

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.

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VOLUME I  
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DEPOSITION OF JULIE H. HAMILTON, PH.D., LMFT

A WITNESS

TAKEN BY THE DEFENDANTS

DATE: AUGUST 30, 2018

TIME: 9:06 A.M. - 5:46 P.M.

PLEASANTON, GREENHILL, MEEK & MARSAA  
561.833.7811

Defendant/City of Boca Raton's Trial Exhibit No. 32  
Otto, et al vs. City of Boca Raton, et al  
Case No. 18-cv-80771

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1           The deposition of JULIE H. HAMILTON, PH.D.,  
2    LMFT, 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 30th day of August, 2018,  
7    pursuant to Notice in said cause for the taking of said  
8    deposition on behalf of the Defendants.

9

10

11           APPEARING ON BEHALF OF PLAINTIFFS:

12

13           LIBERTY COUNSEL  
14           BY: HORATIO G. MIHET, ESQUIRE  
15           P.O. BOX 540774  
16           ORLANDO, FL 32854  
17           (800) 671-1776

15

16

17           LIBERTY COUNSEL  
18           BY: ROGER K. GANNAM, ESQUIRE  
19           P.O. BOX 540774  
20           JACKSONVILLE, FL 32854  
21           (800) 671-1776

19

20

21           APPEARING ON BEHALF OF CITY OF BOCA RATON:

21

22           WEISS, SEROTA, HELFMAN, COLE & BIERMAN, P.L.  
23           BY: DANIEL L. ABBOTT, ESQUIRE  
24           200 EAST BROWARD BOULEVARD, SUITE 1900  
25           FORT LAUDERDALE, FL 33301  
26           (954) 763-4242

25

1 APPEARING ON BEHALF OF THE COUNTY OF PALM BEACH:

2 PALM BEACH COUNTY ATTORNEY'S OFFICE  
3 BY: RACHEL FAHEY, ESQUIRE  
4 BY: KIM PHAN, ESQUIRE  
5 BY: HELENE HVIZD, ESQUIRE  
6 300 N. DIXIE HIGHWAY, SUITE 359  
7 WEST PALM BEACH, FL 33401  
8 (561) 355-6337

9 ALSO PRESENT:

10 Robert W. Otto, Ph.D., LMFT, Plaintiff  
11 Dr. Rachel Needle

12 - - - - -

13 Thereupon:

14 JULIE H. HAMILTON, PH.D., LMFT,

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

17 THE WITNESS: I do.

18 MS. FAHEY: For the record, let's go ahead and  
19 do appearances.

20 MR. ABBOTT: My name is Dan Abbott. I'm here  
21 for the City of Boca Raton.

22 MS. FAHEY: Rachel Fahey on behalf of Palm  
23 Beach County. The county has with them Assistant  
24 County Attorney Kim Phan. Helene Hvizd is a senior  
25 county attorney and -- assistant county attorney,  
and she will be joining us in about ten minutes.

The county also has with it its consultant,

1 Dr. Rachel Needle.

2 MR. MIHET: Good morning. Horatio Mihet on  
3 behalf of the Plaintiffs. With me is my colleague,  
4 Roger Gannam. Also present in the room is  
5 Plaintiff Dr. Otto; and today's deponent, Plaintiff  
6 Dr. Hamilton.

7 And for the record, Plaintiffs restate the  
8 same objection it had yesterday to Dr. Needle being  
9 present for these proceedings. We believe she is  
10 likely to be a fact witness in this case with  
11 respect to her interactions with the county  
12 commission and so, therefore, we think it's  
13 inappropriate for her to be here.

14 MS. FAHEY: And the county restates its  
15 response from yesterday.

16 DIRECT EXAMINATION

17 BY MS. FAHEY:

18 Q Dr. Hamilton, I will be starting with the  
19 questions for you today.

20 A Okay.

21 Q I have in front of you a binder that you may  
22 wish to refer to.

23 A Okay. Thank you.

24 Q Up here in the front of this binder is a copy  
25 of the county's ordinance. Inside this flap you will

1 find your answers to interrogatories.

2 A Okay.

3 Q Your supplemental answers to interrogatories  
4 and your request for admissions. So basically this is  
5 your responses to written questions.

6 A Okay.

7 Q I do not have printed out your written  
8 responses to the request for production, but the  
9 documents that you gave us for the request for  
10 production, the joint ones, are all back here --

11 A Okay.

12 Q -- if you need to refer to that. Here is a  
13 copy of the Complaint. At a certain point in the  
14 deposition I may ask you, as you observed yesterday,  
15 let's look at a specific paragraph, and so that's here  
16 for you to look at.

17 A Thank you.

18 Q So this binder here is in front of you for  
19 your reference.

20 MR. MIHET: And, counsel, are you giving the  
21 witness permission to consult the binder whether or  
22 not you specifically ask her to do it or is it  
23 there for when you ask her to look at it?

24 MS. FAHEY: I'm going to ask the witness that  
25 if you need to consult the binder, we'll take that

1 on a question by question basis, and I'll let you  
2 know if I'd like the answer without the  
3 consultation and if I still want the answer with  
4 the consultation because I understand that might  
5 take time to go through to find something specific  
6 and we have limited time today.

7 THE WITNESS: Okay.

8 MS. FAHEY: Thank you.

9 THE WITNESS: Thank you.

10 BY MS. FAHEY:

11 Q Have you ever given a deposition before?

12 A Yes.

13 Q How many times have you given a deposition  
14 before?

15 A Possibly three or four, maybe more. To be  
16 honest, I can remember three, but there probably were  
17 more.

18 Q And what type of cases have you given  
19 depositions in?

20 A For my clients.

21 Q In what context do your clients have you go  
22 and give a deposition?

23 A One would be -- do you want specifics?

24 Q I'm just generally trying to understand --

25 A The kind of thing maybe where they're asking

1 for -- a judge is asking for mental health records, so I  
2 might be called in to speak about mental health records,  
3 or where a client is confessing to sexual misconduct and  
4 I'm called in to talk about that.

5 Q Were any of the cases that you can recall that  
6 you gave a deposition in, did those cases involve  
7 clients -- minor clients?

8 A One was a deposition on an adult client, but  
9 the time that I had worked with her was a minor, so the  
10 records reflected a time period that she was a minor.

11 Q Okay.

12 A The other -- you said did they involve, so the  
13 other was sexual misconduct against a minor, but the  
14 minor was not my client, the perpetrator was.

15 Q Okay.

16 A So --

17 MR. MIHET: Alleged perpetrator.

18 THE WITNESS: Alleged, yeah.

19 And then I feel like there have been -- I  
20 don't remember other minors. I think they would  
21 have been marriage kinds of things in the past.

22 BY MS. FAHEY:

23 Q Okay. The one instance where you were  
24 speaking about a person who was then an adult but your  
25 records reflected treatment of a minor, did that



1 treatment involve the treatment of same-sex  
2 attractions --

3 A No.

4 Q -- or gender confusion?

5 A No.

6 Q Are you familiar generally with the flow of  
7 how a deposition goes?

8 A Somewhat, yes.

9 Q And you sat through Dr. Otto's deposition  
10 yesterday --

11 A Uh-huh.

12 Q -- correct?

13 A Correct.

14 Q And just so that we have it on the record, it  
15 seems like you're very familiar with the limitations of  
16 having a court reporter write down our questions.  
17 Generally what that means is you'll have to give a  
18 verbal response in the form of words because uh-huh,  
19 uh-uh does not translate well to the record, and also we  
20 will have to be cognizant of not speaking over one  
21 another because it's difficult to write down two things  
22 at once.

23 A Yes.

24 Q Okay?

25 A I know that will be a challenge for me, but

1 I'm going to try.

2 Q Okay. If you find that I am speaking and  
3 continuing with a question before you are finished with  
4 an answer, I'm going to invite you to let me know that  
5 your answer is not complete because I do want to know  
6 your complete answers to the questions today.

7 A Okay.

8 Q As you heard doctor -- Mr. Abbott. I say  
9 doctor a lot so I got confused -- Mr. Abbott yesterday  
10 say that he was not a licensed marriage family therapist  
11 and so he confessed that some of the language might not  
12 translate well from me to you.

13 If I ask a question in a way that is misusing  
14 your terms of art for therapy, if I'm saying "therapy"  
15 and I should be saying "counseling" or vice versa, will  
16 you please allow me to correct that? Will you please  
17 let me know that the question doesn't make sense?

18 A Yes.

19 Q And if I ask you a question that you don't  
20 understand at all, will you please let me know?

21 A Yes.

22 Q Okay. At any time if you need me to restate a  
23 question or rephrase it, will you please let me know?

24 A Yes.

25 Q All right. So I'm going to direct you to this

1 document that you have in the front of your binder. It  
2 is Bates labeled PBC 001 through PBC 0014. It's a copy  
3 of the ordinance. And when I say "the ordinance," I'm  
4 going to be referring to Palm Beach County's ordinance.  
5 I represent Palm Beach County.

6 A Okay.

7 Q Mr. Abbott, when he speaks to you later, most  
8 likely will be referring to the city's ordinance, but  
9 I'll let him let you know what he refers to, but I'm  
10 going to be referring to Palm Beach County's ordinance.

11 A Okay.

12 MR. MIHET: Are we marking this as an exhibit?

13 MS. FAHEY: No.

14 MR. MIHET: No.

15 BY MS. FAHEY:

16 Q I just want to point you to this ordinance,  
17 and I want to refer you to -- at the bottom you see the  
18 tiny little numbers, PBC00 something? Will you turn to  
19 PBC0012.

20 Okay. The top of that page, line 1, there's a  
21 definition for conversion therapy. When I refer to  
22 "conversion therapy" today, I'm going to be referring to  
23 this definition, okay? If for some reason you need to  
24 clarify and you're not referring to that or my question  
25 doesn't make sense in the context of that, I'm going to

1 ask you to let me know, but if I say "conversion  
2 therapy," that's what I'm going to be referring to,  
3 okay?

4 MR. MIHET: I'm going to object as to form.

5 MS. FAHEY: What's wrong with the form?

6 MR. MIHET: It assumes that the definition of  
7 conversion therapy in the ordinance is clear, not  
8 vague, not ambiguous, and understandable by a  
9 reasonable person --

10 MS. FAHEY: Okay.

11 MR. MIHET: -- which is a legal issue in the  
12 case that the parties are going to be debating  
13 before the court.

14 MS. FAHEY: Okay. I understand.

15 So I'd like to mark for this deposition Palm  
16 Beach County's Exhibit 1.

17 MR. MIHET: Can I recommend that we maintain  
18 the same numbers from yesterday because we had  
19 Defendants' -- we had a number of Palm Beach  
20 County's Exhibits, you know, 2, 3, 4, 5 and 6, and  
21 now we're going to have them again here. It may  
22 get confusing. It would be easier to just continue  
23 with the numbering scheme that we started  
24 yesterday.

25 MS. FAHEY: So I thought those were depo

1 exhibits to Dr. Otto. These are exhibits to  
2 Dr. Hamilton.

3 MR. MIHET: Okay. I think it would be clearer  
4 if we just have a running number of exhibits.  
5 That's how we typically do it.

6 If you prefer to do it this way, I think it's  
7 going to be confusing when you say it's Exhibit 7  
8 but not to Dr. Otto, to Dr. Hamilton.

9 MS. FAHEY: Okay. If that's what you prefer,  
10 we just won't have Exhibit 1 to her deposition. So  
11 what number --

12 MR. MIHET: No, it would be Exhibit 7. I  
13 think we left off with Exhibit 6, if I'm not  
14 mistaken, yesterday.

15 MS. FAHEY: Let's do it that way.

16 MR. MIHET: Okay.

17 MS. FAHEY: Okay. So this will be Exhibit 7.

18 (Thereupon, Defendants' Exhibit 7 was marked  
19 for identification.)

20 BY MS. FAHEY:

21 Q Dr. Hamilton, do you recognize Exhibit 7?

22 A Yes.

23 Q For the record, Exhibit 7 is Hamilton 001 and  
24 Hamilton 002 and Hamilton 003. It's a three page  
25 document.

1 Is this your resume, Dr. Hamilton?

2 A Yes. My curriculum vitae.

3 Q Your curriculum vitae?

4 A CV.

5 Q I see that it says that it's an abbreviated  
6 CV. Do you have a non-abbreviated one?

7 A No. Not to my knowledge I will say. I don't  
8 think I do.

9 Q When was this resume last revised?

10 MR. MIHET: Objection. The witness said it's  
11 a CV.

12 BY MS. FAHEY:

13 Q CV, sorry.

14 A To be honest, I don't remember if I made any  
15 changes before submitting it or not. Sometimes when I  
16 pull it up when someone asks for it there are new  
17 updates to put on it so I will update it, but I don't  
18 think I updated this one, but I honestly don't know.

19 Q Do you know whether this CV is up-to-date?

20 A It looks like it is up-to-date.

21 Q Where did you learn the talk therapy practices  
22 that you use?

23 A In my master's program at Nova Southeastern  
24 University.

25 Q What about the doctorate program, the Ph.D

1 program?

2 A I'm sorry, when did I first learn them? Did  
3 you say when did I first learn them?

4 Q I did not.

5 A Oh, I'm sorry.

6 Q That's okay.

7 A What was your question, the first question?

8 Q Did your doctor of philosophy in marriage and  
9 family therapy inform your practices --

10 A Yes.

11 Q -- that you do now?

12 Okay. Did you learn at Nova Southeastern  
13 University, in either your master's program or your  
14 doctorate program, practices to specifically address  
15 unwanted same-sex attractions?

16 A I did not learn practices to specifically  
17 address any issue. It was how to work with people in  
18 general.

19 Q Did either your master's program or your  
20 doctorate program cover the topic of same-sex  
21 attractions?

22 A I believe, yes.

23 Q And which one would it have been?

24 A I believe I took human sexuality in my  
25 master's program.

1 Q Any other coursework that you can recall that  
2 addressed same-sex attractions?

3 A I don't recall that specific topic other than  
4 in general human -- family dynamics and human  
5 relationships.

6 Q And would that have been in a specific  
7 master's course or doctorate course?

8 A The family dynamics and human relationships?  
9 That was throughout both programs, master's and  
10 doctorate.

11 Q And what about questions about gender identity  
12 and gender confusion, did you have any coursework in  
13 either your master's program or your doctorate program  
14 that specifically addressed that topic?

15 A Probably human sexuality in my master's  
16 program.

17 Q And how about your bachelor of science  
18 coursework in philosophy at Tennessee Temple University,  
19 did any of your coursework in your undergraduate degree  
20 cover sexual orientation or gender identity?

21 A I honestly do not remember. I do want to  
22 state that in every university that I attended, a theme  
23 was human relationships and how people do relate to one  
24 another in various ways and that was the real thrust of  
25 a marriage -- because marriage and family therapy is



1 about personal dynamics.

2 Q So I'm going to be looking at Hamilton 002,  
3 the second page of your CV. Have you spoken publicly --  
4 I see you have a section about presentations.

5 A Uh-huh.

6 Q Have you spoken publicly since December of  
7 2017?

8 A Since December of 2017? Yes. No. December  
9 of 2017? We're in 2018. Have I spoken publicly? Yes.

10 Q Okay. Where have you spoken?

11 A I spoke at my church.

12 Q Where is your church?

13 A West Palm Beach.

14 Q Which church do you go to?

15 A Truth Point.

16 Q Is that the only time you have spoken publicly  
17 since December of 2017?

18 A Honestly, I don't -- I can't say for sure  
19 that's the only time I may have spoken.

20 Q When you spoke at the Truth Point Church in  
21 West Palm Beach, were you speaking to a live audience?

22 A Yes.

23 Q And what was the topic that you were speaking  
24 on?

25 A Love and relationships. It was a Valentine

1 thing.

2 Q To your knowledge, is that talk available  
3 online?

4 A Might be. It probably was recorded on their  
5 website I would guess. I don't know for sure.

6 Q During that talk do you recall whether you  
7 addressed same-sex attractions in minors or gender  
8 identity confusion in minors?

9 A I don't think I ever addressed sexual  
10 attractions or gender identity at all. I don't think --  
11 definitely not. I can't imagine how that would have fit  
12 in with the talk. With minors, no.

13 Q Okay.

14 A Yeah, definitely wasn't the point of the talk.

15 Q Since December 2017 have you spoken  
16 privately -- and I mean to family or friends -- about  
17 sexual orientation or gender identity?

18 A Have I spoken --

19 MR. MIHET: Form.

20 THE WITNESS: -- privately? I do want to back  
21 up. As far as speaking since then, I said I don't  
22 remember. It is -- when you mentioned live, there  
23 may have been a radio thing, but I honestly don't  
24 know if it was '18 or '17 when that happened, so I  
25 really -- yeah. So, anyway, it's possible that I

1 spoke about other topics since then.

2 And your next question was have I --

3 BY MS. FAHEY:

4 Q Spoken privately.

5 A Privately. Have I spoken --

6 MR. MIHET: Form.

7 THE WITNESS: -- privately about gender  
8 identity or -- yes.

9 BY MS. FAHEY:

10 Q Okay. Will you please share with me when and  
11 in what context?

12 A I speak about it all the time because I'm so  
13 appalled that the county has taken away our freedom of  
14 speech in the therapy office. So I talk about it with  
15 my friends, my family. Yes, I talk about it a lot on a  
16 personal -- are you talking about just the issue in  
17 general or trying to help people change?

18 Q I'm talking about have you spoken on the  
19 subject of sexual orientation --

20 A Yes.

21 Q -- or gender identity?

22 A Sorry.

23 Q That's okay. In a regular conversation it  
24 would be normal for you to say your answer before I was  
25 finished, so I'll say it clearly.

1                   Since December 2017 have you spoken privately  
2 with family or friends on the subject of sexual  
3 orientation or gender identity?

4                   A       Yes.

5                   MR. MIHET:   Asked and answered.

6 BY MS. FAHEY:

7                   Q       Okay. We were just getting the whole question  
8 and the answer out.

9                   A       So, yes.

10                  Q       Okay. And you explained to me that that was  
11 in the context of speaking with your friends and family  
12 specifically about the bans that we're in this lawsuit  
13 about today?

14                  A       So what was I speaking about? The bans for  
15 sure, the fact that speech has been taken away. I talk  
16 about, with friends and family, about the dangerous  
17 thing that's happening in our culture where gender  
18 identity confusion is being increased in young children  
19 because of how they're being taught, that they have lots  
20 of options of what sex they can be.

21                  Yeah, I'm very distressed about what's  
22 happening in our culture and how there are more confused  
23 children. More and more children are becoming confused  
24 and we have less ability to help them, so I talk about  
25 it a lot.

1 Q Did you feel constrained by the Palm Beach  
2 County's ordinance in speaking to your friends and  
3 family about the issues that you just shared with me  
4 that you spoke about?

5 A I did not feel constrained about speaking  
6 about those issues, but if I were to try to help someone  
7 who was asking me about their gender confusion, I would  
8 definitely feel constrained, even if it was my own child  
9 because the ordinance says paid or unpaid.

10 Q Do you have any minor children?

11 A Yes.

12 Q What are the ages of your children?

13 A Six and eight.

14 Q And are either of your children seeking  
15 therapy that would seek to change their sexual  
16 orientation or gender identity?

17 MR. MIHET: Objection.

18 THE WITNESS: They are not; however, if they  
19 ever became confused because of a book they picked  
20 up at the library or because of something that they  
21 heard taught to them and they had confusion about  
22 it, I do not believe that I would be at liberty in  
23 America to help them clear up their confusion based  
24 on this ordinance.

25 BY MS. FAHEY:

1           Q       I understand you have the potential concern.  
2       Do you have a present concern that either of your  
3       children have gender confusion or sexual orientation  
4       questions?

5                   MR. MIHET:   Asked and answered.

6                   THE WITNESS:   No.

7       BY MS. FAHEY:

8           Q       Okay.  Now I see that you taught at --

9           A       Can I also add another answer to that?  When  
10       you were asking if I had felt constrained to talk to  
11       family and friends, if I were giving a talk on any  
12       number of things and someone -- if I was speaking in a  
13       church and someone went and got their child out of  
14       childcare and brought them to me and said, "Hey, could  
15       you speak with my child about -- you know, they're  
16       confused and could you speak to them?" I would have to  
17       tell them, "No, I'm actually not allowed to speak on  
18       that.  Even though I'm not in my counseling office, even  
19       though you're not paying me, I'm not allowed to help you  
20       with that because I can't talk to your child."

21                   So there are a number of contexts.  I could go  
22       on and on with all the different contexts outside of the  
23       therapy office that I have felt constrained and could  
24       potentially feel constrained in the future.

25           Q       Okay.  You used to teach classes at Palm Beach

1 Atlantic University, correct?

2 A Yes.

3 Q Did you teach human sexuality theory and  
4 techniques at Palm Beach Atlantic University?

5 A No.

6 Q What classes did you teach?

7 A Marriage theories, family theories,  
8 foundations of counseling, dynamics in marriage and  
9 family, legal and ethical issues, group counseling. I  
10 don't remember if there were others.

11 Q Did you teach any classes specifically on the  
12 topic of sexual orientation or gender identity?

13 A That was covered in some of those classes.

14 Q And when --

15 A I cannot remember.

16 Q I'm sorry.

17 A Go ahead.

18 Q When you say "covered in," was that something  
19 that you spent more than a week discussing with the  
20 students?

21 MR. MIHET: Form.

22 THE WITNESS: I don't think so. I'm not sure.  
23 I don't think so.

24 BY MS. FAHEY:

25 Q And are there any books that you recommended

1 to your students as recommended or required reading that  
2 covered sexual orientation or gender identity?

3 A I don't remember any books that specifically  
4 covered that, but whether that was addressed within  
5 books that were recommended or required, I don't know.

6 Q Do you still have the syllabi of the classes  
7 that you used to teach?

8 A They would be on record at Palm Beach  
9 Atlantic.

10 Q Do you know whether you have a copy?

11 A I know that my computer crashed long after --  
12 or not long after I was there, but I feel like I  
13 recently -- in looking for documents, I feel like I  
14 recently came across some things that were saved on a  
15 flash drive, so I think that there could be some  
16 available.

17 Q Okay. At PBA did you teach on the causes of  
18 homosexuality?

19 A Probably on theories of contributing factors  
20 within some of the classes that I taught.

21 Q Did you teach at PBA on how to reduce or  
22 eliminate same-sex attractions?

23 A I don't know. And some of what you're -- what  
24 you're asking, I'm thinking in terms of lecture material  
25 not necessarily all outlined in writing, so I'm trying



1 to recall every -- sometimes in a -- as a lecturer you  
2 include a number of topics and the classes were four  
3 hours, so it's very possible I talked about topics that  
4 I wouldn't have record of ever talking about, you know  
5 what I mean? I didn't use PowerPoints in any of my  
6 classes so, yeah, I have -- I cannot recall.

7 Q Why did you stop teaching at PBA?

8 A I had a baby. I wanted to spend time with the  
9 child, my baby.

10 Q Do you have plans to go back to teaching?

11 A No, I don't really have any plans.

12 Q Okay. I am going to be handing you what we  
13 will be marking as Defendants' Exhibit 8. This is  
14 Hamilton 004.

15 MR. MIHET: Why don't we have you testify from  
16 the one that's officially marked.

17 THE WITNESS: Oh, thank you.

18 (Thereupon, Defendants' Exhibit 8 was marked  
19 for identification.)

20 BY MS. FAHEY:

21 Q Do you recognize Defendants' Exhibit 8?

22 A Yes.

23 Q What is Defendants' Exhibit 8?

24 A My license as a marriage and family therapist.

25 Q Is this a true and correct copy of your

1 license as a licensed marriage and family therapist?

2 A Yes.

3 MR. MIHET: Form.

4 BY MS. FAHEY:

5 Q Now the address that appears here on your  
6 license, what address is that?

7 A My office address.

8 Q How long have you been at that office?

9 A I would say probably ten years, 2008.

10 Q Is the address correct?

11 A Yes.

12 Q What do you do to maintain your license?

13 A I take 30 hours of continuing education credit  
14 every two years and go through the procedure then of  
15 reporting that I have done that and renewing the  
16 license.

17 Q Is there any specific subtopics that you have  
18 to hit with those 30 credits? For example, in the legal  
19 field we have to hit a certain number of, like, ethics  
20 credits.

21 A Uh-huh.

22 Q Is there an equivalent for the licensed  
23 marriage family therapist continuing education?

24 A There are, but it changes each biennium. So  
25 sometimes it's legal issues. It used to be HIV and

1 AIDS. It used to be domestic violence, but it changes  
2 so I'm not sure what we'll be required for 2019 renewal.

3 Q Do you know whether they offer -- is it called  
4 CEU or CEC?

5 A CEUs.

6 Q Okay. Do you know whether they offer CEUs  
7 specifically in sexual orientation or gender identity?

8 A In changing sexual orientation or gender  
9 identity or --

10 Q Just specifically on the topic --

11 A Probably.

12 Q -- of sexual orientation or gender identity.

13 A I would guess that they do, but I'm not sure.

14 Q Have you taken any CEUs specifically in sexual  
15 orientation or gender identity?

16 A I don't know. I've been licensed for 18  
17 years, I'm not sure. I can't remember all the CEUs I've  
18 taken.

19 Q How about in the last renewal period, have you  
20 taken -- do you recall whether you took any CEUs in the  
21 last renewal period, last two years or so, specifically  
22 on sexual orientation or gender identity?

23 A I'm so sorry, I don't even remember what they  
24 were.

25 MR. MIHET: Don't feel bad. I don't remember

1 the ones I take either.

2 THE WITNESS: Oh, good. Thank you.

3 BY MS. FAHEY:

4 Q Do you remember any of the CEUs that you've  
5 taken in the last two years or so?

6 A Oh, I honestly don't know if it was the last  
7 biennium or the one before that, but I did some on  
8 suicide, depression. I think I may have done one on  
9 aging. Technology and its effects on minors, I did that  
10 one. I can't recall any others off the top of my head  
11 right now. I might be able to think of them if I give  
12 more thought to it.

13 Q If you remember later, let me know.

14 A Okay.

15 Q Do you know if you've had to take any CEUs in  
16 ethics?

17 A This last biennium I do think there may have  
18 been a legal course now that you're saying that, but I'm  
19 not 100 percent sure. Yeah, I believe there might have  
20 been. I can't remember if it was a required one or not.

21 Q Okay.

22 A Okay.

23 Q What is your -- so I'd like to talk about  
24 ethics a little bit.

25 A Uh-huh.

1 Q What's your understanding of your ethical  
2 requirements as they relate to boundaries?

3 A To boundaries? Well, we are to avoid dual  
4 relationships, so we are to not have clients that we  
5 have another relationship with at the same time.

6 Boundaries would also include -- so that would  
7 mean, you know, with your client you can't establish a  
8 friendship or a romantic relationship either. I don't  
9 have the ethical codes in front of me to quote what  
10 boundaries say in the ethical codes, but what I think of  
11 is not disclosing -- not making the session about  
12 yourself. So a lack of boundaries would be making  
13 this -- you know, talking about your own problems to  
14 your clients and that kind of thing. Or hiring clients  
15 for services later, that kind of thing.

16 Again, I don't -- I don't have the exact  
17 wording of what's stated in the ethical codes, but to  
18 maintain professionalism and have a respectful  
19 relationship, yeah.

20 Q And that ethical requirement as it relates to  
21 boundaries, does that preclude you from treating family  
22 members and friends as clients?

23 A In the therapy office, yes. I could not have  
24 them come into the therapy office as my client.

25 Q What is your understanding of ethical

1 requirements as they relate to self-disclosure?

2 A I believe it's that you are self-disclosing  
3 for the purpose of helping a client but not  
4 self-disclosing for the purpose of benefiting yourself.  
5 So not self-disclosing to make myself feel better for  
6 them to give me advice or comfort me or in any way meet  
7 my needs, but self-disclosing for the purpose of meeting  
8 their need. As well as I would say there are times  
9 where a conflict of interest may arise and you  
10 self-disclose perhaps your beliefs or your opinions if  
11 those would interfere with you being able to help the  
12 client achieve their goals. That would be appropriate  
13 self-disclosure.

14 Q Now I understand that you can't treat family  
15 or friends in the office. Have you helped family or  
16 friends like you've -- like you said in -- like not in  
17 the office --

18 A Right.

19 Q -- in the past?

20 A Right.

21 MR. MIHET: Form.

22 THE WITNESS: What's interesting is that in  
23 our field, because what we do for a living is we  
24 talk to people about their problems, I would never  
25 say that I have formally provided therapy for any

1 of my family or friends; but by being a family  
2 member or a friend to someone, there are many, many  
3 times where I do talk to people about their  
4 problems. And my guess is that my therapy training  
5 and skills in how to communicate and how to listen,  
6 how to empathize, probably come into play, so I'm  
7 using probably therapeutic skills.

8 Even though I'm not intentionally trying to be  
9 a therapist, I might be trying to be a mom or a  
10 friend or a daughter or a sister or a wife, but you  
11 can't really -- putting on a therapy hat and taking  
12 off a therapy hat is not like being a dentist and  
13 putting a filling in a tooth. It's just human  
14 interactions, so those interactions do take place  
15 outside the therapy office even though certainly my  
16 family and friends wouldn't say -- or I wouldn't  
17 say I'm doing therapy. They might say -- I do have  
18 friends that sometimes say, "Oh, thanks I owe you"  
19 jokingly because it feels like they've talked to a  
20 therapist because they've talked to someone with  
21 training in how to listen.

22 BY MS. FAHEY:

23 Q Now I was asking questions about your  
24 understanding of your ethical requirements, and you said  
25 "I don't have the ethics in front of me." Which ethical

1 codes were you thinking of when you said I would -- I  
2 don't know what the exact wording is. Which one were  
3 you thinking of?

4 A The marriage and family -- the American  
5 Association of Marriage and Family Therapists.

6 Q So is that the AAMFT?

7 A Yes.

8 Q I am going to point you to a document that was  
9 produced in the joint production. It is PL Joint 001,  
10 and this is the American Association of Christian  
11 Counselors, AACC, Code of Ethics. Is this a code of  
12 ethics that you follow?

13 A No. Not that I wouldn't. I don't -- I'm not  
14 a member of the American Association of Christian  
15 Counselors.

16 Q Are you --

17 A And I might agree with a lot that's in there.  
18 I don't know.

19 Q Okay. Do they have the authority to  
20 discipline you, the AACC?

21 A No.

22 Q So is it mandatory for you to follow the code  
23 of ethics of the AACC?

24 A No. I will say that the way it works is that  
25 I have a code of ethics for my profession under which



1 I'm licensed -- the field that I'm licensed in, and I  
2 have the statute, the Florida Statute, but I definitely  
3 also don't have a code of ethics issued to me by the  
4 county or the city either, and that's one of the biggest  
5 problems with this ordinance is that --

6 MR. MIHET: We'll get there.

7 THE WITNESS: Okay.

8 MR. MIHET: She didn't ask you about that yet.

9 THE WITNESS: Sorry. Yes. Okay.

10 BY MS. FAHEY:

11 Q So I understand you follow the AMFT --

12 A Yes.

13 Q -- as your code of ethics.

14 A Yes.

15 Q Are there any other code of ethics that you  
16 follow as binding you?

17 A No.

18 Q Does the AMFT have the authority to discipline  
19 you?

20 A I believe if you're a member they have the  
21 authority to suspend your membership or take away your  
22 membership, but I believe it would be the state that  
23 would have the authority to take away my license.

24 Q I'm going to borrow this real quick.

25 Now you mentioned that the AACC code of ethics

1 was something that you did agree with some of the --

2 A Perhaps I would. I don't know for sure.

3 Q And I want to ask you whether or not you do  
4 agree with a specific provision.

5 A Okay.

6 Q I have turned to PL Joint 026. It is on page  
7 26 of the document, and I'd like to direct your  
8 attention to provision 1-530-a. It's "Not Imposing  
9 Values." If you could read that and let me know when  
10 you're finished reading.

11 A Yes. "While Christian counselors may expose  
12 clients and/or the community at large to their faith  
13 orientation, they do not impose their religious beliefs  
14 or practices on clients."

15 Q Do you agree with that --

16 A Yes.

17 Q Okay.

18 MR. MIHET: Let her finish.

19 THE WITNESS: Sorry.

20 MS. FAHEY: I think we got that.

21 BY MS. FAHEY:

22 Q Okay. I'm going to move back to the location  
23 of your practice. You've let me know that the address  
24 that's on your license is the correct address for your  
25 practice?

1           A       Uh-huh.

2           Q       Do you engage in therapeutic practices in any  
3 location other than your office?

4                   MR. MIHET:   Form.

5                   THE WITNESS:  I also provide telephone  
6 therapy.

7 BY MS. FAHEY:

8           Q       Where are you when you provide telephone  
9 therapy?

10          A       I have been in my offices and sometimes at  
11 home.

12          Q       What city is your home in?

13          A       West Palm Beach.

14          Q       Are there any other locations where you  
15 provide therapy?

16                   MR. MIHET:   Form.

17                   THE WITNESS:  No.

18 BY MS. FAHEY:

19          Q       And so I'm just going to run through some  
20 possible locations --

21          A       Okay.

22          Q       -- and if you could let me know yes or no.  
23 Boynton Beach?

24          A       No.

25                   MR. MIHET:   Counselor, are you asking where

1 she is present or where her clients are present?

2 MS. FAHEY: Where she is present when she  
3 provides therapy.

4 THE WITNESS: At this time in my life. So not  
5 that I won't ever be in those locations in the  
6 future because I have a very limited practice since  
7 my children are small, but I may go back to having  
8 two locations as I once did. Okay.

9 BY MS. FAHEY:

10 Q Where was your other location?

11 A Boca Raton.

12 Q What was the address of your other location?

13 A For a while I practiced at Spanish River which  
14 was, I believe, 2400 Yamato Road, I'm not positive, and  
15 then I had two other offices in Boca. I do not remember  
16 the addresses off the top of my head. One was on Glades  
17 Road in, like, Twin Towers near the Town Center Mall, I  
18 believe. I think the other one might have been on  
19 Federal Highway.

20 Q Do you know one way or another whether those  
21 two other locations were in the city limits of Boca  
22 Raton or if whether it was unincorporated Palm Beach  
23 County?

24 A I believe I had an occupational license in  
25 Boca, so I believe that would have been the city is my

1 guess. I don't remember. It was prior to '05.

2 Q You presently have one office location --

3 A Right.

4 Q -- correct? Do you have any current plans to  
5 open a new office location?

6 A I do not have any plans beyond today about my  
7 profession, private practice.

8 Q Okay. So I'm going to get back to the  
9 locations and check to see whether you are currently --

10 A Currently.

11 Q -- providing therapy in that location, and I  
12 am referring to where are you when you provide therapy.

13 A Okay.

14 Q Lake Worth?

15 A No.

16 Q Greenacres?

17 A No.

18 Q Delray Beach?

19 A No.

20 Q Riviera Beach?

21 A No.

22 Q Wellington?

23 A No.

24 Q Boca Raton?

25 A Not currently.

1           Q     How about anywhere outside of Palm Beach  
2 County?

3           A     No.

4           Q     Broward County?

5           A     No.

6           Q     And I understand that you have clients that  
7 you speak to on the telephone. Can you give me an idea  
8 of generally the scope of where those clients are?

9           A     Okay. Boca Raton, Orlando, Tampa, and I have  
10 one that's out of state, which is Kentucky.

11                     And the way it works when we practice out of  
12 state is I check with the state to make sure they have  
13 no prohibition against an out-of-state licensed provider  
14 providing telephone therapy, so Kentucky is one that's  
15 fine. I think I provided in Georgia. None of these are  
16 minors. And there have been other states, such as New  
17 Mexico where I had to say no because they have laws that  
18 prohibit an out-of-state therapist from providing  
19 therapy in that state, and Hawaii as well. I actually  
20 don't remember what happened with Hawaii, if that was  
21 permissible or not permissible.

22           Q     Is the client that you were referring to that  
23 you said is located in Boca Raton and you provide  
24 telephonic therapy to, is that client a minor?

25           A     No.

1 Q Do you have any minor clients that reside in  
2 Boca Raton?

3 A I don't know. I don't think so. I don't  
4 know.

5 Q What's the name of your practice?

6 A It's just under my name as an individual  
7 provider: Julie, I think, Harren Hamilton.

8 Q Does your practice have a -- is it  
9 incorporated? Is there a partnership?

10 A No, just an individual. I think it's called  
11 an individual proprietor -- what is it? Proprietaryship  
12 or whatever. I don't remember the word.

13 Q And you were -- you said something that when  
14 you were previously in Boca you had a license through  
15 Boca. What was that?

16 A Well, we have an occupational license when  
17 we're in private practice, so I have one from the county  
18 and one from the city that I'm practicing in.

19 Q Okay. So do you have an occupational license  
20 from Palm Beach County?

21 A Yes.

22 Q And do you have an occupational license for  
23 the City of West Palm Beach?

24 A Palm Beach Gardens is where I practice.

25 Q Palm Beach Gardens. Do you have one for the

1 City of West Palm Beach?

2 A No, not currently. I used to practice in West  
3 Palm. I used to have an office in West Palm.

4 Q Do you have a business card that you give  
5 people?

6 A I do.

7 Q If your attorney does not object, would you  
8 mind showing it to him to see if we can make a copy of  
9 that today?

10 A Sure, if I have one.

11 MR. MIHET: Sure.

12 MS. FAHEY: Thank you. So we'll make a copy  
13 of this and mark this -- are we on 9?

14 MR. MIHET: 9.

15 (Thereupon, Defendants' Exhibit 9 was marked  
16 for identification.)

17 BY MS. FAHEY:

18 Q How long has this been the design of your  
19 business card?

20 A I just reordered them in probably January, and  
21 I don't know if I changed the design or not. I don't  
22 think so.

23 Q Has there ever been a time that you can recall  
24 that your business card advertised that you addressed  
25 same-sex attractions in minors?



1           A       Not on my business card.

2           Q       Has there ever been a time that you recall  
3       that your business card advertised that you address  
4       gender confusion in minors?

5           A       Not on my business card.

6           Q       I understand that it's a sole proprietorship.

7           A       Thank you.

8           Q       And I assume that you own your business; is  
9       that correct?

10          A       Yes.

11          Q       Does anyone else have an ownership interest in  
12       your business?

13          A       No.

14          Q       Do you have any employees?

15          A       No.

16          Q       Does your business work with any other  
17       therapists that would say that they practice under this  
18       business?

19          A       No.

20          Q       Do you have a salary?

21          A       No.

22          Q       Is your compensation structured based upon how  
23       many clients and how many sessions you have?

24          A       Yes.

25          Q       Are your clients paying out-of-pocket or do

1 you accept insurance?

2 A Are they paying out-of-pocket? They all pay  
3 me out-of-pocket. Some clients will -- I will give them  
4 a form that they can deal with their insurance companies  
5 if they want reimbursement if it's something that's  
6 covered. I do not work with any insurance companies to  
7 bill. With one exception, I think there is an EAP that  
8 I did agree to, for the client's sake, to go ahead and  
9 bill the EAP, which is I don't think an insurance  
10 company. It's something with their place of employment.

11 Q Was that client an adult?

12 A Yes.

13 Q How do you market your services?

14 A Word of mouth. I also get referrals because  
15 of people hear about either a talk that I've done or  
16 maybe on the radio or something like that, so it's not  
17 me personally marketing my services only but them  
18 hearing something that I've said or done and then them  
19 contacting me so...

20 Q Have you in the past advertised on the radio?

21 A I have not -- oh, yes, I did advertise once.  
22 Years ago, yes.

23 Q And what radio outlet or station did you  
24 advertise on?

25 A WAY-FM.

1 Q And that was years ago?

2 A Uh-huh. 2002, I believe. I'm not positive.

3 Q Do you have any plans to do a new radio ad?

4 A Not a new ad, but there's informal advertising  
5 when you speak on the radio so...

6 Q Have you ever advertised through the  
7 newspaper?

8 A Maybe -- I think -- I think Rob mentioned the  
9 Good News Newspaper. When I was with Spanish River, I  
10 believe they did. That would be it.

11 Q Okay. So you have not advertised Julie Harren  
12 Hamilton, Ph.D, LMFT, in the newspaper?

13 A Right, I have not. Not my private practice.

14 Q And how about your private practice, have you  
15 advertised that through any other print media such as  
16 flyers or posters?

17 A My private practice? No.

18 Q You have a website, correct?

19 A Yes.

20 Q Okay. Is your website something that you  
21 consider advertisement?

22 A Yes, I suppose so.

23 MS. FAHEY: I will mark this as 10. Thank  
24 you.

25 (Thereupon, Defendants' Exhibit 10 was marked

1 for identification.)

2 BY MS. FAHEY:

3 Q Do you have Exhibit 10 in front of you?

4 A Yes.

5 Q Okay. Do you see at the bottom it says  
6 <http://drjuliehamilton.com/therapy?>

7 A Yes.

8 Q Is that your website?

9 A Yes.

10 Q Does this document, Defendants' Exhibit 10,  
11 appear to be a page from your website?

12 A Yes.

13 Q Do you know, is this page something that you  
14 created?

15 A I believe I had a web designer do this.

16 Q Did you create the content of the website, of  
17 this web page?

18 A Probably, yes.

19 Q Do you advertise that you address same-sex  
20 attractions or gender confusion in either minors or  
21 adults on this page?

22 A I don't believe I do on this page.

23 Q Was there a time in the past where you did  
24 advertise that you addressed same-sex attractions or  
25 gender identity issues on your website?

1           A     I don't know for sure. I think various  
2 forms -- I think I'm advertising that I help with  
3 various forms of difficulty.

4           Q     Okay. Do you recall having changed your  
5 website content because of the county's ordinance or the  
6 Boca Raton ordinance?

7           A     I think that in the past I never advertised  
8 specifically for gender identity confusion or sexual  
9 orientation confusion because I did not see it as a  
10 separate issue. I deal with a wide variety of issues.  
11 However, in the present and in the future, I most  
12 definitely want to make myself more available to  
13 families of children that are struggling with gender  
14 identity confusion because it's a problem that's  
15 increasing and a very, as I said earlier today, very  
16 distressing problem.

17                   I'm very concerned about children that go  
18 without help for this issue when they're young, so I do  
19 want to start advertising to help those gender confused  
20 young children and their families, and I'm not able to  
21 do that because of this ordinance.

22           Q     Is this the page of your website where you  
23 would do that?

24           A     No.

25           Q     The therapy page?

1           A       I would put my name -- no, sorry. I would --  
2       I would put my name on a referral list of organizations  
3       that regularly get calls from distressed parents looking  
4       for help. I would put my name on as a provider for them  
5       because it is possible to help these confused children  
6       move beyond their confusion, but the ordinance restricts  
7       me from making my services available.

8                   And one last thing. The ordinance instead  
9       suggests that the best treatment for these children is  
10      to help them become the opposite sex.

11           Q       Do I understand you correctly to say that --  
12      imagine there's no ordinance in Palm Beach County --

13           A       Uh-huh.

14           Q       -- or Boca Raton -- that you would not amend  
15      your website in any way with respect to there being no  
16      ordinance, is that true?

17                   MR. MIHET: Form.

18                   THE WITNESS: I'm not sure. To be honest, I'm  
19      not sure what I would do. I haven't thought ahead  
20      with that. I have one specific place in mind that  
21      I would like to make myself available and known  
22      that I'm not able to do because of the ordinance.

