

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

Case No.: 9:18-cv-80771-RLR

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

Plaintiffs,

v.

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

Defendants.

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**JOINT NOTICE OF FILING DEPOSITION TRANSCRIPT OF  
ROBERT W. OTTO, PH.D., LMFT TAKEN ON AUGUST 29, 2018**

The Defendants, PALM BEACH COUNTY and CITY OF BOCA RATON, by and through the undersigned counsel, hereby file this Notice of Filing Deposition Transcript of Robert W. Otto, Ph.D., LMFT taken on August 29, 2018.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on September 10, 2018, I electronically filed the foregoing with the Clerk of Court by using the CM/ECF system, which will send an electronic notice to the authorized CM/ECF filers.

/s/ Rachel Fahey

Rachel Fahey, Esquire  
Assistant County Attorney  
Florida Bar No. 105734  
Primary Email: [rfahey@pbcgov.org](mailto:rfahey@pbcgov.org)  
Secondary Email: [dfishel@pbcgov.org](mailto:dfishel@pbcgov.org)  
Litigation Section  
300 North Dixie Highway, Third Floor  
West Palm Beach, Florida 33401  
Tel.: (561) 355-6337  
Fax: (561) 355-4234

/s/ Anne R. Flanigan

Anne R. Flanigan, Esquire  
Florida Bar No. 113889  
Primary Email: [aflanigan@wsh-law.com](mailto:aflanigan@wsh-law.com)  
Secondary Email: [pgrotto@wsh-law.com](mailto:pgrotto@wsh-law.com)  
200 E. Broward Boulevard, Suite 1900  
Fort Lauderdale, Florida 33301  
Tel.: (954) 763-4242  
Fax: (954) 764-7770

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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DEPOSITION OF ROBERT W. OTTO, PH.D., LMFT

A WITNESS

TAKEN BY THE DEFENDANTS  
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DATE: AUGUST 29, 2018

TIME: 10:00 A.M. - 4:09 P.M.

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1                   The deposition of ROBERT W. OTTO, PH.D., LMFT,  
2                   in the above-entitled and numbered cause was taken  
3                   before me Angela Connolly, Registered Professional  
4                   Reporter, taken at Palm Beach County Attorney's Office,  
5                   300 N. Dixie Highway, Suite 359, West Palm Beach, Palm  
6                   Beach County, Florida, on the 29th day of August, 2018,  
7                   pursuant to Notice in said cause for the taking of said  
8                   deposition on behalf of the Defendants.

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APPEARING ON BEHALF OF PLAINTIFFS:

12

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

15

16

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

17

18

19

20

APPEARING ON BEHALF OF CITY OF BOCA RATON:

21

22

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

23

24

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

12 - - - - -

13 Thereupon:  
 14 ROBERT W. OTTO, PH.D., LMFT,  
 15 Having been first duly sworn by me, was  
 16 examined and testified as follows:

17 THE WITNESS: I do.

18 DIRECT EXAMINATION

19 BY MR. ABBOTT:

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

22 A It's Dr. Robert Otto.

23 Q Dr. Otto, my name is Dan Abbott. I represent  
 24 the City of Boca Raton in connection with a lawsuit that  
 25 you have filed. Doctor, have you had your deposition  
 taken before?

A Yes, I have.

1 Q And can you give me a sense of about how many  
2 times that's occurred?

3 A Two dozen.

4 Q Okay.

5 MR. MIHET: Mr. Abbott, I hate to interrupt,  
6 but I need to. I'd like to, for the record, to  
7 reflect who all is in the room. And I noticed that  
8 some of the folks here are, to my knowledge, not  
9 employed by the city or the county, so I'd like to  
10 hear the Defendants' position as to why their  
11 presence is required or needed here today. Can we  
12 do that before we start?

13 MR. ABBOTT: I don't object to that.

14 MR. MIHET: Okay.

15 MR. ABBOTT: My name is Dan Abbott, and I'm  
16 the only representative here for the City of Boca  
17 Raton.

18 MR. MIHET: Okay.

19 MS. PHAN: I'm Kim Phan on behalf of Palm  
20 Beach County.

21 MS. FAHEY: Rachel Fahey on behalf of Palm  
22 Beach County. We have with us Dr. Needle who is  
23 consulting with the county on this case.

24 MS. HVIZD: And I'm Helene Hvizd, the  
25 assistant county attorney for Palm Beach County.

1 MR. MIHET: Okay. For the record, we also  
2 have Dr. Julie Hamilton, the Plaintiff; obviously  
3 Dr. Robert Otto, the Plaintiff; and then Horatio  
4 Mihet and Roger Gannam on behalf of the Plaintiffs.

5 Is she here as an expert consultant or --

6 MS. PHAN: Yes.

7 MR. MIHET: She is? Okay. The Plaintiffs  
8 believe that she's going to be a fact witness in  
9 the case as well given her involvement in the  
10 consideration, enactment, and passage of the  
11 legislation; and as such, it would be the  
12 Plaintiffs' position that it is not appropriate for  
13 her to be here during fact depositions, so we would  
14 object to her being here.

15 MS. PHAN: To my knowledge, a deposition is an  
16 open proceeding and you can't sequester witnesses.  
17 So unless you show us case law saying otherwise, I  
18 don't see a legal basis for your position.

19 MR. MIHET: Well, you're not suggesting that  
20 we can just invite the public from the street to  
21 partake in this proceeding?

22 MS. PHAN: But your reasoning is that because  
23 you think she's going to be a fact witness so you  
24 want to sequester her, so it's very specific here.  
25 We're not talking about open to the public.

1 MR. MIHET: Okay.

2 MS. PHAN: We're talking specifically to her  
3 as a fact witness.

4 MR. MIHET: Okay. Well, we have our  
5 objections for the record. Rather than debating it  
6 now, I think we'll proceed, and we'll determine  
7 whether we need to seek additional remedies as we  
8 go along.

9 MS. PHAN: Okay.

10 MR. MIHET: Sorry about that.

11 BY MR. ABBOTT:

12 Q No problem. Doctor, given that you've given a  
13 deposition a couple of dozen times, you've probably  
14 heard a comparable speech from attorneys in the past,  
15 but let me bore you again.

16 I'm here to ask you a series of questions  
17 about the lawsuit that you have filed, and the court  
18 reporter is here to record my questions and your  
19 answers. You understand that?

20 A Yes, I do.

21 Q The court reporter is also only able to record  
22 our verbal statements, and so she's not able to record  
23 things like nods of the head or shakes of the head. So  
24 for purposes of the deposition, we'll communicate  
25 verbally. Agreed?

1 A Yes, I do.

2 Q If I ask you any question that you don't  
3 understand or that's confusing, would you ask me to  
4 restate the question?

5 A Yes, I will.

6 Q Okay. And, doctor, this is not a test of  
7 endurance of any sort. At any time you want to take a  
8 break, you let me know, and we'll take a break.

9 A Yes.

10 Q All right. Doctor, would you please give us  
11 the benefit of your educational background?

12 A I have a bachelor's degree from the United  
13 States Military Academy in Aerospace Engineering. I  
14 have a master's degree and a doctoral degree in family  
15 therapy from Nova Southeastern University.

16 Q The bachelor's degree, that's a bachelor of  
17 science?

18 A Yes, it is.

19 Q And when did you obtain that degree?

20 A 1991.

21 Q And you have obtained two degrees from Nova  
22 Southeastern?

23 A That's correct.

24 Q And what was the first one and when did you  
25 obtain it?

1           A     It was a master's in family therapy, and that  
2     was 2000, to the best of my recollection. And the  
3     doctoral degree in family therapy, Ph.D, that was 2010,  
4     to the best of my recollection.

5           Q     When did you first start practicing  
6     psychology?

7           A     I don't practice psychology.

8           Q     What would you say the field is that you  
9     practice in?

10          A     I'm a licensed marriage and family therapist,  
11     so that would be the field that I practice in.

12          Q     When did you first start your professional  
13     career as a therapist?

14          A     I guess you could go back to the internship  
15     that I did as a master's student. There's internship  
16     time as part of the doctoral program, and I became a  
17     licensed -- a registered intern with the state of  
18     Florida at some point before the end of the doctoral  
19     program. I couldn't give you the exact date off the top  
20     of my head.

21          Q     Do you expect that was sometime in calendar  
22     year 2009?

23          A     I don't have any recollection exactly when  
24     that was. You go through a Ph.D and your head is in a  
25     fog sometimes.

1 Q Well, let me ask you this: What was the  
2 duration of the Ph.D program?

3 A I started that in 2000 -- rolled right out of  
4 the master's program in 2000 into the doctoral program.  
5 I did the coursework and finished that within  
6 two-and-a-half-years, as I recall. And then the  
7 dissertation took until 2010 to complete.

8 Somewhere in the middle of that, roughly,  
9 would have been when I started -- I don't know.  
10 Beginning or middle of that I started as an intern,  
11 registered intern with the state. You'd have to get  
12 that from the state website if it's still there.

13 Q All right. Were you employed, sir, between  
14 2000 and 2010?

15 A Yes, I was.

16 Q And can you tell me who you were employed by  
17 and what you were doing?

18 A I had three jobs during that time period. I  
19 was employed by Spanish River Counseling Center in Boca  
20 Raton, Florida. I was a marriage and family therapist  
21 there. I did an internship there. And then when my  
22 license was -- after the internship here, I got fully  
23 licensed with the state of Florida and have been -- was  
24 fully employed from that point on as a licensed  
25 therapist.

1           Second job, I served for approximately 18  
2 years as an expert witness for Palm Beach County courts  
3 in guardianship cases. I'm on the examining committees  
4 for incapacity hearings.

5           And the third job, I had a real estate  
6 broker's license, and I worked at a few different real  
7 estate companies in my area, in Boca.

8           Q     Do you hold any professional licenses, sir?

9           A     Yes, I do. I'm a licensed marriage and family  
10 therapist in the state of Florida. And I'm not sure if  
11 it's considered a professional license, I also have a  
12 real estate broker's license in the state of Florida.

13          Q     And how long have you held the marriage and  
14 family therapist license?

15          A     Again, that would have been somewhere during  
16 the years of the doctoral program; middle, beginning,  
17 somewhere in there. I don't recall the date when it  
18 went from a registered intern with the state of Florida  
19 to fully licensed. It's somewhere in that time period  
20 before the 2010 graduation date, as I recall.

21          Q     What are the requirements, sir, to obtain a  
22 marriage and family therapist license in Florida?

23          A     It's a master's level license, so you have to  
24 have a master's degree from an accredited program. You  
25 have to do an internship which requires a certain number

1 of supervision hours and a certain number of client  
2 hours. You have to pass the state licensure exam. As I  
3 recall, those are the only requirements.

4 Q Is there a continuing education or renewal  
5 process for that license?

6 A I believe that's every two years. I couldn't  
7 tell you how many hours it is every two years, but, yes,  
8 there's something every two years in that.

9 Q And that every two years, is that a continuing  
10 education requirement?

11 A Yes, it is.

12 Q Is there any retesting component for that  
13 license?

14 A No, there's not, other than the test at the  
15 end of the continuing education to make sure that you  
16 have mastered whatever the topic is that you've taken  
17 the course for.

18 Q The continuing education requirement is to  
19 take a single course?

20 A No. No. I can't remember whether it's 50 or  
21 30 hours, but it's multiple hours. It's not one, so  
22 you'll have to look it up and find out exactly how many  
23 hours that is. I don't recall off the top of my head.

24 Q Okay. And how many hours of credit does a  
25 typical course provide?

1           A     I don't know. I've seen -- I don't know what  
2     typical is, but I've seen them for one or one and a  
3     half, three. You'll have to check that out and verify.  
4     There's lots of different courses on lots of different  
5     topics.

6           Q     Okay. And at the conclusion of each course,  
7     to gain continuing education credits, you have to pass a  
8     proficiency exam?

9           A     I can't tell you for all of them, but for the  
10    ones that I have taken, at the end of the courses there  
11    have been multiple choice tests just to make sure that  
12    you actually sat there and did the work.

13          Q     If you don't pass the test, do you not gain  
14    those continuing education credits?

15          A     I would assume so, but I don't know for sure  
16    because it's never happened to me, and I don't know  
17    anybody that's happened to.

18          Q     Have you continuously fulfilled your  
19    educational requirements since obtaining your license?

20          A     Yes, I have.

21          Q     You have continually been licensed in marriage  
22    and family -- as a marriage and family therapist in  
23    Florida since you first obtained the license?

24          A     That's correct.

25          Q     Could you please give me the benefit of your

1 employment experience after obtaining that license?

2 A So this would begin after the registered  
3 intern when I became a fully licensed marriage and  
4 family therapist, okay. So starting at that point, I  
5 was employed at Spanish River Counseling Center in Boca  
6 Raton, Florida, continuously until somewhere around the  
7 beginning of June, end of -- beginning of July, end of  
8 June of this year. And at that point I opened a private  
9 practice, and I'm in private practice at this point.

10 Q And forgive me if I asked you this before, do  
11 you recall when you began your employment at Spanish  
12 River?

13 A When you say "employment," are you talking  
14 about as a fully licensed marriage and family therapist  
15 or as a registered intern?

16 Q Well, why don't you tell me both and then tell  
17 me at what point you gained your licensure.

18 MR. MIHET: I'm going to object as asked and  
19 answered, but go ahead.

20 THE WITNESS: I don't have the dates off the  
21 top of my head. You can check online with the  
22 state website. I'm sure they have them posted  
23 there under my name. But after the -- after the  
24 master's program, I rolled into the doctoral  
25 program, and at some point within a few years I

1 started doing an internship at Spanish River  
2 Counseling Center. I don't remember the date. It  
3 would have been after -- it would have been after  
4 2000. And I've been there until June of this year,  
5 June/July of this year.

6 BY MR. ABBOTT:

7 Q And what particular counseling did you do at  
8 Spanish River?

9 A Help me understand what you're looking for.  
10 That's a broad question.

11 Q Okay. I'm just trying to figure out how you  
12 filled your workdays there, what you were --

13 A Okay.

14 Q -- doing.

15 A Okay. I understand.

16 I would see individuals or couples or  
17 families. A broad variety of topics would come across  
18 my couch. And not an exhaustive list, but certainly a  
19 representative list would include things like  
20 post-traumatic stress, marriage issues, parenting  
21 issues, sexual orientation issues, issues with  
22 pornography, divorce, recovery from divorce. Again,  
23 that's a representative list certainly not exhaustive.

24 Q Is that the same sort of work that you're  
25 doing now that you're in private practice?

1 A Yes, it is.

2 Q You have served as an expert witness in  
3 guardianship proceedings?

4 A That's correct.

5 Q And have you been retained by particular  
6 parties in those proceedings?

7 A I'm on the list that the 15th Circuit has for  
8 expert witnesses for incapacity cases. And in those  
9 cases the judge appoints a three member panel, and I'm  
10 one of the people that is appointed to those panels to  
11 go and interview an individual to see what their  
12 functional assessment is and make a recommendation to  
13 the judge.

14 Q Are those contested proceedings?

15 A Define "contested" for me.

16 Q Well, are there occasions where the individual  
17 is contesting whether or not he should be -- he or she  
18 should be deemed incompetent and required a guardian?

19 A Yes, I have seen some cases that have that  
20 factor.

21 Q And in connection with those guardianship  
22 proceedings, do you testify in court or do you just  
23 provide a written recommendation to the judge?

24 A Every case has a written recommendation to the  
25 judge on the standard format that the court requires I

1 use. At times I am asked to come -- subpoenaed to come  
2 and be a witness in a hearing.

3 Q Subpoenaed by one of the parties to the  
4 proceeding?

5 A Yes.

6 Q Can you provide me an estimate, sir, for the  
7 approximate number of times that you have been appointed  
8 as an expert witness in a guardianship proceeding?

9 MR. MIHET: Form.

10 THE WITNESS: Can I answer that?

11 MR. MIHET: Yes.

12 THE WITNESS: Okay. This is -- this is just  
13 a -- a wild guess. If I get two cases a month  
14 times 12 months, you're at -- let's just round it  
15 up to 25 a year, and I've been doing it for 18  
16 years, approximately 480 cases -- 450 cases there,  
17 if that's what the math is off the top of my head.  
18 And, again, that's just a raw guess, but it's a  
19 significant number like that.

20 BY MR. ABBOTT:

21 Q And those appointments are made by the court?

22 A Yes, sir.

23 Q Are you -- are you from time to time retained  
24 as an expert witness by anybody other than the court?

25 A Yes.

1 Q And tell me how that occurs.

2 A There are times when attorneys that I have met  
3 through doing these cases have called me and said  
4 something along the lines of "I have a client who thinks  
5 that his relative might need a guardianship, but before  
6 we go through with the full guardianship procedure and  
7 the cost of that and the time of that, we want to hire  
8 you to come out and do an assessment to see whether --  
9 if you are on this examining committee, would it be  
10 reasonable to think that this person needs a guardian,"  
11 and I make a recommendation and then they take into  
12 their considerations and make a decision whether to go  
13 forward with the case or not.

14 Q Have you, sir, ever testified as an expert in  
15 court in any capacity other than as a member of the  
16 examining committee?

17 MR. MIHET: Form.

18 THE WITNESS: Not that I can recall.

19 BY MR. ABBOTT:

20 Q Has any court ever refused to recognize you as  
21 an expert witness?

22 A No, not on -- not on the subject or the topic  
23 that I'm working with in the capacity as an examining  
24 committee member for guardianship cases.

25 Q Have you ever, sir, practiced marriage and

1 family therapy in any capacity other than at Spanish  
2 River and your private practice?

3 A When you say at that, you mean physical  
4 location or do you mean where my license is held?

5 Q Well, I mean --

6 A Or employed?

7 Q Right. I mean in your employment capacity.  
8 You, for a while, were employed at Spanish River?

9 A Yes. That's correct.

10 Q And now you've opened up your own practice?

11 A That's correct. In addition to that, I did  
12 two internships as part of the master's and the doctoral  
13 work -- three internships. Two of those were the Family  
14 Therapy Clinic at Nova University, which I believe is  
15 called Brief Therapy Clinic or something like that, and  
16 then one at Sheridan House in Broward County, Florida.

17 Q Have we now covered, sir, all of the -- all of  
18 the marriage and family therapy employments that you  
19 have had?

20 A Yes, we have.

21 Q Okay. Did you open up your private practice  
22 in June or July of this year?

23 A Yes. As I recall, it was the end of June,  
24 early July, but I don't have a specific date.

25 Q And where is your business address?

1           A     4400 North Federal Highway, Suite 210, in Boca  
2 Raton, Florida 33431.

3           Q     And that has remained your business address  
4 since you went into private practice?

5           A     That's correct.

6           Q     Is that business incorporated?

7           A     It's an LLC in the state of Florida.

8           Q     And what is the name of the LLC?

9           A     SDG Counseling, LLC.

10          Q     And who is employed by that organization?

11          A     Just me at this point, yes.

12          Q     There are no other marriage and family  
13 therapists employed by that organization?

14          A     No.

15          Q     And you don't have any support staff or like  
16 secretaries?

17          A     At this point, no, but I look to expand and do  
18 that, yes.

19          Q     Are you hoping to expand at your current  
20 location or to open up an additional location?

21          A     I don't have any plans one way or the other on  
22 that.

23          Q     Now forgive me, doctor, I'm not a family  
24 therapist and I haven't gone to one. Can you give me  
25 some sense of how that practice works?

1                   First of all, what would be the best thing to  
2 call a meeting that you have with a client?

3           A     A session.

4           Q     Okay. And would it be fair to say that you  
5 provide therapy in those sessions?

6                   MR. MIHET: Form.

7                   THE WITNESS: Yes. I provide therapy for  
8 clients in those sessions. When you -- when you're  
9 asking that question, I want to make a distinction  
10 that the therapy I provide is 100 percent speech  
11 and not conduct, and I think that -- I think that  
12 it's a dubious constitutional endeavor in the 11th  
13 Circuit to equate conduct and speech or speech and  
14 conduct.

15                   The flow of those sessions is I shake their  
16 hand when they arrive, and I open the door for  
17 them. We sit down. I rock in my chair a little  
18 bit. I write a few notes maybe. I shake their  
19 hand when they leave and open the door. Everything  
20 else that happens in that hour session is speech.  
21 So when you ask me about conducting therapy, in my  
22 head, my perspective, it is 100 percent speech.

23 BY MR. ABBOTT:

24           Q     Well, let me ask you this: Is therapy a term  
25 of art in your profession?

1 MR. MIHET: Form.

2 THE WITNESS: I don't know what "a term of  
3 art" means.

4 BY MR. ABBOTT:

5 Q Does the word have a defined meaning in what  
6 you do?

7 MR. MIHET: Form.

8 THE WITNESS: I don't know. I don't know if  
9 there's some specific definition that's out there  
10 that -- it's a general term.

11 BY MR. ABBOTT:

12 Q Well, let me ask you this: What does it mean  
13 to be a therapist?

14 A Well, when my client's come and they're asking  
15 me to work with them, they're sharing discomfort or  
16 challenges in their lives, and they want me to help them  
17 walk through those issues in the ways that they deem  
18 helpful and productive to reduce the stress -- the  
19 distress in their worlds. And so we do that through  
20 speaking about those issues. And does that answer your  
21 question?

22 Q Well, I'm not sure it does. I have friends  
23 from time to time that come by my house and tell me that  
24 they're troubled about something, and we talk about it.  
25 I gather you would agree that I'm not providing therapy

1 in those -- in those meetings?

2 MR. MIHET: Form.

3 THE WITNESS: Yes, I would agree with that.

4 BY MR. ABBOTT:

5 Q Okay. And so why is what you do different?

6 What makes what you do therapy and what I do not?

7 MR. MIHET: Form.

8 THE WITNESS: Well, number one, you're not  
9 licensed with the state of Florida. You've not had  
10 the training that I've had. You might have good  
11 intentions, but -- but you certainly don't have the  
12 expertise that would come with my level of training  
13 and experience.

14 BY MR. ABBOTT:

15 Q And tell me, how do your training and -- how  
16 does your training and expertise help you do what you  
17 do? How does what you know make you behave differently  
18 than I do in those sorts of meetings with my friends?

19 MR. MIHET: Form.

20 THE WITNESS: Sure. That's a really big  
21 answer that took many years of coursework and  
22 dissertation work to delve into, so my answer is  
23 certainly not going to be able to cover all of  
24 that. I can give you a piece of that. And that  
25 would be that I understand that I cannot change my

1 clients, that my clients can choose to change, and  
2 that it would be inappropriate for me to impose my  
3 views on my clients, but it would be appropriate to  
4 me to be client-centered and client-directed and  
5 client-driven in my therapy.

6 So if my client comes in with an issue that is  
7 providing discomfort for them, and distress for  
8 them, and that client wants to experience some  
9 relief from that, then I would be obligated to help  
10 that client to get to the place where there is some  
11 relief from that discomfort and distress.

12 BY MR. ABBOTT:

13 Q Okay. So I think I understand at least one of  
14 the things that you don't do. I'm still not sure I have  
15 a handle on what you do do that nonprofessionals do when  
16 they're just speaking with troubled people.

17 A Well, I could give you --

18 MR. MIHET: Form.

19 THE WITNESS: Sorry.

20 MR. MIHET: Form. Is there a question?

21 BY MR. ABBOTT:

22 Q Yes, and I believe the witness was beginning  
23 to answer.

24 A I might have some good ideas about, you know,  
25 how to write a will. You might want to leave your stuff

1 to your kids, you know, but I'm not an attorney, you  
2 are. There's going to be limits on what I'm able to  
3 advise people just because I have common sense versus  
4 education.

5           You might have common sense in something, but  
6 the education provides me a different perspective,  
7 perhaps, than -- than what someone else might have.  
8 That doesn't nullify, you know, all the ideas that  
9 somebody's not licensed might have, and certainly people  
10 do gain relief in talking with friends, so I wouldn't --  
11 I wouldn't minimize that, but as someone who's been  
12 trained to work with people and walk them through like  
13 grief, for example, or post-traumatic distress, how do  
14 you handle post-traumatic stress? That's a big topic  
15 that takes some training and some experience and  
16 expertise on, and so there are some specific things like  
17 that.

18           I'm not sure that answers your question, but  
19 that's kind of my thoughts.

20           Q     Okay. You have a doctorate?

21           A     Yes, I do. It's a Ph.D.

22           Q     A Ph.D. You have scientific training and  
23 licensing?

24           MR. MIHET: Form.

25           THE WITNESS: I'm sorry, I didn't hear the

1 question.

2 BY MR. ABBOTT:

3 Q You have scientific training?

4 A I don't know what scientific training means.

5 Q All right. Well, is marriage and family  
6 therapy a science?

7 MR. MIHET: Form.

8 THE WITNESS: Okay. The marriage and family  
9 therapy, the theories, are based upon research,  
10 outcomes, and what does and doesn't help clients  
11 according to research and outcome-based studies.

12 BY MR. ABBOTT:

13 Q There are means and methods in how a therapist  
14 practices his profession?

15 MR. MIHET: Form.

16 THE WITNESS: What do you mean by "means and  
17 methods"?

18 BY MR. ABBOTT:

19 Q Well, I'm just trying to, again, figure out --  
20 and I think you've let me know, and I don't disagree  
21 with you, that you have training that I don't have. So  
22 you are prepared to provide therapy in a way that I'm  
23 not, true?

24 A Yes.

25 Q And I'm trying to get a handle on what that

1 is. What would you call what you know and what you do  
2 versus what I know and what I would do?

3 A Okay.

4 MR. MIHET: Stop. Form, asked and answered.  
5 Go ahead.

6 THE WITNESS: Okay. So in the coursework that  
7 I had at Nova University, we studied marriage and  
8 family therapy. We studied cognitive, behavioral.  
9 We studied solution-focused family therapy. We  
10 studied client and client-based family therapy, but  
11 many other different theories of how family therapy  
12 can work that have been a part of the development  
13 in this field for the last many decades.

14 So if you're asking about science, there's a  
15 piece of each one of those theories that would be  
16 rooted in science and have proponents for strengths  
17 and limitations. Does that answer your question?

18 BY MR. ABBOTT:

19 Q Well, let me use your example. You have  
20 provided therapy to patients who are suffering from  
21 post-traumatic stress?

22 A Yes.

23 Q So why don't we just use that as an example.  
24 What do you do in a therapy session for a patient who  
25 has post-traumatic stress? What do you do to try to

1 help them?

2 MR. MIHET: Form.

3 THE WITNESS: What you're asking me there is  
4 for a simple answer on a complex topic. Every  
5 client that comes through my door -- again, using  
6 that example of post-traumatic stress, every client  
7 that comes through my door dealing with that  
8 particular issue is a different conversation, is a  
9 different speech, a different talk back and forth,  
10 so there's not a one-size-fits-all to that, okay.

11 If you're looking for some general principles  
12 or general parts that would be involved in each of  
13 those different conversations and speeches -- when  
14 I say "speech," I mean my speech and my client's  
15 speech, okay. For post-traumatic stress, again  
16 using that example, I would go through a checklist  
17 and these are common symptoms for post-traumatic  
18 stress.

19 I would share with them that post-traumatic  
20 stress actually shows up on a brain scan. It's as  
21 clear as a broken bone shows up on an X-ray, and  
22 that provides some relief when people realize  
23 they're not crazy.

24 I would talk them through and discuss with  
25 them the causes of their post-traumatic stress and

1           how it's a normal person's reaction to a completely  
2           abnormal situation. I would talk them through how  
3           that impacts people's relationships with others,  
4           and we might get into topics such as secondary PTSD  
5           with family members.

