



(Doc. 26, Defendants’ Motion to Dismiss (“MTD”); Doc. 26-1, Defendants’ Memorandum in Support of MTD (“MTD Memorandum”), at 7–11.) Now, in opposition to Plaintiff’s Sur Reply Motion, Defendants assert Plaintiff should have no opportunity to rebut Defendants’ first-time evidentiary arguments because Plaintiff could have made evidentiary arguments in his MTD Opposition (Doc. 62, Defendants’ Memorandum in Opposition to Plaintiff’s Motion for Leave to File Surreply (“Sur Reply Opposition”), at 2), even though Defendants had based their dismissal for lack of standing arguments entirely on Plaintiff’s standing **allegations**. (*See* MTD Mem., Doc. 26-1, at 7–11.) The Court should reject Defendants’ self-serving and unsupportable argument.

At the pleadings stage, a plaintiff satisfies his standing burden by **alleging** the facts demonstrating his standing. *See Spokeo, Inc. v. Robins*, 136 S. Ct. 1540, 1547 (2016), *as revised* (May 24, 2016); *Netro v. Greater Baltimore Med. Ctr., Inc.*, 891 F.3d 522, 526 (4th Cir. 2018) (“[S]tanding is established by the facts alleged in the complaint.”). Where, as here, a defendant challenges a plaintiff’s standing **on the pleadings**, this Court must “accept as true all material allegations of the complaint and construe the complaint in favor of the complaining party.” *Deal v. Mercer County Bd. of Educ.*, 911 F.3d 183, 187 (4th Cir. 2018) (quoting *S. Walk at Broadlands Homeowner’s Ass’n, Inc. v. OpenBand at Broadlands, LLC*, 713 F.3d 175, 181–82 (4th Cir. 2013)). Defendants’ MTD (Doc. 26) challenged only Plaintiff’s standing **allegations** (*see* MTD Memorandum, Doc. 26-1, at 7–11), and did not otherwise present the Court with evidence to challenge Plaintiff’s standing. Accordingly, Plaintiff limited his MTD opposition arguments to what Defendants argued—the **allegations**. (*See* Doc. 47, Plaintiff’s Memorandum in Opposition

to Defendants' Motion to Dismiss ("MTD Opposition"), at 2–8.) Plaintiff was not required to resort to evidence outside the pleadings to respond to Defendants' attack on Plaintiff's allegations.<sup>2</sup>

In their MTD Reply (Doc. 53), however, Defendants did not limit their arguments to the pleadings, as they had done in their MTD, and as Plaintiff appropriately had done in his MTD Opposition. Rather, Defendants invoked, **for the first time**, "evidence outside the pleadings." (MTD Reply 2–6.). Assuming the propriety of invoking evidence outside the pleadings to challenge standing at some stage of proceedings, Defendants should not be allowed to argue such evidence for the first time in a reply and avoid any evidentiary rebuttal whatsoever. Defendants claim entitlement to the last word on their dismissal arguments (Sur Reply Opposition, Doc. 62, at 3), but Defendants are not entitled to the only word. Fundamental fairness requires that Plaintiff be afforded an evidentiary rebuttal to Defendants' new evidentiary argument. Thus, the Court should grant Plaintiff's Sur Reply Motion.

### **CONCLUSION**

For the foregoing reasons, and for all those articulated in Plaintiff's Sur Reply Motion, the Court should grant Plaintiff leave to file the attached Sur Reply in Opposition to Defendants' Motion to Dismiss.

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<sup>2</sup> Plaintiff's MTD Opposition proffered to the Court Plaintiff's recent deposition testimony supporting his standing allegations merely to show the Court Plaintiff could supplement his allegations in an amended complaint if the Court deemed it necessary. (MTD Opp'n at 2 n.1.)

Respectfully submitted,

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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing has been filed this June 4, 2019, through the Court's ECF system, which will send a notice of electronic filing to all parties and counsel of record, including the following:

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**UNITED STATES DISTRICT COURT  
DISTRICT OF MARYLAND**

CHRISTOPHER DOYLE, LPC, LCPC, individually and on behalf of his clients,	)	
	)	
Plaintiff,	)	Civil Action No. 1:19-cv-00190-DKC
	)	
v.	)	<b>INJUNCTIVE RELIEF SOUGHT</b>
	)	
LAWRENCE J. HOGAN, JR., Governor of the State of Maryland, in his official capacity, and BRIAN E. FROSH, Attorney General of the State of Maryland, in his official capacity,	)	
	)	
Defendants.	)	
	)	

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**PLAINTIFF’S SUR REPLY  
IN OPPOSITION TO DEFENDANTS’ MOTION TO DISMISS**

Plaintiff, Christopher Doyle, LPC, LCPC, with the Court’s leave pursuant to District of Maryland L.R. 105, files this sur reply memorandum in opposition to Defendants’ Motion to Dismiss (Doc. 26).

**I. THE DISCOVERY RECORD SUPPORTS PLAINTIFF’S STANDING.**

**A. Plaintiff’s Unrebutted Testimony Establishes Sufficient Maryland Clients and Threat of Discipline to Support Plaintiff’s Challenge to SB 1028.**

Defendants cherry-pick passages from Plaintiff’s deposition testimony to distort the reality of Plaintiff’s Maryland counseling affected by SB 1028. (Reply at 1–5.) Nonetheless, when stripped of Defendants’ misleading commentary, the Defendants’ own statements and quotations from discovery materials more than establish that Plaintiff engages in sufficient talk therapy with Maryland minors to satisfy standing requirements:

**“His answer to interrogatory no. 3 identified . . . two current minor clients in Maryland and . . . a total of five since January 1, 2017.”**

(Reply at 2 (emphasis added).) And:

“[A]ccording to his interrogatory answers and deposition testimony, **he still is providing therapy for clients in Maryland.**”

(Reply at 5 (emphasis added).)

Defendants cite no authority (because there is none) for the proposition that Plaintiff’s past, current, and plausibly expected future Maryland clients fall short of some threshold number needed to confer standing to challenge SB 1028. Moreover, in passages of Plaintiff’s testimony not shown to the Court by Defendants, Plaintiff unequivocally testified to his current counseling of minors in Maryland and intention to continue:

Q [D]o you sometimes travel outside of Virginia to provide counseling?

A **Yes, including Maryland.**

Q Have you traveled to Maryland within the past three years to provide counseling?

A **Yes.**

Q Do you wish to continue to travel to Maryland in order to provide counseling?

A **Yes, because I'm referred clients all the time from Maryland that are including minors.**

Q Is it your intention to continue to travel to Maryland for the purpose of providing counseling once this law that you are challenging is enjoined by The Court?

A **Yes.**

(Transcript of Deposition of Christopher Doyle, LPC, LCPC, March 26, 2019 (“Doyle Deposition,” copy attached hereto as Exhibit A), at 133:11–134:4.)

Furthermore, Plaintiff testified not only that he provides counseling to minors in Maryland, but also that he is prohibited by SB 1028 from providing counseling that his Maryland minor clients seek and that he wants to provide:

Q Now, in the course of your counseling, are you sometimes approached by minor clients that present with unwanted same sex attractions?

A **Yes.**

Q And that present with stress or anxiety that results from their unwanted same sex attractions?

MS. ELLIS: Objection.

A **Yes.**

Q And are you sometimes presented with clients who come to you because they have unwanted gender identity confusion?

A **Yes.**

Q And do they present with anxiety or stress resulting from the gender identity confusion?

A **Yes.**

Q And in both of those cases, do those clients sometimes include minors?

A **Yes.**

Q And --

A **I currently have minors in that situation.**

Q And are these minor clients sometimes residents of . . . Maryland?

A **Yes.**

Q When you are approached by such minor clients who are residents of . . . Maryland, do they sometimes identify a goal that they have for themselves to change or reduce or eliminate the unwanted attraction or confusion?

MS. ELLIS: Objection to form.

A **Sometimes they do, sometimes they don't.**

Q In those cases where the minor clients identify a goal of changing, reducing or eliminating the unwanted attractions or

confusion, do you wish to provide them with the counseling that they seek in order to accomplish their self-chosen goals?

MS. ELLIS: Objection to form.

**A Yes, I do, and currently --**

Q Well, you've answered my question. Let me ask you another.

Currently, within the State of Maryland, are you able to provide them with the counseling that they seek in those circumstances?

**A No, not the counseling they seek, nor the counseling I would like to give. I can't give the full range of services that I would like to give.**

Q And why not?

**A Because the statute, the statute determines that the work that I do is called conversion therapy, although I object to that title and label.**

Q Well, but you don't call that work conversion therapy. I believe that was your testimony, right?

**A No.**

Q But you believe that the statute subsumes the work that you do within its definition of conversion therapy?

**A Yes.**

MS. ELLIS: Objection to form.

**A Yes. I believe the statute labels and describes my work under that umbrella term of conversion therapy.**

(Doyle Dep. at 134:5–137:5.)

Thus, Plaintiff's unequivocal and unrebutted testimony establishes that he has counseling relationships in Maryland directly affected by SB 1028. Given this record, Plaintiff easily satisfies standing under the principal case cited by Defendants (Reply at 1–2), *Kenny v. Wilson*, 885 F.3d 280 (4th Cir. 2018):

There are two ways that plaintiffs' allegations of a fear and risk of future [discipline] can satisfy the injury-in-fact requirement for prospective relief. First, there is a sufficiently imminent injury in fact if plaintiffs allege an intention to engage in a course of conduct arguably affected with a constitutional interest, but proscribed by a statute, and there exists a credible threat of prosecution thereunder. **It is not necessary that a plaintiff first expose himself to actual arrest or prosecution to be entitled to challenge a statute that he claims deters the exercise of his constitutional rights.** Separately, there is an ongoing injury in fact if plaintiffs **make a sufficient showing of self-censorship, which occurs when a claimant is chilled from exercising his right to free expression.**

885 F.3d at 288 (emphasis added) (citations and internal quotation marks omitted).

The threat of official disciplinary action against Plaintiff under SB 1028 is more than credible. SB 1028 defines certain forms of counseling to be “conversion therapy,” which the counseling ban defines as “unprofessional conduct . . . subject to discipline by the . . . practitioner’s licensing or certifying board.” (SB 1028, Doc. 1-1, at 6.) Plaintiff’s unrebutted testimony is that the talk therapy counseling some of his minor clients seek, and that he wants to provide in response, is included in SB 1028’s definition of prohibited “conversion therapy,” and that he refrains as a result. Thus, the discovery record establishes there is a sufficiently credible threat of prosecution of Plaintiff under SB 1028, the counseling ban “deters the exercise of his constitutional rights,” and, as a result, he engages in “self-censorship.” No more is required for Plaintiff to establish standing to challenge SB 1028.

**B. Defendants Offer the Court an Interpretation of SB 1028 that Defies Both the Plain Language of the Law and Defendants’ Discovery Position.**

**1. The Plain Language of SB 1028 Prohibits Talk Therapy to Reduce or Eliminate Unwanted Same-Sex Attractions when the Change Goal Originates with the Client.**

Defendants also argue that Plaintiff lacks standing to challenge SB 1028 because he does not engage in “conversion therapy” under the statute. (Reply at 2–5.) This argument, however, is

purely semantic, and the Court should reject it. Specifically, Defendants point to disclaimers in Plaintiff's informed consent documentation provided to clients, in which Plaintiff states he "does not practice . . . conversion therapy, or any type of sexual orientation change effort (SOCE) therapy." (Doc. 53-4 at 2; Reply at 2–3.) But, as shown above, Plaintiff also makes clear in his testimony that "conversion therapy" **as defined in SB 1028** includes counseling that his minor clients seek, and that he wants to provide in response, but cannot due to SB 1028's counseling ban. (Doyle Dep. at 134:5–137:5.) Plaintiff further explains the terminology conflict in response to Defendants' counsel's questioning at his deposition:

**A . . . I don't believe there's a standard or uniform definition of SOCE therapy, it tends to be more of a broad umbrella term that doesn't necessarily define the work that I do.**

....

**Q** What about, how would you define the term conversion therapy?

**A It's even more broad and ill-defined. There is no standard or uniform definition.**

(Doyle Dep. at 19:9–20:3.)

Irrespective of the different uses of the term "conversion therapy" within and without SB 1028, the plain language of Maryland's counseling ban prohibits counseling that Plaintiff's minor clients seek and that Plaintiff wants to provide:

"Conversion therapy" includes **any effort to change the behavioral expression** of an individual's sexual orientation, **change gender expression**, or **eliminate or reduce sexual or romantic attractions** or feelings toward individuals of the same gender.

(SB 1028, Doc. 1-1, at 5 (emphasis added); Doyle Dep. at 134:5–137:5 (testifying SB 1028 prohibits his providing counseling, requested by minor clients, to change unwanted same-sex attractions and gender identity confusion).) And although Plaintiff testified he does not enter into

counseling with any predetermined goal to change a client’s sexual or gender attractions or identity, he did testify that he is open to facilitating a client’s change goals. (Doyle Dep. at 22:22–23:16.) SB 1028’s prohibitions of any “practice or treatment . . . that seeks to change” and “any effort to change the behavioral expression of an individual’s sexual orientation, change gender expression, or eliminate or reduce sexual or romantic attractions” do not differentiate between change goals initiated by a practitioner and change goals initiated by a minor client. Thus, by its plain language, SB 1028 prohibits Plaintiff from affirming and facilitating a client’s change goals even where Plaintiff did not bring any predetermined change goals to the relationship.

In *Otto v. City of Boca Raton*, 353 F. Supp. 3d 1237 (S.D. Fla. 2019), involving a constitutional challenge to local counseling bans essentially identical to Maryland’s, *id.* at 1243–44, the Southern District of Florida rejected a nearly identical semantic argument made by the government defendants. Like Plaintiff Doyle here, the therapist plaintiffs in *Otto* provide only talk therapy according to goals set by their clients. *Id.* at 1243–44. Specifically, Plaintiff Otto “practices exclusively talk therapy, consisting of client-centered and client-directed conversations with his clients, concerning the clients’ goals.” *Id.* at 1243. The government defendants, like Defendants here, argued Dr. Otto “does not seek to change his clients, and therefore does not have a practice of performing SOCE.” *Id.* at 1245. The district court rejected the argument, observing, “both named Plaintiffs have counseled minors on their unwanted same sex attractions.” *Id.* at 1246. Therefore, irrespective of their clients’ initiating the change goals, the court found “Drs. Otto and Hamilton will be regulated by the ordinances, and, if they establish their constitutional claims, will suffer ‘an injury in fact’ that is not ‘hypothetical.’” *Id.* For the same reasons, this Court should reject Defendants’ semantic argument in favor of the reality that Maryland’s counseling ban affects Plaintiff, and hold that Plaintiff has standing to challenge the statute.

**2. Defendants' Rule 30(b)(6) Deposition Witness Testified that Defendants Cannot Give the Interpretation of SB 1028 that Defendants Argue in Their Reply.**

Despite the plain language of SB 1028, Defendants' Reply argues, by necessary implication if not explicitly, that SB 1028 must be interpreted not to prohibit talk therapy facilitating change if the change goal is introduced by the client rather than the practitioner. (Reply at 4 (“[T]he evidence does not support a conclusion that Mr. Doyle intends to engage in a course of conduct proscribed by the statute.”) But Defendants also told the Court recently that such an interpretation of what is prohibited “conversion therapy” under SB 1028 is unknowable outside a quorum of one of the health occupations boards charged with enforcing the statute. (Defs.' Mem. Opp'n Pl.'s Mot. Compel, Doc. 52, at 5, 9.) The Court should not countenance Defendants' duplicity.

As the Court is aware, Defendants' Rule 30(b)(6) designee's failure to answer Plaintiff's interpretive questions on what constitutes prohibited “conversion therapy” under SB 1028 is a principal issue in Plaintiff's pending Motion to Compel. (Pl.'s Mot. Compel, Doc. 44, at 3–13; Pl.'s Reply Supp. Mot. Compel, Doc. 54, at 2–13.) As shown to the Court in Plaintiff's Motion to Compel, Defendants' Rule 30(b)(6) designee, when asked specifically whether a licensed counselor with no predetermined goals for treatment would be guilty of “conversion therapy” by agreeing to facilitate a minor client's goal of change, the witness was unwilling or unable to answer:

Q . . . . [I]f the minor requests it, requests help to change sexual orientation or gender identity and the practitioner responds by doing what the client asks, is that conversion therapy under SB 1028?

Ms. Ellis: Objection.

**A I believe that would be a matter for the board to consider if that's unprofessional conduct.**

Q So you're not able to tell me?

A **I'm not.**

....

Q And I'm asking you based on what you see on the page, is that a correct interpretation of what's here, that when the minor requests assistance to change or reduce or eliminate same-sex attractions and a practitioner responds by doing what the client asks, is that conversion therapy?

Ms. Ellis: Objection

A **And my answer is going to continue to be the same, that is legislative intent, that is judicial review. I cannot render an opinion on that.**

Q And so again just for the sake of completeness, is your answer the same if I asked about a minor who presented to a practitioner requesting help to change gender expressions and that practitioner responds by doing what the client asks, would that be conversion therapy under SB 1028?

Ms. Ellis: Objection

A **And my response would be the same.**

Q That you are unable to tell me?

A **Correct.**

(Deposition of Kimberly Christine Lang, Ph.D., Doc. 44-1 ("Lang Dep."), at 181:13–183:20; Pl.'s Mot. Compel at 9–10.)

Now that Defendants want to attack Plaintiff's standing based on the discovery record, however, Defendants disregard their prior unwillingness to interpret SB 1028 on the record and their bald subsequent representation to the Court that such an interpretation is impossible outside of a health occupations board quorum, and offer the Court an unsupportable interpretation of SB 1028 in derogation of the statute's plain language. Plaintiff is thus further prejudiced by Defendants' failure to answer any of Plaintiff's interpretive questions at Defendants' Rule 30(b)(6)

deposition, being left with no record on which to refute Defendants' innovative interpretation. Not only should the Court reject Defendants' unsupportable interpretation of SB 1028 for standing purposes, but the Court also should grant Plaintiff's pending Motion to Compel and require Defendants to produce a witness to provide the now undeniably relevant testimony on their interpretation of SB 1028, as requested in Plaintiff's Motion to Compel.

