

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR HILLSBOROUGH COUNTY
FAMILY LAW DIVISION

██████████ ██████████ ██████████
a/k/a ██████████ ██████████

Petitioner/Former Wife,

Case No. 06-DR-839

-vs-

Division: "E"

██████████ ██████████ ██████████

Respondent/Former Husband.

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DEPOSITION OF: ██████████ ██████████ ██████████ Ph.D.

TAKEN AT: 1560 West Cleveland Street
Tampa, Florida

DATE: June 23, 2014

TIME: Commencing at 10:09 a.m.

REPORTED BY: Eleanor Massaro, RPR
Notary Public, State of Florida

STENOGRAPHICALLY RECORDED (ORIGINAL)
COMPUTER-AIDED TRANSCRIPTION (COPY)

1 APPEARANCES:

2 For the Petitioner/Former Wife:

3 NICOLE COPPOCK, ESQUIRE
4 Denmon & Denmon
5 1560 West Cleveland Street
6 Tampa, Florida 33606
7 (813) 554-3232

8 For the Respondent/Former Husband:

9 RONALD S. REED, ESQUIRE
10 GrayRobinson, P.A.
11 One Tampa City Center
12 201 North Franklin Street
13 Suite 2200
14 Post Office Box 3324
15 Tampa, Florida 33606
16 (813)273-5000

17 ALSO PRESENT:

18 [REDACTED]
19 [REDACTED]
20 [REDACTED]
21 [REDACTED]
22 [REDACTED]
23 [REDACTED]
24 [REDACTED]
25 [REDACTED]

I N D E X T O P R O C E E D I N G S

Witness or Proceedings	Page
██████████ Ph.D. Direct Examination By Ms. Coppock:	6
CERTIFICATE OF REPORTER	98

1 Thereupon,

2 [REDACTED] Ph.D.,

3 was called as a witness and, after having been first duly
4 sworn/affirmed to testify the truth, was examined and
5 testified as follows:

6 THE DEPONENT: Yes, I do.

7 MS. COPPOCK: Okay. What did you want to
8 deal with?

9 THE DEPONENT: I wanted to address just the
10 issue of payment. I talked to -- I think it was
11 Rhonda from your office.

12 MS. COPPOCK: Uh-hum.

13 THE DEPONENT: And I have not received a
14 check.

15 MS. COPPOCK: Okay. I didn't -- I wasn't
16 aware of any of that. But a check for how much?

17 THE DEPONENT: One thousand five hundred.

18 MS. COPPOCK: And what about
19 confidentiality?

20 THE DEPONENT: I just wanted to make
21 certain, there is still an issue of, you know,
22 confidentiality that I wanted to make certain is
23 waived, having to do with my observations of all
24 of the [REDACTED] family.

25 MS. COPPOCK: Okay. Including --

1 MR. REED: My understanding was, Nicole,
2 that you and I had put a stipulation on the
3 record at the last hearing --

4 MS. COPPOCK: Uh-hum.

5 MR. REED: -- that said we all agreed this
6 is -- whatever --

7 MS. COPPOCK: Because it was
8 court-appointed.

9 MR. REED: -- court-appointed, whatever he
10 heard, whatever he saw, none of it is --

11 MS. COPPOCK: Correct.

12 MR. REED: -- is confidential.

13 MS. COPPOCK: That's correct. That's my
14 understanding as well.

15 THE DEPONENT: Okay.

16 MR. REED: And I think that's what the
17 judge ordered; was it not?

18 MS. COPPOCK: Yeah, it was.

19 THE DEPONENT: Okay.

20 MS. COPPOCK: Okay?

21 THE DEPONENT: Yeah.

22 MS. COPPOCK: All right.

23 MR. REED: Right, [REDACTED]

24 THE FORMER HUSBAND: Yeah.

25 MS. COPPOCK: If you'll give me a second,

1 I'll go talk to my assistant.

2 THE DEPONENT: Okay.

3 (Off the record.)

4 MS. COPPOCK: It wasn't conveyed to me, so
5 I followed up on it.

6 All right. Are you ready?

7 THE DEPONENT: So it's not a problem?

8 MS. COPPOCK: You'll get paid, yes.

9 THE DEPONENT: Okay. Today?

10 MS. COPPOCK: Today.

11 THE DEPONENT: Okay, thank you. Yes, I'm
12 ready.

13 DIRECT EXAMINATION

14 BY MS. COPPOCK:

15 Q Okay. I'm going to start with addressing
16 that. What's your hourly rate?

17 A My normal hourly rate is 200 an hour.

18 Q Uh-hum.

19 A But when there is a requirement for me to
20 participate in a subpoena or come to court, it's 300
21 an hour.

22 Q Okay. So where is the \$1500 coming from?

23 A It's coming from the two hours preparation
24 and the three hours for today.

25 Q You're scheduled for two hours.

1 A Okay. So if we don't go there, then
2 I'll -- then we can cut a different check.

3 Q Okay. So it's based on \$300 an hour?

4 A Correct.

5 Q And you said you had two hours prep time?

6 A Uh-hum.

7 Q And then your -- and then whatever the
8 hourly rate is, okay.

9 All right. Okay. State your name for the
10 record. I probably should have started with that.

11 A [REDACTED]

12 Q Okay.

13 MR. REED: Excuse me a second.

14 MS. COPPOCK: Uh-hum.

15 MR. REED: Did he get sworn in?

16 THE COURT REPORTER: Yes, I swore him in.

17 MR. REED: Oh, okay.

18 MS. COPPOCK: Okay.

19 BY MS. COPPOCK:

20 Q And you -- you're familiar with taking
21 depositions, I'm assuming?

22 A Yes.

23 Q And you've taken them before?

24 A Yes.

25 Q And so I tend to talk fast sometimes, so if

1 I'm talking too fast, just let me know. I've been
2 trying to slow it down, so you just have to give me a
3 heads up.

4 A That's good -- that's good for the baby, so
5 I like that.

6 Q If I say something that you don't
7 understand, just, again, let me know. And for the
8 ease of the court reporter, I'll try not to talk over
9 you and you try not to talk over me.

10 What's your business address?

11 A It's [REDACTED] [REDACTED] [REDACTED] [REDACTED]

12 Q Okay. And you received your bachelor's
13 from Bethel College?

14 A Correct.

15 Q In what year?

16 A In 1980.

17 Q Okay. And what did you get --

18 A Wow -- okay.

19 Q What did you get your Bachelor's in?

20 A Psychology.

21 Q Okay. And how many years did you attend
22 Bethel College?

23 A For four years.

24 Q And then you got your Master's from USF?

25 A Correct.

1 Q In 1983?

2 A Yes.

3 Q And a Master's in psychology as well?

4 A Yes.

5 Q And did you go to USF right after Bethel?

6 A Yes.

7 Q Okay. And then you got your Ph.D. from USF
8 as well, right?

9 A Correct.

10 Q And was that in psychology as well?

11 A Yes, it was, at the time, clinical and
12 community psychology, but it was the Psychology
13 Department.

14 Q Okay. So, specifically, in clinical and
15 community?

16 A Uh-hum.

17 Q And what was the subject of your thesis or
18 dissertation, whatever one you did?

19 A I did both, but the dissertation was on
20 relapse with substance abusers who were mostly VA
21 patients.

22 Q And then in order to practice psychology,
23 you have to have a license, correct?

24 A Correct.

25 Q And you have your license?

1 A Yes.

2 Q And is it currently valid and active?

3 A Yes.

4 Q Okay. And when did you first receive your
5 license?

6 A In 1989.

7 Q Okay. And is it -- like, when you -- for
8 me, for my license, I have to take a test. Did you
9 have to take a test in order to get your license?