23           BY MS. FAHEY:

24           Q       What is that referral list that you're  
25      referring to?

1           A       There's an organization called Focus on the  
2 Family, and they get a lot of calls from parents that  
3 are not knowing what to do with their little girls that  
4 think they are boys or their little boys that think they  
5 are girls.

6           Q       And is that referral list -- if you could help  
7 me understand, is that something that anybody could go  
8 look at the referral list online and see a bunch of  
9 names?

10          A       I'm not sure to be honest.

11          Q       Have you ever attempted to be on that list in  
12 the past?

13          A       I don't -- I don't know if I was -- I don't  
14 know if I was actually -- I feel like I may have been on  
15 it at some point, but I don't know.

16          Q       Did you ever --

17          A       But I want to -- so I -- I feel like people  
18 have called me and said they heard of me through that  
19 organization, but I don't think I'm on the provider  
20 list, so I would like to make it more clear with that  
21 organization that I am a provider. Maybe there are some  
22 people that are giving out my name in that organization,  
23 but I want it to be better known throughout the  
24 organization so that more families will know that  
25 there's help available in Palm Beach County.

1 Q In the past have you ever provided your name  
2 as a provider to Focus on the Family for their referral  
3 list?

4 A I don't think them. I think another one  
5 maybe. No.

6 Q What is --

7 A I'm not sure.

8 Q -- the referral list that you recall providing  
9 your name to as to be put on to a referral list as a  
10 provider?

11 A There is probably a provider list within  
12 Exodus.

13 Q When you say "Exodus," are you referring to  
14 Exodus International, Exodus Ministries? What -- is it  
15 just Exodus?

16 A It may have been Exodus International maybe or  
17 North America, I'm not sure.

18 Q Does that organization still exist?

19 A No. It was replaced by two other  
20 organizations.

21 Q What are the names of the two organizations?

22 A Restored Hope Network and Hope for Healing.

23 Q Can you say that first one again?

24 A Restored Hope Network and Hope for Healing.

25 Q Are you on a referral list for either Restored



1 hope Network or --

2 A I don't think so.

3 Q Sorry. I blanked on the second one.

4 A Sorry.

5 Q So how about that second organization, are you  
6 on a referral list for them?

7 A Not that I know of.

8 Q Have we covered the world of advertisement  
9 that you have, in the past, engaged in for your private  
10 practice?

11 A I guess the only one we haven't covered is  
12 public speaking, that when I public -- when I do public  
13 speaking parents often come up to me afterwards and  
14 they're distressed about their children. And now if  
15 they come up to me, I have to say, "I'm sorry, I'm not  
16 allowed to help you" according to the county  
17 commissioners.

18 Q When you do the public speaking, do you, in  
19 those public speeches, say "If anyone wants to retain me  
20 as a therapist, I'm accepting new clients. Come talk to  
21 me afterward"?

22 A I do not, but they generally recognize an  
23 expertise and would like to solicit the help, so I wait  
24 for them to solicit, and they often do, and now I would  
25 have to turn them down.

1           One other thing I would say is that I do  
2 sometimes say that if someone is distressed about this  
3 issue, I would recommend therapy for them. I don't say  
4 "Come see me personally," but I say, "I would recommend  
5 therapy." I'm not able to say that now for if they're a  
6 minor. I can't say here are -- "If you're confused, if  
7 you're feeling suicidal or depressed, here are some  
8 things you can do. You can contact a therapist." I  
9 can't say that anymore because they're not allowed to  
10 contact a therapist in Palm Beach County.

11           Q       So is it your position that you are  
12 constrained from recommending SOCE therapy, sexual  
13 orientation change efforts therapy?

14           A       I am constrained from recommending therapy to  
15 minors in this county, yes.

16           MR. MIHET: Rachel, we've been at it for an  
17 hour. I could use a short break whenever you deem  
18 it appropriate.

19           MS. FAHEY: Okay. Well, we have no question  
20 pending. How about now?

21           MR. MIHET: Okay.

22           (Thereupon, a short break was taken from 10:01  
23 a.m. to 10:10 a.m.)

24 BY MS. FAHEY:

25           Q       All right. We're back on the record,

1 Dr. Hamilton. I'd like to ask you questions about  
2 diagnosing. As a licensed marriage and family therapist  
3 are you authorized to give a diagnosis?

4 A I believe that we can.

5 Q Do you give diagnoses?

6 A I do not diagnose for my own clinical  
7 purposes; however, if they are using insurance, they  
8 have to have something that's diagnosable. So if they  
9 have a diagnosable condition, I put a diagnosis on the  
10 form that I give them to send to their insurance  
11 company.

12 Q What are the types of diagnoses that you have,  
13 in your practice, given a patient? The ones that you  
14 were just mentioning who needed to have a diagnoses for  
15 insurance purposes.

16 A Common issues that people bring in to my  
17 office are anxiety, depression, adjustment disorders of  
18 various types. Probably those -- those are the only  
19 ones I can think of.

20 Q I understand from your answer to interrogatory  
21 number 22 that in the past nine years you have had 11  
22 patients that have had either gender identity confusion  
23 or same-sex attractions that were unwanted by them and  
24 that -- so you've had 11. Of those 11, do you recall  
25 whether any of those were situations where there was

1 insurance and so a diagnosis was needed?

2 A Gosh, I don't remember.

3 Q Would it assist you to look at the list of the  
4 Doe 1 through 11?

5 A To be honest, no. I would have to see their  
6 files.

7 Q Have you in the past given a diagnosis that  
8 you can recall to a person who had unwanted same-sex  
9 attractions, either a minor or an adult?

10 A So let me say this: If they are coming in and  
11 that is their presenting problem, that's not diagnosable  
12 and insurance is not going to cover that. So if they  
13 ever did ask me to use insurance for that issue, I would  
14 have to say "That is not considered a mental health  
15 diagnosis. You cannot use your insurance for this."

16 Q Is that answer still true if I were to  
17 supplement unwanted same-sex attractions with gender  
18 identity confusion? Is gender identity confusion where  
19 you would give a diagnosis?

20 A In the past it used to be called gender  
21 identity disorder, so if a child had -- I don't ever  
22 recall diagnosing a child with that. I don't recall  
23 using insurance to work with that issue. Now it would  
24 be called gender dysphoria if they were having stress  
25 over their gender confusion, but I don't recall giving a

1 diagnosis of that for clients.

2 So the answer to the question about have I  
3 ever, it would have only been if they came in reporting  
4 something that was diagnosable and then the same-sex  
5 attraction came up as a secondary issue or an equally  
6 problematic issue for the client. Does that make sense?

7 Q Yes.

8 A So if they came in, their parent brought them  
9 in saying they were depressed so then maybe they had a  
10 diagnosis that had to do with what they came in for and  
11 then we find out that they are also dealing with  
12 same-sex attractions, but I do not recall doing that.

13 Q And you also don't recall ever diagnosing a  
14 client with gender dysphoria, is that true?

15 A Right.

16 Q Do you recall ever diagnosing a client with  
17 gender identity disorder?

18 A Is the old term. I don't -- again, the only  
19 reason I would have used a diagnosis is for insurance  
20 purposes. I do not recall that ever being used for  
21 insurance purposes.

22 Q The diagnoses that we are talking about,  
23 gender dysphoria which used to be GID, and the fact that  
24 there isn't a diagnosis for unwanted same-sex  
25 attractions, is the -- DSM, is that the -- is that the

1 authority from which you pull "This is a diagnosis, this  
2 is not a diagnosis"?

3 A That is the authority for the insurance  
4 companies, but it is not the authority for my clinical  
5 practice because I'm trained as a marriage and family  
6 therapist, so we don't think in terms of diagnoses.

7 Q Okay. And are there any authorities that set  
8 out a list and definitions of diagnoses other than the  
9 DSM that you use?

10 A Not that I know of.

11 Q As a licensed marriage and family therapist  
12 are you authorized to create treatment plans?

13 A I'm sure I could.

14 Q Do you?

15 A No.

16 Q Are you authorized to treat patients?

17 A Yes.

18 Q Do you?

19 A If by "treat" you mean do I talk to them in  
20 therapy and help them with their problems, I do.

21 Q So now I'd like to talk to you about typical  
22 therapy, what it involves. There's a portion of my  
23 questions of you where I'd like to get specifically into  
24 the Does that you've identified, 1 through 11. This is  
25 not necessarily that time. Now I just want to

1 understand your practice and therapy as is conducted in  
2 your private practice.

3 What does the intake process look like for  
4 your practice?

5 A It would start with an initial phone call from  
6 someone asking for help. Sometimes that phone call just  
7 involves setting up an appointment if they know that's  
8 what they want to do. Sometimes that would involve them  
9 talking about their problem because they want to talk  
10 about it and find out if I'm the right therapist for  
11 them. That's the first step is the phone call.

12 The second step would be coming into the  
13 office. And the intake would be I give them paperwork  
14 to read and sign. And -- go ahead.

15 Q I was going to ask you on the topic of  
16 paperwork, I have with me what we -- this is Exhibit 11.  
17 This is Hamilton 005 and Hamilton 006, Exhibit 11. Do  
18 you have Exhibit 11 in front of you?

19 A Yes.

20 (Thereupon, Defendants' Exhibit 11 was marked  
21 for identification.)

22 BY MS. FAHEY:

23 Q You just referred to that they would be given  
24 paperwork. Is Exhibit 11 the paperwork you were  
25 referring to just now?

1           A       This plus the intake form.

2           Q       Okay. What is contained on the intake form?

3           A       I thought you had a copy of it. It's their  
4 name and address and a date of birth, date of intake,  
5 phone number, who lives in their household, any previous  
6 treatment, that kind of thing. No, they don't sign it.  
7 It's general information about them.

8           Q       Okay. Does this intake form include a section  
9 where they, hypothetically at a doctor's office, you  
10 might check off "I'm experiencing bleeding or headaches"  
11 or something like that? Does it include the equivalent  
12 for a therapeutic practice?

13          A       No. No checklist of symptoms, just one line,  
14 "What is the reason that you're here today?" to fill in  
15 the blank, so short answer.

16          Q       Okay. So there's a phone call, they make an  
17 appointment, may or may not have a substantive  
18 conversation, then they come in, they fill out what we  
19 have marked as Defendants' Exhibit 11, which is a  
20 "Consent-to-Treat and Financial Agreement," and they  
21 also fill out an intake form?

22          A       Yes.

23          Q       Is that the intake process?

24          A       Yes. Unless -- well, I mean -- so I don't  
25 call it a formal intake, it's just the first session,



1 but in that session I also go over this verbally with  
2 them.

3 Q And when you said "this," were you referring  
4 to Defendants' Exhibit 11?

5 A Yes.

6 Q Okay. We may refer later more to the consent  
7 form but for now I'm going to keep going.

8 Do you have a typical length of the therapy  
9 that you provide, such as 12 weeks? Is that true for  
10 your practice?

11 A No. It really ranges, a wide range.

12 Q What's the range?

13 A They might come for one or two sessions or one  
14 or two years or more.

15 Q On average, how often do you see a client?

16 A How often? Like once a week you mean?

17 Q Yes.

18 A Once a week. Or, no, I'm sorry, not more than  
19 once a week usually. It could be -- so on -- so some I  
20 might see once every six weeks if they've come a long  
21 time and they're just wanting to check in. So I don't  
22 know the average, but anywhere between once a week and  
23 once a month or once every six weeks.

24 Q But not usually more than once a week?

25 A Right.

1 Q And your therapy sessions, I believe that it's  
2 on Defendants' Exhibit 11, the charge is \$100 per  
3 session?

4 A Yes.

5 Q Is that true regardless of how many members of  
6 the family partake in the therapy?

7 A Yes.

8 Q How long has that been the charge for your  
9 private practice?

10 A Since I started in 2002.

11 MR. MIHET: Time for an increase.

12 THE WITNESS: Yeah, principle. I'm not going  
13 to out of principle. But you're right, the rates  
14 have gone up.

15 BY MS. FAHEY:

16 Q So it will -- it sounds like there's no  
17 typical length of therapy for your practice, is that  
18 true?

19 A Typical length, right, exactly.

20 Q Who is the client for you? Is it the family?  
21 A particular member of the family? Is it everyone?

22 A Generally, it would be the family unless just  
23 one member -- you know, an individual comes in and I  
24 don't see the family.

25 Q In treatments of minors, that initial phone

1 call that you get, have you ever had a situation where a  
2 minor was the first person to do that initial phone call  
3 "We want to come to therapy with you"?

4 A Not that I remember.

5 Q How do you structure your sessions -- and  
6 let's talk about situations where you have at least one  
7 minor as part of the family client. How do you  
8 structure your sessions where minors are involved?

9 A Typically, I will -- I will do what's most  
10 comfortable to the family, so I offer -- I usually ask  
11 to meet them in the waiting room and say, "How do you  
12 guys want to do this? We can either meet all together  
13 to start off. We can then split up and I can meet  
14 individually with the minor, individually with the  
15 parents, or do either of you want to start off  
16 individually instead of meeting together?" and I try to  
17 get a sense from them.

18 Sometimes the minor doesn't want the parents  
19 in the room. Sometimes the parent wants to come in by  
20 themselves so they can tell me what's going on. And  
21 sometimes they say, "Oh, yeah, we can go together." So  
22 it all depends on what they're comfortable with.

23 Q What participants do you typically involve in  
24 any given session? With the 50-minute session, they  
25 come in one week, does it change week to week or is each

1 week sort of similar?

2 A It all depends on their needs and their  
3 desires.

4 Q How do you determine who will be involved in  
5 each session? Is it completely up to them or do you  
6 have any direction as far as "I'd like to speak  
7 individually with the minor today"? Something like  
8 that?

9 A Uh-huh. Uh-huh. I sometimes have preferences  
10 because I'm not -- I may not be able to get enough  
11 information from one member of the family and so it  
12 might be helpful to hear from the other members of the  
13 family, so I might ask if I could meet with someone.  
14 And sometimes they come in really wanting to talk  
15 about -- you know, a minor might come in just wanting to  
16 use the whole time. Sometimes they're, like, looking at  
17 their watch saying to the parent "You only get five  
18 minutes. I want the whole time," that kind of thing.  
19 So it does kind of depend, but there are times where I  
20 do ask "Can I meet with this person?"

21 Q And what is the youngest age of a minor that  
22 you have met with one-on-one without the parent?

23 A So one-on-one in a session, not for the whole  
24 session -- or at any time during the session, even if  
25 it's for five minutes you mean?

1 Q Yes.

2 A At any time? Six. I'm sorry, I take that  
3 back. In my whole career?

4 Q Let's talk about your private practice.

5 A What are you talking about?

6 Q And then you can tell me about before your  
7 private practice.

8 A Okay. And are we talking about clients that  
9 were coming in for sexual orientation or gender identity  
10 confusion or are we talking about all clients?

11 Q So if you could just tell me about all clients  
12 that you can remember --

13 A Okay.

14 Q -- and then you can let me know the second  
15 portion; the sexual orientation, gender identity.

16 A Okay. Okay. So I would not see a child under  
17 the age of three, but I would be willing to see a child  
18 that's four and up for various issues.

19 Q And that's --

20 A And I don't remember if I have or haven't in  
21 my private practice.

22 Q Okay. And so we'll go back to the question of  
23 sexual orientation and gender identity in a minor. What  
24 is the youngest age that you met with that minor  
25 one-on-one?

1           A     Six.

2           Q     What is the expectation for maintaining  
3 confidentiality about parent disclosures, child  
4 disclosures, and secrets?

5           A     Yes.

6           Q     Can you give me the benefit of your practice?

7           A     Yes. So as a marriage and family therapist,  
8 because the family is often the client, the  
9 confidentiality needs become kind of unique.

10                   In general, with our clients, we have the  
11 same -- we have what's spelled out here, that we are not  
12 able to keep certain things confidential: If they're  
13 going to hurt themselves or hurt someone else or child  
14 abuse or elderly abuse were going on or if we were court  
15 ordered to disclose or share a file, so I share that  
16 with the entire family.

17                   Then if I meet with family members  
18 individually -- and this would include even if I meet  
19 with a couple for marriage therapy, if I meet just with  
20 the man or just with the woman. Before I ever do that,  
21 and before I meet with the minor separate from the  
22 parents, before I ever do that I explain to them that  
23 "If you share something with me that's going to affect  
24 the process of therapy -- for example, if a husband  
25 shares that he's having an affair but we're working on

1 marital issues, it's not -- I can't continue with  
2 therapy under the assumption we're working on a marriage  
3 when I know that there's a secret affair going on. So I  
4 do not go and tell the other parties what you tell me,  
5 but I may say to you, 'This is something that probably  
6 needs to be shared in order for us to go on. How could  
7 we bring this to the other party? What do we need to  
8 do? How can we share this?'"

9           With minors, it's a similar situation where  
10 I'll say, "I'm not going to go and tell your parents the  
11 things you tell me; however, if you tell me something  
12 that is very significant," even outside of, you know,  
13 threatening to kill themselves or kill someone else, if  
14 there's something -- they're going to run away or  
15 they're, you know, doing something illegal, "then I  
16 won't go and tell your parents, but I will talk to you  
17 about how we together could figure out what we need to  
18 do about this and how to get your parents on board with  
19 this." My goal is that the family be connected. I  
20 believe that's the best thing.

21           Q     Are there any situations -- outside of a child  
22 who has threatened suicide or self-harm, are there any  
23 situations where you have told a parent "Your child  
24 disclosed this to me. They did not want me to tell you  
25 this, but I think you need to know"?

1           A     No, I don't think I would, no. I'm always --  
2 I work collaboratively with the parents or the minors,  
3 so I would always tell the minor --

4           Q     And everybody --

5           A     -- "What do you think? We need to" -- you  
6 know, yeah, I would never just go and tell the parents  
7 without talking to the minor first.

8           Q     Do you have communications with parents about  
9 the individual sessions that you have with minors? Do  
10 you tell the parents "This is what happened in therapy  
11 today. They know I'm telling you this"?

12          A     There are times I do that.

13          Q     Do the minors know that you've had those  
14 conversations with their parents?

15          A     Yes.

16          Q     What kinds of goals do you typically address  
17 with clients when minors are involved?

18          A     Sorry, I was just rethinking my -- I want to  
19 make sure I -- your other question, I don't know if I  
20 need to elaborate or not.

21          Q     What are you thinking?

22          A     With the telling the parents things, the other  
23 thing I would talk about with the parent is direction to  
24 go without sharing what the minor has disclosed.

25                   So I just want to be clear, I do not share



1 what the minor has disclosed without the minor either  
2 doing that with me or agreeing to do that when I meet  
3 the parents. I help them to know what the needs are  
4 without it being any disclosure of what the minor has  
5 said. Does that make sense?

6 Q Yes.

7 A Okay. So your next question?

8 Q Do you let the minors know "I have told your  
9 parents that you need more this, more attention"?  
10 Whatever it is that you might be expressing as a need,  
11 do you let the minors know?

12 A Typically, I'll talk to the minors about what  
13 I'm going to talk to the parents about, typically.  
14 There may be exceptions to that, but that's my general,  
15 yeah, understanding.

16 Q Okay. And so I had just asked you what kinds  
17 of goals do you typically address with clients when a  
18 minor is involved?

19 A What type of goals with the parents? I talk  
20 about goals together as a family, and if -- and what are  
21 those goals, is that your question? What are the types  
22 of goals?

23 Q Types of goals you address.

24 A In general with minors and families?  
25 Typically, it has to do with there being conflict --

1 these are some of the goals that might come in. Of  
2 course every situation is different.

3 So, some common goals: Perhaps conflicts  
4 within the relationships. It could be just concern for  
5 the minor. Maybe the minor is depressed or anxious,  
6 social -- having social problems, not doing well in  
7 school, any number of -- families have any number of  
8 goals when it comes to minor children. It might be  
9 helping them cope with a divorce, anything like that.

10 Q How do you develop the goals?

11 A I ask the family "What brought you here and  
12 what would you like to see happen?"

13 Q Are there any goals that you have rejected as  
14 "That's not a goal that we'll be working toward in  
15 therapy. We need to come up with a new goal"?

16 A I would never say that, and not with -- I  
17 can't think of anything with minors, but -- yeah, I  
18 don't remember -- I don't actually remember even having  
19 a problem with someone's goal once they were in the  
20 office, if they're coming to me, but I can't say that's  
21 never happened.

22 I think what comes to my mind is that what  
23 we've always been taught in our field ethically is that  
24 there are times where it's appropriate to let someone  
25 know that you can't help them with their particular goal

1 because there's a conflict of interest and you won't be  
2 able to do that in an unbiased way, and so in those  
3 cases you might need to refer them to someone who can  
4 help them with their particular goal.

5 So I don't recall that ever happening, but if  
6 it -- that's how I would handle it if something like  
7 that came up.

8 Q Have you ever confronted a situation where  
9 your clients were presenting to you a goal that you  
10 thought was harmful to the family or not attainable and  
11 so, therefore, you guided the goals in a different  
12 direction to make it more beneficial to the family or  
13 more attainable?

14 A You're saying have clients, parents or minors,  
15 ever had goals that were not beneficial to them in the  
16 time that I've done therapy? Yes, probably. I don't  
17 remember them, but I would imagine that happens.

18 Q Okay.

19 A For example, if a minor child wanted to  
20 continue dating a guy who -- a girl wanted to continue  
21 dating a guy who's a drug addict and the parents don't  
22 want her to, I don't recall that specific situation ever  
23 happening, but I've done therapy for 23 years so it's  
24 probably there have been situations like that where I  
25 think "Oh, dear, that may not be a healthy goal for this

1 girl to keep dating this person who's really bringing  
2 out the worst in her," so I would -- in answer to your  
3 question, I would have to say that probably has happened  
4 in the time I've done therapy.

5 Q Generally, what's the approach to that  
6 situation? If there's a unhelpful or unhealthy goal,  
7 either expressed by a minor or a parent, how do you  
8 approach the fact that that goal is something you've  
9 acknowledged you don't think is -- "Oh, dear, that's not  
10 good for her"?

11 A Right. So I would think that in my mind, but  
12 I would not say that to the client. I would work with  
13 the client collaboratively to try to understand: What  
14 are the implications of that goal? Is that going to  
15 serve you well? Is that -- to try to help them to see  
16 if that's really the goal that they want for their lives  
17 or not.

18 Q And so sticking with your hypothetical, if  
19 that girl maintained, "Yes, I want to stay in a  
20 relationship with my drug addict boyfriend" --

21 A Yes.

22 Q -- "that is my goal, will you help me with  
23 that goal?" what then happens? Do you assist the minor  
24 in maintaining the relationship or do you create new  
25 goals at that point?

1           A     You know, it's interesting because therapy is  
2 really a conversation that unfolds, so the questions  
3 you're asking are kind of more black and white, like we  
4 have a goal that we've -- you know, like even said,  
5 "Okay. This is the goal that we're working on, and then  
6 if we don't agree, let's change the goal and make it  
7 something different," but it's such a -- just an  
8 interaction between two people, and so there's never  
9 really a concrete "Now we're not working on this goal,  
10 we're working on a different goal," so I don't -- it  
11 doesn't -- I don't think I can --

12                     Does that make sense? It's like goals just  
13 kind of -- it's in the beginning, "Why are you here?  
14 How can I help you?" but it sort of evolves through a  
15 conversation that takes place over time between me and  
16 them as a family or them individually.

17           Q     Okay. I don't think I understand what --  
18 what, generally, your practice would be as far as being  
19 confronted with a persistent goal of something that  
20 you've identified as a therapist that you think is  
21 harmful for the girl.

22                     What then happens? Do we focus on other goals  
23 in therapy or is there a point where you will then say,  
24 "Her goal is to be with this drug addict boyfriend. I  
25 will assist her in her goal because she's asking me to"?

1           A       I continue to have conversations with her. I  
2 ask her questions. I help her to think through and to  
3 process the decisions that she's making, how they're  
4 impacting her, yeah. So I don't -- it's not that  
5 concrete.

6           Q       Okay.

7           A       It really isn't.

8           Q       Would you be providing her with advice and  
9 counsel that would assist her in staying in that  
10 relationship? Would that be something you would do in  
11 therapy?

12          A       Well, I don't really give a lot of advice or  
13 counsel as to what they should do. I ask a lot of  
14 questions, I do a lot of listening, and try to help them  
15 evaluate and self -- do self-examination, looking at  
16 themselves, so I really wouldn't -- I wouldn't say "This  
17 is what you should do."

18          Q       Okay. Do you think it would be something that  
19 you would do in your therapeutic practice confronted  
20 with this situation with the girl who wants to stay with  
21 the drug addict boyfriend? Would you ever express to  
22 her your thoughts on the potential harmful effects of  
23 staying in that relationship? Is that something you  
24 would do?

25          A       So psychoeducation is sometimes a part of it,

1       yeah. "Here are risk factors. Here are" -- yes.

2               Q       Is talk therapy the only form of therapy that  
3       you practice?

4               A       Yes.

5               Q       Is your profession accomplished through  
6       talking?

7               A       Yes.

8               MR. MIHET: Form.

9       BY MS. FAHEY:

10              Q       Do you acknowledge that you have a profession?

11              A       Yes.

12              Q       Is marriage and family therapy your  
13       profession?

14              A       Yes.

15              Q       Are there any methods or principles that you  
16       use in talk therapy?

17              A       Yes.

18              Q       What are those methods and principles?

19              A       Okay. The power of listening, empathizing,  
20       the importance of being nonjudgmental, not shaming  
21       clients, creating a safe space where they can open up  
22       and share their heart as well as understand themselves  
23       better.

24              Q       Are there any particular schools of thought or  
25       practice in talk therapy that you would identify

1 yourself as falling under that you --

2 A Yes.

3 Q -- apply this --

4 A Yes.

5 Q -- thing?

6 A So I would say I'm a client-directed  
7 therapist.

8 Q Are there specific principles and methods  
9 under the school of client-directed therapy that you  
10 particularly use and employ in your therapy?

11 A Yes.

12 Q What are those things?

13 A Joining with the client, putting yourself in  
14 their shoes, seeing the world through their eyes,  
15 understanding what's important to them.

16 Q Are those methods that we would say are  
17 empirically-based methods?

18 MR. MIHET: Form.

19 THE WITNESS: Yes.

20 BY MS. FAHEY:

21 Q Can a non-licensed person who does not have an  
22 LMFT engage in those methods that you were discussing as  
23 falling under the umbrella as client-directed therapy?

24 A Are they capable of it and able to? Some  
25 people are very therapeutic with their friends and



1 family, so some people do have the impact of making a  
2 difference. Are they licensed and legally permitted to  
3 call themselves a therapist without that training and  
4 degree? No.

5 Q Is there a difference between the therapy that  
6 a therapist such as yourself would provide and the talk  
7 principles -- the therapeutic talk that a non-licensed  
8 person might provide by talking to friends and family?

9 A Uh-huh.

10 MR. MIHET: Form.

11 THE WITNESS: The only difference would  
12 probably be that another thing with the therapist  
13 is understanding some of the theories of  
14 development and attachment and understanding what  
15 some of the contributors may have been to the  
16 problem.

17 So a lay person might know that if they've  
18 read a lot of self-help books and therapy books.  
19 And they don't have a degree, but they've done a  
20 lot of reading, they might be able to do that  
21 outside of being a degreed professional.

22 BY MS. FAHEY:

23 Q Do you use any medical instruments in your  
24 therapy?

25 A No.

1 Q The EDMR device that we heard about yesterday  
2 with the eye movement, do you have that device in your  
3 office?

4 A No.

5 Q Have you been trained to employ that type of  
6 therapy?

7 A No.

8 Q Do you have any tangible things in your office  
9 that you use as part of therapy?

10 A Probably just tissues.

11 Q How about photographs?

12 A No.

13 Q Anything other than tissues?

14 A I might write down, draw -- I know there's a  
15 dating diagram that I sometimes use with single people.  
16 That's the only thing that comes to mind. There's  
17 probably other things that I've written down in the  
18 past, but I don't recall.

19 Q And you're writing this down on?

20 A I'll pull out a piece of paper and just --  
21 yeah.

22 Q Do you have a white board?

23 A No.

24 Q Okay. Let's look back at your informed  
25 consent. You have Defendants' Exhibit 11. This

1 informed consent is not particular to any specific  
2 therapeutic goal; is that correct?

3 A Right.

4 Q Because this is the form you give everybody?

5 A Right.

6 Q Okay. And that form, on the second page it  
7 has, in the last paragraph, I believe it's the last  
8 sentence, it talks about holding harmless the therapist.

9 A Uh-huh.

10 Q Why is that there?

11 A Because all clients -- most clients that are  
12 coming into therapy are distressed, and so we know that  
13 therapy can -- if they're coming in to talk about their  
14 problems that they've been avoiding or ignoring, they  
15 might feel worse after they talk about their problems  
16 before they feel better. That's just a general idea  
17 that --

18 I mean it's true in in-patient  
19 hospitalizations. I mean any type of, you know,  
20 treatment for -- you might feel worse before you feel  
21 better.

22 Q Do you advise your clients -- when they  
23 identify the therapeutic goal of reducing or eliminating  
24 unwanted same-sex attractions, minors specifically, do  
25 you advise the parents and the people who are signing on

1 to this informed consent, do you advise them that sexual  
2 orientation change efforts have been questioned by  
3 organizations such as the APA?

4 A If they're coming in for that goal?

5 Q Yes.

6 A I do not inform them of the APA. That's not  
7 my -- the field that I'm a part of. I'm a part of the  
8 AMFT.

9 Q Do you inform them about any organization that  
10 has questioned sexual orientation change efforts?

11 A I don't. Just like a therapist who's  
12 providing affirmative therapy probably doesn't inform  
13 their clients that the American College of Pediatricians  
14 thinks it's a bad idea for children to take hormones and  
15 they don't inform them of the, you know, Christian  
16 Medical and Dental Associations' stance on things like  
17 that.

18 So just like those therapists are probably not  
19 informing their clients of what other organizations are  
20 saying, that's not something that I would need to do,  
21 but I do give all my clients an understanding that  
22 there's no guarantee that what they're coming for,  
23 whether it's depression or anxiety or eating disorders  
24 or any other issue, there's no guarantee that they will  
25 experience change, and this issue is no different.

1 Q And do you give specific additional  
2 information to clients who are seeking to reduce or  
3 eliminate unwanted same-sex attractions, do you give  
4 them any other additional information to inform their  
5 consent about therapeutic goals related to unwanted  
6 same-sex attractions?

7 A Yes, I do. I --

8 Q What is the -- oh, I'm sorry.

9 A Go ahead.

10 Q What is the additional information that you  
11 provide to clients who are, as part of their therapeutic  
12 goals, seeking to reduce or eliminate unwanted same-sex  
13 attractions?

14 A I verbally explain to them that there is no  
15 guarantee that attractions will change. It is possible  
16 that attractions will change, but there's nothing that  
17 we can do in the therapy setting to ensure that that is  
18 going to take place.

19 The things that we know are changeable are  
20 behaviors -- and these, by the way, are things that are  
21 prohibited in the ordinance. Changing behaviors is  
22 possible. Changing gender expression, because that's  
23 mannerisms from what I understand, is possible.

24 What the ordinance says we're not allowed to  
25 do is change behaviors; gender expression, which again I

1 think is mannerisms; and gender identity, which is  
2 perceptions of self. It is possible to shift behaviors,  
3 mannerisms, and perceptions of self, but attractions may  
4 or may not shift as we deal with root issues.

5 And I'm very clear in letting them know that  
6 there is no guarantee you can -- and the same is true  
7 for depression. There's no guarantee that a person will  
8 continue to feel depressed. They may have coping skills  
9 that will enable them to know what to do with the  
10 depression once therapy is over, but they may still  
11 continue to feel badly. This is no different.

12 Q So in addition --

13 A But I do explain it. Sorry.

14 Q In addition to advising them that their  
15 attractions may not change through therapy, do you also  
16 advise clients whose therapeutic goals are to address  
17 same-sex attractions, do you advise them that there is  
18 research that has shown that some people experience harm  
19 when they undergo sexual orientation change efforts and  
20 therapy?

21 MR. MIHET: Form. Foundation, assumes facts  
22 not in evidence.

23 THE WITNESS: No. The APA's review of the  
24 literature -- they claim that there are no studies  
25 that show harm -- is that harm takes place in

1 therapy that seeks to reduce attractions.

2 So I explain that with any -- pursuing therapy  
3 for any issue, you may feel worse rather than  
4 better. Some people don't benefit from therapy.  
5 And I do explain that the research shows that some  
6 people have experienced change both in behavior and  
7 in attractions, but there's -- we don't -- we can't  
8 guarantee it.

9 BY MS. FAHEY:

10 Q Do you specifically address the possibility of  
11 harm when you discuss, specifically, efforts to change  
12 sexual orientation with clients?

13 MR. MIHET: Form. Foundation, assumes facts  
14 not in evidence.

15 THE WITNESS: The research studies I have read  
16 say that we do not know if it's harmful or not. In  
17 fact, that's actually a blatant misleading  
18 paragraph in the county's ordinance. It's -- I  
19 would call it a lie. It's misleading the public  
20 when it says the county commissioners have found an  
21 overwhelming -- overwhelming evidence that -- or  
22 how did they word it? Anyway, they say --

23 I will get it out because it's important, if  
24 that's okay. Is that okay?

25 BY MS. FAHEY:

1 Q Actually, I'd like to know --

2 A We'll come back to it.

3 Q Yeah. I'd like to know what it is that you  
4 tell the clients. So do you tell the clients that  
5 research has not shown that it's harmful? Do you tell  
6 them that?

7 A No. They know based on my consent form that  
8 going to therapy, there's no guarantee. And they are  
9 saying here that -- they're signing that if harm occurs,  
10 that it's -- they're not holding me liable, so they  
11 understand that you might get better, you might not.  
12 And I'm not going to claim research studies that don't  
13 exist about the harm.

14 Q And my question to you is about what you  
15 advise the client. Have we covered the scope of  
16 information that you give clients who come to you with  
17 the therapeutic goal of seeking to reduce or eliminate  
18 same-sex attractions?

19 A I think so.

20 Q In your experience, at what age generally --  
21 and I understand it depends kid to kid -- what age do  
22 you start to see that a child is able to give you  
23 meaningful assent to the therapy that they are  
24 receiving?

25 MR. MIHET: Form.



1 THE WITNESS: As young as they're able to talk  
2 and communicate with you about the subject. Their  
3 consent -- so let me back up and explain.

4 BY MS. FAHEY:

5 Q Okay.

6 A Every child is different and every scenario is  
7 different, and the child consents in participation. So  
8 if a child does not want to participate, they don't talk  
9 because it's a conversation.

10 Q Do you agree that in the therapeutic setting  
11 the therapist can be seen as an authority figure to the  
12 child?

13 A Yes.

14 Q Do you agree that, in general, children often  
15 defer to authority figures?

16 A Yes.

17 Q Do you agree that authority figures can  
18 influence children?

19 A Yes.

20 Q So getting back to the question about when you  
21 see that the children are able to meaningfully assent to  
22 the therapy they're receiving, I have heard your answer  
23 to be "As soon as they can participate in the process."

24 Is that a -- is that a correct understanding of what you  
25 said?

1           A     Yes.  And I probably should add that according  
2     to the state of Florida, at 13 they are able to give  
3     legal limited consent.

4           Q     And that legal limited consent is limited to  
5     crises situations, correct?

6           A     Yes.

7           Q     Do you provide crises therapy?

8           A     It depends.  Yeah, there are situations where  
9     clients are in crises.  I don't have any clients that  
10    have come in without their parents, however.  But if a  
11    child was gravely depressed and needed to be seen,  
12    apparently, according to the state of Florida, 13 is the  
13    age where they could determine that.

14          Q     And there are limitations on --

15          A     Yes.

16          Q     -- what a therapist can actually do with that  
17    minor, how often they can see them --

18          A     How often --

19          Q     -- before actually obtaining parental consent,  
20    correct?

21          A     Yes.

22          Q     Have you treated a minor under that statute  
23    where you have provided crises therapy to a minor who is  
24    13 or older who comes in to you without their parents'  
25    consent?

1           A       Not in my private practice.

2           Q       Have you had that experience at the Spanish  
3 River Counseling Center?

4           A       No.

5           Q       Have you ever had that experience?

6           A       Yes.

7           Q       When have you had that experience?

8           A       I worked for Children's Home Society, and we  
9 worked with runaway, inhabitable, and truant youth, and  
10 so they would sometimes come in as runaways.

11          Q       Were those children that you worked with under  
12 that crises provision, were those children seeking help  
13 with their sexual orientation or gender identity?

14          A       I don't remember.

15          Q       Is it accurate for me, based on your  
16 conversation about the age of consent being the time at  
17 which they start participating in therapy, is it  
18 accurate for me to couple that with your previous answer  
19 of the youngest you have seen is four years old; and  
20 with respect to sexual orientation issues and gender  
21 identity issues, the youngest you've seen is six years  
22 old? So is it fair to couple those two statements  
23 together?

24                   MR. MIHET: Form.

25                   THE WITNESS: I guess I would wonder -- just

1 making sure, what do you mean by "consent"?

2 Because I was answering it according to my idea of  
3 consent would be participation, but maybe you meant  
4 something else.

5 BY MS. FAHEY:

6 Q And so part of my question is I am trying to  
7 understand what you're meaning when you say "consent."

8 A Okay.

9 Q So participation, if we're going with that, we  
10 would go back to your answer about four years old and  
11 six years old, is that fair?

12 MR. MIHET: Form.

13 THE WITNESS: Yes.

14 BY MS. FAHEY:

15 Q Okay. Let's look at some of your  
16 interrogatories real quick. They are in this section  
17 right here of your binder, and I'll just find it for  
18 you. I am going to be handing you your interrogatories.  
19 I'm going to be directing you to interrogatory 14, and  
20 take a look at that for me. It's on page 12 of your  
21 interrogatories.

22 A I'm sorry. I think I need to go back to what  
23 you were talking about a minute ago.

24 Q Okay. What --

25 A Or not.

1 Q What do we need to go back to?

2 A It seemed like there was an assumption that  
3 was being made in the question, so I wanted to clarify  
4 that. I don't know if that's appropriate or not.

5 Q Please.

6 A It sounded like the assumption was being made  
7 that the child is not old enough to give consent to  
8 treatment and the parents can't be trusted to decide if  
9 the child needs treatment or not. I get that sense even  
10 with this ordinance that parents and children are pitted  
11 against one another, and that's not how I see families  
12 or how I work. And so I want to be very clear that  
13 while a child is consenting to participation by  
14 participating, we do know, as you pointed out, that  
15 parents have authority and they see me as an authority  
16 figure, the children do, but I trust the parents to be  
17 the parents and to make the judgment on whether their  
18 child needs to be in therapy.

19 If their parents are demonstrating that they  
20 are cruel or abusive or hurtful to the child -- if  
21 they're abusive, of course that needs to be reported.  
22 If they're hurtful to the child but it isn't to the  
23 extent of abuse that is reportable, then I work with  
24 them on becoming better parents and understanding their  
25 child and not pushing their child to do things their

1 child either isn't capable of or isn't comfortable with.

2 So I just want to be clear on that. That it  
3 really isn't a parent against child, this poor child  
4 doesn't have the ability to consent. The child has  
5 parents that are bringing them in for help, and the  
6 parents are bringing them to a professional who is bound  
7 by ethical and legal obligations to do no harm.

8 So with children, it's -- I think there's  
9 this -- it seems like there's this kind of undercurrent  
10 of an idea that parents drive children into therapy  
11 where they are then shamed, and the truth is if a parent  
12 did bring a child into therapy, A, the child can choose  
13 not to participate, especially the older they get, the  
14 more often they assert their voice, the more boldly they  
15 assert their voice; but B, they're bringing them to a  
16 professional who is trained in how to listen and  
17 empathize and be non-shaming. And so our job is to  
18 protect that child and to make sure that child is okay.

19 So even if they brought the child in against  
20 the child's wishes, a licensed ethical therapist is not  
21 going to do anything to that child that's going to hurt  
22 them. Our goal is to do no harm. So I think that needs  
23 to be very clear when we talk about issues of consent  
24 and children giving consent. We're talking about  
25 consenting to see a professional who is bound by legal

1 obligation. And of course if harm occurs, that's  
2 reportable. But anyway, I just wanted to make that  
3 clear. Thank you.

4 Q Thank you.

5 A Okay.

6 Q Did you have an opportunity to read  
7 interrogatory --

8 A Not yet.

9 Q Okay.

10 A Which number was it?

11 Q It's 14.

12 A Okay.

13 Q And it refers to psychoeducation in  
14 interrogatory 14, right?

15 A Okay. No. I'm sorry, psychoeducation?

16 Q Yes. Does it?

17 A Yes.

18 Q Okay. What psychoeducation do you provide to  
19 parents who are seeking -- who have a minor who has  
20 unwanted same-sex attractions or gender identity  
21 confusion?

22 A What psychoeducation?

23 Q Yes.

24 A I might give them information to help them  
25 understand what some children -- what risk factors some

1 children have that -- what factors some children have  
2 that put them at risk for developing confusion theories.

3 Q Okay. In the supplemental response to request  
4 to produce, Plaintiffs produced PL Joint 811. It's  
5 called "A Developmental, Biopsychosocial Model for the  
6 Treatment of Children with Gender Identity Disorder."  
7 The authors are Zucker, Singh, and Bradley.

8 A Uh-huh.

9 Q Are you familiar with that study?

10 A I'm familiar with those authors and, yes, I  
11 would need to refresh my memory, but --

12 Q In this article, at PL Joint 833, the author  
13 states that "Over the years our approach has been a  
14 psychoeducational one and also a pragmatic one." He  
15 states, "We explain to our parents that there are no  
16 empirical studies that suggest that alteration of a  
17 child's gender identity will also alter their eventual  
18 sexual orientation; B, that homosexuality per se is not  
19 considered a mental disorder; C, that gay men and  
20 lesbians can lead productive and satisfying lives, as  
21 banal as this sounds," says the author, "and that over  
22 time, if their child develops a homoerotic sexual  
23 orientation, then it will be their job (and ours) to  
24 support their child in adapting to whatever stressors  
25 may be associated with their sexual identity." Do you



1 provide that psychoeducation?

2 A I do not provide that specific  
3 psychoeducation.

4 Q What about your psychoeducation differs from  
5 this one?

6 A That one seems to be imposing values on  
7 people, and I'm a client-directed therapist so I go with  
8 the values of my clients.

9 MR. MIHET: Counsel, I'm sorry, the article or  
10 the page you just read from is not included in the  
11 packet for us.

12 MS. FAHEY: I know. It didn't print for some  
13 reason so --

14 MR. MIHET: Oh, okay.

15 MS. FAHEY: -- that's why I just read it out  
16 loud.

17 BY MS. FAHEY:

18 Q Did you hear what I read as far as the  
19 psychoeducation?

20 A Yes.

21 Q And were you able to follow what I was saying?

22 A Yes.

23 Q Is there something specific that I said that  
24 you would not provide as psychoeducation to a parent?

25 A I just don't provide that to my -- I don't

1 read that list.

2 Q And I understand that you might not read this  
3 specific list, is there any content in that list that  
4 you would not provide to a parent?