## **II. DEFENDANTS' ARGUMENTS AGAINST PLAINTIFF'S FACTUAL ALLEGATIONS ARE INSUFFICIENT AND REMAIN WAIVED IN ANY EVENT.**

As shown in Plaintiff's Memorandum in Opposition to Defendants' Motion to Dismiss (Doc. 47, Plaintiff's "Opposition"), Defendants waived any substantive argument for failure to state a claim, directed to Plaintiff's Counts I and II, by merely and perfunctorily incorporating by reference their arguments against Plaintiff's preliminary injunction motion. (Pl.'s Opp'n at 10–11 (citing cases, including *Sales v. Grant*, 224 F.3d 293, 296 (4th Cir. 2000) (holding waiver of defense that "defendant only cursorily references" and "fails to . . . seriously press" in potentially dispositive motion)).) In their Reply, Defendants claim Rule 10(c) rescues them from waiver. (Reply at 9.) Contra Defendants' suggestion, however, Rule 10(c) does not convert Defendants' inapposite arguments against Plaintiff's preliminary injunction motion, geared to the likelihood of success of Plaintiff's claims, into arguments against Plaintiff's pleading of his claims, which is subject to a far more deferential standard. (Opp'n at 2, 11–13.) To be sure, Rule 10(c) offers Defendants no help at all because, by its plain language, it enables only a motion or pleading to adopt by reference a prior **pleading**. Defendants' Memorandum in Opposition to Plaintiffs' Motion for Preliminary Injunction (Doc. 25) is not a pleading that can be adopted by reference pursuant to Rule 10(c). *See* Fed. R. Civ. P. 7 (differentiating allowed "pleadings" from "motions and other papers").

Defendants' Reply also asserts Rule 12(h) to save their failure to state a claim defense. (Reply at 8–9.) This rules-based defense likewise should be rejected. While Rule 12(h) may save Defendants' defense of failure to state a claim for purposes of their eventual pleading (answer) in response to Plaintiff's complaint, Rule 12(h)(2)(A), the rule does not save the defense from waiver for purposes of Defendants' Motion to Dismiss because, in their Motion, Defendants "only cursorily reference[d]" and "fail[ed] to seriously press" the defense. *See Sales*, 224 F.3d at 296.

In a belated attempt to make a substantive argument directed to Counts I and II, Defendants rehash their unavailing 'it's conduct not speech' argument from their preliminary injunction opposition. (Reply at 9–10.) Plaintiff has already disposed of this argument (Opp'n at 11–13), and will not do so again here. But Defendants are too late in any event because, "[a]s a general rule, arguments not specifically raised and addressed in opening brief, but raised for the first time in reply, are deemed waived." *Moseley v. Branker*, 550 F.3d 312, 325 n.7 (4th Cir. 2008). The Court should reject as waived any such argument made for the first time in Defendants' Reply.

Finally, Defendants invoke inapposite certiorari and rehearing proceedings from the Supreme Court and the Third and Ninth Circuits involving the *King v. Governor of New Jersey* and *Pickup v. Brown* cases (Reply at 10 n.2.) The Court should disregard Defendants' diversion. The Supreme Court's denial of a petition for certiorari is of no precedential or persuasive benefit whatsoever. *See, e.g., Missouri v. Jenkins*, 515 U.S. 70, 85 (1995) ("Of course, '[t]he denial of a writ of certiorari imports no expression of opinion upon the merits of the case, as the bar has been told many times.'" (modification in original)); *Teague v. Lane*, 489 U.S. 288, 296 (1989) ("The 'variety of considerations [that] underlie denials of the writ' counsels against according denials of certiorari any precedential value." (modification in original; citation omitted)); *Powell v. Barrett*, 541 F.3d 1298, 1312 n.5 (11th Cir. 2008) ("For at least eight decades the Supreme Court has

instructed us, time and again, over and over, that the denial of certiorari does not in any way or to any extent reflect or imply any view on the merits.”)

Moreover, the decision the Supreme Court declined to review was the Third Circuit’s declining to recall its 2014 mandate issued in *King v. Governor of New Jersey*, 767 F.3d 216 (3d Cir. 2014). The Third Circuit’s declining to recall a four-year-old mandate, and the Supreme Court’s denial of review of the decision, could not be less relevant to any issue in this case. The same goes for the Ninth Circuit’s decision not to recall its similarly old mandate in *Pickup v. Brown*, 740 F.3d 1208 (9th Cir. 2014), regardless of whether the Supreme Court grants review.

Thus, for purposes of their Motion to Dismiss, Defendants have not (and cannot) cure the waiver of their defense of failure to state a claim directed to Plaintiff’s Counts I and II. And their waiver notwithstanding, Defendants’ untimely attempt at substantive argument in their Reply is unavailing, and the Court should deny their Motion to Dismiss for failure to state a claim as to Counts I and II.

### **CONCLUSION**

For the foregoing reasons, and for all those articulated in Plaintiff’s Opposition, the Court should deny Defendants’ Motion to Dismiss.

/s/ John R. Garza  
(signed by Roger K. Gannam  
with permission of John R. Garza)  
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I HEREBY CERTIFY that a copy of the foregoing has been filed this June 4, 2019, through the Court's ECF system, which will send a notice of electronic filing to all parties and counsel of record, including the following:

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MARYLAND

CHRISTOPHER DOYLE, LPC, :  
LCPC, : Civil Action No.  
Plaintiff, : 1:19-CV-00190-DKC  
vs. :  
LAWRENCE J. HOGAN, JR., :  
et al, :  
Defendants. :

- - - - -

DEPOSITION of CHRISTOPHER DOYLE, LPC, LCPC

Baltimore, Maryland

Tuesday, March 26, 2019

9:58 A.M.

Job No: 35259

Pages 1 - 149

Reported by: Barbara A. Conner

**EXHIBIT A**

1 Deposition of CHRISTOPHER DOYLE, LPC, LCPC,  
2 held at the offices of:

3  
4 OFFICE OF THE ATTORNEY GENERAL  
5 STATE OF MARYLAND  
6 300 West Preston Street  
7 Suite 302  
8 Baltimore, Maryland 21201  
9 (410) 767-1867

10  
11 Pursuant to Notice, before Barbara A. Conner,  
12 Notary Public of the State of Maryland.

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A P P E A R A N C E S

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ALSO PRESENT:

Ellen Rosenberger

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P R O C E E D I N G S

CHRISTOPHER DOYLE, LPC, LCPC,

having been duly sworn, testified as follows:

EXAMINATION BY COUNSEL FOR DEFENDANTS

BY MS. ELLIS:

Q Good morning, Mr. Doyle.

A **Good morning.**

Q My name is Kathleen Ellis, I am the principal counsel for the Maryland Department of Health, and with me is my colleague, Mr. Felter, Brett Felter, who is also an Assistant Attorney General, and our law clerk, Ellen Rosenberger.

A **Thank you.**

MS. ELLIS: Could you mark this as exhibit 1, please.

(Notice of deposition was marked Exhibit 1 for identification.)

Q I'm showing you what's been marked as exhibit 1, Mr. Doyle. Have you seen that before?

A **Yes, I have.**

Q Is that the deposition notice pursuant to

1 which you're appearing here today?

2 **A Yes, ma'am.**

3 **Q Thank you.**

4 Have you ever been deposed before?

5 **A Yes, I have.**

6 **Q How many times?**

7 **A Once.**

8 **Q And in what case were you deposed?**

9 **A I was an expert witness with the trial for**  
10 **Jews Offering New Alternatives to Healing against the**  
11 **plaintiffs represented by the Southern Poverty Law**  
12 **Center in, I believe it was, 2015.**

13 **Q And what happened in that case?**

14 **A I was -- could you explain more in detail**  
15 **what happened? I mean --**

16 **Q I asked you. What happened in the case that**  
17 **you were just telling me that you were an expert witness**  
18 **in?**

19 MR. MIHET: Objection, vague.

20 **A Could you be more specific?**

21 **Q What happened in the case? There was a case,**

1 correct?

2 **A Correct.**

3 Q What happened in that case?

4 MR. MIHET: Objection, vague.

5 Q Go ahead and answer.

6 **A What happened in the case, VSLC brought suit**  
7 **on behalf of four clients against the Jewish**  
8 **organization and they, the Jewish organization, was**  
9 **found guilty.**

10 Q Was it a criminal case?

11 **A It was --**

12 MR. MIHET: It calls for a legal conclusion.

13 Q Was it a criminal case?

14 **A No, it was not.**

15 Q So, did you testify at the trial of that  
16 case?

17 **A I did not.**

18 Q Why not?

19 **A I was, along with five other experts**  
20 **witnesses, I was dismissed by the judge.**

21 Q You said that the defendants were found

1 guilty, found liable in a civil case?

2 **A That's correct.**

3 MR. MIHET: Calls for a legal conclusion.

4 **A To my knowledge.**

5 Q Did you know whether the defendants appealed  
6 that conclusion?

7 MR. MIHET: Calls for speculation.

8 **A To my knowledge, an appeal was not filed.**

9 Q Since you've been deposed before, you  
10 probably are familiar with these very brief rules that  
11 I'll go over, but I feel compelled to go over them  
12 anyway.

13 What's important out of all of this is what  
14 the court reporter transcribes onto the record that we  
15 will all get copies of, so it works best if we each  
16 respect each other and you don't talk until I stop and  
17 vice versa.

18 If you don't understand a question, please  
19 ask, please say so, and I will attempt to clarify or  
20 attempt to clarify with you what you don't understand,  
21 and if there is no such question, I will assume that you

1 understood the question and are answering it based on  
2 that understanding.

3 This is not an endurance test, although it  
4 may feel like that at times, so if you need a break,  
5 please tell me. This is a state office building,  
6 without a whole lot of amenities, but we do have  
7 restrooms down the hall, outside the door that you came  
8 into this office from, and so, obviously, if you need a  
9 break for that reason, we'll show you how to get to  
10 them.

11 **A Thank you.**

12 **Q** Could you please tell me your full name and  
13 address.

14 **A Christopher John Doyle. Would you like my**  
15 **business address or my home address?**

16 **Q** Both.

17 **A My business address is 10620 Crestwood Drive,**  
18 **Suite C, Manassas, Virginia, 20109. My home address is**  
19 **19119 Skyfield Ridge Place, Purcellville, Virginia,**  
20 **20132.**

21 **Q** Are you employed?

1           **A       Yes, I am.**

2           **Q       Who are you employed by?**

3           **A       I have three employers. I'm a mental health**  
4 **therapist at Patrick Henry College, in Purcellville,**  
5 **Virginia, I'm the executive director of the Institute**  
6 **For Healthy Families, and I'm a clinical and founder of**  
7 **Northern Virginia Christian Counseling.**

8           **Q       So, you said you were a counselor at Patrick**  
9 **Henry College. How much time do you spend doing that**  
10 **job?**

11          **A       During the academic year, approximately six**  
12 **to seven hours a week.**

13          **Q       And during the rest of the year?**

14          **A       I don't. They're on break, so I'm not seeing**  
15 **the students.**

16          **Q       And you said that you were the executive**  
17 **director of the Institute For Healthy Families?**

18          **A       Correct.**

19          **Q       What is the Institute For Healthy Families?**

20          **A       It's a nonprofit organization that was**  
21 **founded to help families and individuals and faith-based**

1 **organizations work through sexual and gender identity**  
2 **issues.**

3 Q And how much of your time do you spend as  
4 executive director of Institute For Healthy Families?

5 MR. MIHET: Vague.

6 A **Per week?**

7 Q Yes.

8 A **Anywhere from 35 to 40 hours, sometimes a**  
9 **little bit less, sometimes a little bit more, depending**  
10 **on the caseload and how much work I have.**

11 Q And do you also practice as a professional  
12 counselor at the Institute For Healthy Families?

13 A **I do.**

14 Q And if you can estimate for me, how much of  
15 your 35 to 40 hours a week is providing services,  
16 clinical services, and how much is running the  
17 organization?

18 A **Probably about 80 to 85 percent clinical,**  
19 **give or take.**

20 Q How many employees does the organization  
21 have?

1           **A       We have five, including myself.**

2           **Q       Are there clinical employees?**

3           **A       No. We do have two admin. staff and two**  
4 **parents that provide coaching, nonclinical work, and**  
5 **educational activities.**

6           **Q       And you said that, I believe, that you were**  
7 **the founder of Northern Virginia Christian Counseling?**

8           **A       That's correct.**

9           **Q       What role, if any, do you currently have**  
10 **through that organization?**

11          **A       I'm the clinical director and I'm also a**  
12 **licensed counselor.**

13          **Q       And, approximately, how many hours a week do**  
14 **you spend with Northern Virginia Christian Counseling?**

15          **A       10 to 15.**

16          **Q       And of that 10 to 15 hours, how much of that**  
17 **time is spent in providing clinical services to**  
18 **individuals and their families?**

19          **A       90 percent.**

20          **Q       So, you provide clinical services at Patrick**  
21 **Henry College, at Institute For Healthy Families and at**

1 Northern Virginia Christian Counseling?

2 **A Correct.**

3 Q Is there any other location that you provide  
4 clinical counseling services?

5 MR. MIHET: Objection, vague, and misstates  
6 prior testimony.

7 Q Is there any other place, other than these  
8 three locations, that you provide clinical counseling  
9 services?

10 MR. MIHET: Same objections.

11 **A Not to my knowledge.**

12 Q You mentioned a licensed counselor. Do you  
13 have any licenses from any states to practice  
14 counseling?

15 **A Yes.**

16 Q And what states do you have?

17 **A Virginia and Maryland.**

18 Q And how long have you been licensed in the  
19 State of Virginia?

20 **A I believe five or six years.**

21 Q What's the type of license that you have in

1 the State of Virginia?

2 **A Licensed Professional Counselor.**

3 Q And you said you're licensed in Maryland as  
4 well. How long have you been licensed in Maryland?

5 **A I believe it's eight, and then before that**  
6 **time, I was working under a license during my residency,**  
7 **working under a supervisor's license, I'm sorry, to**  
8 **clarify.**

9 Q For how long did you work under a  
10 supervisor's license?

11 **A Roughly, two.**

12 MR. MIHET: You mean years?

13 THE WITNESS: 2 years.

14 Q That's a licensure requirement, correct?

15 **A Correct, yes.**

16 Q And what are you licensed as in Maryland?

17 **A Licensed Clinical Professional Counselor.**

18 Q Popularly known as LCPC?

19 **A Yeah.**

20 Q What, if any, communications have you had  
21 with the Board of Professional Counselors & Therapists

1 in Maryland in the last year?

2 MR. MIHET: Objection, vague, calls for a  
3 narrative.

4 Q Go ahead, you can answer.

5 **A Regarding this issue or at all?**

6 Q What, if any, communications have you had  
7 with the Maryland Board of Professional Counselors &  
8 Therapists in the last year?

9 **A To my knowledge --**

10 MR. MIHET: Hold on a second.

11 THE WITNESS: Yeah.

12 MR. MIHET: Same objections, also overbroad.

13 Q Go ahead, you can answer.

14 **A To my knowledge, the only communication I**  
15 **have had is renewing my license.**

16 Q And the same question for Virginia. The  
17 Virginia board that regulates professional counselors,  
18 what communications, if any, have you had in the past  
19 year with that group?

20 MR. MIHET: Same objections.

21 Q Go ahead.

1           **A           I made one phone call to the Virginia Board**  
2 **of Counseling in the spring or summertime.**

3           **Q           Of 2018?**

4           **A           Correct.**

5           **Q           And what was that telephone call about?**

6           **A           It was regarding requirements for residents**  
7 **on my staff.**

8           **Q           Residents?**

9           **A           Resident counselors.**

10          **Q           Do you mean by resident counselors,**  
11 **counselors in training?**

12          **A           Correct.**

13          **Q           To your knowledge, has anybody made any**  
14 **complaints about your practice to the board of Maryland,**  
15 **Board of Professional Counselors & Therapists?**

16          **A           No.**

17          **Q           To your knowledge, has anyone made any**  
18 **complaints to the Virginia regulatory agency about your**  
19 **practice?**

20          **A           No.**

21                   (Institute For Healthy Families informed

1 consent was marked Exhibit 2 for identification.)

2 Q Mr. Doyle, I'm showing you what's been marked  
3 as exhibit 2. It's a document that I received from your  
4 counsel and you'll see in the bottom right-hand corner  
5 PL 000005 through 8. Do you see those numbers?

6 A Yes.

7 Q Could you tell me what this document is,  
8 please.

9 A This is an informed consent document from  
10 2016.

11 Q Is that an informed consent document that you  
12 use or used?

13 A Yes. Yeah. There is an updated form that  
14 you have, but this is one from 2016.

15 Q And if you direct your attention to paragraph  
16 six on the second page, the first line of paragraph six  
17 says, "I understand that Christopher Doyle and the  
18 Institute For Healthy Families does not practice  
19 reparative therapy, reorientation therapy, conversion  
20 therapy or any type of sexual orientation change effort,  
21 (SOCE) therapy." Do you see that?

1           **A       Yes, I do.**

2           Q       Is that accurate?

3           **A       That's correct.**

4                   (Institute For Healthy Families informed  
5 consent was marked Exhibit 3 for identification.)

6           Q       I'm showing you now what's been labeled as  
7 exhibit 3 and it's PL 000013 through 15. Do you  
8 recognize this document?

9           **A       I do.**

10          Q       And could you tell me what it is, please.

11          **A       It's an informed consent document that was**  
12 **updated on May 31, 2018 for my organization, my**  
13 **counseling.**

14          Q       And I would ask you to look at paragraph  
15 seven on the second page. It says, the first sentence  
16 of that says, "I understand that Christopher Doyle and  
17 the Institute For Healthy Families does not practice  
18 reparative therapy, reorientation therapy, conversion  
19 therapy or any type of sexual orientation change effort  
20 (SOCE) therapy." Do you see that?

21          **A       Yes, I do.**

1 Q Is that statement accurate?

2 A Yes, it is.

3 MR. MIHET: Form and vague.

4 MS. ELLIS: Could you tell me what your  
5 objection to form is, please.

6 MR. MIHET: You failed to define the terms  
7 that you're asking Mr. Doyle about and there's no  
8 assurance that what he means by those terms is the same  
9 thing that the State of Maryland means by those same  
10 terms.