10 A Yes.

11 Q Okay. And who is that regulated by?

12 A I guess it's the Board of Psychology in the
13 State of Florida, or it could also have involvement
14 with the Florida Psychological Association, I don't
15 know.

16 Q Okay. But you took this test, you passed
17 it, you got your license?

18 A Correct.

19 Q Okay. And what do you have to do to
20 maintain your license?

21 A You have to do annual continuing education,
22 but it is only tabulated, I think, every two years.

23 Q Okay. So every two years, you have to do
24 x-amount of hours?

25 A Correct.

1 Q Okay. Have you ever had any disciplinary
2 actions, revocations or reviews for misconduct?

3 A I've had an action that has been resolved
4 that went on for three years. My attorney, [REDACTED]
5 [REDACTED] who was appointed through my insurance,
6 initially felt that given the complexity of the case
7 and how long it had gone on, that the best thing to do
8 was to just wait and it would go away on its own.

9 He later reported that there was a change
10 in administration. The decision was to find ways to
11 clear up old cases. A deal was offered that did not
12 impact my role as a psychologist or impinge on any of
13 my rights and responsibilities as a psychologist, so I
14 took that deal in order to avoid going further into a
15 process that seemed like it would just be more painful
16 for the client and just an endless kind of drama.

17 Q When you say action, what do you mean by
18 action, a disciplinary action?

19 A It was a disciplinary action, uh-hum.

20 Q Okay. And what was the basis of the
21 disciplinary action?

22 A It had taken different forms. This was a
23 patient who had a borderline personality disorder.

24 Q A patient of yours?

25 A A patient of mine who I had seen for over

1 15 years. There was testing in the very beginning and
2 testing throughout suggesting that there was severe
3 psychopathology. Things were rocky throughout the
4 whole therapeutic process, but in the end, the patient
5 filed a complaint, and that was the reason for the
6 board --

7 Q Was the complaint that you guys had a
8 relationship? Was she alleging you had a
9 relationship?

10 A She alleged that I -- that she had to act
11 as a person who prevented me from having a
12 relationship with her, that she had to set boundaries,
13 or I would have pursued her romantically.

14 Q Was there also allegations that there was
15 breaches of confidentiality?

16 A Yes.

17 Q Okay. And you said the action was filed
18 and you came to a settlement agreement, right?

19 A Yes.

20 Q And what were -- so your license wasn't
21 suspended?

22 A My license was never suspended. There is
23 no limitations on my ability to practice.

24 Q Okay, but what were the penalties that
25 arose out of that action that was filed?

1 A There was a deal offered, and the deal was
2 that there would not be any restrictions on my role as
3 a psychologist, that I would take some continuing
4 education classes.

5 Q How many?

6 A I think it was a total of 12 hours.

7 Q And what did you specifically have to take
8 in regards to continuing education?

9 A I had to take continuing education relating
10 to a borderline personality disorder. I think that
11 there was an ethics requirement and --

12 Q Boundaries?

13 A And personal boundaries, yeah.

14 Q Okay. And was there a fine you had to pay?

15 A Yes.

16 Q And --

17 A There was fees and fines combined.

18 Q And what year was that?

19 A 2012, I believe is when it was closed.

20 Q And it started in 2009?

21 A Uh-hum.

22 Q Okay. In the last four years, have you
23 testified in court?

24 A Yes.

25 Q How many times?

1 A I'm guessing maybe somewhere between 30 and
2 40 times.

3 Q And of those 30 to 40 times, was that all
4 dealing with psychology matters or do they -- did the
5 issues that you testified for vary?

6 A All relating to psychology.

7 Q Okay. And were they related to you having
8 therapy or were these the parenting plan evaluations
9 that you did?

10 A Typically, it was parenting plan
11 evaluations, but it could also have been the case
12 where I was the therapist on record.

13 Q Okay. And of these 30 to 40, how many
14 times do you testify on behalf of the father?

15 A I don't know that I have any calculations
16 for that. I would say that typically it's probably
17 pretty split.

18 Q Okay.

19 A And maybe because there are more females
20 who participate in therapy, it may be even biased in
21 the direction of more mothers versus fathers.

22 Q Okay. And in those times that you
23 testified in court, have you been qualified as an
24 expert?

25 A Yes.

1 Q Every time?

2 A Yes.

3 Q Okay. And have you ever -- was there ever
4 a time where you have not been qualified as an expert?

5 A No.

6 Q Okay. And was there ever a time that your
7 testimony was limited in any way?

8 A No.

9 Q Okay. And has there ever been any motion
10 to exclude your testimony?

11 A No.

12 Q Okay. Have you ever been retained by
13 opposing counsel, Mr. Ron Reed, or his firm?

14 A Yes.

15 Q How many times?

16 A Over what time period?

17 Q The past four years.

18 A The past four years, okay. I would say
19 probably somewhere between six and eight, six and ten,
20 something like that.

21 Q Okay. And that's over the past four years?

22 A Uh-hum.

23 Q You guys have both been practicing for a
24 little while now.

25 A Correct.

1 Q How many times would you say you've been
2 retained by Mr. Reed himself, or Mr. Reed for his
3 cases?

4 A Over the past, like, 15, 20 years?

5 Q Uh-hum.

6 A Your guess is going to be as good as mine.
7 I don't know.

8 Q Numerous times?

9 A Numerous times.

10 Q Okay. And were you specifically -- I know
11 you were appointed on this case, but before you were
12 appointed, were you ever sought to be retained in this
13 case?

14 A Can you restate that?

15 Q Uh-hum. You were appointed this past
16 spring, I believe, for the --

17 A So we're talking prior to March --

18 Q Prior to your appointment --

19 A Uh-hum.

20 Q -- for the therapy for the girls and
21 Dr. [REDACTED] were you ever sought to be obtained in this
22 case as an expert witness?

23 A No. The initial call was in, I think, late
24 February from Ron Reed, and it was just a kind of
25 generic description of what was happening in the case.

1 There was a follow-up call with [REDACTED]
2 [REDACTED] and those were the two initial phone calls, and
3 both of those phone calls were more about if I were to
4 be playing a role, what would that role be.

5 Q Okay. And since you're appointed, you've
6 been doing therapy with the girls and Dr. [REDACTED]

7 A It's been a hybrid model in that it's been
8 psychoeducational and reunification therapy, yes.

9 Q Okay. And are you being compensated?

10 A Yes.

11 Q And who is compensating you?

12 A Compensation has come from Dr. [REDACTED]

13 Q And how much have you been paid so far?

14 A It's complicated in that there was the
15 workshop, and Dr. [REDACTED] covered the cost of the hotel
16 at [REDACTED] [REDACTED] for that workshop, but in addition to
17 that, there has been the payment for subsequent
18 reunification therapy. I'm going to say -- I can give
19 you a ballpark and I can generate an official
20 accounting, but probably in the ballpark of \$5,000.