6           I would talk with them about normal responses  
7           in relationships, normal responses in people, and  
8           whether that's physical responses or emotional  
9           responses. Usually the emotional response is what  
10          brings them through my door or the relationship  
11          responses bring them through my door. And to be  
12          able to normalize that, to understand from their  
13          perspective what it's like, again, "If this is  
14          providing you distress, would you like it to be  
15          different, you know?" And so working with the  
16          client-centered approach on that.

17          Those would be some of the key points that I  
18          would have with any client on post-traumatic  
19          stress.

20       BY MR. ABBOTT:

21           Q       All right. So let me see if I've got those in  
22       order. One of things you do is you make a diagnosis?

23           MR. MIHET: Objection. Form.

24           THE WITNESS: When you talk about making a  
25       diagnosis, I don't -- I don't make a diagnosis.

1 I'll make an assessment of what's going on. I am  
2 not -- with my license, I do not believe I'm able  
3 to make a formal diagnosis of something like a  
4 psychiatrist would make, so I'm not going to  
5 diagnose somebody as being bipolar or something  
6 like that.

7 I have not found that labels are particularly  
8 helpful in my practice most of the time, so I would  
9 make an assessment that you're -- you know, if  
10 you've got many of these things on this checklist,  
11 let's talk about these things and the root causes  
12 of these issues and some solutions for those  
13 issues.

14 BY MR. ABBOTT:

15 Q All right. What do you mean by "an  
16 assessment" and how is that different than a diagnosis?

17 A Well, if they're coming in and they're talking  
18 about a combat experience that they've had or a  
19 traumatic experience as a police officer, as a first  
20 responder, or sexual abuse, that would trigger me to  
21 pull out my post-traumatic stress checklist. And if  
22 they checked off some things on that list, then I would  
23 be inclined to have conversations about that topic with  
24 them.

25 Q All right. So while you might not make a

1 diagnosis of post-traumatic stress, you would begin  
2 treating your patient as if they had post-traumatic  
3 stress?

4 MR. MIHET: Objection. Form.

5 THE WITNESS: I would be -- I would be  
6 addressing the issues that they're distressed about  
7 and help them understand that those are common with  
8 people who experience trauma.

9 BY MR. ABBOTT:

10 Q Okay. Post-traumatic stress would show on a  
11 brain scan?

12 A That's correct.

13 Q In your practice, do you either order or  
14 recommend that your patients from time to time get a  
15 medical exam?

16 A I work hand-in-hand with medical  
17 professionals, doctors and psychiatrists, in a team  
18 effort to help my clients.

19 Q So in the example that we're talking about, if  
20 you had a patient that you were able to check off a  
21 number of symptoms of post-traumatic stress, do you,  
22 from time to time, recommend that your patient get a  
23 brain scan?

24 A Just for clarification, I refer to my clients  
25 as clients, not patients. Medical doctors usually refer

1 to them as patients.

2 So with my clients, I have talked about brain  
3 scans with them, but at this point it's, I think, about  
4 \$3,000 and if you have the -- if I have the information  
5 and they have the information on a checklist and they  
6 see they checked off 80 percent of the things that are  
7 common with people who have experienced trauma, usually  
8 they don't say, "Gosh, I want to go see this on a brain  
9 scan. Let me pay \$3,000." They have the information  
10 they need at that point. But we certainly talk about  
11 how that shows, and I'll perhaps show them pictures of  
12 brain scans of people with PTSD just to validate that so  
13 they can see it in a concrete way.

14 There was something else you asked about  
15 working with doctors. Is that -- did I answer your  
16 question or is there another piece to that?

17 Q I think I'm good. Thanks.

18 MR. MIHET: He'll let you know if you didn't  
19 answer his question to his satisfaction.

20 THE WITNESS: Okay. Got it.

21 BY MR. ABBOTT:

22 Q And the last thing I wrote down on the list  
23 that you gave me in speaking about post-traumatic stress  
24 is you will let your client know what the normal  
25 responses are to traumatic events. Do I remember that

1 correctly?

2 A Yes.

3 Q And you do that why? Is that a part of -- is  
4 that a part of the treatment? You're hoping that that  
5 process will help your client address their concerns?

6 MR. MIHET: Form.

7 THE WITNESS: Again, using this specific  
8 example of post-traumatic stress, there are certain  
9 common responses that people have.

10 The example that I will use with my clients  
11 oftentimes is "This is a heavy wooden door and if I  
12 open it and put my hand in it and you slam the door  
13 as hard as you can, what will happen?" And they  
14 look at me and they say, "Well, your hand would  
15 break and you would be in a lot of pain and you'd  
16 scream and cry."

17 "Would that happen if we did it to your hand?"  
18 And they'd say, "Yes." I'd say "That's a normal  
19 person's response to a completely abnormal  
20 situation."

21 When people experience trauma, there are  
22 certain normal responses that they have, and they  
23 are common to all trauma. And normal people  
24 experience these things, and that helps clients to  
25 understand that they're actually normal and they're

1 not bad and they're not wrong and they're not  
2 deficient and they're not in any way lacking or  
3 lesser in value because they're experiencing this  
4 discomfort.

5 BY MR. ABBOTT:

6 Q And the thought in your profession is if the  
7 client realizes that they have had a normal response,  
8 that will help them deal with what's troubling them?

9 MR. MIHET: Form.

10 THE WITNESS: I'm not sure I would make that  
11 such a sweeping statement. It would be a part of  
12 helping them deal with what's going on, but just  
13 that realization doesn't change everything. It  
14 might bring about another conversation, another  
15 level of conversation with them.

16 BY MR. ABBOTT:

17 Q So what else do you do to then help your  
18 patient?

19 MR. MIHET: Form.

20 BY MR. ABBOTT:

21 Q I think you've told me -- and we're talking  
22 about post-traumatic stress symptoms. So you've got a  
23 hypothetical client. They're exhibiting signs of  
24 post-traumatic stress, and so you make an assessment and  
25 you let the client know that their reaction to a

1 traumatic event is normal. Yes?

2 A Yes.

3 Q And what else do you do to help your client  
4 deal with the trauma that has caused them to seek your  
5 help?

6 A Depending on the level of discomfort that  
7 they're experiencing, we may continue to talk about  
8 their anxieties and their behavior changes and their  
9 emotional responses and how to deal with those.

10 I will also work with clients with something  
11 called EMDR, which has proven to be very beneficial for  
12 clients with post-traumatic stress issues.

13 Q You will talk to the client about their  
14 anxieties, true?

15 A Yes.

16 Q And is that -- how does that help the client?

17 A Well, if they understand their anxieties and  
18 they understand what's causing those anxieties and how  
19 those anxieties are -- and "anxieties," I'm using that  
20 as a broad generalization of a term, not --

21 Okay, a discomfort. We're talking about their  
22 discomforts and they understand how those discomforts  
23 will affect and are affecting their relationships with  
24 their -- with a spouse, with children, with co-workers,  
25 and being able to understand that that discomfort that

1 they're experiencing is perhaps rooted in a normal  
2 response to trauma, then that can help them understand  
3 how to -- how to bring about some changes in their lives  
4 and see those situations differently.

5 Q The next thing I think you told me is that you  
6 might help your clients undergo behavioral changes?

7 A If there are things that they're doing that  
8 they would like to be different. For example,  
9 responding with -- in anger. Short fuse, rage, those  
10 are normal responses to trauma. We would talk about how  
11 to have other responses in those situations.

12 Q Is it fair to call that phase of what you do  
13 treatment?

14 MR. MIHET: Form.

15 THE WITNESS: Yes, I guess so.

16 BY MR. ABBOTT:

17 Q And can you explain to me how you are more  
18 qualified to effect those behavioral changes than a  
19 nonprofessional?

20 A Sure.

21 MR. MIHET: Objection. Form, asked and  
22 answered.

23 THE WITNESS: Sure. How am I more qualified  
24 to do that than someone else?

25 BY MR. ABBOTT:

1 Q Yes, sir.

2 A When you say someone -- someone like you?

3 Q Yes, sir.

4 A Okay. Because I have met the state's  
5 requirements for education and training and licensure to  
6 be able to do that, and the state has determined what  
7 those requirements are.

8 Q And what are the methods that you are familiar  
9 with that I'm not that help you in effecting those  
10 behavioral changes?

11 MR. MIHET: Form, asked and answered.

12 THE WITNESS: You're asking me to boil down  
13 many years of graduate school into one answer here.  
14 I don't know how to do that.

15 BY MR. ABBOTT:

16 Q Okay. There are a myriad of things that  
17 you're aware of that you use to help effect behavioral  
18 changes that I'm not familiar with, is that what you're  
19 telling me?

20 A I have learned some things in the classwork at  
21 Nova Southeastern University and my studies and my  
22 continuing education that has given me the ability to  
23 help people in dealing with the stress in their lives.

24 Q Okay.

25 A And if you had taken that same classwork and

1 that same continuing education and the same licensure, I  
2 imagine you would have the same insights as I have at  
3 this point.

4 Q I think, doctor, you perhaps overestimate me.

5 So let me talk about the example that we've  
6 been talking about. So you've got -- you've got a  
7 client who is exhibiting signs of post-traumatic stress  
8 disorder and they are responding by acting out in anger.  
9 Can you let me know some of the methods that you use to  
10 help your client not respond in an angry way?

11 MR. MIHET: Form.

12 THE WITNESS: Well, we would talk about what  
13 situations are triggers for those outbursts. We  
14 would talk about how to avoid those situations or  
15 have a different response in those situations. We  
16 would look for triggers.

17 BY MR. ABBOTT:

18 Q And those are things that you have been  
19 trained to do?

20 A Yes.

21 Q And you apply that training with your clients?

22 A Yes. That's correct.

23 Q Now, doctor, you made a point earlier on that  
24 what you do in your practice is speech.

25 A Yes.

1 Q And I think you told me only speech.

2 A I didn't say only speech. I said that when I  
3 greet people at the door, I speak. Most of what we do  
4 in the office is speak, is talk, uh-huh.

5 Q Okay. Is there anything that you do that's  
6 not speech? Let me break that down. Do you have any  
7 medical instruments that you use in your office?

8 A Okay. So with post-traumatic stress, I have  
9 been trained for EMDR. And that is a device that  
10 somebody holds in their hands and it's a bilateral  
11 stimulation of the brain, left side/right side, and we  
12 talk. They talk, I listen, while they're -- while  
13 they're holding those little buzzers in their hand.

14 Q Are those called EMDR devices or buzzers or  
15 what can I call them?

16 A That's a good generic title for it, either one  
17 of those.

18 Q Okay. Are there any other medical instruments  
19 that you use in your office?

20 A No, sir.

21 Q Is there anything else tangible that you use  
22 in your office? Do you have photographs that you use?

23 A I have a white board I write on. Again, that  
24 would be written speech in my opinion.

25 Q That white board is --

1 A Dry-erase. It's a dry-erase board.

2 Q Fair enough. I wasn't even going to bug you  
3 about that. I was going to ask you this: That white  
4 board or that dry-erase board is usually blank when the  
5 session begins?

6 A Yes, it is.

7 Q Okay. And the things you write on the white  
8 board are what? Things that your client may have said  
9 that you find to be of significance?

10 A Sometimes.

11 Q And what else might you write on there, on  
12 your white board?

13 A Well, they might write on it also.

14 Q Okay.

15 A Okay. And so, again, it's their speech and  
16 it's my speech. I might write some key points for them  
17 to see. I might --

18 An hour is a long time to sit and talk with  
19 somebody. If you want to keep track of key ideas,  
20 oftentimes clients will take notes on paper or we'll  
21 write things down so we don't lose what we talked about  
22 at the beginning of the session by the end of the  
23 session so they can see, you know, the progression of  
24 the conversation.

25 Q Okay. Other than the dry-erase board and the

1 EMDR device, is there anything else tangible that you  
2 use in your office?

3 MR. MIHET: Form.

4 THE WITNESS: I have a laptop. I may show a  
5 picture on the laptop.

6 BY MR. ABBOTT:

7 Q And those are -- I am technologically  
8 primitive. Those are pictures that are a part of the  
9 drive of the computer or those are pictures you will  
10 find by doing an Internet search?

11 A An Internet search.

12 Q Okay. Anything else that you -- tangible that  
13 you use in your office?

14 A Tissues, lots of them.

15 Q And, doctor, are you an unusual marriage and  
16 family therapist in that regard? In other words, are  
17 there others in your profession that routinely use  
18 tangible devices that we have not discussed here today?

19 MR. MIHET: Form.

20 THE WITNESS: I can only speak to the  
21 professionals that I have known at the counseling  
22 center where I worked, at the places where I've  
23 done internships. And other than EMDR devices, I  
24 don't think there's -- and the white boards, I  
25 don't think there's anything else that anybody else

1 would use that I have seen --

2 BY MR. ABBOTT:

3 Q Okay.

4 A -- but I can't speak for everybody across the  
5 profession.

6 Q Sure.

7 A I can only tell you what I have seen.

8 Q And is that consistent with your training? By  
9 which I mean the following: Are there -- were there  
10 devices that were recommended to you or that you were  
11 taught in your training that you have just on your own  
12 opted not to use?

13 A No.

14 Q And I think before -- I think you told me  
15 this, forgive me, you deem all of those things that  
16 you're doing and using in the office to be speech?

17 A I didn't say that.

18 MR. MIHET: Objection. Mischaracterizes his  
19 testimony.

20 BY MR. ABBOTT:

21 Q All right. Forgive me. I misspoke then.

22 Would you categorize the things that we have  
23 discussed here, the things that you do in your  
24 profession, as all being speech?

25 MR. MIHET: Form, asked and answered.

1 THE WITNESS: So holding those EMDR devices in  
2 their hand would not be speech. While we're  
3 talking, while they're talking with me while  
4 they're doing that, that is speech. You can do  
5 some research on what that does.

6 The computer, showing a picture of a brain  
7 scan on a computer is an example for PTSD. I'm not  
8 an attorney, you have to find out whether that's  
9 speech. Let the attorneys argue that one out. But  
10 those are really -- writing on the white board, I  
11 would consider that speech. Talking, a lot of  
12 talking. Crying's not speech, but I mean I guess  
13 you could pass a tissue box.

14 BY MR. ABBOTT:

15 Q Right. Would you agree then it's really the  
16 nature of your profession that you do -- you do what you  
17 do? Your profession is accomplished through speech?

18 A Yes. That's correct.

19 Q Is part of your practice, doctor, engaged in  
20 efforts to change a client's sexual orientation?

21 MR. MIHET: Form.

22 THE WITNESS: I told you earlier that I can't  
23 change any client.

24 BY MR. ABBOTT:

25 Q All right. Is it a part of your practice to

1 attempt to change any client's sexual orientation?

2 MR. MIHET: Form.

3 THE WITNESS: I can't change any client. My  
4 client's come to me with issues of distress that  
5 they want to work on, and I will talk with them  
6 about those issues and about alleviating their  
7 stress. Or if they have a conflict between their  
8 sincerely held religious beliefs and some other  
9 aspect of their life, be that sexual or not, we'll  
10 talk about those incongruities and how to make  
11 sense of those and how to decrease their anxiety  
12 and discomfort that comes from that.

13 And, again, this is client-centered and  
14 client-directed with clients' goals. So when you  
15 ask me about trying to change somebody, I am not  
16 trying to change anybody on anything. These are  
17 client issues that clients want to seek change on,  
18 and they come asking for assistance as they walk  
19 through that journey, and we talk about that  
20 process in speech.

21 BY MR. ABBOTT:

22 Q All right. Well, let me make sure I  
23 understand. And I didn't mean to suggest that anything  
24 you do is against a client's will.

25 So let's assume that you have a client that

1 expresses a desire to change his or her sexual  
2 orientation. Do you then undergo efforts in an attempt  
3 to, in fact, change the client's sexual orientation?

4 MR. MIHET: Form.

5 THE WITNESS: I've already said I can't do  
6 that. That's like trying to say you go to the  
7 doctor and here, "I'd like to be nine feet tall.  
8 Would you try to change me?" That's impossible.  
9 The doctor is not going to change you to do that.  
10 So, I cannot change a client to do that.

11 You can ask that in lots of different ways,  
12 but the answer is always going to be "I cannot  
13 change a client."

14 BY MR. ABBOTT:

15 Q Okay. In an equally clear way, would you  
16 agree that that being the case, you don't attempt to  
17 change a client's sexual orientation?

18 A Yes. With the caveat that I don't want the  
19 way you asked that question to imply that, whether or  
20 not I attempt to do it or not, that is something that  
21 could be attempted or that I could do if I did attempt  
22 it. Okay.

23 Q I understand.

24 A I don't attempt it. I cannot do it even if I  
25 were to attempt it.

1 Q Understood. But you understand people --  
2 people sometimes attempt things that are unlikely to be  
3 successful. I can go home and attempt --

4 A I did not attempt it, and I cannot do it.

5 Q Very good, sir.

6 Much in the way that I can attempt to go home  
7 and dunk a basketball even though I can't do it, right?  
8 So you understand the distinction I'm drawing?

9 A Yes, I do.

10 Q And you made it clear that you neither can nor  
11 do you attempt to change --

12 A That's correct.

13 Q -- sexual orientation?

14 A That is correct.

15 Q All right. So what's the best way to describe  
16 what you do in terms of clients with sexual orientation  
17 issues? You don't change the orientation or try to  
18 change the orientation. What do you do in that regard?

19 A Well, if I have a client who comes in --  
20 that's a real broad question. There are lots of --

21 Can you narrow that down? There's a lot of  
22 clients who might be coming in, hypothetically, to deal  
23 with that topic that you've just mentioned. Focus me in  
24 a little bit on that.

25 Q Well, all right. Maybe it would be better for

1 you to answer by way of an example rather than as a  
2 universal. I'm just not -- I just want to get a handle  
3 on what it is you do or what you might do if you have a  
4 client that has sexual orientation issues.

5 A Okay. Are you talking about a minor? Are you  
6 talking about an adult?

7 Q Well, let's talk about minors.

8 A Okay. So if I have a minor who comes in, the  
9 parents bring the client in. I have consent forms that  
10 they sign. We talk about goals for therapy. That  
11 conversation includes the parents and the child. We  
12 talk about why they came, what's the distress they're  
13 experiencing that they would like to be different. We  
14 would talk about how it's affecting their life. What  
15 are the root causes of that discomfort? Is there some  
16 incongruity between what they believe and what they  
17 feel?

18 And in this regard, since we're talking about  
19 minors, if they don't want to participate in a  
20 conversation, they keep their mouths closed, end of  
21 story, game's over, let's go home. So I can't coerce  
22 somebody to even participate in a conversation, okay.  
23 And if a client comes in and is willing to participate  
24 in a conversation, is asking me to participate in that  
25 conversation about how to handle these points of

1 dissonance in their lives, then we'll talk about those  
2 things. And, again, all of that is speech. All of that  
3 is talk.

4 Q Okay.

5 MR. MIHET: Mr. Abbott, we've been at it for  
6 about an hour. When it's convenient for you, I  
7 could use a restroom break.

8 MR. ABBOTT: Any time is convenient, so have  
9 at it.

10 (Thereupon, a short break was taken from 10:56  
11 a.m. to 11:03 a.m.)

12 BY MR. ABBOTT:

13 Q Doctor, I think when we left off we were  
14 talking about patients who come to see you with regard  
15 to sexual orientation issues. I think the last thing  
16 that -- well, I'm not sure it was the last thing, but  
17 you mentioned that you can't make a client speak.

18 A That's correct.

19 Q And does that happen or has that happened?  
20 Have you had a minor client come to see you about sexual  
21 orientation issues and then that client just wouldn't  
22 communicate with you?

23 A I have had minor clients who didn't want to  
24 communicate about that topic with me.

25 Q Okay.

1           A       I've had other minor clients who got up and  
2 walked out of the room, but not on that topic.

3           Q       So when we started to talk about minors, you  
4 said a few things. You said when you have a minor  
5 client, that the parents bring the child in to see you?

6           A       Well, if they have a driver's license, they  
7 can come themselves, but the first time the parents do  
8 bring them because it is helpful to -- well, the parents  
9 sign the consent forms, the parents pay.

10                   The goals that the clients set are often set  
11 in conjunction with parents and conversations with  
12 parents, and so it's helpful to get everybody in the  
13 room oftentimes upfront for a few minutes and say "What  
14 are the goals that we have that we want to work  
15 towards?" And that's usually a collaborative process  
16 that involves all parties.

17           Q       Is that a legal requirement to the best of  
18 your knowledge?

19                   MR. MIHET: Objection. Form.

20                   THE WITNESS: I don't know whether it's -- I  
21 know it's in the code -- I believe it's in the code  
22 of ethics for the different professional  
23 organizations, but I don't know if it's a legal  
24 requirement. We do it. I do it.

25 BY MR. ABBOTT:

1 Q Okay. You require parents to sign consent  
2 forms?

3 A I have always required parents to sign consent  
4 forms when working with children, yes.

5 Q And you will not -- you will not treat a  
6 client whose parent has not signed a consent form?

7 A In the past I have not. I believe there's a  
8 Florida Statute that says if clients are 13 or older,  
9 then they can -- they can give limited consent. I  
10 don't -- I can't tell you whether that would come into  
11 play in my practice in the future or not, but I believe  
12 that's out there.

13 Q Okay. At least as of today, you have not  
14 treated a client whose parents -- treated a minor client  
15 whose parent did not sign a consent form?

16 A That's correct.

17 Q I think the next thing you told me is that  
18 parents pay?

19 A That's correct.

20 Q That's an important part of your practice?

21 A Yes, sir.

22 Q And what if you had a hypothetical minor  
23 client who had the means and willingness to pay, would  
24 you still require a parent to sign the consent form?

25 A That's a pretty broad hypothetical. Again, I

1 believe that Florida Statute says that if they're 13 or  
2 older, then they can provide some -- they can consent.  
3 And there are some limitations in that statute that  
4 would allow a certain amount or level of care.

5 At this point in my practice I want to work  
6 with parents because family therapy takes in the context  
7 the family system. And if that minor is living in a  
8 house with parents, it would be helpful for everybody in  
9 the house to understand what's going on. And again, I'm  
10 generally speaking, and so I have not found it  
11 beneficial to date to provide counseling for minors  
12 without parental consent even if they would fall under  
13 that Florida Statute that would give me permission to do  
14 so.

15 Q I hope you forgive me, doctor. I am not  
16 familiar with that Florida Statute. Do you happen to  
17 know it by number?

18 A No, I don't.

19 Q And can you tell me any more about it other  
20 than it allows minors 13 years old or older to consent  
21 to therapy? Is it therapy in particular?

22 A I would say the only thing I remember about  
23 it, other than what I've just said, is I believe one of  
24 the limitations is twice a week. You'll have to do the  
25 research and find it.

1 Q That's fine.

2 A I've not used it in my practice, so it's not  
3 something that I have on the tip of my tongue.

4 Q Fair enough.

5 And I think you told me that in your practice  
6 the parents help set the goals?

7 MR. MIHET: Form.

8 THE WITNESS: Yes, sir. That's correct.

9 BY MR. ABBOTT:

10 Q And how does that happen practically? Does  
11 the initial session with a minor client necessarily  
12 begin with both the minor client and the -- and a  
13 parent?

14 A Again, that's not a one-size-fits-all answer.  
15 I have had clients where the parent might come in first  
16 and give some background information and then the minor  
17 comes in. I've had clients where the minor wanted to  
18 come in first and talk, and I've had clients where we  
19 all sit down together and have that conversation  
20 together. Again, it's client-directed. What are they  
21 comfortable with, I'll work with that.

22 Q For each of the minor clients you have had,  
23 have you had meetings with both the minor and a parent  
24 to help set goals for the therapy?

25 A I've seen a lot of minors over the years. Are

1 you just focusing in on the sexual question here at hand  
2 that this ordinance covers or are you focusing on all of  
3 my minor clients across the board?

4 Q Fair question. Let me start more generally.

5 For all of your minor clients, do you -- in  
6 order to set goals for the therapy, do you take input  
7 from both the minor and a parent?

8 MR. MIHET: Form.

9 THE WITNESS: Yes.

10 BY MR. ABBOTT:

11 Q Have you ever had a prospective minor client  
12 who didn't want you to meet with his or her parents?

13 A When you say want me to meet with them, give  
14 me some details on what you mean by that.

15 Q Sure. I think you just told me that when a  
16 minor client comes in, that in order to set the goals  
17 for the therapy, you take input from both the minor and  
18 from a parent.

19 A Yes. That's correct.

20 Q Have you ever had a minor client who has said  
21 "These are my goals from the therapy and you don't need  
22 to talk to my parents about it"?

23 A No, I haven't had that, but I've had clients  
24 who said "I have different goals than my parents."

25 Q And what do you do when that occurs? What

1 happens if the minor and the parents have different  
2 goals?

3 A I'll give you an example of a teenager that --  
4 again, that's broad because there's a lot of different  
5 issues and a lot of different aged type of clients, but  
6 again, a teenager had different goals than the parents,  
7 and I mean if the teenager is not going to talk about  
8 what the parents want to talk about, you know, I can't  
9 force the teenager to do that. We can talk -- "What's  
10 interesting to you? Let's talk about what's interesting  
11 to you." And we'll go with whatever the teenager's  
12 goals are at that point and talk about that.

13 Oftentimes those conversations kind of turn  
14 back on "Where's the disconnect between you and your  
15 parents? Obviously you're living under their roof. If  
16 there's some level of discomfort because of this topic,  
17 maybe we could talk about how you handle that discomfort  
18 and the anxiety that might be there in your world  
19 because of that disconnect." But I can't -- and I don't  
20 impose, you know, the parents' goals on that teenager.

21 Again, I can't force that teenager to change.  
22 If the teenager wants to change, obviously he or she  
23 can. There's lots of examples. People wouldn't come to  
24 therapy if they didn't think they could change.

25 So, you know, there are some things that

1 are -- you know, that they want to talk about that  
2 they'd like to change. "Great. We can do that. What  
3 are they? We'll talk about what your goals are," and  
4 we'll have a conversation about their goals and move in  
5 that direction.

6 Q So am I understanding you correctly that in  
7 the event a minor client's goals are different than the  
8 parents' goals, it's the minor client's goals that you  
9 will -- that you'll attempt to meet?

10 A The example I gave you was a teenager. I've  
11 never met a five year old who says, "Dad, would you  
12 please take me to the pediatrician so I can get my  
13 immunization shots? I really like the way that hurts."

14 There's a place where parents do make  
15 decisions for young minors. There's a place where  
16 minors begin to be able to speak about things that are  
17 important to them, and that's that handoff from parents  
18 training children to stand on their own two feet. Where  
19 does that occur on a time line? You cannot put a dot on  
20 the time line and say "Here they are." But obviously  
21 the older the minor is, the more they would have input  
22 on those kinds of things.

23 So to your question -- I'm sorry. The  
24 question was something about parents imposing -- or who  
25 do I listen to?

1 Q Yes.

2 A Okay. I -- obviously parents setting a goal  
3 for a five year old about learning to obey the first  
4 time, I'm going to listen to the parent and not to the  
5 five year old who says, you know, "But I don't want to  
6 do it. I want to be in charge." But when it comes to a  
7 teenager, who might have sexual orientation preferences  
8 that are different than the parents, I can't force that  
9 teenager to do anything.

10 If the teenager wants to talk about something,  
11 that's all I can talk about is what they want to talk  
12 about. I can't impose change because I can't change  
13 that teenager that the parents may want. I can't impose  
14 that on them because I can't change that teenager.