11 MS. ELLIS: That's not what the question was  
12 about, Mr. Mihet. Thank you.

13 MR. MIHET: We can agree to disagree about  
14 that.

15 Q But with your counsel's prompting, we can go  
16 there now.

17 So, it says that you don't do any kind of  
18 sexual orientation change effort therapy, correct?

19 A That's correct.

20 Q And how do you define sexual orientation  
21 change effort therapy?

1           **A**           **I define sexual orientation change effort**  
2 **therapy as a very specific type of therapy, where a**  
3 **client expressly comes in for counseling that wants to**  
4 **change their sexual orientation.**

5           **Q**           **And does it include any particular kinds of**  
6 **techniques to attempt to accomplish that client's goal?**

7           **A**           **Well, I'm not -- I'm not aware of any**  
8 **specific techniques that a person or a therapist that**  
9 **would necessarily practice, I don't believe there's a**  
10 **standard or uniform definition of SOCE therapy, it tends**  
11 **to be more of a broad umbrella term that doesn't**  
12 **necessarily define the work that I do.**

13           **Q**           **But you don't engage in sexual orientation**  
14 **change effort therapy --**

15                       **MR. MIHET: Form, vague.**

16           **Q**           **-- is that correct?**

17           **A**           **In that sense, I do not.**

18           **Q**           **In what sense?**

19           **A**           **In the sense of the fact that it's very broad**  
20 **and ill-defined.**

21           **Q**           **What about, how would you define the term**

1 conversion therapy?

2 A It's even more broad and ill-defined. There  
3 is no standard or uniform definition.

4 Q How do you define it?

5 A I would define conversion therapy as a  
6 practice that is expressly trying to change a client  
7 from gay to straight.

8 Q And, again, you don't engage in that  
9 particular kind of therapy, correct?

10 A I do not.

11 MR. MIHET: Form.

12 Q What about reparative therapy, how do you  
13 define that?

14 A Reparative therapy is a clinical term that  
15 was coined by Dr. Joseph Nicolosi in the late eighties  
16 and early 1990s. It comes from a term from Elizabeth  
17 Moberly's book, Homosexuality: A New Christian Ethic,  
18 where she defined reparative -- homosexuality as a  
19 reparative drive to fulfill unmet love needs.  
20 Dr. Joseph Nicolosi took that term -- he's now deceased,  
21 by the way -- and coined his specific type of work

1       **reparative therapy.**

2           Q       And what specific kind of work did he do that  
3 was encompassed by that term, reparative therapy?

4           A       **I think you would probably have to ask him.**

5           Q       Which would be difficult?

6           A       **Yeah.**

7           Q       You don't do that, you don't do reparative  
8 therapy?

9           A       **I do not.**

10          Q       How do you define reorientation therapy?

11          A       **It's another broad and ill-defined term to  
12 help a client go from gay to straight.**

13          Q       So, if I understand your testimony correctly,  
14 reparative therapy, reorientation therapy, conversion  
15 therapy or sexual orientation change effort therapy are  
16 all types of therapy, you said they were broadly  
17 defined, to change an individual's sexual orientation  
18 from homosexual to heterosexual?

19          A       **To some extent --**

20                   MR. MIHET: Form.

21          A       **To some extent, yes. I think it's a little**

1 more complicated than that, but there's a lot of nuance.

2 Q Well, then, explain to me why it's more  
3 complicated and how it's more complicated, please.

4 MR. MIHET: Form, vague.

5 A It's overly broad in ill-defined terms.

6 Q What is overly broad and ill-defined?

7 A The terms, because in my -- well, outside of  
8 reparative therapy, the three other terms really don't  
9 have a clear understanding of what's happening in  
10 clinical work.

11 Q What are you asking somebody who signs this  
12 form to understand that you're not doing?

13 A Essentially, the work that I do, I describe  
14 it as sexual and gender identity affirming therapy, and  
15 what I explain to clients is that they're in the  
16 driver's seat, that I'm not imposing a goal on their  
17 work. I have a duty and a right to my clients to work  
18 with what they want to work on, and clients that may be  
19 open to sexual fluidity or change, I'm open to that  
20 client's goal.

21 Q And how do you explain to a client what

1 reparative therapy, reorientation therapy, conversion  
2 therapy or any type of sexual orientation change effort  
3 therapy is?

4 A I, basically, tell them that those are very  
5 broad terms that really don't apply to the work that I'm  
6 doing because my work is much more client centered. I  
7 don't have an objective, stated objective goal, whereas,  
8 in my opinion, Dr. Joseph Nicolosi's clinic was  
9 expressly a reparative therapy clinic.

10 Clients that went to seek out his services  
11 knew what they were getting, there wasn't any -- in some  
12 ways, I guess, it was client centered, but he was  
13 expressly known for that. So, in order to not confuse  
14 clients with umbrella terms that don't necessarily apply  
15 to the work that I do, I try to tell them this is not  
16 what I do and this is what I do.

17 Q Over the eight years that you have been a  
18 Licensed Clinical Professional Counselor in the State of  
19 Maryland, have you ever engaged in therapy that you  
20 would consider to be one of these terms?

21 MR. MIHET: Form.

1 Q Go ahead. You can answer the question --

2 A Yes.

3 Q -- if you can, and if you can't, tell me what  
4 you don't understand and I'll try to amend it.

5 A I have used those terms in the past over,  
6 probably over five years ago to describe the work that I  
7 do under another organization that was not mine.

8 Q So, more than five years ago, you used which  
9 of these terms?

10 A SOCE.

11 Q And what did you mean by SOCE when you used  
12 that to describe your practice five years ago?

13 A I can't recall exactly where I used that  
14 term, but because of the generalizability, I don't know  
15 if that's correct, quite the correct word, it's  
16 sometimes difficult, when I'm doing media, to use terms  
17 that the general population would understand. So,  
18 rather than use a term like sexual or gender identity  
19 affirming therapy, I might have described my work as  
20 SOCE in that regard and I can't recall where, though.

21 Q And you said that was when you were working

1 for another organization?

2 **A To my knowledge, yeah.**

3 Q And what organization was that?

4 **A International Healing Foundation.**

5 Q Does the International Healing Foundation  
6 still exist?

7 **A No.**

8 Q What was your role with the International  
9 Healing Foundation?

10 **A I was the director and a licensed counselor.**

11 Q For how long?

12 **A Approximately, five years.**

13 Q From when to when?

14 **A 2010 to 2015.**

15 Q And why did you leave that position?

16 **A The board of directors voted to dissolve the  
17 organization at the end of 2015.**

18 Q Are you aware of any practitioners,  
19 counselors, that practice any of the types of therapy  
20 that you have listed in this consent in the State of  
21 Maryland?

1 MR. MIHET: Form.

2 A I don't know if they would call their work  
3 that. I am aware of practitioners that may be doing  
4 similar work.

5 Q Similar to what?

6 A Similar work with over sexual and gender  
7 identity conflicts or something of that nature.

8 Q And who would those be?

9 THE WITNESS: Do I have to answer that? I  
10 feel like I don't want to incriminate someone else.

11 MR. MIHET: Let me have a discussion with my  
12 client for the purpose of determining whether or not a  
13 privilege should be asserted.

14 Q I will make it clear that I'm not asking  
15 about minors. Can you please identify any  
16 practitioners, counselors, in the State of Maryland,  
17 that provide these types of therapies listed in the  
18 first sentence of paragraph seven in exhibit 3 in the  
19 State of Maryland --

20 A I have it.

21 Q -- for adults in the State of Maryland.

1 MR. MIHET: Okay. And I'm going to object  
2 also to the form of the question as mischaracterizing  
3 the prior testimony of the witness.

4 A So, what I'll say is, I don't know  
5 specifically of a clinician that identifies their work  
6 as these terms.

7 Q Do you know about any clinician's practice  
8 that you would consider to be within those terms?

9 MR. MIHET: Form.

10 A That's so vague, you know.

11 Q Why do you think it's vague?

12 A I wouldn't want to mischaracterize another  
13 clinician's work without knowing specifically what they  
14 call it. These are very sensitive terms, they're used  
15 in the media pejoratively and inflammatorily, and I  
16 would be very sensitive to call another clinician's work  
17 one of these without being able to verify that that's  
18 what they call it. I'm very careful to not mislabel my  
19 work; I wouldn't want to mislabel another person's.

20 Q If you look at the first page of exhibit 3,  
21 it says, paragraph one, "If this therapy or coaching

1 session is held outside of the State of Maryland or  
2 Virginia, Christopher Doyle will facilitate as a coach,  
3 not a licensed counselor." Do you see that sentence?

4 **A I do.**

5 **Q** Could you tell me what the difference between  
6 a coach and a licensed counselor in your understanding  
7 is.

8 **A In this sentence?**

9 **Q** A-huh.

10 **A I do work, outside of the State of Maryland**  
11 **and Virginia, some family work with clients, and in that**  
12 **sense, I'm not licensed to practice in that state or**  
13 **commonwealth, so I would not represent myself as a**  
14 **licensed therapist in that context.**

15 **Q** But you would represent yourself as a coach,  
16 is that correct?

17 **A Correct.**

18 **Q** Tell me what the difference is between the  
19 coach and the licensed counselor.

20 **A I'm not operating in a formal therapeutic**  
21 **role.**

1 Q And what does that mean?

2 A I'm not operating under a license, I don't --  
3 and I don't claim that I am, and I'm careful to inform  
4 my clients of that.

5 Q So, you said you don't represent that you're  
6 operating under a license, correct?

7 A Correct.

8 Q You don't tell your clients that you are?

9 A In that sense, outside of Maryland and  
10 Virginia.

11 Q So, what kinds of services would you be  
12 providing as a coach?

13 A Providing guidance, facilitation, discussion,  
14 communication with families, educational as well. For  
15 example, I do a parents class that, an on-line class  
16 where people are in various places around the United  
17 States, sometimes internationally, and in that role I  
18 would be describing my work as a coach.

19 MS. ELLIS: Could you please read back, he  
20 said guidance, communication, and if you could just read  
21 back those things that he described.

1 (The requested portion was read.)

2 Q So, when you say you provide guidance, what  
3 does that mean?

4 A **Insight, try to help families and individuals**  
5 **understand dynamics within their family, facilitate**  
6 **discussion.**

7 Q Do you provide this coaching with parents,  
8 with children, with both?

9 A **Yeah.**

10 Q All three?

11 A **Yeah.**

12 Q I guess, two, I'm sorry, children and  
13 families?

14 A **Right. I understood what you meant.**

15 Q So, when you have these discussions in the  
16 State of Maryland, or in the State of Virginia, you  
17 represent yourself as a licensed counselor then,  
18 correct?

19 A **I do.**

20 Q And how does the session in Virginia or  
21 Maryland differ from the one in Massachusetts, to pick

1 another commonwealth?

2 MR. MIHET: Form.

3 **A It doesn't.**

4 Q Tell me how you would describe your practice,  
5 please.

6 MR. MIHET: Form, vague, calls for a  
7 narrative.

8 **A Can you be more specific?**

9 Q Tell me how you would describe your practice  
10 to a prospective client.

11 MR. MIHET: Same objection.

12 THE WITNESS: I can answer.

13 **A It's client centered, it's based on working**  
14 **with a client to help them resolve distress. In my**  
15 **clinical role, it would be also diagnosing and treating**  
16 **therapeutic issues, possibly mental illness and**  
17 **emotional disorders as well, and also issues and**  
18 **disorders and problems for clients that wouldn't**  
19 **necessarily be clinical or diagnosable.**

20 Q Do you advertise your practice?

21 MR. MIHET: Vague.

1           **A           I do advertise Northern Virginia Christian**  
2 **Counseling. I do not advertise the Institute For**  
3 **Healthy Families and I do not advertise Patrick Henry**  
4 **College.**

5           **Q           You have a website for Institute For Healthy**  
6 **Families, isn't that correct?**

7           **A           So, let me amend that answer. I do send out**  
8 **marketing e-mails to our list serve and so that would be**  
9 **a form of advertisement, yup.**

10          **Q           Would you consider the website a form of**  
11 **advertisement?**

12          **A           Sure. The distinction I was making was paid**  
13 **advertisements.**

14          **Q           Approximately, how many clients are you**  
15 **generally serving at any one time?**

16                   **MR. MIHET: Form, vague.**

17          **Q           Approximately, how many clients are you**  
18 **serving at any one time, Mr. Doyle?**

19                   **MR. MIHET: Same objection.**

20          **A           Can you clarify the question. Are you**  
21 **speaking of how many clients are in -- are under my role**

1 **as a therapist or a coach?**

2 Q Well, let's talk about therapist first. When  
3 you're performing as a licensed therapist in the State  
4 of Maryland or in the State of Virginia, approximately  
5 how many clients are you serving at any one time?

6 MR. MIHET: Same objections.

7 A I can approximate.

8 Q Approximately, how many?

9 A Okay. 30 to 35, maybe. That's an  
10 approximation.

11 Q And that includes both clients that you're  
12 serving as a licensed Maryland counselor?

13 A No, that's just therapy. There's other  
14 clients that I serve just in the coaching role and that  
15 could be as many as 20. I also consult with parents  
16 that are outside the state.

17 Q So, the 30 to 35 clients are those that  
18 you're providing services for which you need a license,  
19 is that correct?

20 A Yes.

21 Q Of the 30 to 35 therapy clients,

1 approximately how many are under the age of 18?

2 MR. MIHET: Form.

3 A Maybe 10 percent. 10 to 15 percent. It's  
4 hard to say.

5 Q Approximately, how many of those 30 to 35  
6 clients are Maryland residents?

7 MR. MIHET: Form.

8 A Roughly, 10 to 15. Maybe 15.

9 Q And for the Maryland clients, is it still the  
10 10 to 15 percent that are under 18?

11 MR. MIHET: Form.

12 A Yes. Yes.

13 Q So, it would be one or two that would be  
14 under 18?

15 A From Maryland, yeah.

16 Q From Maryland.

17 And the 20 that you mentioned that are  
18 coaching clients, where do they reside?

19 A Various places in the United States, some  
20 international, yeah.

21 Q And then you said you consult with parents.

1 Is that other than the parents that are your therapy  
2 clients' or coaching?

3 **A No, they would all be considered clients**  
4 **under the nonprofit. Some are therapy clients, some**  
5 **would be considered coaching clients.**

6 Q Then you said you had a third category, you  
7 said you consulted with parents.

8 **A Those could be therapeutic or coaching, yeah.**

9 Q But they're all included in either the 30 to  
10 35 or in the 20?

11 **A Yeah, the 20. The 20. Additional 20 that**  
12 **would be consulting, but not necessarily -- some may be**  
13 **therapeutic, some may be coaching, yeah.**

14 Q So, any of your clients under the age of 16  
15 or 17?

16 **A Yes.**

17 Q How many?

18 **A Currently, one.**

19 Q And is that a Maryland resident?

20 **A Yes.**

21 Q And for your minor clients, what is the

1 gender mix?

2 MR. MIHET: Form.

3 A 95 percent male. Or maybe 90 percent,  
4 yeah.

5 (Complaint was marked Exhibit 4 for  
6 identification.)

7 Q I'm showing you what's been marked as exhibit  
8 4, Mr. Doyle, which is a copy of the complaint minus the  
9 exhibits that was filed in this matter. Have you seen  
10 this before?

11 A I have.

12 Q And if you look at the last page of it, and  
13 if you look at the bottom right, where it says, there's  
14 a slash S, Christopher Doyle with an asterisk, do you  
15 see that?

16 A I do.

17 Q Did you actually sign a copy of this  
18 complaint?

19 A I did.

20 Q If you could look at paragraph 110, please,  
21 it says, "Plaintiff does not engage in aversive

1 techniques." Do you see that?

2 **A Yes.**

3 Q Could you tell me what you consider to be  
4 aversive techniques.

5 **A Electric shock, vomit inducing, nausea**  
6 **inducing, any technique or therapy that would cause**  
7 **physical pain.**

8 Q Does anyone, to your knowledge, still engage  
9 in those practices?

10 **A Not to my knowledge.**

11 (Answers and objection to first set of  
12 interrogatories was marked Exhibit 5 for  
13 identification.)

14 Q I'm showing you what's been marked as exhibit  
15 5. Do you recognize this document, Mr. Doyle?

16 **A I do.**

17 Q And could you tell me what it is.

18 **A These are the answers to your questions that**  
19 **I answered before this deposition and provided to my**  
20 **counsel.**

21 Q And if you look at the page five, again on

1 the bottom right, there's a slash S and then Christopher  
2 Doyle typed. Did you actually sign --

3 **A I did.**

4 MR. MIHET: I'm sorry.

5 Q Again, if you could wait for me to finish the  
6 question.

7 **A I apologize.**

8 MR. MIHET: It's natural to want to  
9 anticipate the question, but the record will work a lot  
10 better if you work hard to allow counsel to finish.

11 THE WITNESS: Thank you.

12 Q It's an effort for both of us.

13 So, you did actually sign a piece of paper  
14 and provide that to your counsel?

15 **A I did.**

16 Q If you could look at page three and four,  
17 which is a list of clients that you provided services to  
18 who were from Maryland, is that correct?

19 **A That's right.**

20 Q For client number one, are you still  
21 providing services to him?

1           **A       Yes, I am.**

2           Q       Client number two, are you still providing  
3 services to him?

4           **A       Yes, I am.**

5           Q       Clients three, four and five, I believe you  
6 are no longer providing services to?

7           **A       That is correct, I'm no longer.**

8           Q       So, for one and two, it's audiovisual  
9 counseling. Where are you located with the audiovisual  
10 counseling?

11          **A       I'm in that sense, in that sense I'm in**  
12 **Virginia and my client's in Maryland.**

13          Q       But you were physically present in December  
14 2017 at your client's home?

15          **A       For client one?**

16          Q       For client one, yes.

17          **A       That's correct.**

18          Q       And for client two, you were also in  
19 Virginia, while client two was in Maryland?

20          **A       For the audiovisual counseling --**

21          Q       Yes.

1           **A       -- I was in Virginia, and for the family**  
2 **therapy, I was in their home in Maryland.**

3           **Q       The entries for in-person group therapy for**  
4 **parents, there were no minors involved in that, correct?**

5           **A       No.**

6           **Q       Client one did not participate, is that**  
7 **correct?**

8           **A       No, but these --**

9           **Q       Wait. Wait.**

10          **A       Can I clarify?**

11          **Q       Did client number one, the 17 year old male,**  
12 **participate in the group therapy for parents?**

13          **A       To provide context, the parents' retreats**  
14 **that I do in-person have a great deal of relevance to my**  
15 **work with the minors and that's why I listed it, but the**  
16 **minors were not present in those retreats.**

17          **Q       Okay. Thank you.**

18          **A       Thank you.**

19          **Q       For the retreats that you do for parents, do**  
20 **they require a professional counselor's license for you**  
21 **to provide those retreats?**

1 MR. MIHET: Form.

2 A I'm not really sure what that means. That's,  
3 in my opinion, vague.

4 Q What don't you understand?

5 A When you say require that a licensed  
6 counselor.

7 Q If, in your view, in your understanding, for  
8 you to do one of these parents' retreats in Maryland, is  
9 it required that you have a license, professional  
10 counselor's license, to put on that retreat?

