

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.

PLEASANTON, GREENHILL, MEEK & MARSAA
561.833.7811

Defendant/City of Boca Raton's Trial Exhibit No. 31
Otto, et al vs. City of Boca Raton, et al
Case No. 18-cv-80771

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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.

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1 APPEARING ON BEHALF OF THE COUNTY OF PALM BEACH:

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5 BY: HELENE HVIZD, ESQUIRE
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8 (561) 355-6337

9 ALSO PRESENT:

10 Julie H. Hamilton, Ph.D., LMFT, Plaintiff
11 Dr. Rachel Needle

12 - - - - -

13 Thereupon:

14 ROBERT W. OTTO, PH.D., LMFT,

15 Having been first duly sworn by me, was
16 examined and testified as follows:

17 THE WITNESS: I do.

18 DIRECT EXAMINATION

19 BY MR. ABBOTT:

20 Q Would you please state your name for the
21 record, sir?

22 A It's Dr. Robert Otto.

23 Q Dr. Otto, my name is Dan Abbott. I represent
24 the City of Boca Raton in connection with a lawsuit that
25 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 ■■■ sexual orientation was
20 impacting ■■■ friendships, had different goals than ■■■
21 parents on that initially, and so we talked about the
22 discomfort that ■■■ 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 ■■■ 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 ██████████," and so they knew from the outset that my
12 position was not going to be trying to change their
13 ██████████, 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 [REDACTED] initiated that. I never brought that up. I didn't
2 ask [REDACTED] those questions. [REDACTED] just volunteered the
3 information. We talked about that some; [REDACTED] feelings
4 about that, [REDACTED] feelings about what that journey was
5 like for [REDACTED], and about making sense of [REDACTED] sincerely
6 held religious beliefs and [REDACTED] feelings and [REDACTED]
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 [REDACTED]
13 sexuality?

14 A No. [REDACTED] 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 [REDACTED] 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 ■■■ faith certainly does
2 impact the sexuality topic because the discord that ■■■
3 was experiencing, that we talked about in the past, had
4 to do with ■■■ faith and the dissonance between that and
5 ■■■ 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 ■■■ sincerely held religious faith which was
21 connected to the conversations of sexuality in the
22 past. And ■■■ incidence of looking at homosexual
23 pornography had decreased. Looking at pornography
24 in general had decreased, and ■■■ was glad for those
25 changes. And they had reduced the conflict with

1 ■ mom, and ■ 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, ■ 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]
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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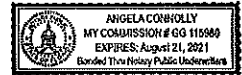
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CERTIFICATE OF OATH

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

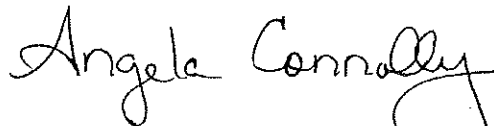
STATE OF FLORIDA)
COUNTY OF PALM BEACH)

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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HORATIO G. MIHET, ESQ.
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DATE: September 6, 2018

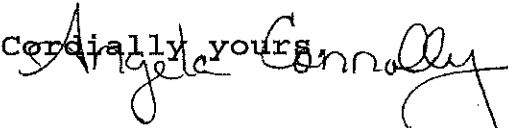
In Re: Robert W. Otto, Ph.D., LMFT, and Julie H. Hamilton, Ph.D., LMFT vs. City of Boca Raton, Florida, and County of Palm Beach, Florida

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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