15 Now if that teenager wants to change, even in  
16 sexual orientation issues or attractions or behaviors or  
17 obedience behaviors or school behaviors or anything else  
18 like that, then that teenager can experience change.

19 Q So I'm wondering if, given what you've said,  
20 that if the minor client doesn't have something as a  
21 goal, that you can't make the minor address it, why is  
22 it then that parents are a part of setting the goals for  
23 the therapy?

24 A Okay. Again, your question overlooks the  
25 example I gave you of a six-year-old or a five-year-old

1 who doesn't want to obey. So I'm assuming your question  
2 is talking about a 14, 15, 16 year old who has different  
3 goals than parents, is that accurate?

4 Q I think that's fair enough.

5 A Okay. So assuming that that's what you're  
6 talking about, why is it important to have everybody's  
7 input on those goals?

8 They live under the same roof. These are  
9 families that come to see me, and so if they have  
10 different ways of handling whether or not somebody  
11 should eat in their room and leave dirty plates on the  
12 floor in their room, the teenager might have one  
13 perspective on that and the parents might have another  
14 perspective on that. They might disagree. And it would  
15 be helpful, since they're all living under one roof, to  
16 be able to talk about that, and maybe the teenager will  
17 want to change that or maybe not. Maybe the teenager  
18 doesn't want to talk about it but at least having a  
19 conversation about "What are your goals? What are your  
20 parents' goals? You know, we can -- we can understand  
21 the starting point for where we're headed."

22 The question I ask people is: "Why are you  
23 here? What brings you in today?" Because that gives me  
24 an idea on why each person is there and how invested  
25 they are in the process of change, what change they're

1 looking for individually. Is that common amongst each  
2 of the family members? Who's most invested? Who's  
3 least invested in that?

4 Q So let me use the example that you gave of a  
5 minor who's got a messy room. What happens if the  
6 parents say, "I would like for you to offer therapy to  
7 my child, and my goal is to have [REDACTED] keep [REDACTED] room  
8 clean," and then you meet with the minor client and the  
9 minor client says, "That's not a goal of mine. I'm  
10 perfectly comfortable with my messy room"? What happens  
11 in that scenario?

12 A Okay. Off the top of my head, I can just  
13 think of two routes that conversation might have.  
14 They're certainly not the only two.

15 Part of that might be "So your parents want  
16 you to have a clean room and they don't like the  
17 standard of cleanliness that you've been keeping. Is  
18 that causing -- is that conflict with your parents over  
19 this topic causing you distress? If so, to what level?  
20 What degree of distress? And is that something that you  
21 would like to change? The distress piece. You know,  
22 not the messy room, but the dissonance between you and  
23 your parents. If that's something you'd like to change,  
24 how invested are you in that change? What kind of  
25 things would you be willing to do to bring about that

1 change?"

2 Second avenue of conversation might be with  
3 the parents and, again, talking about the consequences.  
4 So if your child is not, you know, making the bed and  
5 folding the blanket at the end of the bed, that's  
6 different than is your child -- you know, is there four  
7 weeks' worth of laundry on the floor and bags of potato  
8 chips and old ice cream bowls sitting on the floor?

9 "What consequences are you willing to put in place or  
10 what conversations might you have or how can you work on  
11 your relationship with your child so that they want to  
12 do the things that you desire?" And we'll talk about  
13 parenting, parenting issues then.

14 So depending whether it's the minor, whether  
15 it's the parent, if they have different goals, those are  
16 the two conversations that would be -- two of many  
17 conversations that would come to the top of my head that  
18 I would certainly pursue.

19 Q All right. Well, let's bring the conversation  
20 closer to the matter at hand. How many clients have you  
21 had where the issue to be addressed is the minor's  
22 same-sex sexual attractions?

23 A I've dealt with four.

24 Q And what are their ages?

25 A 14, 14, 16, 16, to the best of my

1 recollection.

2 MR. MIHET: Object as to form on that  
3 question, retroactively.

4 BY MR. ABBOTT:

5 Q And have each of those clients been clients of  
6 yours since you've gone into private practice?

7 MR. MIHET: Form.

8 THE WITNESS: I've seen one of those clients  
9 since then. Two of those clients I haven't --  
10 their file is in my active files list, but I have  
11 not interacted with them since I went into private  
12 practice. And the fourth one, I don't believe I've  
13 had any contact since private practice. I think  
14 that one's a closed case.

15 BY MR. ABBOTT:

16 Q All right. So I'm clear, one client you had,  
17 that carried over from your work at Spanish River and  
18 you are still providing counseling for?

19 MR. MIHET: Form.

20 THE WITNESS: That's correct.

21 BY MR. ABBOTT:

22 Q Okay. Two of them you provided counseling for  
23 at Spanish River and you expect that you might see them  
24 or treat them in the future, but so far you haven't in  
25 your private practice?

1           A       When you say "treat them," the families are --  
2       the families are clients of mine, not just the  
3       individuals, so it's not just treating the child, okay.

4                   I might see someone from the family. I might  
5       see the child. I might see the parents and the child  
6       together. That's an open file. It is a family file,  
7       and it is an open file.

8           Q       But you have not seen the minor since you  
9       opened your private practice?

10          A       That's correct.

11          Q       And the last one is somebody that you provided  
12       counseling for at Spanish River that you have no reason  
13       to -- that's a closed case?

14          A       At this point, yes.

15          Q       In those four cases, doctor, have the goals of  
16       the minor and the goals of the parents been materially  
17       identical?

18                   MR. MIHET:   Form.

19                   THE WITNESS:  No.

20       BY MR. ABBOTT:

21          Q       Okay. You have had one or more clients that  
22       had different goals than their parents have had?

23          A       That's correct.

24          Q       And can you explain that to me? How many of  
25       the clients and what has the conflict been?

1           A       I had one client who -- whose parents came in  
2 with the client because there were parental issues going  
3 on of general parenting, had nothing to do with sexual  
4 orientation, okay. And the parents also mentioned, "By  
5 the way, our child is not heterosexual and is talking  
6 about that, and we would like you to address that issue  
7 as well, okay, and we would like your help on that  
8 issue." I spoke with that minor child and there was not  
9 an issue for the child, perfectly content with that.

10                   The second one was -- let me back up. The  
11 first one was not really interested in talking about the  
12 issue, okay.

13                   The second one was open to talking about the  
14 issue, and I would describe that not necessarily that  
15 the parents had different goals, but there was just a  
16 season of curiosity and experimentation and opened to  
17 talking about the issue.

18                   The third client was experiencing discomfort  
19 because of the way that ■■■ sexual orientation was  
20 impacting■■■ friendships, had different goals than ■■■  
21 parents on that initially, and so we talked about the  
22 discomfort that ■■■ was experiencing because that was the  
23 point of agreement that we had. And the third client, I  
24 would just categorize that as experimenting, and ■■■ was  
25 certainly willing to talk and have a conversation.

1 Q All right. I hope you're going to remember  
2 the order in which --

3 A I did. I wrote it down just so I'd have it.

4 Q Excellent. I think the first child, you told  
5 me about the parents were concerned about the  
6 orientation of their child --

7 A That's correct.

8 Q -- and the child didn't want to talk about it?

9 A Let me articulate that a little bit  
10 differently. [REDACTED] was fine talking about it, but [REDACTED]  
11 wasn't interested in talking about how that could change  
12 for [REDACTED].

13 [REDACTED] was content with the way [REDACTED] was feeling,  
14 the way [REDACTED] was behaving, and that was not causing [REDACTED]  
15 distress in [REDACTED] life. It was causing [REDACTED] distress in  
16 [REDACTED] conflict with [REDACTED] parents, but [REDACTED] was willing to  
17 talk about any of that, just not about -- [REDACTED] didn't  
18 want [REDACTED] parents to change [REDACTED] and [REDACTED] didn't want me to  
19 try to change [REDACTED], and [REDACTED] came in with that concern and  
20 [REDACTED] expressed it.

21 Q And so what did you do as a result of that?  
22 Would the counseling sessions deal at least in part on  
23 the subject of the sexual orientation of the child or  
24 did it not?

25 A Other than just gathering information up front

1 the first week or two about -- and [REDACTED] would share about  
2 [REDACTED] -- I guess the first week is kind of an overview  
3 week, "Bring me up to speed on what's going on in your  
4 life." [REDACTED] would -- [REDACTED] would bring it up every now and  
5 then in the first many weeks we met. I didn't initiate  
6 that. I didn't ask that. And, interestingly enough,  
7 over the course of our sessions together [REDACTED] went from  
8 identifying [REDACTED] as a lesbian to identifying [REDACTED]  
9 as a bisexual to saying "I'm heterosexual. I have a  
10 boyfriend."

11 The idea of changing [REDACTED] sexual orientation  
12 like that was never a part of the conversation that we  
13 had in the office other than just to say that "So your  
14 parents are -- you and your parents have a conflict over  
15 your sexual orientation. How are you handling that  
16 conflict? What's that like for you? How do you -- how  
17 do you deal with that stress with your parents?"

18 Q Other than the sort of initial meeting, the  
19 initial goal setting meetings, are the parents of your  
20 minor clients kept apprised as to the progress of the  
21 therapy?

22 A Yes. Absolutely.

23 Q In the case that we're talking about, was it  
24 the sexual orientation of the child that caused the  
25 parents to arrange for the therapy?

1           A       That was one of two issues. The primary issue  
2 was disobedience and conflict in terms of obeying mom.

3           Q       As to the first issue, did the parents follow  
4 up with you from time to time and ask you questions  
5 like, "How are the sexual orientation issues with my  
6 child going? What kind of progress are we making?"

7           MR. MIHET: Form, and mischaracterizes the  
8 testimony.

9           THE WITNESS: I told them initially when I  
10 first spoke with them that "I cannot change your  
11 ██████████," and so they knew from the outset that my  
12 position was not going to be trying to change their  
13 ██████████, okay.

14           They knew from the conversations that I had  
15 with them after the first session that the time  
16 together was really focusing on the obedience  
17 issues and the explosive anger issues towards mom  
18 and how to handle those, okay, and in working in  
19 conjunction with a psychiatrist to help some  
20 medication issues and maybe stabilize some of the  
21 outbursts and some of the anxieties and depression  
22 that might have been going on there.

23           So my conversations with mom were about those  
24 things, not about the sexual orientation issues.  
25           However, at times I recall mom might have said, you

1 know, "Oh, by the way, this is what [REDACTED] said this  
2 week about sexual orientation, and did [REDACTED] mention  
3 that to you in counseling? You know, did [REDACTED]  
4 mention [REDACTED] has a boyfriend now or whatever? You  
5 know, did [REDACTED] mention [REDACTED] bisexual now?" And mom  
6 would give me a little comment like that every now  
7 and then, but our --

8 My conversations with mom were never back and  
9 forth, me or [REDACTED], addressing issues of how -- "So  
10 how are you doing changing my [REDACTED]'s sexual  
11 orientation?" Again, because that was not a part  
12 of the discussion with the [REDACTED] and that's not  
13 something I can do anyways, but [REDACTED] demonstrated  
14 that [REDACTED] could change if [REDACTED] wanted to on that  
15 issue. So it's not that change is immutable  
16 because I didn't change [REDACTED]. I had nothing to do  
17 with that.

18 BY MR. ABBOTT:

19 Q So the child's mother didn't express any  
20 disappointment to you that the subject of sexual  
21 orientation was not a big part of the ongoing therapy  
22 sessions?

23 A As I recall, [REDACTED] understood that there was a  
24 lot to talk about and [REDACTED] understood that we would be  
25 talking about the things that the [REDACTED] was most

1 comfortable talking about and wanted to talk about  
2 because [REDACTED] understood that the [REDACTED] would not come  
3 back if we didn't talk about the things that the  
4 [REDACTED] wanted to talk about. And that if I tried to  
5 force her to talk about other issues, that [REDACTED] wouldn't  
6 come back. And even if the mother got [REDACTED] in the car  
7 and brought [REDACTED] in my office, that [REDACTED] would sit there  
8 and not say anything and waste [REDACTED] mom's money.

9 And [REDACTED] said -- [REDACTED] said [REDACTED] wouldn't walk  
10 out, but [REDACTED] wanted to sit there the whole hour and  
11 waste mom's money as punishment for mom, and so mom knew  
12 the expectation, we'd go with what the [REDACTED] wants to  
13 talk about.

14 Q Right. So there wasn't disappointment  
15 expressed to you or words to the effect of "Hey, doctor,  
16 I brought my child in to you for two reasons and one of  
17 the things doesn't seem to be being addressed"?

18 A Never.

19 Q Okay.

20 A Never. Uh-uh.

21 Q Okay. Your second client expressed some  
22 curiosity and experimented in homosexual activity?

23 A Yes.

24 Q And that client was willing to talk to you  
25 about that subject?

1 A To a -- to a very small degree.

2 Q Did that client express to you in the goal  
3 setting meeting a goal to address sexual orientation or  
4 sexual orientation attractions?

5 A No, but the client expressed -- ■ shared  
6 something that had happened to ■ which caused ■  
7 great distress and depression and anxiety. ■ was  
8 dealing with an eating disorder and with cutting, and  
9 that had all had its onset after this particular  
10 incident.

11 And ■ was willing to talk about those things  
12 in very limited degrees which is, in my experience,  
13 common. When teenagers come in with issues like that,  
14 the conversations start slowly because we're building  
15 trust.

16 Q So at least at the goal setting session the  
17 minor didn't say words to the effect "I would like my  
18 orientation or my sexual attractions to decrease"?

19 A No. ■ was distressed by the experience that  
20 ■ had had and confused by the feelings that came with  
21 that experience that were contrary to ■ sincerely held  
22 religious beliefs. And that conflict, that dissonance  
23 there was very difficult for ■, and ■ didn't know  
24 how to handle those confused feelings. And layering  
25 upon that the way that manifested in eating issues and

1 in cutting issues and in suicidal thoughts that was --  
2 it was a slow conversation, at [REDACTED] pace, on the topics  
3 that [REDACTED] wanted to talk about.

4 Q Did [REDACTED] parent or parents express as a goal in  
5 the initial goal setting meetings to address their  
6 child's sexual orientation?

7 A No. That had -- that didn't come up until  
8 down the road. When I say "that didn't come up," I mean  
9 her thoughts and feelings of confusion were not  
10 something that [REDACTED] articulated in that initial meeting.  
11 That actually came out weeks later.

12 Q I understand. When -- and when it did come  
13 out, did you advise [REDACTED] parent or parents about this  
14 issue that had arisen?

15 A As I recall, they advised me, and then [REDACTED]  
16 shared it with me in a counseling session before I  
17 brought it up.

18 Q Okay.

19 A So they gave me the background information,  
20 said "Let [REDACTED] bring it up," and [REDACTED] did.

21 Q All right. And in that conversation did the  
22 client's parent or parents express as a goal that the  
23 child not have those sexual attractions?

24 A They realized that these sexual attractions  
25 were causing great confusion for their [REDACTED] because

1 they were contrary to [REDACTED] sincerely held religious  
2 beliefs and that [REDACTED] didn't know how to handle that  
3 delta, that difference. And they were disturbed by the  
4 experience that [REDACTED] had that had triggered all of this  
5 and asking for help dealing with the whole package of  
6 all of those things.

7 They -- when the conversation went to [REDACTED]  
8 sexual feelings -- when the conversation shifted at some  
9 point from "anxiety, depression because of what happened  
10 to me" to "I had these confused sexual feelings," at  
11 that point the parents did talk with me about how to  
12 help [REDACTED] make sense of those, and their preference was  
13 that those feelings would not be something that would  
14 continue. And we talked about how, you know, it's  
15 really up to your [REDACTED] about what [REDACTED] wants and that  
16 [REDACTED] would direct -- you know, give us some direction to  
17 go on how to handle that.

18 Q Was progress made? Did the client make peace  
19 with the tension between his or her sincerely held  
20 religious beliefs and the distressing incident?

21 A I can tell you that progress was made and the  
22 communication with dad and mom increased, and that the  
23 trust that [REDACTED] had in [REDACTED] parents increased to the point  
24 that [REDACTED] was able to talk about things openly with [REDACTED]  
25 parents, and that [REDACTED] -- the shame -- the level of shame

1 █████ felt because █████ had been a victim of something,  
2 that was hard for █████, but █████ realized that █████ was not  
3 bad and that there was no reason for █████ to feel shame  
4 for that, and █████ was able to talk about those feelings  
5 and how they had affected █████.

6 In terms of change in █████ sexual feelings and  
7 the confusion from that, I -- I don't recall that being  
8 something that we discussed before I referred █████ on to  
9 another counselor.

10 Q All right. I have just a few more questions  
11 on that subject, and I promise I'll move on.

12 So may I assume that the troubling incident  
13 involved the minor client and another individual of the  
14 same gender as the client?

15 A That's correct. And it was unwanted.

16 Q Do you have a sense -- did the client express  
17 to you any prevailing sexual orientation? Does that  
18 subject come up? Did you ask --

19 A █████ had never had any -- I did ask about that  
20 and █████ --

21 MR. MIHET: Let me object as to form.

22 THE WITNESS: Okay. And █████ had never had any  
23 same-sex attractions, thoughts, activities before  
24 that incident.

25 BY MR. ABBOTT:

1 Q Okay. And at the time that you referred [REDACTED]  
2 on, was [REDACTED] still having either same-sex attractions or  
3 those confusing thoughts about the incident?

4 A Yes. That had heightened at that point.

5 Q And what did you do in the counseling sessions  
6 to address those feelings that your client was having?

7 A The same-sex feelings? Because there are a  
8 lot of feelings we're talking about here.

9 Q Yes, yes, thank you.

10 A We talked about how that was confusing for  
11 her. "How do you make sense of feeling this way and yet  
12 having this experience that was contrary to what you  
13 wanted and what discomfort is that causing you now? How  
14 does that dissonance reflect itself in your feelings and  
15 thoughts, emotions, behaviors, and your level of  
16 anxiety, depression, your suicidal thoughts, things that  
17 are a trigger for your eating disorder?" So we talked  
18 about it in that regard.

19 Q Did you talk with the client directly about  
20 how he or she might go about decreasing those same-sex  
21 attractions or feelings?

22 A No, I did not.

23 Q The third client I wrote down was having  
24 trouble with friends or schoolmates with regard to  
25 sexual orientation issues.

1 A That's correct.

2 Q And can you give me any more details on that?

3 A Individual had told his friends that ■ was  
4 gay and had been in school with these other friends  
5 since ■ was in kindergarten, and all of the sudden ■  
6 was -- the relationships changed and ■ was feeling  
7 distant and uninvolved.

8 Q Do you remember -- or I suspect you do -- was  
9 that client's goal to help to no longer be gay or was  
10 that client's goal to get along better with ■  
11 schoolmates and friends?

12 A Okay. To your comment, help to -- "help to no  
13 longer be gay" I think is how you worded that?

14 Q Yeah. I think you told me that the client  
15 announced to you that ■ had told ■ friends that ■  
16 was gay.

17 A Right. So my response to you on that would be  
18 labeling somebody is not -- like, that is not something  
19 I found helpful in my practice. We're talking about  
20 behaviors. We're talking about anxieties. We're  
21 talking about distress. We're talking about depression,  
22 those kinds of things, so I'm not looking to help ■ be  
23 not gay, okay.

24 Q Fair enough. I'm sorry, you weren't finished.  
25 Go ahead.

1           A       My conversations with [REDACTED] were never about  
2       that. We spoke about the discomfort [REDACTED] experienced in  
3       the change in [REDACTED] relationships with [REDACTED] friends, why  
4       that might be there, how to deal with that. And [REDACTED] was  
5       also dealing with this conflicts with religious views  
6       for [REDACTED] as well, and [REDACTED] was trying to make sense of that  
7       issue in [REDACTED] life, so we talked about that.

8           Q       And did you offer any advice for that client?

9                   MR. MIHET:    Form.

10                  THE WITNESS:  What do you mean by "advice"?

11                   Clarify that for me.

12                  BY MR. ABBOTT:

13                  Q       Well, once again, I've confessed to not having  
14       a good background in terms of what you do but,  
15       hypothetically, if this client had come in and told you  
16       that story, a hypothetical person might have said, "Find  
17       new friends," or a hypothetical response would be, "Stop  
18       telling them that you're gay and maybe those people will  
19       be more friendly to you."

20                   So I'm just trying to understand if you -- if  
21       you had any advice for how those conflicts might be  
22       resolved by your client.

23                  A       Yeah, I understand what you're saying there.  
24       I wasn't there to give [REDACTED] advice. We talked about pros  
25       and cons for telling [REDACTED] friends that [REDACTED] gay.

1                    Obviously when ■ shared that information,  
2                    that caused the change in their relationship. Was that  
3                    beneficial for ■ or was that change causing ■  
4                    distress? Was it -- were there benefits to letting ■  
5                    friends know that ■ was gay? And if so, what were  
6                    those benefits? And then ■ would have to weigh in the  
7                    balance the pros and the cons and make decisions about  
8                    how vocal ■ was because ■ was the same -- ■ was the  
9                    same buddy they played with all along, you know, and  
10                    they had a friendship that went back many years. And so  
11                    ■ would have to weigh in the balance the pros and cons  
12                    of what ■ said to these friends based upon what ■  
13                    thought the reactions would be and how that would  
14                    influence ■ relationship with them.

15                    So we talked about that. It was not to give  
16                    ■ advice and telling ■ which way to go with that, I  
17                    was providing ■ an opportunity to talk through that  
18                    issue and speak about that with me in a safe context  
19                    where ■ would not be judged on that and ■ would be  
20                    able to make ■ own decision on what ■ thought would  
21                    be in ■ own best interests.

22                    Q        All right. What did the client decide? I  
23                    mean when the client weighed those pros and cons did --  
24                    were you told about any decision in terms of whether the  
25                    client would continue to tell ■ friends that ■ was

1 gay?

2 A That was -- that was a recurring theme. The  
3 distress with [REDACTED] friends was a recurring theme that came  
4 up week after week after week. And I think also we're  
5 dealing with a minor who might not remember what  
6 homework [REDACTED] has for math class, and so to remember, you  
7 know, some of these things as [REDACTED] talking with [REDACTED]  
8 friends might not have been easy for [REDACTED] as well just  
9 developmentally where [REDACTED] was.

10 As far as I know, to this day [REDACTED] still says  
11 [REDACTED] gay and is content with that in [REDACTED] own mind and  
12 sees a discord between that and [REDACTED] faith, and [REDACTED]  
13 still trying to sort that out.

14 I believe there was a season, as I recall  
15 right, there was a season when he didn't talk as much  
16 with [REDACTED] friends about these things because [REDACTED] felt like  
17 they didn't understand how to handle that issue. And  
18 they were just, you know, young guys and to [REDACTED] it was  
19 more important to be included in things like "Let's go  
20 to a movie on Friday night" than to talk about [REDACTED] gay  
21 thoughts and feelings and have some kind of a negative  
22 consequence in terms of not being invited to a movie  
23 night with [REDACTED] buddies.

24 Q Is this individual still a client of yours?

25 A This is -- this is a client that I would still

1 say the family's file is in my active list, but I have  
2 not interacted with this family I would say more than  
3 once since the beginning of 2018. And it was not with  
4 [REDACTED] when I interacted with the family. It was not about  
5 [REDACTED] and it was not with [REDACTED].

6 Q Has your involvement with this client changed  
7 in any way that you attribute to a Boca Raton ordinance  
8 or a Palm Beach County ordinance?

9 MR. MIHET: Objection. Form, asked and  
10 answered.

11 THE WITNESS: I have not spoken with this  
12 client since the Palm Beach County -- with this  
13 minor, since the Palm Beach County or the City of  
14 Boca ordinances were passed.

15 If this client were to come see me now, I do  
16 not feel that I would be able to have the  
17 conversations with [REDACTED] now under these ordinances  
18 that I would have been able to have back then.

19 BY MR. ABBOTT:

20 Q And what do you intend to do as a response?

21 MR. MIHET: Form.

22 THE WITNESS: I don't understand your  
23 question.

24 BY MR. ABBOTT:

25 Q What if the child makes an appointment to come

1 see you -- well, you don't have a secretarial staff.

2 Are the appointments made by contacting you directly?

3 A Yes. They would contact me directly.

4 Q So if you were contacted to schedule an  
5 appointment, will you agree to schedule the appointment?

6 A Yes, I will.

7 Q And you will have an hour long session,  
8 assuming that's what the client wants?

9 A Yes, I will.

10 Q And what will happen differently in that  
11 session in light of the ordinances?

12 MR. MIHET: Form.

13 THE WITNESS: If the client brings up these  
14 issues, I would -- I would inform the client and  
15 the parents that "Right now the ordinances from the  
16 city and the county prevent me from having these  
17 conversations about your sexual feelings to the  
18 degree that they're unwanted. If you want those  
19 sexual feelings to change so your discomfort goes  
20 down with your friends, you know, I'm not able to  
21 have that conversation. I don't have anything" --

22 I mean it's a hypothetical. I'm not really  
23 sure how to answer that other than the way that I  
24 did.

25 BY MR. ABBOTT:

1 Q Okay. But your thought is you would have the  
2 session, you would just have to -- would you tell your  
3 client that certain things cannot be discussed in the  
4 session?

5 A This was one of many topics that I spoke with  
6 this client about, so if this client called me to  
7 schedule a session, I would not assume that that session  
8 would involve sexual orientation issues, and so I would  
9 have that session just as if we were -- somebody else --  
10 they were coming in any other time about obeying  
11 parents, just to use that example again. And if the  
12 sexual orientation issue came up, I would -- I would  
13 have to say that "Because of the current ordinances, I  
14 cannot talk about that topic, but I can talk about any  
15 of these others that you have in mind."

16 Q You wouldn't discuss that topic in general?  
17 And by the topic -- forgive me. Just so I'm clear, the  
18 topic is I think the minor announcing to his friends  
19 that he's gay and then being troubled by the reactions  
20 his friends have?

21 MR. MIHET: Form, asked and answered.

22 THE WITNESS: Well, I'm not an attorney. As I  
23 read the ordinance, the city and the county  
24 ordinances, I believe that I'm not able to discuss  
25 unwanted sexual feelings, just to choose one of

1 those off the list.

2 If ■ starts talking about this and ■ says,  
3 "By the way, I really don't like these feelings,  
4 they've affected my life in a negative way" and I  
5 continue that conversation, then I would find  
6 myself liable to the dog catcher to come and give  
7 me a fine in the form of the code enforcement  
8 officer. And so I would not want to place myself  
9 in a position where I could be financially,  
10 legally, or criminally liable for having a  
11 conversation, speech with a minor, about something  
12 ■ wanted to talk about so at this point my  
13 attorneys have advised me to not have that  
14 conversation.

15 And my client -- if I can just keep going  
16 here --

17 BY MR. ABBOTT:

18 Q Sure.

19 A My client and I would both be in that case  
20 restricted from what we would be able to say. I see  
21 that as a violation of the First Amendment. That would  
22 be a violation of my religious preferences to be able to  
23 speak.

24 Most of my clients are Christians. This  
25 family, this ■ a Christian. ■ self-reports as a

1 Christian, and ■ has expressed that that is in  
2 dissonance with this issue in ■ life, and so that's --  
3 again, that's a First Amendment, Freedom of Religion and  
4 Freedom of Speech issue. I would see those to be  
5 problems.