5 A I don't think I provide that content to a  
6 parent.

7 Q Any of it?

8 A I can't remember the first couple of points.

9 Q Okay. No empirical studies that suggest that  
10 altering the gender identity will also alter sexual  
11 orientation.

12 A I -- I don't -- yeah. Well, so I would  
13 probably say it differently, that there's no guarantee  
14 that any -- that this is going to change, yeah.

15 Q And homosexuality is not per se a mental  
16 disorder. Do you provide that --

17 A I don't say that statement, no.

18 Q Gay men and lesbians can lead productive and  
19 satisfying lives.

20 A I don't, no. I don't say any more -- any of  
21 the rest of that list.

22 Q Okay. So the rest of it you don't say?

23 A No.

24 Q I understand that you spoke at the Palm Beach  
25 County Board of County Commissioners public meetings.

1 You spoke at the first reading for the ordinance,  
2 correct?

3 A Yes.

4 Q And you also spoke on December 19, 2017 when a  
5 vote was -- occurred on the ordinance, correct?

6 A Yes.

7 Q You also came in 2016 and you made public  
8 comments when the ordinance was not even on the agenda,  
9 right?

10 A Yes.

11 Q Are there any other governmental entities  
12 where you went and spoke at a public meeting about the  
13 topic of banning sexual orientation change efforts or  
14 banning conversion therapy?

15 A Yes.

16 Q What other governmental entities did you speak  
17 to?

18 A The city of West Palm Beach, first reading and  
19 second reading; city of Delray Beach, second reading;  
20 Village of Wellington, first reading and second reading;  
21 and I think that's all.

22 Q How about outside of Palm Beach County, did  
23 you go anywhere outside of Palm Beach County?

24 A Not that I recall.

25 Q I would like to start getting more

1 substantively into therapy directed at gender identity  
2 issues and sexual orientation issues that you see in  
3 your practice, how you practice, et cetera. I'm going  
4 to start now with gender identity.

5 Do you wish to be able to offer therapeutic  
6 practices that seek to change a minor's gender identity?

7 MR. MIHET: Form.

8 THE WITNESS: So I don't seek to change a  
9 minor's gender identity, but I have minors that  
10 seek to change or parents of young minors that seek  
11 to help them clear up their gender identity  
12 confusion, and I believe this ordinance would  
13 prohibit me from doing that because it does not  
14 specify whether it is the client seeking the change  
15 or whether it is me seeking the change, but clearly  
16 we work together to accomplish their goals which  
17 are now prohibited.

18 BY MS. FAHEY:

19 Q And so my question is about the therapeutic  
20 practice --

21 A Okay.

22 Q -- not specifically about your intent or your  
23 individual goal.

24 A Okay.

25 Q What I want to know is are you seeking to

1 offer therapeutic practices that seek to change a  
2 minor's gender identity?

3 MR. MIHET: Form.

4 THE WITNESS: I --

5 MR. MIHET: I'm sorry, let me object. Form,  
6 foundation, assumes facts not in evidence.

7 THE WITNESS: I am seeking to help alleviate  
8 gender identity confusion.

9 BY MS. FAHEY:

10 Q And in part of seeking to help to alleviate  
11 gender identity confusion, is part of the practice that  
12 you wish to do is to offer a therapeutic practice that  
13 would seek to change gender identity?

14 MR. MIHET: Form.

15 THE WITNESS: So --

16 MR. MIHET: Foundation.

17 THE WITNESS: -- gender identity is a person's  
18 perception of themselves, so I would like to be  
19 able to provide talk therapy to help little  
20 children have a less confused perception of  
21 themselves. Does that answer your question?

22 BY MS. FAHEY:

23 Q I don't know that it does --

24 A Okay.

25 Q -- because I still don't understand if the

1 therapy that you wish to be able to provide, if that  
2 therapy seeks to change the individual's gender  
3 identity.

4 MR. MIHET: Objection. Form, foundation,  
5 asked an answered.

6 THE WITNESS: So the "gender identity," by  
7 that you mean their perception of themselves?  
8 That's what gender identity means?

9 BY MS. FAHEY:

10 Q Okay.

11 A Okay. I would like to seek to provide therapy  
12 to help someone improve their perception -- so to change  
13 their perception of themselves if their perception of  
14 themselves is that they are the opposite sex.

15 Q Okay. So it may help us to discuss this more  
16 concretely.

17 A Okay.

18 Q Let's assume a ten-year-old anatomically  
19 female child comes into the office and the parents  
20 express that this child is confused and believes that  
21 the child is a boy. That ten-year-old anatomically  
22 female child says to you that they are confused, they  
23 think they're a boy.

24 A Uh-huh.

25 Q Are you trying -- is your wish, your intent,

1 your goal, to be able to offer to that ten-year-old  
2 anatomically female child, who has gender identity that  
3 could be a boy, are you wishing to provide them therapy  
4 that would seek to change that gender identity that is  
5 male to a gender identity that is female?

6 MR. MIHET: Form.

7 THE WITNESS: Yes, and your ordinance says I  
8 can only help them become a male which would  
9 include hormones and surgery, very dangerous.

10 BY MS. FAHEY:

11 Q Are you authorized to prescribe hormones?

12 A No.

13 Q Are you authorized to perform surgery?

14 A No.

15 Q Are you currently offering therapeutic  
16 practices that seek to change a minor's gender identity?

17 We'll stick to the example, that's a little  
18 bit easier. Anatomically female, ten-year-old child  
19 comes in saying, "I'm identifying as male." Are you  
20 currently providing to that type of client therapy that  
21 would seek to change the male identity to a female one?

22 A I am not because I am not allowed according to  
23 county commissioners, not my state licensing board.

24 Q We are going to now look at interrogatory 22.  
25 You have in front of you the document that you need. I

1 think you were on 14, so if you could flip a couple of  
2 pages to interrogatory 22. And the answer to 22, the  
3 substance, is actually on the next page. It's page 18.

4 Go ahead and take a second to review that, and  
5 let me know when you've had a chance to do that.

6 A Okay.

7 Q In this interrogatory response you advised  
8 that in the nine years prior to the enactment of the  
9 ordinance you had these following 11 clients who sought  
10 help with unwanted same-sex attractions or gender  
11 identity confusion.

12 Are there any additional clients that belong  
13 on this list that are clients who had unwanted same-sex  
14 attractions or gender identity confusion, minors, that  
15 would span between the time of the ordinance and today?

16 A No, because I'm not legally permitted.

17 Q So on this list it appears that there are only  
18 two individuals who you have seen in the last nine years  
19 with gender identity confusion. Does that appear  
20 accurate to you?

21 A Yes.

22 Q And I'm looking at specifically Doe 1 and Doe  
23 5.

24 A Yes.

25 Q And Doe 1 is a six-year-old client?



1           A       Was in the past nine years.

2           Q       Okay. And so that age, does that refer to the  
3 age at the beginning of therapy?

4           A       Yes.

5           Q       Okay. And Doe 5 began therapy at age ten?

6           A       Yes.

7           Q       I'd like to refer you to your complaint and  
8 it -- I'd like to ask you specifically about paragraph  
9 153. If you could read that, you don't have to read it  
10 out loud.

11          A       Okay.

12          Q       Does paragraph 153 refer to Doe 1, Doe 5, or  
13 another person?

14          A       Doe 1.

15          Q       When did you begin your relationship with Doe  
16 1? Approximately what year?

17          A       I don't remember.

18          Q       Is Doe 1 someone that you saw at Spanish River  
19 Counseling Center or in your private practice?

20          A       Private practice.

21          Q       Are any of the clients listed 1 through 11  
22 individuals who you saw at the Spanish River Counseling  
23 Center?

24          A       No. It only goes back nine years. I've been  
25 in private practice for 16.

1 Q Is Doe 1 a current client of yours?

2 A It is an open case, meaning the case has not  
3 been closed.

4 Q When is the last time you saw Doe 1?

5 A I don't actually remember.

6 Q Have you seen Doe 1 in 2018?

7 A I'm not positive.

8 Q And in paragraph 153 you mentioned that the  
9 child, Doe 1, was demonstrating a discontentment with  
10 the child's biological sex. What does that mean? And  
11 when I ask "what does that mean," not like what does  
12 discontentment mean, but what does that mean for the  
13 child? What was the demonstration of that  
14 discontentment?

15 A Typically, when children demonstrate that,  
16 they are dressing like the opposite sex. They are  
17 playing with opposite sex toys. They are not interested  
18 in toys that their peers would be interested in. They  
19 are showing outward signs of identifying more as the  
20 opposite sex than as their own sex.

21 Q Are all of those things true for Doe 1?

22 A I forgot what I just said. I know I said  
23 dressing and I said playing with toys.

24 Q Identifying --

25 A I'm not sure that it was to that extent. I

1 don't know if I said -- do you want to read back what I  
2 said? Is that okay?

3 Q Sure.

4 A I don't know if I said they weren't playing  
5 with toys of their own sex or not.

6 THE COURT REPORTER: "Typically, when children  
7 demonstrate that, they are dressing like the  
8 opposite sex. They are playing with opposite sex  
9 toys. They are not interested in toys that their  
10 peers would be interested in. They are showing  
11 outward signs of identifying more as the opposite  
12 sex than as their own sex."

13 THE WITNESS: So your question was: Was this  
14 child doing all of that? Yes, but perhaps not to  
15 the fullest extent.

16 BY MS. FAHEY:

17 Q Okay.

18 A Okay.

19 Q Did this child, Doe 1, have a diagnosis?

20 A No, because I don't use diagnoses in my  
21 clinical practice, but someone else may have diagnosed  
22 them if someone that thinks in terms of diagnoses may  
23 have. They may have fit the criteria for a diagnosis.

24 Q Were you aware of any other provider who had  
25 given Doe 1 a diagnosis?

1 A No.

2 Q Who set the therapeutic goal for Doe 1?

3 A It would have been the parents and the child.

4 Q And can you please describe to me -- I know  
5 you don't even remember when you saw Doe 1, would you  
6 please describe to me your recollection of how Doe 1  
7 participated in setting the therapeutic goal?

8 A I don't remember the very first session when I  
9 asked the question "What brings you here? How can I  
10 help you?" And then from there, like I said, it's not a  
11 concrete "Now what is our goal today?" it's just an  
12 evolving conversation. So I would have to remember the  
13 first conversation I ever had in order to tell you  
14 exactly how they participated, so I don't remember that.

15 Q Was Doe 1 distressed about -- have you  
16 disclosed whether Doe 1 is a male or female --

17 A No.

18 Q -- anatomically? Okay. Was Doe 1 distressed  
19 about identifying with the opposite gender, playing with  
20 opposite gender toys, and dressing opposite gender?

21 A I don't remember if there was distress or not.

22 Q I see you're checking back with 153. Let me  
23 know when you're finished reviewing that, okay?

24 A Okay. It says here the parent initiated  
25 therapy due to their concerns. Sometimes children that

1 young don't articulate "I'm worried about myself. I'm  
2 not really aligning with myself in the way that I should  
3 be."

4 Q Okay.

5 A So I think if that's what you mean by  
6 "distress," it looks to me like it wasn't the child that  
7 was saying "I have a problem."

8 Q How would we know that the -- in this  
9 situation of Doe 1, that Doe 1, at six years old,  
10 assented to the therapy that Doe 1's parents wanted for  
11 Doe 1, which was to address the fact that they were not  
12 wearing the clothes designated for their sex, playing  
13 with the toys designated for their sex, or identifying  
14 as their anatomical sex?

15 MR. MIHET: Form.

16 THE WITNESS: How do we know that the client  
17 consented? Because the client was happy to come  
18 in, willing to talk, participate, yeah.

19 BY MS. FAHEY:

20 Q Was Doe 1 aware of the therapeutic goals for  
21 Doe 1?

22 A I would imagine, yeah.

23 Q In paragraph 153, I know you just had a chance  
24 to look at that again, it states that "The gender  
25 identity confusion appears to be decreasing

1 dramatically."

2 A Uh-huh.

3 Q To what did you attribute the decrease in Doe  
4 1's gender identity confusion?

5 A When children become more comfortable with  
6 themselves and feeling more at home in their bodies.

7 Q When you use the term "gender identity  
8 confusion," are you referring to a person whose  
9 anatomical sex we'll say, for example, is male but they  
10 identify as female?

11 A Yes.

12 Q Does that gender identity confusion apply --  
13 for your vernacular that you've used --

14 A Yes.

15 Q -- does that apply to every situation where an  
16 anatomical male identifies as female?

17 A Would I use that phrase for every situation?  
18 I would not use that phrase. I think as a child becomes  
19 a teenager or an adult, they would identify themselves  
20 as transgender, so that would probably be the term that  
21 I would use. But for a young child who's still  
22 developing and evolving, I wouldn't put a label on them  
23 like that.

24 Q Okay. And what I'm wondering is do they  
25 always get the label "confusion" if they're identifying

1 with the sex that's not their anatomical sex?

2 A Well, I don't tell them that they're -- I'm  
3 using that label for you to understand --

4 Q Okay.

5 A -- what we're talking about, but I would not  
6 tell a child. I wouldn't put a label on a child at all.

7 Q What interventions were employed in the  
8 therapeutic treatment of Doe 1?

9 MR. MIHET: Form.

10 THE WITNESS: So typically how I work with all  
11 of my clients is it's a family approach. So the  
12 younger the child, the more time I will spend with  
13 the parents talking about their role in cultivating  
14 a deeper relationship, connecting with the child,  
15 helping the child to feel confident and comfortable  
16 with who they are. I spend a lot of time with  
17 parents when they're that young.

18 BY MS. FAHEY:

19 Q And what do you do with the child? And did  
20 you ever meet with Doe 1 individually without the  
21 parents?

22 A Typically when children are young, I meet with  
23 them -- when they're that young, I meet with them simply  
24 to understand what they're thinking and where they're  
25 coming from. And so I spend, when they're that young,

1 anywhere between five or ten minutes to maybe a little  
2 bit more than that, but generally to understand their  
3 perceptions of themselves and perceptions of their  
4 experiences that they've had and perceptions of their  
5 relationships with their family, their parents.

6 Q And through this time that you're spending the  
7 five to ten minutes understanding them better, are you  
8 also doing anything that would be treating the child's  
9 gender identity confusion?

10 I'm not a therapist, I don't know what the  
11 options are. Things that I can imagine may be  
12 encouraging them "Why don't you try on a dress. What  
13 did you think about putting on these little shoes?  
14 Aren't they very pretty? Here's a doll. Do you like  
15 the doll? Why don't you try to spend more time with mom  
16 or dad?" I truly do not know, but just as a way of what  
17 I'm trying to figure out is are there -- other than just  
18 gaining information --

19 A Uh-huh. Right.

20 Q -- are you giving any information, are you  
21 doing anything with that six-year-old Doe 1 that --

22 A Right.

23 Q -- would be a therapeutic practice to try to  
24 assist in the gender identity confusion?

25 A Okay. Right.



1 MR. MIHET: Form.

2 THE WITNESS: So one of the ways that I work,  
3 as it was stated, client-informed, client-directed,  
4 solution-focused, that's another approach to  
5 therapy that was taught in my master's and Ph.D  
6 program.

7 So with client-directed therapy, you're  
8 seeking to understand the client and elicit their  
9 resources and their strengths and their abilities  
10 and also understand their perspective and where  
11 they're coming from.

12 The solution-focused part of that would be  
13 using the things that -- not only using their  
14 resources that they have to help them, so you're  
15 digging to understand what the resources are, but  
16 also building on their strengths and building on  
17 the things that are already working well. So in  
18 addition to gaining information from the client, I  
19 will talk to clients about "Are there times that  
20 this is not a problem?" I won't necessarily use  
21 those words, whatever the problem is. "Are there  
22 times that you feel confident as to who you are and  
23 in your own skin? Do you like being who you are?  
24 So tell me about those times." And so we would  
25 talk about building on the times that -- or the

1 experiences that already are going well for them.

2 So I might say, "Homework, for example, might  
3 be between now and next time you come in try to  
4 note all the times that you were feeling most at  
5 home in your body or most comfortable and let's  
6 talk about that next time. Tell me all the times  
7 you discover that you're feeling good about who you  
8 are." That kind of thing would be an approach that  
9 I might use with a child.

10 BY MS. FAHEY:

11 Q Is there anything, sticking with Doe 1, is  
12 there anything in the individual -- I know they're  
13 short, five to ten minutes that you would spend with Doe  
14 1. Is there anything that you are doing to affirm that  
15 child's anatomical sex in the talk that you do with that  
16 client?

17 A I'm not sure if there's -- I'm not -- yeah,  
18 probably -- I mean, yeah, I don't know.

19 Q Is there anything that you do in that  
20 individual 10 to 15 minute session with Doe 1 that would  
21 be to downplay or reject or in any way try to show some  
22 sort of like "I'm not sure that's really what we need to  
23 be doing as far as the identification with the opposite  
24 anatomical sex"?

25 MR. MIHET: Form.

1 THE WITNESS: Because I'm more of a  
2 strength-based therapist, I typically won't tell  
3 clients, "Oh, you shouldn't be doing that" as much  
4 as I would try to build on whatever is there that's  
5 going well.

6 So if a client showed me a picture of her in a  
7 dress for Halloween or whatever, "Oh, you look so  
8 beautiful." So if the word "beautiful" is  
9 reinforcing -- that's why I said I don't know  
10 what's reinforcing who she really is but -- so  
11 that's -- that's what I would do is I wouldn't say  
12 "Don't do that. That's not who you really are."  
13 That's not really my approach.

14 BY MS. FAHEY:

15 Q And is the goal in identifying times when the  
16 child feels good in their anatomical body, feels good  
17 about who they are, is the goal of doing that homework  
18 and having that conversation, is that goal to assist  
19 them in changing their gender identity from -- let's say  
20 they're anatomically female, so changing their gender  
21 identity from male to female, is that the goal?

22 MR. MIHET: Form.

23 THE WITNESS: The solution-focused -- that  
24 approach with solution-focused therapy, the goal is  
25 you find the exceptions and you build on those

1 exceptions. And as you help the client to continue  
2 to see the strengths or the times that life is  
3 working well in the way that they want it to work,  
4 that that will expand the more they're looking for  
5 and discovering and attending to those times.

6 BY MS. FAHEY:

7 Q Approximately how many sessions have you had  
8 with Doe 1?

9 A I do not know. I have no idea.

10 Q I know you don't remember when you started  
11 your therapeutic relationship with Doe 1, ballpark,  
12 would it be more in the category of a few months, a few  
13 years, a few weeks?

14 A A couple of years. Uh-huh.

15 Q And this file is one that remains open for  
16 you?

17 A Yes.

18 Q Is it fair to say that you have not terminated  
19 your relationship with this client?

20 A That's right.

21 Q Have you substantially changed your  
22 relationship with this client?

23 MR. MIHET: Form, asked and answered.

24 THE WITNESS: No.

25 BY MS. FAHEY:

1 Q How, if at all, has your treatment of this  
2 client changed since the passage of the county's  
3 ordinance?

4 MR. MIHET: Form, misstates the client's prior  
5 testimony.

6 THE WITNESS: Well, thankfully, by the time  
7 the ordinance was passed they were not coming in  
8 for the goal of changing anything, so I did not  
9 have to change what I was doing to accommodate this  
10 ordinance.

11 BY MS. FAHEY:

12 Q So prior to the enactment of the ordinance  
13 would you say that your therapeutic practice, your  
14 treatment of Doe 1 was seeking to change the gender  
15 identity from what it was to what it now is?

16 MR. MIHET: Form, assumes facts not in  
17 evidence.

18 THE WITNESS: Changing the gender identity  
19 from what it was to what it now is, I would  
20 probably say it differently. I would say helping  
21 the child to be more comfortable in [REDACTED] own -- in  
22 the child's own skin. Would you omit the pronouns  
23 for public record? Okay.

24 BY MS. FAHEY:

25 Q Okay. And I understand you would say it

1 differently, but the goal of the therapy was to help the  
2 child identify not as they were identifying when they  
3 first came in, but to identify and perceive their gender  
4 to be their anatomical sex?

5 MR. MIHET: Form.

6 THE WITNESS: To help them --

7 MR. MIHET: I'm sorry. Form, assumes facts  
8 not in evidence, asked and answered.

9 THE WITNESS: To help them be confident in  
10 their anatomical sex, yes.

11 BY MS. FAHEY:

12 Q Okay. Let's talk about Doe 5.

13 MR. GANNAM: Before we do that, before we go  
14 to another patient, can we go ahead and take a  
15 break?

16 MR. MIHET: Yes, please.

17 MS. FAHEY: Sure.

18 (Thereupon, a short break was taken from 11:26  
19 a.m. to 11:37 a.m.)

20 BY MS. FAHEY:

21 Q So I said before we were going to move on to  
22 Doe 5, just a couple more questions about Doe 1. How do  
23 you measure the success for assisting the minor in  
24 eliminating their gender identity confusion? How do you  
25 measure that?

1           A     If the minor is describing or -- and/or  
2     appearing more comfortable in their own skin.

3           Q     Are there times when you have helped a child  
4     be more comfortable with a -- with perceiving themselves  
5     as a gender that is different than their anatomical sex?

6           A     Helping a young child be more comfortable?

7           Q     What do you define as "young child"?

8           A     Under the age of 12, 12 and under.

9           Q     Okay. So have you ever done that for a child  
10    under the age of 12?

11          A     No.

12          Q     Have you done that for a child between the age  
13    of 12 and 18?

14          A     Not help them be more comfortable, but I've  
15    had teens identify as transgender not seeking to change,  
16    so we don't seek to change it.

17          Q     Are there any times when you would approve or  
18    agree that a child should transition to be the gender  
19    that they are identifying with but that differs from  
20    their anatomical sex?

21                   MR. MIHET: Form, assumes facts not in  
22    evidence.

23                   THE WITNESS: You asked if there was ever a  
24    time that I would help a child -- suggest that a  
25    child transition?

1 BY MS. FAHEY:

2 Q Approve or agree and assist in the transition  
3 therapeutically.

4 A The research is quite clear that hormones have  
5 very serious side effects and that removing body parts  
6 is probably not a decision that should be made early --  
7 even into early adulthood the brain is still changing,  
8 and so into the early 20s. And so to even --

9 No, I would not encourage a child -- children  
10 are developing and their brain is continuing to develop  
11 into their early 20s. I would not encourage a child to  
12 take permanent steps to change their bodies in a way  
13 that would produce major side effects. No, I would not  
14 encourage that.

15 Q And if we were to not talk about permanent  
16 changes as far as surgical or physical change such as  
17 hormonal supplement ingestion, but just change social  
18 identity as far as going to school and asking for a  
19 different pronoun to be assigned to them, maybe going by  
20 a different name or maybe dressing differently, would  
21 those be things that you would approve of or agree or  
22 assist someone with? Is there any situation that you  
23 can think of that you would find that appropriate  
24 therapeutic practice for you?

25 MR. MIHET: Form, foundation, assumes facts



1 not in evidence.

2 THE WITNESS: The research shows that a high  
3 percentage of children with gender identity  
4 confusion will naturally grow out of it. Those  
5 children that do grow out of that don't end up  
6 identifying as transgender. They may end up as  
7 identifying as gay or bisexual or lesbian, but they  
8 do not continue to identify as transgendered. I  
9 believe it's around 80 percent of those children  
10 grow out of identifying as transgender; however,  
11 the ones that are encouraged, as you're describing  
12 down that path, do not typically outgrow it.

13 I believe, and I'm not positive, but I believe  
14 the research shows a very high percentage, maybe 90  
15 or more, of the ones that are encouraged to go  
16 ahead and wear a dress and identify as the opposite  
17 sex continue down that road. Let me just make sure  
18 I said that clearly.

19 BY MS. FAHEY:

20 Q Okay.

21 A Without intervention, most of those children  
22 would outgrow it; however, the ones that are encouraged  
23 to go ahead and start pursuing that in childhood will  
24 often not outgrow it.

25 Q And what does that mean for your practice?

1           A       It means that I would not suggest something  
2       that I believe would be detrimental to a child.

3           Q       Do you view persistence in a gender identity  
4       that is different from one's anatomical sex to be  
5       harmful?

6           A       If the persistence leads them to take puberty  
7       suppressing hormones usually around the age of nine or  
8       ten, I would say that's pretty harmful.

9           Q       And let's just go back to the situation where  
10       no hormones are ingested or injected and no surgery is  
11       undergone, just the child who may be dressing  
12       differently and identifying differently socially. Is  
13       that something -- I'm trying to understand if the  
14       persistence of a gender identity that differs from one's  
15       anatomical sex is viewed by you, in your practice, to be  
16       harmful?

17                   MR. MIHET:   Form.

18                   THE WITNESS:  If the persistence leads to  
19       hormones, so you're asking if I would encourage  
20       them to identify as the opposite sex, there's a  
21       risk that doing that would lead them to taking  
22       hormones by -- I mean they can do that as early as  
23       nine.  So if I was encouraging them, "Go ahead and  
24       identify differently at school and start wearing a  
25       dress," most likely the next step, if their parents

1 allow them to take those steps, would be towards  
2 hormones, so I would not want to guarantee  
3 something that would be -- and let me say not most  
4 likely, but there is a chance that it could lead to  
5 medical interventions if they're going to go as far  
6 as socially changing their identity.

7 BY MS. FAHEY:

8 Q Do I understand your professional practice  
9 correctly when I -- I'm trying to synthesize the  
10 information that you gave me.

11 A Okay.

12 Q That you would not encourage a -- doesn't  
13 matter the age, you would not encourage a minor to  
14 identify as a gender other than the one that matches  
15 their anatomical sex because that would increase the  
16 likelihood of persistence, and the likelihood of  
17 persistence makes it more likely that they would undergo  
18 hormonal intervention or surgical intervention which --  
19 and it is the hormonal intervention and surgical  
20 intervention that you view as harmful?

21 MR. MIHET: Form.

22 THE WITNESS: Okay. There are a lot of  
23 aspects to that probably, so I don't know how  
24 much -- do you want a short answer or --

25 BY MS. FAHEY:

1 Q I'm trying to identify if there's ever a  
2 situation where you would encourage the identification  
3 of a child with a gender other than the opposite sex.

4 A Okay.

5 Q And the information that I understand to have  
6 received from you is associated with concerns about  
7 hormonal therapy and surgical therapy.

8 When we removed that and we talked only about  
9 social change, it sounded as though hormonal  
10 intervention and surgical intervention remained a  
11 concern for you.

12 A Uh-huh.

13 Q I put those together in my mind to believe  
14 that there is no situation where you would encourage or  
15 approve of social identification with a gender that is  
16 different from your anatomical sex because of those  
17 other things. And so --

18 A And I will say --

19 MR. MIHET: Let her finish --

20 THE WITNESS: Okay.

21 MR. MIHET: Let her finish the question.

22 THE WITNESS: Okay.

23 BY MS. FAHEY:

24 Q And so there may be other reasons why you just  
25 wouldn't encourage it at all. I am trying to figure

1 out, and I don't know if I have the answer, is there any  
2 situation that you can imagine, based on your experience  
3 of situations you've encountered, that in your  
4 therapeutic practice you would in fact approve or  
5 encourage a minor, adolescent or young child, you would  
6 encourage that minor to identify with a gender that is  
7 different from their anatomical sex?

8 MR. MIHET: Form.

9 THE WITNESS: Yeah. So the basic premise of  
10 my practice, as stated on my website and I believe  
11 it's stated in other places on my website more  
12 succinctly, but it says that I strive to help  
13 people connect -- no, I'm sorry. It would be --  
14 let's see. Oh, when we're disconnected, we  
15 experience -- somewhere else on my website it is --  
16 I state that I help people connect more deeply with  
17 themselves, God, and one another. So the whole  
18 underlying premise of my work is helping people to  
19 be connected, helping them to be at home inside  
20 their own bodies, connected with who they really  
21 are, and connected with others in good, healthy  
22 life-producing relationships -- fulfilling  
23 relationships, and then connected with God if  
24 they're interested in spiritual aspects.

25 And so what you're saying about -- what you're

1 suggesting is helping a child be the opposite sex,  
2 does not fit with the ideas that I believe and hold  
3 deeply. That is, when we are connected to  
4 ourselves, the true self that we are, we're most  
5 healthy, and so I -- now that's -- so it doesn't  
6 fit. However, I have had clients who said that  
7 they were transgendered and I do not try to talk  
8 them out of it if they are teenagers who are  
9 certainly set on that. Children, young children,  
10 don't usually have an adamant -- well, I'll say it  
11 this way: Young children are often still very,  
12 very impressionable and so there's a lot more  
13 openness with younger children than there is with  
14 an older identifying.

15 So I will not try to talk someone out of it  
16 depending on their age and their situation and the  
17 depth of how strongly they feel that -- whether  
18 it's just a phase or it's something that they  
19 really -- a deeply-held belief that they have, I  
20 won't try to talk them out of it, but I also would  
21 not encourage someone to detach from who they are.

22 BY MS. FAHEY:

23 Q Do you believe that it's possible that -- and  
24 I am asking about your beliefs and how it informs your  
25 therapeutic practice. Do you believe that it's possible

1 that a person has the anatomical sex of a male but they  
2 truly are a female?

3 MR. MIHET: Form.

4 THE WITNESS: According to the research, there  
5 is no scientific basis for that. What we know  
6 right now is that there are people who perceive  
7 that they are different, just like a woman with  
8 anorexia might perceive that she is fat when she is  
9 really skinny. People have different perceptions  
10 of themselves, but we have never -- there is no  
11 research that would tell you that people are  
12 actually born in the wrong body anatomically.

13 BY MS. FAHEY:

14 Q Let's talk about Doe 5.

15 A Okay.

16 Q And Doe 5 is identified by you in  
17 interrogatory 22 to have begun therapy with you at the  
18 age of ten, okay?

19 A Okay.

20 Q Do you recall when you began therapy with Doe  
21 5?

22 A I do not.

23 Q May I please direct you to paragraphs 157 and  
24 158 of your complaint because my question to you will  
25 be: Is the person described in these paragraphs Doe 5?

1 A 157 and 158?

2 Q Yes, ma'am.

3 A No.

4 Q Did you describe Doe 5's situation in your  
5 complaint? Do you recall?

6 A No.

7 Q Did Doe 5 have a diagnosis?

8 A No.

9 Q Who set the therapeutic goal for Doe 5?

10 A I honestly don't remember.

11 Q Do you remember what the therapeutic goal for  
12 Doe 5 was?

13 A This one was a long time ago.

14 Q Okay.

15 A I do not.

16 Q Is the file for Doe 5 closed?

17 A Yes.

18 Q Was it closed before the enactment of Palm  
19 Beach County's ordinance?

20 A Yes. Years ago, yes.

21 Q You have indicated that none of your clients  
22 had the single therapeutic goal of addressing unwanted  
23 same-sex attractions or gender identity confusion; is  
24 that correct?

25 A None of my clients have ever had that single



1 goal?

2 Q That that was the only goal presented in the  
3 therapeutic context.

4 MR. MIHET: Form.

5 THE WITNESS: I don't remember saying --  
6 you're saying that in all the years I've practiced,  
7 I never had a client with a single goal of --

8 BY MS. FAHEY:

9 Q I'll find it so that we're on the same page  
10 with that.

11 A Okay.

12 Q So if you could -- you have in front of you  
13 the interrogatories, and you're on page 18. If you  
14 could flip to page 17, and I'll show you where I'm at.  
15 I'm at the bottom of the page. There's the word  
16 "Response" in bold.

17 A Uh-huh.

18 Q Do you see that?

19 A Uh-huh.

20 Q It says, "Hamilton does not have clients whose  
21 only goal is to reduce or eliminate unwanted desires as  
22 stated in the interrogatory."

23 A Does not have that -- those clients right now  
24 currently.

25 Q Okay. So was Doe 5, to your recollection, one

1 of the clients whose only goal was to address gender  
2 identity confusion?

3 MR. MIHET: Objection. Asked and answered.

4 THE WITNESS: It was years ago. I honestly  
5 don't remember.

6 BY MS. FAHEY:

7 Q Okay. What do you remember about your therapy  
8 of Doe 5?

9 A So just a side note here. In collecting all  
10 of the data to answer these questions, I had to go back  
11 through my file cabinet years back and so -- you know,  
12 it's hard to remember these things, and so I was able to  
13 write -- answer your questions, but I don't have a lot  
14 of details on the clients that are older clients.

15 Q Okay.

16 A Okay. So what do I remember about Doe 5?  
17 What I recall is two parents and a child that was not  
18 secure in [REDACTED] gender but -- in the child's gender, but I  
19 don't -- I don't know that it was a -- from what I'm  
20 recalling, it wasn't wanting to be the opposite sex, it  
21 was just lacking security with confidence, confidence in  
22 fitting in with [REDACTED] --

23 Or, you know, what happens is a child -- when  
24 I say "lacking confidence in their gender," so a child  
25 who feels different from other members of that same sex

1 and feels that they're not on par with the peer group,  
2 maybe they see themselves as -- not as masculine or  
3 feminine as maybe the cultural expectations are or as  
4 their peer group expects, and so I believe that case was  
5 about that.

6 Q Hypothetically, let's say Doe 5 is a male,  
7 hypothetically.

8 A Okay.

9 Q Not actually.

10 A Okay.

11 Q Hypothetically, if Doe 5 is a male, do you  
12 recall whether Doe 5 had reached the point where Doe 5  
13 was identifying as a female?

14 A No, was not.

15 Q Just insecure in the male identity?

16 A Yes. Right.

17 Q Do you recall what the outcome of your therapy  
18 with Doe 5 was? Were you able to assist Doe 5 in  
19 becoming more secure, hypothetically, as a male?

20 A I believe, but I think that was a shorter --  
21 shorter term case, which is why I don't have a lot of  
22 recollection. Sometimes when you see them for a long,  
23 extended period of time you remember a lot more, but  
24 this one I don't think went as long.

25 Q Well, since Doe 5 was ten years old as opposed

1 to the other client being six years old, did you meet  
2 with Doe 5 either more regularly or for longer intervals  
3 of time than you did the younger client who had gender  
4 identity confusion?

5 A I actually don't think so. I think I met more  
6 with the parents.

7 Q Okay. So based on the previous answers, is it  
8 fair to say that if you met with Doe 5 alone, it would  
9 be no more than that 10 to 15 minutes that you were  
10 talking about previously?

11 A I would think so.

12 Q And I know your memory is shaky on this one in  
13 particular.

14 A Yeah.

15 Q With respect to Doe 5, do you remember what it  
16 is that you were accomplishing in those 10 to 15 minutes  
17 with Doe 5?

18 A That I honestly do not remember what we talked  
19 about. It may have been perceptions of the parents,  
20 could have been.

21 Q How do you define what is a closed file and  
22 what's an open file?

23 A If a client is no longer returning or planning  
24 to return, it's closed, but clients could return ten  
25 years later and then I reopen, so that happens. And if

1 they -- so they're closed if they're no longer coming at  
2 this time in their lives and reopened later. The ones  
3 that are left open is because they may come back. Not  
4 all of them do. If they don't --

5 The way I leave it with clients is it's always  
6 up to them. If there's a need to continue, they  
7 continue it. If there's not, I don't tell them, "Okay.  
8 We're done." It's more of "Have you gotten to where you  
9 want to be?" And so oftentimes when people are doing  
10 well, I'll say, "Okay. Well, if I don't hear from you,  
11 I'll assume things are going well," so we kind of leave  
12 it like that and then eventually I'll close the case  
13 because they, you know, went on to live happily ever  
14 after, so to speak. We hope.

15 So, anyway, I have some open cases that I have  
16 not seen them in a month or two months, but there's a  
17 chance they could call me, you know, next year. People  
18 kind of are in and out sometimes. Some come every  
19 single week and it's very regular and others it's more  
20 of a check-in, kind of like a tune-up for your car or  
21 something like that, so yeah.

22 Q About what is that time frame when you haven't  
23 seen them for, hypothetically, six months? Like what's  
24 the mark that you say, "I'm going to go ahead and close  
25 this file in my system now"?

1 A Yeah, I don't actually have one.

2 Q Okay.

3 A It would probably be when I have time to go  
4 through files, truthfully.

5 Q Okay. And I know you don't remember when you  
6 began the relationship with Doe 5 --

7 A Right.

8 Q -- and the family of Doe 5. Do you recall  
9 when it ended? A year?

10 A No. I think it was a handful of sessions.

11 Q Okay.

12 A Maybe months, spanning months because I don't  
13 think it was weekly but...

14 Q And I am curious if you know if it -- so if it  
15 didn't go that long, it would have been generally within  
16 the same year?

17 A Right.

18 Q I'm wondering if you would be able to tell me  
19 "That was in 2015" or anything like that.

20 A With that one I honestly can't. Sometimes I  
21 really do remember dates, this one I don't. And I'm  
22 guessing when I say a handful. I think it was -- I  
23 would guess it was around five or less, but it could  
24 have been more. I honestly don't remember with this  
25 one.

1 Q Do you know why your therapy with this client  
2 was on the shorter end it sounds like?

3 A Sometimes you have people that are super  
4 committed to coming and sometimes -- families I'm  
5 talking about, the family as the client -- and sometimes  
6 with -- as with anything, people get busy, they don't  
7 want to spend the time or the money, and so you have  
8 people that come for shorter amounts of time because of  
9 that, or you have people that come for shorter amounts  
10 of time because they accomplished their goal and they  
11 really don't need to come anymore.

12 So with them, I don't know. I don't remember  
13 if it was "Okay. We're in a good place. We're ready to  
14 stop" or "Life is too hectic and busy, we just can't  
15 continue to come." It may have been both. Sometimes  
16 people stop coming. It's not a priority anymore when  
17 things are less intense, like less of a problem. You  
18 know, when the pressure's on, that's when they come.  
19 When they're seeing problems in their family, they come  
20 in. And then if the problems subside somewhat, they  
21 stop coming whether they've attained their full goal or  
22 they're just feeling better and partially to their goal.  
23 Yeah, so it's hard to always know.

24 Q Okay. I am next going to be talking about  
25 your clients who have unwanted same-sex attractions and

1 behaviors and sexual orientation change clients and  
2 practices.

3 Before I move on to that category of treatment  
4 and patients, is there anything else that you wanted to  
5 clarify or let us know about your treatment of gender  
6 identity confusion?

7 MR. MIHET: Form.

8 THE WITNESS: No. I mean I would just say --  
9 I don't know. I probably wouldn't word it as  
10 "treatment of gender identity confusion." I would  
11 say the ways that I help people, which is through  
12 talking to them and conversations with them, I --  
13 and it's usually with the family. If it's, like I  
14 said, under 12, it's more with the parents on how  
15 to relate and connect more deeply with their child  
16 so their child can be connected to themselves.

17 It's very much about fostering deep,  
18 meaningful, close, loving relationships between the  
19 parents and the child. That is the focus of the  
20 work under the age of 12 so -- and it's  
21 conversations again, not really treatment. That  
22 seems to imply something different than what I do.

23 BY MS. FAHEY:

24 Q Okay. Is there anything else that you would  
25 like to share about the conversations that you will have



1 in your therapeutic office in your private practice  
2 about gender identity confusion?

3 MR. MIHET: Form.

4 THE WITNESS: So just -- no. Just what I had  
5 said about it's mostly directed at helping parents  
6 deeply connect with their children in a nurturing  
7 way that inspires the child to feel connected and  
8 at home within themselves.

9 BY MS. FAHEY:

10 Q Before the passage of Palm Beach County's  
11 ordinance December 19, 2017, did you provide therapy  
12 that sought to change the sexual orientation of a minor?

13 MR. MIHET: Form, foundation, facts not in  
14 evidence.

15 THE WITNESS: So "that sought to change," it's  
16 a broad term that I am not exactly sure what that  
17 means because I don't actually seek to change  
18 people, but what I read from the ordinance  
19 definition, you know, the way that kind of is  
20 worded, does it mean therapy that is helping people  
21 accomplish their goal of trying to change  
22 attractions or behaviors?

23 BY MS. FAHEY:

24 Q I'm asking you if your therapy --

25 A Uh-huh.

1 Q -- if the therapy you provided --

2 A Uh-huh.

3 Q -- if that therapy --

4 A Uh-huh.

5 Q -- sought to change the minor's sexual  
6 orientation. And I think sometimes it's helpful for us  
7 to use hypotheticals, so we'll say hypothetically  
8 there's a minor, we'll say 15 years old. That minor is  
9 identifying as a gay minor.

10 A Okay.

11 Q Did you -- hypothetically, were you providing  
12 therapy that would seek to change that gay minor's  
13 sexual orientation to a heterosexual orientation?

14 MR. MIHET: Form, facts not in evidence.

15 THE WITNESS: So -- okay. I don't seek to  
16 change orientation because orientation refers to  
17 attractions, how that client is oriented, whether  
18 they're oriented towards the same sex -- whether  
19 they're sexually oriented towards the same sex or  
20 the opposite sex. So my goal is not to change  
21 their attractions but to deal with underlying  
22 issues that often may lead to their attractions  
23 diminishing or decreasing or being altered in some  
24 way, and also assisting clients in changing their  
25 behaviors or other things in their life that they

1           are stating is their goal to change. So, yes, I've  
2           had clients like that.

3       BY MS. FAHEY:

4           Q       And were you providing therapy that the  
5       purpose of the therapy was to change the sexual  
6       orientation, sexual attractions from homosexual  
7       attractions to heterosexual attractions?

8           MR. MIHET: Form, facts not in evidence.

9           THE WITNESS: I don't know. So if a client  
10       comes in and says "I'm attracted to the same sex,"  
11       I don't try to help them change their attraction --  
12       I don't say "Because of this therapy, you will no  
13       longer be homosexually-oriented, you will be  
14       heterosexually-oriented." That is not possible for  
15       me to promise to do for a client.

16                We know from the research that sexual  
17       orientation does change for some people. Their  
18       attractions can change and their behaviors can  
19       change, but not everybody experiences change and  
20       not even everybody that wants to experience change  
21       in attractions will. Anybody that wants to change  
22       their behavior typically can, but not attractions.  
23       Just -- so there's no guarantee that attractions  
24       will change, but they can change.

25                So I do not provide services aimed at changing

1 sexual orientation. I provide services -- I  
2 provide talk therapy aimed at helping people  
3 understand themselves, understand what their  
4 attractions are all about. Sometimes that results  
5 in the attractions being diminished or reduced.

6 I help people change their behaviors. I help  
7 people change their perceptions of themselves, but  
8 I'm helping them accomplish their goals for their  
9 lives.

10 BY MS. FAHEY:

11 Q I think I understand the distinction you're  
12 making --

13 A Okay.

14 Q -- and so I'm going to ask -- I'm going to say  
15 something and see if it's true or not true for what you  
16 were doing. Okay?

17 A Okay.

18 Q So I think I understand you to be saying  
19 that -- and we'll talk about prior to the passage of the  
20 ordinance.

21 A Okay.

22 Q You would provide therapy that sought to  
23 change an individual's behaviors?

24 A Sought to help them change their behaviors.

25 Q Okay. But the purpose of the therapy was not

1 to change their attractions?

2 MR. MIHET: Form.

3 THE WITNESS: Okay. Okay. There are clients  
4 who come in saying, "I do not like being attracted  
5 to the same sex." What I'm telling you is that I  
6 don't provide some type of, quote/unquote,  
7 treatment or therapy that aims to change their  
8 sexual attractions. I aim to deal with the deeper  
9 issues knowing that, as a result, those attractions  
10 may change.