11 MR. MIHET: Form, calls for a legal  
12 conclusion.

13 A I can't answer that.

14 Q Why not?

15 A Because I don't know who is requiring -- who  
16 is requiring what.

17 (Section 17-101 of the Health Occupations  
18 Article of the Maryland Annotated Code was marked  
19 Exhibit 6 for identification.)

20 Q I'm showing you what's been marked as exhibit  
21 6, which is Section 17-101 of the Health Occupations

1 Article of the Maryland Annotated Code. Title 17 is, as  
2 it says at the top, Professional Counselors and  
3 Therapists. And if you look on page five, which is  
4 actually the third page of the exhibit, item V,  
5 "Practice clinical professional counseling," could you  
6 read that definition.

7 **A "Practice clinical professional counseling**  
8 **means to engage professionally -- "**

9 Q I'm sorry. I'm sorry to interrupt you. You  
10 don't need to read it out loud. If you could just read  
11 it to yourself.

12 **A Oh sure. Okay.**

13 Q And tell me when you're done.

14 **A I'm done.**

15 Q Do you understand that definition?

16 **A I do.**

17 Q And does whatever you include in your  
18 retreats for parents involve activities that come within  
19 this definition?

20 MR. MIHET: Form, calls for a legal  
21 conclusion.

1           **A       In my opinion, yes.**

2           Q       And what kinds of activities are those that  
3 come within this definition?

4                   MR. MIHET: Same objection.

5           **A       Talk therapy, experiential group therapy,**  
6 **psychoeducation.**

7           Q       Do you do these kinds of retreats in states  
8 in which you're not licensed?

9           **A       No.**

10          Q       No, okay.

11                   You do the coaching, correct, in those  
12 states?

13          **A       Yes, coaching.**

14          Q       One of the other rules I forgot to mention,  
15 the court reporter has a very hard time interpreting  
16 nods, shakes of the head, those kinds of things. It's  
17 very important to say yes, no or maybe.

18                   Do you believe homosexuality is a mental  
19 illness?

20          **A       I do not.**

21          Q       Do you believe it's a mental disorder?

1           **A       No.**

2           **Q       Is it normal?**

3           **A       That would depend on who you're asking.**

4           MR. MIHET: Form.

5           **Q       I'm asking you. Do you consider it to be**  
6 **normal?**

7           MR. MIHET: Form.

8           **A       Statistically speaking, no.**

9           **Q       And what does that mean?**

10          **A       It means that, roughly, 2 to 3 percent of the**  
11 **population identifies LGBT, lesbian, gay, bisexual,**  
12 **transgender, and in that sense it would not be normal.**

13          **Q       Do you consider it to be a maladaptive**  
14 **condition?**

15          **A       I do.**

16          MR. MIHET: Form.

17          **A       I do.**

18          **Q       And what does that mean?**

19          **A       Let me make sure I phrase this correctly.**

20                   **I believe that there are some issues that**  
21 **individuals experience that would not necessarily be**

1       **considered mental illness or disorder, but would also**  
2       **be -- but may be considered a deviation from, I guess**  
3       **you would say, the norm and to me homosexuality would be**  
4       **one of those.**

5           Q       So, there's something abnormal about  
6       homosexuality?

7           MR. MIHET:   Form.

8           **A       Statistically speaking, yes.**

9           Q       So, is it your view that because it's a  
10       maladaptive condition or abnormal, that it needs  
11       treatment?

12          MR. MIHET:   Form, mischaracterizes testimony.

13          **A       I -- could you restate the question.**

14          Q       You told me that you consider homosexuality  
15       to be a maladaptive condition, correct?

16               And you said, statistically, that means that  
17       it's not normal, that it's abnormal.  So, does it need  
18       treatment?

19          MR. MIHET:   Form, mischaracterizes testimony.

20          **A       I'll answer the question.**

21               **I don't treat homosexuality.**

1 Q What do you treat?

2 A I treat the underlying potential causes as to  
3 why someone might experience same sex attractions or  
4 gender identity, gender dysphoria.

5 Q And what are those underlying causes, in your  
6 view?

7 MR. MIHET: Form.

8 A They vary from client to client.

9 Q So, there's no generalization that you can  
10 provide about underlying causes?

11 MR. MIHET: Form, vague, ambiguous.

12 A There certainly are similarities with many  
13 clients that have some underlying causes, but I wouldn't  
14 generalize, necessarily, that every client experiences  
15 these attractions for one specific reason. There's  
16 always a potential many causes.

17 Q Well, you've been practicing as a Licensed  
18 Professional Counselor, clinical professional counselor  
19 for eight years, correct?

20 A Roughly, yeah.

21 Q And over those eight years, you've treated

1 many clients --

2 **A Yes.**

3 Q -- and in those clients, identified what you  
4 considered to be underlying causes for their  
5 homosexuality?

6 MR. MIHET: Form.

7 **A Have I identified?**

8 Q Yes.

9 **A I could generalize it to saying that it's, I  
10 believe it's trauma, various forms of trauma.**

11 Q And what kinds of trauma do you believe  
12 causes at least some people to be homosexual?

13 **A Attachment trauma, emotional trauma,  
14 psychological trauma, physical trauma, sexual trauma,  
15 relational trauma.**

16 Q Attachment, physical --

17 **A Emotional.**

18 Q -- emotional, relational, I think you said?

19 **A Sexual, relational.**

20 Q Did I miss any?

21 **A There may have been one more, I can't**

1 **remember. I think I said five or six.**

2 Q What's attachment trauma?

3 A Well, let me first state that just because  
4 someone has attachment trauma wouldn't necessarily mean  
5 that they would develop homosexual feelings.

6 Q Okay, I understand that.

7 A Okay.

8 Q But I'm asking you what attachment trauma is.

9 A So, in my clinical opinion, the child that  
10 doesn't have sufficient attachment with one or more  
11 parents or caregivers from an early age, we're talking  
12 infancy to childhood, even into adolescence, can  
13 experience trauma from that lack of healthy attachment  
14 or secure attachment and that has implications for  
15 sexual development.

16 Q Does it matter which parent a particular  
17 individual lacks a healthy or secure attachment to?

18 MR. MIHET: Form.

19 A It varies, actually.

20 Q Do you want to explain that, please.

21 A For some clients it would be the same sex,

1 for other clients it might be the opposite sex, for other  
2 clients it might be both. There's no way for me to know  
3 until I do assessment.

4 Q Do you understand that under Maryland law, a  
5 minor lacks capacity to consent to treatment if that  
6 minor is under the age of 16?

7 A I do.

8 MR. MIHET: Objection, form, calls for a  
9 legal conclusion.

10 A I am aware of that.

11 Q And are you also aware that a 16 or 17 year  
12 old minor can't refuse treatment to which his or her  
13 parent or guardian consents?

14 MR. MIHET: Form, calls for a legal  
15 conclusion.

16 A Yes, I am aware.

17 Q In your interrogatory answers, I think --  
18 let's see -- on page four, the last sentence of answer  
19 to interrogatory number four, "I never tolerate any  
20 coercion or manipulation of a minor in the therapeutic  
21 process." Do you see that?

1           **A       I do.**

2           Q       And that is your practice, not to tolerate  
3 coercion or manipulation of a minor in the therapeutic  
4 process?

5           **A       That's correct.**

6           Q       So, how do you determine whether a minor is  
7 participating in therapy with you because the minor  
8 wants to be there or because the minor's parents want  
9 the minor to be there?

10                   MR. MIHET: Form.

11           **A       In most cases, I would interview the minor**  
12 **separately and the parents separately, sometimes for**  
13 **multiple sessions.**

14           Q       How do you respond if you find, in the course  
15 of your therapy, that the minor really doesn't want to  
16 be there?

17           **A       Well, there's a variety of ways that could**  
18 **occur, but in a general sense, I'll tell the minor that,**  
19 **"If you really don't want to be here, then you don't**  
20 **have to be here and I really don't want to keep you**  
21 **here," in therapy.**

1 Q Has that ever happened --

2 A Yes.

3 Q -- in your practice?

4 A Yes.

5 Q And what have you done if the minor no longer  
6 wants to be in therapy?

7 A I inform the parents and I provide an  
8 appropriate referral.

9 Q Now, Chapter 685 or Senate Bill 1028 are both  
10 the same thing, you would agree, correct?

11 MR. MIHET: Form, calls for a legal  
12 conclusion.

13 A I don't know.

14 Q Well, then, let's --

15 A I'd have to compare them.

16 (Senate Bill 1028 was marked Exhibit 7 for  
17 identification.)

18 Q I'll show you what's been marked as exhibit 7  
19 for purposes of this deposition. It's also, as you can  
20 see on the bottom right, it says Exhibit A, and across  
21 the top it says Document 1-1. Do you see that?

1           **A       I'm sorry, I don't know where you're**  
2 **pointing.**

3           Q       Across the top, very top, it says, "Case 1  
4 colon -- "

5           **A       Yes, I see that.**

6           Q       " -- 19-cv-00190-OKC Document 1-1." Do you  
7 see that?

8           **A       Yes, I do.**

9           Q       This was Exhibit A to your complaint. So,  
10 this is, you see it says 685?

11          **A       I do.**

12          Q       "Chapter 685," and then in parens, "Senate  
13 Bill 1028." Do you see that?

14          **A       I do.**

15          Q       This, Chapter 685, only addresses counseling  
16 with minors, correct?

17          **A       To my knowledge, yes.**

18          Q       If you go to page five, and look towards the  
19 bottom of the page, B, in parens, do you see that?

20          **A       I do.**

21          Q       "A mental health or child care practitioner

1 may not engage in conversion therapy with an individual  
2 who is a minor." Do you see that?

3 **A I do.**

4 Q And if you want to take a minute to read page  
5 five and the top of page six, why don't you do that.  
6 Just look at it, read it to yourself.

7 **A Okay.**

8 Q There's nothing in that part that you just  
9 read that applies to the provision of conversion therapy  
10 to an individual who is not a minor, is that correct?

11 MR. MIHET: Form, calls for a legal  
12 conclusion, the law speaks for itself.

13 **A The statute applies to clients under the age**  
14 **of 18.**

15 Q Thank you.

16 Would you agree, Mr. Doyle, that the State of  
17 Maryland has a legitimate interest in protecting minors  
18 from various kinds of harm?

19 MR. MIHET: Form, calls for a legal  
20 conclusion and misstates the law.

21 Q Could you please tell me whether in your

1 understanding, I'm not asking for a legal conclusion,  
2 I'm asking whether you understand that the state has an  
3 interest in protecting minors from harm. Do you have  
4 that understanding?

5 MR. MIHET: Same objection, also vague and  
6 ambiguous.

7 A I believe the state, under their  
8 jurisdiction, has a legal obligation to try to protect  
9 minors from harm, in various contexts.

10 Q Well, tell me what you consider those  
11 contexts to be.

12 A Sure. We want to protect, Maryland wants to  
13 protect their minor children from abuse, neglect, from  
14 unlawful sexual activity or behaviors, from alcohol use,  
15 from substance use, various forms of -- types of harm,  
16 harmful activities.

17 Q In addition to those areas that you listed,  
18 child abuse and neglect, alcohol, substance use, folks  
19 under the age of 18 are, generally, prohibited from  
20 purchasing tobacco, is that correct? Is that your  
21 understanding?

1 MR. MIHET: Objection, calls for a legal  
2 conclusion.

3 A To my understanding, I believe it's under 18,  
4 although some, I think, some states are moving that to  
5 increasing it.

6 Q And that may be going on as we speak in the  
7 State of Maryland, I don't know.

8 A I'll try to answer that question accurately.  
9 We're in the legislative season.

10 Q Really.

11 We distinguish between adults and children or  
12 adolescents in terms of ability to purchase tobacco. Is  
13 that your understanding?

14 MR. MIHET: Form.

15 A Sure.

16 Q We, actually Congress, attempts to protect  
17 children, minors, from indecency, exposure to indecent  
18 programming and speech. Is that your understanding?

19 MR. MIHET: Form, calls for a legal  
20 conclusion, speculation, foundation.

21 A I don't know what programming and speech

1 **means in that context.**

2 Q You're aware that there is something called  
3 the Federal Communications Commission?

4 A Okay. So, you're referring to, you know, for  
5 example, children not being able to attend certain films  
6 and movies that are -- have different ratings?

7 Q I wasn't referring to that.

8 A Okay. That's my understanding of what you  
9 were saying.

10 Q So, you're familiar with the FCC?

11 A I am, yeah.

12 Q And that the FCC regulates what can be on the  
13 radio and broadcast TV?

14 A Yes.

15 MR. MIHET: Form, foundation, calls for a  
16 legal conclusion, relevance.

17 Q And that's another way in which we attempt to  
18 protect minors from exposure to indecent material, is  
19 that your understanding?

20 MR. MIHET: Same objections.

21 A If that's the way that Maryland does it,

1 **sure.**

2 Q Actually, that's Federal law.

3 And there are child labor laws, correct?

4 MR. MIHET: Same objections.

5 **A To my knowledge, yes.**

6 Q Yes, okay.

7 All ways in which a legislature has decided  
8 to try and protect children, is that your understanding?

9 MR. MIHET: Same objections.

10 **A Yes.**

11 Q Do you have any problems with those types of  
12 laws trying to protect minors?

13 MR. MIHET: Form, vague, ambiguous, calls for  
14 a legal conclusion.

15 **A I'm not aware of every single foundation**  
16 **under which Federal or the state tries to protect minors**  
17 **from harm, so I don't know if I could answer that**  
18 **adequately.**

19 Q So, of the types of harm that you identified  
20 and that we've discussing --

21 **A And those --**

1 Q Let me finish, please.

2 Of the types of harm that you identified and  
3 that we have been discussing in the last few questions,  
4 do you have any objection to any of those types of  
5 efforts to protect minors from harm?

6 MR. MIHET: Form, vague, ambiguous, calls for  
7 a legal conclusion, lacks foundation.

8 A Outside of ratings of movies, I don't have a  
9 problem with any other types of harm that are  
10 prohibited, or whatever the question was. Sorry. I  
11 think you have my answer. I think the rating system for  
12 movies is fairly arbitrary.

13 Q There's probably a lot of people who agree  
14 with you there.

15 Now, did you testify at the hearings last  
16 year in the Maryland General Assembly against House Bill  
17 902 or Senate Bill 1028?

18 MR. MIHET: Vague.

19 A I'll answer the question. I submitted  
20 written testimony, I did not testify in-person.

21 Q Is there any reason that you didn't travel to

1 Annapolis to testify in-person?

2 **A There is a reason.**

3 Q And what's that?

4 **A I knew the bill would pass.**

5 Q And why did you think the bill would pass?

6 **A Because I'm an expert on this issue and I**  
7 **know exactly what bills will pass and why. I've been**  
8 **following them for eight years.**

9 Q But you took the time to submit written  
10 testimony, correct?

11 **A I did. That didn't cost me any money.**

12 (Exhibit 4-33, Exhibit 4-35 and Exhibit 4-58  
13 were marked Exhibits 8, 9 and 10, respectively, for  
14 identification.)

15 Q Can you tell me, by looking at the number at  
16 the bottom, which is which exhibit. So, which is  
17 exhibit 8?

18 **A Exhibit 8 is 4-33.**

19 Q And what is 4-35?

20 **A Exhibit 9.**

21 Q And then 4-58 is exhibit 10?

1           **A           That's right.**

2           Q           So, exhibit 8 is an e-mail sent to a number  
3 of delegates, Shane Pendergrass and a number of other  
4 delegates, Maryland delegates, is that correct?

5           **A           That's what it looks like.**

6           Q           You sent this e-mail, didn't you?

7           **A           I did not.**

8           Q           You did not. Who did?

9                   MR. MIHET: Objection, calls for speculation,  
10 lacks foundation.

11          Q           If you know, of course, who sent it?

12                   MR. MIHET: Also lacks authentication.

13          **A           It's one of two people, yeah. It's either**  
14 **Robin Goodspeed or Daren Mehl.**

15          Q           Who is Robin Goodspeed?

16          **A           She's listed under number eight. She's an**  
17 **advocate for former homosexuals and for therapy to help**  
18 **those who have these conflicts.**

19          Q           And who is the other person?

20          **A           Daren Mehl.**

21          Q           And could you spell that.

1           **A       M-E-H-L.**

2           Q       And who is he?

3           **A       The same. They both are on my board of**  
4 **directors for Voice of the Voiceless, a 501(c)(3)**  
5 **nonprofit organization.**

6           Q       This e-mail --

7           **A       I'm sorry. Advisory board, not board of**  
8 **directors.**

9           Q       This e-mail says that it's from the National  
10 Task Force For Therapy Equality. Do you have any  
11 relationship to that task force?

12          **A       I do. I cofounded it.**

13          Q       And do you continue to have a relationship  
14 with it?

15          **A       Yes.**

16          Q       And what is your role with it?

17          **A       I'm the cofounder.**

18          Q       And did you play any role in the decision to  
19 submit this e-mail with attached testimonies to Delegate  
20 Pendergrass?