6 MR. MIHET: Mr. Otto, I'm sure it was  
7 unintentional, but let me remind you not to  
8 disclose any conversations that you and your  
9 attorneys have had --

10 THE WITNESS: Yes.

11 MR. MIHET: -- within the confines of this  
12 lawsuit.

13 THE WITNESS: Thank you.

14 BY MR. ABBOTT:

15 Q Has that client, in your previous sessions,  
16 expressed to you that ■ was troubled by being gay? He  
17 or she, forgive me.

18 A ■ was troubled by the reaction that ■  
19 friends had. And, by the way, that had a negative  
20 impact on ■ personal life and ■ relationships.

21 Q Do you know or do you have a belief one way or  
22 the other in terms of whether or not that client  
23 actually has or had same-sex attractions?

24 A Yes. ■ told me that he did.

25 Q But ■ didn't tell you that ■ wanted those

1 attractions to go away, ■ told you ■ was troubled by  
2 ■ friends' reactions to the announcement that ■ was  
3 gay?

4 A That's correct.

5 Q So I hate to go backwards, the first client  
6 that we talked about, the -- I believe the ■ who  
7 was -- who expressed to you that ■ was not distressed  
8 by ■ same-sex attractions --

9 A Yes.

10 Q -- is ■ still a client of yours?

11 A I would say that file is in the closed box.  
12 Not to say ■ wouldn't come back in the future to see  
13 me, but that one's closed out right now.

14 Q All right. If that minor were to call to  
15 schedule a session with you, would you agree to schedule  
16 the session?

17 A Yes.

18 Q And is there anything that has gone on in past  
19 sessions that you think could no longer be discussed  
20 with the patient in light of the county and city  
21 ordinances?

22 A Yes.

23 Q And what matters are those?

24 A As ■ talked about changing from lesbian to  
25 bisexual to heterosexual -- again, those conversations

1 [REDACTED] initiated that. I never brought that up. I didn't  
2 ask [REDACTED] those questions. [REDACTED] just volunteered the  
3 information. We talked about that some; [REDACTED] feelings  
4 about that, [REDACTED] feelings about what that journey was  
5 like for [REDACTED], and about making sense of [REDACTED] sincerely  
6 held religious beliefs and [REDACTED] feelings and [REDACTED]  
7 behaviors.

8           And as I read the ordinances -- again, I'm not  
9 an attorney, but as I read the ordinances, those  
10 conversations would cross the line and be unallowed  
11 right now under the current ordinances.

12           Q     That client never expressed distress about [REDACTED]  
13 sexuality?

14           A     No. [REDACTED] was very content with being fluid.

15           Q     And yet you would not have similar sessions  
16 with her in the future because of the ordinances?

17           A     I'm not an attorney, but as I read the  
18 ordinances, there is a preferential view of moving from  
19 heterosexual to something else, but a provision -- but a  
20 prohibition of against moving in the other direction.  
21 And because [REDACTED] chose to move in the other direction  
22 toward heterosexuality, I would feel that I would be on  
23 very shaky legal ground.

24                     And again, I'm not an attorney, but I would  
25 feel like I'd be on very shaky legal ground to have that

1 conversation because that is not the preferred view as I  
2 read the ordinances from the county and the city.

3 Q And the second client that we talked about  
4 earlier, the one who had expressed curiosity and had  
5 experimented and talked to you to a small degree, is  
6 that person still a client of yours?

7 A No. I referred her to another professional.  
8 The family is still a client of mine for other issues.

9 Q Your relationship with the -- with the minor's  
10 parents hasn't been affected in any way by either of the  
11 ordinances, has it?

12 A I would disagree with that statement.

13 Q Tell me how your relationship for the  
14 counseling that you have provided to the parents have  
15 been altered by the ordinances.

16 A The parents were experiencing and continue to  
17 experience distress because of the incident that  
18 happened to their [REDACTED] as well as because of the  
19 nature of that same-sex incident and the way that that  
20 has affected their [REDACTED], with [REDACTED] confusion and  
21 feelings and "How do I make sense of these sexual  
22 feelings up against what I've always thought and felt  
23 and believed if my sincerely held religious beliefs are  
24 a part of that?"

25 And so the parents were very interested in

1 talking with me about how to handle that as parents and  
2 to be wise in that journey and what they could be  
3 sensitive to and how they could help [REDACTED]. And I believe  
4 that those conversations would be crossing the line  
5 legally, according to the way I read those ordinances  
6 from the city and county. I wouldn't be comfortable  
7 having those now.

8 Q Do you think that the ordinance would restrict  
9 your discussions with the parents who indicated to you  
10 that they are troubled by that incident involving their  
11 [REDACTED] ?

12 A Well, remember that my client is the family  
13 and this [REDACTED] is a part of the family. [REDACTED]  
14 receiving individual counseling from another counselor  
15 at this point, but [REDACTED] still a part of the family, and  
16 so at times all family members might come in and be in  
17 my office.

18 So even though [REDACTED] not my individual client  
19 right now, [REDACTED] might be coming in and be a part of the  
20 family discussion. And so because [REDACTED]s still a part of  
21 that family unit that is my client, I would feel  
22 uncomfortable having those conversations because I feel  
23 that I would be liable under the ordinances.

24 Q Have you, in fact, had an individual session  
25 with either of the minor's parents since the ordinances

1 were adopted?

2 A Yes, I have.

3 Q And was that session constrained in any way by  
4 the ordinances?

5 A No. We were talking about the suicidal issues  
6 and eating disorder and cutting.

7 Q If the parents in a future session expressed  
8 to you concern about their child's sexual orientation or  
9 sexual attractions, would you feel prohibited from  
10 engaging in those conversations?

11 A I'm sorry, my mind wandered. Can you say the  
12 question again?

13 Q Of course. If those parents schedule a future  
14 session with you, and if in that session they express to  
15 you concern about their child's sexual orientation,  
16 would your treatment be affected in any way by the  
17 ordinances?

18 MR. MIHET: Form.

19 THE WITNESS: I would tell them that I don't  
20 feel comfortable talking about that because of the  
21 ordinances, and I would not talk about that.

22 BY MR. ABBOTT:

23 Q By the way, the referral of the minor to  
24 another mental health care professional, was that  
25 motivated in any way by the ordinances?

1 A No, it was not.

2 Q And long last that brings us to the fourth  
3 client --

4 A Before we do that --

5 Q Yes, sir.

6 A -- I've been drinking this water bottle. Can  
7 we take a break?

8 Q Of course.

9 A It's been an hour.

10 Q Of course.

11 A Thank you.

12 (Thereupon, a short break was taken from 12:02  
13 p.m. to 12:08 p.m.)

14 BY MR. ABBOTT:

15 Q Doctor, before we took a break I was going to  
16 ask you about the fourth minor client that we discussed,  
17 and I believe you told me earlier that that client had  
18 engaged in some experimenting with, I guess, same-sex  
19 attractions and was willing to talk about it?

20 A That wasn't -- well, define "experimenting."  
21 What do you mean by that?

22 Q Well, I don't think we need to go down that  
23 rabbit hole. That's just the word that I wrote down.

24 A Okay.

25 Q Do you remember the fourth client to whom you

1 referred?

2 A Yes, I do.

3 Q And would you tell me about that client?

4 A Yes. That client came in because the parents  
5 brought [REDACTED] in dealing with same-sex attractions,  
6 same-sex --

7 The reason I ask experimenting, it was  
8 experimenting with pornography, it wasn't experimenting  
9 with people, okay. And so that was the extent of [REDACTED]  
10 experience. And that was causing distress in their  
11 lives and as a family and distress for [REDACTED], and he was  
12 unsure how to make sense of all of that.

13 Q Okay. Did you have an initial meeting with  
14 both the parents and the minor to establish goals for  
15 the therapy?

16 A Yes. I don't recall whether that was the two  
17 of them in the room together or whether that was mom  
18 first and [REDACTED] second or [REDACTED] first and mom second, but I  
19 did receive input from both of them on goals.

20 Q All right. And I think you made it clear that  
21 the mother's goal at least was to either decrease the  
22 child's same-sex attractions or get [REDACTED] to stop looking  
23 at what I presume to be homosexual pornography?

24 A Yes, I think that's an accurate statement.

25 Q And how about the minor client, what were [REDACTED]

1 goals?

2 A [REDACTED] was -- [REDACTED] was concerned about the conflict  
3 with mom and wanting to see that decrease. [REDACTED] was -- [REDACTED]  
4 was trying to figure out how to make sense of what [REDACTED]  
5 was seeing and the feelings that [REDACTED] was having as a  
6 result of that, the sexual feelings [REDACTED] was having as a  
7 result of that given that that was different than what  
8 [REDACTED] had been taught and what [REDACTED] believed was true based  
9 upon [REDACTED] faith.

10 And again, I worked at a Christian counseling  
11 center. My clients are -- to a vast majority, would  
12 identify themselves as Bible believing Christians. Not  
13 just parents coming in and beating their kids over the  
14 head with that, but this is what the kids would tell me.  
15 This is what this [REDACTED] would tell me. And so [REDACTED] was  
16 trying to make sense of that disconnect in [REDACTED] life or  
17 that dissonance.

18 Q All right. Would it be fair to say then that  
19 the minor expressed two goals to you? One was [REDACTED] wanted  
20 to address the conflict [REDACTED] was having at home with [REDACTED]  
21 mom or with [REDACTED] parents?

22 A Uh-huh.

23 Q Yes?

24 A Yes. That's correct.

25 Q But --

1           A       And that conflict was not just about this  
2       issue. That was a broad conflict so...

3           Q       Okay. But the minor also expressed, as a goal  
4       or as a concern, the feelings ■ was having and how that  
5       compared to ■ religious teachings?

6           A       ■ wanted to figure out how to make sense of  
7       all of that and how to remove the disconnect between  
8       those two.

9           Q       And this particular client, when did you first  
10      start treating ■?

11          A       I can just say it would have been in the last  
12      two years. I don't have a date for you.

13          Q       And is this one of the clients that has  
14      transitioned from Spanish River to your private  
15      practice?

16          A       Yes.

17          Q       Do you remember about when your last session  
18      was with this minor client?

19          A       I believe I met with ■ once since I started  
20      the private practice.

21          Q       And I know that hasn't been a long time, but  
22      can you estimate for me about --

23          A       Within the last two months. One time within  
24      the last two months.

25          Q       And has your treatment been to address the

1 same goals that were identified by ■ and ■ mom at the  
2 outset?

3 MR. MIHET: Form.

4 THE WITNESS: The issue that ■ came in most  
5 recently for was twofold: To share with me some  
6 changes in ■ life where ■ felt like ■ had  
7 matured and grown, and ■ wanted to share that  
8 because that was germane to some of the things that  
9 we had been talking about in the past. And ■ was  
10 excited to do that, so ■ asked ■ mom to come in  
11 and talk with me.

12 And the second issue was talking about going  
13 into the next school year and what that was going  
14 to look like for ■. So the same-sex issue was  
15 not a part of what we talked about. It was not on  
16 the table.

17 BY MR. ABBOTT:

18 Q Okay. So the maturity that ■ had gained was  
19 not directly related to any sexuality?

20 A ■ was talking about things and ways that ■  
21 had grown as a person. Some of that included ■ faith,  
22 and ■ had shared some experiences that ■ had had in  
23 that regard, and ■ felt that ■ had some -- been able  
24 to connect some things in his own mind about ■.  
25 And the issue of sexuality was not a part of that.

1           Although growing in ■■■ faith certainly does  
2     impact the sexuality topic because the discord that ■■■  
3     was experiencing, that we talked about in the past, had  
4     to do with ■■■ faith and the dissonance between that and  
5     ■■■ sexuality. Does that make sense?

6           Q     Sure.

7           A     Okay.

8           Q     But just so I'm clear, the subject of the  
9     client's sexuality or sexual preferences didn't come up  
10    in this recent session?

11          A     That's correct.

12          Q     May I assume then, sir, that the city  
13    ordinance or the county ordinance didn't affect that  
14    session?

15                MR. MIHET: Form, mischaracterizes his  
16    testimony.

17                THE WITNESS: I -- to the extent that we  
18    didn't talk about that specifically, the ordinances  
19    did not affect this session; however, we did talk  
20    about ■■■ sincerely held religious faith which was  
21    connected to the conversations of sexuality in the  
22    past. And ■■■ incidence of looking at homosexual  
23    pornography had decreased. Looking at pornography  
24    in general had decreased, and ■■■ was glad for those  
25    changes. And they had reduced the conflict with

1           ■■■ mom, and ■■■ mom was glad for those changes.

2           BY MR. ABBOTT:

3           Q       And those topics were discussed during this  
4           last session?

5           A       Yes, sir.

6           Q       And the existence of the ordinance didn't  
7           constrain you -- didn't constrain that session in any  
8           way?

9                   MR. MIHET: Form.

10                   THE WITNESS: Again, my sessions are -- what  
11                   we talk about in my sessions is client-focused and  
12                   client-driven.

13                   In this particular session, I don't think that  
14                   there was anything -- in fact, there was nothing  
15                   that I felt would have crossed the line with those  
16                   ordinances; however, ■■■ could have brought up other  
17                   topics that we have talked about in the past that  
18                   would have been, "Whoa, whoa, I can't talk about  
19                   that now." And so you're asking me in a way that  
20                   makes it sound to me like I'm saying that the  
21                   ordinance, therefore, did not affect my  
22                   relationship with this client, and I do not agree  
23                   with that statement.

24           BY MR. ABBOTT:

25           Q       The ordinances have not affected any session

1 with that client, would you agree with me?

2 A The ordinances --

3 MR. MIHET: Go ahead.

4 THE WITNESS: The ordinances affect my ability  
5 to talk about topics with this client that I have  
6 spoken with [REDACTED] about in the past. To be clear,  
7 before the ordinances were passed.

8 I could not have those same conversations  
9 today with this client because of the ordinances,  
10 even if the client brought them up, which [REDACTED] did in  
11 the past.

12 BY MR. ABBOTT:

13 Q I think we're going round and round on this,  
14 but let me ask one more time: Did you not say anything  
15 at this session with your client that you would have  
16 been otherwise inclined to say if the ordinances did not  
17 exist?

18 MR. MIHET: We are going round and round. I  
19 am going to object to form, asked and answered, but  
20 go ahead.

21 THE WITNESS: I didn't say anything in this  
22 session that I would feel would cross the lines of  
23 the ordinances, and my client did not bring up  
24 anything in this session that would have crossed  
25 the lines in the ordinances. [REDACTED] has brought up

1           topics in the past that if ■ brought up today, I  
2           would not be able to talk about.

3       BY MR. ABBOTT:

4           Q       Well, you win, you got -- I got tired of that  
5           before you did.

6                     Doctor, do you hold -- I think I asked you  
7           this earlier but I just want to be clear, do you hold  
8           professional counseling licenses in any state other than  
9           the state of Florida?

10          A       No, sir.

11          Q       And you have not, in fact, counseled in any  
12          state other than the state of Florida?

13          A       I've never had a counseling session with  
14          anybody. There's informal conversations that I've had.  
15          I've spoken at marriage conferences around the country  
16          on military bases, but you don't need a license to talk  
17          with somebody about their marriage.

18                     To have a formal counseling session and to  
19          charge them, you know, that's different. I have not  
20          done that outside of the state of Florida.

21          Q       Well, I suspect you don't know about the  
22          licensing requirements in other states, but maybe you do  
23          about Florida. What is it that one can do if they have  
24          a marriage counseling license like you have in Florida  
25          and what can't one do?

1 MR. MIHET: Form.

2 THE WITNESS: What can't one do? I can't  
3 practice any other profession.

4 What can one do? I can hang my shingle and  
5 advertise and perform services as a marriage and  
6 family therapist.

7 BY MR. ABBOTT:

8 Q So you can advertise your services?

9 A That's correct. And I've advertised my  
10 services and would like to continue to, and the  
11 ordinance prevents me from doing that.

12 Q And you can hold yourself out to the world to  
13 be a therapist?

14 A That's correct.

15 Q What else is it, if you can describe, that one  
16 without a license cannot do in your field in this state?

17 A That's really a question for an attorney. I  
18 don't know. I believe there's certain titles that are  
19 restricted that people cannot use unless they have a  
20 license.

21 They can't say they're a licensed marriage and  
22 family therapist unless they actually are. I'm not sure  
23 what the punishment is, but I would imagine that there  
24 are restrictions on people who do not have the license  
25 that I have.

1 Q Okay. Could you describe for me in some way  
2 when you're acting as a therapist, perhaps outside of  
3 the office, and when you're not? For instance, you  
4 mentioned earlier you spoke at a marriage conference in  
5 another state. You apparently felt comfortable doing  
6 that.

7 MR. MIHET: Form.

8 THE WITNESS: You say when I'm acting as a  
9 therapist. Again, I would make a distinction  
10 between the speech that I conduct with clients and  
11 actions or conduct. With that caveat, I have --  
12 I'm sorry, I forgot the question.

13 BY MR. ABBOTT:

14 Q Yeah. Here's what I'm trying to get at: If I  
15 were in the adjoining seat in a plane near you and we  
16 struck up a conversation and we started to talk about my  
17 life, is there a point that you would be concerned that  
18 the things you say might be practicing your profession  
19 or might be a session in the eyes of the law?

20 A I see sessions -- and again, I'm not an  
21 attorney, but I would see sessions as something where I  
22 have a consent form signed, I have a payment agreement  
23 signed, I'm in my office, or in a -- I see clients  
24 outside of my office also, but there are consent forms  
25 signed and payment agreements signed and we work on

1 goals together, and there is a formal relationship that  
2 is understood by me and by my client who has employed  
3 me.

4 Barring that kind of a formal relationship,  
5 casual conversations certainly -- you know, I'm willing  
6 to share at points, you know, to help people, but that's  
7 different than a formal counseling relationship that I  
8 have established with a client who has come to see me  
9 for purposes of helping them walk through things that  
10 give them distress.

11 Q Okay. There is some paperwork involved to  
12 establish the relationship?

13 A Yes. We've talked about some of those  
14 earlier, the forms and things.

15 Q All right. Doctor, when did you first learn  
16 about the city of Boca Raton ordinance?

17 A Approximately two weeks after it was passed,  
18 unfortunately.

19 Q And I don't -- are you aware that the  
20 ordinance was considered and voted upon at two  
21 governmental meetings?

22 A In the city of Boca or in Palm Beach County?

23 Q In the city of Boca.

24 A No. I am only aware of one.

25 Q Okay. But your understanding is that you

1 learned about the ordinance about two weeks after it was  
2 passed?

3 A That's correct.

4 Q Does that seem as if it's probably late  
5 October of 2017?

6 A What was the date that it was passed? I  
7 thought it was -- was it late October or was it late  
8 November or -- I don't recall the date it was passed.

9 Q Okay. I believe it was passed on October 10th  
10 of 2017, if that helps.

11 A Yeah. I found out -- approximately two weeks  
12 after that, I believe, is when I found out about it.

13 Q All right. How did you find out about it?

14 A I believe I received an email from a colleague  
15 or a phone call from a colleague.

16 Q And who is that colleague?

17 A I have no idea.

18 Q And what was the substance of the conversation  
19 that you and the colleague had?

20 A It wasn't --

21 MR. MIHET: Form.

22 THE WITNESS: I believe it was an email  
23 because I don't recall it being a dialogue back and  
24 forth. I think it was just an email saying that  
25 "This is what was passed. Here's what the

1 ordinance says. Boca passed it, you know, two  
2 weeks ago, and Palm Beach County is considering  
3 passing the same thing. Here's the date for the  
4 Palm Beach County Commissioner's hearing on it."

5 BY MR. ABBOTT:

6 Q Did you read the essence of the email to  
7 encourage you to oppose the county ordinance?

8 A I recall that part of the email was  
9 informative saying, you know, "This is what current  
10 ordinances are governing or attempting to govern our  
11 profession, so make sure you operate within the  
12 boundaries of the ordinances and the laws that are  
13 established."

14 And part of it was saying that, "How did this  
15 happen? We didn't know about it beforehand. We would  
16 have liked to go speak and share as professionals who  
17 deal with this issue with the city council, who does not  
18 have the same degrees that I have and does not  
19 understand the issues that my clients bring to the table  
20 and the desires of my clients to talk about these  
21 things, to apply their Freedom of Speech in my office,  
22 to apply their Freedom of Religion in my office. And  
23 the city council passed this and we never had a  
24 chance -- I never had a chance because I didn't know to  
25 say something to them about this side of the issue that

1 they might not have heard about. So let's go make sure  
2 that the county hears about this side of the issue."

3 Q Did you do anything in response to that email?

4 A I shared it with as many colleagues as I could  
5 find. I shared it with pastors. Not necessarily that  
6 email, but the information. I shared it with pastors.  
7 I shared it with headmasters from schools. I shared it  
8 with other counseling professionals, medical doctors,  
9 friends from Boca Raton and Palm Beach County that I  
10 know from various places.

11 Q And did you encourage those people to do  
12 anything?

13 A Absolutely.

14 Q What did you encourage them to do?

15 A "Go and let your voice be heard on how you  
16 feel about this issue at the county commission meeting."

17 Q Did you offer any advice or encouragement with  
18 regard to what to do about the city ordinance?

19 A I don't recall doing that because I'm not an  
20 attorney and I wouldn't know how to handle that.

21 As we were talking about the county ordinance,  
22 we were put in touch with -- or contacted Liberty  
23 Counsel and --

24 Q I don't mean to cut you off, doctor, but if  
25 we're getting close to talking about attorney

1 communications --

2 A No. I'm saying I don't know -- I don't recall  
3 knowing how to handle the city ordinance, so I contacted  
4 my attorney.

5 Q Have you had any contact with the City of Boca  
6 Raton or its elected officials that pertains to the  
7 ordinance in any way?

8 A Scott Singer, the acting mayor, he was the  
9 city council member at the time. He knocked on my door  
10 campaigning for mayor a couple weeks ago.

11 Q A couple of weeks ago?

12 A The election was yesterday, and he was  
13 campaigning in the last few weeks, knocking on doors in  
14 other neighborhoods, and he came to my neighborhood as  
15 well.

16 Q And did you have a conversation with now Mayor  
17 Singer about the ordinance?

18 A I told him I wasn't going to vote for him  
19 because he voted for this ordinance.

20 Q Have you had any other communication with ■e  
21 City of Boca Raton that pertains in any way to the  
22 ordinance?

23 A No, sir.

24 Q What did you do in connection with learning  
25 that the -- that Palm Beach County was considering the

1 ordinance that they ultimately adopted?

2 A I shared with you that I passed that  
3 information on to many people --

4 Q Yes, sir.

5 A -- that I listed. I came to the first hearing  
6 on that, and I spoke at the first hearing.

7 Q Did you do anything else in connection with  
8 the county ordinance?

9 A I emailed with county commissioners between  
10 the two hearings.

11 Q I gather you didn't attend the second hearing  
12 on the ordinance?

13 A No. I was a witness in federal court that day  
14 for a guardianship case, so my wife took my notes and  
15 used her two minutes to share my thoughts.

16 Q I should have asked you this earlier. I think  
17 you told me that you were on a list to be -- to be  
18 appointed in connection with guardianship issues?

19 A That's correct.

20 Q Is that a list for state courts or federal  
21 courts or both?

22 A It's a list for the 15th Circuit Court. The  
23 reason I was in federal court that day was because the  
24 individual that I had interviewed was -- had federal  
25 charges against him, and the guardianship may or may not

1 have been germane to how that would be disposed of. But  
2 the guardianship was a 15th Circuit Court case.

3 Q Doctor, are sexual preferences or same-sex  
4 attractions, are they genetically caused?

5 MR. MIHET: Form.

6 THE WITNESS: I think that the research shows  
7 that there's nature and nurture in the sense of --  
8 let me back up. Strike that.

9 The research shows that there are many  
10 influences that will -- many factors that will  
11 influence people's sexual orientation. I have not  
12 seen any research to show that there is a gay gene  
13 or that people are born that way.

14 I have seen research that deals with a lot of  
15 environmental factors, relationship factors, abuse  
16 factors, lots of things like that. But I guess  
17 that answers your question.

18 BY MR. ABBOTT:

19 Q You may have, but let me ask you another  
20 question. And you may tell me that you just answered  
21 this question, but do you believe sexual preference or  
22 sexual orientation is a choice?

23 MR. MIHET: Form.

24 THE WITNESS: We're talking about behaviors.  
25 Behaviors are choices. If we're talking about

1 attitudes, I can change my attitude about things.  
2 You can change your attitude about things.

3 In my experience, and as I read the  
4 literature, there is the ability for clients to  
5 change on this particular issue of sexual  
6 orientation. Do all people? No. Do some people?  
7 Yes. And, again, that's why my practice is  
8 client-driven and not Dr. Otto driven with my  
9 preferences and my personal views, but it's my  
10 client's goals, not my goals. And so -- I don't  
11 know. I think that answers your question.

12 BY MR. ABBOTT:

13 Q On those occasions when you got a client that  
14 tells you that they're gay or that they have same-sex  
15 attractions, do you assume that to be the case or do you  
16 somehow try to evaluate whether, in fact, the client is  
17 gay or does have those attractions?

18 A If they tell me, do I assume that they're  
19 speaking the truth to me?

20 Q Yes, sir.

21 A Yes. I believe my clients.

22 Q Okay.

23 A Now if you're talking about if my clients tell  
24 me they are gay, I don't see that as an immutable,  
25 unchangeable dynamic because in my practice we're

1 talking about behaviors and attitudes and things like  
2 that, which do change, which can change if people choose  
3 to change them, and if they sometimes choose to get help  
4 to change them.

5 So if you're saying if my client comes to me  
6 and says "I am this way," it's said in concrete, no, I  
7 don't see that concept as set in concrete. Behaviors  
8 and attitudes do change and can change if clients want  
9 them to.

10 Q Do you have clients who are gay or who have  
11 same-sex attractions and have announced to you that  
12 those attractions are not unwanted?

13 MR. MIHET: Form, asked and answered.

14 THE WITNESS: I've told you about the four  
15 minor clients.

16 BY MR. ABBOTT:

17 Q Yes, sir.

18 A You have the answers on those.

19 I've had a small handful, maybe on one hand I  
20 could count them, of clients who are gay who came to see  
21 me who are content with that, and I had probably two or  
22 three, but that was not the issue that they came in for  
23 and so we didn't talk about it.

24 Q Have you ever found that the root problem  
25 that's causing distress that has caused a client to come

1 to see you is that client's sexual orientation even  
2 though the client didn't announce to you at the  
3 beginning of the sessions that that was the problem?

4 MR. MIHET: Form.

5 THE WITNESS: I think I've given you details  
6 of four clients that I've addressed that with, the  
7 four minor clients I've addressed that with, and I  
8 have not addressed it with any adult clients. If  
9 you have specifics about any of those four that I  
10 did not already answer, I can do that, but I don't  
11 know that I have anything else to add to what I've  
12 already shared.

13 BY MR. ABBOTT:

14 Q No, that's fair. You have answered my  
15 questions completely as to those four clients, so I  
16 guess my question pertains to adult clients. Have you  
17 ever determined or with your help has a client ever  
18 determined that the root cause of their discomfort is  
19 their sexual orientation when they didn't initially  
20 believe that to be the case?

21 MR. MIHET: Form.

22 THE WITNESS: Two thoughts on that. This case  
23 is about an ordinance addressing minors and my  
24 dealing with minors, that's one.