11 So, yes, I help clients accomplish their goals  
12 of -- and maybe some people put it this way,  
13 exploring their heterosexual potential or exploring  
14 the potential for their attractions to change.

15 Does that make sense?

16 BY MS. FAHEY:

17 Q I'm wondering if prior to the passage of the  
18 ordinance you would say "Yes, I do that" or "No, I  
19 don't" as far as were you providing therapy that was an  
20 effort to change sexual orientation?

21 MR. MIHET: I'm going to object to form, and  
22 the question has been asked and answered several  
23 times. I'm not sure the answer is going to change  
24 if you keep asking the same question but --

25 THE WITNESS: Prior to the passage of the

1 ordinance I had clients who came in saying, in  
2 different ways, different clients -- so you're  
3 talking about in all the years that I've worked  
4 prior to the passage of the ordinance? Is that  
5 what we're talking about?

6 BY MS. FAHEY:

7 Q Yes.

8 A Okay. I have had clients who came to therapy  
9 because they were distressed by unwanted homosexual  
10 attractions and behaviors, and I have offered to help  
11 them work through that distress and figure out what  
12 could be accomplished.

13 Q Have you offered to help them change their  
14 sexual orientation?

15 MR. MIHET: Form, asked and answered.

16 THE WITNESS: No, I don't help, but here's the  
17 thing: I don't offer "Let me help you change your  
18 sexual orientation" because it doesn't work that  
19 way. I can't change your attractions. I can help  
20 you figure things out in your life and talk through  
21 things and process things and understand how to  
22 change behaviors, and as we're dealing with root  
23 issues, sometimes those attractions will change as  
24 a result.

25 And I have had clients that I have assisted

1           who had unwanted homosexual attractions and  
2           behaviors, clients that are now prohibited by your  
3           ordinance from coming into my office and getting  
4           help. I have helped them in the past, and they are  
5           no longer allowed to come into my office and get  
6           help, and I am no longer allowed to talk to them  
7           about these issues that distress them.

8           BY MS. FAHEY:

9           Q       I think I understand you to be saying that  
10          there is no effort on your part that you can do to  
11          change someone's sexual orientation. Is that something  
12          you agree with?

13          A       By "sexual orientation," you mean their  
14          attractions?

15          Q       Yes.

16          A       I can help that -- their attractions may  
17          change in therapy.

18          Q       That's fine.

19          A       Okay.

20          Q       I want to know is there something that you  
21          want to do, claim to do, think that you could be able to  
22          do that would be an effort on your part as a licensed  
23          therapist to change sexual orientation?

24                   MR. MIHET: Form, asked and answered.

25                   THE WITNESS: There are efforts that we make

1 in therapy through our conversations that may  
2 result in a change of attractions, they may, and  
3 the client knows that --

4 BY MS. FAHEY:

5 Q Okay.

6 A -- "I'm not going to be able to change your  
7 attractions, but your attractions may change as we deal  
8 with the issues at hand."

9 Q So I understood earlier, when we were looking  
10 at your consent form and you were letting me know that  
11 sometimes people may feel more depressed talking --

12 A Uh-huh.

13 Q -- you know, through therapy --

14 A Yes.

15 Q -- certainly you're not in an effort to make  
16 anybody feel more depressed --

17 A Right.

18 Q -- even though that may be a side effect from  
19 what you're trying to do, right?

20 A Okay.

21 Q So it sounds to me as though you're saying  
22 that it may be a side effect of what you're trying to  
23 do, that an orientation may change.

24 A Okay.

25 Q I don't know if you're saying that --



1 A Okay.

2 Q -- or if what you're saying -- now I'm not  
3 trying to harass you or figure out like -- I'm truly  
4 trying to understand --

5 A Okay. Okay.

6 Q -- is this a side effect you're talking  
7 about --

8 MR. MIHET: Let her finish.

9 BY MS. FAHEY:

10 Q -- is this a side effect you're talking about  
11 or is this you are doing something for the purpose of  
12 hoping that the client can get there to change their  
13 sexual orientation?

14 Now because I know you're not saying "I can  
15 change their sexual orientation," but it sounds like  
16 you're saying "I can do some things and maybe sexual  
17 orientations change." So is that like a goal of what  
18 we're doing or is it this unwanted side effect such as  
19 increased depression?

20 A Okay. Thank you for the clarification.

21 MR. MIHET: And let me object as to form.

22 THE WITNESS: Okay. So it is a desired  
23 outcome that the client has, but the client knows,  
24 from me directly, that you may not ever have that  
25 outcome. Your attractions may persist, just like

1 someone with an addiction may continue to crave  
2 alcohol but choose not to drink. They may continue  
3 to crave it. Your attractions may persist but  
4 maybe to a lesser degree, or maybe they'll go away  
5 like the craving for alcohol and then maybe come  
6 back during a time of stress, or they may fluctuate  
7 throughout your life.

8 Most likely the things that we have in our  
9 lives don't disappear forever, never to return  
10 again, and that's true of every issue that we deal  
11 with. Whether it's a person who is chronically  
12 late or a person who has a shopping addiction or  
13 whatever it is, we can improve, but that doesn't  
14 mean we'll never, ever, the rest of our lives, ever  
15 experience that problem ever again. And so that is  
16 made clear to the client when we embark on the goal  
17 of changing their behavior and hoping to reduce  
18 attractions, if at all possible.

19 BY MS. FAHEY:

20 Q And is that a therapeutic practice that you  
21 would like to be able to offer to minors?

22 MR. MIHET: Form.

23 THE WITNESS: Absolutely. Sorry. Yes. And I  
24 am not allowed because the county has prohibited me  
25 from having conversations with clients that would

1 help them explore their heterosexual potential or  
2 their potential for decreasing attractions, having  
3 their attractions decrease, or even changing their  
4 behaviors.

5 BY MS. FAHEY:

6 Q Now the examples that you were giving me  
7 talking about alcoholic desires, like the desire for  
8 alcohol, the addictions, is there something that you  
9 liken same-sex attractions to to make it like those  
10 things? I think alcoholism is recognized as something  
11 that's diagnosable, right?

12 A Right.

13 Q Same-sex attraction is not?

14 A That was a loose metaphor to help you  
15 understand the point --

16 Q Okay.

17 A -- that things don't always go away even if we  
18 want them to.

19 Q And so I think I understand it as far as a  
20 desired outcome that in you providing the therapy, it is  
21 a desired outcome that you are -- the therapy would --  
22 you're not against the therapy resulting in that desired  
23 outcome of change in sexual orientation?

24 A Right. I'm hopeful the client --

25 MR. MIHET: Form.

1 THE WITNESS: The client is asking for that,  
2 so they're hoping to accomplish that goal, so that  
3 would be a -- that's a desired outcome for them.  
4 They have that.

5 And again, I want to be very clear: I know  
6 alcoholism is often seen as a disease. I am not  
7 calling homosexuality a disease. That was a very  
8 loose metaphor to help you understand. I'm not  
9 saying it's like alcoholism, something that is --  
10 has the same implications that alcoholism does.

11 BY MS. FAHEY:

12 Q Is there something that you do liken  
13 homosexuality to?

14 MR. MIHET: Form.

15 THE WITNESS: No.

16 BY MS. FAHEY:

17 Q It's just a different thing that doesn't have  
18 a close metaphor?

19 MR. MIHET: Form.

20 THE WITNESS: Not off the top of my head.  
21 Maybe if I thought long and hard I might come up  
22 with something, but not off the top of my head.

23 BY MS. FAHEY:

24 Q I think I know the answer to this question  
25 based on things you've said, is it correct that it's

1 possible -- actually, I'm not sure.

2 A Okay.

3 Q I'll just ask the question. Is it possible to  
4 reduce or eliminate same-sex attractions without seeking  
5 to change sexual orientation?

6 A We know that sexuality is fluid. People do  
7 experience changes in their attractions without seeking  
8 to. We know that from the research. Is that your  
9 question?

10 Q What I'm wondering is are these two things so  
11 entwined that if you're seeking to eliminate or reduce  
12 sexual attraction, you're automatically seeking to  
13 change sexual orientation or can they be separated in  
14 concepts to whereas you could say "I would like to  
15 reduce or eliminate my attractions, but I'm not  
16 interested in changing my sexual orientation"? Can  
17 those be separated or are they entwined?

18 MR. MIHET: Form.

19 THE WITNESS: What is sexual orientation?

20 BY MS. FAHEY:

21 Q As we've been discussing it, we've been  
22 talking about attractions.

23 A Okay. So if you're -- maybe there's a  
24 different definition. That is my definition so it's --  
25 I would say I have been talking about it as if it's a

1 synonymous concept.

2 Q Okay.

3 A Orientation is how you are oriented, but maybe  
4 you're thinking of it differently. If you are, let me  
5 know and I'll see if there's a -- you know, you're  
6 asking if you can separate two things, but I was  
7 thinking that we were defining them --

8 Q Yes. And so I do think I understand that  
9 you're saying if you're -- the attractions and the  
10 orientation are so entwined that if you're seeking to  
11 reduce or eliminate the attraction, there is a desired  
12 outcome on sexual orientation?

13 A What is sexual orientation?

14 Q So we've been talking about sexual orientation  
15 being the attractions that you have.

16 A Okay. So you asked the question. Is that  
17 what you meant by the word "orientation"? Did you mean  
18 "attraction"?

19 Q Yes.

20 A Okay.

21 Q Yes. And, truly, I do want to understand. In  
22 your practice it may be that in interacting with people  
23 who are talking to you about these issues there may be  
24 something where -- there maybe instances where people  
25 say, "I want to be gay. I want to be identified as gay.

1 I want to be perceived as gay, but I actually want to  
2 reduce or eliminate some of my attractions."

3 A So I would call that gender -- I would call  
4 that sexual identity.

5 Q Okay.

6 A So that's a different thing. So identity is  
7 how a person sees themselves. Orientation, how they're  
8 oriented, I think of that as how they're attracted, but  
9 perhaps it's used in a different way by others.

10 So if -- but what you just described to me I  
11 would not call just orientation, I would call that --  
12 that's the person's self-concept or their identity.

13 Q Got it.

14 A Yeah.

15 Q Interrogatory number 7, I'll find the page for  
16 you so that we can get on the same page.

17 MR. MIHET: Literally.

18 THE WITNESS: Yeah.

19 BY MS. FAHEY:

20 Q So the question number 7 is on 6, but your  
21 response is on page 7.

22 MR. MIHET: Read the question.

23 THE WITNESS: Okay.

24 BY MS. FAHEY:

25 Q Now you state -- it's one of the small

1 paragraphs -- "Many of Hamilton's clients identify  
2 themselves as Christians and have sincerely held  
3 religious beliefs. The Bible stands as a source of  
4 truth. Various biblical truths are sometimes discussed  
5 with these Christian clients."

6 A Uh-huh.

7 Q Will you please share with me the biblical  
8 truths that you're referring to in your response to  
9 interrogatory number 7?

10 A Okay. Because I'm client-directed, I always  
11 ask them what their beliefs are, and so we discuss what  
12 they believe and how they see it and how that applies in  
13 their lives and how that applies to their -- the  
14 problems that they're experiencing. So you wanted to  
15 know what some of those beliefs are?

16 Q Not their beliefs, but what biblical truths  
17 are sometimes discussed with the Christian clients?

18 MR. MIHET: Form, asked and answered.

19 THE WITNESS: Well, so I used the word "truth"  
20 because you were asking that specifically in the  
21 question, what you communicated as, quote/unquote,  
22 truth, and so I was letting you know that my  
23 clients that are Christians will tell you that the  
24 Bible is the source of truth, and so what we  
25 discuss is various concepts that they find in the



1 Bible that they see as truth. Is that what you're  
2 asking?

3 BY MS. FAHEY:

4 Q Yes. And I'm wondering, if you could tell me  
5 more specifically, what are those concepts --

6 A Okay.

7 Q -- that you're referring to? Because you say  
8 various biblical truths.

9 A Uh-huh.

10 Q I'm trying to understand better the various  
11 biblical truths that are discussed.

12 A Okay. So with regard to this issue because  
13 your question is about clients that come in with this  
14 issue?

15 Q Yes.

16 A Because there are lots of biblical truths,  
17 like staying married and not getting divorced.

18 Q Yes.

19 A Okay. So with this, they would -- there's --  
20 again, the clients' beliefs are that God created  
21 mankind, God created mankind as to -- within two  
22 different sexes, male and female; that he has an amazing  
23 design for our lives; that he wants us to be connected  
24 with him and in close relationship with him. They would  
25 say through Jesus; and that he's got an amazing plan for

1 our lives; and that when we walk in his plan, we are  
2 most fully alive and most fully at home with ourselves  
3 and most fully at peace.

4 And so they would say that if they're having  
5 attractions or feelings or behaviors that are outside of  
6 the way God has designed for their -- them to live their  
7 lives, that that puts them at conflict and not at peace,  
8 and so we talk about what those -- you know, how they  
9 see God's plan and how they see their experience not  
10 fitting with God's plan.

11 Q So I would like to find and show you a -- two  
12 different presentations that you provided to us, and I  
13 believe that each of these presentations contain what  
14 appear to be -- this says "Biblical view of gender and  
15 gender identity," and so I'm going to ask you whether  
16 those are some of the biblical truths that you discuss  
17 with minor clients, just to preface what I'm doing over  
18 here.

19 A Okay.

20 Q So the next number is 12. So we're going to  
21 mark Hamilton 026 through Hamilton 030 as Exhibit 12.

22 A You know, if I might say to you, you didn't  
23 ask me what I talk with minors about in this question.  
24 This was just in general.

25 Q Okay.

1           A       So the answer to this was about in general  
2 what I talk with people about, but not specifically  
3 minors.

4           Q       Do you talk to minors about biblical truths?

5           A       It depends on what they believe. If they're  
6 not interested, no, I don't. I meet them where they're  
7 at.

8           Q       Okay.

9           A       Yeah.

10                   (Thereupon, Defendants' Exhibit 12 was marked  
11 for identification.)

12                   MS. FAHEY: And then Hamilton 021 through  
13 Hamilton 025 will be marked as Defendants'  
14 Exhibit 13.

15                   (Thereupon, Defendants' Exhibit 13 was marked  
16 for identification.)

17 BY MS. FAHEY:

18           Q       So what do you have in front of you right now?

19           A       I have Number 13 and Number 12.

20           Q       All right. So let's look -- we are looking at  
21 just the first page of both of these documents,  
22 Defendants' Exhibit 12 and Defendants' Exhibit 13. You  
23 can see one of the -- let me understand -- let me back  
24 up. Let's just take Exhibit 12.

25                   Exhibit 12 appears to me to be handouts from a

1 PowerPoint slide. Is that true?

2 MR. MIHET: Form.

3 THE WITNESS: Yes.

4 BY MS. FAHEY:

5 Q And the first slide, the top left says  
6 "Understanding and Responding to Childhood Gender  
7 Identity Confusion and Homosexuality."

8 A Yes.

9 Q By Julie Hamilton, Ph.D, LMFT.

10 A Yes.

11 Q And underneath your name it says  
12 homosexuality101.com and drjuliehamilton.com?

13 A Yes.

14 Q Did you prepare the presentation that is  
15 Defendants' Exhibit 12?

16 A Yes.

17 Q Is that something that you have given as a  
18 talk before?

19 A Yes.

20 Q And have you had a chance to look at the pages  
21 of Defendants' Exhibit 12? Is this a true and accurate  
22 copy of your presentation?

23 A Yes.

24 Q Now let's go to Defendants' Exhibit 13. And  
25 Defendants' Exhibit 13, is this a printout of handouts

1 to a PowerPoint slide --

2 A Yes.

3 Q -- presentation? The top left square says  
4 "Childhood Gender Identity Confusion: Prevention and  
5 Early Intervention By Dr. Julie Harren Hamilton,  
6 www.homosexuality101.com"?

7 A Yes.

8 Q Is this a PowerPoint presentation that you  
9 prepared?

10 A Yes.

11 Q Have you had a chance to look at the pages and  
12 verify that this is a true and accurate copy of a  
13 PowerPoint presentation that you prepared?

14 A Yes.

15 Q Have you presented this presentation before?

16 A Yes.

17 Q Okay. Thank you.

18 So these are presentations that you've given.  
19 And on the first page of Defendants' Exhibit 12 and  
20 Defendants' Exhibit 13 there appears to be a slide that  
21 is titled "Biblical View of Gender and Gender Identity."

22 A Uh-huh.

23 Q That point 1 says that "Gender matters. In  
24 the biblical account of Creation, the only descriptors  
25 of humans are that we were made in God's image and that

1 we were made male and female," and I see that a verse is  
2 cited there.

3 A Right. Yes.

4 Q Is this a biblical truth that you would, with  
5 an interested minor, discuss on the topic of gender?

6 A Again, in therapy -- and you read in the code  
7 of ethics with the AACC. Even though I'm not a member  
8 of that organization, I've always practiced with the  
9 idea of expose, don't impose. So if they ask a question  
10 about that, I might answer that.

11 I do a lot of asking them questions, what do  
12 they believe, what do they see, and so we discuss  
13 truths, not me telling them "This is what the Bible  
14 says." It's not -- I don't approach therapy in that way  
15 or in an advice-giving "This is what you need to do with  
16 your life" type of way at all because I'm  
17 client-directed.

18 Q And so is this a truth that you would or have  
19 in the past discussed with an interested minor?

20 MR. MIHET: Objection. Form, asked and  
21 answered.

22 THE WITNESS: I don't -- I don't know if I've  
23 ever actually quoted that verse or they've ever  
24 quoted that verse. I don't -- I don't know.

25 BY MS. FAHEY:

1 Q Okay. Let's look at the point number two. It  
2 starts with "Marriage of the two genders." Do you see  
3 that?

4 A Uh-huh.

5 Q "Marriage of the two genders reflects the  
6 relationship of Christ and the Church. Marriage is a  
7 sacred symbol of the most important relationship of all:  
8 Our relationship with God through Jesus," and a verse is  
9 cited there from Ephesians 5:31-32.

10 A Uh-huh.

11 Q Is this something that you would regard as a  
12 biblical truth?

13 A That is a verse from the Bible, yes.

14 Q And is this a biblical truth that you have in  
15 the past or would if it was something that a child was  
16 interested in being exposed to or discussing with you,  
17 something that you would talk about in therapy?

18 A I don't ever remember --

19 MR. MIHET: Form.

20 THE WITNESS: -- sharing this verse with a  
21 child. Keep in mind these presentations were made  
22 for adults, not children.

23 BY MS. FAHEY:

24 Q Okay. So why don't we -- to save time, which  
25 Defendants' exhibit do you have in front of you? 13 or

1 12?

2 A 13.

3 Q Okay. So look on page 2, so that's Hamilton

4 22 --

5 A Uh-huh.

6 Q -- and you'll see 3, 4, and 5. Those appear  
7 to be points that have citations from the Bible.

8 A Uh-huh.

9 Q If you will review those, and let me know when  
10 you've had a chance to review them.

11 A Okay. Okay.

12 Q Are these points things that you would say  
13 fall under the category as biblical truth?

14 A The verses would be, yes.

15 Q Okay. Are these --

16 A My commentaries wouldn't be, but anything from  
17 the Bible -- a verse would be considered a biblical  
18 truth. So not the words that I have written, but the  
19 ones that are in quotes.

20 Q Understood.

21 A Okay.

22 Q Verses only?

23 A Yes.

24 Q Are these -- are these biblical truths things  
25 that you recall ever discussing with a minor?



1           A       Okay. So let me -- maybe a better way of  
2     answering this would be rather than a yes or no. So, I  
3     don't recall sharing specific verses with minors. I  
4     don't have a recollection of any client sitting on the  
5     couch, telling them a verse, quoting them a verse, or  
6     opening the Bible and showing them a verse. I don't  
7     recall that. If I've ever done it, it might -- I mean I  
8     wouldn't be surprised if I ever said a verse because in  
9     speech that can happen, but I do not recall a specific  
10    situation of ever doing that.

11                 Okay. However, it's important to note this:  
12    With Christian clients, there are truths that they hold  
13    about -- and it's summed up in each of those slides.  
14    These slides do sum up the beliefs that Christian  
15    clients hold, and your ordinance is in direct, I would  
16    say, disrespect and disregard for those Christian  
17    beliefs. And they're not just Christian beliefs. There  
18    are also Muslims and Orthodox Jews who believe  
19    similarly; but for the sake of this presentation and my  
20    clients, I will speak about Christians specifically.

21                 Your ordinance tells us, as therapists, that  
22    we can only counsel in a way that is completely opposite  
23    of a Christian world view, which is disrespectful to our  
24    clients, at the very least. At the most, it's  
25    dismissive and discriminatory, honestly. And so I think

1 that has to be noted that these slides reflect the views  
2 of my clients, and your ordinance makes it impossible  
3 for those clients to get help from a professional in  
4 Palm Beach County. They can still go to their pastor,  
5 but their pastor doesn't have the training to help them  
6 deal with the psychological or emotional issues that may  
7 be going on in their lives.

8 And so I just want to state that, that, yes,  
9 this reflects a Christian world view. And I think -- I  
10 don't know the numbers exactly, but at least 50 percent  
11 of Americans believe this way, which is in the millions  
12 of people that believe this way. So there's going to be  
13 a lot of clients -- and even here in Palm Beach County,  
14 a high number of Christian clients that believe this  
15 way -- that are going to be left without services  
16 because freedom of speech no longer exists in a therapy  
17 office, and there's an ordinance in Palm Beach County  
18 that completely discriminates against Christianity and  
19 Christian beliefs.

20 So did that -- are there more specific  
21 questions you want to ask about this?

22 Q My specific question --

23 A Okay.

24 Q -- is what biblical truths do you discuss  
25 with -- and I understand you're not imposing, you're

1 exposing -- interested clients only, with minors?  
2 Interrogatory 7 advises me that there are some biblical  
3 truths that you may discuss with a client, and I respect  
4 the fact that you noted that that was not specific to  
5 minors, but this question is.

6 A Okay.

7 Q So specifically with minors, what are the  
8 biblical truths -- I had thought, but it sounds like  
9 you've been able to correct me, that points 1 and 2, you  
10 don't remember ever specifically discussing that with a  
11 minor.

12 A But I don't remember -- go ahead.

13 Q So you don't remember specifically discussing  
14 points 3, 4, or 5 with a minor either?

15 MR. MIHET: Form, asked and answered.

16 THE WITNESS: I don't remember specifically  
17 quoting Bible verses with a minor.

18 And I also want to add in number 7, where it  
19 said "various biblical truths are sometimes  
20 discussed," I wasn't saying I discussed them.  
21 Discussion takes place between two parties, so it  
22 could be the clients that are bringing up the  
23 biblical truths.

24 BY MS. FAHEY:

25 Q Okay.

1           A       So I just want to make sure you understand  
2       that statement. Various truths, various biblical truths  
3       are often discussed does not mean me only, it means  
4       discussed between us, and quite often the client is  
5       sharing their biblical views. That's what that  
6       statement is saying. It's a discussion.

7           Q       And do you recall a minor sharing with you  
8       biblical truths --

9           A       Yes.

10          Q       -- with respect to the issue of sexual  
11       orientation issues that they are coming to you with or  
12       gender identity issues that they're coming to you with?

13          A       Yes, I definitely do.

14          Q       And were those biblical truths, any of the  
15       five that we've been looking at, in your presentation?

16          A       So the biblical -- I don't recall a client  
17       quoting a verse, but I recall clients saying "I believe  
18       this is wrong. I believe this isn't what God wants for  
19       me. I believe God has a different plan for me. I  
20       believe that he doesn't want me to pursue this  
21       relationship."

22                   And my therapy, as I said before,  
23       client-directed, is about eliciting the client's beliefs  
24       and working from that frame of reference. Definitely  
25       clients bring up their beliefs. And I ask them

1 sometimes.

2 Q You just said something, "eliciting their  
3 beliefs." Interrogatory 7 --

4 A Uh-huh.

5 Q Interrogatory 7 you state that -- it's right  
6 under that paragraph with biblical truths. It's "The  
7 tools that Hamilton typically deploy are primarily ideas  
8 that she can elicit from the client."

9 A Uh-huh.

10 Q So what are you referring to when you say  
11 that? What ideas are you eliciting from the client?

12 A Well, because you had asked me what tools, so  
13 that was in answer to that.

14 Q Okay.

15 A So tools are getting -- finding out about the  
16 client resources. So it's things that the client  
17 believes are going to be helpful: What have you tried?  
18 What has worked for you in the past? What ideas do you  
19 have? What are your resources? What strengths do you  
20 have?

21 There's a lot of research that shows that if  
22 you use what clients bring to the table rather than  
23 introduce your own ideas or your own advice or  
24 suggestions, that if you elicit the client's ideas and  
25 their strengths and their resources, it's going to be a

1 lot more effective because it's something they already  
2 own and belongs to them instead of to you, so that's  
3 what I meant.

4 Q Can you give me an example of what you mean by  
5 a "client resource"? I don't know if you're talking  
6 about, like, tangible things or if you're talking about  
7 the client already has a faith system and so you're  
8 trying to elicit from that client their own faith  
9 system, to have that come to light. So --

10 A Okay.

11 Q -- for resources, if you could help me  
12 understand that.

13 A Yes. Resources are any tools or any -- I'm  
14 talking about internal resources. So faith might be  
15 one --

16 Q Okay.

17 A -- but it's not always a resource that the  
18 clients -- there are many clients that don't have a  
19 faith component.

20 So, in fact, I used to do a lot of  
21 presentations on this about being client-directed and  
22 how it is important to draw out the resources of the  
23 client. By "resources" we mean ideas that they have, so  
24 it's not just spiritually based. Faith is one resource  
25 that clients have, but they also have other -- they have

1 ideas. They have strengths. They have abilities.

2 Resources could be supportive friends,  
3 supportive family members. It's anything that helps the  
4 client in their life, either internal resources or it  
5 could be people. You know, a depressed client -- for a  
6 depressed client, one resource might be the people that  
7 are in their bridge group or -- you know what I mean? --  
8 connecting with other human beings, so the people in  
9 their life might be a resource.

10 Q Okay. I think I now understand what you're  
11 saying --

12 A Okay.

13 Q -- as far as eliciting ideas from the client.  
14 Interrogatory 7 also talks about -- it's in  
15 that same paragraph where we found the elicit ideas.

16 A Uh-huh.

17 Q The sentence starts, "In addition, Hamilton  
18 asks questions, listens, empathizes, seeks to expand  
19 options for the client, introduces possible explanations  
20 such as sharing theories of attachments and the role of  
21 parental nurture, and explores whether or not such  
22 theories fit for the client."

23 I am wondering if there are other theories  
24 other than early parental nurture and theories of  
25 attachment that may fit for a client. Are those the

1 only two, like, possible theories that might fit?

2 MR. MIHET: Form.

3 THE WITNESS: Are those the only two theories  
4 that might fit for a client?

5 BY MS. FAHEY:

6 Q That you may discuss with a client.

7 A No. Such as sharing theories.

8 Q Okay.

9 A No. I mean to explain what's happening in  
10 their lives? Theories that might explain their behavior  
11 is what I'm talking about here.

12 Q With respect to same-sex attractions and with  
13 respect to gender identity, are there any other theories  
14 other than early prenatal [sic] nurture and theories of  
15 attachment that may apply in those contexts?

16 A Absolutely. Yes.

17 Q What are the other theories?

18 A Okay. So when a client is experiencing  
19 same-sex attractions or gender identity confusion, there  
20 are a number of possible things that may have led that  
21 client to experiencing that and so it would be, of  
22 course, impossible for me to list them all. But keep in  
23 mind, too, I think it's important to note here that it  
24 seemed that -- it seems that as I talk to people about  
25 these ordinances with commissioners and those involved



1 with the passages of these ordinances, there seem to be  
2 this idea that they had -- whether they got it from the  
3 sponsors of the ban, I think that probably is the case,  
4 but wherever it came from, there seem to be these ideas  
5 that we are talking about a specific client, a gay or  
6 lesbian individual who is forced into therapy or even  
7 may come voluntarily but they are this way and they are  
8 either seeking or their parents are seeking to change  
9 them or for them to be changed.

10 Human behavior, emotions, and experiences are  
11 not like that. We're not in neat, little categories.  
12 There are -- I believe it's in the double digits of  
13 sexual identity labels that kids have for themselves or  
14 that are now used. So we get kids that come in saying  
15 they're pansexual, bisexual, asexual, transgender,  
16 agender. You know, all kinds of labels. So we're not  
17 talking about neat, little categories and we're  
18 certainly not talking about one neat, little category or  
19 two neat, little categories, and I think that's been the  
20 misunderstanding with the commissioners that I've talked  
21 to. People just don't quite understand we are seeing  
22 children that are coming in with all kinds of labels  
23 that they put on themselves. Some have persistence in  
24 early childhood and that is what I would think of as a  
25 more deeply felt experience, but there are others where

1 it's just kind of a passing trend. They've --

2 So your question was theories. Well, there's  
3 a lot of reasons why kids end up with labels on  
4 themselves. For some, that really have a deep sense of  
5 same-sex attraction or gender -- identifying with the  
6 opposite gender, these theories might fit and they might  
7 not, attachment and early parental nurture. But for a  
8 kid who never had that and all of the sudden --

9 I think there's something new called sudden  
10 onset gender dysphoria. It's just coming out of the  
11 blue. I think there was a recent article about that  
12 somewhere. And it's just this idea that they never had  
13 any gender dysphoria symptoms before and now they're a  
14 teenager and suddenly they're saying they're  
15 transgender. Well, for them these theories wouldn't fit  
16 because they didn't have that all along, but then  
17 perhaps -- and this article talked about for one kid  
18 they were -- you know, they were either seeing a lot of  
19 cultural influences, like having a coach that's  
20 transgender and suddenly that sounds like an appealing  
21 route to go, or maybe they've discovered pornography or  
22 maybe they've experienced abuse, a sexual experience in  
23 childhood or in adolescence that has created an  
24 appetite, a sexual appetite for them and now they're  
25 kind of craving what they first experienced because

1 their first sexual experience was something that, you  
2 know, was out of the ordinary and happened to them  
3 prematurely before adulthood and so --

4 Q What would I call that theory? The experience  
5 of trauma or pornography that then led to same-sex  
6 attractions, what's the theory -- what's that theory  
7 called?

8 A So, again, I think you're still thinking in  
9 terms of there are these kids that are gay and there are  
10 these kids that are straight and there are these crazy  
11 therapists that think sexual abuse caused these kids to  
12 be gay. It's not like that. There are kids that are  
13 not gay but they are sexually abused and now they are  
14 attracted to a member of the same-sex and they don't  
15 want that for themselves.

16 Q Is there a theory that --

17 A I don't know that there are names of theories  
18 like that.

19 Q Okay.

20 A It's just common sense.

21 Q And what I'm wondering -- I see you've  
22 identified two theories that may fit a child with  
23 same-sex attractions or gender identity.

24 A Uh-huh.

25 Q Are there any other common theories that we

1 would say could be an explanation for the type of  
2 children that you may see experiencing unwanted same-sex  
3 attractions or gender identity confusion?

4 MR. MIHET: Form.

5 THE WITNESS: According to the APA, they say  
6 we don't know what causes homosexual attractions.  
7 We believe it is both nature and nurture. And they  
8 say researchers have looked for a cause, they  
9 haven't found one, we believe it's nature and  
10 nurture. The nurture part includes a whole bunch  
11 of things that we couldn't possibly list.

12 There are resources that say there are higher  
13 levels of sexual abuse in early childhood that may  
14 contribute to same-sex attractions. There are --  
15 certainly it's common sense that pornography  
16 exposure in early childhood, six, seven, eight  
17 years old, is going to create sexual appetites in  
18 children. So I don't know that there are named  
19 theories, but researches will tell you it's nature  
20 and nurture.

21 BY MS. FAHEY:

22 Q And what I'm trying to understand is what you  
23 may advise a client of "This theory fits for you." And  
24 so I'm understanding that you would advise some clients,  
25 if it's appropriate, that the attachment theory, that

1 that might fit for them to explain their experience,  
2 that's one. That you may also explain to a client that  
3 the early parental nurture theory, that that might fit  
4 for them to explain their experience.

5 It sounds like although there's no named  
6 theory, that you might also explain to a client, maybe  
7 their parents, that the trauma of sexual abuse may be a  
8 theory to explain what they experienced. So even though  
9 we don't have a name, it sounds like that would be  
10 something that you would explain to somebody.

11 A Okay.

12 Q Is that accurate?

13 A No.

14 Q Okay.

15 A Sorry. No. When I say "to see if it fits,"  
16 whether or not theories fit with the client, they  
17 determine if it fits. I do not advise clients that  
18 "This is a theory that fits for you." It's "This is a  
19 possible theory. These are some things that could  
20 happen in a kid's life that could lead to A, B, or C.  
21 Does that fit for you?" But, typically, it is after  
22 they have told me their story that I connect the dots  
23 and say, "Do you think -- does that sound right?" I am  
24 always checking in this way: "Well, one possibility is  
25 you told me blank, you told me blank, you told me blank,

1 and that one -- and one possibility is that when this  
2 happens, then it could result in this and then it could  
3 result in this. What do you think about that?"

4 "Yes, that fits exactly." Or they'll say,  
5 "No, that doesn't fit for me."

6 "Okay. So maybe that's not the case for you.  
7 Tell me more." That's how it goes. I never advise that  
8 this fits for a client. They tell me if it fits or not.

9 Q Okay. So I misstated how you actually  
10 communicate the information.

11 A Okay.

12 Q So I apologize for that, for assuming how it's  
13 actually communicated. What I really am trying to  
14 figure out is more about the actual theories.

15 A Okay.

16 Q So however it comes up, however it is  
17 exchanged between you and the client -- we've got the  
18 attachment theory, early prenatal [sic] nurture. It  
19 sounds as though trauma is something that you may  
20 discuss with someone to explain "Does this fit for  
21 explaining your experience?" And it sounds as though  
22 pornography is another thing that you may discuss with  
23 the client -- maybe the minor, maybe the parent, I don't  
24 know -- as something that may explain their experience.

25 Is that two extra things that I just said --

1 trauma and pornography, things that you would say you  
2 may discuss depending on if it's appropriate -- a theory  
3 that could explain their experience?

4 A With the clarification that they may be the  
5 ones bringing that up.

6 Q Okay.

7 A They may say, "You know, I had this sexual  
8 experience with a friend and we were just friends and I  
9 wasn't gay, she did identify as a lesbian, but we got  
10 really close and then she started making out with me and  
11 now I really liked it and now I'm thinking I am  
12 bisexual." So she's -- the client is bringing that up.

13 And I may say, "Well, that makes sense because  
14 if you experience something and you found that  
15 pleasurable, you may desire that again and that may make  
16 you think you're bisexual because now you're desiring  
17 that again."

18 "Okay. That makes sense." I'm taking what  
19 they tell me and I'm validating their experience and  
20 their understanding of it and helping to clarify that.  
21 Does that make sense? Do you understand that?

22 Q I've got it.

23 A So, yes.

24 Q I've got you as far as how the theory comes up  
25 and how you might --

1 A Okay.

2 Q -- delicately introduce that as a topic of  
3 conversation. I'm not trying to find out more about  
4 that right now. I'm trying to figure out the world of  
5 theories that may come up.

6 A Okay.

7 Q However it is that you make them come up --

8 A So in the example that I just gave you, it's  
9 not a theory. It's not like --

10 Q Okay.

11 A -- there are these theories, "Okay. There are  
12 five theories on how a person becomes sexually attracted  
13 to the same sex." It's not like that.

14 It's like I was saying before, they're not in  
15 neat, little categories, and I think we see that from  
16 the research as well that it's -- it's very much ever  
17 changing and ever -- especially in adolescents but even  
18 in adulthood, and so I would not call them theories.

19 There are some theories that I share, but  
20 there are other -- maybe just explanations is a better  
21 word.

22 Q Okay.

23 A So, yes, the explanation that pornography wet  
24 a kid's appetite for the same sex could be an  
25 explanation. The explanation that a sexual encounter



1 created an appetite for the same sex could be an  
2 explanation. I would say it that way.

3 Q Okay.

4 A All right.

5 Q Are there any -- we've talked about this a  
6 lot, and I'm not trying to beat a dead horse, I just  
7 want to understand: Are there any other theories other  
8 than the ones you've specifically named here?

9 A There might be. I don't know.

10 MR. MIHET: And talked about today.

11 MS. FAHEY: She says those aren't theories.  
12 She said that the pornography explanation and the  
13 trauma explanation is not a theory, it's a possible  
14 explanation that may be discussed.

15 BY MS. FAHEY:

16 Q What I'm trying to understand is: Is there  
17 any other theories that have a name? Attachment theory  
18 you identify by name. Early parental nurture is  
19 something that you identify by name as a theory.

20 Are there any other theories that you have  
21 discussed with clients experiencing unwanted same-sex  
22 attractions or gender identity confusion that have a  
23 name and you could let me know the name of that theory?

24 A I don't know the names of any other theories.

25 Q Okay. Thank you. I just wanted to understand

1 if there were any others to know about.

2 A Okay.

3 MS. FAHEY: And we are beyond where we thought  
4 we were going to be breaking. I have no pending  
5 questions, so let's do our lunch break.

6 MR. MIHET: Okay. By my calculation, we are  
7 well over half of the allotted time for the  
8 deposition. I think the impressive level of  
9 detail, and I mean that in the nicest possible  
10 sense, that we're progressing with leads me to give  
11 you just a friendly reminder we do intend to limit  
12 today's questioning to the seven hours available  
13 under the rule.

14 So to the extent the city will have some  
15 questions, you guys will want to be cognizant of  
16 that and to abide by it.

17 MR. ABBOTT: About a quarter to two you  
18 figure?

19 MS. FAHEY: 1:45? Does that work for you  
20 guys?

21 MR. MIHET: Yeah, let's do an hour.

22 (Thereupon, a lunch break was taken from 12:48  
23 p.m. to 1:48 p.m., and the testimony is continued  
24 in Volume II.)

25

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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.

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VOLUME II  
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DEPOSITION OF JULIE H. HAMILTON, PH.D., LMFT

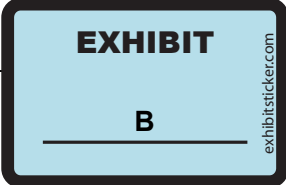
A WITNESS

TAKEN BY THE DEFENDANTS

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DATE: AUGUST 30, 2018

TIME: 9:06 A.M. - 5:46 P.M.



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1                   The deposition of JULIE H. HAMILTON, PH.D.,  
2    LMFT, 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 30th day of August, 2018,  
7    pursuant to Notice in said cause for the taking of said  
8    deposition on behalf of the Defendants.

9

10

11                   APPEARING ON BEHALF OF PLAINTIFFS:

12

13                   LIBERTY COUNSEL  
14                   BY: HORATIO G. MIHET, ESQUIRE  
15                   P.O. BOX 540774  
16                   ORLANDO, FL 32854  
17                   (800) 671-1776

15

16

17                   LIBERTY COUNSEL  
18                   BY: ROGER K. GANNAM, ESQUIRE  
19                   P.O. BOX 540774  
20                   JACKSONVILLE, FL 32854  
21                   (800) 671-1776

19

20

21                   APPEARING ON BEHALF OF CITY OF BOCA RATON:

21

22                   WEISS, SEROTA, HELFMAN, COLE & BIERMAN, P.L.  
23                   BY: DANIEL L. ABBOTT, ESQUIRE  
24                   200 EAST BROWARD BOULEVARD, SUITE 1900  
25                   FORT LAUDERDALE, FL 33301  
                  (954) 763-4242

25

1 APPEARING ON BEHALF OF THE COUNTY OF PALM BEACH:

2 PALM BEACH COUNTY ATTORNEY'S OFFICE  
3 BY: RACHEL FAHEY, ESQUIRE  
4 BY: KIM PHAN, ESQUIRE  
5 BY: HELENE HVIZD, ESQUIRE  
6 300 N. DIXIE HIGHWAY, SUITE 359  
7 WEST PALM BEACH, FL 33401  
8 (561) 355-6337

9 ALSO PRESENT:

10 Robert W. Otto, Ph.D., LMFT, Plaintiff  
11 Dr. Rachel Needle

12 - - - - -

13 (Thereupon, the testimony is continued.)

14 MS. FAHEY: Okay. For the record, Dr. Needle  
15 is no longer present. The county may have one of  
16 its employees, Dr. Shayna, S-H-A-Y-N-A, Ginsburg,  
17 G-I-N-S-B-U-R-G, join the county at the table of  
18 the deposition.

19 MR. GANNAM: Is that as a county  
20 representative or as an expert?

21 MS. FAHEY: County employee.

22 MR. GANNAM: Okay.

23 DIRECT EXAMINATION (cont.)

24 BY MS. FAHEY:

25 Q I am going to ask you, Dr. Hamilton, to turn  
with me in the Complaint to paragraph 150. So if I  
could ask you to check out paragraph 150.

1 A Uh-huh.

2 Q Paragraph 150 refers to a 12-year-old client,  
3 right?

4 A Uh-huh. Right.

5 Q And if you can turn to your interrogatories, I  
6 think you have it right in front of you with the number  
7 7 facing -- yes. If you will turn to that answer to 22  
8 where you give us the Doe numbers, I only see one of the  
9 Doe clients who is identified as a 12-year-old, and  
10 that's Doe 2. So I'm wondering, is it accurate that Doe  
11 2 is the person you are referring to in paragraph 150?

12 A Yes.

13 Q So let's talk about Doe 2. When did your  
14 relationship with that person begin?

15 A I cannot say for sure.

16 Q Do you know about how long your relationship  
17 with Doe 2 lasted?

18 A A couple of years or more. I mean a couple  
19 being two, three.

20 Q Is Doe 2 a current client of yours?

21 A No.

22 Q Did your relationship with Doe 2 end or the  
23 file get closed within the last six months?

24 A Yes.

25 Q When did the relationship end or the file get

1 closed?

2 A Sometime within the last six months.

3 Q Why did --

4 A Spring probably.

5 Q Why did the relationship end or the file get  
6 closed?

7 A They were finished. They had accomplished  
8 what they came for.

9 Q Did Doe 2 have a diagnosis?

10 A No, not by me.

11 Q Were you aware of a diagnosis that any other  
12 practitioner had given Doe 2?

13 A I can't say with certainty.

14 Q Who set the therapeutic goal for Doe 2?

15 A The family, and they were differing goals.

16 Q What were the goals for Doe 2?

17 A The family probably initiated because of  
18 concern for same-sex attraction. The client -- the  
19 client identified -- didn't -- identified differently,  
20 not as same-sex attractions necessarily, but --

21 Okay. So, anyway, the client's goals were  
22 improving -- what was it? Improving home life or -- I  
23 can't say with certainty, but something along those  
24 lines a few years ago.

25 Q So I understand the parents had goals that

1 were related more specifically to same-sex attractions,  
2 but the child, at least at initiation of the visit --

3 A Yes.

4 Q -- did not share those goals?

5 A Right.

6 Q What goals did you work on with the child?

7 A The goals of the -- changing the family --  
8 whatever the concerns were, the discontentedness with  
9 the family, we worked on that.

