. So this document is  
21 titled "SDG Counseling, LLC." And it states it's  
22 "Informed Consent For Counseling Regarding Unwanted  
23 Same-Sex Attractions And Behaviors." It's Bates number  
24 OTT0 -- I'm sorry, not OTT0. Otto 008 through Otto 009.

25 This is also another document that we received

1 from your attorney in response to our discovery request.  
2 Is the information on here true and accurate of the  
3 informed consent that you give to your clients regarding  
4 unwanted same-sex attraction and behaviors?

5 MR. MIHET: Form.

6 THE WITNESS: Yes. This is a form that I use  
7 for clients with unwanted same-sex attractions.

8 (Thereupon, Defendants' Exhibit 5 was marked  
9 for identification.)

10 BY MS. PHAN:

11 Q And when was this document created?

12 A As part of my opening up my LLC and going on  
13 my own private practice.

14 Q So would you say around July 2018?

15 A Yes. And July 5th is when that LLC started,  
16 and slightly before or slightly after that we've been  
17 updating the forms, and this was a part of that process.

18 Q Okay. So when was the last time this form or  
19 the most recent time this form was updated or revised?

20 MR. MIHET: Form.

21 THE WITNESS: In the last couple of weeks,  
22 last month. I can't give you a date. Again, I've  
23 been out of town for a good portion of that so...

24 BY MS. PHAN:

25 Q Okay. That's all I have for this document for

1 now. One more question about this document, the  
2 informed consent. Is this a document that you created?

3 A This is -- yeah, this is a document that I  
4 created that I -- as part of going on my own, revising  
5 forms and updating forms, I had to create things for my  
6 new company, so yes.

7 Q Okay. So the next document I'd like to enter  
8 is Defendants' Exhibit Number 6, and it's titled "SDG  
9 Counseling, LLC, Payment Agreement"?

10 A The first page that's on the top, yes.

11 (Thereupon, Defendants' Exhibit 6 was marked  
12 for identification.)

13 BY MS. PHAN:

14 Q And the Bates number is Otto 002?

15 A There's Otto 003, Otto 004, 5 and 6 and 7 also  
16 to this.

17 Q Okay. So we'll go through all of them. So  
18 Otto 002 through Otto 007, could you take a minute to  
19 review that?

20 A Sure. I just did.

21 Q Okay. You just did?

22 A Uh-huh.

23 Q Okay. Now did you create these forms?

24 A Yes, I did.

25 Q Okay. And is the information on it true and

1 accurate?

2 A Yes.

3 Q And is the information on it current?

4 A Yes.

5 Q And when did you create these documents?

6 A Again, it was a part of the July, beginning of  
7 August, end of June kind of process of creating forms  
8 and transitioning to the private practice, so somewhere  
9 in there.

10 Q Okay. That's all I have for that document.

11 Since you've been in private practice, have  
12 you engaged in therapy sessions or counseling sessions  
13 in any other location other than your office with minor  
14 clients regarding unwanted same-sex attractions?

15 MR. MIHET: Form, compound, vague and  
16 ambiguous.

17 THE WITNESS: Since I went on my own?

18 BY MS. PHAN:

19 Q Since you went into private practice with SDG  
20 Counseling.

21 A Okay. So you're asking me did I violate the  
22 ordinances? Did I conduct any counseling with minors  
23 with SOCE issues since July when the ordinances went  
24 into effect? You're asking me if I violated the  
25 ordinances by conducting counseling? Did I violate -- I

1 mean that seems like you're trying to trap me.

2 MS. PHAN: Can you repeat the question for  
3 him, Dr. Otto?

4 THE COURT REPORTER: Sure. "Since you've been  
5 in private practice, have you engaged in therapy  
6 sessions or counseling sessions in any other  
7 location other than your office with minor clients  
8 regarding unwanted same-sex attractions?"

9 MR. MIHET: Same objections, also asked and  
10 answered.

11 THE WITNESS: Okay. The answer is, no, I  
12 haven't conducted any counseling sessions with  
13 minors on same-sex attraction issues since the  
14 ordinances were passed, which would include the  
15 time since I opened my private practice.

16 BY MS. PHAN:

17 Q Okay. Now while you were at Spanish River  
18 Counseling, prior to the ordinance being passed, what  
19 other locations have you practiced other than at your  
20 office location in Boca Raton?

21 A Okay.

22 MR. MIHET: Form.

23 THE WITNESS: I have seen clients in  
24 unincorporated Boca Raton way out west, outside the  
25 city limits. I've also seen clients in Delray.



1 And both of those are regular scheduled  
2 appointments, ongoing.

3 BY MS. PHAN:

4 Q Are those the only two or three locations that  
5 you've seen clients while you were at Spanish River  
6 Counseling --

7 MR. MIHET: Form.

8 BY MS. PHAN:

9 Q -- Center within the last 12 months?

10 MR. MIHET: Form.

11 THE WITNESS: No. I met a [REDACTED] on a basketball  
12 court once, and I met somebody else at Panera Bread  
13 once. I went to the Outback Steakhouse with a dad  
14 and [REDACTED] once. I also met at a gym.

15 MS. PHAN: I'd like to know --

16 MR. MIHET: I'm sorry, could you let him  
17 finish his answer?

18 THE WITNESS: And also at the gym. So you're  
19 asking what city that would be in?

20 BY MS. PHAN:

21 Q Exactly.

22 A All right. So Boca Raton and Delray Beach,  
23 Florida.

24 Q Okay. Do you have a business card with SDG  
25 Counseling?

1 A Yes, I do.

2 Q Is that something you have on hand that we can  
3 make a copy of?

4 A Yes, it is.

5 Q I'll make a copy --

6 MR. MIHET: I'm sorry, let me see it first.

7 THE WITNESS: One for everybody.

8 MS. PHAN: Oh, I can have one? Okay.

9 THE WITNESS: There's no room for the sticker  
10 on it, sorry.

11 MR. MIHET: We'll go ahead and accede to your  
12 request. Generally we prefer document requests to  
13 be made in writing in advance of the deposition,  
14 but we'll make an exception for this one.

15 BY MS. PHAN:

16 Q How many clients does SDG currently have?

17 A What do you mean by how many clients do I  
18 currently have? How many am I seeing a week or how many  
19 active clients do I have?

20 Q How many active clients do you currently have?

21 MR. MIHET: Form.

22 THE WITNESS: I'm going to guess about 50, 60,  
23 somewhere in there.

24 BY MS. PHAN:

25 Q Do you currently have any minor clients that

1 you are practicing or engaging in conversion therapy as  
2 defined by the ordinance right now at SDG Counseling?

3 MR. MIHET: Objection. Form, asked and  
4 answered at least four different times today, but  
5 go ahead one more time.

6 THE WITNESS: No.

7 BY MS. PHAN:

8 Q Can you just describe some of the services  
9 that SDG offers?

10 A It's all talk therapy. It's all counseling,  
11 speech.

12 Q And in what subject matters though?

13 A I've had clients come in -- again, this is a  
14 representative list, certainly not exhaustive. I've had  
15 clients come in dealing with depression, anxiety,  
16 parenting issues, marriage issues, affairs dealing with  
17 divorce, dealing with sexual issues, dealing with  
18 pornography, post-traumatic stress. That's probably a  
19 good bulk of what I do.

20 Q Do you currently only work at SDG Counseling  
21 or do you work at another -- do you have another  
22 employer?

23 MR. MIHET: Objection. Asked and answered.

24 Counsel, I'm going to give you a little leeway  
25 here, but we're not going to sit down for

1 essentially the same questions that were already  
2 asked by the city.

3 He's already gone, exhaustively, through his  
4 employment, whom he works for, and he's listed  
5 every employer that he's currently had. I've asked  
6 that you move on to an area that has not yet been  
7 covered rather than trace back the same questions.  
8 Go ahead, please.

9 THE WITNESS: When you say currently employed  
10 and currently working in, I'm employed by SDG  
11 Counseling. I see clients -- when you say --  
12 that's at this location. I see clients outside of  
13 that location, but my employee is -- my employer is  
14 SDG Counseling.

15 BY MS. PHAN:

16 Q Right.

17 A In addition to that, I do have an active real  
18 estate broker's license. But when you're talking about  
19 counseling and employment, it's SDG Counseling only. I  
20 don't work for another counseling center I guess is  
21 what -- if you're asking about that.

22 Q Right. That's exactly where I was getting at,  
23 if you're still doing any business with Spanish River  
24 Counseling.

25 A No. My clients transitioned over to SDG

1 Counseling.

2 Q Are all of your counseling and therapy  
3 sessions with SDG in person?

4 MR. MIHET: Form.

5 THE WITNESS: Sometimes I talk on the phone  
6 with clients.

7 BY MS. PHAN:

8 Q Do you have any other methods of holding  
9 sessions with clients other than the phone and in  
10 person?

11 A I don't -- I've never run into that with SDG,  
12 no.

13 Q Does SDG currently have a website?

14 A No, ma'am.

15 Q So what -- okay. You mentioned before that  
16 you would like to eventually advertise SDG services,  
17 correct?

18 A That's correct.

19 Q What does the county's ordinance, in your  
20 opinion -- or does it constrict you or restrain you from  
21 advertising conversion therapy?

22 MR. MIHET: Form.

23 THE WITNESS: I don't have a copy of the  
24 ordinance. I don't have that memorized, I'm sorry.

25 BY MS. PHAN:

1 Q Okay.

2 A Let me take a look at it.

3 MS. PHAN: I'm just giving him a copy of the  
4 ordinance.

5 MR. MIHET: Sure. When you deem it  
6 appropriate, we could use another break, please.

7 MS. PHAN: Okay.

8 MR. MIHET: Can you read back the last  
9 question, please?

10 THE COURT REPORTER: Sure. "What does the  
11 county's ordinance, in your opinion -- or does it  
12 constrict you or restrain you from advertising  
13 conversion therapy?"

14 MR. MIHET: Form, calls for a legal  
15 conclusion.

16 THE WITNESS: I'm just taking a quick read  
17 through it here, and I don't see that advertising  
18 is a violation in the county. I'm missing that on  
19 here. Although speech is something that I would  
20 like to do, and if you're restricting my ability to  
21 speak about it, then advertising would be speech  
22 and I can't advertise services that I'm not allowed  
23 to provide. And so if you're saying that I'm not  
24 allowed to provide a specific service, then I can't  
25 legally advertise for that service.