21          **A       I did not.**

1 Q Let's look at exhibit 9. This also is from  
2 the National Task Force For Therapy Equality, correct?

3 MR. MIHET: Objection, foundation, form.

4 A **That's what it looks like.**

5 Q Did you have anything to do with this e-mail  
6 being sent to Delegate Pendergrass, et al?

7 A **No.**

8 Q Let's look at exhibit 10. Is this an e-mail  
9 that you sent?

10 A **It is.**

11 Q And what is Equality and Justice For All?

12 A **It's a 501(c)(4) nonprofit organization that**  
13 **advocates for individuals who are -- have unwanted same**  
14 **sex attractions and gender identity confusion and is**  
15 **more political in nature.**

16 Q And what is your connection to that  
17 organization?

18 A **At one time I was a paid consultant for them**  
19 **and I did educational activities.**

20 Q Do you have any continued connection with  
21 that organization?

1           **A       I do.**

2                   MR. MIHET: Form.

3           **A       I do, but it's a volunteer basis.**

4           Q       Were you involved in the creation of Equality  
5 and Justice For All?

6           **A       No, I was not.**

7           Q       Do you know who was?

8           **A       I can't tell you for sure, no. I mean, I**  
9 **know members of the board.**

10          Q       And you said the Equality and Justice For All  
11 still exists?

12          **A       Yes, to my knowledge.**

13          Q       Have you done anything with them recently --

14          **A       Can you be more specific?**

15          Q       -- in the last year, other than send this  
16 e-mail?

17                   MR. MIHET: Form.

18          **A       In a general sense, any political activities**  
19 **that I do, that are related to advocacy or politics, I**  
20 **do it from Equality and Justice For All. I try to**  
21 **separate my therapy role from political and advocacy.**

1 Q Would it surprise you to learn that on the  
2 website for Equality and Justice For All there's nothing  
3 more recent than 2016?

4 MR. MIHET: Form, foundation, assumes facts  
5 not in evidence.

6 A I don't know if I would characterize it as  
7 being surprised.

8 Q How would you characterize it?

9 MR. MIHET: Same objection.

10 A I don't know.

11 (Homepage for the website Equality and  
12 Justice For All was marked Exhibit 11 for  
13 identification.)

14 Q I'm showing you what's been marked as exhibit  
15 11. You can see the date 3/25/2019 in the lower  
16 right-hand corner, the date that it was printed.

17 A Okay.

18 Q It's the homepage for the website Equality  
19 and Justice For All. Do you see anything more recent  
20 than 2016 on there?

21 MR. MIHET: Form, foundation, lacks

1 authentication, calls for speculation.

2 **A No.**

3 Q So, there's no date that's written on this  
4 page that you can see that's later than 2016, is that  
5 correct?

6 **A Outside of the time that you printed it, no.**

7 Q Thank you.

8 So, let's go back to exhibit 10. You sent  
9 this e-mail, correct?

10 **A I did, yeah.**

11 Q Was this the testimony, the written  
12 testimony, to which you referred when you said that you  
13 provided written testimony to the committees considering  
14 what became Chapter 685?

15 MR. MIHET: Form.

16 **A Yes.**

17 Q Did you provide any other written testimony?

18 **A Not to my knowledge.**

19 Q Exhibit 10, in the middle of the page, refers  
20 to a letter and report to the Federal Trade Commission.  
21 Do you see that?

1           **A       I do.**

2           **Q       And was that a letter and report to the FTC**  
3           **that you were involved in preparing?**

4                   **MR. MIHET:   Form.**

5           **A       Yes, I was involved in it.**

6           **Q       Can you tell me what the report was about,**  
7           **please.**

8           **A       Well, it's quite long.  There are,**  
9           **essentially, three sections.  The first section is,**  
10          **describes some of the fraudulent activity of certain**  
11          **witnesses sponsored by certain organizations that are**  
12          **pushing these bans on therapy and the report provides**  
13          **evidence that those witnesses are providing fraudulent**  
14          **testimony, the second section describes etiology and**  
15          **development of homosexuality and gender identity**  
16          **confusion or dysphoria, and the third section provides**  
17          **scientific evidence on sexual fluidity and research that**  
18          **suggests that attractions in gender identity is**  
19          **malleable and can change over time with and without**  
20          **therapy.**

21          **Q       I'm sorry, did you say can change without**

1 therapy?

2 **A With or without therapy.**

3 Q Thank you.

4 So that according to this e-mail, exhibit  
5 number 10, that was submitted to the FTC on May 2, 2017,  
6 is that correct?

7 **A Yes.**

8 Q What, if anything, have you heard about that  
9 complaint since you submitted it to the FTC?

10 MR. MIHET: Form, foundation, assumes facts  
11 not in evidence.

12 **A Could you clarify that?**

13 Q What don't you understand?

14 **A Have I heard from whom?**

15 Q I said, what, if anything, have you heard  
16 about the complaint since you submitted it to the  
17 Federal Trade Commission?

18 MR. MIHET: Same objections.

19 **A The report's been written on and documented**  
20 **in the media.**

21 Q Have you heard anything at all from the FTC?

1           **A       I have not.**

2           Q       Have you attempted to follow up with the FTC  
3 to find out what the status of your complaint is?

4                   MR. MIHET: Form, mischaracterizes the  
5 testimony.

6           **A       Someone from the organization did, I did not.**

7           Q       Who did?

8           **A       I don't recall.**

9           Q       Did that person who attempted to follow up  
10 find out anything from the Federal Trade Commission?

11          **A       To my knowledge, no.**

12                   MR. MIHET: Could you, when appropriate, I  
13 could use a comfort break myself.

14                   MS. ELLIS: Can we do the last exhibit here?

15                   MR. MIHET: Sure.

16                   MS. ELLIS: The last one in this group.

17                           (Attachment to exhibit 10 was marked Exhibit  
18 12 for identification.)

19          Q       I'm showing you what's been marked as exhibit  
20 12, which at the bottom of the page says Exhibit 4-60  
21 and 4-61, also MD 0061 and 62. Do you see that?

1           **A       Yes.**

2           **Q       Do you recognize this document?**

3           **A       Yeah.**

4           **Q       Did you write this document?**

5           **A       I did.**

6           **Q       And was it attached to your written**  
7 **testimony, exhibit 10, to the committee?**

8           **A       That was the e-mail and this was the**  
9 **attachment.**

10          **Q       So --**

11          **A       Exhibit 10 was the e-mail, exhibit 12 was the**  
12 **attachment.**

13          **Q       Thank you.**

14          **A       Yup.**

15                   MS. ELLIS: If you want to take a break,  
16 that's fine.

17                   MR. MIHET: Thank you.

18                   (Recess.)

19          **Q       Could you get your copy of exhibit 4, please,**  
20 **the complaint.**

21                   You need to get Chapter 685, which is exhibit

1 7, as well.

2 If you could open exhibit 7 to page five,  
3 Chapter 685, exhibit 7, prohibits a mental health or a  
4 child care practitioner from engaging in conversion  
5 therapy with minors, correct?

6 MR. MIHET: Form, foundation, calls for a  
7 legal conclusion, the document speaks for itself.

8 Q Mr. Doyle?

9 A Yeah.

10 Q Is that correct?

11 A Yes.

12 Q Thank you.

13 And according to you, you do not engage in  
14 conversion therapy, correct?

15 MR. MIHET: Form.

16 A That's correct.

17 Q So, in what way, then, do you contend that  
18 Chapter 685 infringes on your First Amendment rights?

19 A The reason why this infringes on my First  
20 Amendment rights is that the term conversion therapy is  
21 overly broad and ill-defined, and while I do not contend

1 that I perform conversion therapy, the certain way that  
2 it's being defined here would affect my practice and  
3 some of the things I say to my clients and some of the  
4 things my clients say to me and possibly their goals as  
5 well and the way that I interpret certain clinical  
6 issues and nonclinical issues with the client.

7 Q So, in what way does the definition of  
8 conversion therapy affect your practice?

9 MR. MIHET: Form, asked and answered.

10 Q Go ahead.

11 A I'll let my previous answer be stated for  
12 itself.

13 Q And what previous answer was that?

14 A What I just said.

15 Q So, do you engage in practices or treatments  
16 that seek to change an individual's sexual orientation  
17 or gender identity?

18 MR. MIHET: Form, foundation, calls for a  
19 legal conclusion.

20 A There are certain therapeutic practices and  
21 techniques that I perform with the client that are also

1 **standard psychological practices that may have an effect**  
2 **on a client's sexual identity, gender identity,**  
3 **attractions, behaviors, etcetera.**

4 Q And do you engage in those practices for the  
5 purpose of seeking to change an individual's sexual  
6 orientation?

7 MR. MIHET: The same objections.

8 A **If that's the client's desire and they're**  
9 **open to that, then it would be considered, yes.**

10 Q I think you described your practice as sexual  
11 orientation affirming?

12 A **Sexual and gender identity affirming therapy.**

13 Q So, wouldn't that therapy come within the  
14 exception in (A) (2) (III), "Provides acceptance, support  
15 and understanding, or the facilitation of coping, social  
16 support, and identity exploration and development"?

17 A **No.**

18 Q No? Why not?

19 A **Because a client's sexual or gender identity**  
20 **may not be the same as their attractions, behaviors,**  
21 **etcetera. Identity speaks as to how someone identifies**

1 **himself, and attractions and behaviors are experiences**  
2 **of the client.**

3 Q So, tell me, then, what you mean by sexual  
4 identity affirming therapy. And was it sexual  
5 orientation --

6 A **Sexual and gender identity affirming therapy.**

7 Q So, tell me what you mean by that, then.

8 MR. MIHET: Objection, asked and answered.

9 A **I'll answer it.**

10 **The client is entitled to identify him or**  
11 **herself as he or she wishes. Whether that corresponds**  
12 **to their behaviors, attractions or feelings is a**  
13 **different experience. So, I affirm their identity as**  
14 **they state and I work with them to resolve issues that**  
15 **may be getting in the way of that identity, which may**  
16 **include behaviors, attractions and feelings.**

17 Q When you say to resolve issues that get in  
18 the way of that identity, what do you mean? Can you  
19 explain that?

20 MR. MIHET: Form.

21 A **Resolving would be applying and speaking, in**

1     **therapy, certain types of therapy, such as cognitive**  
2     **behavioral therapy or psychodynamic therapy, all which**  
3     **involve speech, to help them, to help them understand**  
4     **and resolve certain unwanted attractions and behaviors**  
5     **or feelings.**

6           Q       Do any of your clients have unwanted  
7     heterosexual attractions?

8           A       **Yes.**

9           Q       And you attempt to resolve those?

10          A       **I do. Would you like an example?**

11                   MR. MIHET: She didn't ask you.

12          Q       Absolutely, I'd love to have an example.

13          A       **Pedophilia.**

14          Q       Do you believe that pedophilia can be  
15     resolved?

16          A       **I do.**

17          Q       You do?

18          A       **I do.**

19          Q       Okay.

20                   Is there any evidence that efforts to change  
21     a minor's sexual orientation are efficacious?

1 MR. MIHET: Form, foundation.

2 A The answer is, no, because there's been no  
3 research done on minors who have sought that.

4 Q Is there any evidence that such therapy may  
5 be harmful?

6 A The answer is, no, because there's not been  
7 sufficient research that's actually looked at the  
8 outcomes of clients that are minors that are engaged in  
9 this type of therapy.

10 Q Is there anecdotal evidence that conversion  
11 therapy may be harmful to minors?

12 MR. MIHET: Form, vague, ambiguous.

13 A It's such an overly broad and ill-defined  
14 term.

15 Q Which is? What is?

16 A Conversion therapy. Lots of problems with  
17 that term and definitions.

18 Q Is there any anecdotal evidence that efforts  
19 to practices or treatments to change an individual's  
20 sexual orientation or gender identity may cause harm?

21 MR. MIHET: Form, vague, ambiguous, compound.

1           **A           I'm trying to answer the question. There is**  
2           **anecdotal evidence for both, benefit and harm.**

3           Q           And if there is anecdotal evidence of both  
4           harm and benefit to minors, does the Legislature have  
5           the right to select one over the other, to believe harm  
6           rather than benefit?

7                   MR. MIHET: Objection, form, speculation,  
8           calls for a legal conclusion.

9           **A           I'm not a legislator.**

10          Q           I understand you're not a legislator. What  
11          do you think?

12                   MR. MIHET: Same objection.

13          **A           I don't think the Legislature is in the**  
14          **position of making that conclusion and determination.**

15          Q           Why not?

16          **A           Because I think --**

17                   MR. MIHET: Same objection.

18          **A           Because I think this issue is highly**  
19          **politicized and they've taken a mental health and**  
20          **emotional issue and politicized it to a point where the**  
21          **facts no longer matter.**

1 Q Because you disagree with the actions that  
2 the Legislature has taken?

3 MR. MIHET: Same objection.

4 A I disagree with the actions of trying to  
5 fight a sexual culture war in a mental health field,  
6 which is what I believe is happening.

7 Q But you also disagree with the Legislature's  
8 actions in prohibiting certain treatments for minors,  
9 correct?

10 MR. MIHET: Objection, form.

11 A Can you be more specific?

12 Q Well, you object to the prohibition in  
13 Chapter 865 on a mental health practitioner engaging in  
14 conversion therapy with an individual who's a minor,  
15 correct?

16 A I object to it because I believe the term is  
17 overly broad and ill-defined.

18 Q I understand that --

19 A In that sense, yes.

20 Q -- but you object?

21 A Correct.

1 Q And you object to the Legislature having made  
2 that decision to ban that practice with a minor,  
3 correct?

4 A I don't believe the Legislature should be  
5 involved in that.

6 Q You don't believe the Legislature has the  
7 right to define what treatment, what types of treatments  
8 should be available to minors and what should not?

9 MR. MIHET: Form, foundation, calls for a  
10 legal conclusion.

11 A I have opinions.

12 Q What's your opinion? What's your opinion?

13 MR. MIHET: Same objections.

14 A I believe that highly politicized mental  
15 health and emotional issues such as this should not be  
16 legislated by the Legislature. I think they're better  
17 done in a state licensing or regulation board, with  
18 people that are objective.

19 Q Well, and that's what Chapter 685 does, isn't  
20 it? It defines the practice of conversion therapy on a  
21 minor as unprofessional practice under various practice

1 acts, correct?

2 MR. MIHET: Objection, form, calls for a  
3 legal conclusion, the law speaks for itself.

4 **A Sure, yes.**

5 Q That's because it says, in part C, "A mental  
6 health or child care practitioner who engage in  
7 conversion therapy with an individual who is a minor  
8 shall be considered to have engaged in unprofessional  
9 conduct," is that correct?

10 MR. MIHET: Same objections.

11 **A That's what it says.**

12 Q "And it shall be subject to discipline by the  
13 mental health or child care practitioner's licensing or  
14 certifying board," is that correct?

15 MR. MIHET: Same objections.

16 **A That's what it says.**

17 Q So, in effect, Chapter 685 does what you  
18 think it ought to do, it leaves it to the licensing  
19 board for professional counselors, for instance, to  
20 determine whether there's been unprofessional conduct,  
21 correct?

1 MR. MIHET: Form, mischaracterizes the  
2 statute and mischaracterizes the prior testimony.

3 A If I can comment on that, what I'll say is  
4 that because of the overly broad and ill-defined nature  
5 of what is called conversion therapy, it's very  
6 difficult to know if a counselor has actually violated  
7 the statute and whether they would be guilty of this  
8 law.

9 Q Without the statute, do you, in your view, in  
10 your understanding of the regulation of professional  
11 counseling, would the board of professional counselors  
12 have the ability to discipline a professional counselor  
13 who engaged in conversion therapy?

14 MR. MIHET: Form, vague and ambiguous,  
15 foundation, calls for a legal conclusion, calls for  
16 speculation, incomplete hypothetical.

17 Q You can go ahead and answer. Would you like  
18 the court reporter to read the question back to you?

19 A Yeah, please.

20 (The last question was read.)

21 MR. MIHET: The same objections.

1           **A**           Without the statute, I don't believe the  
2 board would be able to engage in disciplinary action for  
3 someone that engaged in something that would be  
4 considered conversion therapy in this.

5           **Q**           Have you agreed to pay attorney's fees for  
6 your client for your lawyer's representation in this  
7 lawsuit?

8                       MR. MIHET: Objection, form, foundation and  
9 irrelevant.

10                      Go ahead.

11           **A**           **No.**

12           **Q**           But your lawsuit is seeking reimbursement of  
13 attorney's fees, correct?

14                      MR. MIHET: Objection, form, foundation,  
15 misstates the complaint in this case and calls for a  
16 legal conclusion.

17           **A**           In the document, at the end, it does ask for  
18 The Court to pay reasonable costs and expenses of the  
19 action, including attorney's fees, according to the  
20 statute listed here.

21                      MR. MIHET: For the record, Mr. Doyle was

1 reading from page 45 of the complaint, which has been  
2 marked as exhibit 4 in this deposition.

3 MS. ELLIS: Thank you, Mr. Mihet.

4 Q As I recall, you agreed that there was  
5 anecdotal evidence of harm as well as benefits to  
6 counseling seeking to change a minor's sexual  
7 orientation or identity. Do I recall correctly?

8 A You do.

9 Q Are you familiar with the precept first do no  
10 harm?

11 A Of course.

12 Q And do you agree that that precept applies to  
13 professional counselors?

14 A Absolutely.

15 Q If same sex attractions for adolescents  
16 frequently changed, and I think you used the word fluid  
17 before, why do you need therapy to address the issues  
18 related to same sex attractions?

19 MR. MIHET: Form.

20 A I don't know what the definition of frequent  
21 is in this sense. I think that that would be up to the

1 **research that you look at, up to the population that**  
2 **you're treating.**

3 Q I just used your language that same sex  
4 attractions are fluid. Why does one need therapy to  
5 address them?

6 MR. MIHET: Form.

7 A I think that would be best answered by the  
8 client.

9 Q You don't have any view about that?

10 MR. MIHET: Form.

11 A I'm open to a client's goal of experiencing  
12 fluidity or possible change in their attractions.

13 Q If you could turn to page 13 of the  
14 complaint, which is exhibit 4. Paragraph 53, SB 1028,  
15 which is Exhibit A to the complaint, and exhibit 7 -- is  
16 that --

17 MR. MIHET: Yes.

18 MS. ELLIS: Yes. Sorry.

19 MR. MIHET: To the deposition.

20 Q -- to the deposition, paragraph 53 states  
21 that, "SB 1028 falsely asserts that the statute is

1 necessary to protect minors from the purported harms of  
2 counseling to eliminate, reduce or resolve unwanted same  
3 sex attractions, behaviors or identity," correct?

4 **A Correct.**

5 Q And if you read through paragraphs 54 through  
6 61, take a minute to read them to yourself and then I'll  
7 ask you about them.

8 **A Okay.**

9 Q And in your view, do the legal and ethical  
10 obligations imposed by Title 17 of the Health  
11 Occupations Article and Title 10, Subtitle 58, of the  
12 Maryland Code of Regulations adequately protect minors  
13 from any harm that might result from counseling to  
14 eliminate, reduce or resolve unwanted same sex  
15 attraction?