21 Q And that includes everything?

22 A That does not include the workshop
23 experience.

24 Q Oh, so that doesn't include the Spring
25 Break?

1 A Correct.

2 Q So that's just for the therapy since Spring
3 Break?

4 A That's been therapy, that has been coming
5 to court, and that's been pretty much it, yeah.

6 Q Okay. And for the therapy, do you have
7 a ball -- the Spring Break workshop, we'll call it.

8 A Probably \$7,000.

9 Q Does that include the hotel stay and
10 everything?

11 A No.

12 Q Okay. So \$7,000 just to do the workshop,
13 and then miscellaneous expenses related to that?

14 A Correct.

15 Q And what was the purpose -- your
16 understanding of the purpose for your involvement in
17 this case?

18 A My understanding was that there was this
19 estranged relationship that Dr. [REDACTED] had with
20 [REDACTED] (sic) and [REDACTED] and that he was --

21 Q I just want to make sure the record is
22 clear --

23 THE FORMER HUSBAND: [REDACTED]

24 BY MS. COPPOCK:

25 Q [REDACTED]

1 A [REDACTED] and [REDACTED] and he was interested in
2 being able to find a way to reconcile his relationship
3 with his daughters, and that was the purpose for the
4 workshop.

5 The workshop was intended to do something
6 similar to a Family Bridges kind of intervention where
7 instead of the intensity of the focus being on a lot
8 of the dynamics of how a parent has related to his or
9 her children in the past, that it would include lots
10 of educational pieces about how memory works, how we
11 integrate our perceptions, how easy it is to make
12 assumptions about the world that aren't necessarily
13 accurate.

14 Q Okay. And your purpose was also to do this
15 workshop to assist Dr. [REDACTED] in her parenting plan?

16 A I believe that Dr. [REDACTED] had initially
17 proposed that something like Family Bridges would be
18 pursued based on the model by [REDACTED] [REDACTED] that
19 that was a rather expensive alternative to -- or that
20 was an expensive kind of approach to dealing with the
21 issue of alienation and realistic estrangement, and so
22 this was considered to be a model that would work
23 possibly to help the girls relate better to their
24 father.

25 Q Okay. Are you familiar with Family

1 Bridges?

2 A Yes.

3 Q How are you familiar with Family Bridges?

4 A I attended, as a therapist, a program run
5 by [REDACTED] [REDACTED] (phonetic), and was there as a
6 consultant to a family.

7 Q A family for Family Bridges?

8 A Yes, uh-hum.

9 Q Okay. And do you agree with the Family
10 Bridges program?

11 A I feel like many of the concepts and ideas
12 have lots of value and utility. I believe that it's
13 important to assess the parenting capacities of the
14 parent who is estranged from their children in order
15 to determine if there is going to be the possibility
16 of that reunification working.

17 Q So --

18 A They don't stress that up front, and I feel
19 like it would be helpful if they did because if you
20 have someone who's got limited capacity to parent
21 effectively, that they lack insight, that they really
22 do not understand what it means to connect and relate
23 to others, and they are defensive and not open to
24 change, that you are dealing with someone who,
25 ultimately, when they are in a parenting role, that

1 they're going to repeat those mistakes, and that's
2 likely to keep the process of not being connected to
3 their kids as an ongoing issue.

4 Q Okay. Are you familiar with their
5 procedures, Family Bridges?

6 A Yes.

7 Q And do you agree with their procedures and
8 how they run things?

9 A Not all of their procedures, but I think
10 that the psychoeducational approach, which takes a lot
11 of pressure off of the participants, is -- and it also
12 opens the door for a lot more neuroscience, about how
13 memory works, how easy it is to create a story that we
14 change over time and believe is true. It's a -- you
15 know, it's a process that I think has been effective,
16 and I think that depends on families coming in and how
17 each individual one is structured, and they know that
18 with time their program has changed.

19 Q Okay. And so you don't feel it's, for lack
20 of a better word, cultish, or anything like that,
21 their program?

22 A I don't feel like it is cultish. I think
23 that it comes out of, you know, research, with trying
24 to help someone who has been brainwashed by a cult or
25 has been kidnapped, and so it has some of that

1 component. But if you're saying cultish in the sense
2 that it's a kind of unique kind of intervention that
3 reflects a subgroup of folks who are interested in
4 this kind of, you know, strategy for helping families,
5 I don't think it's cultish in that way.

6 Q Okay. And you said that there is some
7 practices that you don't agree with. What were you
8 talking about with that?

9 A The practices have more to do with the push
10 for a very rigid kind of structure with the family
11 dialogue, and so there were certain components to that
12 that felt like it wasn't necessarily flexible enough
13 because it was demanding that there are these family
14 sessions that have lots of different, you know,
15 assignments that everyone has to complete, and I
16 thought that that part of the program was a little bit
17 rigid and it had borrowed a lot from other therapeutic
18 approaches, but it wasn't necessarily something that
19 was tailored well to each family.

20 Q Okay. So would you say then that you agree
21 with, for instance, when they take the children, they
22 have the court order it, and they take them straight
23 from the courtroom and they take them to California?
24 You agree with that practice?

25 A I agree under certain circumstances when

1 there is ongoing indoctrination by a parent who is
2 unable to step back and see the value of the other
3 parent, and that it is a kind of intervention to
4 change the power structure in the family, to demand
5 that the parent who has this unholy alliance with the
6 children recognize that they are not able to continue
7 in this behavior, that in those circumstances, yes.

8 Q And do you think that's in the children's
9 best interest?

10 A If it is realistic estrangement, if there
11 has been ongoing abuse that has been significant and
12 there is the inability for a parent to change, doing
13 this kind of intervention does not make sense. But if
14 there has been an ongoing campaign to indoctrinate the
15 children, to take advantage of whatever parenting
16 flaws the other parent has, and to use that as a
17 strategy, then I think that sometimes it becomes a
18 necessary intervention.

19 Q Okay. Now, I know on your website you do
20 all sorts of different things besides just therapy,
21 right?

22 A (No response.)

23 Q When I say sorts of things --

24 A I do plumbing and -- yes, ma'am.

25 Q -- parenting coordination --

1 A Yes.

2 Q -- parenting evaluations, those types of
3 things?

4 A Yes.

5 Q Okay. You were not appointed in this case
6 to do a parenting plan evaluation?

7 A Correct.

8 Q Nor to be a parenting coordinator?

9 A Correct.

10 Q Nor to do family mediation?

11 A Correct.

12 Q You were appointed in this case to do the
13 therapy?

14 A Correct.

15 Q Okay. And besides the sessions that you
16 were doing and the workshop, did you rely on any other
17 materials or documentation or testing when you were
18 doing this therapy between -- with the girls and
19 Dr. [REDACTED]

20 A I mean, there's a number of different forms
21 that are history forms that were completed by
22 Dr. [REDACTED] so that I could get his perspective on what
23 had kind of transpired over time that led to this
24 experience of the girls not wanting to see him, and so
25 there is a lot of that material that I have as well as

1 other material on gatekeeping and just the general
2 concept of parental alienation.