1 BY MS. PHAN:

2 Q Okay. I'd like to go back earlier when you  
3 mentioned that you have a client in unincorporated West  
4 Boca. Is that client a minor?

5 A No, ma'am.

6 Q Okay. And is SDG and Spanish River Counseling  
7 Center affiliated in any way?

8 A No, ma'am.

9 Q Did you ever have any ownership interests in  
10 Spanish River Counseling Center?

11 A No, ma'am.

12 Q Were you ever an officer at Spanish River  
13 Counseling Center?

14 A No.

15 Q Why did you decide to go into private  
16 practice?

17 MR. MIHET: Form.

18 THE WITNESS: When the ordinances were passed  
19 and I spoke at the county commission meeting, and  
20 then I filed a lawsuit, there is concern that there  
21 might be protests at my place of employment and it  
22 did not seem advisable to have clients trying to  
23 come to talk about their intimate, most personal  
24 challenges and have to try to get to the front door  
25 through something like that.

1           So in an effort to guard and protect the  
2           environment for the clients there, the decision was  
3           made that I should be in private practice at that  
4           point.

5       BY MS. PHAN:

6           Q       Would you say now that SDG and Spanish River  
7           Counseling are competitors?

8           A       No, ma'am. No.

9           Q       So earlier I showed you the -- or I can't  
10          remember which exhibit it was, but the consent form for  
11          the unwanted same-sex attractions. Is that the same  
12          consent form that you use for gender identity confusion  
13          as well or is there a different form? Because when your  
14          counsel produced it, that was the form that was  
15          referenced in regards to the gender identity question as  
16          well.

17                 MR. MIHET: Form, mischaracterizes counsel's  
18          production.

19                 THE WITNESS: I have never dealt with gender  
20          identity confusion issues. But I could use a  
21          bathroom break.

22                 MR. MIHET: Me too.

23                 THE WITNESS: Would that be okay?

24                 MS. PHAN: Yes.

25                 THE WITNESS: Thank you very much.



1 (Thereupon, a short break was taken from 2:42  
2 p.m. to 2:51 p.m.)

3 BY MS. PHAN:

4 Q So earlier the city's counsel asked you what  
5 would you do if a minor wanted counseling so that they  
6 can be more comfortable with the same-sex counseling,  
7 and you said you would refer them to someone else?

8 A Yes.

9 MR. MIHET: Objection. Form.

10 MS. PHAN: I haven't finished my question.

11 MR. MIHET: I know, but I think you used the  
12 word "counseling." Well, just form. Sorry, go  
13 ahead.

14 BY MS. PHAN:

15 Q Okay. So I'm just going to repeat it.

16 What would you do if -- so earlier the city's  
17 counsel asked you what would you do if a minor client  
18 wanted counseling so that he can be more comfortable  
19 with same-sex counseling, and you said you would refer  
20 them to another specialist or professional, correct?

21 MR. MIHET: Objection. Form, misstates prior  
22 testimony.

23 THE WITNESS: Yes. I would refer that client  
24 to somebody else.

25 BY MS. PHAN:

1 Q Okay. And you stated that you would give them  
2 two names or so of professionals that they can see; is  
3 that correct?

4 A I believe I said three.

5 Q Three?

6 A Two or three. Usually I try to give three  
7 names.

8 Q Okay. And have you had to do that in the  
9 past?

10 A On that particular issue, no; but referring  
11 clients to other counselors, absolutely. We pass  
12 clients back and forth to the person who addresses the  
13 specific issues that that client has a need to do, so  
14 that's not an uncommon thing to do in my profession.

15 Q Thank you. Earlier you stated that you had  
16 four minor clients that you assisted with unwanted  
17 same-sex sexual attractions, whether it's their parents  
18 or they want it or whatever it was. On average, how  
19 many sessions did the therapy last?

20 MR. MIHET: Form.

21 BY MS. PHAN:

22 Q And if you want to just -- I mean there's only  
23 four. If you want to just give me each one, that's fine  
24 too.

25 MR. MIHET: Form.

1 THE WITNESS: The first client -- again,  
2 taking these in the same order that they were given  
3 earlier, okay.

4 The first client I probably saw a half a dozen  
5 times off the top of my head. And, again, same-sex  
6 attraction was not the primary issue on those.

7 The second client I probably saw a half a  
8 dozen times. With the parents, maybe another four  
9 times. And, again, these are just guesses off the  
10 top of my head, ballpark numbers. And, again, the  
11 sexual attraction was not the primary issue in  
12 those conversations, although it was a part of  
13 conversations.

14 The third client, I saw [REDACTED] probably three  
15 times with the same comment that sexual attractions  
16 was not the primary issue that we were dealing  
17 with, although it was a part of the discussion.

18 And the last, my fourth client, I'm going to  
19 guess I've seen [REDACTED] 12 or 15 times. And, again,  
20 some of those had to do with same-sex attractions  
21 but most of them did not.

22 BY MS. PHAN:

23 Q Okay. So I'm going to hand you your responses  
24 to the county's interrogatories.

25 MR. MIHET: Are we marking this as an exhibit,

1 counsel?

2 MS. PHAN: No.

3 MR. MIHET: Okay.

4 BY MS. PHAN:

5 Q Please look at interrogatory number 3.

6 A I have that much more.

7 Q Okay.

8 A Okay.

9 Q Okay. So you state here or the response  
10 states that "Otto focuses on the issues that the client  
11 wants to address, including those situations where  
12 clients seek assistance in conforming their identity and  
13 attractions to their sincerely held religious beliefs,  
14 values, and concepts of self."

15 My question to you is: How do you do that?  
16 How do you reconcile when there's a conflict between the  
17 client's unwanted sexual attraction, sexual orientation  
18 with their religious beliefs if there's a conflict?

19 MR. MIHET: Objection. Form, asked and  
20 answered.

21 THE WITNESS: Okay. So if a client comes in  
22 and says, "Hey, this is what I'm feeling, but this  
23 is what I believe," there's a conflict there. So  
24 there are three choices: You change one, you  
25 change the other, or you learn to live with that

1 conflict in place. And we'll talk about where  
2 their priorities are. We'll talk about which one  
3 of those is most important to them. We'll talk  
4 about maybe the root causes of some of these issues  
5 that they're feeling, what they think the root  
6 causes are, how much -- to what degree the  
7 discomfort is there. Is it just a minor nuisance  
8 or is it a significant issue for them?

9 And we'll have conversations. We'll speak  
10 about those kinds of things. And as they gain an  
11 understanding of their -- as they're able to talk  
12 through their feelings and articulate their  
13 feelings, oftentimes they're able to come to some  
14 resolution about what they think they should do on  
15 what things they think they should change or what  
16 boundaries they think they should put up or what  
17 relationships they think they should modify.

18 And, again, that's all client-driven. That's  
19 all directed by what the clients' priorities are  
20 and how they bring the issues to the table.

21 BY MS. PHAN:

22 Q Please look at interrogatory number 6.

23 A Okay.

24 Q Okay. So under "Objections," the last  
25 sentence of the first paragraph, it says, "Otto is

1 prepared to supplement his response with deposition  
2 testimony and otherwise as appropriate in discovery."

3 So my question to you is: Do you have  
4 anything to say to supplement your response to  
5 interrogatory --

6 MR. MIHET: Let me object as to form and as to  
7 the impropriety of asking him about an objection  
8 which was made by counsel, not by the client.

9 If you want to ask him questions about this  
10 particular topic, he's here to answer them for you  
11 today.

12 BY MS. PHAN:

13 Q Please answer my question.

14 MR. MIHET: Go ahead.

15 THE WITNESS: I thought that by coming in and  
16 answering questions at the deposition, that was  
17 providing a supplemental -- the answers to the  
18 questions would be the supplemental information  
19 that I mentioned there.

20 BY MS. PHAN:

21 Q So there's nothing you'd like to add to this  
22 particular interrogatory number 6?

23 MR. MIHET: Objection. Form. He's here to  
24 answer your questions, counsel.

25 MS. PHAN: And that is a question.

1           THE WITNESS: If you have specific questions  
2           to me to clarify something or to -- I'd be glad to  
3           do that, but I don't have a list of things that I'm  
4           ready to recite to you. I thought that's what I  
5           put down on paper.

6       BY MS. PHAN:

7           Q     Okay. Please look at interrogatory number 7.

8           A     Okay.

9           Q     In the response in the second paragraph, it  
10          states that "Otto shares those beliefs and therapy  
11          sessions sometimes include discussions of biblical  
12          truths, including that God created men and women, that  
13          they are statistically different, and that their design  
14          was purposeful." Are there any other biblical truths  
15          not included in this response that you would share with  
16          your client?

17          MR. MIHET: Objection. Form.

18          THE WITNESS: Can I answer?

19          MR. MIHET: You can answer.

20          THE WITNESS: Okay. Sure. The Bible's a big  
21          book, and there's a lot of different conversations  
22          that were mentioned earlier today. I can't give  
23          one answer that covers all conversations, but  
24          certainly it might be something along the lines of,  
25          hypothetically, "Children, obey your parents in the

1 Lord, honor your father and mother, treat people  
2 with kindness, husbands love your wives as Christ  
3 loved the church, consider others as more important  
4 than yourselves."

5 There are a lot of biblical truths that would  
6 come out in the counseling and covering the  
7 different topics that I gave you earlier today that  
8 clients come to see me with.

9 BY MS. PHAN:

10 Q Okay. The question though -- question 7 was  
11 specific though to same -- or unwanted same-sex  
12 attractions or same-sex attractions, not just in general  
13 how a parent and child should --

14 MR. MIHET: Is there a question, counselor?

15 BY MS. PHAN:

16 Q Was your response that you just gave in  
17 response to the question being asked in interrogatory  
18 number 7?

19 MR. MIHET: Form.

20 THE WITNESS: The question I just answered, I  
21 thought you were asking what biblical truth would I  
22 bring into a counseling session.

23 Specifically with regard to the same-sex  
24 attraction issues that we're here today about, the  
25 ones that I've listed in my response are the



1 primary ones that I can think of off the top of my  
2 head but, again, every conversation with every  
3 client is different and perhaps something else  
4 would come up that I would talk about, but these  
5 are the -- these are the ones that jump at the top  
6 of my mind right now.

7 BY MS. PHAN:

8 Q Okay. The next line under that, it says --  
9 the response states that "Otto's Christian, Jewish, and  
10 Muslim clients all hold the same sincerely held  
11 religious beliefs as Otto in this area."