10 Q How did you do that?

11 A We talk about -- it's, again, conversation. I  
12 meet with the child. I meet with the parents. We look  
13 at what's not working, what is working. How do we  
14 increase what is working? How do we decrease what's not  
15 working? What does the child think they can do? What  
16 does the parent think they can do? How do they meet in  
17 the middle and make changes? Overall, I mean the more  
18 general goal is deeper, really, closer relationships and  
19 harmony.

20 Q Through pursuing those goals and discussing  
21 those goals, were the unwanted same-sex attractions of  
22 Doe 2 also addressed or is that something that was not  
23 addressed because the child didn't share the goal?

24 A What happens is -- again, back to what I was  
25 saying earlier today about it's not always so black and

1 white in our field. And so what happens is through the  
2 process of conversation, teenagers will often share with  
3 you all the stuff that's happening. And especially if  
4 they're not close with their parents, they are -- a lot  
5 of times teenagers love having a nonjudgmental listening  
6 ear, so they open up about everything, a lot of things.  
7 And so that's --

8           What I have found is that in the course of  
9 therapy we start out saying, "Okay. We're going to work  
10 on improving family relationships," but when I meet  
11 individually with the client, they talk about their  
12 friends and their -- so they start out talking about  
13 their family, but they talk about friends and activities  
14 and things they've done and things they haven't done,  
15 and so therapy kind of just proceeds with really  
16 building the therapeutic alliance or the relationship  
17 with the client, which in itself can be very therapeutic  
18 having a nonjudgmental listener that you can share with.  
19 And usually through the process of sharing, they're also  
20 processing their emotions as they share, just  
21 incidentally.

22           In fact, they have found out that sometimes  
23 research participants have a therapeutic effect because  
24 they're talking to a researcher who just wants to  
25 understand their experiences, and so just the act of



1 talking through with someone who's just listening and  
2 not trying to fix you can be very therapeutic. That's a  
3 little side note.

4 But anyway, that's how it usually transpires  
5 or goes with minor clients. And so it's just an  
6 interesting experience that through the dialogue they  
7 realize things, they make changes and so forth, and so  
8 that's kind of how this happened.

9 Q So specifically Doe 2, did Doe 2 have a -- did  
10 Doe 2 have same-sex attractions when Doe 2 began his or  
11 her care with you at the age of 12?

12 A Doe 2 identified as pansexual at the age of  
13 12. If anyone at this table doesn't know what that  
14 means, I can now tell you. And, by the way, I think  
15 this is an important note: The things children are  
16 reading, hearing, watching online and experiencing and  
17 introduced to that in our generation we never --

18 I don't think any of us knew what pansexual  
19 was when we were 12 probably, but it's just another  
20 reason why kids need therapy to clear up their sexual  
21 identity confusion because they're identifying in all  
22 these different ways, and they're seeing pornography and  
23 other -- chat rooms. And, in fact, that was one of the  
24 things. There are some dangerous things that had been  
25 happening, and it just speaks to the need for freedom in

1 therapy that we need to be able to help these kids.

2 They are confused more now than ever before in --

3 I mean they're hearing things and seeing  
4 things that you -- those of us at this table probably  
5 never would have dreamed of at 12 and 13 years old. So,  
6 again, it just speaks to the need of being able to clear  
7 up this confusion, and this ordinance prohibits us from  
8 doing that. It prohibits us from even --

9 If this ordinance had been in effect when this  
10 client came into therapy, I would not have been able to  
11 see this client. I would have had to tell the mother  
12 "No, I cannot help you because the county won't let me  
13 speak to your child about the confusion that this child  
14 is experiencing."

15 So, yes, that answers your question about how  
16 ■ was identified when ■ came in, pansexual.

17 Q Okay. And so for the record, Dr. Shayna  
18 Ginsburg, an employee of Palm Beach County, has entered  
19 the room and is now present for this deposition.

20 A Hi.

21 Q Could you give me a definition for pansexual?

22 A Uh-huh.

23 Q What is it?

24 A It's being sexually attracted to anyone. So  
25 bisexual -- being attracted to someone who is male,

1 female, agender, bisexual, transgender, anything, any  
2 type of label.

3 Q And so Doe 2, when he or she came to you at  
4 the age of 12 identified as pansexual, were you  
5 providing therapy to Doe 2 with the intent to assist Doe  
6 2 in changing their sexual orientation to heterosexual?

7 MR. MIHET: Form.

8 THE WITNESS: That was not the client's goal.  
9 So that was the parents' goal, but the client's  
10 goal was different, and so I was accommodating the  
11 client's goal. And the parent -- like I had said  
12 before, as a family trying to agree, and so working  
13 on family closeness and improving relationships in  
14 the hopes that that would be a step towards the  
15 child being more anchored at home and less exposed  
16 to all the things that had been happening.

17 BY MS. FAHEY:

18 Q So is it correct for me to say that because it  
19 was not Doe 2's goal to change Doe 2's sexual  
20 orientation of pansexual to anything else, that was not  
21 something that you worked on with Doe 2?

22 A Right. To be very clear -- again, I don't  
23 know if I've actually said this or not, so I will say it  
24 just to be clear: If a client, if a minor client does  
25 not have the interest in changing attractions,

1 behaviors, or identity, there's not a thing I can do to  
2 help them change. You have to have a willing  
3 participant when it comes to this issue and most issues.  
4 And so in case I haven't said this already, there's --  
5 there's never a time when I would be able to help a  
6 minor change in the area of attraction, behavior, or  
7 gender identity without their desire for that change to  
8 take place.

9           And I know I've said already that I'm a  
10 client-directed therapist, so obviously we need to have  
11 that be their goal anyway, but I just wanted to add the  
12 part that it would be impossible for change to occur  
13 without the client's participation or their desire for  
14 that to even happen.

15           Again, because therapy isn't something that we  
16 do to a client, like a dentist might give a filling to a  
17 client who has a cavity, it's a conversation. So we  
18 don't have the conversation if we can't -- if they're  
19 not a participant, we can't have a conversation and  
20 change is not going to occur on my -- it's not going to  
21 occur instigated by me.

22           Q     Did Doe 2 identify as anything other than  
23 pansexual through the course of your therapeutic  
24 relationship with Doe 2?

25           A     Yes.

1 Q Can you tell me what, if at all, change  
2 occurred?

3 A Yes.

4 Q In just their way of identifying, sexually  
5 identifying, or other changes? Why don't you tell me  
6 both.

7 A Okay. So changes occurred at the level of  
8 family relationships. Changes occurred in behavior  
9 that -- behaviors that were not related to this  
10 particular issue. Changes occurred in -- on the parents  
11 end as well.

12 And then as far as the identification, the  
13 client ended up identifying as -- I think it changed  
14 throughout probably different -- at different times, but  
15 I think the end identification was heterosexual.

16 Q Was Doe 2 happy or satisfied with the change  
17 that Doe 2 experienced throughout the course of Doe 2's  
18 therapeutic relationship with you?

19 A Doe 2 was very interested -- well, in the  
20 opposite sex by the end of the -- and that wasn't -- it  
21 was so -- again, the changes occurred not with my  
22 initiation, and the client appeared to be very happy  
23 with the changes.

24 Q But at no time was that a therapeutic goal for  
25 Doe 2 because Doe 2 did not embrace that therapeutic

1 goal of the parents?

2 MR. MIHET: Form.

3 THE WITNESS: Again, so we don't talk in -- I  
4 don't really talk in terms of "This is the goal.  
5 This is what we're working on." Certainly that was  
6 the parents' desire, so if you ask them what their  
7 goal was, that probably was still their goal  
8 whether with my help or not with my help. So a  
9 goal probably isn't the best way I would describe  
10 it, but at no time was I trying to get that client  
11 to change their attractions to heterosexual from  
12 pansexual; however, I was trying to help that  
13 client sort through all the thoughts and different  
14 feelings and emotions that they had in their head.

15 BY MS. FAHEY:

16 Q To what do you attribute Doe 2's change from  
17 originally pansexual to ultimately heterosexual  
18 throughout the course of Doe 2's relationship with you?

19 A I would say that in this case, this is a great  
20 example of a child who was very confused because of some  
21 very dangerous Internet interactions that were taking  
22 place and exposure to things that were far beyond the  
23 level of a 12 year-old to ever decipher or understand,  
24 and not to mention a history of abuse coming out of  
25 foster care and being adopted at an early age. So a lot

1 of things going on in that child's life, and I think  
2 that this is a perfect example of how your ordinance is  
3 extremely detrimental and dangerous for children because  
4 this child represents someone who is really not  
5 genuinely always feeling, you know, gay-identified or  
6 transgender-identified. None of that had even happened  
7 in their own identification of themselves until  
8 adolescence when they got into some very serious things.

9 And so this is representative -- this child is  
10 representative of many children that are out there now  
11 that access the Internet from their hands, their  
12 handheld devices. I mean children as young as first  
13 grade have phones and those phones can access the  
14 Internet, and there are predators. I mean there are  
15 things that, like I said, we as children never saw and  
16 never experienced, and these children --

17 I've heard one statistic that the average age  
18 of pornography exposure is between seven and nine. Let  
19 me tell you -- and we're not just talking about seeing  
20 adults having sex. We're talking about all kinds of  
21 stuff that, again, we even as adults probably haven't  
22 really even dreamed of. And so they're seeing these  
23 things and their little minds can't even begin to  
24 process what sex is, let alone what pornographic sex is.  
25 They're not meant to be able to process that in a stage

1 of development that they're at, and so we have a  
2 generation of kids that are more sexually confused than  
3 ever before in our history here in America. And you,  
4 the county or your clients, are taking away the freedom  
5 of those confused kids to get help to clear up their  
6 confusion, and what your clients are saying in their  
7 ordinance is we can help them by affirming their status  
8 even if their status was inflicted through cultural  
9 input such as pornography or other experiences, and we  
10 can help them become the opposite sex, but we cannot  
11 help them clear up their confusion if clearing up their  
12 confusion might mean returning from a gay-identified  
13 state or a transgendered state to a heterosexual state.  
14 Your ordinance states that we cannot do that.

15 And, in all honesty, 30 years from now we will  
16 all look back and say "What a devastating social  
17 experiment this was. What a devastating social  
18 experiment." And we will see the damaging repercussions  
19 that this has created in the lives of then adults, kids  
20 who will then be adults, and I think there will be so  
21 much regret by the people that have passed these  
22 ordinances. It's very sad, very scary. So this client  
23 Doe 2 exemplifies that. It's a perfect example.

24 In fact, when I was testifying for the Village  
25 of Wellington, this client wrote me a letter to bring to



1 the commissioners, and in that letter [REDACTED] said -- [REDACTED]  
2 described all [REDACTED] friends and all the friends who were  
3 identified -- asexual, agender, this and that, and just  
4 as confused as this client was, and saying "Please don't  
5 pass this ordinance because if you pass this, people  
6 like my friends won't be able to get help. They're  
7 using drugs. They're drinking. They're suicidal.  
8 They're depressed. They're cutting. And if you pass  
9 this ordinance here in Wellington, you're going to take  
10 away the chance for my friends to get help." And so I  
11 think this client is a perfect example, and [REDACTED] letter  
12 describing all of her friends are perfect examples of  
13 the confused children that are now being deprived of  
14 services.

15 Q Since you brought up the letter, I have a  
16 copy.

17 A Oh, good.

18 Q It was provided to the county at some point in  
19 your interactions with the county.

20 A Oh, good.

21 Q I don't know if this is the letter that you  
22 were talking about, so I'll have you let me know one way  
23 or another. So I am -- what number are we on?

24 MR. MIHET: 14.

25 THE COURT REPORTER: 14.

1 BY MS. FAHEY:

2 Q Okay. Defendants' Exhibit 14 for the record  
3 is a handwritten letter.

4 MR. MIHET: We are passed the age of consent,  
5 13, 14.

6 MS. FAHEY: Got it. Harry's got jokes.

7 (Thereupon, Defendants' Exhibit 14 was marked  
8 for identification.)

9 BY MS. FAHEY:

10 Q Okay. So for the record this has the Bates  
11 labeled PBC 743 and PBC 744.

12 And, Dr. Hamilton, does this appear to be the  
13 letter that you were just referring to, that a client  
14 gave you a letter to assist you in your communication  
15 with I think you said Wellington at that time?

16 A Yes, it is.

17 Q Okay. Is this letter written by Doe 2?

18 A Yes, it is.

19 Q And you've let me know that you think that Doe  
20 2 is a classic example of someone being confused,  
21 someone being exposed to things that are beyond their  
22 developmental level, and that being a contributing  
23 factor to their confusion.

24 What I'm wondering is to what do you  
25 contribute the change from pansexual identity to

1 heterosexual identity? Is there something that you  
2 would point to to say "I believe that this theory or  
3 this particular mode of therapy, this particular method  
4 of addressing confusion, was the thing that assisted  
5 this person in changing their identity from pansexual to  
6 heterosexual"?

7 A Yes. I would say it's -- what I was saying  
8 before about the process of talking, when you talk to a  
9 nonjudgmental listener, you actually start to hear  
10 yourself. And so therapy provides that context for  
11 people to -- to talk where they're not judged and  
12 they're not shamed and the therapist is empathizing with  
13 them and putting themselves in the person's shoes, and  
14 the profound effects of that on a client being -- for  
15 the client being heard and understood and valued are  
16 that the client then can stop and kind of listen to  
17 themselves.

18 Because when you're talking to someone who --  
19 you know, whether it's parents or authority figures or  
20 whatever, where you think they're judging you or looking  
21 down on you or disagreeing with you, people tend to put  
22 up walls and get defensive and hold on to their position  
23 more tightly, but when they enter the therapy office and  
24 they're able to talk to a therapist and feel heard and  
25 understood and the therapist isn't trying to change them

1 and the therapist isn't shaming them and making them  
2 feel bad, finally they can let go of their defenses and  
3 they can listen to themselves. Is this what I want and  
4 is this who I really am? And so that's the first thing  
5 I would say is just the act of talking to a  
6 nonjudgmental listener.

7           You know, it's funny, in therapy you don't  
8 always know what makes the difference, so when I read  
9 this letter I didn't remember -- ■■■ said something in  
10 this letter the first time I read it back in Wellington,  
11 and --

12           MR. MIHET: Don't mind the note, keep going.

13           THE WITNESS: Okay. I want to make sure I'm  
14 understood and heard.

15           MR. MIHET: You're speaking to the record  
16 really so...

17           THE WITNESS: Okay. So -- it's funny. I  
18 can't talk when I'm not -- no, go ahead.

19 BY MS. FAHEY:

20           Q I'm here, sorry.

21           A No, that's okay. So you don't always know  
22 what makes a difference in a client's life. So I can  
23 tell you what I think made a difference, but sometimes  
24 clients will say something else made a difference in  
25 their lives.

1           So when I first got this letter a year -- I  
2     think it was a year and a half, it was when Wellington  
3     was going on -- 2017, I believe -- I read in here that  
4     something made a difference that I didn't even realize.  
5     And so to answer your question -- how did it happen?  
6     How did change happen? Is that what your question was?

7           Q     My question is more specifically what do you  
8     attribute as being the cause or genesis of the change in  
9     this --

10          A     Okay.

11          Q     -- child? The child may say that something  
12     else was the change --

13          A     Okay. Okay.

14          Q     -- but you, as the licensed professional, what  
15     do you attribute change? And I have, as number one, the  
16     process of talking to a nonjudgmental listener.

17          A     Yes.

18          Q     So is there anything else that you attribute  
19     as the root, genesis cause, of this person's change?

20                 MR. MIHET: Form.

21                 THE WITNESS: And the -- you know, so included  
22     in the process of talking is the therapeutic  
23     relationship. There's power in feeling connected  
24     to another human being.

25                 Clients often feel more connected to their

1 therapist at first than they do their family. The  
2 goal is to get them more connected to their family  
3 in the end, but -- so the therapeutic relationship  
4 is another thing. So I said the process of talking  
5 and therapeutic relationship, but then also in the  
6 process of talking is the client's ability to sort  
7 through their own emotions and discover what's  
8 really going on, so that might be a part of it too.

9 BY MS. FAHEY:

10 Q I understand that you said that the  
11 relationship with Doe 2 ended about the spring of this  
12 year.

13 A Right.

14 Q Did your relationship with Doe 2 change at all  
15 after the passage of Palm Beach County's ordinance?

16 A The changes that occurred in sexual identity  
17 had occurred before the passage of the ordinance, so my  
18 relationship did not have to change.

19 Q I'm going to refer you back to the Complaint,  
20 and I would like to ask you to look at paragraph 149.

21 A Okay.

22 Q And if you refer back to the list of Doe --

23 A Yes.

24 Q -- people, can you tell me which Doe number  
25 paragraph 149 corresponds to?

1 A Three.

2 Q Okay. So let's talk about Doe 3 then. When  
3 did your relationship with Doe 3 begin?

4 A I don't remember. I don't remember. Years  
5 ago.

6 Q You said many years ago?

7 A A couple I would say.

8 Q Is your relationship with Doe 3 ongoing?

9 A Yes.

10 Q Okay. Does Doe 3 have a diagnosis?

11 A No.

12 Q Are you aware of any diagnosis that any other  
13 practitioner has given Doe 3?

14 A No.

15 Q What are the therapeutic goals for Doe 3?

16 MR. MIHET: Form.

17 THE WITNESS: Again, we set -- we talked in  
18 the beginning about "Why are you here? How can I  
19 help you?" but it's not a concrete term. I don't  
20 continue to use the term "What are your goals now  
21 and how are those goals changing?"

22 So, initially, the client presented with  
23 having attractions and being in conflict about  
24 those attractions.

25 BY MS. FAHEY:

1 Q So when you said "client," are you referring  
2 to Doe 3?

3 A Yes.

4 Q And did the parent/legal guardian of Doe 3  
5 also participate in communicating any goals in the  
6 initiation of the therapeutic relationship?

7 A Yes. The parent was concerned about the  
8 distress that the client was feeling about the  
9 attractions.

10 Q Was the goal from the outset to change sexual  
11 attractions?

12 MR. MIHET: Form.

13 THE WITNESS: So like I said this afternoon or  
14 earlier this morning, I always explain to clients  
15 that their attractions may or may not change, and  
16 so the goal is to understand possible contributing  
17 factors to explore the potential for change  
18 occurring, but I would not say the goal is to  
19 change the attractions because they may or may not  
20 change.

21 BY MS. FAHEY:

22 Q So for Doe 3, who presented to you with the  
23 fact that that individual had attractions and the parent  
24 perceived that the attractions were causing distress,  
25 what was the goal at the outset for the treatment of Doe



1 3?

2 A To -- let me think in the beginning. I don't  
3 remember off the top of my head. I could guess.

4 Q You don't have to guess.

5 MR. MIHET: Don't guess.

6 THE WITNESS: Okay. Okay. Thanks.

7 BY MS. FAHEY:

8 Q Did Doe 3 progress toward goals?

9 MR. MIHET: Form and foundation.

10 THE WITNESS: Okay. So with this client and  
11 as with most clients, many clients, the desires and  
12 aims of the client changed throughout -- so your  
13 question is did they progress towards goals? Their  
14 aim changed throughout the course of us working  
15 together.

16 BY MS. FAHEY:

17 Q During the course of working with Doe 3, did  
18 Doe 3 ever have the desire to maintain the same-sex  
19 attractions that they had?

20 A Yes.

21 Q And during the course of your treatment with  
22 Doe 3, did Doe 3 ever have the desire to reduce or  
23 eliminate the same-sex attractions that he or she had?

24 MR. MIHET: Form.

25 THE WITNESS: I believe, if I'm recalling

1           correctly, Doe 3 was talking more in terms of  
2           behaviors than attractions.

3       BY MS. FAHEY:

4           Q       Okay. So when you say more toward behaviors,  
5       help me understand. Are you saying that Doe 3 was  
6       comfortable with the fact that they were attracted to a  
7       particular sex but not satisfied with the fact of their  
8       behavior?

9           A       I think understanding that attractions may  
10      change as a result of dealing with other issues. So not  
11      aiming to change the attractions directly, but instead  
12      aiming to build a stronger sense of self to gain more  
13      confidence in gender identity.

14                 So, in other words, in the identity of whether  
15      they were -- you know, to gain a sense of either  
16      masculinity or femininity depending on their gender, and  
17      then behave -- and then also behaviors, not -- I believe  
18      there were times when Doe 3 identified behaviors that  
19      were disturbing that this client wished to change.

20           Q       Was Doe 3 sexually active?

21           A       No.

22           Q       What behaviors are you referring to?

23           A       So I would rather that not go on public record  
24      because parents could also find information and --

25                 So, in other words, minors share confidential

1 information about their behaviors and I don't share that  
2 with their parents, and so things that are said in the  
3 therapy office are very sacred and HIPAA protected and  
4 so if -- yeah. So let's talk generally, how about that?

5           So, in general, clients often share behaviors  
6 that are disturbing to them and some of the behaviors  
7 that a devout person of faith client would find  
8 disturbing would be if they were regularly viewing  
9 pornography or if they were dating and meeting people in  
10 chat rooms and meeting people on websites or, you know,  
11 dating people at school or church or any of those kinds  
12 of behaviors would be distressing to a client. Those  
13 would be the kinds of things that a client would seek to  
14 change if they were trying to change behaviors.

15           Q     Okay. So Doe 3 was seeking to address  
16 behaviors that were not -- that were not satisfactory to  
17 Doe 3?

18           A     Yes. And Doe 3 presented with very strong  
19 spiritual beliefs that were in conflict with behaviors.

20           Q     What did you do to provide therapy to Doe 3  
21 whose goal was to address behaviors that they were  
22 unsatisfied with?

23           A     So as I was saying before, I'm a  
24 client-directed therapist. I sometimes use  
25 solution-focused approaches, and so I always -- with all

1 of my clients, when I'm trying to help them change their  
2 behaviors or things going on in their life, I always  
3 find out what works, what are their resources, what are  
4 their strengths, what are the ideas that they have, what  
5 are the times that they've been successful in overcoming  
6 their problem, what kinds of things do they think  
7 they've tried in the past that they might want to try  
8 again, that kind of -- that kind of approach in helping  
9 Doe 3 or any of my clients make changes in their lives.  
10 It's eliciting their resources and figuring out how we  
11 can apply those resources again to their current  
12 problem.

13 Q And so what -- you were eliciting resources  
14 from Doe 3's wheelhouse of available resources. What  
15 specifically are we talking about as far as providing  
16 therapy to Doe 3?

17 A Okay. So, for example, if a client is saying,  
18 "You know, I've been online viewing pornography every  
19 day this week, I really want to stop because every time  
20 I do it, I feel worse about myself. I don't feel  
21 better," then I might say to that client, "Well, what  
22 are some things that have helped you in the past when  
23 you've wanted to overcome this or a different problem?"  
24 And they might say, "Well, when I reach out to my  
25 friends and I go hang out with my friends instead of

1 staying home alone," or "Well, when I turn on" --

2 For these clients, many of them will talk  
3 about praise music, which is music that puts their mind  
4 on how great God is instead of just an idle mind that's  
5 looking for a sexual release, or they might say, "Well,  
6 when I exercise, I always feel good when I exercise," so  
7 things like that.

8 Q When that conversation happens and you ask  
9 them what helps you and they tell you -- let's say  
10 hypothetically the answer is "Exercise helps me not do  
11 what I don't want to do."

12 A Okay.

13 Q Do you then say to that person "Maybe try  
14 that" or do you just listen and not express any further  
15 thought or comment on what they give to you?

16 A Yes. I do more asking questions than telling  
17 them, but I would say, "Well, if that's something that  
18 you think might work, do you want to try that this week?  
19 Do you want to see" -- yeah. And there would be times  
20 too that I would say, "Oh, wow, that sounds like a great  
21 idea. That sounds like something that could work in  
22 this case. What do you think?"

23 Q Okay. Other than asking Doe 3, "What do you  
24 think you can do to stop the behavior that you don't  
25 want to engage in anymore?" and having that type of

1 conversation, were there any other therapeutic practices  
2 that you used with Doe 3 to assist Doe 3 in his or her  
3 goal of stopping behaviors that Doe 3 didn't want to do  
4 anymore?

5 A Okay. So just, again, therapeutic practices,  
6 so it's just conversation. So was there any other  
7 conversations that we had that were aimed to help [REDACTED]  
8 stop -- to help him or her to stop the behaviors?  
9 Probably. I mean eliciting resources, were there other  
10 resources that the client had or were there other things  
11 I did? Other types of questions maybe.

12 Q So I understand that one category of things  
13 that you might do is elicit resources --

14 A Okay.

15 Q -- that the minor client might have available  
16 to them --

17 A Yes.

18 Q -- to go ahead and use, and you might ask them  
19 "Is that something you want to try this week?"

20 A Right.

21 Q "That sounds like a good idea. What do you  
22 think?" So I got that.

23 A Okay.

24 Q Is there anything else that you might do in a  
25 conversation to assist that person in -- and speaking

1 specifically about Doe 3, whose goals sounded to be  
2 about behavior not about the attraction, that was Doe  
3 3's goal --

4 MR. MIHET: Form.

5 BY MS. FAHEY:

6 Q -- anything else other than the resource  
7 eliciting conversation?

8 A The other thing --

9 MR. MIHET: Form -- sorry. Form, misstates  
10 prior testimony.

11 THE WITNESS: The other thing -- so the other  
12 thing that I had said earlier today is about a  
13 solution-focused approach where I look for what has  
14 worked when you -- you know, what has worked. Are  
15 there some times we can look at more closely when  
16 this wasn't happening? So what was going on during  
17 those times? What was that like? You know, what  
18 were you doing instead? That kind of questioning.

19 BY MS. FAHEY:

20 Q Did Doe 3 have success in Doe 3's goals?

21 A Because -- again, like I had said earlier  
22 today how it's -- therapy is more of an evolving  
23 conversation that takes place over the course of weeks  
24 and there have been -- throughout the course of therapy  
25 with this client and other clients, there have been

1 times where we are talking about something that improves  
2 and then -- you know, you're talking about a lot of  
3 different things, and so improvements in some areas and  
4 maybe not improvements in other areas, that kind of  
5 thing, or where they --

6 With teenagers, one of the consistent things  
7 is how much change occurs. So, you know, from week to  
8 week with a teenager it could be "Now I want to talk  
9 about my new relationship. You know, last week I was  
10 talking about how I want to avoid getting in a  
11 relationship. This week I want to tell you how excited  
12 I am that I'm in a relationship." You know what I mean?  
13 It's like -- and so you're kind of going through this  
14 process with them of helping them talk it out and figure  
15 it out and think it through because for some teenagers,  
16 they don't have other people that they're talking at a  
17 deeper level with.

18 So were goals met? Accomplishments were made  
19 and changes were made to the direction throughout the  
20 course of therapy.

21 Q And your therapy with Doe 3 is still ongoing?

22 A Yes.

23 Q Has your relationship with Doe 3 changed since  
24 the passage of the county's ordinance?

25 A Yes, it definitely has changed since the



1 county's ordinance. So what happened --

2 MR. MIHET: Let her ask the next question.

3 THE WITNESS: Oh.

4 BY MS. FAHEY:

5 Q How has it changed?

6 A Oh, okay, thank you. Yes, this has been very  
7 interesting to me living in America. I find myself  
8 unable to speak when the client -- on the weeks that the  
9 client is discussing wanting to either change behaviors,  
10 resist certain behaviors, or even hoping to change  
11 attractions by discussing deeper issues, I'm having to  
12 tiptoe and it's truly -- it would almost be laughable if  
13 it wasn't so tragic, but it's shocking. I find  
14 myself --

15 Well, when it first passed, I explained to the  
16 client "I can no longer help you if your goal is to  
17 change behaviors, attractions, gender expression, or  
18 gender identity. According to the county commissioners,  
19 I am no longer allowed to talk about those things with  
20 you."

21 So the client understood that and actually  
22 made the signal of flipping off the county with [REDACTED]  
23 finger, and I then went on to try to have therapeutic  
24 conversations each week and tiptoe around what I'm not  
25 allowed to talk about and think, "Okay. Can I say this

1 or will I get in trouble? If I say this, will the  
2 county think I'm trying to help this client change?  
3 Because I know I'm not allowed to help the client  
4 change, so maybe I should not talk about that, I  
5 should" -- it's unbelievable in America to be guarding  
6 my speech so carefully because what I say might be  
7 misconstrued as helping someone change, according to the  
8 county's definition, and could impose -- cost me a fine.

9 So, yes, it has changed my relationship  
10 because I'm hedging and carefully guarding every word  
11 that comes out of my mouth and saying to myself, "Oh, my  
12 gosh, the country where we have the most freedom of  
13 speech, we do not have freedom of speech. I cannot  
14 believe this." So, yes.

15 Q And can you tell me specifically things  
16 that -- I understand you're saying generally that you  
17 have experienced change. Specifically, are there things  
18 that you were unable to say to Doe 3 in the therapeutic  
19 relationship that you're saying you would have said if  
20 there was no ordinance?

21 MR. MIHET: Form, asked and answered.

22 THE WITNESS: Goodness, yes. The ordinance is  
23 vague. It just says we're not allowed to help  
24 clients if the goal is to change behaviors,  
25 attractions, gender expression, or gender identity.

1           So if I ask the client "How are you doing with  
2           not viewing pornography since that's what you want  
3           to" -- well, am I helping [REDACTED] change behaviors?  
4           Because the ordinance says I can't help [REDACTED] change  
5           behaviors, so I better not ask that question.

6           If I say -- if the client comes in saying I --  
7           "I am, you know, newly committed to this process of  
8           wanting to change," I'm having to say, "Okay.  
9           Well, I can't talk to you about that, but we could  
10          talk about -- let's see. We could talk about,  
11          like, maybe helping you gain confidence in  
12          yourself." Like, what am I allowed to talk about?  
13          What am I not?

14          Yes, so there are questions that I think to  
15          myself "If I ask this question, I might get in  
16          trouble by the county," and those questions are --  
17          I think I've given you enough examples or do you  
18          still want more examples?

19       BY MS. FAHEY:

20           Q       It sounds like you've said you won't ask "How  
21           are you doing with not viewing pornography?"

22           A       Uh-huh.

23           Q       And I guess you're not asking them, based on  
24           your statement just now, "How are you doing with your  
25           desire to change?" You're not asking that question

1 anymore.

2 A Right.

3 Q Are there any things that you will not ask or  
4 will not say because of the county's ordinance,  
5 specifically with Doe 3?

6 A Everything that pertains to the topic of  
7 changing, yes.

8 Q I would like to look with you at Complaint's  
9 paragraph 151 and 152. It appeared to me as if both of  
10 those paragraphs referred to the same person. If not,  
11 let me know. But if you could look at those, I'd like  
12 to find out which Doe that refers to.

13 A Okay. They did not refer to the same person.

14 Q Okay.

15 A So, ironically, after the ordinance was  
16 passed, I had two separate phone calls from two separate  
17 parents of 12 year olds that were experiencing gender  
18 confusion. They are not in here because those clients  
19 cannot be my clients. And so here's another time where  
20 I literally have almost choked on my words as I've  
21 explained to these parents "I know we live in the United  
22 States, but believe it or not, the county commissioners  
23 have told me I'm not allowed to talk to your child about  
24 their gender confusion because -- if their goal is to  
25 change their gender confusion. So if your child is

1 saying 'I'm a girl, I think I'm a boy, or I'm a boy, I  
2 think I'm a girl,' I am not allowed to talk to them  
3 about that. The county commissioners have just passed  
4 an ordinance, I am so sorry." And I say this thinking  
5 to myself "What country are we living in? I can't even  
6 believe I'm having this conversation with these  
7 parents."

8 And so these two minors are minors that I was  
9 not allowed to work with. And let me add: They are  
10 both 12 years old. They are at a very important window  
11 of time in their lives when clearing up confusion would  
12 be very important.

13 We talked about earlier how many children,  
14 young children, will outgrow the transgender confusion.  
15 When it's still happening at the age of 12 or if it was  
16 a sudden onset at the age of 12, it needs to be  
17 addressed before time goes on. So I will tell you these  
18 two I am most concerned about because the county has  
19 stopped me from helping them. They are now going on in  
20 their confusion and they're getting older; and if this  
21 ordinance is not lifted, those children will suffer  
22 detrimental results.

23 And I know that I'm sounding emotional because  
24 I feel emotional because damage is being done as we sit  
25 here debating this. I would like to pick up the phone

1 and tell those parents "Come on in. You can come  
2 Tuesday and I can start working with your confused  
3 child," but I can't. So please consider this as you're  
4 working through this whole process of defending your  
5 clients who have passed an unlawful, unconstitutional  
6 ordinance. I'm done.

7 Q So paragraph 151 and 152 refer to two  
8 different children?

9 A Yes.

10 Q They're both 12 years old and neither of those  
11 individuals have been, in the past or are presently,  
12 your client; is that correct?

13 A Okay. So, again, I have families as clients.

14 Q Okay.

15 A For each of these, I did invite the parents to  
16 come in. I met with the parents. The minor client I am  
17 not permitted to work with. So I met with the parents,  
18 but I cannot go any further.

19 So I am not currently seeing either of these  
20 two families, parents or minors from these two, number  
21 151 and number 152, but in both number 151 and 152 I sat  
22 down with both sets of parents.

23 Q Okay. So you sat down with them in the  
24 context of they were your clients, the parents?

25 A The family becomes the client.

1 Q Okay.

2 A And so the parents --

3 MR. MIHET: I'm sorry. Can we go off the  
4 record for just one second?

5 MS. FAHEY: Sure.

6 (Thereupon, a brief discussion was had off of  
7 the record.)

8 MR. MIHET: Let's go back on the record so we  
9 can clear up the confusion.

10 THE WITNESS: Okay. So I would like to  
11 apologize because I did jump to 157 because those  
12 are the ones that are burdening me the most. I  
13 just -- every day goes by that they don't get help,  
14 so I jumped ahead in my thinking because these are  
15 on my mind, pressing on my mind, that these kids  
16 are unhelped because of this ordinance. So I  
17 apologize for jumping ahead to the one that's most  
18 on my mind.

19 MR. MIHET: So just so we clear up the record,  
20 the two examples that you were talking about, which  
21 paragraphs in the Complaint reference those  
22 clients?

23 THE WITNESS: Number 157. Number 158.

24 MR. MIHET: Okay.

25 BY MS. FAHEY:

1 Q Okay.

2 A Okay.

3 Q So if you could look back to 151 and 152, I'm  
4 wondering if those two paragraphs refer to the same  
5 person or if 151 refers to one and 152 refers to  
6 another.

7 A Okay. Number 151 and number 152 are  
8 connected. So the client number 150 wrote a letter  
9 describing the people in 151. So the minor client of  
10 151 is the same minor client as 150, but the description  
11 is about that -- the client's friends --

12 Q Okay.

13 A -- in 151.

14 Q So did you see, as your patient -- I  
15 understand that paragraph 150 refers to Doe 2. Did you  
16 see the individuals who were referred to in 151 or 152?

17 MR. MIHET: Form. Which individuals? There  
18 are several.

19 BY MS. FAHEY:

20 Q In 151 and 152, does there appear in those  
21 paragraphs a reference to any of your other clients? I  
22 know we've discussed Doe 2.

23 A Okay.

24 Q So what I'm trying to do is to see if I can  
25 connect the Doe numbers to the other information you've



1 provided me --

2 A Okay.

3 Q -- to see -- are there any other clients in  
4 151 and 152?

5 A Okay. 152 is Doe -- is the same as number  
6 150. They are the same client, talking about two  
7 different time periods in that client's history with me.  
8 When they first started it was -- so 150 and 152 are the  
9 same client.

10 Q Got it.

11 A 151 is referring to the kids listed in that --  
12 the kids described in that letter, and I did not see any  
13 of them. They were not my clients, but they  
14 represent -- as I said earlier, they represent the types  
15 of children that are out there that are confused that  
16 are being declined services.

17 Q And the letter you just were referring to,  
18 we're referring to Defendants' Exhibit 14 for the  
19 record.

20 Okay. And so it sounds like we have  
21 identified, by Doe number, all of the clients that  
22 are -- would be in paragraphs 150 through 152, and the  
23 only client discussed in those paragraphs is Doe 2.  
24 Certainly some of the people that Doe 2 has informed you  
25 about also appear referenced in there, but no other

1 clients in 150 to 152 other than Doe 2?

2 A Yes.

3 Q Got it. All right. Let's move on then to Doe  
4 4. Doe 4 you told us is an individual who was 15 years  
5 old at the time they began treatment with you -- and I'm  
6 referring to your answers to interrogatories, that list  
7 that you have in front of you -- 15 years old at the  
8 onset of treatment who presented with unwanted same-sex  
9 attractions or behaviors.

10 Do you recall whether, in Doe 4's situation,  
11 it was attractions or behaviors?

12 A Okay. So this might save you time, I'm just  
13 going to be honest with you, other than Doe 5 that we  
14 already talked about, all the remaining Does, 4 through  
15 11, with the exception of 5, I honestly do not remember  
16 who they are. I went -- I pulled out all this data out  
17 of my files to submit to you, but I didn't know you  
18 wanted details on them.

19 I don't even remember -- I don't know if I was  
20 supposed to remember who they are, but it was me  
21 gathering tons of data for you, so I don't know who they  
22 are.

23 Q Okay.

24 A Okay.

25 MR. MIHET: That just shortened the deposition

1           considerably.

2           THE WITNESS:  It's over the last nine years.

3           If I saw them one time, I would have no

4           remembrance.

5   BY MS. FAHEY:

6           Q     So go with me real quickly --

7           A     Okay.

8           Q     -- Doe 4, is that file still open for you?

9           A     No.

10          Q     Doe 6, is that file still open for you?

11          A     No.

12          Q     Doe 7?

13          A     No.

14          Q     Doe 8, is the file still open?

15          A     No.

16          Q     Doe 9, is the file still open?

17          A     No.

18          Q     Doe 10, is the file still open?

19          A     No.

20          Q     Doe 11, is the file still open?

21          A     No.

22          Q     So for all these individual that we have not  
23       discussed in detail, do you recall any of their  
24       therapeutic goals?

25          A     I do not.

1 Q Do you recall whether any of them experienced  
2 a change in their unwanted same-sex attraction or  
3 behaviors?

4 A I don't. I'm so sorry.

5 Q You don't have to apologize.

6 A Okay.

7 Q This is not meant to be a memory test. You  
8 know --

9 A Thank you.

10 Q -- or you don't know. And if you don't know,  
11 don't remember, that's what it is.

12 So you don't recall their goals. You don't  
13 recall whether they experienced a change. All of these  
14 files are closed. That's all true?

15 A Yes.

16 Q And when I say "all," 4 and then 6 through 11.

17 A 4 is closed and 6 -- yes.

18 Q 6 through 11.

19 A Well, and 5 is closed also.

20 Q 5 is closed also?

21 A Years ago.

22 Q So the only Does on this list who are still  
23 clients are 1, 2, and 3?

24 A Yes. And then others that would like to be  
25 clients.

1 Q And do I remember correctly that Doe 2's  
2 therapeutic relationship with you closed spring of this  
3 year?

4 A Yes.

5 Q Okay.

6 A Yes. Thank you.

7 Q So it's Doe 1 and Doe 3 --

8 A Are open.

9 Q -- are open?

10 A But Doe 1 could close. I think I mentioned  
11 earlier I haven't seen them in a while, so you never  
12 know.

13 Q Did the files that are closed, that we haven't  
14 spoken about in detail, that's Doe 4 and then 6 through  
15 11, were those files closed before the county passed its  
16 ordinance in December of 2017?

17 A Were they closed before that? Yes.

18 MR. MIHET: Progress.

19 BY MS. FAHEY:

20 Q Is there anything that you do remember about  
21 these individuals that you've let me know generally  
22 don't remember the goals, don't remember the outcome?  
23 Is there anything that you do remember about any of  
24 these people: Doe 4, Doe 6, Doe 7, Doe 8, Doe 9, Doe  
25 10, and Doe 11?

1           A     I don't even remember who they were at this  
2 point. I'd have to go back through my files.

3           Q     Okay. Then I am going to move on to a new  
4 area of inquiry with you --

5           A     Okay.

6           Q     -- and that is religion. One of the claims  
7 that you have brought is that the ordinances in Palm  
8 Beach County and in the City of Boca Raton, you have  
9 claimed that they violate your ability to freely  
10 exercise your religion.

11          A     Okay.

12          Q     Right?

13          A     Yes.

14          Q     And your religion I believe you have stated is  
15 Christianity?

16          A     Yes.

17          Q     And you have said you attend Truth Point  
18 Church?

19          A     Yes.

20          Q     Are you also a member there?

21          A     No.

22          Q     Are you a member in any church?

23          A     No.

24          Q     Do you identify with any specific Christian  
25 denomination?

1 A Non -- no. Nondenominational.

2 Q Does your religion require that you conduct  
3 therapeutic practices that seek to change a minor's  
4 sexual orientation?

5 MR. MIHET: Form, assumes facts not in  
6 evidence.

7 THE WITNESS: I would say that part of being a  
8 Christian is caring about the needs of others,  
9 being compassionate, reaching out to meet a need if  
10 you can possibly meet a need. And so the way the  
11 county ordinance prohibits me is from preventing me  
12 from being able to meet the needs of my clients  
13 that are coming in, which I see to be really, in  
14 some cases as I've kind of mentioned already, very  
15 serious needs. So that would -- that's --

16 And then the other thing about the ordinance,  
17 and I think I did say this already, is that it is  
18 written in a way that would be discriminatory  
19 against religious beliefs.

20 BY MS. FAHEY:

21 Q And so I'm asking specifically --

22 A Me.

23 Q -- if your religion specifically requires  
24 people who subscribe to your beliefs, whether your  
25 religion requires people to engage in therapeutic

1 practices to seek to change a minor's sexual  
2 orientation. Is that a specific requirement of your  
3 religion?

4 MR. MIHET: Form.

5 THE WITNESS: Of my --

6 MR. MIHET: I'm sorry. Form, asked and  
7 answered.

8 THE WITNESS: Of my role, am I required to  
9 help people with that issue?

10 BY MS. FAHEY:

11 Q Does your religion --

12 A Yeah. No, I'm not required to be a therapist,  
13 but as a therapist, I certainly -- it would be a  
14 violation of my conscience to administer therapy in the  
15 way that your ordinance says, which is that I can either  
16 affirm their homosexual attractions when they don't want  
17 those attractions, to do that would be a violation of my  
18 religious beliefs, and your ordinance also says that I  
19 can support them in a gender transition, which there's  
20 no evidence to show that that's a safe route for  
21 children. In fact, the law shows it's a dangerous  
22 route.

23 So if I went along with your ordinance and  
24 implemented therapy, which I'm not required to be a  
25 therapist according to Christianity; but because I am a



1 therapist, if I applied the ordinance in my therapy  
2 practice, I would be violating my religious convictions.  
3 So I can either not provide therapy, I can choose not to  
4 provide therapy, but as long as I am a therapist and  
5 that is my livelihood, that is my occupation that I went  
6 to school for, and I have people coming in with this  
7 need, I can't help them the way your ordinance suggests  
8 I should help them. So I could turn them away. I could  
9 turn them away.

10 BY MS. FAHEY:

11 Q Does your religion require that you conduct  
12 therapeutic practices that seek to change a minor's  
13 gender identity?

14 MR. MIHET: Form, asked and answered.

15 BY MS. FAHEY:

16 Q Sorry. We were just talking specifically  
17 about sexual orientation. The question has now changed  
18 to gender identity.