3 Q Okay. So a lot of the parental alienation
4 that you're referring to were self-reported incidents
5 from Dr. [REDACTED]

6 A They were reported, you know, by the girls,
7 reported by Dr. [REDACTED] and -- I mean, most cases -- I
8 mean, the research suggests that most cases are a
9 hybrid. You don't typically have a situation where
10 one parent is engaged in parental alienation and the
11 other parent has all of these ideal parenting skills,
12 and we have the capacity to relate well to others and
13 be in sync with their kids, and all of a sudden, now
14 the children are believing the parent who is doing the
15 indoctrination.

16 Q Okay.

17 A So, typically, there is an exploiting of
18 whatever weaknesses a parent has in order to help kids
19 make an alliance that then moves their understanding
20 of the alienated parent further into an extreme kind
21 of category.

22 Q Okay. How many hours have you spent --
23 minus the workshop, because that was something that
24 was more structured and that was different, but just
25 the therapy since the workshop, how many hours have

1 you spent with the girls?

2 A I'm guessing probably somewhere around five
3 now.

4 Q Okay. And then with the workshop, how many
5 hours with the workshop would you say, because it
6 wasn't a 24-hour thing, right?

7 A No, but it went from 9:00 in the morning
8 until 5:00, sometimes until 5:30. I know that the
9 girls were present for, I would believe, probably 95
10 percent of that time.

11 Q And that was Monday through Friday?

12 A On Friday we stopped at 1:00.

13 Q Okay. Have you been retained by opposing
14 counsel to testify in this trial?

15 A Retain, no. As to testify, I think I was
16 subpoenaed, yes.

17 Q Okay. You have a subpoena to testify?

18 A Uh-hum.

19 Q Okay. And so have you had a fee paid for
20 that, or are you planning on getting paid after?

21 A Right, that's part of the 5,000 that may
22 not -- and there may still be a balance with
23 Dr. [REDACTED] so he had given me a check for 5,000. I
24 just --

25 Q Okay. That was the retainer that he paid

1 you then?

2 A Correct.

3 Q Okay. And have you done a written report
4 for this case?

5 A I have not.

6 Q Okay. Are you planning on doing one?

7 A No. If I'm asked to do one, I will do one.

8 Q Okay. And -- now, I wanted to talk to you
9 specifically, because you've been talking about
10 generalities, I'm assuming, up to this point.

11 But, specifically, for this case and what
12 you've been involved in and what you've seen, you said
13 that typically the alienation that you're discussing
14 doesn't occur by just one parent is what you said, or
15 it's a combination typically of both parents?

16 A Well, it's alienation on the part of one
17 parent who is trying to influence, and strongly
18 influence the girls to hold a more extreme view of
19 their father, and the other component has to do with
20 whatever, you know, limitations and parenting capacity
21 that Dr. [REDACTED] has.

22 And in this case, one of the things that
23 had been addressed at the workshop was the experience
24 of trying to relate to the girls through a kind of
25 roughhouse play experience that he had growing up with

1 his brother, that some of the poking and teasing and
2 the inability to, at times, be more serious and more
3 tuned in to their feelings, that that relates to his
4 childhood, and that was part of why things, you know,
5 were able to be exploited by [REDACTED]

6 Q So there was -- would the term be
7 estrangement, or am I wrong on that?

8 A It's estrangement, yes.

9 Q Okay. So there was estrangement on the
10 part of Dr. [REDACTED] with the girls?

11 A Correct.

12 Q He was having trouble relating to them?

13 A He's had -- he's been able to relate to
14 them well at times, but he has trouble with the more
15 emotional connection with them, yes.

16 Q Okay. So there were admissions that he was
17 doing this roughhousing, is what you put it?

18 A Uh-hum.

19 Q And what was that?

20 A I mean, just kind of jumping forward to
21 what was dealt with in the workshop. The workshop
22 experience at times really became more like family
23 therapy in that both girls cried, both girls talked
24 about the experiences that they had with their father,
25 and Dr. [REDACTED] was willing to accept responsibility for

1 having done the poking and the teasing because he
2 thought that that was a way to be connected with them.

3 Q The poking and the teasing was a way to be
4 connected with them?

5 A Right.

6 Q Okay. And -- with the -- was there any of
7 this play boxing brought up, is how I think Dr. [REDACTED]
8 has previously referred to it?

9 A Correct.

10 Q What was that whole situation?

11 A Yeah, the play boxing wasn't discussed
12 nearly as much as the one incident where he poked

13 [REDACTED] The play boxing was something that was more
14 done, you know, in a way that -- it was more like tag,
15 where they were hitting each other in the arm. But
16 that wasn't really the focus of concern for both [REDACTED]
17 and [REDACTED]

18 Q What was their focus of concern?

19 A Their focus of concern was that for [REDACTED]
20 she was feeling that her situation at school when she
21 was bullied was never addressed, you know, adequately
22 by Dr. [REDACTED] that he was not, you know, a parent who
23 cared about her because he didn't intervene to stop
24 the bullying.

25 He then explained the things that he had

1 done to assist with the bullying and took
2 responsibility for not being able to convey his
3 concern and his ability to listen to how, you know,
4 detrimental that was to [REDACTED]

5 With [REDACTED] it was more of a focus on the
6 inability for Dr. [REDACTED] to stop when she felt like it
7 was time for him to stop. So it was like roughhousing
8 that got a little bit out of control or went too far.

9 I mean, some of what would happen as kind
10 of a back and forth exchange was Dr. [REDACTED] would say
11 something critical about [REDACTED] boyfriend, and then
12 she would punch Dr. [REDACTED] indicating that that kind of
13 sarcasm or that kind of criticism of her boyfriend was
14 unacceptable. So it went back and forth.

15 Q Okay. And you're saying [REDACTED] would be
16 punching Dr. [REDACTED]

17 A That's correct, and the punching went back
18 and forth, but it was --

19 Q Okay. So it went both ways?

20 A Both ways.

21 Q Okay.

22 A And so that -- but that -- really, the
23 event, boxing or punching in that way wasn't the issue
24 so much as when the girls felt like they had enough,
25 they might ask their father to stop, and he didn't

1 seem to get that signal.

2 Q Okay. And so with all the times that
3 you've dealt with the girls, would it be correct to
4 say that they still feel that Dr. [REDACTED] hasn't
5 accepted responsibility for all the things that have
6 happened?

7 A I believe that [REDACTED] on the -- the way
8 that the workshop unfolded on Thursday -- Monday,
9 things were rough. The girls came in, they felt that
10 they were being forced to participate, that they did
11 not want to be there, that a judge has ordered this so
12 that they were there.

13 Things didn't really turn around until
14 Thursday, but on Thursday, both [REDACTED] and [REDACTED]
15 accepted that their dad, you know, was relating to
16 them differently and that he was being more emotional
17 and that he was taking responsibility for not all of
18 what he has done, because I think that there are
19 certain stories about how their dad has harmed them
20 that were not talked about and maybe are not a
21 narrative that Dr. [REDACTED] agrees reflects a, you know,
22 real experience with the girls.