12 Can you tell me what beliefs you're referring  
13 to in regards to Muslim clients?

14 A I'm not an expert on Islam, but my  
15 understanding from talking with my clients is that they  
16 view men and women as distinct and as different from  
17 each other, and they view marriage as between a man and  
18 a woman, and so those would be the things that I'm  
19 referring to there.

20 Q Now you state that your religion -- you're a  
21 Christian, correct?

22 A That's correct.

23 Q Is there a specific denomination?

24 A I wouldn't categorize myself in a specific  
25 denomination, no.

1 Q And are you a member of a church?

2 A Not right now, no.

3 Q When was the last time you were a member of a  
4 church?

5 A Within a year? Four or five years ago, plus  
6 or minus.

7 Q Does your religion require you to change  
8 minors with unwanted same-sex attractions?

9 MR. MIHET: Objection. Form, assumes facts  
10 not in evidence, misstates prior testimony.

11 THE WITNESS: Is that one of the questions  
12 here that I'm supposed to refer to?

13 BY MS. PHAN:

14 Q No.

15 A Okay. Does my religion require me to change  
16 someone else's sexual preference? Was that the  
17 question?

18 Q Yes.

19 A Okay. First of all, I cannot change someone  
20 else's sexual preferences, I've already stated that.

21 Second of all, my religion, my Christian faith  
22 requires me to be compassionate to people, to show them  
23 respect and dignity. So when my client comes and says  
24 that I want some help on this particular issue, my  
25 Christian faith would say I have the responsibility to

1 help that person on whatever it is causing them  
2 distress, and to do that in a way that is honoring to  
3 them and shows them dignity and respect and kindness and  
4 love and compassion.

5 Q Do you believe that the county's ordinance at  
6 issue here requires you to affirm same-sex attractions?

7 MR. MIHET: Objection. Form, calls for a  
8 legal conclusion.

9 THE WITNESS: To affirm same-sex attractions?

10 Is that the question?

11 BY MS. PHAN:

12 Q Yes.

13 A Okay. Again, I'm not an attorney. I think  
14 the reading of the ordinance says that I cannot help  
15 minors with those issues. I don't think it controls --  
16 I don't think it says anything about what I can and  
17 cannot believe.

18 Q Right. But my question -- I'm asking you your  
19 interpretation of the ordinance. In your opinion, do  
20 you think that the ordinance requires you to affirm  
21 same-sex attractions?

22 A Oh, okay.

23 MR. MIHET: Form, calls for a legal  
24 conclusion.

25 THE WITNESS: Okay. No, I don't think it

1 calls for me to affirm anybody's same-sex  
2 attraction.

3 BY MS. PHAN:

4 Q If a minor has wanted same-sex attractions,  
5 does your religion require you to try to change their  
6 same-sex attraction?

7 MR. MIHET: I'm sorry, can you read that one  
8 back to me, please?

9 THE COURT REPORTER: "If a minor has wanted  
10 same-sex attractions, does your religion require  
11 you to try to change their same-sex attraction?"

12 MR. MIHET: Objection. Form, assumes facts  
13 not in evidence, misstates prior testimony.

14 THE WITNESS: No, my religion does not require  
15 me to do that. And again, as I've said before, I  
16 don't think that that's a concept that I can  
17 change.

18 BY MS. PHAN:

19 Q Do you believe that identifying as a gender  
20 that differs from one's anatomical sex is a sin?

21 A You're asking for a religious answer there.  
22 My sincerely held religious beliefs is that God created  
23 us as men and women, and they're distinct and purposeful  
24 in their creation.

25 Q Do you believe that God designed humans to be

1 heterosexual?

2 A Yes.

3 Q Do you believe that acting on same-sex  
4 attractions is a sin?

5 MR. MIHET: Form.

6 THE WITNESS: Yeah, and this is -- you're  
7 getting into my personal religious beliefs, which  
8 is interesting because I feel like this is -- the  
9 ordinance is preventing me from being able to speak  
10 openly about my personal sincerely held religious  
11 beliefs.

12 Do I think it's a sin to act on homosexual --  
13 in homosexual ways? I think that's a violation of  
14 what my Bible says. I would say that my Bible says  
15 that's a sin.

16 BY MS. PHAN:

17 Q Do you believe that changing same-sex  
18 attractions is possible apart from God?

19 MR. MIHET: Objection. Form.

20 THE WITNESS: Oh, I think that people can  
21 change in many ways and for many reasons. And so I  
22 would say that, sure, there's lots of different  
23 ways that people can change or instigators might  
24 change or motivations or facilitators.

25 BY MS. PHAN:

1 Q Do you believe that changing gender confusion  
2 is possible apart from God?

3 MR. MIHET: Objection. Form.

4 THE WITNESS: I've never dealt with gender  
5 confusion in my practice.

6 BY MS. PHAN:

7 Q Can you look at interrogatory number 18,  
8 please?

9 A Okay.

10 Q Okay. So you state there that in a typical  
11 year prior to the enactment of the ordinance, they  
12 accounted for a small part, approximately 5 percent of  
13 Otto's practice. They, as in minors, stated goals to  
14 conform their sexual attractions, beliefs, or identity.

15 Was that while you were at -- this response is  
16 in regards to while you were at Spanish River  
17 Counseling, correct?

18 MR. MIHET: I'm going to object. Counsel has  
19 misread the response.

20 BY MS. PHAN:

21 Q Okay. I'll re-read it. The response says  
22 that "As to minors who present with stated goals to  
23 conform their sexual attractions, behaviors, or identity  
24 to their sincerely held religious beliefs, values, or  
25 concept of self, in a typical year prior to the

1 enactment of the ordinance, they accounted for a small  
2 part, approximately 5 percent of Otto's practice." Were  
3 you referring to while you were at Spanish River  
4 Counseling?

5 A Prior to the enactment of the ordinance I  
6 worked at Spanish River Counseling Center, in those few  
7 years prior to that, so this answer addresses the  
8 clients that I saw at Spanish River Counseling.

9 Q And the 5 percent that you mentioned here,  
10 were they exclusively your clients?

11 MR. MIHET: Form.

12 THE WITNESS: I mentioned that I referred the  
13 second client in the order that we had them before  
14 to another therapist working individually with that  
15 person. I remained working with the family.

16 BY MS. PHAN:

17 Q And the 5 percent that is referred here in  
18 your response to interrogatory number 18, they -- are  
19 they just the four clients that you mentioned before?

20 A That's correct. Yes.

21 MS. PHAN: Okay. Do you have a copy of the  
22 Complaint? Otherwise I'm going to show him the --

23 MR. MIHET: No, I don't.

24 BY MS. PHAN:

25 Q So what I'm handing you is a verified copy of

1 the complaint that you filed in this lawsuit, and I'd  
2 like for you to look at paragraphs 132 through 135.

3 A Okay.

4 Q From paragraphs 132 through 135, it talks  
5 about your minor clients.

6 A Yes.

7 Q Are these the same four clients that we had  
8 been discussing?

9 A Yes.

10 Q So in paragraph 132, the clients that we've  
11 been speaking of, and we numbered them one through four,  
12 132, which client does that apply to?

13 A Okay. 132 is the third client. I'm sorry,  
14 the second client I discussed.

15 Q In paragraph 133 --

16 A I'm just reading through this.

17 Q Which client are you referring to?

18 A I'm just trying to keep the order in -- my  
19 head in the order here.

20 Q Does it look like that was client number one?

21 A Hang on just a second. Okay. Paragraph 135,  
22 that would be my client number three from earlier.  
23 Paragraph 134 would be the client number four from  
24 earlier. Paragraph 133 -- hang on. I just want to make  
25 sure we get these right.



1           Okay. Paragraph 132 is the second client.

2           Okay. Paragraph 133 was the first client. Paragraph  
3           134 was the fourth client. And paragraph 135 would be  
4           the third client.

5           Q       Okay. So earlier when you were speaking of  
6           these clients -- let's go through them. I just have a  
7           quick question about each of them.

8                    So for client number one that we were speaking  
9           of, which matches with paragraph 133, when did you first  
10          engage in counseling or therapy with this client? And  
11          you can just give me the year.

12          A       I'm going to guess it was two or two and a  
13          half years ago.

14          Q       So would you say around 2016?

15          A       It was either 2016 or 2017.

16          Q       For client number two, when did you first  
17          engage in counseling or therapy with this client?

18          A       As a landmark, it was probably about nine  
19          months before the shooting at the high school in Broward  
20          County because that's the way my mind works. You can  
21          look up the date for that and go about nine months back,  
22          and that was probably ballpark.

23          Q       So that was in February. So nine months  
24          before February? Which would be --

25          A       Just say the beginning of the school year.

1 Q Okay.

2 A Maybe like September or so of the year before  
3 that event. And, again, this is just a guess off the  
4 top of my head based upon my recollection.

5 Q Same question for client number three. When  
6 did you first engage in therapy sessions or counseling  
7 with this client?

8 A 2016, 2017, somewhere in there.

9 Q And the same thing with client number four.

10 A Client four would be -- I would guess 18  
11 months ago. 18 months ago.

12 Q Okay. Were all four of the minor clients that  
13 we're speaking of, were they all located in Boca Raton,  
14 Florida?

15 MR. MIHET: Form.

16 THE WITNESS: When you say "located," do you  
17 mean is that where I saw them or is that where they  
18 resided?

19 BY MS. PHAN:

20 Q Where they resided.

21 A No.

22 Q No? Okay. Can you tell me where they  
23 resided?

24 A Spread throughout Palm Beach and Broward  
25 County.

1 Q Did you see them outside of your office?

2 MR. MIHET: Form, compound.

3 THE WITNESS: Number four, my fourth client, I  
4 have run into [REDACTED] outside of the office a few times  
5 but not on a professional basis. And the others  
6 I've never seen outside the office.

7 BY MS. PHAN:

8 Q Okay. Have you had to turn away potential  
9 clients that are minors that had unwanted same-sex  
10 attractions --

11 MR. MIHET: Form.

12 BY MS. PHAN:

13 Q -- since the passage of the county's  
14 ordinance?

15 MR. MIHET: Form.

16 THE WITNESS: No, I have not.

17 BY MS. PHAN:

18 Q Have you had to terminate any relationships  
19 with minors with unwanted same-sex attractions because  
20 of the county's ordinance?