19 A Okay. I didn't realize that. And again, not  
20 that it's a practice that I implement on people like  
21 filling a tooth, it is a conversation that I have.  
22 Therapy is a conversation. And so kind of -- I guess I  
23 already answered that not knowing I was -- I should have  
24 broken it down into two separate answers, but it would  
25 violate my conscience to apply this ordinance in my

1 practice.

2 This ordinance says it is okay for me to  
3 support a child in a gender transition. And the  
4 children that aren't asking for a gender transition and  
5 their parents aren't wanting that for them either, that  
6 are asking for help, I'm not allowed to help. To do  
7 what your ordinance is suggesting I do, which is support  
8 them in a transgender transition, would absolutely be a  
9 violation of my religious convictions, and safety  
10 really, to be honest with you. There's no research that  
11 would back that up.

12 Q Does your religion require anything  
13 specifically -- with respect to people who believe what  
14 you believe, does your religion require you to do  
15 anything specifically with respect to a minor's sexual  
16 orientation or a gender identity?

17 MR. MIHET: Form, asked and answered.

18 THE WITNESS: I am not required to do  
19 anything, but I'm a therapist and I do offer  
20 services to people that are hurting and needing  
21 help.

22 So as a therapist -- I wasn't -- there's  
23 nowhere in the Bible that said I had to become a  
24 therapist. I wasn't required to be a therapist,  
25 but I am a therapist. And I'm not required to --

1 no, but I am --

2 I mean, yeah, I feel like I need to help the  
3 people that are coming to my office, and I'm  
4 restrained from doing that.

5 BY MS. FAHEY:

6 Q Now you have shared with me, in the context of  
7 our earlier conversations in the deposition, about what  
8 a client may believe as religious truths, and so we are  
9 in a section where I am asking you about your religion.

10 A Okay.

11 Q And so do you believe that God made male and  
12 female for a purpose?

13 A Yes, I do.

14 Q Do you believe that identifying as a gender  
15 that differs from one's anatomical sex is a sin?

16 A What is a sin? What's a sin mean?

17 Q What would you say a sin is?

18 A Do you have a definition of it?

19 Q Do you have a definition of it?

20 A I'll give in. Well, some would say that sin  
21 is -- some would say the exact definition is missing the  
22 mark. So, in other words, if God has a standard and you  
23 miss that standard, that is sin.

24 And so some would say that there are lots of  
25 areas where God has set up an amazingly, wonderfully

1 standard, and we do fall short of that standard and we  
2 miss the mark, and we are all, at times, guilty of  
3 sinning. And so if that's how we're defining sin, I  
4 would say that there are a lot of behaviors that people  
5 exhibit that would fall into that category. And I would  
6 say that probably -- I wish I had percentages, but half  
7 of Americans would agree that -- so for sex outside of  
8 marriage is not a part of God's plan or intent, but --  
9 so I think because a lot of people would agree with  
10 that, that tells me that there are a lot of clients that  
11 are going to come in distressed over attractions that  
12 lead them to want to do things that are outside of God's  
13 plan, number one.

14 And, number two, I want to make it clear that  
15 my personal beliefs do not get imposed on the client.  
16 So as you're talking about my personal beliefs, I want  
17 to be very clear on the record to say that what I  
18 believe about whether divorce is a sin or whether  
19 homosexuality is a sin or anything else, I do not push  
20 on to minor clients. I do not have conversations with  
21 minor clients telling them what I believe. My -- like I  
22 said earlier today, my conversations are about asking  
23 the minor clients what they believe.

24 So these questions that I'm answering, while  
25 I'm -- you're wanting to know my personal beliefs, it

1 has to be perfectly clear that they do not enter into  
2 the therapy session unless the client is coming to me  
3 because I share the beliefs and then you're talking  
4 about the client's beliefs.

5 Q And so we are in that section where I'm  
6 specifically --

7 A Okay.

8 Q -- talking about you and the beliefs you hold.

9 A Yes.

10 Q We have moved after -- beyond the section  
11 where I've asked -- where I'm asking about the  
12 therapy --

13 A Yes.

14 Q -- at this point right now.

15 A Yes.

16 Q So do you believe that identifying as a gender  
17 that differs from one's anatomical sex misses the mark  
18 of God's plan?

19 A I'm sorry, say that again. Identifying as --

20 Q A gender other than what your anatomical sex  
21 is misses the mark for God's plan.

22 A Okay.

23 Q Which is kind of like a supplemental  
24 definition you gave me for sin.

25 A Okay. I would say perceptions and feelings

1 are not sin. Behaviors would be sin.

2 Q Do you believe that God designed humans to be  
3 heterosexual?

4 A I believe that God designed men and women to  
5 go together both anatomically. I mean common sense  
6 shows that, and you see that in the animal kingdom, so,  
7 however, my personal beliefs do not enter into the  
8 therapy session. Okay.

9 Q I understand that.

10 A Okay.

11 Q And this is still the part I'm asking you  
12 about your beliefs.

13 A Okay. Yes. Yes.

14 Q Do you believe that God's design for humans is  
15 that humans are to be heterosexual?

16 A I think I answered that question. Did I? I  
17 think I answered it.

18 Q Okay. Yes.

19 A To be heterosexual -- that men and women pair  
20 up, is that what you mean by heterosexual? Because not  
21 everyone is attracted sexually to the opposite sex. So  
22 I would say it's not God's design that every single  
23 person has to have sexual feelings. There are some  
24 people who are single and they don't have sexual  
25 feelings. Maybe they would call themselves asexual or

1 something. I wouldn't say --

2 Q Is homosexuality within God's design for human  
3 beings?

4 A Did God design men to be with men and women to  
5 be with women? My personal belief would be no, and  
6 there's a lot of things that God didn't design and I --  
7 and yet he loves us.

8 Q Do you believe that changing same-sex  
9 attractions is possible apart from God?

10 A Yes.

11 Q Do you believe that changing gender confusion  
12 is possible apart from God?

13 A Yes. Let me back up. Personally I would  
14 say -- you know, there's an old scripture that says "in  
15 him we live and move and have our being," so I would say  
16 every breath we have comes from God, so ultimately I  
17 give God credit for the fact that, you know, we're all  
18 sitting here and able to continue to breathe without,  
19 you know, having an embolism or something, you know what  
20 I mean? He keeps our hearts beating and keeps us --

21 So I would say that, so ultimately I give God  
22 credit for everything good and everything that happens  
23 in the world, but if you're saying can people without  
24 God pursue change in their lives and experience change?  
25 Yes, there are people that don't seek God's help

1 actively or outwardly that change in areas that they  
2 desire to change sometimes, but ultimately is there --  
3 is God really behind it all? Well, I think God is  
4 behind a lot of things. Does that make sense?

5 Q That's what I'm wondering. I'm wondering if  
6 you believe that it's God that effects the change in a  
7 person.

8 MR. MIHET: Form, asked and answered.

9 THE WITNESS: I don't know. I'd have to think  
10 about that.

11 BY MS. FAHEY:

12 Q Is change possible without talk therapy?

13 A Yes.

14 Q Do you believe that change is impossible  
15 without the therapy that you provide?

16 MR. MIHET: Form, asked and answered.

17 THE WITNESS: I do not believe that it is  
18 impossible. I believe that when I say "No, I can't  
19 see a client," their opportunities for change are  
20 greatly decreased.

21 BY MS. FAHEY:

22 Q Can a minor achieve the same type of same-sex  
23 attraction change through religious mediation alone?

24 A Can a client -- say that again, I'm sorry.

25 Q So can a minor achieve the same type of change



1 with respect to their same-sex attractions -- if they  
2 don't seek licensed practitioner therapy, but they do  
3 seek religious mediation from a religious leader or  
4 religious person without a license, can they experience  
5 the same type of change if they go the religious route  
6 with no license on the side?

7 A I don't know.

8 MR. MIHET: Form.

9 THE WITNESS: I think it would depend on who  
10 they see. I don't know of any lay people in this  
11 county that I would refer to if I have clients that  
12 I'm turning away. I've racked my brain to think  
13 what can I do for these kids that are getting older  
14 without help, and I honestly don't have a lay  
15 person that I would refer them to. I don't know a  
16 pastor that's trained in that issue that I could  
17 refer them to.

18 So, yes, it's possible for somebody to get  
19 help, but in this county I don't know who that  
20 would be that they would get help from.

21 BY MS. FAHEY:

22 Q Is there a specific type of psychotherapy that  
23 has empirical support for successfully effecting a  
24 change on a minor's sexual orientation?

25 MR. MIHET: Form.

1           THE WITNESS: There has not been much research  
2           on minors for any issue, so you will not find  
3           research that I know of. I'm not aware of much  
4           research that's been done on minors with  
5           depression, minors with anxiety. A lot of research  
6           is done on adults for, you know, obvious reasons.  
7           You don't want to be experimenting on a minor.

8           So as far as this issue and research that's  
9           been conducted on minors, I'm not aware of any  
10          research that has shown therapy to be harmful with  
11          minors because I don't think there are many, if  
12          any, studies that have been done on minors that  
13          show therapy to be harmful, helpful, or -- harmful,  
14          helpful, or -- or any other type of research on  
15          this issue with minors, other than the research  
16          that shows the detriments of hormone therapy for  
17          minors with gender confusion. There is research on  
18          that.

19        BY MS. FAHEY:

20           Q     So let's go to adults. I asked you about  
21          minors.

22           A     Yes.

23           Q     Are you aware of any type of therapy that has  
24          empirical support for successfully changing an adult's  
25          sexual orientation?

1 A Yes. A new article just came out last month.

2 Q And what type of therapy did that article  
3 study?

4 A I'd have to look at the article. Do you want  
5 me to take time to look at it? There are lots of  
6 research studies that have shown talk therapy to be  
7 effective talk therapy.

8 Q So talk therapy is the type of therapy that  
9 you are saying that empirical study was about?

10 A This most recent one I would have to review it  
11 again, but in past years there have been studies that  
12 have shown talk therapy to be effective with people  
13 looking for help with homosexual attractions, behaviors,  
14 or gender identity. Or, I'm sorry, let me limit that to  
15 homosexual attractions and behaviors --

16 Q Okay.

17 A -- and gender identity.

18 Q Now it's going to be the same questions but  
19 we're going to talk about gender identity.

20 A Okay.

21 Q What type of therapy has empirical -- and it  
22 might be the same exact answer, "None, not enough  
23 research about children." So what type of therapy has  
24 empirical support for successfully changing a minor's  
25 gender identity?

1           A     Okay.  Zucker, who you referred to earlier,  
2     has done a lot of research on gender identity with  
3     children because he worked with them for years and had  
4     very high success rates.  So his articles -- he  
5     published maybe hundreds of articles and books on the  
6     work that he did in Canada with gender identity for  
7     years.

8           Q     And is there a specific type of therapy that  
9     Zucker has studied to show this is the type of therapy  
10    that should be employed for this type of success?

11          A     I'm not sure.

12          Q     And what about adults, we'll change that to  
13    adults.  What type of therapy has empirical support for  
14    successfully changing an adult's gender identity?

15          A     What type of therapy -- oh, gender identity.  
16    I'm not sure about gender identity for adults in the  
17    same way that -- with homosexual attractions and adults.  
18    I'm not familiar with that body of literature.

19                MS. FAHEY:  Can we go off the record just a  
20    second?

21                MR. MIHET:  Yes.

22                (Thereupon, a brief discussion was had off of  
23    the record, and a short break was taken from 3:05  
24    p.m. to 3:12 p.m.)

25    BY MS. FAHEY:

1           Q     So I have heard you say that you cannot change  
2 someone's sexual orientation or gender identity. Is  
3 that accurate?

4           A     Just like I cannot take away someone's  
5 depression or anxiety or obsessive compulsive disorder.

6           Q     And so I heard you say that there is research  
7 that talk therapy can change a person's sexual  
8 orientation.

9           A     Okay. Thank you for asking for clarification  
10 there. That is definitely not what I meant.

11                   So there is research that shows talk therapy  
12 is helpful in reducing attractions, but that does not --  
13 it doesn't mean something was done to a client that  
14 changed their sexual orientation, but researchers have  
15 found that clients have experienced a reduction in  
16 same-sex attractions through the process of therapy, of  
17 entering therapy with a therapist.

18           Q     Is there -- I have heard an analogy that  
19 sexual orientation is like the weather. You can watch  
20 it change, but you can't make it change. I've heard  
21 that analogy before.

22           A     Okay.

23           Q     Is that analogy something that comports with  
24 your understanding of how sexual orientation may change?  
25 You can watch it change, but you can't make it change?

1 MR. MIHET: Form.

2 THE WITNESS: No.

3 BY MS. FAHEY:

4 Q Okay. Why not?

5 A There are things that we do in therapy, such  
6 as conversations that we have about various things  
7 depending on the person, and those conversations can  
8 lead to change. Whereas if you're watching the weather,  
9 you can't really have conversations that might result in  
10 a change in the weather, so that would be different.

11 Q Other than these conversations that might lead  
12 to change, is there anything else that you're aware of  
13 that also might lead to sexual orientation change?

14 A Well, so we're talking about therapy. All  
15 therapy is conversation, so there are many different  
16 types of conversations that can be had in a therapy  
17 room.

18 So if you're saying is there anything else in  
19 therapy that can lead to change? I would say all  
20 therapy is conversation. If you're saying is there  
21 anything outside of therapy that can lead to change?  
22 There are other -- there are some studies that show  
23 clients going into ministries. You know, that can  
24 produce change.

25 Unfortunately, the problem is in this

1 county -- well, there are no ministries for minors. I  
2 don't know that there ever have been. They're usually  
3 for adults. And in this county, there's not a ministry  
4 support that's offered for even adults in this county,  
5 so we don't have those options in any of -- in all of  
6 Southeast Florida I don't know of any ministries, but  
7 there is research that shows ministries can be helpful,  
8 lay-led ministries. There's one really good study that  
9 showed significant change because of ministries.

10 Q And are you referring to the longitudinal  
11 study of adults who were involved with the Exodus  
12 Ministries?

13 A Yes, I am.

14 Q Are there any other studies that you're  
15 referring to when you made that statement?

16 A There are some -- let me think. There have  
17 been some other reports that have been published, that I  
18 can't think of them off the top of my head, about people  
19 that have gone through various ministries, uh-huh.

20 Q Okay. So I've got therapy. I've got  
21 religious ministries. Is there anything else that you  
22 would add to the list of things that may effect a change  
23 in sexual orientation?

24 A I would say there are a lot of things. I  
25 guess one way that I always sum it up is there are many

1 pathways into and out of homosexuality, so I probably  
2 couldn't name all the different ways people get into it  
3 or out of it.

4 Q How about primary ways of the out of it part?

5 A So if we haven't already included support  
6 groups, sometimes that's a part of ministry.

7 Q Okay.

8 A Other ways that -- well, spontaneous change,  
9 we probably already covered that. That would be more  
10 like your weather analogy, I guess, that you're talking  
11 about intentional change outside of therapy.

12 I mean there are -- I think there are things  
13 that people do: Maybe they read books, they attend  
14 conferences, they -- and sometimes therapy is an aid in  
15 helping them discover what some of those things might --  
16 what might be most helpful for them because, like I said  
17 before, in therapy, you're discovering what works for  
18 people. You know, is this person a reader? Do they  
19 benefit from reading books? Okay. Well, maybe there  
20 are some books they could read.

21 So therapy kind of helps connect people with  
22 other avenues. So there are a lot of avenues that  
23 people can take to experience change, but I would say  
24 therapy is a really, really important one because  
25 usually it's therapists that are trained to understand



1 how to have conversations that are effective and healing  
2 and meaningful and so forth.

3 Q Are you aware whether or not the AAMFT has a  
4 position with respect to sexual orientation change  
5 efforts?

6 A I have not seen that in their ethical codes.

7 Q Are you aware of any position of the AAMFT  
8 with respect to sexual orientation change efforts not  
9 contained in their ethical codes?

10 A I'm not sure, but I think it's maybe important  
11 to point out at this point that it is ironic that the  
12 professional associations have not included this in  
13 their ethical codes, but the county commissioners who  
14 don't work in our field or really have anything to do  
15 with the laws and rules or the ethics of our clinical  
16 practice do, and I think there --

17 I think that's a point that should be noted is  
18 that the APA, when they put together their task force  
19 and they looked at the research and they developed a  
20 resolution, they didn't have the ability, the  
21 foundation, the research, scientific foundation to be  
22 able to put it in their ethical codes and even recommend  
23 that lawmakers make it illegal. And so if the APA  
24 hasn't done that after reviewing the literature for two  
25 years, they looked at all the literature, they made a

1 resolution, and they've made positions statement --  
2 there are a lot of position statements, but it hasn't  
3 been deemed -- it has not been, you know, taken to the  
4 level that I'm aware of. Maybe that will happen at some  
5 point, but for county commissioners to get involved --  
6 and I don't know if you were going to say something. It  
7 sounded like you were going to say something.

8 MR. MIHET: She can't answer.

9 THE WITNESS: Okay. Okay.

10 BY MS. FAHEY:

11 Q Just me and you.

12 A Okay. I heard comments or something down  
13 there.

14 So anyway, I -- yeah, I think that's just an  
15 interesting point that should probably go on the record  
16 is that the county commissioners have sort of stepped in  
17 where I don't think the professional associations have  
18 yet, to my knowledge.

19 Q So it sounds like the answer to "Are you aware  
20 of any position statement by AAMFT on the subject of  
21 sexual orientation change efforts?" it sounds like the  
22 answer to that is you're not aware?

23 A I don't know.

24 Q Okay.

25 A No. There may be a statement that they made.

1 I'm not an active member of that association.

2 Q You're not an active member --

3 A No.

4 Q -- of the AMFT?

5 A Right.

6 Q But you subscribe to their code of ethics?

7 A Yes.

8 Q Are you aware of ways to engage in therapy  
9 with a person who has unwanted same-sex attractions  
10 without trying to change their same-sex attractions?

11 A I'm sorry, could you say that again?

12 Q Yeah. Are you aware of ways to engage in  
13 therapy with a -- and we'll say minors -- with a minor  
14 who has unwanted same-sex attractions without trying to  
15 change that minor's same-sex attractions?

16 MR. MIHET: Form.

17 THE WITNESS: Am I aware of ways to engage  
18 with a minor to help them change without helping --  
19 am I aware of ways to engage with a minor --

20 BY MS. FAHEY:

21 Q Who has unwanted same-sex attractions --

22 A Okay.

23 Q -- and may want assistance dealing with their  
24 distress or depression or some other specific issue.  
25 Are you aware of ways to work with them in therapy

1 without trying to change their same-sex attractions?

2 A I think -- yeah. I mean, I think that's  
3 always -- what I've been talking about today most of the  
4 day when we were talking about my practice. So there  
5 are -- wait, wait, wait. Minors that want help changing  
6 or don't want help?

7 Q Either way.

8 A Okay. So what I was saying to you earlier  
9 today is about, you know, there are minors that come in  
10 not asking for help, but the process of therapy, working  
11 with them and just talking to them and listening mostly  
12 to them, they listen to themselves -- remember when I  
13 was telling you all about how, when you are talking to a  
14 nonjudgmental listener, you often hear yourself and sort  
15 through things and come to new conclusions? So is that  
16 what you mean?

17 Q And so in that situation, it sounds like the  
18 therapy you would be providing would not be seeking to  
19 change their same-sex attractions. Change may happen,  
20 but the therapy is not aimed at change. You're still  
21 giving therapy to a person who has same-sex attractions  
22 and not giving therapy that's trying to change the  
23 same-sex attractions.

24 A Okay. However, under this ordinance, I would  
25 not be at liberty to do what I'm talking about because I

1 would have to think constantly -- like I told you with  
2 the client where I had to change my position, my way of  
3 interacting after the ordinance was passed. I would  
4 have to think of every question I ask, "What if this  
5 could be misconstrued as me trying to change them or me  
6 trying to help them change?" I would -- it would be  
7 impossible to have free-flowing conversations that are  
8 genuine and authentic under this ordinance.

9           So, yes, minors can change when they're not  
10 seeking change just through the process of therapy, but  
11 that's therapy that's unhindered and has no speech  
12 restrictions. Under this ordinance I have speech  
13 restrictions. There are sentences I can't say and  
14 questions I can't ask, so it is impossible for me to  
15 proceed in a genuine conversation of listening and  
16 talking with someone when I'm constantly questioning  
17 myself of whether I'm allowed to say this or not.

18           So, no, I don't think therapy would be as  
19 effective under this ordinance even if I was just  
20 offering -- even if I was trying to avoid the goal of  
21 helping that client change in any of their behaviors or  
22 anything like that. Therapy cannot be as effective  
23 because you're constantly second-guessing what you're  
24 asking and saying.

25           Q       I am marking Defendants' Exhibit 15. It is a

1 one page document, and it has the Bates number PBC 6083.  
2 Let me know when you've had a chance to review  
3 Defendants' Exhibit 15.

4 A Yes.

5 (Thereupon, Defendants' Exhibit 15 was marked  
6 for identification.)

7 BY MS. FAHEY:

8 Q In Defendants' Exhibit 15, is this an email  
9 from you?

10 A Yes.

11 Q Is your email address  
12 julie@drjuliehamilton.com?

13 A Yes.

14 Q Are you the only person who has the password  
15 to sign in and write messages from that address?

16 A I mean, I don't know. My husband probably --  
17 we can get into each other's accounts so...

18 Q Does your --

19 A He did not write this letter.

20 Q Does your husband write emails from your  
21 account?

22 A No. I mean if he did, he would say this is  
23 Tyler. He would never sign my name, no.

24 Q So if there is an email from  
25 julie@drjuliehamilton.com with your name at the bottom,

1 Julie Hamilton, Ph.D, LMFT would that email be from you?

2 A Yes.

3 Q In this email you are asking the -- Dear Mayor  
4 McKinlay and PB, Palm Beach County Commissioners -- you  
5 are asking the commissioners what to do with some  
6 clients; is that correct?

7 A Yes, I was.

8 Q And what did you do with those clients?

9 A That's the client, one of them -- I had one in  
10 particular where I had to -- I chose to continue working  
11 but to change my relationship by restricting my speech  
12 so that I wouldn't get in trouble.

13 Q And which Doe was that? Was that Doe 1, 2, 3,  
14 or 5?

15 A Doe 3. Doe 5 did not continue past the  
16 ordinance, was not going on when the ordinance was  
17 signed, so Doe 3.

18 Q Okay. Doe 3. Did you -- you still had Doe 1  
19 and 2 as clients at the time?

20 A Yes.

21 Q And did you -- so you changed your  
22 relationship with Doe 3. Doe 1 you have not seen since  
23 the passage of the ordinance?

24 MR. MIHET: Objection. Asked and answered.

25 THE WITNESS: No. Doe 1, the goal -- the -- I

1 believe I saw this client after the passage of the  
2 ordinance, as I said earlier today, but I was not  
3 trying -- the client had already shifted in their  
4 perception of self prior to the passage of the  
5 ordinance.

6 BY MS. FAHEY:

7 Q Okay. So I think we have covered what you did  
8 with the clients that you were referring to in this  
9 email, which is marked as Defendants' Exhibit 15.

10 MR. MIHET: Form.

11 THE WITNESS: Yes. You know, I do want to --  
12 oh, go ahead.

13 MR. MIHET: No. I just objected as to form.

14 BY MS. FAHEY:

15 Q So we have covered through the course of our  
16 conversation what you've done with each of the clients  
17 that you still had?

18 A We have, yes.

19 Q Okay.

20 A But while you have this letter out, I would  
21 just like to point out -- because there were so many  
22 things that I was trying to say in the short three  
23 minutes that we have, so I did follow-up with this  
24 email. Incidentally -- well, that doesn't matter, but  
25 there are other scenarios where this would come into



1 play. For example -- could come into play.

2 For example, if I get a new client tomorrow  
3 and they come in for substance abuse and I start seeing  
4 them and I'm working on, you know, talking about  
5 underlying issues, trying to figure out what's going on,  
6 why the substance abuse, what's happening in the  
7 person's life, and a year into therapy they finally work  
8 up the courage to say, really, they have these same-sex  
9 attractions that they don't want and that they were  
10 embarrassed to talk about before and they never told  
11 anybody before, now they're telling me. According to  
12 your ordinance, I would be in the same exact dilemma  
13 again. Do I abandon them and say, "I'm so sorry, the  
14 county won't let me work with you. We can no longer try  
15 to resolve the underlying issues that are leading to  
16 your substance abuse because the underlying issues are  
17 not issues that I'm allowed to talk about according to  
18 the county commissioners"? Do I abandon them? Do I  
19 continue to see them and say, "Okay. Well, we can't  
20 talk about the real underlying issue, let's talk about  
21 other things. Let's just talk only about behaviors and  
22 not root issues"?

23 So this scenario, even though I figured out a  
24 way to deal with that one client by altering my speech  
25 and having to tiptoe around this topic very difficultly,

1 this could happen again and again and again and again in  
2 the future because things come up as the process unfolds  
3 with minors. So I think this is an important point to  
4 hold on to as you think through all of this and as your  
5 clients think through all of it.

6 Q Do you have any current clients that you are  
7 grappling with the decision about whether to change your  
8 relationship with them or to terminate your relationship  
9 because of the Palm Beach County ordinance?

10 A I am not grappling because I made the decision  
11 that I wouldn't abandon my client. I would just have to  
12 stop my free speech, and I do want my free speech back.

13 Q And so with -- except for Doe 3 that you've  
14 identified for me, are there any other current clients  
15 of yours that you have changed what you're doing with  
16 the client to comply with the Palm Beach County  
17 ordinance?

18 A No, I haven't. And so I only brought -- what  
19 I just brought up was there could be clients that I'm  
20 seeing now that could reveal to me they have this issue  
21 that I didn't know they had, but currently no.

22 Q Okay. And interrogatory number 18 --  
23 actually, this will be a new document because this was  
24 provided in supplemental interrogatories, so it should  
25 be just a two-page. Do you have that one?

1 A Yes.

2 Q Okay. So in interrogatory 18, in the  
3 substance of your response, you advise that in the year  
4 before the ordinance was passed you had 44 total  
5 different clients, and I understand that one client may  
6 be a whole family unit so that may be multiple people  
7 but it's individual clients. Okay?

8 A Individual units, yes.

9 Q Okay. And then of the -- of those 44  
10 individual unit clients, you had five minors requesting  
11 for help for unwanted same-sex attractions or gender  
12 identity within the last year. So five within the 44  
13 clients, is that accurate?

14 A That's right. That's right.

15 Q Okay.

16 MR. MIHET: Within the last year, before the  
17 passage of the ordinance.

18 BY MS. FAHEY:

19 Q Before the passage of the ordinance. We've  
20 discussed your clients after the ordinance, right?

21 A Yes.

22 Q And you have told me that there are no clients  
23 after the passage of the ordinance that would be any  
24 different than the 1 through 11 that we've been talking  
25 about?

1           A     Right.  Because I had to turn clients away.  
2     There were new ones that have approached me, the  
3     families had approached me, but I had to turn them away,  
4     right.

5           Q     I understand.  And so when we are talking  
6     about how many minor clients the year before the  
7     ordinance passed who had this issue in your practice, it  
8     would be five clients, five minors out of the 44  
9     clients.  Is that accurate?

10          A     Okay.  So, wait a minute.  Right.  So out of  
11     the 44 total units, either families or individuals,  
12     eight -- five wanted help, eight -- there were eight  
13     that were coming for either sexual orientation  
14     attractions, behaviors, gender identity, eight; five  
15     wanting some type of change in their life; three not  
16     wanting any type of change with regard to that issue.

17          Q     Okay.

18          A     Okay.

19          Q     So as I understand it, we were looking to  
20     understand what percentage of your practice involved  
21     minor clients who were seeking change, so I would  
22     divide -- I would put --

23          A     Right.

24          Q     -- five over 44, and I would get just over  
25     10 percent, about 11-point something percent.  Is that

1 an accurate way for me to calculate approximately the  
2 percentage of your practice that, in the year before the  
3 ordinance, dealt with clients who were minors who had  
4 unwanted same-sex attractions? Is that the way I would  
5 get there?

6 A Yes. Yes.

7 Q Do you recall whether -- and I understand I  
8 only asked you about one year. So I asked you about  
9 that one year, give me some numbers, we got that, and I  
10 came up with about 11 percent of your practice.

11 A Okay.

12 Q Are there years past in your practice where  
13 you believe that the percentage of your clientele who  
14 were minors seeking help with unwanted same-sex  
15 attractions -- they wanted help, that five, not the  
16 eight -- were there years in which the percentage of  
17 your practice that consisted of that subset of the  
18 population you think it was greater than 10 percent?

19 MR. MIHET: Form.

20 THE WITNESS: I don't know without looking  
21 back at numbers and being able to calculate, but I  
22 would speculate that in the future I would see an  
23 increase -- if this ordinance were not in place, I  
24 would see an increase in the number of clients that  
25 are experiencing gender confusion because of the --

1 and even perhaps confusion about attractions, so  
2 children that were not identifying as  
3 homosexually-oriented prior.

4 But like I think I mentioned to you, a recent  
5 article came out about sudden onset gender  
6 dysphoria, and I think we're going to see more  
7 children that are experiencing confusion related to  
8 the issues we're talking about today because of the  
9 cultural shift that is taking place and because of  
10 the access that children have to the Internet, so  
11 the numbers that we have currently and the numbers  
12 that we have in the past I believe will increase.

13 We've already -- I mean the statistics will  
14 tell you that today, the number of children  
15 identifying as transgender is much higher than ten  
16 years ago. So I think that if you're looking at  
17 what my percentage is -- what it was, I don't  
18 remember; what it is now I have given you, but I  
19 want to just say that I believe it will increase --  
20 the need is going to increase. Whether we're  
21 legally permitted to help them or not, I don't know  
22 where this ordinance is going to go, but I believe  
23 the need and the number of clients calling and  
24 asking for help will increase because we see that  
25 statistically already with transgender children.

1 BY MS. FAHEY:

2 Q And are the eight individuals that you  
3 referred to in your answer to interrogatory number 18,  
4 are they identified in your response to interrogatory  
5 22, which was that list of Doe numbers 1 through 11? Is  
6 everybody covered on the list 1 through 11?

7 A So this number 18 is in the last year, how  
8 many of them, and that other one was in the last nine  
9 years. So let me just double-check, but I would say  
10 they would have been then.

11 Okay. So I don't have it in front of me, so  
12 if number 18 is about what clients came in within the  
13 last year, and if number 11 was about what clients came  
14 in within the last -- no. Number 11 was about which --  
15 how many clients within the last nine years with  
16 unwanted homosexual attractions or gender identity  
17 confusion, so that list did not include the ones with  
18 wanted. You've only asked me for the last year the ones  
19 with wanted, but not for the last nine years.

20 Q Okay.

21 A You get the difference? Okay. So the  
22 unwanted ones would have been on both lists, but the  
23 ones who wanted --

24 Q Got it.

25 A -- weren't on both lists because that wasn't

1 the question. Okay.

2 Q So I understand what you're saying, that the  
3 five that's over here in answer to interrogatory 18, the  
4 supplemental response, those five are on the list  
5 because they were unwanted, but the three that got from  
6 five to eight, those individuals would not have been on  
7 this list because Doe numbers 1 through 11 did not  
8 address any minor who had wanted same-sex attractions?

9 A Exactly. Yes.

10 Q Got it. Have you experienced a decline in  
11 your profits since the passage of the county's  
12 ordinance?

13 A Okay.

14 MR. MIHET: Form.

15 THE WITNESS: And so I want to be very clear  
16 because my first instinct when I saw that question  
17 was -- as you probably realized earlier when I did  
18 become passionate about my statement of harm that's  
19 being done, money is -- the loss of income is not  
20 my concern at this point. The concern is the  
21 damage being done to the children.

22 So as far as whether or not I have lost  
23 income, I have not calculated that and I don't  
24 know -- well, I think I had to make a calculation  
25 for you guys estimating, but it was -- that's a



1           wild guess as to whether clients would have even  
2           come every week or every other week. So to know  
3           how much I've lost isn't actually -- I don't think  
4           that's easy to calculate or even there's a way  
5           because you just don't know if clients are going to  
6           continue beyond one or two sessions or how often  
7           they'll come or anything like that.

8                        So I don't know, but I do want it to be on  
9           record that that is inconsequential compared to the  
10          loss of the damage to these children.

11       BY MS. FAHEY:

12           Q       Okay. I understand. And I'm not asking today  
13          for you to give me a number, I'm asking whether you know  
14          if your business practice, since the passage of the  
15          ordinance of -- basically in 2018, have you experienced  
16          a decline in profits that you know of?

17                       MR. MIHET: Asked and answered.

18                       THE WITNESS: Wasn't there a question where  
19          you asked that in writing somewhere?

20       BY MS. FAHEY:

21           Q       I did, and I'm not asking that question right  
22          now.

23                       MR. MIHET: The question is do you know.

24                       THE WITNESS: I think in answer to one of  
25          these questions I had to make a guess, and so do I

1 know if I've lost profits? I -- I -- yeah, I  
2 don't -- I would guess that when I had to turn two  
3 clients away, they are clients that would have paid  
4 me to come, and so I lost the money that they would  
5 have paid me, yes.

6 BY MS. FAHEY:

7 Q And we've already covered what your charges  
8 are. The charge for your session doesn't change based  
9 on the client or anything like that?

10 A No. It's always the same.

11 Q Always the same?

12 A Unless I do -- if you are experiencing a  
13 hardship, I will adjust sometimes. Sometimes I don't  
14 have a sliding scale though, it's \$100, but I'll make  
15 exceptions for people that are really not able to pay.

16 Q Have you noticed a decline in the number of  
17 new patients that you have seen in your private practice  
18 since the passage of the ordinance?

19 A Well, the two that I can't see, yes.

20 Q Other than the two.

21 A Well --

22 MR. MIHET: Form.

23 THE WITNESS: -- any others that are going to  
24 call -- this is interesting. At lunch I received  
25 word of a therapist emailing a colleague of mine to

1 say "What are the laws in the particular city  
2 they're in, which is Palm Beach County. I've just  
3 had this teenager that is wanting to come in and  
4 [REDACTED] really distressed about homosexual  
5 attractions. Am I allowed to see this person or  
6 not?"

7 I thought that was so timely that that email  
8 would come through and I would hear about it at  
9 lunch because I just thought "Oh, my gosh, there's  
10 another one, another kid who's going to be turned  
11 away." And [REDACTED] distressed, which could turn into  
12 depression, which could lead to suicidal ideation.  
13 [REDACTED] not going to get the help that [REDACTED] wants for  
14 living congruent with [REDACTED] faith. And so, yes -- is  
15 there going to be a decline in profits? Yes,  
16 because we turn clients away, but the bigger issue  
17 is what's going to happen to these clients.

18 BY MS. FAHEY:

19 Q I understand what you're saying. What I'm  
20 wondering though is have you noticed, other than the two  
21 clients you already let me know about, have you noticed  
22 in your practice, in the last six months, a decline in  
23 the number of patients that you've been seeing?

24 A Oh, I don't know. I haven't calculated the  
25 averages of how many I'm seeing a week versus how many I

1 was last December, and the months fluctuate as well  
2 depending on the season of the year.

3 Q I understand that you have not terminated any  
4 relationships with any patients because of the county's  
5 ordinance; is that correct?

6 A Well, I just --

7 MR. MIHET: Form.

8 THE WITNESS: I failed to initiate to, but I  
9 have not terminated.

10 BY MS. FAHEY:

11 Q Okay. So have not terminated?

12 A That's right.

13 Q Okay. And you've already answered to me that  
14 you have changed one relationship in particular, and  
15 that was Doe 3 that you changed your relationship with  
16 because of the county's ordinance.

17 A Right.

18 Q Did you refer Doe 3 to any other religious  
19 leader for Doe 3 to discuss their --

20 THE WITNESS: I --

21 MR. MIHET: Form.

22 BY MS. FAHEY:

23 Q Sorry. Let me go ahead and --

24 MR. MIHET: We'll take turns. Give her a  
25 chance, give me a chance, and then you answer if

1           you can.

2                   THE WITNESS:   Okay.

3   BY MS. FAHEY:

4           Q     Did you refer Doe 3 to anybody else when you  
5   decided to make the chance to -- when you decided to  
6   make the choice of substantially changing your  
7   relationship with Doe 3 in light of the county's  
8   ordinance, did you refer them to anybody else?

9                   MR. MIHET:   Form, asked and answered.

10                  THE WITNESS:   I did not know of anybody else  
11   to refer █████ to that would be trained to understand  
12   this issue and help him or her.

13   BY MS. FAHEY:

14           Q     So let's talk about you have let me know that  
15   there are two clients, potential clients, that you have  
16   turned away, and you let me know previously that you  
17   were referring -- you spoke about those clients in  
18   paragraphs 157 and 158.  I'd like to take them one at a  
19   time, if you don't mind.

20                   So let's talk about the prospective client  
21   discussed in paragraph 157.  In your conversation with  
22   the person who contacted you about that potential  
23   client, did you speak to the minor or did you speak to  
24   the parent?

25           A     Parent.

1 Q Okay. Did you refer that parent to any person  
2 whatsoever to address the concern the parent had?

3 A Well, and I should clarify, the minor was who  
4 I turned away. I was able to meet with the parents a  
5 couple of times.

6 Q Are the parents still clients?

7 A The case is open, but they cannot go any  
8 further until they are legally permitted to bring their  
9 minor client in to see me.

10 I mean they could talk about other things  
11 but -- yeah, therapy would be much more effective if we  
12 could bring the minor client in.

13 Q Have you --

14 A And they are waiting for that -- such a time  
15 to be able to do that.

16 Q Have you recommended to the clients described,  
17 the parents in 157, have you recommended to them that  
18 they speak to any religious leaders?

19 A Interestingly --

20 MR. MIHET: Form, asked and answered.

21 THE WITNESS: Interestingly, I have racked my  
22 brain to think of how this child can get help, and  
23 I thought, "Well, perhaps they could talk to their  
24 religious leader." There's actually a youth pastor  
25 that they know. And then maybe since that youth

1 leader knows nothing about how to help with gender  
2 identity confusion, maybe I could coach the  
3 religious leader, but the ordinance says that I  
4 can't -- the practice of trying to change, so I  
5 didn't know if that included the practice of trying  
6 to help a pastor help somebody change or what, so  
7 I'm at a standstill, but that's an idea that has  
8 crossed my mind is to refer to someone in the  
9 community who doesn't understand this issue and  
10 then maybe I could coach them in how to help the  
11 minor client.

12 BY MS. FAHEY:

13 Q Did you recommend anything else to these  
14 parents? I understand that you're not referring them to  
15 anybody else, so is there anything else that you have  
16 recommended that they do?

17 A No. I literally do not know what else to tell  
18 them. It's a really -- it's a bind that I'm in.  
19 They're just waiting.

20 Q Now let's go to paragraph 158. Is that the  
21 same situation where you have spoken with the parents  
22 but not the child?

23 A I have spoken with the parents, and I also met  
24 with the entire family to discuss family relationships.  
25 I have not been able to meet with the minor to discuss

1 the minor's concerns.

2 You know, I want to back up. In 157, they  
3 also had an issue related to a different family member.  
4 And so, like I had said before, goals are not like, "Oh,  
5 this is the one thing we're working on." We're talking  
6 about human relationships and so forth. And so I met  
7 this minor because they came in for a totally different  
8 reason one time. Does that make sense?

9 Q Yes.

10 A The minor was in my office with a family  
11 situation not at all related to that minor.

12 Okay. In the second -- in the 158, the  
13 parents and the minors in that family came in as a whole  
14 family and we met as a whole family.

15 Q Okay. And you were addressing family  
16 relationship issues not anything related to do with  
17 sexual orientation or gender identity, right?

18 A Well, interestingly, the family issues  
19 definitely were related to that, but I couldn't talk  
20 about that. So we met one time, we couldn't go any  
21 further because in order to continue to resolve --

22 I mean, you know, I think we accomplished as  
23 much as we could, but there's a lot more that's related  
24 to the issue that I'm not allowed to talk about. So  
25 that was a family session where I was able to talk about



1 ways of relating to each other but then had to stop  
2 short and say, "I can't help you with" -- when the other  
3 issues came up, I had to say, "I'm not allowed to help  
4 you with that," and so that's where they've been also on  
5 hold and not getting the help that they need.

6 Q Has that family in 158 come in more than once?

7 A Yes, but not as family. So I think the  
8 parents came in -- the whole entire family, one time.

9 Q Okay.

10 A The parents, I can't remember if it was one or  
11 two times without children.

12 Q Okay. Is the family that's spoken about in  
13 paragraph 158, is that file still open?

14 A I think so.

15 Q How about --

16 A I believe so because they're both just  
17 unresolved, just hanging out there waiting.

18 Q So 157 and 158 --

19 A Are both --

20 Q -- the people in those two paragraphs, the  
21 files for those clients are still open?

22 A Yes. Even though, like I said, the services  
23 have never been -- the conversations and therapy have  
24 never been with the minor about this issue.

25 So, I want to be clear. In the way I have

1 described it to you and saying "I turned them away,"  
2 while the file is open and I was able to talk to the  
3 parents about parenting issues and the family about the  
4 family issues, the minors have been turned away from  
5 being able to talk about their issues, so that's where  
6 we're on hold with an open file waiting to be able to  
7 bring the minor in to talk about the minor's issues.

8 Q And when's the last time you met with the  
9 family described in paragraph 157?

10 A They both contacted me after the passage of  
11 the ordinance, so I don't remember the last time, but I  
12 know that their initial contacts were probably spring,  
13 so it would have been sometime between spring and now.  
14 It would have been my first and last, does that make  
15 sense? So I don't remember the last time.

16 Q Okay. Did your interaction with them, in-face  
17 interactions with them last for longer than a month,  
18 either of these two situations, 157 and 158?

19 MR. MIHET: Form.

20 THE WITNESS: I don't remember -- I mean, so  
21 if they initiated sometime in the spring, maybe  
22 March and May, but I don't even know if that's  
23 exact, and if I saw the one family -- maybe the  
24 parents once or twice and then the whole family  
25 together, I don't know if the three times would

1           have been over the period of a month or two months.

2           I don't remember how it was spaced out.

3       BY MS. FAHEY:

4           Q     Okay.

5           A     And then the 157 I saw more than -- the  
6       parents I saw more than a couple times -- or I don't  
7       actually remember the number, but I don't -- again, I  
8       wouldn't -- I don't remember if it was like I saw them  
9       once and a month went by and I saw them again and  
10      another month went by, or if it was all within a shorter  
11      period of time.

12          Q     Okay.

13          A     So that's why I don't remember the last -- the  
14      very last time I met with them. I just remember they  
15      initiated after the passage of the ordinance.

16          Q     I want to take you to paragraph 159. I don't  
17      think we've reviewed that yet today, so if you can read  
18      that.

19          A     Okay.

20          Q     And in paragraph 159, you advised that you  
21      have had many requests for therapy that you've received,  
22      right?

23          A     Potentially many clients who periodically  
24      received requests for therapy.

25          Q     What I'm trying to understand is 159 a general

1 statement or are you identifying additional people other  
2 than --

3 So I understand 157 and 158 represent two  
4 potential child clients, each of them being 12 years  
5 old. Are there any other potential minor clients that  
6 you have turned away or been unable to help because of  
7 the constraints you feel with respect to the passage of  
8 the county's ordinance?