23 But for the things that were addressed,
24 they felt like he took responsibility for that.

25 Q Okay. And about this workshop, the first

1 Monday, Tuesday, Wednesday, they were watching videos,
2 correct?

3 A We were all watching. There was
4 different -- I mean, there's the whole kind of
5 sequencing of things, but we were watching videos
6 together. They got to choose the videos. The videos
7 were all about, you know, the neuroscience of memory
8 concept that is a little bit like Wikipedia, and that
9 anybody can go in and change it, or we can change it
10 ourselves, and that in changing it in that way, we can
11 begin to look at life through a different lens, and
12 certain stories become something that we hold onto as
13 if they were actually true when they were not.

14 Q Okay. And there was no interaction on
15 Monday, Tuesday or Wednesday between the girls and
16 Dr. [REDACTED]

17 A Yes.

18 Q What interaction?

19 A The interaction initially was, you know,
20 reviewing certain videotapes, stopping -- I would stop
21 and pause and ask questions, Dr. [REDACTED] would answer,
22 the girls would answer. Some of the material was
23 definitely probably not understood as well by [REDACTED]
24 given her age, but the whole plan was to use that to
25 kind of help them to see how easy it is for us to look

1 at life through a lens that distorts things and that
2 there is an interpretive bias all the time.

3 I mean, one of the videos talked about the
4 concept of perception being in a virtual reality
5 because we have got no direct experience with the
6 physical world, we're interpreting all the time.

7 Q I guess by interactions I meant Dr. [REDACTED]
8 and the girls were not addressing each other.

9 A They did in a limited way, but there was
10 no, you know, in-depth dialogue. There was
11 spontaneous crying, I believe, on the first day with
12 [REDACTED] there was the inability on the first day for
13 Dr. [REDACTED] to really get the full meaning of why she
14 was crying, and so his response created probably a
15 little bit more distress for [REDACTED] but, ultimately,
16 he came back to speak with her about how he distances
17 himself from some of the more painful parts of life
18 and that he would try to not do that throughout the
19 rest of the workshop, and he did that effectively.

20 Q When you said his response, what was his
21 response that caused the situation that --

22 A "Why are you crying?" So there was a lack
23 of appreciation for why [REDACTED] would be crying.

24 Q Okay. And for your involvement in the
25 case, have you talked to or interviewed anyone besides

1 Dr. [REDACTED] the girls? I know [REDACTED] was in there, and
2 at one time [REDACTED] [REDACTED] Besides those parties,
3 have you talked to or interviewed anyone else?

4 A I talked to [REDACTED] [REDACTED] I talked to
5 Dr. [REDACTED] I talked to [REDACTED] [REDACTED]

6 Q So the other professionals that were
7 assigned to help evaluate this case?

8 A Correct.

9 Q Okay. Is there a specific name for the
10 type of therapy that you have been conducting besides
11 just rehabilitation -- or not rehabilitation, but
12 reunification? Is there a specific technique that
13 you've been following?

14 A I mean, the -- it's a combination of a
15 Family Bridges approach and family unification based
16 on a family therapy model, and the reunification piece
17 that's, you know, really somewhat different with the
18 Family Bridges has to do with stepping back from the
19 drama at hand and really kind of covering a lot more
20 of how it is that we perceive the world and how easy
21 it is for those perceptions to represent a narrow view
22 of what's going on.

23 Q Okay. Now, how often have you communicated
24 with Dr. [REDACTED] outside of the therapy sessions?

25 A On probably at least ten different times --

1 MR. REED: I'm sorry. I'm losing you. I
2 apologize. When you say outside of the therapy
3 sessions, are you talking about other than at

4 [REDACTED]

5 MS. COPPOCK: Yes.

6 BY MS. COPPOCK:

7 Q Well, outside of conducting therapy with
8 Dr. [REDACTED] and the girls, have you discussed this case
9 or anything with Dr. [REDACTED]

10 A I have discussed with him, you know, the
11 approach that he needs to take with the girls. I met
12 with him before the first session, once it was
13 court-ordered, that family therapy would continue. So
14 I have discussed, you know, and spoke to him on the
15 phone about what he needs to do as a parent, to really
16 show up differently and to be available even if the
17 girls are doing things that are disrespectful or
18 they're being defensive, that what he needs to do is
19 show that his intention is to have a relationship with
20 them at a deeper level.

21 Q Okay. Now, for the workshop, we discussed
22 the first three days. On Thursday, Thursday morning,
23 what did the therapy consist of?

24 A Thursday morning, [REDACTED] who had initially
25 showed up at the hotel Tuesday evening, I asked her to

1 see if she could participate on Wednesday. She was
2 unavailable Wednesday because of the dog sitting
3 obligation, so she was there Thursday morning in the
4 beginning with the girls and [REDACTED]

5 Q Okay. And when you say at the beginning
6 with the girls and [REDACTED] what kind of therapy were
7 you conducting with [REDACTED] present?

8 A Because [REDACTED] had been part of one of the
9 critical incidents, you know, prior to the girls not
10 seeing their father, and [REDACTED] has been their friend
11 for ten years, and so [REDACTED] has been in
12 communication, you know, with [REDACTED] [REDACTED] during
13 the workshop. She was kind of a conduit, I believe,
14 and she was invited to give her perspective and to
15 share -- you know, and I had no idea at that moment if
16 she was going to say, "Dr. [REDACTED] is a monster,
17 Dr. [REDACTED] is someone who is unable to have a
18 relationship, you know, with his daughters, and I'm
19 here to support [REDACTED] and [REDACTED] and that's what I'm
20 going to hold to."

21 And, instead, she was open to, you know, an
22 experience that she had had, which was, Dr. [REDACTED] did
23 some things as a parent which were not ideal, that she
24 was the main friend to come and stay at their home and
25 she observed him as being concerned, but at times

1 showing bad judgment or poor judgment in his role as a
2 parent, and so that was addressed as well, his
3 acceptance of responsibility for not being, you know,
4 someone who is more emotionally tuned in to what was
5 workable for the girls.

6 Q And when you said that you had a session
7 with the girls and [REDACTED] and you, did you have a
8 session prior to that with Dr. [REDACTED] and [REDACTED] and
9 you in the same room?

10 A No. He was -- he came in later that day.

11 Q In the morning?

12 A In the morning. So it started with the
13 girls and [REDACTED] then it moved into the girls and
14 [REDACTED] and Dr. [REDACTED] and then it shifted, and this is
15 based on a recommendation from Dr. [REDACTED] that maybe
16 it would be better if [REDACTED] is speaking with [REDACTED]
17 and him and me without [REDACTED] being present because
18 prior to Thursday, [REDACTED] had been much more silent,
19 much more, I think, passive, letting her sister,
20 [REDACTED] take the lead. She was the individual who
21 suggested that Dr. [REDACTED] should cover his personal
22 history, talk about his parenting experiences with
23 them, take responsibility.

24 Q [REDACTED]

25 A [REDACTED] was.

1 Q Okay.

2 A But other than that, she had been a little
3 bit more silent and passive, and so it was a good
4 suggestion, and so then it was split up so that there
5 was time separate for both girls.