21 MR. MIHET: Form.

22 THE WITNESS: No. Clients come in with many  
23 issues and the issues that I've needed to talk with  
24 clients about and take advantage of talking with  
25 clients about since the ordinance passed have not

1           been on unwanted sexual issues.

2       BY MS. PHAN:

3           Q     Is change in sexual attractions possible  
4       without talk therapy?

5           MR. MIHET:   Form.

6           THE WITNESS:  I have not met everybody in the  
7       world that's changed.

8       BY MS. PHAN:

9           Q     In your opinion.  In your experience.

10          A     People that -- people change for a lot of  
11       reasons, some of them because they came to counseling.  
12       For a lot of different issues they change.  Some change  
13       in counseling, some change outside of counseling.  I  
14       would assume that it is possible.  There's nothing that  
15       says that counseling is the only reason that people can  
16       change.

17          Q     To your knowledge, are there continuing  
18       learning education courses on conversion therapy  
19       practices?

20          A     I have no --

21          MR. MIHET:  Objection.  Form.

22          THE WITNESS:  I have no idea.

23       BY MS. PHAN:

24          Q     To your knowledge, is there any training on  
25       conversion therapy practices?

1 MR. MIHET: Form.

2 THE WITNESS: I have no idea.

3 BY MS. PHAN:

4 Q And when I speak of conversion therapy  
5 practices, I mean as defined by the ordinance.

6 A I have no idea.

7 Q Okay. How did you get your training on  
8 changing, reducing, or eliminating unwanted same-sex  
9 attractions?

10 MR. MIHET: Form, misstates prior testimony,  
11 assumes facts not in evidence.

12 THE WITNESS: My training in my master's and  
13 my doctorate programs involved helping people with  
14 distress in their lives. If they come in dealing  
15 with anxiety or depression or confusion because  
16 they have things in conflict in their lives, we  
17 deal with those issues all the time in the office.

18 BY MS. PHAN:

19 Q At what age do you think a minor can fully  
20 consent to counseling and therapy of unwanted same-sex  
21 attractions?

22 MR. MIHET: Objection. Form, calls for a  
23 legal conclusion.

24 THE WITNESS: Well, I do believe that that  
25 Florida Statute says at 13 they can give some kind

1 of consent to counseling within the limitations on  
2 that statute. I guess that's my best answer for  
3 you.

4 BY MS. PHAN:

5 Q I'm actually asking for your opinion. What do  
6 you think?

7 MR. MIHET: Same objections.

8 THE WITNESS: People don't all mature at the  
9 same time. The prefrontal cortex doesn't fully  
10 develop until the 20s, and boys are a little slower  
11 than girls and boys are going to develop  
12 differently and, you know, they're unique people,  
13 so I don't think that there's a date you can put on  
14 a calendar to say that at this point everybody is  
15 able to make those mature decisions.

16 BY MS. PHAN:

17 Q Can you look at paragraph 128 of the  
18 Complaint?

19 A Yes. Go ahead.

20 Q So in paragraph 128 of the verified complaint,  
21 the second sentence states that "This informed consent  
22 form outlines the nature of SOCE counseling" -- sorry  
23 mine is cut off -- "including the fact that some  
24 therapists do not believe sexual orientation can or  
25 should be changed and informs the client of the

1 potential benefits and risks associated with SOCE  
2 counseling."

3 What risks do you inform your client in  
4 regards to SOCE counseling?

5 MR. MIHET: Form.

6 THE WITNESS: Okay. So there is -- how do I  
7 articulate this? There's not 100 percent --  
8 there's not any kind of treatment that will -- that  
9 will never harm anyone I guess is the way to say  
10 it. Drugs have adverse side effects. Some people  
11 have more than others.

12 Counseling, if I deal with somebody on trauma,  
13 you know, that may create a short-term conflict for  
14 them and that's a risk. If we put somebody on  
15 antidepressants and I'm working with them on  
16 depression in conjunction with a psychiatrist,  
17 there is an increased risk or potential for  
18 suicide. If they have been depressed for a long  
19 time and they don't seem to feel better, they have  
20 the energy to kill themselves.

21 So there's no therapy or treatment that I've  
22 heard of, either medically or counseling, that has  
23 no risk involved to it. And so, you know,  
24 obviously if somebody is talking about the  
25 disconnect between what they -- what they feel and

1           their sincerely held beliefs, if they had kind of  
2           kept that stuff down and now they start looking at  
3           it where if they were -- if they were, you know,  
4           involved in some sort of abuse or unwanted sexual  
5           conduct or contact, then to talk about those might  
6           create some discomfort for them. And so it's  
7           incumbent upon me, as a professional, to be  
8           sensitive to those issues to make sure that the  
9           clients don't walk out of the office feeling shamed  
10          because that would not be beneficial to them.

11       BY MS. PHAN:

12           Q     Could you look at interrogatory number 5,  
13       please?

14           A     Okay.

15           Q     Do you have any minor grandchildren?

16           A     I do.

17           Q     And please tell me their ages if you have more  
18       than one.

19           A     Less than a year old, just one.

20           Q     So is your grandchild showing signs of  
21       unwanted same-sex attractions?

22                   MR. MIHET: Objection. Misstates -- I'm  
23           sorry. Assumes facts not in evidence, misstates  
24           the nature of the response, and form.

25                   THE WITNESS: He's a baby in diapers.



1 BY MS. PHAN:

2 Q So it's yes or no.

3 A No.

4 Q Okay. Have you provided therapy to your  
5 family, anyone in your family, whether it's extended or  
6 not, in the past on conversion therapy?

7 MR. MIHET: Form.

8 THE WITNESS: No. When you say "on conversion  
9 therapy," I don't practice conversion therapy. I  
10 have conversations with people. I've never had a  
11 conversation with a family member on changing  
12 same-sex attractions or anything like that, so I  
13 just want to clarify.

14 BY MS. PHAN:

15 Q Okay.

16 A I don't want you to think that I think that  
17 conversion therapy is something that I do with other  
18 people but just not with my family members yet.

19 Q Okay. I'd just like to clarify for the record  
20 when I was saying "conversion therapy," I meant as  
21 defined by the ordinance but also that includes same-sex  
22 attractions too.

23 A I understand.

24 MR. MIHET: Objection. Form.

25 THE WITNESS: I understand.

1 MS. PHAN: That wasn't a question.

2 MR. MIHET: Clarifying the prior question,  
3 which made it even less clear than before, so  
4 objection as to form.

5 BY MS. PHAN:

6 Q Dr. Otto, did you understand what I said  
7 before?

8 A I believe so, yes.

9 Q Thank you. So when you have counseling or  
10 therapy sessions with minors, you said before that the  
11 parents are involved. What is the expectation for  
12 maintaining confidentiality for parent disclosures?

13 A Are you asking what I tell the parents or are  
14 you asking what I tell the minors that the parents have  
15 said to me?

16 Q Both.

17 A Okay. There are -- I start off saying,  
18 "Listen, I'm not here to keep secrets from parents."  
19 Parents have a responsibility for their minor children  
20 and are -- are the ones who provide safety for their  
21 minor children.

22 If there are issues of abuse, then obviously  
23 that would come up in the counseling or prior to the  
24 counseling, and I would adjust accordingly. But  
25 assuming that there is no such abuse on file with a

1 complaint to the state or something like that, or  
2 suspicion that I would have for abuse, I would not keep  
3 secrets from the parents about the children.

4           There are sometimes where children tell me  
5 something and they don't want me to tell their parents,  
6 so at that point the conversation might shift to "Why  
7 don't you want to tell your parents this? What would  
8 make it safe or comfortable for you to tell your parents  
9 this?" And work to the place where that child could --  
10 could have a conversation in a safe and open way with  
11 the parent about whatever the uncomfortable topic is.  
12 Does that answer your question?

13           Q     Yes.

14           A     Okay.

15           Q     What is the expectation for maintaining  
16 confidentiality for child disclosures?

17           MR. MIHET: Form.

18           THE WITNESS: Telling the -- you mean telling  
19 the children what the parents have told me?

20 BY MS. PHAN:

21           Q     Exactly.

22           A     Okay. Well, I don't lie. I'm just trying to  
23 think of a way to answer that.

24           I never really found that an issue in  
25 counseling where kids have grilled me with what their

1 parents say. They usually know what their parents have  
2 said because they probably heard it about 50 or 60 times  
3 already and they're tired of hearing it and that's why  
4 they're in counseling. So I've never run into a  
5 situation where parents have shared something with me  
6 and said "Don't tell my kids that I told you this."

7 Well, no, that's not true. Things like "Let them bring  
8 it up. They'll bring it up today. They said they  
9 wanted to talk with you about it." There are times when  
10 kids would bring up the issues, but I've never run into  
11 a place where I'm supposed to keep secrets from the kid.

12 Q So like you just said, if the parent says  
13 "Don't bring it up, let my son or daughter bring it up  
14 instead," so you wouldn't bring it up until the child  
15 brought it up, correct?

16 A Yeah. The instances I'm thinking of like that  
17 are where the child said "I want to talk about this  
18 today when I go to counseling," and the parents kind of  
19 gave me a heads-up and maybe some background information  
20 on it, and the minor comes in and addresses the issue.

21 Q Okay. But earlier, when we talked about  
22 parent disclosures though, you wouldn't keep -- if the  
23 minor client told you "Don't tell my parents," you would  
24 just tell them in a way -- you would tell the parents  
25 but in a way that the child was more comfortable with,

1 correct?

2 MR. MIHET: Form.

3 THE WITNESS: No, I disagree with that.

4 BY MS. PHAN:

5 Q Okay.

6 A There's two issues -- well, a couple of  
7 issues. If it's a safety issue, I'm going to tell the  
8 parents right then. They need to know. If the child is  
9 doing drugs or something or is, you know, drinking and  
10 driving, they need to know. All right.

11 If it's not a safety issue and the parents and  
12 I have a relationship where they've said "I don't need  
13 to know every detail that you talk about," then that  
14 gives me a little leeway to have some flexibility in  
15 what and when I share with the parents.

16 And it is in my client's benefit for me to  
17 work myself out of a job. So if I can help this minor  
18 be able to communicate with parents about anything, then  
19 the minor does not need to come see me about those  
20 issues, "Deal with your parents directly," and that's  
21 the goal.

22 So if I can -- whatever the issue is, if I can  
23 help the minor address that issue with the parent  
24 directly, either in my office or helping the minor learn  
25 how to do that at home, in a conversation at home, then

1 there's not an issue of, you know, like keeping secrets  
2 back and forth.