9 A No. In fact, the wording is just that I  
10 receive requests for therapy periodically. I  
11 periodically receive requests for therapy. So we're  
12 talking about future because throughout my years of  
13 doing therapy, this is kind of an issue that people call  
14 me for, so the potential for receiving future calls is  
15 there. That's kind of what that meant.

16 Q Got it. So that's the -- 159 covers the more  
17 general. In general you receive requests. You don't  
18 have anybody specifically that you would be identifying  
19 in 159 at this point?

20 A That's right.

21 Q Okay. I'd now like to talk to you about some  
22 of the presentations that you've given. You provided  
23 them, and we have marked for identification purposes two  
24 that were PowerPoints. You gave us in response to our  
25 request for production some copies of some PowerPoint

1 presentations. So I'm now shifting -- just letting you  
2 know where I'm going.

3 A Thank you.

4 Q I'm now shifting and talking to you about  
5 presentations you've given.

6 A Okay.

7 Q Have you given any presentations to  
8 non-Christian audiences?

9 A Yes.

10 MR. MIHET: Form.

11 BY MS. FAHEY:

12 Q And what I'm wondering is have you -- have you  
13 given presentations to an audience that it's not like in  
14 a church necessarily or the audience is not gathered for  
15 the purpose of sharing a common religious belief?

16 A Yes.

17 Q Okay. In what types of audiences have you  
18 given -- what types of audiences are you referring to?

19 A Okay. Conferences that are research  
20 organizations rather than religious organizations. I've  
21 done -- you know, participated in panel discussions on  
22 college campus. That's not at all -- they're not  
23 gathering for the purpose of any religious commonality.  
24 Media presentations that are not Christian, media  
25 outlets.

1 Q Okay. Have you given any presentations to an  
2 audience that was predominantly licensed professionals?

3 A Yes.

4 Q And is that the conferences you were speaking  
5 about?

6 A Yes. And then other conferences where there  
7 also are licensed professionals, but it's Christian  
8 based.

9 Q Okay.

10 A So there are other -- so research conferences,  
11 associations. You're talking about only on this topic,  
12 these topics?

13 Q Yes.

14 A Yeah. So, yes, I have spoken to groups of  
15 licensed professionals, licensed therapists.

16 Q What conferences have you spoken at?

17 A The South Florida Association of Christian  
18 Counseling, the Alliance for Therapeutic Choice and  
19 Scientific Integrity. Non -- you're talking non -- any  
20 conferences at all or just professionally licensed?

21 Q I'd like to hear more about the different  
22 conferences you've spoken at.

23 A Okay. Restored Hope Network conference. I  
24 mean in the past I used to speak at Exodus conferences.  
25 I've -- you know, then there are other settings that

1 aren't conferences, college campuses.

2 Q Which college campuses have you spoken at?

3 A Stetson. I believe -- is that the one in  
4 Deland? I think so. Yes, thank you. Palm Beach  
5 Atlantic. That's all that comes to mind.

6 Q Okay. Have you given any presentations that  
7 qualify for CEU credits?

8 A Yes, actually. Uh-huh.

9 Q Were those presentations on the topic of  
10 sexual orientation or gender identity?

11 A They were on the subject of -- they are some  
12 of these presentations, some of the similar, yeah.

13 Q Okay. Which -- so let's go ahead and mark  
14 them, and then you can let me know which ones. So I  
15 have -- we're now on Defendants' Exhibit 16.

16 A Okay. So I'll tell you about this one.

17 Q Okay.

18 MR. MIHET: Let's wait for her to mark it.

19 THE WITNESS: Okay.

20 (Thereupon, Defendants' Exhibit 16 was marked  
21 for identification.)

22 BY MS. FAHEY:

23 Q So I'm going to mark them, and then we will be  
24 able to talk about them, and you can just let me know  
25 "I'm referring to Defendants' Exhibit 12" or whatever it

1 might be, and then that way we can all be on the same  
2 page but you'll have available in front of you what it  
3 is that we're talking about.

4 A Okay.

5 Q So that was 16. Now I have another one. This  
6 is going to be 17. My math is getting much better.

7 A Thank you.

8 (Thereupon, Defendants' Exhibit 17 was marked  
9 for identification.)

10 BY MS. FAHEY:

11 Q 18 -- I should be saying these, but 18 is  
12 Hamilton 007. And 19 is Hamilton 008 through Hamilton  
13 20.

14 All right. And there were two that did not  
15 have -- that did not yet have Bates numbers. The Bates  
16 numbers will be supplied later. We received them  
17 yesterday, and those two were Defendants' Exhibit 16 and  
18 Defendants' Exhibit 17. I understand that they were  
19 discovered in paper copy and that's why we got them  
20 yesterday.

21 A Right. I had forgotten all about them because  
22 they weren't on my computer, but I came across them so I  
23 turned them in to you.

24 Q Thank you.

25 A You're welcome.



1                   (Thereupon, Defendants' Exhibit 18 was marked  
2                   for identification.)

3                   (Thereupon, Defendants' Exhibit 19 was marked  
4                   for identification.)

5       BY MS. FAHEY:

6           Q       Okay. So now I have the presentations that  
7       you have provided to me. Which of these have qualified  
8       for CEU credits?

9           MR. MIHET: Form.

10          THE WITNESS: Well, there was one that I did  
11       for CEU credits and then it was probably --

12          MR. MIHET: Tell her which one.

13          THE WITNESS: It was probably "Prevention,  
14       Early Intervention."

15       BY MS. FAHEY:

16          Q       Okay.

17          A       Number 13.

18          Q       Number 13, got it. What type of CEU credits  
19       would this have qualified for?

20          A       What do you mean?

21          Q       It would qualify for LMFT CEU credits?

22          A       So it's under our -- the licensing includes  
23       social work, mental health counseling, marriage and  
24       family.

25          Q       Okay. So for any of those licenses?

1           A     Uh-huh.

2           Q     And is there a subcategory like I was  
3 explaining -- talking with you about earlier how, in the  
4 legal field, there may be a subcategory of ethics CEU  
5 credits?

6           A     Oh, right. I'm not aware of a subcategory.  
7 Let me say this: They pulled the CEU credits for this,  
8 so it may be just a waste of time to talk about it at  
9 this point because the CEU accrediting body said that  
10 this was conversion therapy, which it wasn't. It's  
11 prevention and early intervention, what parents can do  
12 for children, how parents can parent in a more effective  
13 way, that they're relating to their child in a loving,  
14 nurturing way to meet the child's needs, but it had  
15 nothing to do with what a therapist says to a child. It  
16 had nothing -- there's nothing in here that's even  
17 talking about what a therapist says to a child. It's  
18 about parenting.

19                   So, that was truly slanderous. They revoked  
20 the CEUs and, you know, put the institution on  
21 probation. I mean it just seemed like a witch hunt to  
22 me. But, anyway, I don't know if you want to keep  
23 talking about it because I don't think the CEUs were  
24 actually honored in this one.

25           Q     Okay. What institution are you referring to?

1           A     Palm Beach Atlantic University. And it was  
2     the South Florida Association of Christian Counselors,  
3     it wasn't the school. It was just -- somehow I think  
4     the school may have the CEU. I think they partner  
5     somehow.

6           Q     Okay. And so is it PBA or the organization  
7     that is put on probation?

8           A     I'm not sure.

9           Q     Okay. If it's possible, and you let me know  
10    if it doesn't make sense, but I have already talked to  
11    you about 12 and 13 as far as them being PowerPoint  
12    presentations that you created and you presented.

13          A     Yes.

14          Q     So, if possible, and let me know if it doesn't  
15    make sense, I would like to ask you questions about  
16    Defendants' Exhibit 16, 17, 18, and 19 to ask whether --  
17    are these exhibits 16, 17, 18, and 19, are these  
18    handouts from PowerPoint presentations that you have  
19    authored, created, and presented?

20          A     Yes, they are.

21          Q     Okay. Now let's look specifically at  
22    Defendants' Exhibit 16 because it has handwriting on it.

23          A     Oh, yeah, my handwriting.

24          Q     Is that your handwriting?

25          A     Yes.

1 Q Okay.

2 A And this -- I'm sorry, this is another  
3 university. I don't know -- if I didn't give --  
4 apparently I did not give you an exhaustive list of  
5 universities. Did you want an exhaustive list? Was  
6 that considered an exhaustive list? Because I forgot  
7 about this. This is eight years ago.

8 Q That's okay. Where did you present this --

9 A Liberty --

10 Q -- Exhibit 16?

11 A Liberty University Law School.

12 Q Law school?

13 A Yes. Via Skype because there was a blizzard.  
14 I wasn't on campus because my flight got canceled, so I  
15 did it via Skype. So I actually don't really know where  
16 I was presenting, that's why I say that. It's kind of a  
17 funny situation, and I really don't know. I think it  
18 was the law school, but I didn't actually see the  
19 audience.

20 Q Okay. Look with me to Defendants' Exhibit 19.  
21 That's the one with the largest pictures.

22 A Uh-huh.

23 Q And at the bottom there's the -- we call it  
24 Bates numbers, Hamilton and numbers. If you could turn  
25 toward Hamilton 17, and the top slide says "Steps

1 Towards Change."

2 A Uh-huh.

3 Q Can you please explain to me the relationship  
4 between the things listed on the side and the header  
5 "Steps Towards Change"?

6 A Uh-huh. Can I explain the relationship  
7 between the items and the header?

8 Q Yes. And so I am hoping to understand from  
9 you whether these are, like, stair steps toward ultimate  
10 change or whether these are a scattering of things that  
11 could lead to change. I'm trying to understand that  
12 relationship.

13 A Yeah. These are what I was saying to you  
14 earlier -- this is a good list. I forgot I had this  
15 list -- of things that can be helpful to people in  
16 changing, and how I do believe therapy is one of the  
17 most important things because oftentimes therapy -- in  
18 the process of therapy clients -- you can discover  
19 what's going to work best for this client. Does the  
20 client like to read? So would books be useful? Does  
21 the client like -- is the client lacking in friendships?  
22 Should we be helping them develop new friendships? You  
23 know, that kind of thing. So these are all things that  
24 can be helpful, but they're not in any particular order.

25 Q Okay. So they're not in any particular order,

1 and you're not saying that every single one of them has  
2 to be present for somebody to change?

3 A Right.

4 Q Okay.

5 A These are just things people can do.

6 Q Okay. Now let's move on to Hamilton 18. Oh,  
7 I'm so sorry. We were on that same document, and you  
8 were on page 17, so if you could flip to the next page.  
9 It is still Defendants' Exhibit 19, but it's that last  
10 page -- not the last --

11 A Uh-huh.

12 Q So flip one more, there you go, "How should  
13 Christians Respond?"

14 A Uh-huh.

15 Q And I see that there is an asterisk, and at  
16 the bottom it says "Taken from 'How Should we Respond'  
17 by Joe Dallas."

18 A Uh-huh.

19 Q Are these things that you would present as the  
20 model for how a Christian should respond?

21 MR. MIHET: Form.

22 THE WITNESS: I think this is a very old  
23 presentation. I developed this one a long time  
24 ago, I think. This slide, I started using that  
25 probably 13 years ago. You probably have a copy of

1 my video. I talk about that in there, which was  
2 published in 2005.

3 So, I don't know. I don't recall -- I don't  
4 know if I would change this now or not. I might.  
5 Yeah, I might. I'm not sure.

6 BY MS. FAHEY:

7 Q And --

8 MR. ABBOTT: Excuse me. May I just state for  
9 the record that the exhibit the witness is  
10 referring to is Exhibit 20. It may have been  
11 misidentified.

12 MR. MIHET: No, it's 19.

13 MR. ABBOTT: Oh, it is?

14 MR. MIHET: Yeah.

15 MR. ABBOTT: I said one thing in the  
16 deposition and it was a lie, right. Thank you very  
17 much.

18 BY MS. FAHEY:

19 Q And so what I am wondering is: Is that  
20 asterisk taken from, you know, Joe Dallas, is that you  
21 communicating to the people you're presenting to that  
22 you don't endorse these things as "How Should Christians  
23 Respond?" or is that you giving credit to Joe Dallas?

24 A Giving credit.

25 Q Do you believe presently that the appropriate

1 response for a Christian to a moderate homosexual is to  
2 model God's love?

3 A Yes.

4 MR. MIHET: Form.

5 BY MS. FAHEY:

6 Q And do you believe that an appropriate  
7 response for a Christian, with respect to a repentant  
8 homosexual, is to walk alongside them in their journey?

9 MR. MIHET: Form.

10 THE WITNESS: Yes. Now this wasn't to a  
11 therapy audience, okay, so just for clarification.  
12 So my role as a therapist may go beyond this, but  
13 to the average person, yes, I think that we should  
14 do that for anyone who's -- and those are his words  
15 "repentant homosexual," so someone who's seeking  
16 change is what he meant by that.

17 BY MS. FAHEY:

18 Q Do you embrace this model of how to respond to  
19 three different -- and I understand that you might not  
20 agree with the labels as far as "militant homosexual,  
21 moderate homosexual, or repentant homosexual," but do  
22 you embrace this model for your own behavior as a  
23 Christian, "defend without attacking, model God's love,  
24 walk alongside in their journey"?

25 A Uh-huh.



1 MR. MIHET: Form.

2 THE WITNESS: I think this would be an example  
3 of that. I believe I'm defending the rights of my  
4 clients and for me to have free speech, and I  
5 believe I'm doing that without attacking their  
6 character or personhood. And so, yes, I believe  
7 that's how -- you asked me if I personally believe  
8 in this?

9 BY MS. FAHEY:

10 Q Yes. I'm not asking you --

11 A And I do, and I'm giving you an example of  
12 that, yes.

13 Q I'm not asking you to reflect on your behavior  
14 in any way, I'm just asking if you endorse Joe Dallas's  
15 prescription for how Christians should respond.

16 A Yes. Whether I would add to that or not now,  
17 I don't know. Like I said, 13 years ago I started using  
18 this model, but I don't know if this is the exhaustive  
19 list of how Christians should respond, but it was a good  
20 summary at the time, and I don't disagree with it.

21 Q Let's look to Defendants' Exhibit 16. It's  
22 that one with handwriting. When did you create this  
23 presentation?

24 A I'm going to guess it was 2010 because of that  
25 date.

1 Q Okay.

2 A Yeah.

3 Q And would you give me the benefit of reading  
4 the handwriting? I know that this copy is not very  
5 dark, but just in case there are issues with  
6 interpreting the handwriting.

7 A So they were probably my notes to --

8 Q Okay.

9 A -- jar my memory when I was going through the  
10 presentation. So introducing NARTH as the scientific  
11 organization.

12 The next slide I wrote notes that there were  
13 six people plus one staff liaison before the task force.  
14 I don't know what that word is, but names had been  
15 submitted. So other names were submitted that the task  
16 force denied, just like it says on that slide there.

17 The innate/immutable is what the next thing  
18 says. They dismissed studies showing that change is  
19 possible. They highlighted the flaws of those studies,  
20 and that we're referring to that report that you all  
21 have as the basis for your ordinance. They dismissed  
22 the studies showing that change is possible. They  
23 highlighted the flaws of those studies. But when it  
24 came to the studies that would promote only affirmative  
25 therapy, they ignored those laws. That's what the

1 writing says there.

2 Q Oh, okay. And so not all of the words you  
3 just said are actually in the handwriting?

4 A Right. Sorry, I elaborated.

5 Q No, that's okay. If you could --

6 A Sorry. I was explaining what they meant.

7 Okay. I'll just read the words.

8 Q And it looks like there was -- on the second  
9 page it looks like there was some handwriting, but it  
10 didn't show up clearly on this copy. If you could go  
11 down to the bottom, and to the extent that you can read  
12 your handwriting, let me know what that says down there.

13 A Okay. "Clearly biased report. While they did  
14 acknowledge that some may seek change for religious  
15 reasons, they offer very limited" -- I don't know what  
16 the next word is -- on how -- I think it says -- oh, for  
17 those clients maybe. So they -- did that make sense?

18 So while they did acknowledge that some  
19 clients may seek change for religious reasons, they  
20 offer limited opinion on how those clients -- in other  
21 words, how those clients could seek change because  
22 they're not recommending therapy. I think that's what  
23 that means. I'm not positive.

24 Q Now let's look at Defendants' Exhibit 17  
25 together. I see that there's a date at the top, 2013.

1 Would that be when you prepared and presented this  
2 presentation?

3 A Probably, yes.

4 Q And where did you present this presentation?

5 A Palm Beach Atlantic University.

6 Q Would that have been -- you presented at Palm  
7 Beach Atlantic University. That would not have been as  
8 an assistant professor, right?

9 A Right. I was done working there at that time.  
10 I came in as a guest lecturer into someone's class.

11 Q When's the last time you presented this  
12 presentation?

13 A I think that was the only time I presented it.  
14 Well, I mean I'm not sure but... I don't remember  
15 presenting it again.

16 Q Now will you turn -- I'm still on Defendants'  
17 Exhibit 17, turn to page 4. And there is a slide at the  
18 very bottom right that says "What is this Therapy?"

19 A Uh-huh.

20 Q The third bullet point says "There are many  
21 forms of therapy that are used successfully with this  
22 population, including: Cognitive therapy, reparative  
23 therapy, interpersonal therapy, EMDR, family therapy,  
24 narrative therapy, as well as other forms of therapy."

25 Now I understand that you have told me that

1 you do practice family therapy and that you do not  
2 practice EMDR. Do you practice cognitive therapy?

3 A No.

4 Q Do you practice reparative therapy?

5 A No.

6 Q Do you practice narrative therapy?

7 A No.

8 Q But you do practice family therapy?

9 A Yes.

10 MS. FAHEY: Can we take a quick comfort break?

11 I am going to set up my laptop real quick.

12 (Thereupon, a short break was taken from 4:12  
13 p.m. to 4:24 p.m.)

14 BY MS. FAHEY:

15 Q Okay. So Dr. Hamilton, you produced to the  
16 county a video DVD called homosexual 101, correct?

17 A Yes.

18 Q Okay.

19 A "Homosexuality 101," yes.

20 Q I'm very sorry, "Homosexuality 101." And I'm  
21 going to show you Defendants' Exhibit 20. Defendants'  
22 Exhibit 20 is a page from the website  
23 drjuliehamilton.com. And on your website you list,  
24 under "Resources," the "DVD: Homosexuality 101," right?

25 A Yes.

1                   (Thereupon, Defendants' Exhibit 20 was marked  
2                   for identification.)

3 BY MS. FAHEY:

4           Q     Okay. That is the DVD that you produced to  
5           the county?

6           A     Yes.

7           Q     This video was produced by or in conjunction  
8           with Exodus Ministries, correct?

9           A     It was produced by me, but yes -- let me say I  
10          probably -- this is -- you know, I'm not a big high tech  
11          person, so I don't always keep up with changes that  
12          probably should be made to my website. I did have a  
13          website designer recently just try to clean things up  
14          for me, and this DVD is actually not in circulation. I  
15          don't -- he found someone that is selling it supposedly,  
16          but I don't know how they would be selling it because  
17          they don't have copies. So I think if you click on that  
18          link to actually purchase it, I don't think you can  
19          purchase it. I probably need to get that link off of  
20          there. It's just negligence on my part of just not  
21          keeping up with my own website.

22                   So this is not in circulation. I have not  
23          sold this in years. I don't -- I think I know this  
24          person. I know there's a link to someone's website and  
25          that person did buy copies from me, but probably ten

1 copies, and they were like -- it was probably years ago,  
2 probably 2012. I don't even know when, but years ago  
3 so -- or he probably only bought five copies, I don't  
4 know. I doubt this person has any copies to sell, but  
5 he would be the last standing person that is selling  
6 this DVD.

7 So just for the record, it is not in  
8 circulation at all. It's outdated. Obviously Exodus  
9 doesn't exist, it's outdated.

10 Q Okay.

11 A It's 13 years old.

12 Q Okay. Is it still a resource you would  
13 recommend to an interested client if they were to say --

14 A I don't --

15 Q -- "I would be interested in resources on the  
16 topic of homosexuality." Is this DVD something that you  
17 would recommend to them or provide to them?

18 MR. MIHET: Form, assumes facts not in  
19 evidence.

20 THE WITNESS: They wouldn't have a way to get  
21 it, so it's not one that I recommended in recent --  
22 I can't -- but they can watch the gist of it online  
23 so...

24 BY MS. FAHEY:

25 Q When's the last time you reviewed the video,

1 "Homosexuality 101"?

2 A I haven't watched it in a long time.

3 Q Okay. So I was going to ask you if there was  
4 anything in the video that you know longer endorse or  
5 believe is accurate or up-to-date?

6 A Well, yeah --

7 MR. MIHET: Form.

8 THE WITNESS: -- Exodus is gone. But, yeah, I  
9 mean it's just an outdated video.

10 Again, if I was a web person myself, I  
11 probably would have taken it down, but I need to  
12 contact the guy that did the website and pay him  
13 some money and get him to take it down probably  
14 so...

15 BY MS. FAHEY:

16 Q And is it your intention to take down the  
17 whole resource or just that "Order the DVD, click here"?

18 A I guess I'd have to think about it because I  
19 don't know that I'd want it on there if I can't point  
20 them to how they would get it probably. I don't know.  
21 I'd have to think about it.

22 Q So I just want to ask you about two small  
23 portions of the video.

24 A Okay.

25 Q And so I am going to play that here, and our



1 madam court reporter may ask me to play it again so that  
2 she can get it down.

3 A I talk fast in it.

4 Q Ready?

5 A Yes.

6 MR. MIHET: For the record, can we say for the  
7 record the minute and --

8 MS. FAHEY: Yes.

9 MR. MIHET: -- hour, minute, and second?

10 MS. FAHEY: Okay. So I just backed it up ten  
11 seconds, so that was a little bit farther than what  
12 we were going to do, but this is starting at  
13 13:49 into the video.

14 THE WITNESS: Okay.

15 (The video begins playing.)

16 MS. HAMILTON: "He wants to attach to the  
17 father because God has been in the heart of every  
18 child that desire for connection, especially with  
19 their parents and with the same-sex parents as  
20 well. And so that child is craving for that, and  
21 he might try to attach to his father, but if he  
22 senses rejection, he will try a few times, but he  
23 will eventually give up trying because we can only  
24 handle so much rejection."

25 (The video is stopped.)

1 THE WITNESS: Uh-huh.

2 MR. MIHET: For the record, we stopped at?

3 MS. FAHEY: 14:14.

4 BY MS. FAHEY:

5 Q Now that last portion, "we can only handle so  
6 much rejection," is that something that you still  
7 believe is true and would present to people?

8 MR. MIHET: Form.

9 THE WITNESS: Okay.

10 MR. MIHET: Assumes facts not in evidence.

11 THE WITNESS: So we can only handle so much  
12 personal rejection of our -- of our personhood.

13 I was describing there a child feeling like  
14 the father did not want a relationship with the  
15 child. That's the type of rejection that I was  
16 talking about, and so I believe that that type --  
17 yes, I would adhere to that if we're clarifying  
18 what -- what I was actually saying there.

19 BY MS. FAHEY:

20 Q And I understand that you made that statement  
21 after talking about the theories of attachment that you  
22 were talking about. Do you believe that it can hold  
23 any -- does it hold true in any more broad sense where a  
24 child can only handle so much rejection?

25 A Okay. And again, just so we breakdown the

1 word "rejection," a child -- a parent's rejecting the  
2 personhood of their child is very hurtful and  
3 detrimental to their child.

4 While a parent's rejecting behaviors of their  
5 child, it is not detrimental in the same way. And in  
6 fact if a parent is rejecting drug addiction or illegal  
7 conduct, conduct is not rejection of personhood. So if  
8 a parent is saying "I don't approve of your life of  
9 using drugs," I would say that type of rejecting a  
10 behavior that is harmful to the child would actually be  
11 helpful. Rejecting an adverse, harmful behavior is  
12 helpful. So I just want to make sure we're talking  
13 about rejecting a personhood, rejecting that person as a  
14 whole is -- parents -- children need love from their  
15 parents. Love sometimes does include parents  
16 disapproving of behaviors. Okay.

17 Q Does that complete your answer?

18 A Yes.

19 Q Okay. So now I'm going to play the second  
20 portion that I wanted to play. And I started it a  
21 little bit early just so you can get a little bit more  
22 context for the part that I'm going to ask you about.

23 A Okay.

24 Q And this video I'm going to start playing at  
25 48:26.

1           A     Okay.

2                     (The video begins playing.)

3           MS. HAMILTON: "... happy to live their lives.  
4           To the moderate homosexual, we must model God's  
5           love. It is not up to us to go around making sure  
6           that homosexuals become heterosexuals."

7           THE WITNESS: Yes.

8                     (The video is stopped.)

9     BY MS. FAHEY:

10           Q     Do you agree --

11           MR. MIHET: I'm sorry. For the record, we  
12           stopped at?

13           MS. FAHEY: Thanks, Harry. 48:39.

14     BY MS. FAHEY:

15           Q     My question is: Do you still agree with that  
16           statement, that it is not up to us to go around making  
17           homosexuals heterosexuals?

18           A     Okay. So I agree with what I was talking  
19           about there, and I agree in the therapy office that it  
20           is not my job to try to make a homosexual become a  
21           heterosexual.

22                     In this context, I was talking in general to  
23           people not about therapy, obviously, but that we should  
24           not be looking at how to change people's sexual  
25           orientation in our everyday relationships with people.

1 I went on to talk about that the most important thing  
2 that any of us need and that any of us should be  
3 concerned about with those we love or care about is  
4 their relationship with God. Just to make sure we have  
5 the whole context of that, that I was saying that  
6 there's nothing more important than if you love someone,  
7 you care about their relationship with God, and so  
8 rather than think "Oh, this person's gay, let me address  
9 their homosexuality," I was saying that we should seek  
10 to model God's love to them so that they will want a  
11 relationship with him because coming into a relationship  
12 with our creator, I believe and was saying there, is the  
13 most important relationship we can ever have.

14 And so I -- my point was let's -- let's let  
15 God's love shine through us for people to see that. And  
16 so I -- yeah, I would definitely still agree with that.  
17 In the therapy office I think it kind of -- it kind of  
18 backs up what I was telling you today is that I'm not  
19 trying to make gay people straight, I'm trying to help  
20 them accomplish their goals, and so I think what I was  
21 saying there 13 years ago is consistent with how I still  
22 practice and --

23 MS. FAHEY: Are we good on the time? Did I  
24 say it correctly?

25 MR. MIHET: You did. I'd like to get on the

1 record how long the entire video is, if we can,  
2 when it's appropriate. Did we cut you off?

3 THE WITNESS: No. I think I was good.

4 Thanks.

5 MS. FAHEY: Okay. Do you want to state it?

6 MR. MIHET: Does that show --

7 MS. FAHEY: I believe that that is the full  
8 amount of the video.

9 MR. MIHET: I'm not seeing that because of the  
10 time.

11 MS. FAHEY: Oh, over there. So what's there?  
12 51:12.

13 MR. MIHET: 51 minutes and 12 seconds is the  
14 length of the entire video.

15 MS. FAHEY: All good?

16 MR. MIHET: Yes.

17 BY MS. FAHEY:

18 Q Now we just said it was 51 minutes long. We  
19 don't have time to go -- to listen through this and for  
20 me to ask you questions about it. I watched it, and I  
21 heard you in this video talk about what I assumed were  
22 the theories of attachment and prenatal [sic] nurture  
23 that you were referring to in interrogatory 7.

24 And generally -- I am not qualified to talk  
25 about what the theories are, but generally as I

1 understood it, you were talking about a person's  
2 development, boys and girls, and how they detach from  
3 the mom, attach to the dad, whether there's a breakdown  
4 in that relationship, their attachment and  
5 identification with same-sex peers; and then when they  
6 enter puberty, they have this interest in the opposite  
7 sex and they then become "Wow, I'm interested in  
8 relating to that opposite sex in a sexual romantic way."  
9 And that when there are breakdowns along the line, that  
10 attachment -- the theory of attachment explains how a  
11 person might be more interested in the same sex when  
12 they get to that developmental stage of puberty.

13 So that's what I understood you to be  
14 referring to as theories of attachment and prenatal  
15 [sic] nurture theories. So theories of attachment at  
16 least.

17 A Yes.

18 Q So do you know whether, in the last 13 years,  
19 the theories of attachment have changed substantially  
20 from what you would have been presenting in this video  
21 that was 51 minutes long?

22 MR. MIHET: I'm going to object as to form,  
23 and I believe that the video speaks for itself. Go  
24 ahead.

25 THE WITNESS: So I still adhere to what I said

1           on that video, and I'm impressed that you got it  
2           all and could repeat. You were able to succinctly  
3           describe the idea, uh-huh.

4       BY MS. FAHEY:

5           Q       Okay. And so that's what I was wondering is  
6           if this is still an up-to-date theory.

7           A       Yes.

8           Q       Okay. Then --

9           A       For some people. It doesn't fit for  
10          everybody. That's why I said we see does that fit for  
11          the client and, yeah.

12          Q       Do you recall whether this video contains the  
13          explanation for the prenatal [sic] nurture theory?

14          A       It was actually parental nurture.

15          Q       Parental nurture.

16          A       Sorry. So it has nothing to do with prenatal  
17          anything, in my talks anyway. And parental nurture is  
18          what I -- yes, that's what I'm talking about there.  
19          Like the parents showing interest in the child, bonding  
20          with the child, nurturing the child, being loving,  
21          affirming, affectionate, yes, all of that.

22          Q       Okay. Then we are good with the video.

23                   Now I, on one of our breaks, printed out the  
24          supplemental materials so you now do have them in this  
25          binder.



1 A Okay.

2 Q And with what little time I have left, I did  
3 want to ask you about some of the articles that were  
4 produced, when you remember having reviewed them last,  
5 or first. And in some instances, particularly I had  
6 questions about articles that were talking about  
7 pornography, what those pornography articles have to do  
8 with sexual orientation or gender identity.

9 So I am going to point you to PL -- we'll  
10 start with 81, and I might ask you to go ahead and take  
11 the reins on your own binder while I work on my binder.

12 A Okay. What was that number?

13 Q 81.

14 A Okay.

15 Q So PL 81, and I say PL, PL Joint 81. The  
16 title is "Adolescent Pornography Use and Dating Violence  
17 Among a Sample of Primarily Black and Hispanic,  
18 Urban-Residing, Underage Youth." Do you recall when the  
19 first time you reviewed this article was?

20 A It may have been this week.

21 Q And feel free to refer to the Abstract. We're  
22 not here to read through every article together.

23 Do you know what -- what does this article  
24 have to do with sexual orientation or gender identity?

25 A I believe this one is showing how pornography

1 use affects a minor, a person's thinking and their  
2 brain, and how pornography use can affect a client that  
3 wasn't necessarily -- and so I think we draw a  
4 connection with the fact that a minor who wasn't  
5 identifying as gay or lesbian prior to adolescence, and  
6 maybe didn't even show any signs of that being an issue  
7 for them, encountering pornography can affect their  
8 brain and can change their perceptions of self, their  
9 perceptions of others, their outlook, their  
10 interactions, their behaviors.

11 So I think that was the point with this is  
12 that children can have no -- you know, show no signs of  
13 that being an issue in their lives and then encounter  
14 something that changes their perceptions and it becomes  
15 an issue, and that your ordinance even bans us from  
16 helping those children. It's not just about the  
17 children that were always demonstrating either gender  
18 nonconformity or later homosexual attractions.

19 Like I said before, I think the originators of  
20 the ordinance seemed to have that typical client in mind  
21 and we're seeing -- and so the ordinance wipes out every  
22 minor that ever wants help no matter how they ended up  
23 with those attractions. I think this article just  
24 speaks to the fact that pornography affects the brain  
25 and affects children, and we can't help those children.

1 Q Okay. So I understand you to be saying that  
2 this article provides like a building block or stepping  
3 stone to infer further about sexual orientation or  
4 deduce further about sexual orientation, but the article  
5 itself may not specifically talk about sexual  
6 orientation?

7 A Well --

8 MR. MIHET: I'm going to object, and the  
9 articles speaks for itself, but you're asking her  
10 about what she --

11 MS. FAHEY: What she knows about in this  
12 article.

13 MR. MIHET: Okay.

14 THE WITNESS: Right. So I think the point  
15 that we bring pornography into this discussion at  
16 all is just to say that your ordinance is  
17 preventing us from working with children who have  
18 been affected by pornography, and pornography does  
19 have an effect, so I think this is just  
20 demonstrating there is an effect. It's not  
21 something, you know, "Oh, I stubbed my toe." It  
22 affects children in profound ways. I think that's  
23 why I put this in there.

24 And then to make the point that even the ones  
25 who just stumbled into pornography and are now

1 sexually confused have to be turned away due to the  
2 county and City of Boca Raton's ordinance.

3 BY MS. FAHEY:

4 Q Let's turn now to PL Joint 230, a big jump  
5 there.

6 A And, by the way, in answering, I would --  
7 there's a lot of articles here, so I'm not remembering  
8 everything in this article. So whether it mentions  
9 same-sex attractions or not, I don't remember if this  
10 specific article mentioned that, but I'm just saying why  
11 I think we are bringing up pornography.

12 Q Okay.

13 A Okay.

14 Q So your answer to this one might be completely  
15 identical, and I don't want to make you repeat yourself,  
16 so we'll just get it on the record one way or another  
17 whether it's the same.

18 So PL Joint 230 is the first page of an  
19 article titled "Is Internet Pornography Causing Sexual  
20 Dysfunctions? A Review with Clinical Reports."

21 A Okay.

22 Q When's the first time you reviewed this  
23 article?

24 A This one may have been this week also.

25 Q And is this the same situation where you're

1 providing this article as -- for the same reason as the  
2 one we just spoke about?

3 A I would say yes. Without reading it again in  
4 its entirety, most likely that is why we're bringing up  
5 pornography at all.

6 Q Let's flip then to PL Joint 255.

7 A Again, just to say, so the point is how it  
8 changes sexual appetites. I think this article  
9 specifically was talking about -- I don't remember if it  
10 was this one, but young guys who are having sexual  
11 performance issues because of pornography.

12 So if anyone would say, "Oh, pornography  
13 really doesn't change your sexual attractions or your  
14 sexual experiences," I think this article is simply  
15 proving that young guys -- we never -- you know, it's --  
16 not as common for young men to have sexual issues at the  
17 level that they're having them now, and so we're saying  
18 pornography has made a difference for them. And we  
19 would also say that for children, it would make a  
20 difference in their sexual appetites and desires and  
21 arousal happens.

22 Q Sorry. Did I cut you off?

23 A That's all.

24 Q But that article was specifically addressing  
25 sexual dysfunction referring to physical issues with the

1 people in that study, right?

2 A I think it was talking about -- well, I mean I  
3 didn't read the whole thing so I could be wrong, but I  
4 think it's about -- yeah, it's not about homosexuality.  
5 We're just trying to make it clear that pornography  
6 affects sexual desire, arousal, and so forth, and this  
7 is a study on men, so, my goodness, if it affects men to  
8 where they're not even -- they're having erectile  
9 dysfunction under the age of 40, imagine a child whose  
10 brain is not in any way prepared to handle the types of  
11 scenes that are on the Internet on their personal  
12 telephone -- cell phones.

13 And so I think this is just a clear example  
14 that if a man ends up with erectile dysfunction, how is  
15 the child affected? The child will be affected by  
16 pornography exposure. Not always developing same-sex  
17 attractions, they may end up with other implications.  
18 Some may get just sexually confused or even turned off  
19 and just horrified and traumatized by the sight of it.

20 So this is just making the point that of  
21 course if a grown man is going to be affected in his  
22 arousal patterns, then certainly a child is going to be  
23 affected in a profound way because their brains can't  
24 handle pornography. Okay.

25 Q So you were looking now for PL Joint 255.

1 When did you first review this study? The title of it  
2 is "A Longitudinal Study of Attempted Religiously  
3 Mediated Sexual Orientation Change."

4 A Probably in 2011 when it came out.

5 Q And do you agree that this study addresses  
6 religiously mediated approaches to change?

7 A Yes. This is the study I was referring to  
8 earlier that was about ministries and ministries can be  
9 very helpful. Unfortunately, there are no ministries in  
10 Palm Beach County. And there were not any ministries  
11 that I ever was aware of that offered help for minors.  
12 Yeah, I don't think there was. Maybe in Portland maybe,  
13 Oregon. So nothing around here for minors. But, yes,  
14 this was about ministries and it's about therapy.

15 Q And the authors of this article are Jones and  
16 Yardhouse?

17 A Yardhouse, yes.

18 Q So let's go ahead and turn it -- it appears to  
19 me that the next one is related to this one. It's PL  
20 Joint 280.

21 A Yes.

22 Q PL Joint 280, the title of this article is  
23 "Ex-Gays? An Extended Longitudinal Study of Attempted  
24 Religiously Mediated Change in Sexual Orientation." The  
25 authors being Jones and Yardhouse.

1 A Uh-huh.

2 Q Is it your understanding that this is -- this  
3 is related to the article we were just looking at?

4 A Yes. This was their first report, and then  
5 they followed up four years later, and the 2011 one was  
6 the follow-up.

7 Q So still the focus of this study is  
8 religiously mediated approaches to change?

9 A Yes. They were looking primarily at people  
10 who had gone through ministries, although I will say  
11 that some of their participants did receive therapy  
12 also. There were -- but they were primarily looking to  
13 understand how -- if change occurs or not, and the  
14 population they used were ministry recipients while --

15 So that was kind of how they got their clients  
16 was through ministries, but some of them did receive  
17 therapy. And I think they were looking more at can  
18 change occur for people, so not comparing what's more  
19 beneficial or anything like that, yeah.

20 Q And so do you recall when you first reviewed  
21 this article that begins on PL Joint 280?

22 A I -- this became a book, and I have the book,  
23 and I got that when it was first published. It may have  
24 been '09, I don't remember, so I would have read it when  
25 it came out. I thought it was '07 though to be honest.



1 Q Okay.

2 A This may have just been a presentation later.

3 Q Let's flip to PL 291.

4 A Okay.

5 Q PL 291, the title of this article is "Sexual  
6 Fluidity in Young Adult Women and Men: Associations  
7 with Sexual Orientation and Sexual Identity  
8 Development." The author is Sabra L. Katz, K-A-T-Z,  
9 hyphen Wise, W-I-S-E. When did you first review this  
10 article?

11 A This one might have been this week.

12 Q Would you agree that this article, it studied  
13 adults ages 18 to 26? And I'm looking at this Abstract,  
14 I think that's what you call it, and it's the third  
15 line.

16 A Uh-huh.

17 Q So this studied adults 18 to 26 years --

18 A Yes.

19 Q -- of age?

20 A And these studies -- again, I think one of the  
21 underlying assumptions in the ordinance is that change  
22 does not occur. And so, you know, I know that you  
23 wanted to see studies on minors, but we don't have  
24 studies on minors to show a basis for the ordinance  
25 either. We don't have studies on minors that show harm.

1 We don't have studies on minors that show -- here's what  
2 we don't have: Studies on minors or adults that show  
3 that clients who are distressed about their attractions  
4 will benefit from affirmative therapy.

5 So in the ordinance, we are allowed to provide  
6 affirmative therapy. In other words, we're allowed to  
7 affirm their homosexuality even if they don't want it.  
8 We're allowed to help them transition to the opposite  
9 sex. Even if that's not what they're looking for, we're  
10 allowed to do that. But there is no research on minors  
11 that has ever been done that shows that it is safe to  
12 offer affirmative therapy to minors who are distressed  
13 about their homosexuality.

14 I mean common sense would tell us it's not  
15 helpful to push a minor in a direction that conflicts  
16 with his religious views and is causing distress  
17 already, but there is no research that backs up what is  
18 recommended in the county's ordinance. And so we  
19 submitted this research here because one assumption of  
20 the county's ordinance is that change doesn't happen.  
21 It's impossible for change to take place in orientation,  
22 which means attractions or behavior and so --  
23 specifically attractions.

24 These studies show, though they are not done  
25 on minors because a lot of studies are not done on

1 minors, they show that sexual attractions are fluid,  
2 that people do change in the area of attractions. And  
3 to create an ordinance that says we're not allowed to  
4 help people change in an area that's changeable is  
5 really kind of astounding.

6 In fact, I just have to say one other thing  
7 and then I'll stop, but this ordinance is actually  
8 telling us we cannot change the changeable. We cannot  
9 change perceptions or behaviors or mannerisms or gender  
10 identity, which again is perceptions of self. We cannot  
11 change the changeable, but we can change the  
12 unchangeable, which is biological sex, so we can assist  
13 them in a transition to change their biological sex.

14 Obviously we can't administer hormones or  
15 surgery, but the fact that we can support them in  
16 becoming the opposite sex when every cell of their body  
17 contains -- almost every cell of their body contains an  
18 XX or an XY chromosome, it's impossible to change  
19 biological sex. But the county is suggesting that I can  
20 offer to help children change biological sex, but I  
21 can't help them change their perceptions of themselves.  
22 It's just crazy.

23 So the reason we have these articles, if  
24 you're wondering what the connection is between helping  
25 minors, the connection is change is possible. And areas

1 we're offering to change -- to help people pursue change  
2 have been out -- you know, have been banned by the  
3 county. So, anyway, yes, we can go through the articles  
4 on change, sexual fluidity.

5 Q Okay.

6 MR. MIHET: I'm sorry. Did you have a  
7 question?

8 THE WITNESS: Sorry.

9 MS. FAHEY: I don't think that one had a  
10 question.

11 THE WITNESS: Okay.

12 BY MS. FAHEY:

13 Q So we already talked about the fact that 291  
14 dealt with adults. We're going to move on to PL Joint  
15 440, so another little big jump right there.

16 And the title of this article is "Internet  
17 Pornography Causing Sexual Dysfunctions? A Review with  
18 Clinical Reports." I think this is a repeat from  
19 before.

20 A It looks like it.

21 Q So if you would just let me know, was this  
22 provided for the same reason as the other two with  
23 respect to the reason for providing pornography  
24 articles?

25 MR. MIHET: Form.

1 THE WITNESS: I would say that would probably  
2 be the point of this.

3 BY MS. FAHEY:

4 Q So let's go now to PL Joint 465. This might  
5 be the same answer, I'll ask you: PL Joint 465, the  
6 title of the article that begins on this page is  
7 "Neuroscience of Internet Pornography Addiction: A  
8 Review and Update." Do you know when the first time you  
9 reviewed this was?

10 A Probably this week.

11 Q And was this provided for the same reason as  
12 the other pornography articles we've already discussed?

13 A Yes. We're trying to establish that  
14 pornography changes adults and certainly would change  
15 children.

16 Q My next question pertains to PL Joint 511.

17 A And can be addictive, by the way. This is not  
18 only that change occurs, but it can be addictive would  
19 be the point of this particular article. And so  
20 children discovering pornography as young as seven,  
21 eight, nine, ten years old, there's major, you know,  
22 damage that can be done if they become addicted as a  
23 child. And so another reason why we need to have this  
24 ordinance is so that we can help them clear up the  
25 confusion that results from their pornography exposure

1 and possible addiction.

2 Okay. So what was the next one?

3 Q 511.

4 A Okay.

5 Q So 511, that article is titled "Retrospective  
6 Self-Reports of Changes in Homosexual Orientation: A  
7 Consumer Survey of Conversion Therapy Clients." The  
8 authors appear to be Nicolosi, N-I-C-O-L-O-S-I; Byrd,  
9 B-Y-R-D; and Potts, P-O-T-T-S. When did you first  
10 review this article?