6 Q Was there ever a time that you and
7 Dr. [REDACTED] and [REDACTED] were alone?

8 A I believe, but it was brief.

9 Q How brief?

10 A Maybe, you know, for ten minutes, and I
11 don't know -- I don't recall being alone just with
12 [REDACTED] and Dr. [REDACTED]

13 Q Okay. How did the girls, [REDACTED] and --
14 well, I'll start separately -- how did [REDACTED] in the
15 morning -- I want to cut off the morning -- how did
16 [REDACTED] take [REDACTED] being involved in the involvement
17 that you were having her in?

18 A I mean, initially, the girls -- there had
19 been a slight kind of -- there had been a shift more
20 in [REDACTED] than in [REDACTED] about starting to look at
21 their father differently, so there was an opening for
22 [REDACTED] when she, you know, cried and talked about some
23 of the things that happened, and he took
24 responsibility and connected it to his own family of
25 origin and what he was trying to do and how it didn't

1 work and how he was, you know, really heartfelt, you
2 know, sorry, and apologized for his behavior that
3 wasn't workable. So there was that experience that --

4 Q When was that?

5 A That was Wednesday that was part of the
6 shift for [REDACTED] But Thursday morning, the initial
7 experience was one where I did not know where [REDACTED]
8 would stand, whether she was going to come in as a
9 person who was rock solid about the only way that this
10 can work is that the girls need to not see their
11 father because he's a monster. So the girls were open
12 to [REDACTED] being there.

13 It wasn't until we had Dr. [REDACTED]
14 participate and the girls and [REDACTED] started to, you
15 know, look at Dr. [REDACTED] differently that there became
16 more of an experience of, Gee, we need to give dad a
17 chance, and there then was a couple of times when the
18 brainstorming moved into, Well, here is some models
19 for how that would look, and --

20 Q So --

21 A -- talked about going to Colorado, going to
22 Missouri, doing a whole bunch of things. But I think
23 that it went too far for both [REDACTED] and [REDACTED] and
24 they felt that, you know, [REDACTED] now was shifting her
25 position.

1 Q Okay. And did they end up leaving and
2 going and crying?

3 A They talked to [REDACTED] they felt that
4 [REDACTED] you know, was pushing for something that was
5 beyond where they were willing to go, yes.

6 Q And this was all before mom came in?

7 A Correct.

8 Q Okay. So they were upset with [REDACTED] when
9 you guys started talking with Dr. [REDACTED]

10 A What was expressed to me is they felt that
11 because we were talking about a model of having, you
12 know, Dr. [REDACTED] with the girls, having that model work
13 for [REDACTED] [REDACTED] as well, and that if [REDACTED] -- I
14 mean, [REDACTED] felt that she had a strong relationship
15 with [REDACTED] [REDACTED] and felt she could help, you know,
16 [REDACTED] to accept that things were going well.

17 So it really was more of there was a
18 position of power that [REDACTED] would be moving into,
19 and I think that [REDACTED] more than [REDACTED] was upset
20 about that.

21 Q Okay. And Thursday morning was also --
22 correct me if I'm wrong -- the first time the girls
23 had to question Dr. [REDACTED] about his past behavior?

24 A No, it had occurred on -- I think it was
25 Tuesday that first happened.

1 Q Okay.

2 A It was Tuesday when -- and I was giving the
3 girls options, you know, what kind of, you know, video
4 would you like to look at, you know, we can deal with
5 these different topics. They stayed away from certain
6 things that I think were too threatening, including --

7 Q Like what?

8 A -- false memory, you know, research, things
9 like that.

10 Q Well, I'm talking about Dr. [REDACTED] I'm
11 talking about Thursday was the first time they were
12 able to ask about Dr. [REDACTED] about the play box thing,
13 or how he treated them or --

14 A No. On Wednesday -- on -- I believe -- in
15 fact, I can check my notes. I believe that that first
16 happened on Tuesday when Dr. [REDACTED] then took more
17 responsibility for some of his parenting practices.

18 Q Okay. Are you aware that they were calling

19 [REDACTED] [REDACTED]

20 A Yes, I knew -- that was part of the
21 structure was that [REDACTED] [REDACTED] would serve as a
22 lifeline to them, that she would be available if there
23 was an emergency during the day; but, mostly, she
24 would make certain that in the evening she had free
25 time to speak with them.

1 Q Okay. Are you aware that they wanted to
2 leave multiple times?

3 A In the beginning, Day One and Day Two,
4 absolutely. I got a phone call from you on Tuesday
5 indicating that, you know, the program wasn't working,
6 that the girls were distressed. I mean, that's when
7 it became clear to me that even though there was a
8 rule up front that there was to be no contact between
9 the girls and their mom, that [REDACTED] was being used,
10 you know, as a conduit and that things were going
11 through [REDACTED] and ultimately, you know, in court I
12 found out that both [REDACTED] and [REDACTED] did speak to
13 their mom during that week, even though that was
14 something that was a rule that I asked the girls not
15 to violate.

16 Q Okay. And you also obviously found out in
17 court that their mom had told them they had to stay
18 there?

19 A I believe that -- I don't know what she --
20 I believe that that's the case.

21 Q Okay.

22 A I know that they did not choose to leave,
23 and I don't know if that was because you asked them to
24 stay, if their mom asked them to stay.

25 Q Okay. Now, on Thursday afternoon, I know

1 you've talked that -- that [REDACTED] came in.

2 A [REDACTED] came at 1:30. Initially, she was
3 going to spend a half-an-hour speaking with
4 Dr. [REDACTED] and then come and join the session with
5 everyone else, but instead, that went on for 90
6 minutes. So she did not come to participate in the
7 workshop until 3 o'clock .

8 Q Okay. And this was at your request, you
9 called her to come down on this day?

10 A Correct, and at that point, things were
11 being -- the mood had changed, everything -- the whole
12 emotional climate had shifted into a lot more, you
13 know, fun banter. There was, you know, crazy
14 discussions that were out of the box about things that
15 the girls could do that were fun and entertaining with
16 their dad, discussion about possibly Dr. [REDACTED] going
17 to visit a college with [REDACTED]

18 There was the discussion about going
19 potentially to visit [REDACTED] in Colorado because she
20 was going to be starting college in Colorado. So lots
21 of different things, you know, were talked about, and
22 there was even a plan possibly for the girls to do
23 something Friday evening after the workshop ended, and
24 so we're looking at what could happen over the weekend
25 with [REDACTED] the girls and their father.

1 Q Okay. How did you guys move past --
2 because we discussed that the girls were upset with
3 [REDACTED] being in a position of power. So where did you
4 get from -- how did you get from that in the morning
5 to now they're all talking about hanging out with dad?

6 A I think that, you know, [REDACTED] is someone
7 who is really, you know, pretty mature for an
8 18-year-old, and that she understood that, you know,
9 her role was to basically tell the truth about what
10 she had observed with Dr. [REDACTED] what she's observed
11 with [REDACTED] and [REDACTED] to see -- she was there, I
12 think, on her own trying to determine has Dr. [REDACTED]
13 changed at all, is he someone who is more emotionally
14 open, is he willing to discuss some of the parenting
15 practices that he used in the past, and is he willing
16 to change them. So it was through -- it was a
17 discussion altogether that kind of shifted the girls
18 to start to accept this is a model and that it could
19 work.

20 Now, they were both more reluctant than
21 [REDACTED] but [REDACTED] felt like it was an opportunity to
22 test the waters, to see how much change has occurred
23 with their dad and that it was worth doing.