3 Q And do you let the child know that that's your  
4 policy in regards to disclosure to parents before you  
5 begin your sessions?

6 A Well, I said earlier that we usually have  
7 everybody in the room at the beginning if they're all  
8 comfortable being in the room together and we'll talk  
9 through what are our goals, and I'll address the  
10 confidentiality limitations at that point.

11 There is my -- the paperwork that you gave me  
12 earlier, okay. And a part of that conversation is "I  
13 don't keep secrets from your parents and if there's --  
14 if there's something that, you know, that you don't want  
15 your parents to know and you tell me, you know, I've not  
16 found it helpful in working with clients to keep  
17 secrets," and I'll explain that to them in a way that  
18 says I'll -- like I just did with you about helping them  
19 become comfortable sharing that information with their  
20 parent, but that's usually done in the initial session  
21 so everybody is on the same sheet of music on that.

22 Q Earlier when we talked about the reason why  
23 you left Spanish River Counseling to go into your own  
24 private practice, was that a voluntary thing that you  
25 did?

1           A     Yes. It was a discussion between me and the  
2 director of the counseling center, and we decided  
3 together that that would be beneficial for the clients  
4 of the counseling center.

5           Q     So in your informed consent form, I believe  
6 it's Defendants' Exhibit Number 5, the first paragraph  
7 on the second page with the Bates label Otto 009, so the  
8 first full sentence, it says, "While your therapist  
9 cannot guarantee that for you, you should be informed of  
10 the various viewpoints concerning this form of  
11 counseling prior to making your decision to choose and  
12 pursue such counseling."

13                     Do you inform the client of the various  
14 viewpoints concerning this form of counseling?

15           A     Again, I think that goes in context to the  
16 rest of the paragraph. "Your therapist also wants you  
17 to know that there are mental health professionals and  
18 others who suggest that you should not have the goal of  
19 reducing or eliminating your unwanted feelings or  
20 attractions, and that some people believe that such  
21 counseling is unlikely to assist you. As noted above,  
22 your therapist disagrees with such conclusions and has  
23 personally counseled many people who experience  
24 successful change.

25                     While your therapist cannot guarantee that for

1 you, that you will experience successful change, you  
2 should be informed of the various viewpoints concerning  
3 this form of counseling prior to making your decision to  
4 choose or pursue such counseling." So the "that" that  
5 is referred to in the sentence that you quoted refers  
6 back to successful change. I can't guarantee that my  
7 clients will experience the changes they want. Change  
8 is possible. They can change. They're very resourceful  
9 people.

10 Q Okay. Well, my question was: Do you give  
11 them additional information informing them of various  
12 viewpoints other than what is already in the consent  
13 form?

14 A I would be -- I would give them this form. If  
15 you're coming to see me with this issue, I would give  
16 you this form.

17 Q So you do not give them -- unless they  
18 specifically ask for it, you don't give them other  
19 information regarding other viewpoints?

20 A I don't give them a stack of, you know, paper  
21 with black clips on it like we had here on the table  
22 earlier today, no. They can do their own research. I'm  
23 just letting them know that there are people with  
24 different opinions on the topic.

25 Q So earlier you mentioned that you've given



1 about two dozen depositions. Have you given any  
2 depositions outside of the guardianship cases subject  
3 matter?

4 A Off the top of my head, I don't believe so.

5 Q Have you ever gone by any other name than  
6 Robert W. Otto?

7 A Robert Otto, Rob Otto. Other than that, no.

8 Q Have you ever been convicted of a felony?

9 A No, ma'am.

10 Q Other than this lawsuit, have you ever been a  
11 party in another lawsuit?

12 MR. MIHET: Form.

13 THE WITNESS: Dealing with a mortgage for a  
14 house.

15 BY MS. PHAN:

16 Q Is that the only time?

17 A Yes, that I can think of.

18 Q What is your relationship with co-plaintiff  
19 Julie Hamilton?

20 MR. MIHET: Form.

21 THE WITNESS: I don't think I met Julie until  
22 the Palm Beach County hearing, the first of the two  
23 hearings that they had, the county commission  
24 hearing.

25 I knew her name from Spanish River Counseling

1 Center, but she had left before I arrived, as I  
2 recall. I knew of her. I didn't know what her  
3 practice dealt with or what clientele she would  
4 deal with. I've talked to her about this lawsuit  
5 since we filed it a few times, a few times  
6 beforehand, but that's the extent of it.

7 BY MS. PHAN:

8 Q Earlier you spoke about EMDR. Does that stand  
9 for eye movement, desensitization, and reprocessing?

10 A Yes, ma'am.

11 Q Do you have to get training or certified in  
12 order to practice that?

13 A Yes, ma'am.

14 Q And were you trained?

15 A Yes.

16 Q And are you certified?

17 A Yes.

18 Q Okay. And have you practiced -- and is it a  
19 practice? Is it called --

20 MR. MIHET: Form.

21 BY MS. PHAN:

22 Q What's the right --

23 A EMDR, when you're using EMDR with somebody.

24 Q So have you used EMDR on minors with unwanted  
25 same-sex attractions?

1           A     No. EMDR's proven very helpful for people  
2     dealing with trauma and post-traumatic stress issues.

3                     I can see cases where it could be helpful in  
4     dealing with minors who have experienced trauma and that  
5     part of their story is also unwanted same-sex  
6     attractions and confusion from that. Where EMDR would  
7     be helpful for those clients on the trauma issue, I have  
8     not seen any research on its efficacy with same-sex  
9     attractions, and I really don't think there would be any  
10    connection that would be useful to pursue.

11           Q     Can we take a quick five minute break?

12           A     Sure.

13           Q     I just want to make sure I have everything.

14                     (Thereupon, a short break was taken from 3:51  
15     p.m. to 4:03 p.m.)

16    BY MS. PHAN:

17           Q     Okay. Earlier I asked you about your training  
18     in regards to conversion therapy. I wanted to go back  
19     to that.

20                     So you got your marriage and family therapy  
21     degree and master degree and Ph.D from Nova Southeastern  
22     University, correct?

23           A     That's correct.

24           Q     Okay. So did Nova have any specific courses  
25     or anything specific in regards to teaching you

1 technique on dealing with sexual orientation change  
2 efforts?

3 MR. MIHET: Form.

4 THE WITNESS: No, they didn't.

5 BY MS. PHAN:

6 Q To your knowledge, is there any type of  
7 therapy that causes depression, anxiety, suicidal  
8 idealization, low self-esteem?

9 MR. MIHET: Form.

10 THE WITNESS: Forms of therapy that would  
11 cause that? I'm not sure that question is so  
12 informed as to what happens in my office. Let me  
13 see if I can give you a picture. If I have  
14 somebody coming in --

15 MR. MIHET: She didn't ask you about what  
16 happens in your office.

17 THE WITNESS: You're asking about form of  
18 therapy that would -- in my profession, I don't  
19 think that forms of therapy cause depression. Do  
20 clients begin to deal with issues that maybe they  
21 had suppressed and then have heightened levels of  
22 anxiety or depression as they're working through  
23 those issues? Sure, at times. Does that mean that  
24 that mode of therapy, whatever it -- off the shelf  
25 there's lots of different theories of -- modes of

1 therapy that schools teach. Does that mean that  
2 those modes of therapy cause depression? No, I  
3 don't think so.

4 BY MS. PHAN:

5 Q To your knowledge, has there been claims that  
6 sexual orientation change efforts cause depression,  
7 anxiety, suicidal idealization, low self-esteem?

8 MR. MIHET: Form. I have seen some articles  
9 that said that there were -- and they're in the  
10 request for productions that we gave you, and some  
11 of them said that there was evidence that there was  
12 discomfort for some clients.

13 The one article I'm thinking about that I read  
14 last night, and I can't pull it off the top of my  
15 head but it's in the package that you received, but  
16 it said that those measures were -- when measured  
17 on a scale, they were not significantly impacting  
18 the person's life. And so I think the research  
19 shows that some people experience perhaps  
20 heightened anxiety or discomfort in their lives and  
21 other people experience positive change.

22 BY MS. PHAN:

23 Q And speaking of the articles that you provided  
24 through the discovery requests, there were several  
25 articles related to pornography. What was the reason

1 for providing those articles?

2 MR. MIHET: Objection. Form, calls for a  
3 legal conclusion.

4 THE WITNESS: So my whole issue of brain  
5 chemistry that I mentioned in one of my  
6 interrogatories, our brains are malleable and  
7 sexual stimuli certainly programs our brain, and  
8 pornography is a clear one to see.

9 If people experience sexual stimuli, it  
10 releases chemicals in their brain and those  
11 chemicals tend to make us go back to what released  
12 those chemicals: Dopamine, oxytocin, vasopressin.  
13 And so if you train yourself to go toward  
14 pornography, then that becomes natural to you,  
15 okay, and that affects your behavior. Research  
16 shows that it affects behavior, and research also  
17 shows that it affects the way we think. It affects  
18 the structure and function of the brain.

19 And so take another sexual influence with say  
20 same sex influence, that would release those same  
21 chemicals in the brain: Dopamine, oxytocin, and  
22 vasopressin, and that would have a similar or  
23 comparable programming of the brain in a direction  
24 that those influences came from.

25 So can people change? I've had clients who

1 move away from pornography. I've had clients who  
2 change their sexual orientation. I didn't move  
3 them away from pornography. I didn't change their  
4 sexual orientation, but those factors in their  
5 lives changed as a result of talking in counseling  
6 sessions with me.

7 BY MS. PHAN:

8 Q Okay. I think we're done here. So you can  
9 either read --

10 MR. MIHET: I'm sorry, I've got some  
11 questions.

12 MS. PHAN: Oh, okay.

13 MR. MIHET: Do you have any more questions?

14 MR. ABBOTT: I do not, not yet.

15 CROSS-EXAMINATION

16 BY MR. MIHET:

17 Q Dr. Otto, not too long ago you answered a  
18 question with a statement to the effect of "I don't  
19 practice conversion therapy." Do you recall that?

20 A Yes, I do.

21 Q What did you mean by that answer?

22 A Okay. I do not use the term "conversion  
23 therapy" to describe what I do. I don't know people  
24 that would do something that they would describe with  
25 that term of conversion therapy.