11 A I became familiar with it probably many years  
12 ago. I think it's cited in probably most of my  
13 PowerPoints.

14 Q And if you would please turn with me to  
15 page -- at the bottom is 522. So under the heading  
16 "Discussion," there's -- I'm three paragraphs down. It  
17 starts with "We also cannot." Do you see that part?

18 A Uh-huh.

19 Q "We also cannot draw any conclusions about  
20 what types of conversion therapy may be most helpful."

21 A Uh-huh.

22 Q And then examples, "psychoanalytic,  
23 reparative, cognitive, behavioral, spiritually oriented,  
24 et cetera," that's the end of that sentence.

25 A Uh-huh.

1 Q You would agree that this article does not  
2 specifically study what type of conversion therapy may  
3 be most helpful?

4 MR. MIHET: Form. Article speaks for itself.

5 THE WITNESS: Right.

6 BY MS. FAHEY:

7 Q Let's turn now to PL Joint 537.

8 A But this article does show change. I mean, in  
9 fact, it shows that a very high percentage of people  
10 changed in this particular study. So, again, it's not  
11 specifying what type. Every city has their limits on  
12 what they're trying to show or not show.

13 They were trying to show change, and I think  
14 it says that -- well, no, I'm not going to take the time  
15 to go through this. You didn't ask me about it, but  
16 this showed a high percentage of change for the  
17 participants that were in their study. So what was the  
18 next one?

19 Q 537.

20 A Okay.

21 Q And the title of the article that begins on PL  
22 Joint 537 is "Same-sex parenting and children's  
23 outcomes: A closer examination of the American  
24 Psychological Association's brief on lesbian and gay  
25 parenting." Do you recall when you first reviewed this

1 article?

2 A Uh-uh. It could have been this week. I'm not  
3 sure of when I saw this.

4 Q Is this an article that informs your practice  
5 as a therapist?

6 MR. MIHET: Form.

7 THE WITNESS: I don't work with a lot of  
8 same-sex parents, so I'd have to read the article  
9 to recall the connection with working with minors.  
10 I don't really remember.

11 BY MS. FAHEY:

12 Q Okay. Would you go ahead and take a look at  
13 the Abstract, that little paragraph right there on page  
14 1?

15 A I think this article --

16 MR. MIHET: She hasn't asked you a question  
17 yet.

18 BY MS. FAHEY:

19 Q And my question is: How is this article  
20 related for you to sexual orientation in minors and  
21 gender identity in minors?

22 A I would say I don't know that this article has  
23 a direct link to the type of work that I am doing with  
24 minors. I think maybe the one thing that where this is  
25 relevant is that it's an example of APA's bias and false



1 reporting of research outcomes, claims -- making claims  
2 that weren't really substantiated.

3           And so I believe, with only having read the  
4 Abstract, that this article is showing that, you know,  
5 the APA reported I would -- I would probably -- the way  
6 I would probably describe it in lay terms is that many  
7 of the professional associations have been highjacked by  
8 political correctness and are no longer putting forth  
9 data that's scientifically based but is instead  
10 politically motivated. I think -- to be honest with  
11 you, I think the situation with the county is an example  
12 of that, that legally it doesn't make a lot of sense  
13 that this ordinance got passed, but I think there's  
14 political pressure by groups to pass ordinances such as  
15 this.

16           I mean we saw this two years ago. The county  
17 was approached and nothing happened, but instead HRC  
18 went city by city, convincing commissioners of cities to  
19 pass this ordinance one by one, and the first one in  
20 Palm Beach County was West Palm Beach. And in those  
21 meetings the attorney actually said, "I think we're in  
22 good standing because Wilton Manors and Miami Beach have  
23 done this." So it was this mentality that because  
24 others have done it, we can too. And so one by one I  
25 watched city after city in Palm Beach County pass this

1 ordinance because -- for political reasons not because  
2 of scientific, not that anything about this ordinance  
3 has been proven to be safe and effective for children,  
4 and it was politically motivated. And then one by one,  
5 as they passed it, it gained momentum because finally  
6 then HRC somehow I think -- or someone demonstrated at  
7 the county, "Well, all these cities have done it, so you  
8 should too as a county."

9 So I think this article demonstrates  
10 organizations like the APA, who the ordinance cites as  
11 the authority on this, do put out research that's just  
12 not accurate, and so I guess that would be the main  
13 connection that I would make about this.

14 Q Let's look now at the article that begins on  
15 PL Joint 554.

16 A Oh.

17 Q And the title of the article that begins on PL  
18 Joint 554 is "Can some gay men and lesbians change their  
19 sexual orientation? 200 participants reporting a change  
20 from homosexual to heterosexual orientation." The  
21 author is Spitzer, S-P-I-T-Z-E-R.

22 A Uh-huh.

23 Q Do you recall when the first time you reviewed  
24 this article was?

25 A Years ago.

1 Q Now I would like, if you could, please turn  
2 with me to PL Joint 558, a page of this article. And  
3 I'm going to be looking at the section that begins  
4 "Temporal Sequence of Sexual Arousal."

5 A Uh-huh.

6 Q It states, "The mean age at onset of sexual  
7 arousal to the same sex was 12 years (SD equals 2.9).  
8 About 18 years (SD equals 7.8) later, at age 30, was the  
9 beginning of the therapy that they found helpful."

10 A Uh-huh.

11 Q So do you understand this article to be  
12 reporting that the participants that they studied, the  
13 age where they began to find therapy helpful was age  
14 30 --

15 A So --

16 Q -- for these participants?

17 A -- for these participants, they found therapy  
18 to be helpful at age 30; however, I would say that with  
19 any therapeutic issue, the earlier we intervene, the  
20 better. Whether it's eating disorders, substance abuse,  
21 the less time a person has to reinforce something that  
22 is distressing to them, the easier it will be for that  
23 person to make changes in their lives.

24 So even though these people found help,  
25 started getting help at the age of 30 and they were

1 successful, many of them, in experiencing changes that  
2 they were seeking, this article is in no way saying that  
3 it's better for a child to wait until adulthood. That  
4 would be not even -- that's definitely not being stated  
5 here, and that would not even be logical.

6 We know that the earlier you catch something,  
7 the better. It's true of any -- I mean think about if  
8 you start to get sick. The earlier you catch it before  
9 it develops into something more, you know, the better in  
10 our own physical bodies as well as just in our lives in  
11 general.

12 Q But you wouldn't liken same-sex attractions to  
13 being sick, right?

14 A No, I definitely would not. Thank you for  
15 that clarification. That was, again, a loose metaphor.

16 Q Loose metaphor, got it. But as far as what  
17 this study that we're looking at right now, the 200  
18 participants one, this one studied participants who  
19 began to find the therapy helpful at age 13 -- 30. I  
20 said 13.

21 A 30, right, right.

22 Q 30.

23 A They -- they started therapy at 30, and they  
24 found therapy to be helpful.

25 Q Right.

1           A     But they wouldn't say that was the ideal age  
2     to enter therapy. This is just -- it says here that --  
3     yeah, yeah. For them, that was the time.

4           Q     So with respect to the 200 participants, what  
5     we're looking at is individuals who received therapy as  
6     an adult, right?

7           A     In this study?

8           Q     Yes.

9           A     Yes. That's right.

10          Q     Okay. And this study did not examine any  
11     particular method of therapy, right?

12          A     I don't remember. Probably -- I mean if  
13     you -- it might be safe to say that. The main goal of  
14     Robert Spitzer was to find out whether change had taken  
15     place or not.

16                   He actually was, from what I recall, one of  
17     the ones who helped lead the charge to declassify  
18     homosexuality. He was on the committee that decided to  
19     take it out of the DSM and said that it's no longer a  
20     mental disorder. And then he was running into people,  
21     and I think it might have been a protest at a  
22     convention, people saying "But we exist. We really can  
23     change." And I think he was a compassionate man and he  
24     became curious, "Did these people really change?" So he  
25     set out to conduct a study. And that it was very

1 honorable of him to do something that was --

2 He received a lot of criticism and a lot of  
3 harassment for the results of his study, but -- and  
4 mainly, anyway, his point wasn't to compare types of  
5 therapy. I believe his whole question was "Can people  
6 really change? We've just given a whole new meaning to,  
7 you know, homosexuality by declassifying it, but we  
8 didn't realize that there are people that would want to  
9 change, and can they really change?" So, anyway.

10 Q Okay. So that comports with my understanding  
11 as far as this is not identifying a specific form of how  
12 to change, it is identifying whether change is possible,  
13 right?

14 A That's right.

15 Q So if we could stay on that article for just a  
16 moment, I'm looking at page 564. And the very bottom of  
17 the first column, the paragraph begins with "The  
18 participants in the study all believed."

19 A Uh-huh.

20 Q Okay. All right. So "The participants in the  
21 study all believed that the changes they experienced  
22 were due primarily to their therapy. However, the lack  
23 of a control group leaves the issue of causality open.  
24 It is logically possible that a small proportion of gay  
25 men and lesbians change their sexual orientation without

1 therapy and that the changes experienced by the  
2 participants were causally unrelated to their therapy."  
3 Is that under -- is that your understanding as well of  
4 this article?

5 A Yes. He goes on to say, "The issue of  
6 causality can only be answered by a study with random  
7 assignment of gay men and lesbians wishing to change  
8 their sexual orientation..." Yeah, so this study was  
9 limited in the claims it could make.

10 Q Okay. So let's go now to PL Joint 569. And  
11 the title of this article that begins on PL Joint 569 is  
12 "Cross-Sex Hormones and Acute Cardiovascular Events in  
13 Transgender Persons: A Cohort Study." There are  
14 several authors that I'm not going to list right know.  
15 When is the first time that you reviewed this article?

16 A I think a few weeks ago I was told about this.

17 Q Is this article being provided for the purpose  
18 of showing that there are negative side effects to  
19 hormones that are consumed by people who consume  
20 hormones for the purpose of transitioning their gender?

21 A Yes.

22 Q Is there any other purpose that you'd like to  
23 state for this article?

24 A Thank you --

25 MR. MIHET: Form.

1 THE WITNESS: -- for asking. Because in the  
2 ordinance, the only thing we're allowed to do is  
3 support a gender transition. And as asked earlier  
4 today, would I ever encourage a confused boy to  
5 start wearing a dress? The more a child does  
6 progress down that road, with dress and name and  
7 appearance and identifying publicly as that gender,  
8 the more likely they are going to be to continue  
9 down that path and that path might some day include  
10 hormones.

11 And so it's very important to note that what  
12 is being allowed under this ordinance has severe  
13 health side effects and health risks, and what's  
14 being disallowed under this ordinance is talking,  
15 conversations. We're not allowed to have  
16 conversations, but we could encourage a boy to  
17 start wearing a dress knowing that it may lead to  
18 puberty suppressing hormones prior to the age of  
19 puberty, beyond the onset of puberty, and then  
20 these types of hormones, cross-sex hormones later.

21 And so this article needs to be taken very  
22 seriously by your clients, I would say, the  
23 commissioners.

24 BY MS. FAHEY:

25 Q Okay. Let's look at PL Joint 767, so another



1 big jump right there.

2 Okay. The title of this article is "Effects  
3 of Therapy on Religious Men Who Have Unwanted Same-Sex  
4 Attraction." The authors are Santero, S-A-N-T-E-R-O,  
5 Whitehead and Ballesteros, Spelled  
6 B-A-L-L-E-S-T-E-R-O-S, which I probably butchered. I  
7 apologize to them.

8 MR. MIHET: I think it's Ballesteros.

9 MS. FAHEY: Oh, okay.

10 BY MS. FAHEY:

11 Q So this -- when was the first time you  
12 reviewed this study? I see it came out in 2018.

13 A Yeah, it just came out. I think it was last  
14 month I reviewed it. I saw it when it came out.

15 Q And this study was on adults, correct?

16 A Right. Yes.

17 Q And this study did have some reports of harm;  
18 is that correct?

19 A Not any significant reports. It said -- let's  
20 see. I think in the conclusion section you'll see what  
21 they said about that, but nothing significant they said.

22 Q Let's turn to PL Joint 777.

23 A Here's the statement: "Degree of harm is zero  
24 to slight."

25 Q Okay. Could you please turn with me to --

1 A Yes.

2 Q -- PL Joint 777.

3 A Yes.

4 Q And I'm going to be looking at Table 7. And  
5 at the top, Table 7 says "Sexual Orientation Change  
6 Effort Effects on Help and Harm for Six Self-reported  
7 Mental Health Issues." And the issues that appear right  
8 underneath that say "Harm/Help," and that's the scale of  
9 whether it was harmful or helpful. Then we go over one  
10 and here are the six self-reported issues:

11 "Self-Esteem, Social Functioning, Depression, Self-harm,  
12 Suicidality, and Substance Abuse," right?

13 A Okay.

14 Q Okay. And so if we look under "Depression,"  
15 can you find that on the --

16 A Yes.

17 Q And so "Depression," zero people reported  
18 extremely negative responses, right?

19 A Uh-huh. Uh-huh.

20 Q We have three people reporting markedly  
21 negative responses?

22 A Uh-huh.

23 Q Okay. And under that we have three people  
24 reporting moderately negative responses?

25 A Uh-huh.

1 Q All right. Let's move over to the category  
2 "Self-harm."

3 A Uh-huh.

4 Q You got that? So we do have one person who  
5 reports an extremely negative report here in the  
6 self-harm category?

7 A Uh-huh. Remember, these people come in  
8 distressed, so these could be exhibited before they  
9 start therapy.

10 Q Okay.

11 A I'll explain -- when you're done, I'll explain  
12 how to interpret this.

13 Q Sure. So we've got one person reporting  
14 markedly negative effects in the self-harm category,  
15 right?

16 A Uh-huh.

17 Q Now let's move over to "Suicidality." We've  
18 got one person reporting extremely negative effects?

19 A Uh-huh.

20 Q We've got another person reporting markedly  
21 negative effects?

22 A Uh-huh.

23 Q And two people reported in the suicidality  
24 category?

25 A Uh-huh.

1 Q For "Substance Abuse," we have one person  
2 reporting markedly negative effects?

3 A I'm sorry, where is "Substance Abuse"? Oh,  
4 yes, I see it.

5 Q It's all the way at the end.

6 A Got it.

7 Q So one person reported markedly negative  
8 effects, and one person reported moderately negative  
9 effects, right?

10 A Uh-huh.

11 Q Okay. So those were the findings that are  
12 reported here in Table 7, and we only looked at some of  
13 them, I know that.

14 A Uh-huh.

15 Q So I just wanted to make sure we read those  
16 correctly.

17 A Okay. And I want to comment on those, unless  
18 you were going to go on in discussing, but I would say I  
19 think it's important to read in the "Conclusion," the  
20 last paragraph on page PL Joint 781. "Degree of harm is  
21 zero to slight and about typical of harm for therapy for  
22 other unwanted problems. This therapy is not really  
23 exceptional but should be considered in the ranks of the  
24 conventional, with conventional safeguards as codified  
25 several years ago."

1           So in therapy for any issue, you would see  
2   these types of outcomes is what these researchers are  
3   showing. In fact, one of these researchers I know very  
4   well and is a very understated person. He understates  
5   everything. So, in other words, if there's a positive  
6   effect, he's going to err on the side of -- he would  
7   never exaggerate it, he would understate it. And if  
8   there was a negative effect, he would make it very  
9   clear, and you see that reflected in this table and you  
10  see that there was one or zero in these categories that  
11  you mentioned, but you also see that he's explaining  
12  that therapy always will have people who leave  
13  dissatisfied, who leave depressed, distressed, or still  
14  remaining in their problems that they got into therapy.

15           You know, when I was at school, they used to  
16  loosely say this, I don't know if it's true or not, but  
17  they used to say a third of the people that come to  
18  therapy are going to feel better, a third are not going  
19  to feel any different, and a third are going to feel  
20  worse. And like I said, that was just a loose -- I  
21  don't know where that ever came from, but the idea is  
22  that therapy is not going to make everyone feel 100  
23  percent better 100 percent of the time.

24           So this has to be taken only along with this  
25  statement that he wrote there that that effect --

1 because I think as we say that and put that on the  
2 record, it sounds like people became -- one person  
3 became suicidal and one person had -- no, this is zero  
4 to slight. This is how it works in therapy. Not  
5 everyone leaves 100 percent resolved with their issues.  
6 And you would see no difference if it was a study on  
7 treatment for depression or treatment for anxiety or any  
8 other issues, so let's keep that in the record as we  
9 discuss this article.

10 Q Let's turn now to PL Joint 784. The title of  
11 this article is "Female bisexuality from adolescence to  
12 adulthood: Results from a 10-year longitudinal study,"  
13 and the author is Diamond.

14 A Uh-huh.

15 Q Okay. When did you first review this article?

16 A I received her book, which is called "Sexual  
17 Fluidity," and so I received that years ago, maybe when  
18 this -- it looks like it may have been the same time.  
19 So this particular article, I probably saw the article  
20 this week, but the book I had -- I received years ago,  
21 so I was familiar with the idea of sexual fluidity.

22 Q Let's turn to PL Joint 811.

23 A Is that still in the same article or a  
24 different article?

25 Q I think it's a different article.

1           A       So before we leave this article then, I just  
2 want to say this is so interesting because it's talking  
3 about bisexuality and just the tenancy for -- especially  
4 girls. I think now they're saying even both, but they  
5 used to say it was more girls than boys. There was a  
6 lot of sexual fluidity and a lot of change would occur.

7                   And so one of the astounding things that  
8 colleagues first started -- myself and other colleagues  
9 first started noting when these bans began is that we  
10 are not even -- under these ordinances, we're not even  
11 allowed to treat or help, talk to bisexual clients, and  
12 bisexual clients can change either way. They are saying  
13 they're attracted to both, but if a bisexual client came  
14 in saying they want to increase the heterosexual desire  
15 and decrease some of the homosexual desire that they  
16 have and they want to explore the issues underlying that  
17 to see if it would at all be possible for those  
18 attractions to change, under this ordinance we would  
19 even have to tell them no and they're not even -- the  
20 ones that I think the framers of these ordinances --  
21 drafters of these ordinances had in mind, the ones that  
22 they think are just kind of fixed in their state, which  
23 it's not a fixed state anyway, but with the bisexual  
24 clients, it's clear that they have attractions both  
25 ways, but we can't even help them to look for a shift or

1 a change even in their behavior.

2 So it's just -- this kind of article I think  
3 speaks loudly to the, uh-uh, no offense, but the  
4 ludicrous nature of the ordinances.

5 Okay. So we want to go to 8 --

6 Q -- 11.

7 A Okay.

8 Q Okay. The title of this one is "A  
9 Developmental, Biopsychosocial Model for the Treatment  
10 of Children with Gender Identity Disorder." The authors  
11 are Zucker, Z-U-C-K-E-R, Wood, Singh, S-I-N-G-H, and  
12 Bradley.

13 Do you recall when the first time you reviewed  
14 this article was?

15 A Probably this week, but I have been familiar  
16 with Zucker for a very long time and the success that he  
17 has in working with gender -- back then it was gender  
18 identity disorder with children. They don't refer to  
19 them anymore, but he was very successful in change and  
20 helping them to change their identity.

21 Q If you will turn with me to PL Joint 833,  
22 that's one of the pages of this article. I am referring  
23 to the first big paragraph. There's little paragraphs  
24 at the top, but there is a line in the middle of that  
25 first full paragraph that begins "In our own clinic we



1 have never" -- do you see that?

2 A Yes.

3 Q Okay. "In our own clinic we have never  
4 advocated for the prevention of homosexuality as a  
5 treatment goal for GID in children."

6 A Right.

7 Q Were you aware that that was this person's  
8 theoretical orientation?

9 A Yes, I was.

10 Q Would you share that theoretical orientation  
11 that you have never advocated for the prevention of  
12 homosexuality as a treatment goal for GID, which I know  
13 is an outdated term, to gender dysphoria in children?

14 MR. MIHET: Form.

15 THE WITNESS: I would have to think about  
16 whether I would make that statement or not  
17 personally, but I think he was just trying to say  
18 that he was helping the children to not be  
19 distressed and confused anymore. And I think --

20 From what I recall, he was trying -- I think  
21 people had accused him of trying to prevent  
22 homosexuality and he wanted to be sure that he  
23 wasn't painted -- he was not a -- from what I  
24 remember, he was not a religiously motivated person  
25 or anything. He wanted to be sure not to offend

1           homosexuals, so I believe that statement was about  
2           not wanting to offend homosexuals that were  
3           complaining that he was doing this work with  
4           children, and ultimately some of them -- it may  
5           prevent some of them from becoming homosexual, and  
6           I think he was saying that wasn't his intent.

7                       Whether I would make that same statement or  
8           not, I would have to think about that some more.

9           BY MS. FAHEY:

10           Q       Okay. And on the next page 834, I see that in  
11           the second full paragraph he discusses the approaches  
12           for different children with GID. And in the very last  
13           sentence it says, "But if the clinical consensus is that  
14           a particular adolescent" -- are you with me?

15           A       Uh-huh. Uh-huh.

16           Q       Okay. So "But if the clinical consensus is  
17           that a particular adolescent is very much likely to  
18           persist down a pathway toward hormonal and sex  
19           reassignment surgery, then our therapeutic approach is  
20           one that supports this pathway on the grounds that it  
21           will lead to a better psychosocial adaptation and  
22           quality of life."

23           A       Uh-huh.

24           Q       Is that something that you would do as well?

25           MR. MIHET: Form.

1 THE WITNESS: So I would have to think about  
2 that. Now we know a lot more about the dangers of  
3 those types of drugs for people who submitted that  
4 article. I don't know if we would consider that as  
5 safe a path, physically safe or emotionally. The  
6 suicide rates for transgendered individuals are  
7 much higher -- in fact, after surgery, we're  
8 talking about those who do pursue the transgender  
9 option with surgery, the suicide rates are very  
10 high.

11 So I don't know that I would make that  
12 recommendation to be honest with you, but I do want  
13 to just say that prior -- right above that sentence  
14 he is saying that "From a developmental  
15 perspective, we take a very different approach  
16 working with adolescents than we do with children,"  
17 and I would agree with that. That's why I believe  
18 we have to help children early because the longer  
19 it persists -- some of them just outgrow it  
20 naturally, many of them do, a high percentage of  
21 them do, but for the ones that it persists, it does  
22 become harder to help them with changing their  
23 perceptions of themselves the older they get. So  
24 that's why these types of ordinances are so  
25 dangerous because we're not allowed to intervene

1 when they're young.

2 You know, a five year old that's kind of  
3 confused about who they are is a lot different than  
4 a 16 year old who's a boy that says he's a girl and  
5 he's always felt that way since he was three years  
6 old. That child -- 18, let's even say 18 because I  
7 couldn't help the 16 or 17 year old under these  
8 ordinances, but let's say the 18 year old comes in  
9 and says, "Yeah, I think I'm a boy and I've always  
10 felt like a boy but I'm in a girl's body. I'm  
11 trapped in a girl's body." There's a lot less room  
12 to help that child -- well, I should say it's going  
13 to be a lot harder to help that child, and I think  
14 that's what he's saying here too is that treating a  
15 young child is a lot easier and a lot more  
16 effective. And he's saying his approach shifted  
17 when they -- if this is persisting into  
18 adolescence, this thing is going to be harder to --  
19 their perceptions are not going to change as  
20 easily. And so he's saying that, for some, he  
21 would just go ahead and recommend they continue  
22 down that path.

23 I'm not saying I agree with his -- that  
24 statement, but I think his statement does speak to  
25 the need for us to be legally permitted to

1           intervene early with these children that are gender  
2           confused.

3       BY MS. FAHEY:

4           Q       So you're saying you cannot say one way or  
5           another whether you have an adolescent who has gender  
6           dysphoria or -- I know you don't give diagnoses, but is  
7           persisting down a path of identifying with a gender that  
8           differs from their anatomical sex, you cannot say at  
9           this time whether you would do as he does in this 2012  
10          article where he says he would support that pathway  
11          because he says it will lead to a better psychosocial  
12          adaptation and quality of life? You're not able to tell  
13          me one way or another whether you would do that too?

14          A       Research doesn't back-up that it would lead to  
15          a better quality of life. There's a higher suicide rate  
16          and now we know about adverse health effects, so I --  
17          this is no longer a true statement, this better quality  
18          of life, but also I would --

19                   The way it works for me is the ones that are  
20          coming to me that are transgender in the teen years  
21          usually have parents who are not permitting that -- are  
22          not permitting them to identify as the opposite sex. So  
23          if it was a family who wanted to go down that path, I  
24          could refer them to a therapist that would assist them  
25          in going down that path, but my client -- my clients,

1 typically the parents aren't wanting that, and so we  
2 talk about, "Well, how can you guys agree to disagree  
3 while you're under the same roof?" Obviously when the  
4 kid is an adult they can go and do what they want, but  
5 typically the ones I'm seeing, they're not allowed to do  
6 that while they're living at home, so we talk about  
7 family relationships.

8 It wouldn't -- I couldn't encourage a client  
9 to go down a transgendered path living under the roof  
10 and the home of parents who don't want that for them. I  
11 work towards family harmony instead.

12 Q Dr. Hamilton, thank you very much for your  
13 patience with my questions with you today. I know I had  
14 to explain myself and do some hypotheticals to better  
15 communicate. I appreciate you answering my questions.  
16 That is all I have for you.

17 A Okay. Thank you very much. You did a great  
18 job asking that and clarifying that. Thank you.

19 MR. MIHET: We're not done yet.

20 THE WITNESS: Oh, we're not done? Okay.

21 MR. ABBOTT: Not unless you got some  
22 questions.

23 MR. MIHET: Oh, I do have some questions.  
24 Since you left ten minutes on the clock, we've got  
25 to fill it.

CROSS-EXAMINATION

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BY MR. MIHET:

Q Dr. Hamilton, you were shown earlier today what was marked as Defendants' Exhibit 10. Do you recall that?

A Yes.

Q And I believe we established that this is a printout that the county's attorney obtained from your website.

A Yes.

Q Somewhere near the top of this printout there is a statement that says "Providing psychotherapy in Palm Beach Gardens, Florida." And I read that correctly?

A Yes.

Q What did you intend that statement to convey on your website?

A I was just conveying that that's where my office is currently located.

Q Did you intend that statement to convey that you would only provide psychotherapy services in Palm Beach Gardens, Florida?

A No.

Q Do you want to be able to provide psychotherapy services in locations other than Palm

1 Beach Gardens, Florida?

2 A Yes, there would be occasions where I would.

3 Q Earlier in your testimony today you described  
4 two clients that you were required to turn away because  
5 of the ordinances. Do you recall that testimony?

6 A Yes.

7 Q Where do those clients live?

8 A One of those clients is actually in Broward  
9 County and I --

10 Q Whereabouts in Broward? If you know.

11 A It's the Fort Lauderdale area or, I'm not  
12 sure, Plantation.

13 Q Okay.

14 A Yeah, somewhere very south, south Broward.

15 Q How far, approximately, is Broward County from  
16 Palm Beach Gardens, Florida?

17 A At least an hour it takes them -- it has taken  
18 them to get to my office.

19 Q And is that a long or a short distance for a  
20 client to drive to your office?

21 A Uh-huh. Well, prior to them -- you know, I  
22 met with the parents and then I met with the family, but  
23 I was no longer -- I was not able to meet with the  
24 child. So prior to me saying, "Okay. You know, there's  
25 not a whole lot more I can do," they -- it was a



1 hardship and I would have liked to accommodate, help  
2 them. And so if I was permitted to work with the child,  
3 I would like to be able to work with them.

4 I know that there's an office in Boca Raton  
5 that a colleague has that I've been -- that's been  
6 offered to me that I could use, an office in Boca to  
7 meet that family halfway to make it easier for them. If  
8 there was -- yeah.

9 Q Have you already been given permission to use  
10 that office --

11 A Yes, I have.

12 Q -- to meet with this client?

13 A Yes, I have.

14 Q And if the court were to issue an injunction  
15 in this case on October 18th of 2018, would there be  
16 anything else prohibiting you from meeting with this  
17 client for purposes of counseling in the city of Boca  
18 Raton on the following day, October 19, 2018?

19 A No.

20 Q And would that be your desire and your  
21 intention?

22 A Yes. I would like to be able to meet with  
23 them halfway to help -- yes.

24 Q Why are you not meeting with them today in  
25 that office in Boca Raton that has been offered to you

1 for that purpose?

2 A Because I'm not allowed to talk to the minor  
3 client about gender confusion in Boca Raton.

4 Q What is stopping you?

5 A The county ordinance and the Boca Raton city  
6 ordinance. Can I add something?

7 Q Have you given any presentations or talks in  
8 the city of Boca Raton?

9 A I give presentations in a lot of different  
10 areas. I have talked -- I think prior to the passage of  
11 the county ordinance, I think I had talked to someone at  
12 a church in Boca about coming down and doing a talk, and  
13 so that's a -- that's still -- we haven't made any  
14 arrangements, but that's still a possibility.

15 If I was to do a talk in Boca, one of the  
16 things that I have already thought of -- in anyplace in  
17 this county, but I do have a -- someone that I've talked  
18 to in Boca, but is that if I was doing a talk publicly  
19 about preventing gender identity confusion or parenting  
20 regarding this issue, then I would -- a lot of times  
21 when I do talks, people come up to me afterwards and  
22 they want to talk about their situation; or if I spoke  
23 in a church and the parents, you know, wanted to get  
24 their child out of childcare and bring them up and say,  
25 "Oh, could you talk to my child for a couple of

1 minutes?" under this ordinance, even outside of the  
2 therapy office, I would have to say no.

3 So in Boca Raton, if I spoke at a church, if I  
4 spoke at a school, I do -- by the way, I have spoken in  
5 school chapels, so that would be minors. And if anyone  
6 in a chapel setting came up to me afterwards and said,  
7 "Can I talk to you? I've actually been struggling with  
8 this issue that you talked about today in chapel," I  
9 would have to say, "I am so sorry, I'm not allowed. You  
10 can talk to me, but I can't talk back to you." And so  
11 that would be true outside of the therapy office because  
12 it says paid or unpaid.

13 So my freedom of speech is limited. And any  
14 time I do a speaking engagement that involves where a  
15 minor might either be brought by their parent or might  
16 come up to me voluntarily -- and I have had speaking  
17 engagements where kids come up to me afterwards and want  
18 to talk about their personal problems.

19 Q Do you have any clients that are located  
20 within the city of Boca Raton --

21 A Yes.

22 Q -- currently?

23 A I do.

24 Q Adult or minor?

25 A Adult.

1 Q And how do you provide counseling services to  
2 this client that is residing in the city of Boca Raton?

3 A That's one of my phone therapy sessions that I  
4 had talked about earlier. I do have the phone -- this  
5 client feels it's too far to drive to Palm Beach  
6 Gardens, so we do phone instead of face-to-face.

7 Q And --

8 A But I would not do phone therapy with a minor,  
9 so I would need to go to Boca. If there was a minor in  
10 Boca or a minor in Broward County, I would need to go to  
11 Boca to see them. I would not do phone therapy with  
12 them. With an adult I would do phone therapy.

13 Q Do you want to be able to offer your  
14 counseling services to residents of the city of Boca  
15 Raton?

16 A Yes. That would be very good not to have my  
17 speech restricted in Boca Raton.

18 Q Including minors?

19 A Including minors, yes, definitely. Because --  
20 and the other thing, I've said it already today, but  
21 this issue is not going away, it's growing. We know  
22 that transgender confusion is in -- the children, the  
23 number of children experiencing transgender confusion is  
24 increasing dramatically, so I anticipate that I will see  
25 a lot more clients with this issue if it were legally

1 permissible.

2 And I don't know a lot of therapists that do  
3 work with gender confused children, and so I would like  
4 to be able to see them beyond just Palm Beach Gardens.

5 Q Why are you not offering your talk therapy  
6 counseling services to the residents of the city of Boca  
7 Raton today, the minor residents?

8 A The minors? Because it's -- there's a city  
9 ordinance that says I cannot talk to minors about  
10 attractions, behaviors, mannerisms, or identity,  
11 perceptions of self, gender identity.

12 Q Any other reason?

13 A That I'm not able to talk to minors in Boca?

14 Q Yes.

15 A The ordinance is the only reason.

16 Q Okay. That's all I have. Now I think  
17 Mr. Abbott will have some questions for you.

18 CROSS-EXAMINATION

19 BY MR. ABBOTT:

20 Q Doctor, what is the name of the client family  
21 in Broward County?

22 A Oh, I can't give that name. HIPAA would  
23 restrict me from doing that.

24 Q You're refusing to answer that question?

25 A I'm not legally permitted to answer that

1 question.

2 Q Is the answer to my question you're refusing  
3 to tell me the name of that client family?

4 A I'm not legally permitted --

5 MR. MIHET: I'm also instructing her not to  
6 give it to you.

7 BY MR. ABBOTT:

8 Q What is the name of the colleague who has an  
9 office in Boca Raton who has offered you to use that  
10 office?

11 A Dr. Otto.

12 Q When did Dr. Otto offer to allow you to use  
13 his office?

14 A I believe he offered that shortly after  
15 probably -- probably back in January.

16 Q You met Dr. Otto in connection with the  
17 consideration and passages of ordinances that are the  
18 subject of this lawsuit, true?

19 A Yes.

20 Q So he didn't offer you to use his office at  
21 any time prior to the ordinances being adopted?

22 A Right.

23 Q When was your conversation with the family  
24 that lives in Broward County?

25 A That was probably March or May, probably

1 spring, I'm not sure.

2 Q Of this year?

3 A Yes.

4 Q And where did that conversation take place?

5 A Where did the conversation with the family --

6 Q Yes.

7 A They drove up to Palm Beach Gardens but  
8 expressed that it was very far.

9 Q No, ma'am. When was your first --

10 A Oh, the first conversation?

11 Q -- conversation with them?

12 A On the phone. They usually call me for the  
13 intake.

14 Q That was your first contact with the family is  
15 when they called you at your office?

16 A They called me -- yeah, I get messages on my  
17 cellphone so I wasn't standing in my office when I  
18 checked my messages and returned their call, but my very  
19 first contact was they called me -- well, they probably  
20 left a message and I probably called them back.

21 Q Was there any discussion in your first phone  
22 communication with that potential client about providing  
23 services in Boca Raton?

24 A At that time I don't think I mentioned it  
25 because by the time they called me, it was unlawful for

1 me to even provide services to their child.

2 Q So --

3 A So I said they could come up and I could meet  
4 with the parents but I knew that would be limited  
5 because at some point, if I can't meet with the child,  
6 they're not going to keep coming, so I didn't go to  
7 great lengths to meet with them. And at the time that  
8 Dr. Otto first offered, he was in the counseling center  
9 and there would have been more red tape, so to speak.  
10 You know, more steps to take to be able to see people  
11 there. Now it's a lot easier because he's in private  
12 practice and his office is just a lot more accessible.  
13 He doesn't work for anybody else.

14 So at the time I did not offer because I knew  
15 that my work with them would be very brief, and in order  
16 for me to work with their child, these laws would have  
17 to be changed. These ordinances would have to be  
18 changed.

19 Q Do you have an occupational license or a  
20 business tax receipt to practice your profession in Boca  
21 Raton?

22 A No. I used to when I practiced in Boca, but I  
23 would renew that if I came down to see clients down  
24 there.

25 Q When did you last have -- when did you last



1 practice in Boca Raton?

2 A Yeah. You know, it's interesting. I started  
3 out my private -- well, I started with Spanish River and  
4 was there until 2002 -- I started with Children's Home  
5 Society, but when I was kind of more on my own  
6 generating client referrals for myself, that was with  
7 Spanish River, and so my client base was Boca Raton.  
8 That was -- you know, when I worked for Children's Home  
9 Society, the clients came to us. I didn't have to  
10 market or try to create -- try to bring -- you know,  
11 find clients. But when I first was out sort of on my  
12 own but at the counseling center at Spanish River, that  
13 was the first time I had to go and try to find clients,  
14 so I developed a word-of-mouth referral in the Boca  
15 community. That really was my first place seeing  
16 clients, you know, again not attached to a nonprofit  
17 organization.

18 And so when I left Spanish River, I just had a  
19 lot of word-of-mouth clients in Boca. And even though I  
20 didn't live in Boca, it just made the most sense for me  
21 to stay in Boca. And so what I did is I expanded to  
22 West Palm right away. I went from Spanish River, I went  
23 into private practice, and I opened two offices; one was  
24 in Boca, one was in West Palm, so that I could expand my  
25 client base. And so --

1 Q During what years did you have an office in  
2 private practice in Boca Raton?

3 A I believe it was 2002 when I left Spanish  
4 River, and I believe I kept it -- it was either '04 or  
5 '05, but by then I was working full-time teaching at  
6 Palm Beach Atlantic and I had the practice in West Palm  
7 and the practice in Boca so I had to get rid of  
8 something, so I stopped Boca and continued West Palm.

9 Q Did you continue to obtain business tax  
10 receipts or occupational licenses to practice in Boca  
11 Raton?

12 A Once I stopped seeing clients in Boca, I never  
13 renew -- I did not renew my occupational license.

14 Q So you didn't have an occupational license in  
15 2006?

16 A In 2006? Probably not. If I stopped -- I  
17 just remember when I was working at Palm Beach Atlantic  
18 it became too much to juggle two offices. I don't know  
19 if it was -- I think it was '04 or '05, so I'm going to  
20 guess I wouldn't have had it in '06, but I don't know.

21 Q Or '07?

22 A Probably not.

23 Q Or '08?

24 A Probably not.

25 Q Or in the ten years since then?

1 A Right.

2 Q You have not practiced any services in Boca  
3 Raton?

4 A Right. Because --

5 MR. MIHET: Form.

6 BY MR. ABBOTT:

7 Q And you have not kept your license to -- in  
8 order to provide services in Boca Raton?

9 A Right. Because what happened when I left Palm  
10 Beach Atlantic, I had children and so my practice became  
11 very limited, it was one day a week, and by then it was  
12 Palm Beach Gardens. And so I have not had the priority  
13 of expanding my practice; however, as this gender  
14 identity issue becomes more of a concern in our culture,  
15 I am --

16 As you saw earlier, I have a passion for this  
17 issue, and so I do see the need to eventually expand  
18 when the time permits. And I would accommodate this one  
19 Broward County family and I don't -- I don't know beyond  
20 that if I would expand to two locations, three  
21 locations. I don't know what I would do, but I think we  
22 need to meet the need of gender identity confusion.

23 Q The family in Boca Raton, you told us you have  
24 provided counseling services for the family?

25 A It's an individual, it's phone therapy, and

1 that dates back to my -- you know, the contact was from  
2 back then. I still have people that will call me from  
3 those days of working in Boca.

4 Q The therapy has only been done by phone?

5 A Since I've been not in Boca. In Boca it was  
6 face-to-face with that client.

7 Q With the family in Broward County --

8 A Which one?

9 Q -- that we've been talking about.

10 A Oh, I thought you said the phone therapy. I'm  
11 sorry, I got confused.

12 MR. MIHET: I believe you said the family in  
13 Boca. That's what confused her.

14 MR. ABBOTT: Oh, forgive me. I'm sorry.

15 THE WITNESS: Yeah, you did.

16 MR. ABBOTT: I'm sorry. Strike that, I  
17 misspoke.

18 THE WITNESS: Okay.

19 BY MR. ABBOTT:

20 Q I'm talking about the family in Broward  
21 County. You have provided counseling services for some  
22 members of that family?

23 A That family, yeah. Those were the ones I said  
24 they came up. The parents came one or two times and  
25 then the whole entire family came one time, and I can't

1 continue because we couldn't talk about the minor's  
2 confusion.

3 Q I remember. So you had about three  
4 appointments?

5 A I think so, yes.

6 Q And were those in your offices in Palm Beach  
7 County -- I mean in Palm Beach Gardens?

8 A Yes, they were.

9 Q Did you mention at any time for those three  
10 meetings, "Hey, I can meet you in Boca Raton instead  
11 because that will save you some travel"?

12 A No, because I was prohibited by the ordinance  
13 to continue working with them.

14 Q No, ma'am. The three meetings that you  
15 provided counseling in Palm Beach Gardens --

16 A Yeah.

17 Q -- when you were meeting with that family --

18 A Yes.

19 Q -- did you tell them, "Hey, I can provide  
20 services for you in Boca Raton because that's closer"?

21 MR. MIHET: Objection. Asked and answered.

22 THE WITNESS: I was not -- I knew we would not  
23 be continuing services past a few sessions, and so  
24 I did not go to the lengths of making arrangements.  
25 And at that -- no, I did not make arrangements with

1           them to meet with them in Boca because it was not  
2           going to be an ongoing therapeutic relationship.  
3           It was very short-term because I wasn't allowed to  
4           talk to that child any further than meeting with  
5           the parents.

6                        So I did -- to go to Boca, I would have to  
7           begin to make arrangements to work that out in my  
8           schedule and to get the occupational license and  
9           jump through those hoops, so I would do that if  
10          there was a relief from this ordinance. I would  
11          talk to the family about that if there was a relief  
12          from this ordinance.

13       BY MR. ABBOTT:

14                Q     Did you discuss with that family the  
15          possibility of continuing to provide treatment for them  
16          in Boca Raton?

17                A     No. I didn't want to give them false hope  
18          that I could work with them beyond what the ordinance  
19          restricted me.

20                Q     Thanks, doctor. I don't have any other  
21          questions for you.

22                A     Okay.

23                       MR. MIHET: All right. She'll read and sign.

24                       (Whereupon, the deposition was concluded at  
25          5:46 o'clock p.m.)

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CERTIFICATE OF OATH

STATE OF FLORIDA )  
COUNTY OF PALM BEACH )

I, ANGELA CONNOLLY, Registered Professional Reporter, Notary Public, State of Florida, certify that JULIE H. HAMILTON, PH.D., LMFT, personally appeared before me and was duly sworn on the 30th day of August, 2018.

Signed this 5th day of September, 2018.



*Angela Connolly*

Angela Connolly, R.P.R.  
Notary Public, State of Florida

Personally known \_\_\_\_\_  
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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 JULIE H. HAMILTON, PH.D., LMFT; that a review of the transcript was requested; and that the foregoing transcript, Pages 1 through 344, 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 5th day of September, 2018.

  
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Angela Connolly, R.P.R.



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HORATIO G. MIHET, ESQ.  
LIBERTY COUNSEL  
P.O. BOX 540774  
Orlando, FL 32854

DATE: September 5, 2018

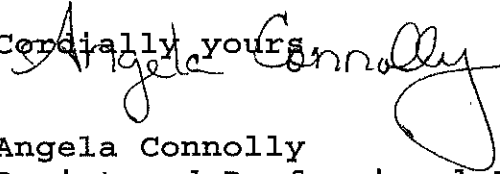
In Re: Robert W. Otto, Ph.D., LMFT, and Julie H.  
Hamilton, Ph.D., LMFT vs. City of Boca Raton, Florida,  
and County of Palm Beach, Florida

Dear Mr. Mihet:

This letter is to inform you that the deposition of  
JULIE H. HAMILTON, PH.D., LMFT, taken on August 30, 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 30, 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.

\_\_\_\_\_  
JULIE H. HAMILTON, PH.D., LMFT Date

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