16 MR. MIHET: Form, vague, ambiguous and calls  
17 for a legal conclusion.

18 **A I can't determine whether this would**  
19 **adequately protect a minor. I think that it does offer**  
20 **protection.**

21 Q So, something more than the practice act and

1 the regulations governing the conduct of your profession  
2 may be required, do I understand that correctly?

3 MR. MIHET: Form, calls for a legal  
4 conclusion, misstates the testimony.

5 A If -- well, if what I believe that you're  
6 asking is that does the statute adequately protect  
7 clients from potential harm, is that what you're saying?

8 MR. MIHET: Which statute?

9 A The Maryland -- yeah.

10 Q Your complaint, in paragraph 54, says that  
11 you're already subject to obligations imposed by Title  
12 17 of the Health Occupations Article --

13 A Right.

14 Q -- and I believe we established earlier that  
15 that is the title that governs professional counselors  
16 and therapists?

17 A Correct.

18 Q And Title 10, Subtitle 58, of the Code of  
19 Maryland Regulations, we haven't discussed before, but  
20 those are the regulations that govern your practice as a  
21 professional counselor, is that your understanding?

1           **A       Yes.**

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

4           **A       That's my understanding.**

5           Q       And you then go on to talk about all of those  
6 requirements --

7           **A       Right.**

8           Q       -- or several of those requirements in  
9 paragraphs 55 through 60, is that correct?

10                   MR. MIHET: Objection, form, foundation,  
11 calls for a legal conclusion, mischaracterizes the  
12 nature of the document.

13           Q       Is that what the complaint says?

14           **A       The complaint essentially says that the State**  
15 **of Maryland already protects against minors who may be**  
16 **in potential harm from licensed counselors, there's a**  
17 **regulation already intact before this law.**

18                   MR. MIHET: I'm sorry. For the record, when  
19 he said this law, the witness pointed to exhibit 7 to  
20 the deposition, which is Chapter 685, SB 1028.

21                   MS. ELLIS: Thank you, Mr. Mihet.

1 Q And I believe that when we started this  
2 conversation, you said you weren't sure whether the  
3 practice act, Title 17 of the Health Occupations  
4 Article, and Title 10, Subtitle 58, of the Code of  
5 Maryland Regulations, provided adequate protection to  
6 minors, is that correct?

7 MR. MIHET: Form, asked and answered.

8 A I believe that the Maryland Code of Ethics  
9 before SB 1028 was passed, I believe the Maryland Code  
10 of Ethics provided adequate protection.

11 Q And what code of ethics are you talking  
12 about?

13 A For state licensed professional counselors.

14 Q Okay.

15 A Or licensed LCPC.

16 Q Are you talking about the Code of Ethics that  
17 is in the Code of Maryland Regulations?

18 A This is just definitions. There's an  
19 additional form of ethics codes that we have to abide by  
20 that I don't have in front of me.

21 Q It's that code of ethics that you don't have

1 in front of you --

2 **A I do not.**

3 Q -- you think it's that code of ethics that  
4 provides adequate protection?

5 **A Correct.**

6 Q If you could look at paragraphs 61 through  
7 74, just read them to yourself.

8 **A I'm familiar with these.**

9 Q Are those voluntary obligations that a  
10 professional counselor might adopt?

11 MR. MIHET: Objection, form, foundation,  
12 calls for a legal conclusion.

13 **A These are practice guidelines from a  
14 non-licensed trade organization that I belong to, but  
15 they're not ethics code.**

16 Q And they're not binding on licensed  
17 professional counselors in the State of Maryland, is  
18 that your understanding?

19 **A They're nonbinding.**

20 Q And what is the organization that promulgates  
21 these guidelines?

1           **A           The Alliance For Therapeutic Choice and**  
2           **Scientific Integrity, formerly known as NARTH, or the**  
3           **National Association For Research & Therapy of**  
4           **Homosexuality.**

5           Q           And you're a member of that organization?

6           A           **I am.**

7                       MR. MIHET: Form.

8           Q           If you could look at paragraph 76, on page  
9           16, that paragraph says, "Thus, existing legal and  
10          ethical obligations regulating Licensed Clinical  
11          Professional Counselors, both compulsory and voluntary,  
12          demonstrate that Maryland's stated rationales for  
13          adopting SB 1028 are fallacious, pretextual and  
14          unsupported by any governmental interest." Did I read  
15          that correctly?

16          A           **Yes.**

17          Q           And could you please explain that.

18          A           **Well, essentially what it says is that SB**  
19          **1028 is unnecessary, based on the fact that ethics in**  
20          **the State of Maryland already offer sufficient**  
21          **protection for clients that are minors.**

1 Q And that's your opinion, correct?

2 A Yes.

3 MR. MIHET: Counsel, for the record, I'm  
4 noticing that at least my copy of this exhibit appears  
5 to be missing page 17. I'm not sure if the deposition  
6 copy --

7 THE WITNESS: Yeah.

8 MR. MIHET: -- has the same flaw.

9 MS. ELLIS: That appears to be the case. I  
10 don't quite know where it went, but we will fix that  
11 when we take a break for lunch.

12 Is that page 17?

13 MR. MIHET: Yes.

14 Q In paragraph 101, which is on page 21, you  
15 say that you have devoted most of your professional life  
16 to providing counseling to young people and their  
17 parents who are seeking help for unwanted same sex  
18 attractions. Senate Bill 1028 does not affect your  
19 ability to counsel parents, correct?

20 MR. MIHET: Objection. Counsel misread  
21 paragraph 101 and is now grossly mischaracterizing it.

1 Q Does Senate Bill 1028 affect your ability to  
2 provide counseling to parents?

3 A Not that I'm aware of.

4 Q Okay. Thank you.

5 And I believe that you told me that at any  
6 one time you may have three or four minor clients?

7 MR. MIHET: Form.

8 A At any time?

9 Q Yeah.

10 A Possibly more, sometimes it may be less.

11 Q You said 10 to 15 percent?

12 A Yeah. I mean, it varies.

13 Q Right.

14 Will you accept a client, a minor client, who  
15 does not want to change his or her sexual orientation or  
16 same sex attractions even though his or her parents want  
17 the minor to change?

18 MR. MIHET: Form, vague and ambiguous.

19 A Yes.

20 Q And has that actually happened?

21 A Yes.

1 Q And if you look at paragraph 115, on page 24,  
2 the second sentence, "But plaintiff does not begin  
3 counseling with any predetermined goals, other than  
4 those that the clients themselves identified and set,"  
5 is that an accurate description of your practice?

6 A Yes.

7 Q Do you consider your counseling noncoercive?

8 A Yes. Let me amend that.

9 Q Okay.

10 A The only coercion that I do in my counseling  
11 is with parents.

12 Q And in what way do you do coercion with the  
13 parents in your practice?

14 A If a parent, such as the situation they  
15 described, wants their minor to change their sexual  
16 orientation or gender identity and the minor does not, I  
17 will attempt to persuade the parents to not put pressure  
18 on their children and educate them on how better  
19 parenting practices would be and how to avoid harming  
20 their child and I put much more effort into that than  
21 any of the slightest coercion on a minor.

1 Q If you could look at paragraph 118, on page  
2 25, the last sentence says, "Plaintiff has never  
3 publicly stated that he believes homosexuality or same  
4 sex attractions is a mental illness in need of a cure."  
5 Do you see that?

6 A Yes.

7 Q Is that an accurate statement?

8 A Yes.

9 Q Have you ever said that privately?

10 A I don't believe so.

11 Q Do you believe that?

12 MR. MIHET: Objection, form.

13 A Believe what?

14 Q Do you believe that homosexuality or same sex  
15 attractions is a mental illness in need of a cure?

16 MR. MIHET: Asked and answered.

17 A I don't believe it.

18 Q Thank you.

19 In your understanding, I'm not asking for a  
20 legal conclusion, does Senate Bill 1028 prevent you from  
21 communicating with the public about conversion therapy

1 or sexual orientation change efforts?

2 MR. MIHET: Objection. It does call for a  
3 legal conclusion.

4 A Yes.

5 Q And why is that?

6 MR. MIHET: Same objections.

7 A Because under the statute, under number D,  
8 "No state funds may be used for the purpose of  
9 conducting, referring an individual to receive  
10 conversion therapy, help coverage for conversion  
11 therapy, grant or contracting of an entity," etcetera,  
12 the state is taking a position that a broadly,  
13 ill-defined term that may encompass some of the  
14 counseling that I do shall not be in any way a part of  
15 state funding or anything education-wise, which is a  
16 part of my nonprofit, and that has a direct effect on  
17 educational campaigns that I may do and have done in the  
18 past.

19 Q So, do you receive funds from the State of  
20 Maryland, government funds, state funds, at this point  
21 for any of your activities?

1           **A**           **In the past work that I did, I had an**  
2           **educational anti-bullying campaign that was a part of**  
3           **public education in Prince George's County, and because**  
4           **of the hostile political nature in Maryland and members**  
5           **of the government in Maryland, that program was thrown**  
6           **out. I spent hundreds of thousand dollars out of the**  
7           **nonprofit I was working on to develop that program and**  
8           **so this directly would impact any future efforts to do**  
9           **that kind of work.**

10           **Q**           **Because your anti-bullying campaign was**  
11           **somehow conversion therapy?**

12                       **MR. MIHET: Objection, form, misstates the**  
13           **testimony.**

14           **A**           **It discussed therapeutic efforts to help**  
15           **clients resolve unwanted same sex attractions, in the**  
16           **context of bullying.**

17           **Q**           **I'm trying to understand your testimony.**  
18           **Subsection D, on page six of exhibit --**

19           **A**           **7.**

20           **Q**           **-- 7, says, "No state funds may be used for**  
21           **the purpose of" these three items. How does that affect**

1 your ability to speak about conversion therapy?

2 MR. MIHET: It calls for a legal conclusion.

3 A In my opinion, if I wanted to introduce such  
4 a program in the State of Maryland again, as I did in  
5 2013, and I would want a public high school to purchase  
6 materials to help educate the class through these  
7 materials that we invested a lot of money in, the state  
8 would be obligated not to allow that to happen, as well  
9 as there could be an interpretation that a child or a  
10 parent watching this video is just somehow a referral or  
11 somehow a referral mechanism by providing information.

12 And also, I'll also add to this, with the  
13 program's website, listed several referral  
14 organizations, both pro LGBT and also those who were  
15 seeking assistance for unwanted same sex attractions and  
16 gender identity, so this would directly impact that.

17 Q Senate Bill 1028 does not, in your view,  
18 affect your ability to speak to a group about, if  
19 invited, to speak about conversion therapy, does it?

20 MR. MIHET: Form, vague and ambiguous, calls  
21 for a legal conclusion, lacks foundation.

1           **A       I don't know.**

2           **Q       You don't know?**

3           **A       No.  It's up to the interpretation of those**  
4 **enforcing the regulations and it's very vague.  In my**  
5 **opinion, it provides a chilling effect to anyone who has**  
6 **a different opinion than the Legislature.**

7           **Q       Are there any other prohibitions in Chapter**  
8 **685?  B says, "A mental health or child care**  
9 **practitioner may not engage in conversion therapy with**  
10 **an individual who is a minor," correct?**

11                   **MR. MIHET:  Objection.**

12           **A       What page are we on?**

13           **Q       Page five.**

14           **A       Okay.  B says, "A mental health -- " okay.**

15           **Q       And D says, "No state funds shall be used"**  
16 **for various purposes, correct?**

17           **A       Those two are correct, yes.**

18           **Q       Based on your reading of 685, Chapter 685,**  
19 **does it prohibit anything other than engaging in**  
20 **conversion therapy with an individual who's a minor for**  
21 **certain licensed practitioners or state funds being used**

1 for those three purposes?

2 MR. MIHET: Form, vague and ambiguous,  
3 foundation, calls for a legal conclusion, and the law  
4 speaks for itself.

5 A Well, there is a problem with the idea of  
6 health coverage. Under D, subsection (D)(2), that could  
7 possibly affect, could possibly have an effect, although  
8 I can't say for sure.

9 MS. ELLIS: Can you read back the question,  
10 please.

11 A Oh, so you're -- okay.

12 MR. MIHET: Sorry. She asked the reporter to  
13 read back the question, so let's listen to that.

14 THE WITNESS: Okay.

15 (The last question was read.)

16 MR. MIHET: Let me interpose the same  
17 objections that I did to the original question.

18 Go ahead.

19 A Not that I can see here.

20 Q Thank you.

21 MS. ELLIS: I suggest that we take a break

1 for lunch. I probably have another hour or so.

2 MR. MIHET: Are you sure you can't power  
3 through?

4 MS. ELLIS: I get very cranky. I'm sorry, I  
5 really do need to eat.

6 MR. MIHET: That's fine.

7 (Luncheon recess.)

8 Q Mr. Doyle, are you currently engaged in doing  
9 any research?

10 MR. MIHET: Form, vague and ambiguous.

11 **A In what capacity?**

12 Q As a licensed counselor, are you doing any  
13 research related to counseling?

14 MR. MIHET: Same objections.

15 **A Not at this time.**

16 Q Have you in the past engaged in such  
17 research?

18 **A Yes.**

19 MR. MIHET: Same objections.

20 Q Would you please tell me about the subject of  
21 that research.

1           A           Well, I have a couple of articles published  
2           in peer reviewed journals on my therapy, as well as a  
3           critique of the APA task force, task force report, and  
4           at one time I began a research project looking at the  
5           outcomes of youth undergoing therapy around  
6           homosexuality, but that research is currently not really  
7           proceeding.

8           Q           Why not?

9           A           It's mostly a problem of subjects, trying to  
10          find enough subjects that we can sample data and it's  
11          been challenging.

12          Q           Did you start that research with any  
13          hypotheses that you were hoping to test?

14                   MR. MIHET: Form.

15          A           We wanted to determine what kind of outcomes  
16          minors would experience in therapy for conflicts around  
17          sexual and gender identity issues to see if there was  
18          benefit or harm and determine what would that be and try  
19          to figure out -- because there's not really any outcome  
20          research based on clients that have really undergone  
21          types of interventions that might be open to fluidity or

1 **change.**

2 Q And you said we. Were you doing this  
3 research with someone else?

4 A **Yeah, two colleagues.**

5 Q Who is that?

6 A **Dr. Walter Schumm and Dr. James Phelan.**

7 Q And have they also stopped doing research on  
8 that topic?

9 MR. MIHET: Form.

10 A **To my knowledge, they haven't done any more.**

11 Q And so, if I recall correctly, you said that  
12 you were having trouble getting a sample big enough?

13 A **That was one problem.**

14 Q Were there other problems?

15 A **Funding, which would also lead to an issue in  
16 the sample, because in order to be able to get a sample,  
17 you have to have funds to recruit, have more than just  
18 word of mouth.**

19 Q So, how would you characterize the progress  
20 that you made in doing this research?

21 A **Well, the sample, the questionnaires that we**

1 developed were finished. We also included a separate  
2 questionnaire for participant well-being before to  
3 determine whether or not the therapy they had received  
4 actually increased or decreased their well-being, based  
5 on their own levels of what they assessed for themselves  
6 before they take the survey. All of those preliminary,  
7 you know, mechanisms were done, it was more of an issue  
8 of funding and recruitment.

9 Q Were there any institutional review board  
10 issues?

11 A That was also an issue that we hadn't  
12 secured, but it was also due to funding and being able  
13 to actually spend time and resources, which is very  
14 intensive.

15 Walter Schumm, he's a professor at Kansas  
16 State University, was thinking about putting it through  
17 his IRB, but we didn't get that far.

18 Q How did you spell his last name?

19 A S-C-H-U-M-M, I believe.

20 (Ending Conversion Therapy: Supporting and  
21 Affirming LGBTQ Youth was marked Exhibit 13 for

1 identification.)

2 Q I'm handing you what has been marked as  
3 exhibit 13, which is a report dated October 2015 from  
4 the Substance Abuse and Mental Health Services  
5 Administration, called Ending Conversion Therapy:  
6 Supporting and Affirming LGBTQ Youth. Are you familiar  
7 with this report?

8 A I am. I haven't read the whole thing, but  
9 I'm familiar with the general concepts.

10 Q If you turn to page two, at the bottom of the  
11 left column, it says, "Children are rarely if ever  
12 distressed about their current or future sexual  
13 orientation; more commonly, parents and guardians are  
14 distressed about a child's perceived current or future  
15 sexual orientation and seek the assistance of behavioral  
16 health providers." Do you agree with that assessment?

17 A I one hundred percent disagree with that  
18 assessment.

19 Q And why is that?

20 A Because in my experience personally and  
21 professionally, I have many, many examples where

1 teenagers, young adults, including myself, were  
2 distressed by amorphic attractions and gender confusion  
3 without any parental involvement.

4 Q Has that been your experience in your  
5 clinical counseling practice, too?

6 MR. MIHET: Objection, asked and answered.

7 A I have experience from children distress,  
8 teenager distress, as well as parental distress, both,  
9 but this characterizes it as -- let me read this again.

10 Where does that start, the second paragraph?

11 Q It starts five lines from the bottom of the  
12 left-hand column.

13 A "Children are rarely if ever distressed about  
14 their current or future sexual orientation." Okay. And  
15 the interesting thing about that is, it cites the  
16 American Psychological Task Force Report from 2009 and  
17 that didn't rely on any good research on adolescents or  
18 children on this issue. It's merely a political opinion  
19 of the APA.

20 Q Is there an organization for professional  
21 counselors analogous to the American Psychological

1 Association for psychologists?

2 MR. MIHET: Form.

3 A Well, I wouldn't say it's analogous, but  
4 there are merely -- well, let's just say this. There is  
5 the Alliance, there is the American Association of  
6 Christian Counselors. The AACC has over 60,000 members,  
7 perhaps 65,000, and they support a client's right to,  
8 you know, experience fluidity and change in therapy.

9 Q And could you tell us what the AACC is.

10 A American Association of Christian Counselors.

11 Q And the Alliance that you referred to is?

12 A The Alliance For Therapeutic Choice and  
13 Scientific Integrity, and there are other organizations,  
14 like the Catholic Medical Association, the Christian  
15 medical and dental associations, there's Orthodox Jewish  
16 organizations. There's probably, roughly, ten that  
17 include therapeutic professionals.

18 Q Is there an American Counseling Association?

19 A There is.

20 Q Are you a member of that?

21 A I am not.

1 Q Is there any particular reason?

2 A Because they're biased towards liberals and  
3 don't like me or the work that I do and I won't be  
4 subject to their ethics codes in that respect because I  
5 don't think they look at all the evidence.