1           With that said, the definition in the statute  
2   lists some conversations or topics that I might talk  
3   about, and I would say that they describe some of the  
4   conversations I have with my clients but I'm prohibited  
5   from doing that by the statute -- by the ordinances, the  
6   city and county ordinances, and I wish to have those  
7   conversations with my clients but not prohibited to, and  
8   my clients wish to have those conversations with me, but  
9   we're prohibited from that.

10           Q     Thank you.

11           MR. ABBOTT: Is that it?

12           MR. MIHET: That's it.

13           MR. ABBOTT: Should I ask you if you're going  
14   to read or waive or should I have that conversation  
15   with Dr. Otto?

16           MR. MIHET: We'll read and sign.

17           (Whereupon, the deposition was concluded at  
18   4:09 o'clock p.m.)

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CERTIFICATE OF OATH

STATE OF FLORIDA )  
COUNTY OF PALM BEACH )

I, ANGELA CONNOLLY, Registered Professional  
Reporter, Notary Public, State of Florida, certify that  
ROBERT W. OTTO, PH.D., LMFT, personally appeared before  
me and was duly sworn on the 29th day of August, 2018.

Signed this 6th day of September, 2018.



*Angela Connolly*

Angela Connolly, R.P.R.  
Notary Public, State of Florida

Personally known  
Produced identification FL DL

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CERTIFICATE OF REPORTER

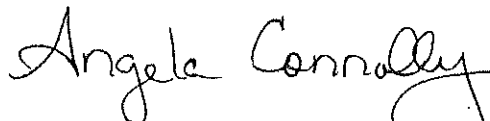
STATE OF FLORIDA       )  
COUNTY OF PALM BEACH )

I, ANGELA CONNOLLY, Registered Professional Reporter, certify that I was authorized to and did stenographically report the deposition of ROBERT W. OTTO, PH.D., LMFT; that a review of the transcript was requested; and that the foregoing transcript, Pages 1 through 191, is a true record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, or attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

The certification does not apply to any reproduction of the same by any means unless under the direct control and/or direction of the reporter.

DATED this 6th day of September, 2018.

  
Angela Connolly, R.P.R.

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Orlando, FL 32854

DATE: September 6, 2018

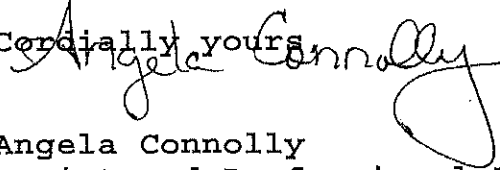
In Re: Robert W. Otto, Ph.D., LMFT, and Julie H.  
Hamilton, Ph.D., LMFT vs. City of Boca Raton, Florida,  
and County of Palm Beach, Florida

Dear Mr. Mihet:

This letter is to inform you that the deposition of  
ROBERT W. OTTO, PH.D., LMFT, taken on August 29, 2018 in  
the above-captioned matter has been completed and is  
ready for her to read and sign.

The transcript is being held in my office. Please make  
arrangements with my office so she can read and sign her  
deposition.

Thank you for your prompt attention to this matter.

Cordially yours  
  
Angela Connolly  
Registered Professional Reporter

cc: Rachel Fahey, Esq.  
Daniel Abbott, Esq.

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ERRATA SHEET

Robert W. Otto, Ph.D., LMFT, and Julie H. Hamilton,  
Ph.D., LMFT vs. City of Boca Raton, Florida, and County  
of Palm Beach, Florida  
Case No. 9:18-CV-80771  
Taken: August 29, 2018

DO NOT WRITE ON TRANSCRIPT - - ENTER CHANGES HERE:

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Under penalties of perjury, I declare that I  
have read my foregoing transcript and, together with any  
changes made above, the facts stated herein are true.

\_\_\_\_\_  
ROBERT W. OTTO, PH.D., LMFT Date

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IN THE UNITED STATES DISTRICT COURT FOR  
THE SOUTHERN DISTRICT OF FLORIDA

ROBERT W. OTTO, PH.D. LMFT,  
individually and on behalf of his patients,  
JULIE H. HAMILTON, PH.D., LMFT,  
individually and on behalf of her patients,

Plaintiffs,

v.

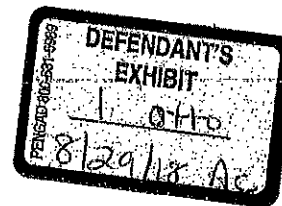
CITY OF BOCA RATON, FLORIDA,  
and COUNTY OF PALM BEACH,  
FLORIDA,

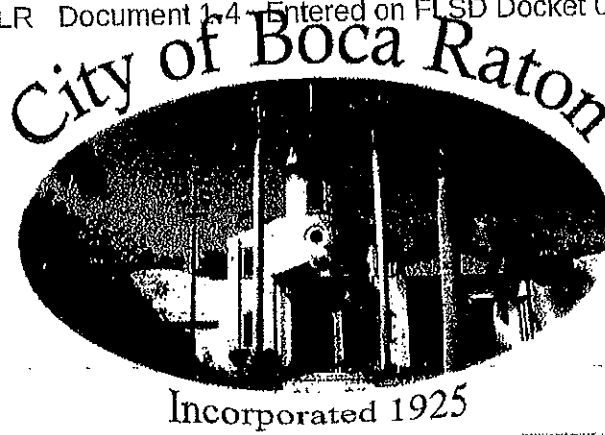
Defendants

Civil Action No.: \_\_\_\_\_

**INJUNCTIVE RELIEF SOUGHT**

**EXHIBIT A**





## ORDINANCE

5407

1  
2 AN ORDINANCE OF THE CITY OF BOCA RATON  
3 AMENDING CHAPTER 9, CODE OF ORDINANCES, TO  
4 CREATE A NEW ARTICLE VI, "PROHIBITION OF  
5 CONVERSION THERAPY ON MINORS," PROHIBITING THE  
6 PRACTICE OF CONVERSION THERAPY ON PATIENTS  
7 WHO ARE MINORS; PROVIDING FOR SEVERABILITY;  
8 PROVIDING FOR REPEALER; PROVIDING FOR  
9 CODIFICATION; PROVIDING AN EFFECTIVE DATE  
10

11 WHEREAS, as recognized by major professional associations of mental health  
12 practitioners and researchers in the United States and elsewhere for nearly 40 years, being  
13 lesbian, gay, bisexual, transgender or gender nonconforming, or questioning (LGBTQ) is not a  
14 mental disease, disorder or illness, deficiency or shortcoming; and

15 WHEREAS, the American Academy of Pediatrics in 1993 published an article in its  
16 Journal, stating: "Therapy directed at specifically changing sexual orientation is contraindicated,  
17 since it can provoke guilt and anxiety while having little or no potential for achieving changes in  
18 orientation;" and



1 WHEREAS, the American Psychiatric Association in December 1998 published its  
2 opposition to any psychiatric treatment, including reparative or conversion therapy, which  
3 therapy regime is based upon the assumption that homosexuality is a mental disorder per se or  
4 that a patient should change his or her homosexual orientation; and

5 WHEREAS, the American Psychological Association's Task Force on Appropriate  
6 Therapeutic Responses to Sexual Orientation ("APA Task Force") conducted a systematic  
7 review of peer-reviewed journal literature on sexual orientation change efforts ("SOCE"), and  
8 issued its report in 2009, citing research that sexual orientation change efforts can pose critical  
9 health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt,  
10 helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress,  
11 disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-  
12 hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and  
13 potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction,  
14 high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith,  
15 and a sense of having wasted time and resources; and

16 WHEREAS, following the report issued by the APA Task Force, the American  
17 Psychological Association in 2009 issued a resolution on Appropriate Affirmative Responses to  
18 Sexual Orientation Distress and Change Efforts, advising parents, guardians, young people,  
19 and their families to avoid sexual orientation change efforts that portray homosexuality as a  
20 mental illness or developmental disorder and to seek psychotherapy, social support, and  
21 educational services that provide accurate information on sexual orientation and sexuality,  
22 increase family and school support, and reduce rejection of sexual minority youth; and

23 WHEREAS, the American Psychoanalytic Association in June 2012 issued a position  
24 statement on conversion therapy efforts, articulating that "As with any societal prejudice, bias  
25 against individuals based on actual or perceived sexual orientation, gender identity or gender  
26 expression negatively affects mental health, contributing to an enduring sense of stigma and

1 pervasive self-criticism through the internalization of such prejudice" and that psychoanalytic  
2 technique "does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an  
3 individual's sexual orientation, gender identity or gender expression," such efforts being  
4 inapposite to "fundamental principles of psychoanalytic treatment and often result in substantial  
5 psychological pain by reinforcing damaging internalized attitudes;" and

6 WHEREAS, the American Academy of Child & Adolescent Psychiatry in 2012  
7 published an article in its Journal stating that clinicians should be aware that there is "no  
8 evidence that sexual orientation can be altered through therapy and that attempts to do so may  
9 be harmful;" that there is "no medically valid basis for attempting to prevent homosexuality,  
10 which is not an illness;" and that such efforts may encourage family rejection and undermine  
11 self-esteem, connectedness and caring, important protective factors against suicidal ideation  
12 and attempts; and that, for similar reasons cumulatively stated above, carrying the risk of  
13 significant harm, SOCE is contraindicated; and

14 WHEREAS, the Pan American Health Organization, a regional office of the World  
15 Health Organization, issued a statement in 2012 stating: "These supposed conversion  
16 therapies constitute a violation of the ethical principles of health care and violate human rights  
17 that are protected by international and regional agreements." The organization also noted that  
18 conversion therapies "lack medical justification and represent a serious threat to the health and  
19 well-being of affected people;" and

20 WHEREAS, in 2014, the American School Counselor Association issued a position  
21 statement that states: "It is not the role of the professional school counselor to attempt to  
22 change a student's sexual orientation or gender identity. Professional school counselors do not  
23 support efforts by licensed mental health professionals to change a student's sexual orientation  
24 or gender as these practices have been proven ineffective and harmful;" and

25 WHEREAS, a 2015 report of the Substance Abuse and Mental Health Services  
26 Administration, a division of the U.S. Department of Health and Human Services, "Ending



1 Conversion Therapy: Supporting and Affirming LGBTQ Youth" further reiterates based on  
2 scientific literature that conversion therapy efforts to change an individual's sexual orientation,  
3 gender identity, or gender expression is a practice not supported by credible evidence and has  
4 been disavowed by behavioral health experts and associations, perpetuates outdated views of  
5 gender roles and identities, negative stereotypes, stating, importantly, that such therapy may  
6 put young people at risk of serious harm, and recognizing that, same-gender sexual orientation  
7 (including identity, behavior, and attraction) is part of the normal spectrum of human diversity  
8 and does not constitute a mental disorder; and