24 Q So when -- you're saying you're having
25 these discussions. Was it discussions with the girls

1 talking directly to Dr. [REDACTED] or was it more like the
2 girls talking with [REDACTED]

3 A It was a combination of things. I mean,
4 they did talk to [REDACTED] I think that the upset that
5 occurred in the morning was expressed with [REDACTED] It
6 was expressed most by [REDACTED] who then took a walk
7 with [REDACTED] and then we came back into the meeting
8 room. But I think that over time there was -- again,
9 it was a reviewing of what had been stated by
10 Dr. [REDACTED] the parenting practices that he had engaged
11 in, how those practices were not ideal, and there was
12 a movement then into a model that said, Hey, we need
13 to give, you know, Dr. [REDACTED] another chance.

14 Now, both girls, I think, were fearful of
15 their mom. They did not take a lead role. I think
16 [REDACTED] felt that she had a strong relationship for ten
17 years and that [REDACTED] [REDACTED] was really a surrogate
18 mom for her, and that she felt that she had such a
19 good relationship with [REDACTED] that if she gave
20 [REDACTED] input, that the girls were doing fine, that
21 there was no harm being caused to them, that it was
22 working, that [REDACTED] would accept it.

23 Now, she also, when she spoke to me
24 separately, felt that there were times when -- you
25 okay?

1 Q Yeah.

2 A There were times when there was definite
3 statements by [REDACTED] [REDACTED] that reflected a very
4 extreme view of Dr. [REDACTED] that was part of what she
5 understood to be parental alienation.

6 Q [REDACTED]

7 A [REDACTED]

8 Q And these are statements that were made in
9 front of the children or just in front of her?

10 A Just over time, over ten years.

11 Q And like what statements?

12 A Statements that, you know, he's evil and
13 that he is someone who -- he's got all kinds of
14 emotional problems, that he's crazy and he's incapable
15 of parenting effectively.

16 Q And that's what [REDACTED] told you?

17 A [REDACTED] told me that, yes.

18 Q Okay. And earlier you had mentioned that
19 your belief of alienation stems from not just things
20 Dr. [REDACTED] has told you, but things that the girls have
21 told you.

22 A Uh-hum.

23 Q So what things -- if you could keep it
24 brief -- I'm sure there's plenty that Dr. [REDACTED] said
25 to you -- what things has Dr. [REDACTED] said to you that

1 lead you to believe that -- I'm assuming your opinion
2 is that [REDACTED] has alienated these children.

3 A I mean, first of all, there was arguing
4 that went on in the household prior to the divorce.
5 Both girls were exposed to that. So both girls see
6 that their parents are unable to communicate, get
7 along, work things out, and I feel that they had --
8 they were in the middle quite a bit, and some of what
9 is going on isn't just alienation, is that they're in
10 the middle of a drama that they do not want to be a
11 part of.

12 One of the videos had to do with the
13 concept of introversion versus extroversion. If
14 you're an introvert, this whole social experience is
15 more challenging. The girls identified themselves as
16 being introverts along with Dr. [REDACTED] talked about
17 the strengths of being an introvert, but conflict,
18 especially intense conflict is not something that
19 introverts appreciate. Most of us don't appreciate
20 it, but they are especially sensitive to it, and that
21 they felt, I think, ultimately, that they needed to
22 take sides.

23 Q Okay. So you're saying the argument in the
24 household is argument for both of these parties?

25 A Both parties. This goes back to something

1 that was in Dr. [REDACTED] report, and it comes from
2 [REDACTED] also saying that as well, that she remembers,
3 you know, mom and dad arguing.

4 Q So besides the arguing, what else is there?

5 A That led to the -- [REDACTED] version of why
6 alienation --

7 Q Correct.

8 A -- or [REDACTED] Okay. [REDACTED] does not
9 state that there is direct, you know, commentary on
10 the part of her mom about her dad, but feels very much
11 that her mom does not believe that a relationship
12 between them and their dad is going to be healthy
13 given who their dad is.

14 Q And this is what she feels or what
15 Ms. [REDACTED] has told her?

16 A She's heard stuff, but she didn't report
17 lots of, you know, statements from mom. She didn't
18 have any -- either she didn't recall or it was more of
19 she understands her mother's position and that she
20 gets her mother's view of her father. Certainly,
21 being in the middle of their fighting, she's heard
22 things about their father that were not ideal and
23 that, you know, she's just accepting that view.

24 Q Did she talk about things that Dr. [REDACTED]
25 might have said regarding mom in front of them or

1 mom's family?

2 A I mean, she did say that -- you know, that
3 Dr. [REDACTED] also said things about their mother that
4 were -- she didn't give me specifics, but that, you
5 know, he was likely to say things or make statements
6 that implied that what they were doing was influenced
7 by their mother.

8 Q Okay. Anything else with [REDACTED]

9 A I think that's it on [REDACTED]

10 Q How about [REDACTED]

11 A [REDACTED] was a little bit more clear that the,
12 you know, abusive behavior by Dr. [REDACTED] is why, you
13 know, she's afraid of him, and that she doesn't feel
14 like a relationship with him can work, but I think
15 that she's also been in the position where she knows
16 about the conflict between her parents and she, you
17 know, has heard things, but more indirectly from her
18 mom.

19 There was a concern about Dr. [REDACTED] coming
20 into her room and giving her a shot against her
21 permission that I feel that, you know, was part of an
22 experience of discussing the inappropriateness of this
23 kind of intervention with someone at her age, and that
24 it was a discussion that she had had multiple times
25 with her mother.

1 Q Okay. Besides these incidents, do you have
2 an opinion whether there is alienation? I guess I
3 haven't even asked you that.

4 A Yes, I mean, I believe that there has been
5 ongoing alienation or indoctrination that I believe,
6 you know, from just speaking to [REDACTED] [REDACTED] that,
7 you know, she has very strong views that are extreme
8 about Dr. [REDACTED]

9 Q Okay. So -- but you haven't -- I mean,
10 have you seen her express her strong views in front of
11 the children?

12 A No.

13 Q Okay. Oh, I thought you were going to say
14 something else. So besides what you've already told
15 me, what other things are you basing your alienation
16 opinion on?

17 A On -- that there's been a repeated pattern
18 of moving the girls out of relationships with friends,
19 with the schools that they're in, when any individual
20 takes a stand against [REDACTED] [REDACTED] and so the girls
21 realize that mom is someone who you do not want to be
22 annihilated by or be in conflict with. They are very
23 clear that their mother's view of their father is
24 negative, that she has referred to him as being evil
25 and that she is not interested in a relationship

1 occurring between -- or a relationship continuing
2 between them and their father.

3 Q Okay. And now, on that same note, besides
4 the fact that they obviously were arguing in front of
5 these children, what things -- do you have an opinion
6 on whether Dr. [REDACTED] has estranged himself from the
7 girls?

8 A He has participated in this experience by
9 replaying some of the pattern of emotional connection
10 in his family of origin.

11 Q And what would that be?

12 A That there was a lack of, I think, direct
13 communication about affect and about the freedom to be
14 open about what your experiences were, and that he
15 learned to keep a lot of things inside, that his
16 father was also someone who was very silent, and so
17 much of the way in which he was trying to be
18 emotionally connected with the girls was based on a
19 model of his childhood which involved the kind of back
20 and forth, you know, roughhouse play that he did with
21 his brother.