25 Number two, I have dealt with, just as I said

1 a minute ago, just a very small number of  
2 homosexual adult clients who came in for other  
3 reasons. I don't remember off the top of my head  
4 what those other reasons might be, but they would  
5 be things like PTSD, we talked about that earlier,  
6 or things like relationship issues with a parent  
7 and how to handle that, or sibling issues or  
8 something like that. So I don't have any other  
9 information other than that.

10 MR. ABBOTT: All right. Is this a good time  
11 to break? It's about how much time you said.

12 MR. MIHET: If you're close to being done --

13 MR. ABBOTT: I am not.

14 MR. MIHET: You're not close? Okay, then  
15 let's break.

16 MR. ABBOTT: Okay.

17 (Thereupon, a lunch break was taken from 12:38  
18 p.m. to 1:44 p.m.)

19 BY MR. ABBOTT:

20 Q Doctor, the way I read your Complaint, it  
21 alleges, at least in part, that the City of Boca Raton  
22 ordinance infringes the free speech rights of your minor  
23 clients.

24 First of all, I'll ask you have I read that  
25 correctly? Is that one of your allegations?

1 A Yes.

2 Q And can you explain to me, doctor, how the  
3 Boca Raton ordinance affects your minor client's speech  
4 rights?

5 MR. MIHET: Objection. Calls for a legal  
6 conclusion.

7 THE WITNESS: If my clients come in and they  
8 want to talk about their same-sex attractions and  
9 they want help reducing or eliminating attractions  
10 or behaviors or -- and I am not able to help them,  
11 then that's restricting the topics that we can talk  
12 about in the office back and forth, and that would  
13 be taking place in the form of a conversation,  
14 which takes two people; and if one of us is not  
15 allowed to speak about that because I'm a licensed  
16 person under the control of the ordinance, then  
17 that conversation is stifled.

18 BY MR. ABBOTT:

19 Q So let me break that down. Is it your  
20 understanding of the city ordinance, doctor, that a  
21 client of yours would not be allowed to tell you, in a  
22 counseling session, that he is experiencing unwanted  
23 sexual attractions?

24 A Well, you'd have to fight that out as  
25 attorneys, and I'm not an attorney, but as I read the

1 ordinance --

2 MR. MIHET: Same objection, by the way. Thank  
3 you.

4 THE WITNESS: -- the ordinance does prevent me  
5 from having conversations, which take two people to  
6 have a conversation, two or more, and it prevents  
7 me from participating in a conversation that my  
8 clients wish to participate in and I -- I see that  
9 as impacting my client's ability to have a  
10 conversation they want to have.

11 BY MR. ABBOTT:

12 Q So if I understand you correctly, you read the  
13 ordinance as prohibiting you from having a conversation  
14 with your minor clients on the subject of same-sex  
15 attractions?

16 MR. MIHET: Same objection, also form, also  
17 mischaracterizes the testimony.

18 THE WITNESS: Not having a conversation on  
19 same-sex attractions but on their unwanted -- if  
20 they have -- if this particular hypothetical client  
21 has unwanted same-sex attractions, then the  
22 ordinance would prevent me from doing that.

23 And Freedom of Speech is -- it secures our  
24 freedom of thought and our freedom of ideas, that  
25 was Justice Kennedy in the NIFLA case. And if my

1 clients cannot speak and I cannot speak, then the  
2 city or the county are squashing my client's and my  
3 ability to exercise their First Amendment rights.

4 MR. MIHET: Are you sure you're not a lawyer?  
5 I'm just kidding.

6 THE WITNESS: I'm just a lay person reading  
7 the ordinance and reading the Constitution and  
8 reading the --

9 MR. MIHET: That was a joke, for the record.

10 BY MR. ABBOTT:

11 Q Doctor, have you -- have you been prosecuted  
12 under the city ordinance?

13 A No, sir.

14 Q Have you been threatened with prosecution  
15 under the city ordinance?

16 A No, sir.

17 Q Has anyone from the city approached you and  
18 suggested in any way that you are violating the  
19 ordinance?

20 A No, sir.

21 MR. MIHET: Form.

22 BY MR. ABBOTT:

23 Q Do you advertise your professional services?

24 A I have, yes.

25 Q And how do you do that?

1           A       I had a website that I was on at the Spanish  
2 River Counseling Center. I've advertised on the radio.

3                    The counseling center handled a lot of  
4 advertising, and so it went a lot of other places that I  
5 was not privy too. I think the Good News Newspaper was  
6 one, but it was print, electronic, radio, flyers that  
7 would be promoting the counseling center, promoting my  
8 services at different places around the county.

9           Q       The website that you refer to, that was a  
10 website maintained by Spanish River?

11          A       Yes, sir. That's correct.

12          Q       The advertising on the radio, was that done by  
13 Spanish River or have you done that in your private  
14 practice?

15          A       Some of that was by Spanish River, some of  
16 that was when I was invited to speak on the radio. And  
17 so it wasn't private practice, it wasn't the counseling  
18 center, it was me as a professional speaking on a topic  
19 on the radio, and that was pretty good advertising.

20          Q       You have not purchased an advertising spot on  
21 a radio station --

22          A       No, sir.

23          Q       -- since you opened your business?

24          A       No, sir.

25          Q       The Good News Newspaper, was that work done by

1 Spanish River or in your -- for your business?

2 A That was Spanish River for the counseling  
3 center specific. There are many counselors that work at  
4 the counseling center, so I benefited from the generic  
5 advertising that Spanish River Counseling Center did.

6 And I believe that there was some in the Good  
7 News Newspaper. I can't -- you know, I mean I'm -- I'm  
8 about 90 percent sure that there was print advertising  
9 there over the course of many years.

10 Q I promise I am not going to get too far into  
11 your personal business, but I'm just curious: When you  
12 worked at Spanish River, were you salaried or were you  
13 compensated by your clients or some combination of the  
14 two?

15 A I was not salaried. Clients would pay for the  
16 sessions, and a portion of that would be my split and a  
17 portion would be the counseling center's split.

18 Q You would give a percentage to the counseling  
19 center?

20 A That's correct.

21 Q The flyers to which you referred, were those  
22 done by Spanish River or by your company?

23 A There was some done by Spanish River. There  
24 was some done by me individually. Since I opened my new  
25 practice I have not made any flyers yet, but I will.

1 Q So is it fair to say that in your -- since you  
2 have started your own private practice, you have not  
3 advertised at all?

4 A That's correct.

5 Q Do you intend to?

6 A Absolutely.

7 Q Has anything prevented you from advertising to  
8 date?

9 A Yes.

10 Q What has that been?

11 A I was out of town for approximately two weeks  
12 with a family emergency, right in the middle of that.

13 Q Do you read the city ordinance as restricting  
14 your advertising in any way?

15 A Yes, I do.

16 Q How so?

17 A Well, I'm not an attorney --

18 MR. MIHET: Objection. Calls for a legal  
19 conclusion.

20 THE WITNESS: -- I would say that my read of  
21 it is that it prevents me from advertising to say  
22 "If your child has unwanted same-sex attractions,  
23 that I would be glad to help your minor child with  
24 those issues."

25 BY MR. ABBOTT:

1 Q Doctor, we talked a little bit earlier in the  
2 deposition about the informed consent that you obtain  
3 from your minor clients and the parents of your minor  
4 clients?

5 A Yes.

6 Q You, through your attorney, you have provided  
7 me an informed consent form that's titled "Counseling  
8 Regarding Unwanted Same-Sex Attractions and Behaviors."  
9 Are you familiar with that form?

10 A Could you show it to me for just a second?

11 Q I didn't bring it with me. You can just tell  
12 me you're not sure if --

13 A Generally speaking, yes, I am aware that I  
14 have such a form. That might not be the exact title  
15 but --

16 MS. PHAN: I have it. Do you want it?

17 MR. ABBOTT: That's all right.

18 MS. PHAN: Okay.

19 THE WITNESS: -- I do have a form like that,  
20 yes.

21 BY MR. ABBOTT:

22 Q Okay. And is that form, is that the extent of  
23 the informed consent? Do you present it to your  
24 prospective clients and have them sign it?

25 A Yes.

1 Q And do you have --

2 A Dealing with the same-sex issues.

3 Q Of course. Of course. And do you have  
4 discussions with your clients about the contents of that  
5 form?

6 A All of the forms that I use in my office we  
7 discuss in general terms. If they have specific  
8 questions about it, then we'll answer those questions  
9 before they sign the forms.

10 Q Do you recall having any particular  
11 discussions with your minor clients or their parents  
12 with regard to the informed consent for unwanted  
13 same-sex counseling?

14 MR. MIHET: Form.

15 THE WITNESS: No, I've never had any  
16 objections, any issues with that.

17 I'm sorry. What was your question? I just  
18 want to make sure.

19 BY MR. ABBOTT:

20 Q Well, I might have missaid it because there  
21 was an objection. What I meant to ask is: Have you had  
22 any conversations with your clients about that form?

23 A No, sir.

24 MR. MIHET: Form.

25 BY MR. ABBOTT:

1 Q I've seen you write this as an answer to an  
2 interrogatory that you sent to the county, and the  
3 question was: What would you do if a minor client  
4 wanted counseling so that they can be more comfortable  
5 about their same-sex attractions? And you told them  
6 words to the effect that you would refer that client to  
7 professionals who would be better able to help -- to  
8 help them.

9 A Yes, sir.

10 MR. MIHET: Let me object because I don't  
11 think that's the full extent of his response. I  
12 think it's maybe mischaracterizing it.

13 MR. ABBOTT: Okay.

14 BY MR. ABBOTT:

15 Q Is what I said a fair summary of what you  
16 would do under those circumstances?

17 MR. MIHET: Form.

18 THE WITNESS: As part of what I would do, I  
19 would refer that to a therapist who focuses on that  
20 particular issue in the same way that I would refer  
21 somebody with an eating disorder to somebody who  
22 focuses on that particular issue.

23 We, as professionals, all have our little  
24 slice of the pie that we function within most  
25 frequently, and we refer other cases consistently

1 back and forth to other professionals who can  
2 provide the best level of care for those issues  
3 that the clients bring to the table.

4 BY MR. ABBOTT:

5 Q In your profession, sir, are there ethical  
6 restrictions against abandoning a client?

7 MR. MIHET: Form.

8 THE WITNESS: Yes. Yes.

9 BY MR. ABBOTT:

10 Q The scenario that we just discussed whereby a  
11 therapist refers a patient to another mental health care  
12 professional, is that abandonment to your understanding  
13 of that prohibition?

14 A No. It's important to make a good handoff as  
15 best as I can on my end, so I would provide a few names  
16 of professionals who might be able to help on that  
17 particular issue, whatever the issue would be, more  
18 effectively than I could, and I would make sure that  
19 they have name and contact information on those  
20 professionals, and I would follow-up to make sure that  
21 they had at least reached out.

22 Q Okay. Doctor, are you familiar with a  
23 treatment method called behavioral techniques?

24 A No, sir.

25 Q No?

1 A No, sir.

2 Q Are you familiar with cognitive behavioral  
3 techniques?

4 A I'm aware of the titles of these. They're  
5 not -- I do client-focused therapy and I focus on my  
6 clients' issues and what they bring in. I have  
7 colleagues who do that, that I know, but it's not my  
8 expertise.

9 Q Okay. Fair enough. So you don't engage in  
10 behavioral techniques or cognitive behavioral  
11 techniques?

12 A No, sir. I would say I'm under the category  
13 of client-focused therapy.

14 Q Okay. Do you employ psychoanalytic  
15 techniques?

16 A No, sir.

17 Q For your minor clients who have unwanted  
18 same-sex attractions, do you ever recommend surgical  
19 treatment?

20 MR. MIHET: Form.

21 THE WITNESS: No, I do not.

22 BY MR. ABBOTT:

23 Q Do you recommend substance-based methods,  
24 medications or the like?

25 MR. MIHET: Form.

1           THE WITNESS: When my clients are dealing with  
2           depression, anxiety, I work hand-in-hand with  
3           psychiatrists and medical doctors. If they do not  
4           have one that they've been seeing, then I recommend  
5           a couple. And they might help with depression  
6           medications or anxiety medications or mood  
7           stabilizers.

8           If you're talking specifically about the  
9           medications or sex hormones or cross-sex hormones,  
10          my understanding of the research that was just  
11          published even this last month says that cross-sex  
12          hormones have an increase in heart issues and  
13          strokes, and I would not think that that would be  
14          in the benefit of my clients so I would not  
15          encourage them to pursue that. And I'd show them  
16          that research and let them read it for themselves,  
17          but that's a significant increase, according to  
18          that study, on heart issues, heart attacks, and on  
19          strokes.

20        BY MR. ABBOTT:

21           Q        Have you ever recommended to a minor client  
22           seeking counseling with regard to same-sex attractions  
23           that they take any drugs, any substance?

24           MR. MIHET: Form.

25           THE WITNESS: Not for that issue. If they're

1           having problems sleeping, I've recommended at times  
2           that sometimes it can be helpful to take something  
3           to help them sleep because we heal when we sleep.  
4           And if they're dealing with depression and not  
5           sleeping, then that might be something that I would  
6           recommend.

7       BY MR. ABBOTT:

8           Q       Okay.

9           A       Again, in conjunction with a medical doctor or  
10          psychiatrist.

11          Q       Of course. But you have never recommended  
12          sexual stimulants or depressants?

13          A       No, sir.

14          Q       Or hormone treatment?

15          A       No, sir. No, sir.

16          Q       Okay. Are your minor clients who have  
17          same-sex attractions, do you ever treat them in group  
18          therapy?

19          A       No, sir.

20          Q       Do you engage in hypnosis?

21          A       No, sir.

22          Q       Do you apply aversion therapy?

23          A       No, sir.

24          Q       Are you familiar with a concept called  
25          "bioenergetic"?

1 A No, sir.

2 Q As far as you know, you don't practice it?

3 A No, sir.

4 Q Okay. Do you practice psychoanalysis?

5 A No, sir.

6 MR. MIHET: Asked and answered.

7 BY MR. ABBOTT:

8 Q Doctor, are you a member of any professional  
9 organizations?

10 A I was in the past a member of the American  
11 Association of Marriage and Family Therapists, but I  
12 currently am not.

13 Q That's the only professional organization that  
14 you have been a member of?

15 A That's correct. American Association of  
16 Christian Counselors I might have been. I can't  
17 remember. I don't recall, but I'm not now.

18 Q Do you have any affiliation with the American  
19 Psychiatric Association?

20 A Nothing other than reading some of their  
21 journal articles.

22 Q Any association with the American  
23 Psychological Association?

24 A No, sir.

25 Q Any association or affiliation with the

1 American Counseling Association?

2 A No, sir.

3 Q Any involvement or association with the  
4 National Association of Social Workers in the U.S.A?

5 A No.

6 Q Any relationship with the Royal College of  
7 Psychiatrists?

8 A No.

9 Q Any affiliation or dealings with the Family  
10 Research Council?

11 A What do you mean by affiliations or dealings  
12 with?

13 Q Well, why don't you tell me. Have you had any  
14 involvement with people associated with that  
15 organization?

16 MR. MIHET: Form.

17 THE WITNESS: About 20 years ago I gave money  
18 to them. I recently met someone who works there  
19 and had about a ten minute conversation with her  
20 about her son who is in the military like I was.  
21 Other than that, no, sir.

22 BY MR. ABBOTT:

23 Q Do you have any dealings or affiliations with  
24 the American Family Association?

25 A No, sir.

1 Q Do you have any dealings or affiliation with  
2 the National Association for Research & Therapy of  
3 Homosexuality?

4 A No, sir.

5 Q Have you read the City of Boca Raton ordinance  
6 that has brought us here today?

7 A Yes, sir, I have.

8 Q Do you remember, sir, that the WHEREAS clauses  
9 of the ordinance cite a number of papers and studies on  
10 the subject of sexual orientation change efforts?

11 MR. MIHET: Objection. Form, and  
12 mischaracterizes the document.

13 THE WITNESS: I've read it. I can look at it  
14 and you can -- I can take a look and acknowledge  
15 whether it does or it doesn't, but I don't recall  
16 off the top of my head --

17 BY MR. ABBOTT:

18 Q Okay.

19 A -- if that's in the WHEREAS clause or not.

20 Q Sure. It's not a memory test and I'd be happy  
21 to show it to you, but the question I was going to ask  
22 you is: Are you familiar with the literature that's  
23 cited in there? And is the answer going to be "maybe  
24 yes and maybe no"?

25 A That's correct. Maybe yes and maybe no.

1 Q Okay. I guess you can mark this as Exhibit 1.  
2 It's a copy of the city ordinance.

3 Doctor, can you take a look at what's now been  
4 marked as Defendants' Exhibit 1, and can we agree that  
5 that's the City of Boca Raton ordinance that's the  
6 subject of this lawsuit?

7 A It sure looks like it, yes.

8 (Thereupon, Defendants' Exhibit 1 was marked  
9 for identification.)

10 BY MR. ABBOTT:

11 Q Okay. I'm going to just ask you, and we're  
12 going to go through these and you'll see that there are  
13 references to a series of writings that I'm going to ask  
14 if you're familiar with those writings.

15 So I'm on the last WHEREAS clause on page 1.  
16 There's a reference to the American Academy of  
17 Pediatrics in a 1993 article. Are you familiar with  
18 that article?

19 A I've read a lot of the literature on this  
20 topic. I've gone through and read as much as -- I'm  
21 guessing that I've read that article, yes, but if you  
22 have a copy of it and want to let me refresh myself with  
23 it and read it here and look at it, I will, but I don't  
24 remember it off the top of my head.

25 Q All right.

1           A       But I know that I've prepared for this by  
2 reading articles.

3           Q       Okay. So maybe we can shortcut this. The  
4 question I was going to ask you for articles that you're  
5 familiar with is whether or not you agree or disagree  
6 that these recitations are a fair recap of those  
7 publications. Are you going to have opinions on that  
8 subject?

9                   MR. MIHET: Objection. Form. I think the  
10 articles speak for themselves, and I think this  
11 would be administering a memory test to the  
12 witness, but go ahead.

13                   THE WITNESS: I do believe that some of the  
14 articles that I've read, that would include some of  
15 the ones in here in the WHEREAS clauses, are  
16 characterized in an oversimplified way because  
17 there are portions of them -- and again, I'm just  
18 speaking in generalities. I can't point to a  
19 specific article unless you give me one, but, you  
20 know, there are places where it says in one  
21 paragraph that there is little research to show  
22 that there is harm to minor clients who deal with  
23 same-sex, you know, change and then working through  
24 change and their attractions, and yet the way it's  
25 cited is not in that direction. It will cite a

1 different portion of the article.

2 So I don't think that these WHEREAS clauses  
3 that are three-and-a-half lines each can accurately  
4 summarize a 95-page article. It's cherrypicking  
5 one phrase or one concept out of it when that is  
6 not what the article says in its entirety.

7 BY MR. ABBOTT:

8 Q Fair enough. Doctor, do you ever speak in  
9 public with regard to sexual orientation change efforts?

10 A The only speaking I've done in public with  
11 regard to sexual orientation change efforts is -- again,  
12 I'm not saying I changed somebody's sexuality. I'm just  
13 using that as a heading, a topic, for why we're here  
14 today.

15 Q Okay.

16 A The only time I've spoken in public about that  
17 would be at the county commission hearings, the one that  
18 I went to. I've spoken in public about it with  
19 individual people. I mean, it's in public. It's not in  
20 my office, it's not in my house, it's out in public, but  
21 it would be with an individual person. Like you asked  
22 me earlier, what did I do when I found out that the city  
23 ordinance had passed and the county was coming up, I  
24 would consider talking with the school headmaster or the  
25 pastor and sharing that information. That would be

1 speaking in public about this issue.

2 If you're asking if I've ever taught a class  
3 on this issue or had a lecture or a seminar on this  
4 issue, the answer would be no.

5 Q Do you intend in the future, sir, to speak on  
6 the subject of sexual orientation change efforts?

7 MR. MIHET: Form.

8 THE WITNESS: I might, sure.

9 BY MR. ABBOTT:

10 Q Would you feel constrained in any way by the  
11 city ordinance from speaking in public about sexual  
12 orientation change efforts?

13 MR. MIHET: Form.

14 THE WITNESS: If that's considered  
15 advertising. If I can't have flyers and pamphlets  
16 and business cards out because that would be  
17 considered advertising, then I might get in trouble  
18 and I might be concerned about getting in trouble  
19 with the ordinance in that way.

20 I would have to have a specific example and  
21 not just a general hypothetical to give you a more  
22 specific answer.

23 BY MR. ABBOTT:

24 Q All right. What I'm trying to gather is do  
25 you feel constrained? Do you feel as if speech that you

1 wanted to give in public about sexual orientation change  
2 efforts are thwarted by the city ordinance?

3 MR. MIHET: Form.

4 THE WITNESS: To the extent that it would be  
5 construed as advertising, I would think that that  
6 would be an issue with the city ordinance.

7 I don't necessarily know that the ordinance --  
8 again, I'm not an attorney. You're asking for a  
9 legal conclusion maybe, but I don't know if the  
10 ordinance is telling me that I can't have a  
11 conversation with somebody outside of my office on  
12 this in a -- in a casual way.

13 BY MR. ABBOTT:

14 Q Have you, sir, in the past ever expressed your  
15 views with regard to same-sex attractions to your  
16 patients?

17 MR. MIHET: Form.

18 THE WITNESS: I'm just thinking through the  
19 different kinds of clients that have come through  
20 my office, not just these four that you're talking  
21 about. With these four here specifically, the  
22 answer -- I'm sorry. The four minors that we spoke  
23 about earlier today, the answer would be, no, I  
24 never spoke about my preferences with them.

25 With the adult clients who came in for other

1 issues that were homosexuals, no, I never spoke  
2 about my preferences with them.

3 With regard to other clients who might come in  
4 and say, "How do I deal with this with an adult  
5 family member and an adult friend?" I don't  
6 recall. I may or may not have in the course of  
7 saying, "Hey, I'm a Christian, you're a Christian,  
8 this is what our Bible says, how do you deal with  
9 that? With kindness, with compassion, with love,  
10 with -- you know, not shaming somebody."

11 You know, those are things that would be --  
12 would that let a client know what my preference,  
13 what my personal opinion is? Well, they already  
14 know because we're Christians. I'm a Christian and  
15 this particular client might be a Christian and,  
16 therefore, we have a common set of values that we  
17 come from sincerely held religion beliefs, so I  
18 would imagine they would know what I'm saying and  
19 they would know my opinion from what I'm saying,  
20 but that's not hidden because that's why they're  
21 there to see me.

22 BY MR. ABBOTT:

23 Q Are you concerned, doctor, that the city  
24 ordinance constrains you in any way from expressing your  
25 views to your clients?

1 MR. MIHET: Form.

2 THE WITNESS: Well, if you're asking me if it  
3 does or not, that's a legal question. If you're  
4 asking my opinion, I'm saying that I cannot speak  
5 with clients, minor clients, about their unwanted  
6 sexual feelings. I am prohibited by the city and  
7 the county ordinance, in my understanding, from  
8 doing that, and that's an infringement upon my  
9 First Amendment, Freedom of Speech, and my ability  
10 to speak about my sincerely held religious beliefs.  
11 And so, yes, I would say that that is something  
12 that the ordinance is restricting me from doing.

13 BY MR. ABBOTT:

14 Q Have you, sir, ever recommended sexual  
15 orientation change efforts to any of your clients?

16 MR. MIHET: Form.

17 THE WITNESS: May I add to my previous answer?

18 BY MR. ABBOTT:

19 Q Of course. Of course.

20 A Okay. The damages for not being able to speak  
21 could be --

22 MR. MIHET: He hasn't asked you anything about  
23 damages. Let him ask a question about that.

24 THE WITNESS: All right. Next question.

25 BY MR. ABBOTT:

1 Q Yes, sir. I was asking if you have ever  
2 recommended sexual orientation change efforts to any of  
3 your clients.

4 A No, sir. And, again, that -- I have that  
5 qualification of I don't see that as something that I  
6 could do or anyone else could do --

7 Q Okay.

8 A -- but clients can change.

9 Q Have you ever referred a minor client to  
10 receive unlicensed counseling, like to a member of the  
11 church or a religious leader?

12 MR. MIHET: Form.

13 THE WITNESS: For this issue of sexual  
14 attraction or in general?

15 BY MR. ABBOTT:

16 Q How about in general?

17 A Okay. In general, my clients come in --  
18 again, my minor clients might be involved in their  
19 church youth group and I know that there's value in  
20 their mentors there, and so I encourage those  
21 relationships, but I don't refer them to those  
22 relationships for counseling. I have never -- never  
23 done that.

24 Q Are you concerned, doctor, that the city  
25 ordinance prohibits you in any way from referring your

1 minor clients to religious leaders?

2 MR. MIHET: Form, calls for a legal  
3 conclusion.

4 THE WITNESS: I know religious leaders who are  
5 licensed counselors. They would be prohibited from  
6 having conversations in the same way I would be, so  
7 I would not be able to refer them there and that  
8 would be limiting.

9 BY MR. ABBOTT:

10 Q How about the religious leaders that do not  
11 have licenses such as yours?

12 A My reading of the -- again, it's a legal  
13 conclusion, but my reading of the document, the  
14 ordinance says that it does not apply to anyone who's  
15 not licensed.

16 Q So you wouldn't hesitate to refer a minor  
17 client to a religious leader --

18 MR. MIHET: Form, misstates prior testimony.

19 BY MR. ABBOTT:

20 Q -- in Boca Raton?

21 A I would feel comfortable bringing all those  
22 assets in this client's life to bear, and certainly  
23 religious leaders would be among those assets that I  
24 would like to bring in.

25 Q Okay. Doctor, I've taken up enough of your

1 time. I'm going to let the attorney to my left ask you  
2 some questions.

3 CROSS-EXAMINATION

4 BY MS. PHAN:

5 Q Doctor, my name is Kim Phan and I represent  
6 the county. So when I refer -- just for clarification  
7 purposes, when I refer to "ordinance," I'm talking about  
8 the county's ordinance because I know you've been  
9 talking about the city's ordinance.

10 So I'd like to mark the first document as  
11 county's exhibit --

12 THE COURT REPORTER: Do you want to go 1, 2,  
13 3?

14 MR. MIHET: Can't we just do 2 so it will make  
15 continuous sense?

16 MS. PHAN: Okay.

17 MR. MIHET: So Otto deposition Exhibit 2.

18 MS. PHAN: Okay. So here you go.

19 (Thereupon, Defendants' Exhibit 2 was marked  
20 for identification.)

21 BY MS. PHAN:

22 Q So this is a document that I pulled off of the  
23 Florida Health Department website, and I just wanted to  
24 confirm the information on here. So this is -- this  
25 says -- this document says Robert William Otto. Is that

1 you?

2 A Yes, it is.

3 Q And license number is MT2707. Is that you?

4 A That's correct.

5 Q Your license number?

6 A Yes.

7 Q And it says profession is licensed marriage  
8 and family therapist; is that correct?

9 A Yes.

10 Q And that your license status is clear and  
11 active, correct?

12 A Yes.

13 Q And your license expiration date is 3/31/2019,  
14 correct?

15 A Yes.

16 Q And the license original issue date is  
17 July 26, 2012?

18 A Yes.

19 Q And the address of record is 2400 West Yamato  
20 Road, Boca Raton, Florida 33431; is that correct?

21 A No.

22 MR. MIHET: Let me object as to form. Are we  
23 asking him to confirm what's written on here or  
24 whether that's actually the case today?