9 WHEREAS, the American College of Physicians wrote a position paper in 2015  
10 opposing the use of "conversion," "reorientation," or "reparative" therapy for the treatment of  
11 LGBT persons, stating that "[a]vailable research does not support the use of reparative therapy  
12 as an effective method in the treatment of LGBT persons. Evidence shows that the practice may  
13 actually cause emotional or physical harm to LGBT individuals, particularly adolescents or  
14 young persons;" and

15 WHEREAS, at least one federal appeals court found that a prohibition of SOCE does  
16 not violate first amendment rights and noted that the subject ordinance only required mental  
17 health providers who wish to engage in practices that seek to change a minor's sexual  
18 orientation either to wait until the minor turns 18 or be subject to professional discipline, leaving  
19 mental health providers free to discuss or recommend treatment and to express their views on  
20 any topic (See *Pickup v. Brown*, 740 F.3d 1208 (9th Cir. 2014)); and

21 WHEREAS, the City does not intend to prevent mental health providers from  
22 speaking to the public about SOCE; expressing their views to patients; recommending SOCE to  
23 patients; administering SOCE to any person who is 18 years of age or older; or referring minors  
24 to unlicensed counselors, such as religious leaders. This ordinance does not prevent unlicensed  
25 providers, such as religious leaders, from administering SOCE to children or adults; nor does it

1 prevent minors from seeking SOCE from mental health providers in other political subdivisions  
2 or states outside of the City of Boca Raton, Florida; and

3 WHEREAS, City of Boca Raton has a compelling interest in protecting the physical  
4 and psychological well-being of minors, including but not limited to lesbian, gay, bisexual,  
5 transgender and questioning youth, and in protecting its minors against exposure to serious  
6 harms caused by sexual orientation and gender identity change efforts; and

7 WHEREAS, the City Council hereby finds the overwhelming research demonstrating  
8 that sexual orientation and gender identity change efforts can pose critical health risks to  
9 lesbian, gay, bisexual, transgender or questioning persons, and that being lesbian, gay,  
10 bisexual, transgender or questioning is not a mental disease, mental disorder, mental illness,  
11 deficiency, or shortcoming; and

12 WHEREAS, the City Council finds minors receiving treatment from licensed therapists  
13 in the City of Boca Raton, Florida, who may be subject to conversion or reparative therapy are  
14 not effectively protected by other means, including, but not limited to, other state statutes, local  
15 ordinances, or federal legislation; and

16 WHEREAS, the City Council desires to prohibit, within the geographic boundaries of  
17 the City, the practice of sexual orientation or gender identity change efforts on minors by  
18 licensed therapists only, including reparative and/or conversion therapy, which have been  
19 demonstrated to be harmful to the physical and psychological well-being of lesbian, gay,  
20 bisexual, transgender and questioning persons; now therefore

21  
22 THE CITY OF BOCA RATON HEREBY ORDAINS:

23  
24 Section 1. Chapter 9, "Miscellaneous Offenses," Article VI, "Prohibition of  
25 Conversion Therapy on Minors," is created to read:

ARTICLE VI. - PROHIBITION OF CONVERSION THERAPY ON MINORS

Sec. 9-104. - Intent.

The Intent of this Ordinance is to protect the physical and psychological well-being of minors, including but not limited to lesbian, gay, bisexual, transgender and/or questioning youth, from exposure to the serious harms and risks caused by conversion therapy or reparative therapy by licensed providers, including but not limited to licensed therapists. These provisions are exercises of the police power of the City for the public safety, health, and welfare; and its provisions shall be liberally construed to accomplish that purpose.

Sec. 9-105. - Definitions.

(a) "Conversion therapy" or "reparative therapy means," interchangeably, any counseling, practice or treatment performed with the goal of changing an individual's sexual orientation or gender identity, including, but not limited to, efforts to change behaviors, gender identity, or gender expression, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender or sex. Conversion therapy does not include counseling that provides support and assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change sexual orientation or gender identity.

(b) "Minor" means any person less than 18 years of age.

(c) "Provider" means any person who is licensed by the State of Florida to provide professional counseling, or who performs counseling as part of his or her professional training under chapters 456, 458, 459, 490 or 491 of the Florida Statutes, as such chapters may be amended, including but not limited to, medical practitioners, osteopathic practitioners, psychologists, psychotherapists, social workers, marriage and family therapists, and licensed counselors. The term "provider" does not include members of the clergy or other religious

1 leaders who are acting in their roles as clergy or pastoral counselors, or are providing religious  
2 counseling or instruction to congregants, provided they do not hold themselves out as providing  
3 conversion therapy pursuant to any of the aforementioned Florida Statutes licenses.

4 Sec. 9-106. - Conversion therapy prohibited.

5 It shall be unlawful for any provider to practice conversion therapy on any individual  
6 who is a minor regardless of whether the provider receives monetary compensation in exchange  
7 for such services.

8 Sec. 9-107. - Enforcement and civil penalties.

9 (a) Any person that violates any provision of this article shall be subject to the civil  
10 penalty prescribed in section 1-16 and in no instance shall a violation of this article be  
11 punishable by imprisonment.

12 Section 2. If any section, subsection, clause or provision of this ordinance is held  
13 invalid, the remainder shall not be affected by such invalidity.

14 Section 4. All ordinances and resolutions or parts of ordinances and resolutions and  
15 all sections and parts of sections in conflict herewith shall be and hereby are repealed.

16 Section 5. Codification of this ordinance in the City Code of Ordinances is hereby  
17 authorized and directed.

18 Section 6. This ordinance shall take effect immediately upon adoption.  
19

1 PASSED AND ADOPTED by the City Council of the City of Boca Raton this 10<sup>th</sup>  
2 day of October, 2017.

3  
4 CITY OF BOCA RATON, FLORIDA

5  
6 ATTEST:

7  
8  
9 Susan S. Saxton  
10 Susan S. Saxton, City Clerk

11  
12 Susan Haynie  
13 Susan Haynie, Mayor

14 Approved as to form:

15  
16  
17 Diana Grub Frieser  
18 Diana Grub Frieser  
19 City Attorney

20  
21  
22 O17814  
23

COUNCIL VOTE			
	YES	NO	ABSTAINED
MAYOR SUSAN HAYNIE	✓		
DEPUTY MAYOR JEREMY RODGERS	✓		
COUNCIL MEMBER ANDREA LEVINE O'ROURKE	✓		
COUNCIL MEMBER SCOTT SINGER	✓		
COUNCIL MEMBER ROBERT S. WEINROTH	✓		

8/28/2018

FL DOH MQA Search Portal |



## Department of Health

ROBERT WILLIAM OTTO

License Number: MT2707

Data As Of 8/28/2018

**Profession**

Licensed Marriage & Family  
Therapist

**License**

MT2707

**License Status**

CLEAR/ACTIVE

**License Expiration Date**

3/31/2019

**License Original Issue Date**

07/26/2012

**Address of Record**

2400 W YAMATO ROAD  
BOCA RATON, FL 33431  
UNITED STATES

**Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)**

No

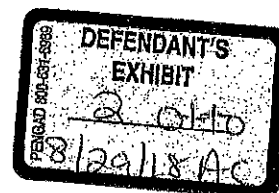
**Discipline on File**

No

**Public Complaint**

No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



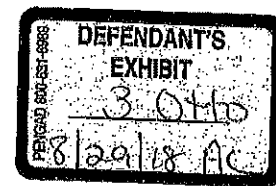
8/28/2018

Detail by Entity Name

DIVISION OF CORPORATIONS



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /



8/28/2018

Detail by Entity Name

## Detail by Entity Name

Florida Limited Liability Company  
SDG COUNSELING, LLC

### Filing Information

Document Number L18000163267  
FEI/EIN Number NONE  
Date Filed 07/05/2018  
Effective Date 07/05/2018  
State FL  
Status ACTIVE

### Principal Address

4400 N FEDERAL HIGHWAY  
SUITE 210-21  
BOCA RATON, FL 33431

### Mailing Address

233 NE 31 STREET  
BOCA RATON, FL 33431

### Registered Agent Name & Address

OTTO, ROBERT W  
233 NE 31ST ST  
BOCA RATON, FL 33431

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

OTTO, ROBERT W  
233 NE 31ST ST  
BOCA RATON, FL 33431

Title MGR

OTTO, SHANNON  
233 NE 31ST ST  
BOCA RATON, FL 33431

### Annual Reports

No Annual Reports Filed

### Document Images

07/05/2018 -- Florida Limited Liability [View image in PDF format](#)



## Robert W. Otto, Ph.D.

Robert is a marriage and family therapist licensed in the state of Florida.

He is currently employed by SDG Counseling, LLC, Boca Raton, FL 33431.

Robert works with families, couples, and individuals on issues ranging from post traumatic stress, infidelity, pornography, parenting, marriage, and other topics that impact people's lives.

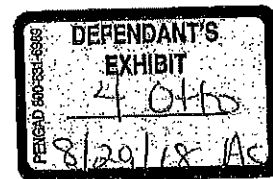
Robert worked for approximately 15 years at Spanish River Counseling Center, Boca Raton, FL.

Robert has spoken at conferences around the country on the topics of leadership, relationships, and purity.

Robert earned his doctoral (2010) and master's (2000) degrees in family therapy at Nova Southeastern University, Davie, Florida. He earned his bachelor's degree (1991) in aerospace engineering from the United States Military Academy, West Point, New York.

Robert served as an Infantry Officer in the United States Army and has extensive experience in leadership development, mentoring, and teaching. He is Airborne and Ranger qualified.

Robert is the author of Rise Up! How a man can lead his family, a book on spiritual leadership in the home.





**INFORMED CONSENT FOR COUNSELING REGARDING  
UNWANTED SAME-SEX ATTRACTIONS AND BEHAVIORS**

For those clients struggling with sexual attractions or feelings that are inconsistent with their religious beliefs or that the client does not believe are true statements of how that person believes himself or herself to be, we offer counseling to assist those clients in understanding causes of such feelings or attractions and help them work toward their goal of making their attractions and feelings consistent with their beliefs. It is critical to understand that you, as the client, set the goals and objectives of counseling. Your therapist is only here to assist you in working toward the goals you set and does not participate in the decision of what a client's goals should be.