6 Q Do you think that you ought to have, the  
7 therapists, professional counselors, ought to have  
8 unfettered choice in the types of treatment that you  
9 provide?

10 MR. MIHET: Form.

11 A No.

12 Q Do you think that the type of therapy or type  
13 of treatment that you provide is subject to reasonable  
14 regulation?

15 MR. MIHET: Form, calls for a legal  
16 conclusion.

17 A Under the existing ethics code of Maryland  
18 for counselors, I think it's subject to enough  
19 regulation.

20 Q Most people do.

21 But, in general, I understand what you're

1 saying with respect to the ethics code and the statutes  
2 for professional counselors. In general, do you think  
3 the Legislature has the right or ought to have the right  
4 to regulate treatment provided by therapists?

5 MR. MIHET: Form, asked and answered, calls  
6 for a legal conclusion.

7 A They have the right, but in my knowledge, the  
8 Legislature has never legislated an issue like this from  
9 a therapeutic perspective. It's usually done by the  
10 regulatory boards. So, it's unprecedented.

11 Q So, if the regulatory boards, if the  
12 professional counselors board said conversion therapy is  
13 prohibited for minors, would you think that was okay?

14 MR. MIHET: Objection, form, calls for  
15 speculation, calls for a legal conclusion and it's an  
16 incomplete hypothetical.

17 A The answer is --

18 Q Subject to all of your counsel's objections.

19 A The answer is, I wouldn't think it's okay,  
20 but I do think the board, regulatory boards, have  
21 reasonable regulations on certain types of therapeutic

1 **activities that should be regulated.**

2 Q For instance?

3 A Well, there are certain types of therapy and  
4 practices that are unethical, for example, you know,  
5 forming relationships with clients, you know, certain  
6 ways of advertising marketing, not misrepresenting  
7 yourself, not engaging in practices that you're not  
8 trained for. These are all, you know, therapeutic  
9 process questions on how to do therapy right.

10 Q And you think the boards have the right to  
11 regulate those?

12 A I do.

13 Q Any other kind of regulation that you think  
14 is appropriate from the boards?

15 MR. MIHET: Form, speculation, legal  
16 conclusion.

17 A There are many.

18 Q Excuse me?

19 A There are many things that the board  
20 regulates, I couldn't list them off by -- I couldn't  
21 list them, memorize them.

1 Q I'm not asking you to repeat some remembered  
2 or memorized list, but are there any other areas that  
3 you think it's appropriate for, for instance, the Board  
4 of Professional Counselors & Therapists to regulate?

5 MR. MIHET: The same objection.

6 A I think I'd have to consider that in light of  
7 what they were proposing. There's lots of things that  
8 could be regulated.

9 Q Is there anything else that should be  
10 regulated that's not?

11 A Well --

12 MR. MIHET: Form, speculation --

13 A -- if you want to know.

14 MR. MIHET: Let me finish.

15 Form, speculation, calls for a legal  
16 conclusion.

17 Q In your view as a Licensed Professional  
18 Counselor, are there areas that the board of  
19 professional counselors should regulate that it does  
20 not?

21 MR. MIHET: Form, speculation, calls for a

1 legal conclusion.

2 A I believe that for minors it would be  
3 appropriate to, who don't have consent, it would be  
4 appropriate to regulate things like aversion therapy,  
5 electric shock, physical harming, causing physical pain,  
6 things like that, I think that would be appropriate.

7 But there is one interesting thing about  
8 that. No run-of-the-mill counselor that's licensed by  
9 the state could engage in that type of work, it's really  
10 only done in like a medical hospital. There's really no  
11 instances among licensed counselors that they can point  
12 to in the last 40, maybe 50 years that have gone through  
13 these types of aversion therapies.

14 Let me amend that statement; that have gone  
15 through it for sexual or gender identity.

16 Q If you could look at exhibit 5, please. If  
17 you look at your answer to interrogatory number one on  
18 page two, you list Christopher Shank, Chief Legislative  
19 Officer for Governor Hogan, as somebody with knowledge  
20 about facts alleged in the pleadings, and it says that  
21 there was a May 14, 2018 conference call with him. Do

1 you see that?

2 **A Yes.**

3 Q Did you participation in that conference  
4 call?

5 **A Yes.**

6 Q Who else participated?

7 **A Peter Sprigg, for the Family Research  
8 Council.**

9 Q Did Delegate Parrot participate?

10 **A I don't recall.**

11 Q Was Mr. Sprigg on the phone or in the office  
12 with Mr. Shank?

13 **A I believe he was in the office and I was  
14 conferenced in, yeah. I don't know if Delegate Parrot  
15 was there or not. I wasn't involved in the whole  
16 meeting either.**

17 Q How long were you on the call?

18 **A About 15 minutes.**

19 Q And what happened during those 15 minutes?

20 **A I just explained to the Governor's aide that  
21 why I thought this law was bad and how I'd be affected**

1 by it and the problems that I saw with it and how I  
2 thought it would curb really just freedom of speech both  
3 for counselor and client.

4 Q Did Mr. Shank ask you any questions?

5 A He did, but I don't really recall the  
6 questions.

7 Q Did he say anything else?

8 A He listened. He didn't say much, really. He  
9 asked a couple questions. Mostly it was around how  
10 you'll be affected, how -- yeah, I think he also may  
11 have asked, you know, do you know other licensed  
12 counselors in Maryland that'd be affected and I said  
13 yes, but I was reticent to give their names, just like I  
14 was reticent to give you a name.

15 Q What did Mr. Sprigg say, if anything?

16 A He -- not much, really. It was more he  
17 wanted Mr. Shank to be able to hear from a prospective  
18 therapist that was doing work around that would be  
19 affected by this law.

20 Q And who is Mr. Sprigg?

21 A He's a policy analyst at the Family Research

1 Council, in Washington, DC.

2 Q What's the Family Research Council?

3 A It's a nonprofit, conservative based research  
4 organization that promotes Christian values of variety,  
5 Christian values, including sexuality.

6 Q Did you have any conversations with  
7 Mr. Sprigg after the telephone call?

8 A Maybe --

9 MR. MIHET: Form, vague and ambiguous.

10 A There may have been a text message or an  
11 e-mail that just I maybe asked him, "How do you think it  
12 went?" and that's about it.

13 Q What did he say?

14 A He said he thought it went well. I mean,  
15 that's -- I'm paraphrasing. But, you know, I think he  
16 said something to the nature of, he didn't know, he  
17 didn't know if it was going to convince the Governor or  
18 not to sign the bill.

19 Q In fact, it, apparently, did not, correct?

20 A Another reason why I didn't testify.

21 Q Did you have any other conversations with

1 anybody connected, that worked for Governor Hogan, after  
2 the bill passed, before he signed it?

3 MR. MIHET: Form, vague and ambiguous.

4 **A Not that I know of.**

5 Q If you look above the entry for Mr. Shank and  
6 Mr. Sprigg, you identify both defendants as having  
7 information that identify them as persons likely to have  
8 personal knowledge of facts alleged in the pleadings.  
9 Could you tell me what information you think the  
10 Governor has about drafting of Senate Bill 1028.

11 **A I can only speculate.**

12 Q Can you tell me what information you think  
13 that the Governor has about the sponsoring of Senate  
14 Bill 1028?

15 **A I could only speculate.**

16 Q Can you tell me what information you believe  
17 the Governor has about the consideration by the  
18 Legislature of Senate Bill 1028?

19 **A Can I tell you what information I think the**  
20 **Governor has? Well, most likely, he probably has**  
21 **opinions from people that testified, written testimony**

1 and -- but he would have relied on his aides, most  
2 likely, for that.

3 Q Can you tell me what information the Governor  
4 may have about the debate of Senate Bill 1028?

5 A I can't tell you that.

6 Q Can you tell me what information that the  
7 Governor may have about the passage of Senate Bill 1028?

8 A Well, he signed it.

9 Q Can you tell me --

10 A I'm sure he's familiar with the fact since he  
11 signed it, so I'm sure he's been briefed on it.

12 Q Can you tell me what information you think  
13 the Governor has about the interpretation of Senate Bill  
14 1028?

15 A I don't know.

16 Q Can you tell me what information you think  
17 the Governor has about the application of Senate Bill  
18 1028?

19 A Application in what sense? How the law is  
20 carried out?

21 Q Your answer to interrogatory, Mr. Doyle, says

1 that, "Lawrence J. Hogan, Jr., Governor of the State of  
2 Maryland, is likely to have personal knowledge of facts  
3 alleged in the pleadings related to the application of  
4 Senate Bill 1028."

5 MR. MIHET: Objection, form, mischaracterizes  
6 the nature of the document.

7 Q Can you tell me what information that you  
8 think Governor Hogan has about the application of Senate  
9 Bill 1028.

10 A The only answer I could give was that if the  
11 Governor signed the bill into law, then his staff was  
12 familiar with what was going on as far as the bill  
13 passing through the Legislature, the debate, the  
14 testimony, how it might be applied and so forth. I  
15 would be highly surprised if the Governor wasn't aware  
16 of any of those things.

17 Q And what do you base that statement on?

18 A I think that there were more than one person  
19 that opposed that bill, there were people in the  
20 Legislature that opposed that bill, and I think that it  
21 made some media attention, and I think that that had to

1 have been heard by Governor Hogan, that he must have had  
2 some information on delegates that were opposed to this,  
3 including Delegate Parrot, who made his opposition vote  
4 vocal. So, I'm sure, I mean, I can't say a hundred  
5 percent that he did, but I would say that beyond a  
6 reasonable doubt that he did.

7 Q What information do you think Governor Hogan  
8 has about the enforcement of Senate Bill 1028?

9 A As much as he needs to.

10 Q Do you think that he has any authority to  
11 enforce Senate Bill 1028?

12 MR. MIHET: Objection, calls for a legal  
13 conclusion.

14 A Well, I'll not a lawyer, but he is the head  
15 of the executive in Maryland and he has to oversee that,  
16 that's what that governor does.

17 Q Do you think he has the authority to tell the  
18 Board of Professional Counselors & Therapists to enforce  
19 Senate Bill 1028?

20 MR. MIHET: Objection, calls for a legal  
21 conclusion.

1           **A           Could you state that question again.**

2           Q           Do you think that the Governor of the State  
3 of Maryland has the authority to tell the Board of  
4 Professional Counselors & Therapists to enforce or not  
5 enforce, for that matter, Senate Bill 1028?

6                       MR. MIHET: Same objection.

7           **A           I think he could.**

8           Q           The next entry lists Brian Frosh, who is the  
9 Attorney General of the State of Maryland, as having  
10 information about drafting, sponsoring, consideration,  
11 debate, passage, interpretation, application and  
12 enforcement of Senate Bill 1028. What information do  
13 you contend Mr. Frosh has about drafting of Senate Bill  
14 1028?

15           **A           I can only speculate on all of those.**

16           Q           Well, speculate. What do you think he knows?

17                       MR. MIHET: Objection, calls for speculation.

18           Q           What role do you think he played in any of  
19 those?

20                       MR. MIHET: Objection, calls for speculation.

21           **A           Yeah, I don't know. I can speculate, that's**

1 **it.**

2 Q But you contend that he has information about  
3 all of those topics, correct?

4 MR. MIHET: Objection, form.

5 **A I believe he could.**

6 Q And do you believe that Mr. Frosh, as the  
7 Attorney General of the State of Maryland, has the  
8 independent authority to enforce Senate Bill 1028?

9 MR. MIHET: Objection, calls for a legal  
10 conclusion.

11 **A I don't know.**

12 Q Why did you include the Attorney General as a  
13 defendant in the lawsuit?

14 MR. MIHET: Objection, calls for a legal  
15 conclusion.

16 And I'll caution the witness not to disclose  
17 any communications that you may or may not have had with  
18 your counsel about that. So, answer this question only  
19 to the extent that you can without relying upon or  
20 disclosing those conversations.

21 **A My opinion would be that the Attorney General**

1 **is in charge of carrying out the law.**

2 Q And that was the basis for including him as a  
3 defendant?

4 MR. MIHET: Same objection and same  
5 instruction.

6 **A Yeah, I'll just leave it at that.**

7 Q And what was your basis for including the  
8 Governor as a defendant in this lawsuit?

9 MR. MIHET: Same objection and same  
10 instruction.

11 **A He signed the law.**

12 Q You've testified on different occasions today  
13 about the Alliance of Therapeutic Choice and Scientific  
14 Integrity. Is that another organization that you were  
15 involved in forming?

16 **A No.**

17 Q But you're a member now?

18 **A I am.**

19 Q And what is the purpose of that organization?

20 **A To further the research and therapeutic**  
21 **assistance of clients that have sexual identity or**

1 **sexual conflicts. It's more recently delved into the**  
2 **gender identity issue, but it has not historically been**  
3 **involved in that issue.**

4 Q And does it sponsor research?

5 A **Yes, in an informal sense.**

6 Q What do you mean by an informal sense?

7 A It has a peer reviewed journal that it  
8 publishes annually and seeks members to contribute to  
9 that journal. It doesn't, to my knowledge, fund any of  
10 the research, usually single practitioners or groups of  
11 practitioners would be responsible doing that, but it  
12 does dedicate, you know, a significant amount of time  
13 and resources in order to publish the document that it  
14 publishes.

15 Q And what's the name of its peer reviewed  
16 journal?

17 A **Journal of Human Sexuality.**

18 Q How many members, if you know, does the  
19 Alliance have?

20 A **Roughly, a thousand.**

21 Q Are there any membership qualifications?

1           **A           There's different tiers of membership.**  
2           **There's clinical membership, there's faith-based**  
3           **membership, there's general public membership.**

4           Q           And what is NARTH?

5           **A           That is the name National Association For**  
6           **Research & Therapy of Homosexuality, the name the**  
7           **Alliance was previously called until years ago.**

8           Q           Why did the Alliance change its name, if you  
9           know?

10                   MR. MIHET: Objection, foundation.

11           **A           I'm not on the board, I couldn't tell you.**

12           Q           You also mentioned Voice of the Voiceless.  
13           What is that?

14           **A           It's a 501(c) (3) organization I founded in**  
15           **2013 to advocate for former homosexuals and individuals**  
16           **that have unwanted same sex attractions and gender**  
17           **identity conflicts.**

18           Q           And did you choose the name of the  
19           organization?

20           **A           I did, yeah.**

21           Q           And why did you choose that particular name?

1           **A           Because I thought that the community that I**  
2 **serve and that I belong to is relatively voiceless and**  
3 **maligned by the media and popular culture and**  
4 **misunderstood and I felt like that we needed to have**  
5 **people advocating for them and give them a voice.**

6           **Q           Is it a membership organization?**

7           **A           It's -- no. It has an advisory board.**

8           **Q           Does it have staff?**

9           **A           No. All volunteer.**

10          **Q           How many volunteers does it have?**

11          **A           10.**

12          **Q           And what is your role with the organization**  
13 **since you founded it?**

14          **A           I was the president for the first few years,**  
15 **now I'm the treasurer.**

16          **Q           Are you familiar with a documentary called**  
17 **Sunday Sessions?**

18          **A           Of course. I was wondering when this was**  
19 **going to come up.**

20          **Q           How are you familiar with that?**

21          **A           I was in it.**

1 Q You and who else?

2 A A client of mine.

3 Q And how did that documentary come to be made?

4 A A Baltimore filmmaker approached me back in  
5 2015, I believe, maybe it was 2014, and said he was  
6 interested in following my work and showing it from a  
7 fly-on-the-wall perspective, and I didn't think that I  
8 would do it, nor any of my clients would want to do that  
9 and so I said, originally, no, and then he kept on  
10 bothering me and I vetted him, I thought he was pretty  
11 neutral, turns out he wasn't, but the film -- so,  
12 basically, that's it. Yeah, that's how it came to be.

13 Q And a client participated, agreed to  
14 participate?

15 A Yeah, surprisingly.

16 Q Do you think it is a fair representation of  
17 your practices?

18 MR. MIHET: Objection, form, vague and  
19 ambiguous.

20 A I would say no.

21 Q Why not?

1           A           Because after I watched the film, after the  
2           filming what I realized was that the filmmaker pared  
3           down dozens and dozens of hours of therapeutic footage  
4           in order to create a narrative and ignored lots of other  
5           clinical issues that were discussed in therapy, and the  
6           political narrative was, basically, that the client's  
7           main goal was to get married to a woman, which it  
8           wasn't, that was a peripheral issue, but it pretty much  
9           every or almost every therapeutic sequence that he  
10          showed between me and the client was this client talking  
11          about marriage, when we talked about lots of stuff.  
12          So -- and that's since I had no control over the content  
13          and I regret that. But nonetheless, the client actually  
14          did quite well and is still well-adjusted today.

15          Q           Did you think that the filmmaker had a  
16          political agenda?

17                   MR. MIHET: Form.

18          A           I think his bias, I think his bias set the  
19          agenda. I wouldn't say it was a political agenda, but  
20          he certainly had his own bias, and after the filming was  
21          over, he only recruited and marketed the film to the

1 LGBT activist community and had no interest in really  
2 allowing me or the client to -- well, the client didn't  
3 want to speak, but allowing me to really be a part of  
4 any sort of promotion and marketing or -- and he also  
5 mislabelled my work, he also said that I did conversion  
6 therapy, when I explicitly said to him that's not what I  
7 call my work. He also took a therapeutic sequence out  
8 of order, which was in our signed agreement that he  
9 wouldn't do that, but I don't have a law firm that was  
10 willing to take them to battle, take him to battle for  
11 that, nor did I really seriously consider it, but.

12 Q What do you believe his bias to have been?

13 A Well, essentially, that sexual attractions  
14 are innate and there's no fluidity or change, that  
15 people are born LGBT and that therapy is ineffective or  
16 unhelpful.

17 Q I understand that you object to the extent to  
18 which he edited the interactions, but what was  
19 represented, was that an accurate portrayal of your  
20 practice and how you interact with clients?

21 MR. MIHET: Objection, form, asked and

1 answered.

2 A Every client is different and I would not say  
3 that the therapy I did with that client was,  
4 necessarily, representative of all therapy that I do  
5 with clients. There are some similar elements. But  
6 client therapy is client centered. What the client  
7 needs will determine any number of types of therapeutic  
8 tools or any ways of speaking about certain issues,  
9 based on my training and my experience, my knowledge.  
10 Sometimes clients just ask for advice, it has nothing to  
11 do with therapy, and I've experienced that with many  
12 populations.