25 BY MS. PHAN:

1 Q Is that the correct information for him -- is  
2 that the correct current information for you?

3 A Okay. This is the address for Spanish River  
4 Counseling Center, and I gave you the address of 4400  
5 North Yamato Road, Suite 210 earlier today, so this will  
6 need to be updated with the state. And again, I've been  
7 out of town and I've been unable to stay on top of all  
8 of that, but this is in the process of transitioning, so  
9 that will be updated soon.

10 Q Gotcha. Okay. So you said you graduated from  
11 Nova with your Ph.D around 2010, correct?

12 A Yes.

13 Q So how come your license original issue date  
14 is July 2012? I'm just wondering about that gap.

15 A I was a registered intern before then, and I  
16 know there was a couple years of gathering up all the  
17 hundreds of hours that we needed -- that I needed for  
18 licensure, so that must have been when I finished the  
19 number of hours that was needed under the registered  
20 intern license, and that's when it went from the  
21 registered intern license over to the fully licensed.

22 Q And you obtained those hours working at the  
23 Spanish River Counseling Center --

24 A Yes. That's correct.

25 Q -- is that correct?

1 A Yes.

2 Q Okay. So I'm going to hand you another  
3 document. I'd like to mark this as Defendants' Exhibit  
4 Number 3.

5 So Defendants' Exhibit Number 3 is a document  
6 that I pulled off of Sunbiz.org. It's from the Division  
7 of Corporations in the State of Florida. And same thing  
8 here, I just want to verify that the information on this  
9 document is correct and current, okay.

10 So it says here that this is for a Florida  
11 limited liability company, SDG Counseling, LLC. Is that  
12 your business that you were speaking of earlier about  
13 opening around July?

14 A Yes, it is.

15 (Thereupon, Defendants' Exhibit 3 was marked  
16 for identification.)

17 BY MS. PHAN:

18 Q Okay. So it says here the date filed is  
19 July 5, 2018. Is that when you filed with the state?

20 A I would -- it sounds about right, yeah.

21 Q Okay.

22 A That might have been when the paperwork was  
23 processed at the state. I might have sent it in at the  
24 end of June but, yeah, that looks right.

25 Q And that address, that's the correct address,

1 the 4400 North Federal Highway, Suite 210?

2 A Yes. That's correct.

3 Q Okay. And the mailing address, 233 NE 31st  
4 Street, Boca Raton, that's correct?

5 A That's my residence. Yes, that's correct.

6 Q Okay. And it lists here that you're the  
7 manager, correct?

8 A That's correct.

9 Q Okay. And it lists Shannon Otto as also a  
10 manager; is that correct?

11 A That's correct.

12 Q And what is your relationship with Shannon  
13 Otto?

14 A She's my bride of 25 years.

15 Q Congratulations. That's all I have for that  
16 document. The next document I'd like to mark is  
17 Defendants' Exhibit Number 4.

18 So this is a document that is titled "Robert  
19 W. Otto, Ph.D," and it has the Bates number Otto 001.  
20 This is something that we received through discovery  
21 responses from your attorney. Is it safe to call this  
22 your resume?

23 A Yes.

24 (Thereupon, Defendants' Exhibit 4 was marked  
25 for identification.)

1 BY MS. PHAN:

2 Q Okay. And is the information on this resume  
3 true and accurate?

4 A To the best of my knowledge, yes.

5 Q And did you prepare this resume?

6 A Yes, I did.

7 Q And when did you prepare this resume?

8 A That would have been sometime after the suit  
9 was filed. I don't recall what month that would have  
10 been.

11 Q And why did you prepare this resume?

12 A Because I believe that was a part of the  
13 interrogatories that you sent to me, and this was in  
14 response to one of the questions, as I recall.

15 Q Okay. So has it been revised since -- or when  
16 was the last time it was revised?

17 A In preparation of the interrogatories.

18 Q Okay. That's all I have for this document.

19 The next document I have is -- or I'd like to  
20 mark Defendants' Exhibit Number 5. So this document is  
21 titled "SDG Counseling, LLC." And it states it's  
22 "Informed Consent For Counseling Regarding Unwanted  
23 Same-Sex Attractions And Behaviors." It's Bates number  
24 OTT0 -- I'm sorry, not OTT0. Otto 008 through Otto 009.

25 This is also another document that we received

1 from your attorney in response to our discovery request.  
2 Is the information on here true and accurate of the  
3 informed consent that you give to your clients regarding  
4 unwanted same-sex attraction and behaviors?

5 MR. MIHET: Form.

6 THE WITNESS: Yes. This is a form that I use  
7 for clients with unwanted same-sex attractions.

8 (Thereupon, Defendants' Exhibit 5 was marked  
9 for identification.)

10 BY MS. PHAN:

11 Q And when was this document created?

12 A As part of my opening up my LLC and going on  
13 my own private practice.

14 Q So would you say around July 2018?

15 A Yes. And July 5th is when that LLC started,  
16 and slightly before or slightly after that we've been  
17 updating the forms, and this was a part of that process.

18 Q Okay. So when was the last time this form or  
19 the most recent time this form was updated or revised?

20 MR. MIHET: Form.

21 THE WITNESS: In the last couple of weeks,  
22 last month. I can't give you a date. Again, I've  
23 been out of town for a good portion of that so...

24 BY MS. PHAN:

25 Q Okay. That's all I have for this document for

1 now. One more question about this document, the  
2 informed consent. Is this a document that you created?

3 A This is -- yeah, this is a document that I  
4 created that I -- as part of going on my own, revising  
5 forms and updating forms, I had to create things for my  
6 new company, so yes.

7 Q Okay. So the next document I'd like to enter  
8 is Defendants' Exhibit Number 6, and it's titled "SDG  
9 Counseling, LLC, Payment Agreement"?

10 A The first page that's on the top, yes.

11 (Thereupon, Defendants' Exhibit 6 was marked  
12 for identification.)

13 BY MS. PHAN:

14 Q And the Bates number is Otto 002?

15 A There's Otto 003, Otto 004, 5 and 6 and 7 also  
16 to this.

17 Q Okay. So we'll go through all of them. So  
18 Otto 002 through Otto 007, could you take a minute to  
19 review that?

20 A Sure. I just did.

21 Q Okay. You just did?

22 A Uh-huh.

23 Q Okay. Now did you create these forms?

24 A Yes, I did.

25 Q Okay. And is the information on it true and

1 accurate?

2 A Yes.

3 Q And is the information on it current?

4 A Yes.

5 Q And when did you create these documents?

6 A Again, it was a part of the July, beginning of  
7 August, end of June kind of process of creating forms  
8 and transitioning to the private practice, so somewhere  
9 in there.

10 Q Okay. That's all I have for that document.

11 Since you've been in private practice, have  
12 you engaged in therapy sessions or counseling sessions  
13 in any other location other than your office with minor  
14 clients regarding unwanted same-sex attractions?

15 MR. MIHET: Form, compound, vague and  
16 ambiguous.

17 THE WITNESS: Since I went on my own?

18 BY MS. PHAN:

19 Q Since you went into private practice with SDG  
20 Counseling.

21 A Okay. So you're asking me did I violate the  
22 ordinances? Did I conduct any counseling with minors  
23 with SOCE issues since July when the ordinances went  
24 into effect? You're asking me if I violated the  
25 ordinances by conducting counseling? Did I violate -- I

1 mean that seems like you're trying to trap me.

2 MS. PHAN: Can you repeat the question for  
3 him, Dr. Otto?

4 THE COURT REPORTER: Sure. "Since you've been  
5 in private practice, have you engaged in therapy  
6 sessions or counseling sessions in any other  
7 location other than your office with minor clients  
8 regarding unwanted same-sex attractions?"

9 MR. MIHET: Same objections, also asked and  
10 answered.

11 THE WITNESS: Okay. The answer is, no, I  
12 haven't conducted any counseling sessions with  
13 minors on same-sex attraction issues since the  
14 ordinances were passed, which would include the  
15 time since I opened my private practice.

16 BY MS. PHAN:

17 Q Okay. Now while you were at Spanish River  
18 Counseling, prior to the ordinance being passed, what  
19 other locations have you practiced other than at your  
20 office location in Boca Raton?

21 A Okay.

22 MR. MIHET: Form.

23 THE WITNESS: I have seen clients in  
24 unincorporated Boca Raton way out west, outside the  
25 city limits. I've also seen clients in Delray.

1 And both of those are regular scheduled  
2 appointments, ongoing.

3 BY MS. PHAN:

4 Q Are those the only two or three locations that  
5 you've seen clients while you were at Spanish River  
6 Counseling --

7 MR. MIHET: Form.

8 BY MS. PHAN:

9 Q -- Center within the last 12 months?

10 MR. MIHET: Form.

11 THE WITNESS: No. I met a [REDACTED] on a basketball  
12 court once, and I met somebody else at Panera Bread  
13 once. I went to the Outback Steakhouse with a dad  
14 and [REDACTED] once. I also met at a gym.

15 MS. PHAN: I'd like to know --

16 MR. MIHET: I'm sorry, could you let him  
17 finish his answer?

18 THE WITNESS: And also at the gym. So you're  
19 asking what city that would be in?

20 BY MS. PHAN:

21 Q Exactly.

22 A All right. So Boca Raton and Delray Beach,  
23 Florida.

24 Q Okay. Do you have a business card with SDG  
25 Counseling?

1 A Yes, I do.

2 Q Is that something you have on hand that we can  
3 make a copy of?

4 A Yes, it is.

5 Q I'll make a copy --

6 MR. MIHET: I'm sorry, let me see it first.

7 THE WITNESS: One for everybody.

8 MS. PHAN: Oh, I can have one? Okay.

9 THE WITNESS: There's no room for the sticker  
10 on it, sorry.

11 MR. MIHET: We'll go ahead and accede to your  
12 request. Generally we prefer document requests to  
13 be made in writing in advance of the deposition,  
14 but we'll make an exception for this one.

15 BY MS. PHAN:

16 Q How many clients does SDG currently have?

17 A What do you mean by how many clients do I  
18 currently have? How many am I seeing a week or how many  
19 active clients do I have?

20 Q How many active clients do you currently have?

21 MR. MIHET: Form.

22 THE WITNESS: I'm going to guess about 50, 60,  
23 somewhere in there.

24 BY MS. PHAN:

25 Q Do you currently have any minor clients that

1 you are practicing or engaging in conversion therapy as  
2 defined by the ordinance right now at SDG Counseling?

3 MR. MIHET: Objection. Form, asked and  
4 answered at least four different times today, but  
5 go ahead one more time.

6 THE WITNESS: No.

7 BY MS. PHAN:

8 Q Can you just describe some of the services  
9 that SDG offers?

10 A It's all talk therapy. It's all counseling,  
11 speech.

12 Q And in what subject matters though?

13 A I've had clients come in -- again, this is a  
14 representative list, certainly not exhaustive. I've had  
15 clients come in dealing with depression, anxiety,  
16 parenting issues, marriage issues, affairs dealing with  
17 divorce, dealing with sexual issues, dealing with  
18 pornography, post-traumatic stress. That's probably a  
19 good bulk of what I do.

20 Q Do you currently only work at SDG Counseling  
21 or do you work at another -- do you have another  
22 employer?

23 MR. MIHET: Objection. Asked and answered.

24 Counsel, I'm going to give you a little leeway  
25 here, but we're not going to sit down for

1 essentially the same questions that were already  
2 asked by the city.

3 He's already gone, exhaustively, through his  
4 employment, whom he works for, and he's listed  
5 every employer that he's currently had. I've asked  
6 that you move on to an area that has not yet been  
7 covered rather than trace back the same questions.  
8 Go ahead, please.

9 THE WITNESS: When you say currently employed  
10 and currently working in, I'm employed by SDG  
11 Counseling. I see clients -- when you say --  
12 that's at this location. I see clients outside of  
13 that location, but my employee is -- my employer is  
14 SDG Counseling.

15 BY MS. PHAN:

16 Q Right.

17 A In addition to that, I do have an active real  
18 estate broker's license. But when you're talking about  
19 counseling and employment, it's SDG Counseling only. I  
20 don't work for another counseling center I guess is  
21 what -- if you're asking about that.

22 Q Right. That's exactly where I was getting at,  
23 if you're still doing any business with Spanish River  
24 Counseling.

25 A No. My clients transitioned over to SDG

1 Counseling.

2 Q Are all of your counseling and therapy  
3 sessions with SDG in person?

4 MR. MIHET: Form.

5 THE WITNESS: Sometimes I talk on the phone  
6 with clients.

7 BY MS. PHAN:

8 Q Do you have any other methods of holding  
9 sessions with clients other than the phone and in  
10 person?

11 A I don't -- I've never run into that with SDG,  
12 no.

13 Q Does SDG currently have a website?

14 A No, ma'am.

15 Q So what -- okay. You mentioned before that  
16 you would like to eventually advertise SDG services,  
17 correct?

18 A That's correct.

19 Q What does the county's ordinance, in your  
20 opinion -- or does it constrict you or restrain you from  
21 advertising conversion therapy?

22 MR. MIHET: Form.

23 THE WITNESS: I don't have a copy of the  
24 ordinance. I don't have that memorized, I'm sorry.

25 BY MS. PHAN:

1 Q Okay.

2 A Let me take a look at it.

3 MS. PHAN: I'm just giving him a copy of the  
4 ordinance.

5 MR. MIHET: Sure. When you deem it  
6 appropriate, we could use another break, please.

7 MS. PHAN: Okay.

8 MR. MIHET: Can you read back the last  
9 question, please?

10 THE COURT REPORTER: Sure. "What does the  
11 county's ordinance, in your opinion -- or does it  
12 constrict you or restrain you from advertising  
13 conversion therapy?"

14 MR. MIHET: Form, calls for a legal  
15 conclusion.

16 THE WITNESS: I'm just taking a quick read  
17 through it here, and I don't see that advertising  
18 is a violation in the county. I'm missing that on  
19 here. Although speech is something that I would  
20 like to do, and if you're restricting my ability to  
21 speak about it, then advertising would be speech  
22 and I can't advertise services that I'm not allowed  
23 to provide. And so if you're saying that I'm not  
24 allowed to provide a specific service, then I can't  
25 legally advertise for that service.

1 BY MS. PHAN:

2 Q Okay. I'd like to go back earlier when you  
3 mentioned that you have a client in unincorporated West  
4 Boca. Is that client a minor?

5 A No, ma'am.

6 Q Okay. And is SDG and Spanish River Counseling  
7 Center affiliated in any way?

8 A No, ma'am.

9 Q Did you ever have any ownership interests in  
10 Spanish River Counseling Center?

11 A No, ma'am.

12 Q Were you ever an officer at Spanish River  
13 Counseling Center?

14 A No.

15 Q Why did you decide to go into private  
16 practice?

17 MR. MIHET: Form.

18 THE WITNESS: When the ordinances were passed  
19 and I spoke at the county commission meeting, and  
20 then I filed a lawsuit, there is concern that there  
21 might be protests at my place of employment and it  
22 did not seem advisable to have clients trying to  
23 come to talk about their intimate, most personal  
24 challenges and have to try to get to the front door  
25 through something like that.

1           So in an effort to guard and protect the  
2           environment for the clients there, the decision was  
3           made that I should be in private practice at that  
4           point.

5       BY MS. PHAN:

6           Q       Would you say now that SDG and Spanish River  
7           Counseling are competitors?

8           A       No, ma'am. No.

9           Q       So earlier I showed you the -- or I can't  
10          remember which exhibit it was, but the consent form for  
11          the unwanted same-sex attractions. Is that the same  
12          consent form that you use for gender identity confusion  
13          as well or is there a different form? Because when your  
14          counsel produced it, that was the form that was  
15          referenced in regards to the gender identity question as  
16          well.

17          MR. MIHET: Form, mischaracterizes counsel's  
18          production.

19          THE WITNESS: I have never dealt with gender  
20          identity confusion issues. But I could use a  
21          bathroom break.

22          MR. MIHET: Me too.

23          THE WITNESS: Would that be okay?

24          MS. PHAN: Yes.

25          THE WITNESS: Thank you very much.

1 (Thereupon, a short break was taken from 2:42  
2 p.m. to 2:51 p.m.)

3 BY MS. PHAN:

4 Q So earlier the city's counsel asked you what  
5 would you do if a minor wanted counseling so that they  
6 can be more comfortable with the same-sex counseling,  
7 and you said you would refer them to someone else?

8 A Yes.

9 MR. MIHET: Objection. Form.

10 MS. PHAN: I haven't finished my question.

11 MR. MIHET: I know, but I think you used the  
12 word "counseling." Well, just form. Sorry, go  
13 ahead.

14 BY MS. PHAN:

15 Q Okay. So I'm just going to repeat it.

16 What would you do if -- so earlier the city's  
17 counsel asked you what would you do if a minor client  
18 wanted counseling so that he can be more comfortable  
19 with same-sex counseling, and you said you would refer  
20 them to another specialist or professional, correct?

21 MR. MIHET: Objection. Form, misstates prior  
22 testimony.

23 THE WITNESS: Yes. I would refer that client  
24 to somebody else.

25 BY MS. PHAN:

1 Q Okay. And you stated that you would give them  
2 two names or so of professionals that they can see; is  
3 that correct?

4 A I believe I said three.

5 Q Three?

6 A Two or three. Usually I try to give three  
7 names.

8 Q Okay. And have you had to do that in the  
9 past?

10 A On that particular issue, no; but referring  
11 clients to other counselors, absolutely. We pass  
12 clients back and forth to the person who addresses the  
13 specific issues that that client has a need to do, so  
14 that's not an uncommon thing to do in my profession.

15 Q Thank you. Earlier you stated that you had  
16 four minor clients that you assisted with unwanted  
17 same-sex sexual attractions, whether it's their parents  
18 or they want it or whatever it was. On average, how  
19 many sessions did the therapy last?

20 MR. MIHET: Form.

21 BY MS. PHAN:

22 Q And if you want to just -- I mean there's only  
23 four. If you want to just give me each one, that's fine  
24 too.

25 MR. MIHET: Form.

1 THE WITNESS: The first client -- again,  
2 taking these in the same order that they were given  
3 earlier, okay.

4 The first client I probably saw a half a dozen  
5 times off the top of my head. And, again, same-sex  
6 attraction was not the primary issue on those.

7 The second client I probably saw a half a  
8 dozen times. With the parents, maybe another four  
9 times. And, again, these are just guesses off the  
10 top of my head, ballpark numbers. And, again, the  
11 sexual attraction was not the primary issue in  
12 those conversations, although it was a part of  
13 conversations.

14 The third client, I saw [REDACTED] probably three  
15 times with the same comment that sexual attractions  
16 was not the primary issue that we were dealing  
17 with, although it was a part of the discussion.

18 And the last, my fourth client, I'm going to  
19 guess I've seen [REDACTED] 12 or 15 times. And, again,  
20 some of those had to do with same-sex attractions  
21 but most of them did not.

22 BY MS. PHAN:

23 Q Okay. So I'm going to hand you your responses  
24 to the county's interrogatories.

25 MR. MIHET: Are we marking this as an exhibit,

1           counsel?

2           MS. PHAN: No.

3           MR. MIHET: Okay.

4 BY MS. PHAN:

5           Q     Please look at interrogatory number 3.

6           A     I have that much more.

7           Q     Okay.

8           A     Okay.

9           Q     Okay. So you state here or the response  
10 states that "Otto focuses on the issues that the client  
11 wants to address, including those situations where  
12 clients seek assistance in conforming their identity and  
13 attractions to their sincerely held religious beliefs,  
14 values, and concepts of self."

15                   My question to you is: How do you do that?  
16 How do you reconcile when there's a conflict between the  
17 client's unwanted sexual attraction, sexual orientation  
18 with their religious beliefs if there's a conflict?

19           MR. MIHET: Objection. Form, asked and  
20 answered.

21           THE WITNESS: Okay. So if a client comes in  
22 and says, "Hey, this is what I'm feeling, but this  
23 is what I believe," there's a conflict there. So  
24 there are three choices: You change one, you  
25 change the other, or you learn to live with that

1 conflict in place. And we'll talk about where  
2 their priorities are. We'll talk about which one  
3 of those is most important to them. We'll talk  
4 about maybe the root causes of some of these issues  
5 that they're feeling, what they think the root  
6 causes are, how much -- to what degree the  
7 discomfort is there. Is it just a minor nuisance  
8 or is it a significant issue for them?

9 And we'll have conversations. We'll speak  
10 about those kinds of things. And as they gain an  
11 understanding of their -- as they're able to talk  
12 through their feelings and articulate their  
13 feelings, oftentimes they're able to come to some  
14 resolution about what they think they should do on  
15 what things they think they should change or what  
16 boundaries they think they should put up or what  
17 relationships they think they should modify.

18 And, again, that's all client-driven. That's  
19 all directed by what the clients' priorities are  
20 and how they bring the issues to the table.

21 BY MS. PHAN:

22 Q Please look at interrogatory number 6.

23 A Okay.

24 Q Okay. So under "Objections," the last  
25 sentence of the first paragraph, it says, "Otto is

1 prepared to supplement his response with deposition  
2 testimony and otherwise as appropriate in discovery."

3 So my question to you is: Do you have  
4 anything to say to supplement your response to  
5 interrogatory --

6 MR. MIHET: Let me object as to form and as to  
7 the impropriety of asking him about an objection  
8 which was made by counsel, not by the client.

9 If you want to ask him questions about this  
10 particular topic, he's here to answer them for you  
11 today.

12 BY MS. PHAN:

13 Q Please answer my question.

14 MR. MIHET: Go ahead.

15 THE WITNESS: I thought that by coming in and  
16 answering questions at the deposition, that was  
17 providing a supplemental -- the answers to the  
18 questions would be the supplemental information  
19 that I mentioned there.

20 BY MS. PHAN:

21 Q So there's nothing you'd like to add to this  
22 particular interrogatory number 6?

23 MR. MIHET: Objection. Form. He's here to  
24 answer your questions, counsel.

25 MS. PHAN: And that is a question.

1 THE WITNESS: If you have specific questions  
2 to me to clarify something or to -- I'd be glad to  
3 do that, but I don't have a list of things that I'm  
4 ready to recite to you. I thought that's what I  
5 put down on paper.

6 BY MS. PHAN:

7 Q Okay. Please look at interrogatory number 7.

8 A Okay.

9 Q In the response in the second paragraph, it  
10 states that "Otto shares those beliefs and therapy  
11 sessions sometimes include discussions of biblical  
12 truths, including that God created men and women, that  
13 they are statistically different, and that their design  
14 was purposeful." Are there any other biblical truths  
15 not included in this response that you would share with  
16 your client?

17 MR. MIHET: Objection. Form.

18 THE WITNESS: Can I answer?

19 MR. MIHET: You can answer.

20 THE WITNESS: Okay. Sure. The Bible's a big  
21 book, and there's a lot of different conversations  
22 that were mentioned earlier today. I can't give  
23 one answer that covers all conversations, but  
24 certainly it might be something along the lines of,  
25 hypothetically, "Children, obey your parents in the

1 Lord, honor your father and mother, treat people  
2 with kindness, husbands love your wives as Christ  
3 loved the church, consider others as more important  
4 than yourselves."

5 There are a lot of biblical truths that would  
6 come out in the counseling and covering the  
7 different topics that I gave you earlier today that  
8 clients come to see me with.

9 BY MS. PHAN:

10 Q Okay. The question though -- question 7 was  
11 specific though to same -- or unwanted same-sex  
12 attractions or same-sex attractions, not just in general  
13 how a parent and child should --

14 MR. MIHET: Is there a question, counselor?

15 BY MS. PHAN:

16 Q Was your response that you just gave in  
17 response to the question being asked in interrogatory  
18 number 7?

19 MR. MIHET: Form.

20 THE WITNESS: The question I just answered, I  
21 thought you were asking what biblical truth would I  
22 bring into a counseling session.

23 Specifically with regard to the same-sex  
24 attraction issues that we're here today about, the  
25 ones that I've listed in my response are the

1 primary ones that I can think of off the top of my  
2 head but, again, every conversation with every  
3 client is different and perhaps something else  
4 would come up that I would talk about, but these  
5 are the -- these are the ones that jump at the top  
6 of my mind right now.

7 BY MS. PHAN:

8 Q Okay. The next line under that, it says --  
9 the response states that "Otto's Christian, Jewish, and  
10 Muslim clients all hold the same sincerely held  
11 religious beliefs as Otto in this area."

12 Can you tell me what beliefs you're referring  
13 to in regards to Muslim clients?

14 A I'm not an expert on Islam, but my  
15 understanding from talking with my clients is that they  
16 view men and women as distinct and as different from  
17 each other, and they view marriage as between a man and  
18 a woman, and so those would be the things that I'm  
19 referring to there.

20 Q Now you state that your religion -- you're a  
21 Christian, correct?

22 A That's correct.

23 Q Is there a specific denomination?

24 A I wouldn't categorize myself in a specific  
25 denomination, no.

1 Q And are you a member of a church?

2 A Not right now, no.

3 Q When was the last time you were a member of a  
4 church?

5 A Within a year? Four or five years ago, plus  
6 or minus.

7 Q Does your religion require you to change  
8 minors with unwanted same-sex attractions?

9 MR. MIHET: Objection. Form, assumes facts  
10 not in evidence, misstates prior testimony.

11 THE WITNESS: Is that one of the questions  
12 here that I'm supposed to refer to?

13 BY MS. PHAN:

14 Q No.

15 A Okay. Does my religion require me to change  
16 someone else's sexual preference? Was that the  
17 question?

18 Q Yes.

19 A Okay. First of all, I cannot change someone  
20 else's sexual preferences, I've already stated that.

21 Second of all, my religion, my Christian faith  
22 requires me to be compassionate to people, to show them  
23 respect and dignity. So when my client comes and says  
24 that I want some help on this particular issue, my  
25 Christian faith would say I have the responsibility to

1 help that person on whatever it is causing them  
2 distress, and to do that in a way that is honoring to  
3 them and shows them dignity and respect and kindness and  
4 love and compassion.

5 Q Do you believe that the county's ordinance at  
6 issue here requires you to affirm same-sex attractions?

7 MR. MIHET: Objection. Form, calls for a  
8 legal conclusion.

9 THE WITNESS: To affirm same-sex attractions?

10 Is that the question?

11 BY MS. PHAN:

12 Q Yes.

13 A Okay. Again, I'm not an attorney. I think  
14 the reading of the ordinance says that I cannot help  
15 minors with those issues. I don't think it controls --  
16 I don't think it says anything about what I can and  
17 cannot believe.

18 Q Right. But my question -- I'm asking you your  
19 interpretation of the ordinance. In your opinion, do  
20 you think that the ordinance requires you to affirm  
21 same-sex attractions?

22 A Oh, okay.

23 MR. MIHET: Form, calls for a legal  
24 conclusion.

25 THE WITNESS: Okay. No, I don't think it

1 calls for me to affirm anybody's same-sex  
2 attraction.

3 BY MS. PHAN:

4 Q If a minor has wanted same-sex attractions,  
5 does your religion require you to try to change their  
6 same-sex attraction?

7 MR. MIHET: I'm sorry, can you read that one  
8 back to me, please?

9 THE COURT REPORTER: "If a minor has wanted  
10 same-sex attractions, does your religion require  
11 you to try to change their same-sex attraction?"

12 MR. MIHET: Objection. Form, assumes facts  
13 not in evidence, misstates prior testimony.

14 THE WITNESS: No, my religion does not require  
15 me to do that. And again, as I've said before, I  
16 don't think that that's a concept that I can  
17 change.