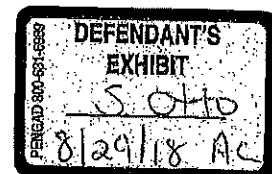
It is important for all clients to understand that there is never a guarantee of success with any form of mental health counseling, and that no marriage and family therapist can promise certain outcomes will be obtained by the client. This is also true with counseling for those individuals seeking to change, reduce, or eliminate unwanted same-sex attractions or feelings. It is also important to understand that your marriage and family therapist does not take a position on the goals or objectives you have with your counseling. It is our task to assist all clients in the goals that the client sets, and that your therapist will work with you to identify and understand what underlying issues may be causing you anxiety, distress, discomfort, fear, confusion, or any other uncomfortable feelings you may be having.

Though your therapist cannot guarantee a successful outcome, many clients who identify their goal as seeking to change their unwanted attractions or feelings do experience benefit from the counseling we provide. Many clients can and do succeed in reducing their attractions towards members of the same sex and reducing anxiety and confusion that arises from such feelings. For those clients whose anxiety, distress, or confusion arises from the inconsistency between their religious beliefs and their sexual attractions, feelings, or behaviors, counseling can and does provide benefit to those clients and allows them to conform their attractions and behaviors to their values, beliefs, and faith.

As with many other form of counseling, the therapeutic process can evoke stressful feelings or emotions that are difficult to deal with during the process. Change is never quick or easy, for any anxiety or distress that a client is feeling. The same is true of unwanted sexual or romantic feelings and attractions. Your therapist wants you to know that you are in control of your counseling at all times, and if your goals or objectives change at any point during the counseling, you should inform your therapist immediately.

Your therapist also wants you to know that there are some mental health professionals and others who suggest you should not have the goal of reducing or eliminating your unwanted feelings or attractions, and that some people believe that such counseling is unlikely to assist you. As noted above, your therapist disagrees with such conclusions and has personally

4400 N. Federal Highway, Suite 210  
Boca Raton, FL 33431  
Otto 008



# SDG

COUNSELING, LLC

counseled many people who experienced successful change. While your therapist cannot guarantee that for you, you should be informed of the various viewpoints concerning this form of counseling prior to making your decision to choose and pursue such counseling.

**Consent Statement:** I have read this document, have had an opportunity to discuss its content with my therapist, agree to its terms, and have received a copy. This authorization constitutes informed consent for my decision to address issues related to unwanted attractions or feelings in a manner that is consistent with my goals for counseling, including my values and moral beliefs.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Date

(If a minor)

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date



## Payment Agreement

### Responsibilities:

- Payment is due at the time service is rendered. Please pay by cash, check or credit card. If paying by check, please make check payable to SDG Counseling, LLC.
- Sessions are 50 minutes. The session fee is \$150 per session in the office. House calls and court appearances are billed at a different rate.
- There will be a \$35 fee for any returned check.
- For reasons of confidentiality, we do not make appointment reminder calls. You are responsible for keeping your appointment.
- Cancellations of a session must be made at least 24 hours prior to the scheduled time or you will be charged for the missed session.
- An invoice may be sent to your home for any outstanding balance

### Credit Card Information:

- Many of my clients prefer to keep a credit card number on file for ease of payment for future sessions or phone sessions.
- If you would like to provide you with this service and convenience please indicate your permission below in the appropriate box. Your information will be kept in a locked cabinet.

☐ Yes, I give my permission to SDG Counseling, LLC to retain my credit card Information.

☐ No, I do not give permission to SDG Counseling, LLC to retain my credit card Information.

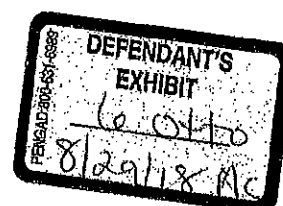
I certify that he/she has read the above information carefully, understands its contents, and agree to comply with the terms of payment as provided above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_





## Acknowledgement of Notice of Privacy Practices

"I hereby acknowledge that I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed. I further understand that the practice will offer me updates to the NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way."

Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_

Date: \_\_\_\_\_

## **Notice of Policies and Practices to Protect the Privacy of Your Health Information**

THIS NOTICE PERTAINS TO THE PRACTICE OF: SDG COUNSELING, LLC, 4400 N. FEDERAL HIGHWAY, SUITE 210, BOCA RATON, FL 33431

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE AND ALL OF THESE RIGHTS MAY NOT APPLY TO YOU IN SOME CIRCUMSTANCES WHICH ARE NOT COVERED BY FEDERAL HIPAA REGULATIONS. YOU MAY BE PROTECTED UNDER OTHER FEDERAL AND STATE LAWS.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- ~ "PHI" refers to information in your health record that could identify you.
- ~ "Treatment, Payment, and Health Care Operations"
  - o Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - o Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - o Health Care Operations are activities that relate to the performance and operations of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- ~ "Use" applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ~ "Disclosure" applies to activities outside of our [office, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

### **Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information.

We would also need to obtain an authorization before releasing your "psychotherapy notes." "Psychotherapy notes" have a very limited definition under HIPAA rules, and would be notes made about analyses of conversations during a private, group, joint, or family counseling session, which would be kept separate from the rest of your medical record. It is our office practice not to keep "Psychotherapy notes" under this definition. Your diagnosis and relevant treatment information, symptom complaints and information about progress are maintained in "Progress Notes" which document your care.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **Uses and Disclosures with Neither Consent nor Authorization:**

We may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If we know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that we report such knowledge or suspicion to the Florida Department of Child and Family Services.

**Adult and Domestic Abuse:** If we know, or have cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

**Health Oversight:** If a complaint is filed against us with the Florida Department of Health, the Department has the authority to subpoena confidential mental health information from us relevant to that complaint.

**Government:** We may disclose the PHI information of military personnel and veterans to government benefit programs relating to eligibility and enrollment.

**Impaired Professionals:** We may disclose information pertaining to the safety to practice to the Florida Department of Health for health care professionals if we have reasonable reason to believe public safety is endangered or where there would be a statutory duty to report.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

**Worker's Compensation:** If you file a worker's compensation claim, we must, upon request of your employer, the insurance carrier, and authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier furnish your relevant records to those persons.

**Litigation:** If you have a pending personal injury claim such as auto accident, malpractice claim or other situation in which you are eligible to collect damages, your entire records may be subject to disclosure by subpoena or court order and are subject to full disclosure to the payor of any claims we file for services on your behalf. You may object, in writing, to a subpoena for such records. In the case of an Independent Medical Examination which is being conducted on behalf of a third party, any information is subject to disclosure to that third party. However, you may have additional rights under State law.

**Forensic Evaluation at the request of your attorney:** In most circumstances, such evaluations, if arranged for and paid for through your attorney's office retain a special status of attorney-client privilege until such information is disclosed by your attorney or used for legal purposes. Such evaluations are not protected by rights established under HIPAA.

**Law Enforcement:** We may disclose health information for law enforcement purposes and special governmental functions only as required by Federal, State or Local law.

**Business Associates:** We have Business Associates with whom we may share your Protected Health Information. Examples included Business Associates who provide coverage while we are out of town, answering services as necessary, shared clerical functions with Business Associates with whom we may share offices with, collection agencies or collection attorneys, or technicians who may need to service equipment where necessary information is stored. We enter into agreements with such associates such that they are also obligated to respect the privacy of your Protected Health Information.

**Communication with Family:** If a family member or close friend calls for scheduling, payment, or changing appointments and in our best judgment we do not believe you would object, we may communicate minimal necessary information to facilitate scheduling, payments and appointments. With your signed consent, if family members, other relatives, close personal friend, or any other person you identify as participating in your care, minimal necessary health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. Unless you notify us otherwise, we may leave messages on your home or cell phone if you utilize an answering machine, voice mail, or text message, or email regarding contacting our office regarding scheduling or regarding personal or third party payment.

**Marketing:** We may contact you to provide you with appointment reminders, with information about other health-related benefits or services that may be of interest to you.

**Health Research:** We may use Personal Health Information to conduct or participate in research studies based upon clinical and health records. In such cases any PHI shall be removed. For example, we may collect outcome data or group treatment



approaches or we may use data from your record to conduct a study or test patterns in head injury. Of course, we will not conduct any experimental research without a separate informed consent.

**Correctional Institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents there of your PHI necessary for your health and health and safety of other individuals.

**Patient's Rights and Psychologist/Counselor's Duties:**

**Patient's Rights:**

- ~ Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of Protected Health Information about you. However, we are not required to agree to a restriction you request.
- ~ Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in counseling. Upon your request, we will send your bills to another address.)
- ~ Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request process.
- ~ Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ~ Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.
- ~ Right to a Paper Copy: You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

We reserve the right to bill you for professional time involved in explaining or reviewing these procedures with you.

**Psychologist/Counselor's Duties:**

- ~ We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- ~ We reserve the right to change the privacy policies and practices described in the notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify active clients by mail. Returning clients will be notified upon their first visit following a change in policy and procedures. Clients may request a written copy at any time by mailing such a request to SDG Counseling, LLC, 4400 N. Federal Highway, Suite 210, Boca Raton, FL 33431.

**Questions and Complaints:**

If you are a client of SDG Counseling, LLC and have questions about this notice, disagree with a decision we make about access to your records, believe that your privacy rights have been violated and wish to file a complaint or have other concerns about your privacy rights, you may contact Dr. Otto at 561-703-9444. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.





## Therapy Agreement

I, \_\_\_\_\_, have applied for counseling, testing, or other services at SDG Counseling, LLC for myself and the following persons for whom I am legally responsible.

\_\_\_\_\_  
\_\_\_\_\_

- I am responsible for any and all indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy or testing.
- I understand that if, during the course of treatment, the counselor determines that a threat of physical harm (including child or elder abuse) to the client or to another person is imminent, the appropriate individuals and authorities will be notified. By law, the appropriate authorities will be notified in accordance with the following Florida statutes: F.S. 39.201, F.S. 39.202, F.S. 39.204, F.S. 490.0147, and F.S. 491.0147.
- I further agree to indemnify and hold harmless SDG Counseling, LLC, its agents, servants, and employees from any claim for damages, or any nature arising out of, or allegedly due to, any activity related thereto. I accept full responsibility for any decisions made regarding my life.

I certify that he/she has read the above information carefully, understands its contents, and agree to receive services for myself and/or anyone herein designated as provided above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_