13 Q Could you tell me about your education.  
14 Somehow I missed that in the introduction.

15 MR. MIHET: We're going backwards.

16 MS. ELLIS: We're going backwards. I'm  
17 filling in the holes here.

18 A I have a master's degree in professional  
19 counseling from Liberty University, and I have an  
20 undergraduate degree in political science and an  
21 undergraduate degree in history from Grove City College

1 **in Pennsylvania. I also graduated seventh in my high**  
2 **school class, if that matters.**

3 Q It's impressive. Where did you go to high  
4 school?

5 A **Springdale High School, in Pennsylvania.**

6 Q What part of Pennsylvania?

7 A **Near Pittsburgh.**

8 **I came in second in the elementary spelling**  
9 **bee.**

10 Q I'm glad. Congratulations.

11 A **I should have won.**

12 MS. ELLIS: If I could just to take a few  
13 minutes with my colleague here, I think we're probably  
14 done, at least done for the purposes of the preliminary  
15 injunction.

16 (Recess.)

17 (Sexual Orientation Change Efforts Among  
18 Current or Former LDS Church Members was marked Exhibit  
19 14 for identification.)

20 Q Mr. Doyle, I'm showing you what's been marked  
21 as exhibit 14, an article entitled Sexual Orientation

1 Change Efforts Among Current and Former LDS Church  
2 Members from the March 2014 Journal of Counseling  
3 Psychology. Are you familiar with this?

4 **A Relatively, but not -- not specifically, but**  
5 **I reviewed this before.**

6 Q And according to the abstract, it concluded  
7 that sexual orientation is highly resistant to explicit  
8 attempts at change and that SOCE are overwhelmingly  
9 reported to be either ineffective or damaging by  
10 participants?

11 **A That's what the study says.**

12 Q Okay. Thank you.

13 MR. MIHET: And I object to form and  
14 foundation belatedly.

15 **A But there is a problem, though.**

16 MR. MIHET: You weren't asked that.

17 Q What's the problem?

18 **A To my knowledge, there's no minors that have**  
19 **been included in the sample and it's irrelevant to the**  
20 **law in Maryland. It's a different population.**

21 Q Okay.

1 Does the fact that this deals with a  
2 different population than the population that is subject  
3 to the law in Maryland have anything to do with the  
4 validity of the study?

5 MR. MIHET: Objection, foundation.

6 A The study has a lot to do with the  
7 implications of this law and the fact that it's  
8 irrelevant to this law, that's my answer. That's my  
9 opinion. And I can also point you to studies that have  
10 recently come out that have actually looked at a client  
11 population that's highly religious, they're adults, that  
12 was published just in 2018, from the Leineke -- I can't  
13 say it, but it's got a Leineke quarterly -- I might have  
14 said that wrong -- but looked at 125 male subjects and  
15 the majority of them experience sexual orientation  
16 change in therapy.

17 Q And were those minors?

18 A They were not.

19 Q So --

20 A There's no research that has looked at  
21 outcomes in minors in therapy for this issue.

1                   **So, what I'm trying to say here is, that this**  
2                   **is not generalizable to the population of minors.**

3           Q       I simply asked you if you were familiar with  
4           it and whether the fact that it doesn't involve  
5           minors --

6           **A       Sure.**

7           Q       -- affects the validity of the study and  
8           that's the extent of the questioning.

9                   MR. MIHET: I'm sorry. I object to the  
10           mischaracterization of the question that was posed. I  
11           think the record will adequately state the questions and  
12           the answers that were provided.

13                   MS. ELLIS: That is all I have at this time,  
14           although I do reserve the right to resume the deposition  
15           if this litigation goes beyond the or when it goes  
16           beyond the preliminary injunction stage.

17                   MR. MIHET: So, we would object to that. We  
18           think the rules are clear that one person may only be  
19           deposed once in the course of an action, whether it's at  
20           the PI or merit stage, and so we would encourage you to  
21           ask all the questions that you have today because we

1 will object to the witness being made to come back and  
2 that's something that, you know, that we would have to  
3 involve The Court if we can't reach agreement, so.

4 MS. ELLIS: Well, as you said repeatedly in  
5 your discovery responses, this is a very early stage of  
6 the litigation and we'll agree to disagree on that,  
7 Mr. Mihet.

8 MR. MIHET: Okay.

9 I do have some questions for the witness  
10 myself.

11 EXAMINATION BY COUNSEL FOR PLAINTIFF

12 BY MR. MIHET:

13 Q Mr. Doyle, early on in your deposition today,  
14 you were asked about and you identified three entities  
15 or organizations that you're affiliated with in the  
16 course of your counseling. Do you remember that  
17 testimony?

18 A Yes.

19 Q And I believe you testified that all three  
20 are based physically in Virginia?

21 A That's correct.

1 Q And I believe you were asked whether or not  
2 you provide counseling at any other location besides  
3 those three. Do you recall that question?

4 A Well, I -- what I recall was that I thought I  
5 was asked what organizations are you affiliated with and  
6 give counsel with.

7 Q Okay.

8 And you only do counseling within the course  
9 and scope of your affiliation with these three entities?

10 A Right.

11 Q That being the case, though, do you sometimes  
12 travel outside of Virginia to provide counseling?

13 A Yes, including Maryland.

14 Q Have you traveled to Maryland within the past  
15 three years to provide counseling?

16 A Yes.

17 Q Do you wish to continue to travel to Maryland  
18 in order to provide counseling?

19 A Yes, because I'm referred clients all the  
20 time from Maryland that are including minors.

21 Q Is it your intention to continue to travel to

1 Maryland for the purpose of providing counseling once  
2 this law that you are challenging is enjoined by The  
3 Court?

4 **A Yes.**

5 Q Now, in the course of your counseling, are  
6 you sometimes approached by minor clients that present  
7 with unwanted same sex attractions?

8 **A Yes.**

9 Q And that present with stress or anxiety that  
10 results from their unwanted same sex attractions?

11 MS. ELLIS: Objection.

12 **A Yes.**

13 Q And are you sometimes presented with clients  
14 who come to you because they have unwanted gender  
15 identity confusion?

16 **A Yes.**

17 Q And do they present with anxiety or stress  
18 resulting from the gender identity confusion?

19 **A Yes.**

20 Q And in both of those cases, do those clients  
21 sometimes include minors?

1           **A       Yes.**

2           Q       And --

3           **A       I currently have minors in that situation.**

4           Q       And are these minor clients sometimes  
5 residents of the State of Maryland or the Commonwealth  
6 of Maryland?

7           **A       Yes.**

8           Q       When you are approached by such minor clients  
9 who are residents of the Commonwealth of Maryland --

10                   MS. ELLIS: Correction, it's the State of  
11 Maryland.

12           Q       -- the state -- the State of Maryland, do  
13 they sometimes identify a goal that they have for  
14 themselves to change or reduce or eliminate the unwanted  
15 attraction or confusion?

16                   MS. ELLIS: Objection to form.

17           **A       Sometimes they do, sometimes they don't.**

18           Q       In those cases where the minor clients  
19 identify a goal of changing, reducing or eliminating the  
20 unwanted attractions or confusion, do you wish to  
21 provide them with the counseling that they seek in order

1 to accomplish their self-chosen goals?

2 MS. ELLIS: Objection to form.

3 **A Yes, I do, and currently --**

4 Q Well, you've answered my question. Let me  
5 ask you another.

6 Currently, within the State of Maryland, are  
7 you able to provide them with the counseling that they  
8 seek in those circumstances?

9 **A No, not the counseling they seek, nor the**  
10 **counseling I would like to give. I can't give the full**  
11 **range of services that I would like to give.**

12 Q And why not?

13 **A Because the statute, the statute determines**  
14 **that the work that I do is called conversion therapy,**  
15 **although I object to that title and label.**

16 Q Well, but you don't call that work conversion  
17 therapy. I believe that was your testimony, right?

18 **A No.**

19 Q But you believe that the statute subsumes the  
20 work that you do within its definition of conversion  
21 therapy?

1           **A       Yes.**

2                       MS. ELLIS:  Objection to form.

3           **A       Yes.  I believe the statute labels and**  
4 **describes my work under that umbrella term of conversion**  
5 **therapy.**

6           Q       Now, I believe you also testified that in  
7 some states you've engaged in I believe what you called  
8 the coaching, where in others you've engaged in therapy.

9           **A       Correct.**

10          Q       Do you recall that testimony?

11          **A       Yes.**

12          Q       In the State of Maryland, have you engaged in  
13 coaching?

14          **A       I have not.**

15          Q       Do you engage in coaching?

16          **A       No.  Anything I'm doing in Maryland is under**  
17 **my therapeutic license.**

18          Q       I believe you testified you're licensed by  
19 the State of Maryland?

20          **A       Correct.**

21          Q       Are you able to engage in any counseling

1 activities that fall outside of that license in the  
2 State of Maryland?

3 **A I don't believe that, I believe that would be**  
4 **in direct violation of my license. If I'm operating as**  
5 **a therapist, I have to operate as a therapist and then**  
6 **call myself something else.**

7 **Q Okay.**

8 **A I'd be misrepresenting myself.**

9 **Q You were also asked some time ago today**  
10 **whether or not you would ever accept a client who does**  
11 **not want to change their orientation or identity even**  
12 **though his or her parents want to see a change. Do you**  
13 **recall that testimony?**

14 **A Yeah, I do.**

15 **Q And I believe I heard you say that you would**  
16 **accept such a client. Did I hear that correctly?**

17 **A I would.**

18 **Q I think I also heard you testify that in**  
19 **those situations you would apply some pressure, I think**  
20 **the word you used was coerce, the parents to change the**  
21 **expectations and the goals that they have to be more**

1 accepting of the minor's goals and to be more aligned  
2 with the minor's goals. Did I hear that testimony  
3 correctly?

4 A Well, counsel was talking about the issue of  
5 asking whether I engaged in coercive therapy and I said  
6 that I don't for minors, but I would engage in some form  
7 of coercive therapy. A better term that I would  
8 probably use is persuade, rather than coerce and --

9 Q And what would you seek to persuade the  
10 parents in these kinds of instances?

11 A Yeah. I would persuade them to allow their  
12 child to pursue the goals and the objectives that they  
13 want to pursue and not try to influence and push the  
14 child into some sort of therapeutic intervention that  
15 the child does not want.

16 Q And what would you do in a situation where  
17 your efforts to persuade the parents along the lines  
18 that you've just testified about are not successful,  
19 where the parents persist in having goals and desires  
20 that are at odds with the goals and desires of the minor  
21 client?

1           A           Well, there's actually two situations that  
2 this would be -- this would come up. Number one is,  
3 it's not uncommon for a family with a minor to do a  
4 consultation with me before they involve their child in  
5 counseling, regardless of the goal of what their child  
6 is, and I would speak with those parents and I do speak  
7 with those parents before the minor enters counseling  
8 and I tell them what my policies are for non-coercion,  
9 what my expectations are for family to participate in  
10 therapy and for the family and the parents to engage in  
11 noncoercive actives and so forth.

12                       So, I speak to them about that and I tell  
13 them this is, basically, my therapeutic protocol and  
14 what I do and what I expect from you in the process in  
15 order for this to be a successful therapeutic experience  
16 for the family, and if the family and the parents are  
17 not willing to abide by what I've asked them to do, I  
18 will never take them on as a client to begin with and I  
19 give them a consultation and that's it.

20                       The second one would be if we had started  
21 engaging in therapy with the child, as the minor, and

1 the parents and then I recognize that there was some  
2 coercion, subtle as it may be in some instances, going  
3 on, I will insist that the parents not do that. I would  
4 work with the parents to help them understand how this  
5 could be harmful or ineffective, and if they persist in  
6 doing that, then I will terminate the relationship and  
7 if I can, you know, I'll provide a referral for a  
8 therapist that I think may be able to help that family  
9 better than me.

10 Q Would you refer them to a therapist that  
11 would be willing to provide a course of counseling that  
12 addresses the and seeks to accomplish the parents' goals  
13 over the child's goals?

14 A No. I would refer them to a therapist that I  
15 knew that would act ethically and properly in the  
16 relationship and keep those goals separately and --

17 Q What would be your hope or desire in making  
18 the referral, what would you hope that the other  
19 therapist would be successful in accomplishing?

20 A Well, mainly that they would be able to  
21 persuade the parents to not to try to coerce the child.

1 Q You were asked about there being anecdotal  
2 evidence of harm or benefit from change counseling. Do  
3 you recall those questions?

4 A Yes.

5 Q Is there any evidence, anecdotal or  
6 empirical, that harm may result from psychotherapy or  
7 counseling that is outside of the context of sexual  
8 orientation or gender identity change efforts?

9 A Yeah, there is evidence.

10 Q What do you understand that evidence to be?

11 A Roughly, that all clients have between 5 and  
12 10 percent risk of, basically, feeling harmed or not  
13 achieving their goals or feeling worse after the  
14 counseling started, and that goes across all types of  
15 counseling, not simply efforts to resolve or reduce same  
16 sex attractions.

17 Q To your understanding, is the evidence you  
18 just described anecdotal or empirical?

19 A Empirical.

20 Q Is there any evidence, anecdotal or  
21 empirical, that the prevalence of harm in the context of

1 sexual orientation or gender identity change counseling  
2 is higher or greater than the prevalence of harm in the  
3 general psychotherapy or counseling context?

4 **A No. In fact, there's research and documents**  
5 **that actually list certain specific types of therapies**  
6 **that have been found to be harmful and whatever you want**  
7 **to call it, conversion, SOCE, is not listed in that**  
8 **research.**

9 **Q Is there any evidence, empirical, anecdotal**  
10 **or otherwise, that suggests minors who undergo change**  
11 **counseling are X many times more likely to experience**  
12 **depression than minors who did not undergo change**  
13 **counseling?**

14 **A There is one study that was published in 2018**  
15 **by Dr. Caitlin Ryan, at the San Francisco Acceptance**  
16 **Project, Family Acceptance Project, and that study was**  
17 **political in overtones because it did not look at the**  
18 **population of client, minor clients that have unwanted**  
19 **same sex attractions or gender identity conflicts. It**  
20 **also did not verify that the clients -- the study was**  
21 **called Parent Initiated Sex Orientation Change Effort**

1     **Therapy, and it did not actually verify what type of**  
2     **therapeutic conversion intervention and what they**  
3     **described it to be, nor did they verify whether the**  
4     **clients were seeing a licensed therapist or a religious**  
5     **advisor, how many sessions they went to, etcetera, and**  
6     **did not look at -- basically, it was looking at a**  
7     **population that wasn't really the population that I work**  
8     **with in that sense and was poorly designed.**

9           Q       Now, the anecdotal evidence of harm from  
10     change counseling that you were being asked about and  
11     that you testified about earlier today, is that evidence  
12     of correlation or causation between the change  
13     counseling and the resulting harm?

14           A       **Correlation or association, yeah.**

15           Q       Is it evidence from which one can say that  
16     the counseling caused the harm?

17           A       **No, it's not causation. They can't determine**  
18     **that. It could be spurious factors.**

19                   MR. MIHET: Those are all the questions that  
20     I have for you, Mr. Doyle.

21                   Are there any recross questions?

1 No?

2 MS. ELLIS: I have no further questions,  
3 subject to what I said before.

4 MR. MIHET: Okay. Subject to the same  
5 objection that we had, at this time we consider the  
6 deposition complete.

7 Mr. Doyle, you have the right to receive a  
8 copy of the transcript to read and verify that it is  
9 accurate and to sign it and I advise you to avail  
10 yourself of that right.

11 THE WITNESS: Okay. Thank you.

12 MR. MIHET: So, the witness will read and  
13 sign.

14 THE WITNESS: I will.

15 MR. MIHET: Thank you.

16 (Signature not waived.)

17 (Deposition concluded at 4:23 P.M.)

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ACKNOWLEDGMENT OF DEPONENT

I, CHRISTOPHER DOYLE, LPC, LCPC, do hereby  
acknowledge that I have read and examined the foregoing  
testimony and the same is a true, correct and complete  
transcription of the testimony given by me and any  
corrections appear on the attached errata sheet signed  
by me.

\_\_\_\_\_

\_\_\_\_\_

(DATE)

(SIGNATURE)

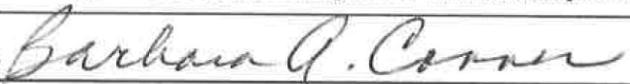
1 CERTIFICATE OF NOTARY PUBLIC

2 I, Barbara A. Conner, Registered Professional  
3 Reporter, the officer before whom the foregoing  
4 proceedings were taken, do hereby certify that the  
5 foregoing transcript is a true and correct record of the  
6 proceedings; that said proceedings were taken by me  
7 stenographically and thereafter reduced to typewriting  
8 under my supervision; and that I am neither counsel for,  
9 related to, nor employed by any of the parties to this  
10 case and have no interest, financial or otherwise, in  
11 its outcome.

12 IN WITNESS WHEREOF, I have hereunto set my  
13 hand and affixed my notarial seal this 4th day of April  
14 2019.

15  
16 My commission expires:

17 January 11, 2020

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20 NOTARY PUBLIC

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I N D E X

EXAMINATION OF CHRISTOPHER DOYLE, LPC, LCPC	PAGE
By Ms. Ellis	4
By Mr. Mihet	132

E X H I B I T S

(Attached)

Notice of deposition was marked Exhibit 1	4
Institute For Healthy Families informed consent was marked Exhibit 2	15
Institute For Healthy Families informed consent was marked Exhibit 3	17
Complaint was marked Exhibit 4	36
Answers and objection to first set of interrogatories was marked Exhibit 5	37
Section 17-101 of the Health Occupations Article of the Maryland Annotated Code was marked Exhibit 6	41
Senate Bill 1028 was marked Exhibit 7	51

1	Exhibit 4-33 was marked Exhibit 8	59
2	Exhibit 4-35 was marked Exhibit 9	59
3	Exhibit 4-58 was marked Exhibit 10	59
4	Homepage for the website Equality and Justice	64
5	For All was marked Exhibit 11	
6	Attachment to exhibit 10 was marked Exhibit	68
7	12	
8	Ending Conversion Therapy: Supporting and	102
9	Affirming LGBTQ Youth was marked Exhibit 13	
10	Sexual Orientation Change Efforts Among	128
11	Current or Former LDS Church Members was	
12	marked Exhibit 14	
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