18 BY MS. PHAN:

19 Q Do you believe that identifying as a gender  
20 that differs from one's anatomical sex is a sin?

21 A You're asking for a religious answer there.  
22 My sincerely held religious beliefs is that God created  
23 us as men and women, and they're distinct and purposeful  
24 in their creation.

25 Q Do you believe that God designed humans to be

1 heterosexual?

2 A Yes.

3 Q Do you believe that acting on same-sex  
4 attractions is a sin?

5 MR. MIHET: Form.

6 THE WITNESS: Yeah, and this is -- you're  
7 getting into my personal religious beliefs, which  
8 is interesting because I feel like this is -- the  
9 ordinance is preventing me from being able to speak  
10 openly about my personal sincerely held religious  
11 beliefs.

12 Do I think it's a sin to act on homosexual --  
13 in homosexual ways? I think that's a violation of  
14 what my Bible says. I would say that my Bible says  
15 that's a sin.

16 BY MS. PHAN:

17 Q Do you believe that changing same-sex  
18 attractions is possible apart from God?

19 MR. MIHET: Objection. Form.

20 THE WITNESS: Oh, I think that people can  
21 change in many ways and for many reasons. And so I  
22 would say that, sure, there's lots of different  
23 ways that people can change or instigators might  
24 change or motivations or facilitators.

25 BY MS. PHAN:

1 Q Do you believe that changing gender confusion  
2 is possible apart from God?

3 MR. MIHET: Objection. Form.

4 THE WITNESS: I've never dealt with gender  
5 confusion in my practice.

6 BY MS. PHAN:

7 Q Can you look at interrogatory number 18,  
8 please?

9 A Okay.

10 Q Okay. So you state there that in a typical  
11 year prior to the enactment of the ordinance, they  
12 accounted for a small part, approximately 5 percent of  
13 Otto's practice. They, as in minors, stated goals to  
14 conform their sexual attractions, beliefs, or identity.

15 Was that while you were at -- this response is  
16 in regards to while you were at Spanish River  
17 Counseling, correct?

18 MR. MIHET: I'm going to object. Counsel has  
19 misread the response.

20 BY MS. PHAN:

21 Q Okay. I'll re-read it. The response says  
22 that "As to minors who present with stated goals to  
23 conform their sexual attractions, behaviors, or identity  
24 to their sincerely held religious beliefs, values, or  
25 concept of self, in a typical year prior to the

1 enactment of the ordinance, they accounted for a small  
2 part, approximately 5 percent of Otto's practice." Were  
3 you referring to while you were at Spanish River  
4 Counseling?

5 A Prior to the enactment of the ordinance I  
6 worked at Spanish River Counseling Center, in those few  
7 years prior to that, so this answer addresses the  
8 clients that I saw at Spanish River Counseling.

9 Q And the 5 percent that you mentioned here,  
10 were they exclusively your clients?

11 MR. MIHET: Form.

12 THE WITNESS: I mentioned that I referred the  
13 second client in the order that we had them before  
14 to another therapist working individually with that  
15 person. I remained working with the family.

16 BY MS. PHAN:

17 Q And the 5 percent that is referred here in  
18 your response to interrogatory number 18, they -- are  
19 they just the four clients that you mentioned before?

20 A That's correct. Yes.

21 MS. PHAN: Okay. Do you have a copy of the  
22 Complaint? Otherwise I'm going to show him the --

23 MR. MIHET: No, I don't.

24 BY MS. PHAN:

25 Q So what I'm handing you is a verified copy of

1 the complaint that you filed in this lawsuit, and I'd  
2 like for you to look at paragraphs 132 through 135.

3 A Okay.

4 Q From paragraphs 132 through 135, it talks  
5 about your minor clients.

6 A Yes.

7 Q Are these the same four clients that we had  
8 been discussing?

9 A Yes.

10 Q So in paragraph 132, the clients that we've  
11 been speaking of, and we numbered them one through four,  
12 132, which client does that apply to?

13 A Okay. 132 is the third client. I'm sorry,  
14 the second client I discussed.

15 Q In paragraph 133 --

16 A I'm just reading through this.

17 Q Which client are you referring to?

18 A I'm just trying to keep the order in -- my  
19 head in the order here.

20 Q Does it look like that was client number one?

21 A Hang on just a second. Okay. Paragraph 135,  
22 that would be my client number three from earlier.  
23 Paragraph 134 would be the client number four from  
24 earlier. Paragraph 133 -- hang on. I just want to make  
25 sure we get these right.

1           Okay. Paragraph 132 is the second client.

2           Okay. Paragraph 133 was the first client. Paragraph  
3           134 was the fourth client. And paragraph 135 would be  
4           the third client.

5           Q       Okay. So earlier when you were speaking of  
6           these clients -- let's go through them. I just have a  
7           quick question about each of them.

8                        So for client number one that we were speaking  
9           of, which matches with paragraph 133, when did you first  
10          engage in counseling or therapy with this client? And  
11          you can just give me the year.

12          A       I'm going to guess it was two or two and a  
13          half years ago.

14          Q       So would you say around 2016?

15          A       It was either 2016 or 2017.

16          Q       For client number two, when did you first  
17          engage in counseling or therapy with this client?

18          A       As a landmark, it was probably about nine  
19          months before the shooting at the high school in Broward  
20          County because that's the way my mind works. You can  
21          look up the date for that and go about nine months back,  
22          and that was probably ballpark.

23          Q       So that was in February. So nine months  
24          before February? Which would be --

25          A       Just say the beginning of the school year.

1 Q Okay.

2 A Maybe like September or so of the year before  
3 that event. And, again, this is just a guess off the  
4 top of my head based upon my recollection.

5 Q Same question for client number three. When  
6 did you first engage in therapy sessions or counseling  
7 with this client?

8 A 2016, 2017, somewhere in there.

9 Q And the same thing with client number four.

10 A Client four would be -- I would guess 18  
11 months ago. 18 months ago.

12 Q Okay. Were all four of the minor clients that  
13 we're speaking of, were they all located in Boca Raton,  
14 Florida?

15 MR. MIHET: Form.

16 THE WITNESS: When you say "located," do you  
17 mean is that where I saw them or is that where they  
18 resided?

19 BY MS. PHAN:

20 Q Where they resided.

21 A No.

22 Q No? Okay. Can you tell me where they  
23 resided?

24 A Spread throughout Palm Beach and Broward  
25 County.

1 Q Did you see them outside of your office?

2 MR. MIHET: Form, compound.

3 THE WITNESS: Number four, my fourth client, I  
4 have run into [REDACTED] outside of the office a few times  
5 but not on a professional basis. And the others  
6 I've never seen outside the office.

7 BY MS. PHAN:

8 Q Okay. Have you had to turn away potential  
9 clients that are minors that had unwanted same-sex  
10 attractions --

11 MR. MIHET: Form.

12 BY MS. PHAN:

13 Q -- since the passage of the county's  
14 ordinance?

15 MR. MIHET: Form.

16 THE WITNESS: No, I have not.

17 BY MS. PHAN:

18 Q Have you had to terminate any relationships  
19 with minors with unwanted same-sex attractions because  
20 of the county's ordinance?

21 MR. MIHET: Form.

22 THE WITNESS: No. Clients come in with many  
23 issues and the issues that I've needed to talk with  
24 clients about and take advantage of talking with  
25 clients about since the ordinance passed have not

1           been on unwanted sexual issues.

2       BY MS. PHAN:

3           Q       Is change in sexual attractions possible  
4       without talk therapy?

5           MR. MIHET:   Form.

6           THE WITNESS:  I have not met everybody in the  
7       world that's changed.

8       BY MS. PHAN:

9           Q       In your opinion.  In your experience.

10          A       People that -- people change for a lot of  
11       reasons, some of them because they came to counseling.  
12       For a lot of different issues they change.  Some change  
13       in counseling, some change outside of counseling.  I  
14       would assume that it is possible.  There's nothing that  
15       says that counseling is the only reason that people can  
16       change.

17          Q       To your knowledge, are there continuing  
18       learning education courses on conversion therapy  
19       practices?

20          A       I have no --

21          MR. MIHET:  Objection.  Form.

22          THE WITNESS:  I have no idea.

23       BY MS. PHAN:

24          Q       To your knowledge, is there any training on  
25       conversion therapy practices?

1 MR. MIHET: Form.

2 THE WITNESS: I have no idea.

3 BY MS. PHAN:

4 Q And when I speak of conversion therapy  
5 practices, I mean as defined by the ordinance.

6 A I have no idea.

7 Q Okay. How did you get your training on  
8 changing, reducing, or eliminating unwanted same-sex  
9 attractions?

10 MR. MIHET: Form, misstates prior testimony,  
11 assumes facts not in evidence.

12 THE WITNESS: My training in my master's and  
13 my doctorate programs involved helping people with  
14 distress in their lives. If they come in dealing  
15 with anxiety or depression or confusion because  
16 they have things in conflict in their lives, we  
17 deal with those issues all the time in the office.

18 BY MS. PHAN:

19 Q At what age do you think a minor can fully  
20 consent to counseling and therapy of unwanted same-sex  
21 attractions?

22 MR. MIHET: Objection. Form, calls for a  
23 legal conclusion.

24 THE WITNESS: Well, I do believe that that  
25 Florida Statute says at 13 they can give some kind

1 of consent to counseling within the limitations on  
2 that statute. I guess that's my best answer for  
3 you.

4 BY MS. PHAN:

5 Q I'm actually asking for your opinion. What do  
6 you think?

7 MR. MIHET: Same objections.

8 THE WITNESS: People don't all mature at the  
9 same time. The prefrontal cortex doesn't fully  
10 develop until the 20s, and boys are a little slower  
11 than girls and boys are going to develop  
12 differently and, you know, they're unique people,  
13 so I don't think that there's a date you can put on  
14 a calendar to say that at this point everybody is  
15 able to make those mature decisions.

16 BY MS. PHAN:

17 Q Can you look at paragraph 128 of the  
18 Complaint?

19 A Yes. Go ahead.

20 Q So in paragraph 128 of the verified complaint,  
21 the second sentence states that "This informed consent  
22 form outlines the nature of SOCE counseling" -- sorry  
23 mine is cut off -- "including the fact that some  
24 therapists do not believe sexual orientation can or  
25 should be changed and informs the client of the

1 potential benefits and risks associated with SOCE  
2 counseling."

3 What risks do you inform your client in  
4 regards to SOCE counseling?

5 MR. MIHET: Form.

6 THE WITNESS: Okay. So there is -- how do I  
7 articulate this? There's not 100 percent --  
8 there's not any kind of treatment that will -- that  
9 will never harm anyone I guess is the way to say  
10 it. Drugs have adverse side effects. Some people  
11 have more than others.

12 Counseling, if I deal with somebody on trauma,  
13 you know, that may create a short-term conflict for  
14 them and that's a risk. If we put somebody on  
15 antidepressants and I'm working with them on  
16 depression in conjunction with a psychiatrist,  
17 there is an increased risk or potential for  
18 suicide. If they have been depressed for a long  
19 time and they don't seem to feel better, they have  
20 the energy to kill themselves.

21 So there's no therapy or treatment that I've  
22 heard of, either medically or counseling, that has  
23 no risk involved to it. And so, you know,  
24 obviously if somebody is talking about the  
25 disconnect between what they -- what they feel and

1           their sincerely held beliefs, if they had kind of  
2           kept that stuff down and now they start looking at  
3           it where if they were -- if they were, you know,  
4           involved in some sort of abuse or unwanted sexual  
5           conduct or contact, then to talk about those might  
6           create some discomfort for them. And so it's  
7           incumbent upon me, as a professional, to be  
8           sensitive to those issues to make sure that the  
9           clients don't walk out of the office feeling shamed  
10          because that would not be beneficial to them.

11       BY MS. PHAN:

12           Q       Could you look at interrogatory number 5,  
13       please?

14           A       Okay.

15           Q       Do you have any minor grandchildren?

16           A       I do.

17           Q       And please tell me their ages if you have more  
18       than one.

19           A       Less than a year old, just one.

20           Q       So is your grandchild showing signs of  
21       unwanted same-sex attractions?

22                   MR. MIHET: Objection. Misstates -- I'm  
23       sorry. Assumes facts not in evidence, misstates  
24       the nature of the response, and form.

25                   THE WITNESS: He's a baby in diapers.

1 BY MS. PHAN:

2 Q So it's yes or no.

3 A No.

4 Q Okay. Have you provided therapy to your  
5 family, anyone in your family, whether it's extended or  
6 not, in the past on conversion therapy?

7 MR. MIHET: Form.

8 THE WITNESS: No. When you say "on conversion  
9 therapy," I don't practice conversion therapy. I  
10 have conversations with people. I've never had a  
11 conversation with a family member on changing  
12 same-sex attractions or anything like that, so I  
13 just want to clarify.

14 BY MS. PHAN:

15 Q Okay.

16 A I don't want you to think that I think that  
17 conversion therapy is something that I do with other  
18 people but just not with my family members yet.

19 Q Okay. I'd just like to clarify for the record  
20 when I was saying "conversion therapy," I meant as  
21 defined by the ordinance but also that includes same-sex  
22 attractions too.

23 A I understand.

24 MR. MIHET: Objection. Form.

25 THE WITNESS: I understand.

1 MS. PHAN: That wasn't a question.

2 MR. MIHET: Clarifying the prior question,  
3 which made it even less clear than before, so  
4 objection as to form.

5 BY MS. PHAN:

6 Q Dr. Otto, did you understand what I said  
7 before?

8 A I believe so, yes.

9 Q Thank you. So when you have counseling or  
10 therapy sessions with minors, you said before that the  
11 parents are involved. What is the expectation for  
12 maintaining confidentiality for parent disclosures?

13 A Are you asking what I tell the parents or are  
14 you asking what I tell the minors that the parents have  
15 said to me?

16 Q Both.

17 A Okay. There are -- I start off saying,  
18 "Listen, I'm not here to keep secrets from parents."  
19 Parents have a responsibility for their minor children  
20 and are -- are the ones who provide safety for their  
21 minor children.

22 If there are issues of abuse, then obviously  
23 that would come up in the counseling or prior to the  
24 counseling, and I would adjust accordingly. But  
25 assuming that there is no such abuse on file with a

1 complaint to the state or something like that, or  
2 suspicion that I would have for abuse, I would not keep  
3 secrets from the parents about the children.

4 There are sometimes where children tell me  
5 something and they don't want me to tell their parents,  
6 so at that point the conversation might shift to "Why  
7 don't you want to tell your parents this? What would  
8 make it safe or comfortable for you to tell your parents  
9 this?" And work to the place where that child could --  
10 could have a conversation in a safe and open way with  
11 the parent about whatever the uncomfortable topic is.  
12 Does that answer your question?

13 Q Yes.

14 A Okay.

15 Q What is the expectation for maintaining  
16 confidentiality for child disclosures?

17 MR. MIHET: Form.

18 THE WITNESS: Telling the -- you mean telling  
19 the children what the parents have told me?

20 BY MS. PHAN:

21 Q Exactly.

22 A Okay. Well, I don't lie. I'm just trying to  
23 think of a way to answer that.

24 I never really found that an issue in  
25 counseling where kids have grilled me with what their

1 parents say. They usually know what their parents have  
2 said because they probably heard it about 50 or 60 times  
3 already and they're tired of hearing it and that's why  
4 they're in counseling. So I've never run into a  
5 situation where parents have shared something with me  
6 and said "Don't tell my kids that I told you this."  
7 Well, no, that's not true. Things like "Let them bring  
8 it up. They'll bring it up today. They said they  
9 wanted to talk with you about it." There are times when  
10 kids would bring up the issues, but I've never run into  
11 a place where I'm supposed to keep secrets from the kid.

12 Q So like you just said, if the parent says  
13 "Don't bring it up, let my son or daughter bring it up  
14 instead," so you wouldn't bring it up until the child  
15 brought it up, correct?

16 A Yeah. The instances I'm thinking of like that  
17 are where the child said "I want to talk about this  
18 today when I go to counseling," and the parents kind of  
19 gave me a heads-up and maybe some background information  
20 on it, and the minor comes in and addresses the issue.

21 Q Okay. But earlier, when we talked about  
22 parent disclosures though, you wouldn't keep -- if the  
23 minor client told you "Don't tell my parents," you would  
24 just tell them in a way -- you would tell the parents  
25 but in a way that the child was more comfortable with,

1 correct?

2 MR. MIHET: Form.

3 THE WITNESS: No, I disagree with that.

4 BY MS. PHAN:

5 Q Okay.

6 A There's two issues -- well, a couple of  
7 issues. If it's a safety issue, I'm going to tell the  
8 parents right then. They need to know. If the child is  
9 doing drugs or something or is, you know, drinking and  
10 driving, they need to know. All right.

11 If it's not a safety issue and the parents and  
12 I have a relationship where they've said "I don't need  
13 to know every detail that you talk about," then that  
14 gives me a little leeway to have some flexibility in  
15 what and when I share with the parents.

16 And it is in my client's benefit for me to  
17 work myself out of a job. So if I can help this minor  
18 be able to communicate with parents about anything, then  
19 the minor does not need to come see me about those  
20 issues, "Deal with your parents directly," and that's  
21 the goal.

22 So if I can -- whatever the issue is, if I can  
23 help the minor address that issue with the parent  
24 directly, either in my office or helping the minor learn  
25 how to do that at home, in a conversation at home, then

1 there's not an issue of, you know, like keeping secrets  
2 back and forth.

3 Q And do you let the child know that that's your  
4 policy in regards to disclosure to parents before you  
5 begin your sessions?

6 A Well, I said earlier that we usually have  
7 everybody in the room at the beginning if they're all  
8 comfortable being in the room together and we'll talk  
9 through what are our goals, and I'll address the  
10 confidentiality limitations at that point.

11 There is my -- the paperwork that you gave me  
12 earlier, okay. And a part of that conversation is "I  
13 don't keep secrets from your parents and if there's --  
14 if there's something that, you know, that you don't want  
15 your parents to know and you tell me, you know, I've not  
16 found it helpful in working with clients to keep  
17 secrets," and I'll explain that to them in a way that  
18 says I'll -- like I just did with you about helping them  
19 become comfortable sharing that information with their  
20 parent, but that's usually done in the initial session  
21 so everybody is on the same sheet of music on that.

22 Q Earlier when we talked about the reason why  
23 you left Spanish River Counseling to go into your own  
24 private practice, was that a voluntary thing that you  
25 did?

1           A       Yes. It was a discussion between me and the  
2 director of the counseling center, and we decided  
3 together that that would be beneficial for the clients  
4 of the counseling center.

5           Q       So in your informed consent form, I believe  
6 it's Defendants' Exhibit Number 5, the first paragraph  
7 on the second page with the Bates label Otto 009, so the  
8 first full sentence, it says, "While your therapist  
9 cannot guarantee that for you, you should be informed of  
10 the various viewpoints concerning this form of  
11 counseling prior to making your decision to choose and  
12 pursue such counseling."

13                   Do you inform the client of the various  
14 viewpoints concerning this form of counseling?

15           A       Again, I think that goes in context to the  
16 rest of the paragraph. "Your therapist also wants you  
17 to know that there are mental health professionals and  
18 others who suggest that you should not have the goal of  
19 reducing or eliminating your unwanted feelings or  
20 attractions, and that some people believe that such  
21 counseling is unlikely to assist you. As noted above,  
22 your therapist disagrees with such conclusions and has  
23 personally counseled many people who experience  
24 successful change.

25                   While your therapist cannot guarantee that for

1 you, that you will experience successful change, you  
2 should be informed of the various viewpoints concerning  
3 this form of counseling prior to making your decision to  
4 choose or pursue such counseling." So the "that" that  
5 is referred to in the sentence that you quoted refers  
6 back to successful change. I can't guarantee that my  
7 clients will experience the changes they want. Change  
8 is possible. They can change. They're very resourceful  
9 people.

10 Q Okay. Well, my question was: Do you give  
11 them additional information informing them of various  
12 viewpoints other than what is already in the consent  
13 form?

14 A I would be -- I would give them this form. If  
15 you're coming to see me with this issue, I would give  
16 you this form.

17 Q So you do not give them -- unless they  
18 specifically ask for it, you don't give them other  
19 information regarding other viewpoints?

20 A I don't give them a stack of, you know, paper  
21 with black clips on it like we had here on the table  
22 earlier today, no. They can do their own research. I'm  
23 just letting them know that there are people with  
24 different opinions on the topic.

25 Q So earlier you mentioned that you've given

1 about two dozen depositions. Have you given any  
2 depositions outside of the guardianship cases subject  
3 matter?

4 A Off the top of my head, I don't believe so.

5 Q Have you ever gone by any other name than  
6 Robert W. Otto?

7 A Robert Otto, Rob Otto. Other than that, no.

8 Q Have you ever been convicted of a felony?

9 A No, ma'am.

10 Q Other than this lawsuit, have you ever been a  
11 party in another lawsuit?

12 MR. MIHET: Form.

13 THE WITNESS: Dealing with a mortgage for a  
14 house.

15 BY MS. PHAN:

16 Q Is that the only time?

17 A Yes, that I can think of.

18 Q What is your relationship with co-plaintiff  
19 Julie Hamilton?

20 MR. MIHET: Form.

21 THE WITNESS: I don't think I met Julie until  
22 the Palm Beach County hearing, the first of the two  
23 hearings that they had, the county commission  
24 hearing.

25 I knew her name from Spanish River Counseling

1 Center, but she had left before I arrived, as I  
2 recall. I knew of her. I didn't know what her  
3 practice dealt with or what clientele she would  
4 deal with. I've talked to her about this lawsuit  
5 since we filed it a few times, a few times  
6 beforehand, but that's the extent of it.

7 BY MS. PHAN:

8 Q Earlier you spoke about EMDR. Does that stand  
9 for eye movement, desensitization, and reprocessing?

10 A Yes, ma'am.

11 Q Do you have to get training or certified in  
12 order to practice that?

13 A Yes, ma'am.

14 Q And were you trained?

15 A Yes.

16 Q And are you certified?

17 A Yes.

18 Q Okay. And have you practiced -- and is it a  
19 practice? Is it called --

20 MR. MIHET: Form.

21 BY MS. PHAN:

22 Q What's the right --

23 A EMDR, when you're using EMDR with somebody.

24 Q So have you used EMDR on minors with unwanted  
25 same-sex attractions?

1           A     No. EMDR's proven very helpful for people  
2     dealing with trauma and post-traumatic stress issues.

3                     I can see cases where it could be helpful in  
4     dealing with minors who have experienced trauma and that  
5     part of their story is also unwanted same-sex  
6     attractions and confusion from that. Where EMDR would  
7     be helpful for those clients on the trauma issue, I have  
8     not seen any research on its efficacy with same-sex  
9     attractions, and I really don't think there would be any  
10    connection that would be useful to pursue.

11           Q     Can we take a quick five minute break?

12           A     Sure.

13           Q     I just want to make sure I have everything.

14                     (Thereupon, a short break was taken from 3:51  
15    p.m. to 4:03 p.m.)

16    BY MS. PHAN:

17           Q     Okay. Earlier I asked you about your training  
18    in regards to conversion therapy. I wanted to go back  
19    to that.

20                     So you got your marriage and family therapy  
21    degree and master degree and Ph.D from Nova Southeastern  
22    University, correct?

23           A     That's correct.

24           Q     Okay. So did Nova have any specific courses  
25    or anything specific in regards to teaching you

1 technique on dealing with sexual orientation change  
2 efforts?

3 MR. MIHET: Form.

4 THE WITNESS: No, they didn't.

5 BY MS. PHAN:

6 Q To your knowledge, is there any type of  
7 therapy that causes depression, anxiety, suicidal  
8 idealization, low self-esteem?

9 MR. MIHET: Form.

10 THE WITNESS: Forms of therapy that would  
11 cause that? I'm not sure that question is so  
12 informed as to what happens in my office. Let me  
13 see if I can give you a picture. If I have  
14 somebody coming in --

15 MR. MIHET: She didn't ask you about what  
16 happens in your office.

17 THE WITNESS: You're asking about form of  
18 therapy that would -- in my profession, I don't  
19 think that forms of therapy cause depression. Do  
20 clients begin to deal with issues that maybe they  
21 had suppressed and then have heightened levels of  
22 anxiety or depression as they're working through  
23 those issues? Sure, at times. Does that mean that  
24 that mode of therapy, whatever it -- off the shelf  
25 there's lots of different theories of -- modes of

1 therapy that schools teach. Does that mean that  
2 those modes of therapy cause depression? No, I  
3 don't think so.

4 BY MS. PHAN:

5 Q To your knowledge, has there been claims that  
6 sexual orientation change efforts cause depression,  
7 anxiety, suicidal idealization, low self-esteem?

8 MR. MIHET: Form. I have seen some articles  
9 that said that there were -- and they're in the  
10 request for productions that we gave you, and some  
11 of them said that there was evidence that there was  
12 discomfort for some clients.

13 The one article I'm thinking about that I read  
14 last night, and I can't pull it off the top of my  
15 head but it's in the package that you received, but  
16 it said that those measures were -- when measured  
17 on a scale, they were not significantly impacting  
18 the person's life. And so I think the research  
19 shows that some people experience perhaps  
20 heightened anxiety or discomfort in their lives and  
21 other people experience positive change.

22 BY MS. PHAN:

23 Q And speaking of the articles that you provided  
24 through the discovery requests, there were several  
25 articles related to pornography. What was the reason

1 for providing those articles?

2 MR. MIHET: Objection. Form, calls for a  
3 legal conclusion.

4 THE WITNESS: So my whole issue of brain  
5 chemistry that I mentioned in one of my  
6 interrogatories, our brains are malleable and  
7 sexual stimuli certainly programs our brain, and  
8 pornography is a clear one to see.

9 If people experience sexual stimuli, it  
10 releases chemicals in their brain and those  
11 chemicals tend to make us go back to what released  
12 those chemicals: Dopamine, oxytocin, vasopressin.  
13 And so if you train yourself to go toward  
14 pornography, then that becomes natural to you,  
15 okay, and that affects your behavior. Research  
16 shows that it affects behavior, and research also  
17 shows that it affects the way we think. It affects  
18 the structure and function of the brain.

19 And so take another sexual influence with say  
20 same sex influence, that would release those same  
21 chemicals in the brain: Dopamine, oxytocin, and  
22 vasopressin, and that would have a similar or  
23 comparable programming of the brain in a direction  
24 that those influences came from.

25 So can people change? I've had clients who

1           move away from pornography. I've had clients who  
2           change their sexual orientation. I didn't move  
3           them away from pornography. I didn't change their  
4           sexual orientation, but those factors in their  
5           lives changed as a result of talking in counseling  
6           sessions with me.

7 BY MS. PHAN:

8           Q       Okay. I think we're done here. So you can  
9           either read --

10                  MR. MIHET: I'm sorry, I've got some  
11           questions.

12                  MS. PHAN: Oh, okay.

13                  MR. MIHET: Do you have any more questions?

14                  MR. ABBOTT: I do not, not yet.

15                                CROSS-EXAMINATION

16 BY MR. MIHET:

17           Q       Dr. Otto, not too long ago you answered a  
18           question with a statement to the effect of "I don't  
19           practice conversion therapy." Do you recall that?

20           A       Yes, I do.

21           Q       What did you mean by that answer?

22           A       Okay. I do not use the term "conversion  
23           therapy" to describe what I do. I don't know people  
24           that would do something that they would describe with  
25           that term of conversion therapy.

1           With that said, the definition in the statute  
2 lists some conversations or topics that I might talk  
3 about, and I would say that they describe some of the  
4 conversations I have with my clients but I'm prohibited  
5 from doing that by the statute -- by the ordinances, the  
6 city and county ordinances, and I wish to have those  
7 conversations with my clients but not prohibited to, and  
8 my clients wish to have those conversations with me, but  
9 we're prohibited from that.

10           Q     Thank you.

11           MR. ABBOTT: Is that it?

12           MR. MIHET: That's it.

13           MR. ABBOTT: Should I ask you if you're going  
14 to read or waive or should I have that conversation  
15 with Dr. Otto?

16           MR. MIHET: We'll read and sign.

17           (Whereupon, the deposition was concluded at  
18 4:09 o'clock p.m.)

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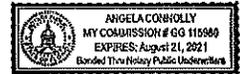
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CERTIFICATE OF OATH

STATE OF FLORIDA )  
COUNTY OF PALM BEACH )

I, ANGELA CONNOLLY, Registered Professional Reporter, Notary Public, State of Florida, certify that ROBERT W. OTTO, PH.D., LMFT, personally appeared before me and was duly sworn on the 29th day of August, 2018.

Signed this 6th day of September, 2018.



*Angela Connolly*

Angela Connolly, R.P.R.  
Notary Public, State of Florida

Personally known \_\_\_\_\_  
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CERTIFICATE OF REPORTER

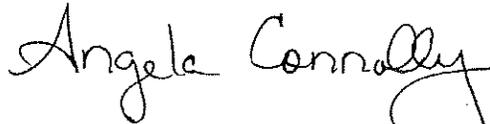
STATE OF FLORIDA )  
COUNTY OF PALM BEACH )

I, ANGELA CONNOLLY, Registered Professional Reporter, certify that I was authorized to and did stenographically report the deposition of ROBERT W. OTTO, PH.D., LMFT; that a review of the transcript was requested; and that the foregoing transcript, Pages 1 through 191, is a true record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, or attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

The certification does not apply to any reproduction of the same by any means unless under the direct control and/or direction of the reporter.

DATED this 6th day of September, 2018.



Angela Connolly, R.P.R.

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HORATIO G. MIHET, ESQ.  
LIBERTY COUNSEL  
P.O. BOX 540774  
Orlando, FL 32854

DATE: September 6, 2018

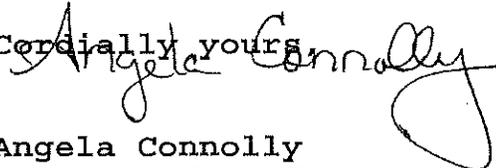
In Re: Robert W. Otto, Ph.D., LMFT, and Julie H. Hamilton, Ph.D., LMFT vs. City of Boca Raton, Florida, and County of Palm Beach, Florida

Dear Mr. Mihet:

This letter is to inform you that the deposition of ROBERT W. OTTO, PH.D., LMFT, taken on August 29, 2018 in the above-captioned matter has been completed and is ready for her to read and sign.

The transcript is being held in my office. Please make arrangements with my office so she can read and sign her deposition.

Thank you for your prompt attention to this matter.

Cordially yours,  
  
Angela Connolly  
Registered Professional Reporter

cc: Rachel Fahey, Esq.  
Daniel Abbott, Esq.

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ERRATA SHEET

Robert W. Otto, Ph.D., LMFT, and Julie H. Hamilton,  
Ph.D., LMFT vs. City of Boca Raton, Florida, and County  
of Palm Beach, Florida  
Case No. 9:18-CV-80771  
Taken: August 29, 2018

DO NOT WRITE ON TRANSCRIPT - - ENTER CHANGES HERE:

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Under penalties of perjury, I declare that I  
have read my foregoing transcript and, together with any  
changes made above, the facts stated herein are true.

ROBERT W. OTTO, PH.D., LMFT \_\_\_\_\_ Date \_\_\_\_\_

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IN THE UNITED STATES DISTRICT COURT FOR  
THE SOUTHERN DISTRICT OF FLORIDA

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

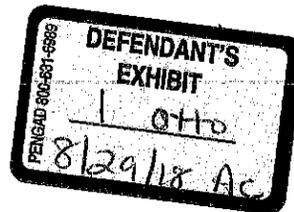
Civil Action No.: \_\_\_\_\_

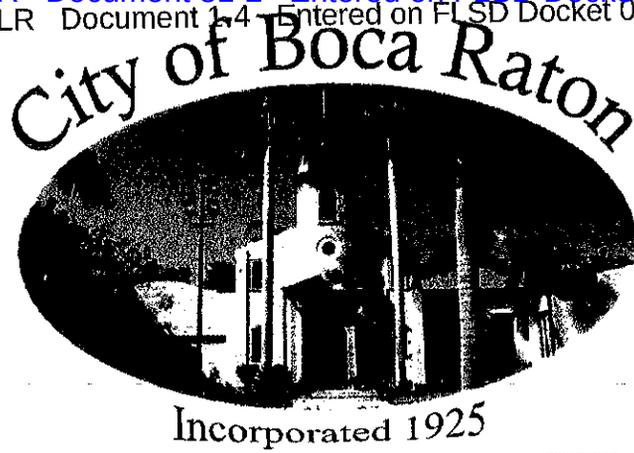
v. )

**INJUNCTIVE RELIEF SOUGHT**

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

**EXHIBIT A**





## ORDINANCE

5407

1  
2 AN ORDINANCE OF THE CITY OF BOCA RATON  
3 AMENDING CHAPTER 9, CODE OF ORDINANCES, TO  
4 CREATE A NEW ARTICLE VI, "PROHIBITION OF  
5 CONVERSION THERAPY ON MINORS," PROHIBITING THE  
6 PRACTICE OF CONVERSION THERAPY ON PATIENTS  
7 WHO ARE MINORS; PROVIDING FOR SEVERABILITY;  
8 PROVIDING FOR REPEALER; PROVIDING FOR  
9 CODIFICATION; PROVIDING AN EFFECTIVE DATE  
10

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

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

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

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

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

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

1 pervasive self-criticism through the internalization of such prejudice" and that psychoanalytic  
2 technique "does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an  
3 individual's sexual orientation, gender identity or gender expression," such efforts being  
4 inapposite to "fundamental principles of psychoanalytic treatment and often result in substantial  
5 psychological pain by reinforcing damaging internalized attitudes;" and

6 WHEREAS, the American Academy of Child & Adolescent Psychiatry in 2012  
7 published an article in its Journal stating that clinicians should be aware that there is "no  
8 evidence that sexual orientation can be altered through therapy and that attempts to do so may  
9 be harmful;" that there is "no medically valid basis for attempting to prevent homosexuality,  
10 which is not an illness;" and that such efforts may encourage family rejection and undermine  
11 self-esteem, connectedness and caring, important protective factors against suicidal ideation  
12 and attempts; and that, for similar reasons cumulatively stated above, carrying the risk of  
13 significant harm, SOCE is contraindicated; and

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

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

25 WHEREAS, a 2015 report of the Substance Abuse and Mental Health Services  
26 Administration, a division of the U.S. Department of Health and Human Services, "Ending

1 Conversion Therapy: Supporting and Affirming LGBTQ Youth" further reiterates based on  
2 scientific literature that conversion therapy efforts to change an individual's sexual orientation,  
3 gender identity, or gender expression is a practice not supported by credible evidence and has  
4 been disavowed by behavioral health experts and associations, perpetuates outdated views of  
5 gender roles and identities, negative stereotypes, stating, importantly, that such therapy may  
6 put young people at risk of serious harm, and recognizing that, same-gender sexual orientation  
7 (including identity, behavior, and attraction) is part of the normal spectrum of human diversity  
8 and does not constitute a mental disorder; and

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

15 WHEREAS, at least one federal appeals court found that a prohibition of SOCE does  
16 not violate first amendment rights and noted that the subject ordinance only required mental  
17 health providers who wish to engage in practices that seek to change a minor's sexual  
18 orientation either to wait until the minor turns 18 or be subject to professional discipline, leaving  
19 mental health providers free to discuss or recommend treatment and to express their views on  
20 any topic (See Pickup v. Brown, 740 F.3d 1208 (9th Cir. 2014)); and

21 WHEREAS, the City does not intend to prevent mental health providers from  
22 speaking to the public about SOCE; expressing their views to patients; recommending SOCE to  
23 patients; administering SOCE to any person who is 18 years of age or older; or referring minors  
24 to unlicensed counselors, such as religious leaders. This ordinance does not prevent unlicensed  
25 providers, such as religious leaders, from administering SOCE to children or adults; nor does it

1 prevent minors from seeking SOCE from mental health providers in other political subdivisions  
2 or states outside of the City of Boca Raton, Florida; and

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

7 WHEREAS, the City Council hereby finds the overwhelming research demonstrating  
8 that sexual orientation and gender identity change efforts can pose critical health risks to  
9 lesbian, gay, bisexual, transgender or questioning persons, and that being lesbian, gay,  
10 bisexual, transgender or questioning is not a mental disease, mental disorder, mental illness,  
11 deficiency, or shortcoming; and

12 WHEREAS, the City Council finds minors receiving treatment from licensed therapists  
13 in the City of Boca Raton, Florida, who may be subject to conversion or reparative therapy are  
14 not effectively protected by other means, including, but not limited to, other state statutes, local  
15 ordinances, or federal legislation; and

16 WHEREAS, the City Council desires to prohibit, within the geographic boundaries of  
17 the City, the practice of sexual orientation or gender identity change efforts on minors by  
18 licensed therapists only, including reparative and/or conversion therapy, which have been  
19 demonstrated to be harmful to the physical and psychological well-being of lesbian, gay,  
20 bisexual, transgender and questioning persons; now therefore

21  
22 THE CITY OF BOCA RATON HEREBY ORDAINS:  
23

24 Section 1. Chapter 9, "Miscellaneous Offenses," Article VI, "Prohibition of  
25 Conversion Therapy on Minors," is created to read:

1 ARTICLE VI. - PROHIBITION OF CONVERSION THERAPY ON MINORS

2 Sec. 9-104. - Intent.

3 The Intent of this Ordinance is to protect the physical and psychological well-being of  
4 minors, including but not limited to lesbian, gay, bisexual, transgender and/or questioning youth,  
5 from exposure to the serious harms and risks caused by conversion therapy or reparative  
6 therapy by licensed providers, including but not limited to licensed therapists. These provisions  
7 are exercises of the police power of the City for the public safety, health, and welfare; and its  
8 provisions shall be liberally construed to accomplish that purpose.

9 Sec. 9-105. - Definitions.

10 (a) "Conversion therapy" or "reparative therapy means," interchangeably, any  
11 counseling, practice or treatment performed with the goal of changing an individual's sexual  
12 orientation or gender identity, including, but not limited to, efforts to change behaviors, gender  
13 identity, or gender expression, or to eliminate or reduce sexual or romantic attractions or  
14 feelings toward individuals of the same gender or sex. Conversion therapy does not include  
15 counseling that provides support and assistance to a person undergoing gender transition or  
16 counseling that provides acceptance, support, and understanding of a person or facilitates a  
17 person's coping, social support, and development, including sexual orientation-neutral  
18 interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such  
19 counseling does not seek to change sexual orientation or gender identity.

20 (b) "Minor" means any person less than 18 years of age.

21 (c) "Provider" means any person who is licensed by the State of Florida to provide  
22 professional counseling, or who performs counseling as part of his or her professional training  
23 under chapters 456, 458, 459, 490 or 491 of the Florida Statutes, as such chapters may be  
24 amended, including but not limited to, medical practitioners, osteopathic practitioners,  
25 psychologists, psychotherapists, social workers, marriage and family therapists, and licensed  
26 counselors. The term "provider" does not include members of the clergy or other religious

1 leaders who are acting in their roles as clergy or pastoral counselors, or are providing religious  
2 counseling or instruction to congregants, provided they do not hold themselves out as providing  
3 conversion therapy pursuant to any of the aforementioned Florida Statutes licenses.

4 Sec. 9-106. - Conversion therapy prohibited.

5 It shall be unlawful for any provider to practice conversion therapy on any individual  
6 who is a minor regardless of whether the provider receives monetary compensation in exchange  
7 for such services.

8 Sec. 9-107. - Enforcement and civil penalties.

9 (a) Any person that violates any provision of this article shall be subject to the civil  
10 penalty prescribed in section 1-16 and in no instance shall a violation of this article be  
11 punishable by imprisonment.

12 Section 2. If any section, subsection, clause or provision of this ordinance is held  
13 invalid, the remainder shall not be affected by such invalidity.

14 Section 4. All ordinances and resolutions or parts of ordinances and resolutions and  
15 all sections and parts of sections in conflict herewith shall be and hereby are repealed.

16 Section 5. Codification of this ordinance in the City Code of Ordinances is hereby  
17 authorized and directed.

18 Section 6. This ordinance shall take effect immediately upon adoption.  
19

PASSED AND ADOPTED by the City Council of the City of Boca Raton this 10<sup>th</sup>  
day of October, 2017.

CITY OF BOCA RATON, FLORIDA

ATTEST:

Susan S. Saxton  
Susan S. Saxton, City Clerk

Susan Haynie  
Susan Haynie, Mayor

Approved as to form:

Diana Grub Frieser  
Diana Grub Frieser  
City Attorney

017814

COUNCIL VOTE			
	YES	NO	ABSTAINED
MAYOR SUSAN HAYNIE	✓		
DEPUTY MAYOR JEREMY RODGERS		✓	
COUNCIL MEMBER ANDREA LEVINE O'ROURKE	✓		
COUNCIL MEMBER SCOTT SINGER	✓		
COUNCIL MEMBER ROBERT S. WEINROTH	✓		



# Department of Health

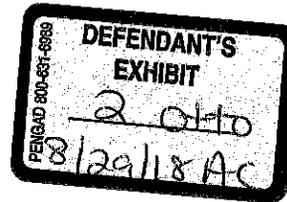
ROBERT WILLIAM OTTO

License Number: MT2707

Data As Of 8/28/2018

<b>Profession</b>	Licensed Marriage & Family Therapist
<b>License</b>	MT2707
<b>License Status</b>	CLEAR/ACTIVE
<b>License Expiration Date</b>	3/31/2019
<b>License Original Issue Date</b>	07/26/2012
<b>Address of Record</b>	2400 W YAMATO ROAD BOCA RATON, FL 33431 UNITED STATES
<b>Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)</b>	No
<b>Discipline on File</b>	No
<b>Public Complaint</b>	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

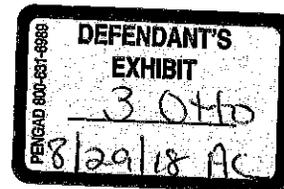


Detail By Entity Name

DIVISION OF CORPORATIONS



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /



## Detail by Entity Name

Florida Limited Liability Company  
SDG COUNSELING, LLC

### Filing Information

<b>Document Number</b>	L18000163267
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	07/05/2018
<b>Effective Date</b>	07/05/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

4400 N FEDERAL HIGHWAY  
SUITE 210-21  
BOCA RATON, FL 33431

### Mailing Address

233 NE 31 STREET  
BOCA RATON, FL 33431

### Registered Agent Name & Address

OTTO, ROBERT W  
233 NE 31ST ST  
BOCA RATON, FL 33431

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

OTTO, ROBERT W  
233 NE 31ST ST  
BOCA RATON, FL 33431

Title MGR

OTTO, SHANNON  
233 NE 31ST ST  
BOCA RATON, FL 33431

### Annual Reports

**No Annual Reports Filed**

### Document Images

[07/05/2018 -- Florida Limited Liability](#) [View image in PDF format](#)

## Robert W. Otto, Ph.D.

Robert is a marriage and family therapist licensed in the state of Florida.

He is currently employed by SDG Counseling, LLC, Boca Raton, FL 33431.

Robert works with families, couples, and individuals on issues ranging from post traumatic stress, infidelity, pornography, parenting, marriage, and other topics that impact people's lives.

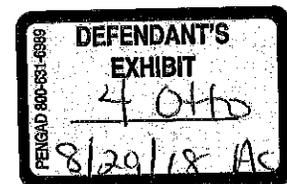
Robert worked for approximately 15 years at Spanish River Counseling Center, Boca Raton, FL.

Robert has spoken at conferences around the country on the topics of leadership, relationships, and purity.

Robert earned his doctoral (2010) and master's (2000) degrees in family therapy at Nova Southeastern University, Davie, Florida. He earned his bachelor's degree (1991) in aerospace engineering from the United States Military Academy, West Point, New York.

Robert served as an Infantry Officer in the United States Army and has extensive experience in leadership development, mentoring, and teaching. He is Airborne and Ranger qualified.

Robert is the author of Rise Up! How a man can lead his family, a book on spiritual leadership in the home.



# SDG

COUNSELING, LLC

## INFORMED CONSENT FOR COUNSELING REGARDING UNWANTED SAME-SEX ATTRACTIONS AND BEHAVIORS

For those clients struggling with sexual attractions or feelings that are inconsistent with their religious beliefs or that the client does not believe are true statements of how that person believes himself or herself to be, we offer counseling to assist those clients in understanding causes of such feelings or attractions and help them work toward their goal of making their attractions and feelings consistent with their beliefs. It is critical to understand that you, as the client, set the goals and objectives of counseling. Your therapist is only here to assist you in working toward the goals you set and does not participate in the decision of what a client's goals should be.

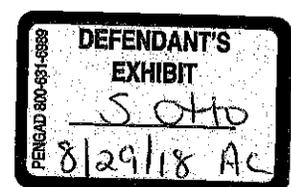
It is important for all clients to understand that there is never a guarantee of success with any form of mental health counseling, and that no marriage and family therapist can promise certain outcomes will be obtained by the client. This is also true with counseling for those individuals seeking to change, reduce, or eliminate unwanted same-sex attractions or feelings. It is also important to understand that your marriage and family therapist does not take a position on the goals or objectives you have with your counseling. It is our task to assist all clients in the goals that the client sets, and that your therapist will work with you to identify and understand what underlying issues may be causing you anxiety, distress, discomfort, fear, confusion, or any other uncomfortable feelings you may be having.

Though your therapist cannot guarantee a successful outcome, many clients who identify their goal as seeking to change their unwanted attractions or feelings do experience benefit from the counseling we provide. Many clients can and do succeed in reducing their attractions towards members of the same sex and reducing anxiety and confusion that arises from such feelings. For those clients whose anxiety, distress, or confusion arises from the inconsistency between their religious beliefs and their sexual attractions, feelings, or behaviors, counseling can and does provide benefit to those clients and allows them to conform their attractions and behaviors to their values, beliefs, and faith.

As with many other form of counseling, the therapeutic process can evoke stressful feelings or emotions that are difficult to deal with during the process. Change is never quick or easy, for any anxiety or distress that a client is feeling. The same is true of unwanted sexual or romantic feelings and attractions. Your therapist wants you to know that you are in control of your counseling at all times, and if your goals or objectives change at any point during the counseling, you should inform your therapist immediately.

Your therapist also wants you to know that there are some mental health professionals and others who suggest you should not have the goal of reducing or eliminating your unwanted feelings or attractions, and that some people believe that such counseling is unlikely to assist you. As noted above, your therapist disagrees with such conclusions and has personally

4400 N. Federal Highway, Suite 210  
Boca Raton, FL 33431  
Otto 008



# SDG

COUNSELING, LLC

counseled many people who experienced successful change. While your therapist cannot guarantee that for you, you should be informed of the various viewpoints concerning this form of counseling prior to making your decision to choose and pursue such counseling.

**Consent Statement:** I have read this document, have had an opportunity to discuss its content with my therapist, agree to its terms, and have received a copy. This authorization constitutes informed consent for my decision to address issues related to unwanted attractions or feelings in a manner that is consistent with my goals for counseling, including my values and moral beliefs.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Date

(If a minor)

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

# SDG COUNSELING, LLC

## Payment Agreement

### Responsibilities:

- Payment is due at the time service is rendered. Please pay by cash, check or credit card. If paying by check, please make check payable to SDG Counseling, LLC.
- Sessions are 50 minutes. The session fee is \$150 per session in the office. House calls and court appearances are billed at a different rate.
- There will be a \$35 fee for any returned check.
- For reasons of confidentiality, we do not make appointment reminder calls. You are responsible for keeping your appointment.
- Cancellations of a session must be made at least 24 hours prior to the scheduled time or you will be charged for the missed session.
- An invoice may be sent to your home for any outstanding balance

### Credit Card Information:

- Many of my clients prefer to keep a credit card number on file for ease of payment for future sessions or phone sessions.
- If you would like to provide you with this service and convenience please indicate your permission below in the appropriate box. Your information will be kept in a locked cabinet.

Yes, I give my permission to SDG Counseling, LLC to retain my credit card information.

No, I do not give permission to SDG Counseling, LLC to retain my credit card information.

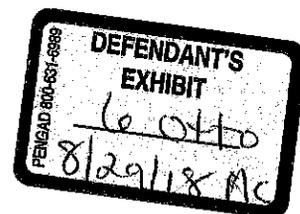
I certify that he/she has read the above information carefully, understands its contents, and agree to comply with the terms of payment as provided above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_





## Acknowledgement of Notice of Privacy Practices

"I hereby acknowledge that I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed. I further understand that the practice will offer me updates to the NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way."

Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_

Date: \_\_\_\_\_

## Notice of Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE PERTAINS TO THE PRACTICE OF: SDG COUNSELING, LLC, 4400 N. FEDERAL HIGHWAY, SUITE 210, BOCA RATON, FL 33431

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE AND ALL OF THESE RIGHTS MAY NOT APPLY TO YOU IN SOME CIRCUMSTANCES WHICH ARE NOT COVERED BY FEDERAL HIPAA REGULATIONS. YOU MAY BE PROTECTED UNDER OTHER FEDERAL AND STATE LAWS.

### Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- ~ "PHI" refers to information in your health record that could identify you.
- ~ "Treatment, Payment, and Health Care Operations"
  - o Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
  - o Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - o Health Care Operations are activities that relate to the performance and operations of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- ~ "Use" applies only to activities within our [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- ~ "Disclosure" applies to activities outside of our [office, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

### Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information.

We would also need to obtain an authorization before releasing your "psychotherapy notes." "Psychotherapy notes" have a very limited definition under HIPAA rules, and would be notes made about analyses of conversations during a private, group, joint, or family counseling session, which would be kept separate from the rest of your medical record. It is our office practice not to keep "Psychotherapy notes" under this definition. Your diagnosis and relevant treatment information, symptom complaints and information about progress are maintained in "Progress Notes" which document your care.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### Uses and Disclosures with Neither Consent nor Authorization:

We may use or disclose PHI without your consent or authorization in the following circumstances:

**Child Abuse:** If we know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that we report such knowledge or suspicion to the Florida Department of Child and Family Services.

**Adult and Domestic Abuse:** If we know, or have cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Central Abuse Hotline.

**Health Oversight:** If a complaint is filed against us with the Florida Department of Health, the Department has the authority to subpoena confidential mental health information from us relevant to that complaint.

**Government:** We may disclose the PHI information of military personnel and veterans to government benefit programs relating to eligibility and enrollment.

**Impaired Professionals:** We may disclose information pertaining to the safety to practice to the Florida Department of Health for health care professionals if we have reasonable reason to believe public safety is endangered or where there would be a statutory duty to report.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

**Worker's Compensation:** If you file a worker's compensation claim, we must, upon request of your employer, the insurance carrier, and authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier furnish your relevant records to those persons.

**Litigation:** If you have a pending personal injury claim such as auto accident, malpractice claim or other situation in which you are eligible to collect damages, your entire records may be subject to disclosure by subpoena or court order and are subject to full disclosure to the payor of any claims we file for services on your behalf. You may object, in writing, to a subpoena for such records. In the case of an Independent Medical Examination which is being conducted on behalf of a third party, any information is subject to disclosure to that third party. However, you may have additional rights under State law.

**Forensic Evaluation at the request of your attorney:** In most circumstances, such evaluations, if arranged for and paid for through your attorney's office retain a special status of attorney-client privilege until such information is disclosed by your attorney or used for legal purposes. Such evaluations are not protected by rights established under HIPAA.

**Law Enforcement:** We may disclosed health information for law enforcement purposes and special governmental functions only as required by Federal, State or Local law.

**Business Associates:** We have Business Associates with whom we may share your Protected Health Information. Examples included Business Associates who provide coverage while we are out of town, answering services as necessary, shared clerical functions with Business Associates with whom we may share offices with, collection agencies or collection attorneys, or technicians who may need to service equipment where necessary information is stored. We enter into agreements with such associates such that they are also obligated to respect the privacy of your Protected Health Information.

**Communication with Family:** If a family member or close friend calls for scheduling, payment, or changing appointments and in our best judgment we do not believe you would object, we may communicate minimal necessary information to facilitate scheduling, payments and appointments. With your signed consent, if family members, other relatives, close personal friend, or any other person you identify as participating in your care, minimal necessary health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. Unless you notify us otherwise, we may leave messages on your home or cell phone if you utilize and answering machine, voice mail, or text message, or email regarding contacting our office regarding scheduling or regarding personal or third party payment.

**Marketing:** We may Contact you to provide you with appointment reminders, with information about other health-related benefits or services that may be of interest to you.

**Health Research:** We may use Personal Health Information to conduct or participate in research studies based upon clinical and health records. In such cases any PHI shall be removed. For example, we may collect outcome data or group treatment

approaches or we may use data from your record to conduct a study or test patterns in head injury. Of course, we will not conduct any experimental research without a separate informed consent.

**Correctional Institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents there of your PHI necessary for your health and health and safety of other individuals.

### **Patient's Rights and Psychologist/Counselor's Duties:**

#### **Patient's Rights:**

- ~ Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of Protected Health Information about you. However, we are not required to agree to a restriction you request.
- ~ Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are in counseling. Upon your request, we will send your bills to another address.)
- ~ Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request process.
- ~ Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ~ Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.
- ~ Right to a Paper Copy: You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

We reserve the right to bill you for professional time involved in explaining or reviewing these procedures with you.

#### **Psychologist/Counselor's Duties:**

- ~ We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- ~ We reserve the right to change the privacy policies and practices described in the notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will notify active clients by mail. Returning clients will be notified upon their first visit following a change in policy and procedures. Clients may request a written copy at any time by mailing such a request to SDG Counseling, LLC, 4400 N. Federal Highway, Suite 210, Boca Raton, FL 33431.

### **Questions and Complaints:**

If you are a client of SDG Counseling, LLC and have questions about this notice, disagree with a decision we make about access to your records, believe that your privacy rights have been violated and wish to file a complaint or have other concerns about your privacy rights, you may contact Dr. Otto at 561-703-9444. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.



## Therapy Agreement

I, \_\_\_\_\_, have applied for counseling, testing, or other services at SDG Counseling, LLC for myself and the following persons for whom I am legally responsible.

\_\_\_\_\_  
\_\_\_\_\_

- I am responsible for any and all indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy or testing.
- I understand that if, during the course of treatment, the counselor determines that a threat of physical harm (including child or elder abuse) to the client or to another person is imminent, the appropriate individuals and authorities will be notified. By law, the appropriate authorities will be notified in accordance with the following Florida statutes: F.S. 39.201, F.S. 39.202, F.S. 39.204, F.S. 490.0147, and F.S. 491.0147.
- I further agree to indemnify and hold harmless SDG Counseling, LLC, its agents, servants, and employees from any claim for damages, or any nature arising out of, or allegedly due to, any activity related thereto. I accept full responsibility for any decisions made regarding my life.

I certify that he/she has read the above information carefully, understands its contents, and agree to receive services for myself and/or anyone herein designated as provided above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_