22 Q Okay. Now, the Thursday afternoon when
23 [REDACTED] came in, you said she didn't join the session
24 until 3 p.m.?

25 A Correct.

1 Q And when she came in, who was in the
2 session?

3 A Dr. [REDACTED] [REDACTED] and then [REDACTED] and
4 myself.

5 Q So the girls were not in there?

6 A They were not in there.

7 Q And what was going on with just you,
8 Dr. [REDACTED] and [REDACTED]

9 A What do you mean what was going on?

10 Q What was [REDACTED] purpose? Was she there
11 just for [REDACTED] to get there so she could talk to
12 [REDACTED] about Dr. [REDACTED]

13 A I think that she was there kind of to -- I
14 mean, she wanted to be someone who basically
15 communicated the concept to [REDACTED] that Dr. [REDACTED] may
16 have changed a little and that she was willing to
17 participate and go on these outings that they had
18 talked about, fun outings with their father, and the
19 whole concept was, Let's move out of a discussion
20 about some of what's happened in the past, let's give
21 Dr. [REDACTED] an opportunity to just do fun things and see
22 if he can be different, and that she was there to
23 reassure.

24 I think that she saw her role as she was
25 going to reassure [REDACTED] that these events would

1 happen in a way that the girls would not be distressed
2 as well as she was going to, you know, support any
3 kind of ending of the time, you know, with their dad
4 if he became, you know, angry, or things were
5 happening in a way that weren't ideal.

6 Q [REDACTED] is 18, right?

7 A Uh-hum.

8 Q And she is still in high school?

9 A She had finished high school --

10 Q I think she might have just graduated?

11 A -- just graduated from high school. She
12 was going off to college.

13 Q Okay. And how is she -- how is she going
14 to be in a role to stop any violence or whatever you
15 were saying?

16 A Basically, her concept wasn't to stop
17 violence, it's that she has a car, she drives, she
18 would leave and she would just have the girls go with
19 her and she would leave. She did not want -- I didn't
20 want her playing a supervise --

21 Q An escape route.

22 A -- right, she -- I didn't want her playing
23 a supervisory role, but she thought it was important
24 for her to express to [REDACTED] that if anything
25 happens, that she was going to make certain that the

1 girls spent the time with their dad in a way that was
2 safe, and that she would do whatever she needed to do
3 driving-wise to make that happen.

4 Q And you said that she was with the girls in
5 a previous conflict situation. What started
6 everything?

7 A Well, I think --

8 Q She was part of it?

9 A Yes.

10 Q And when that happened? Did she get the
11 girls out of the situation? Did she drive them away?

12 A It was at the mall that this occurred, and
13 we -- that was discussed a little bit as well, but I
14 think that she -- I don't know that she was driving
15 separately at that time or not.

16 Q Okay.

17 A And part of what she felt was going to be
18 relevant was that I have no relationship with [REDACTED]
19 [REDACTED] I'm going to be seen as someone -- because one
20 of the things that had been talked about was that this
21 was a brainwashing camp on Tuesday early on.

22 Q Who said that?

23 A I think it was [REDACTED] said that.

24 Q Okay.

25 A Okay, and that the, you know, experience

1 that [REDACTED] might have so far is that this isn't
2 going to work, that there is no possible
3 rehabilitation for Dr. [REDACTED] and that she was not
4 going to be someone who saw me as being neutral, and
5 [REDACTED] --

6 MR. REED: I'm sorry. You said [REDACTED]

7 THE DEPONENT: Excuse me -- that [REDACTED] did
8 not think -- well, excuse me -- [REDACTED] would
9 not see me as a person who was neutral, that
10 [REDACTED] thought that her, you know, ten-year
11 relationship with [REDACTED] the fact that [REDACTED]
12 has acted for her mom in so many ways, that she
13 had a close, you know, kind of relationship and
14 they have good communication, and that she would
15 be able to, you know, say to [REDACTED] "I'm going
16 to participate and I will make certain that the
17 girls are fine."

18 BY MS. COPPOCK:

19 Q When [REDACTED] came in and saw [REDACTED] sitting
20 there, what happened?

21 A I don't know if she was -- I don't remember
22 in the beginning anything about her being overly
23 surprised that [REDACTED] was there, but she may have
24 been. But what happened is that when [REDACTED] started
25 to describe her experience that maybe Dr. [REDACTED] has

1 changed a little, [REDACTED] became agitated and upset,
2 and then, you know, began making really, I think,
3 emotionally painful statements about how [REDACTED] should
4 not be there, that it was unethical for me to have
5 included her, that it was absolutely wrong, because
6 [REDACTED] is someone who comes from a very dysfunctional
7 family. She talked about the medication that [REDACTED]
8 was on, so she brought up a lot of [REDACTED] history in
9 a way that was demoralizing to [REDACTED]

10 Prior to that, [REDACTED] had told me that she
11 was someone who was really pretty fearless, she's an
12 extrovert, and that the only thing that she was afraid
13 of in life was the possibility that her mother's
14 cancer would come back, and so when [REDACTED] talked
15 about her family, her role as a kind of codependent
16 within the family, her history of therapy, her need to
17 kind of step into family matters in her own family,
18 and in a way that was dysfunctional, it became
19 overwhelming for her, and she broke down and started
20 to cry.

21 Multiple times I asked [REDACTED] to cease and
22 desist, but she just kept bringing up things,
23 dismissing that -- basically dismissing everything
24 that [REDACTED] had said, and she was unable to listen.

25 Q And [REDACTED] mother was upset that she was

1 there, right?

2 A So when I asked [REDACTED] to leave because
3 she continued to make statements that I thought were
4 emotionally harmful, so it was kind of an emotional
5 abuse situation with [REDACTED] and she would not stop.
6 I asked her to leave the room. She left the room, and
7 I'm assuming -- I don't know this for certain -- but
8 that as soon as she left, she called [REDACTED] mom,
9 because five minutes later, as we are sitting in the
10 room kind of debriefing what had just transpired,
11 [REDACTED] gets a phone call from her mother saying that
12 she has to leave immediately.

13 Q Okay. So did you talk to her mom or
14 anything before she was participating in this?

15 A No, because she is an adult.

16 Q Yeah, but --

17 A And she had already -- I mean, she had
18 shown up on Tuesday on her own.

19 Q Uh-hum.

20 A So I knew that she was at the hotel on
21 Tuesday, and since she was there, I thought, Okay,
22 she's come on her own, I'm not going to make a big
23 issue out of that. I thought, Let's see what can be
24 done to turn that into something maybe that she's
25 folded in, and if she's influencing the girls maybe

1 now and mom isn't, at least I need to tune into that.

2 Q Okay. And -- so as far as you're aware,
3 her mom, whether through you or her, didn't know what
4 was going on?

5 A I mean, whatever she expressed to her mom
6 about her coming to the hotel on Tuesday, I don't know
7 if she came back on Wednesday or not, but coming on
8 Thursday would be between them. I don't know what her
9 mom was told.

10 Q All right. So she was home -- and, again,
11 all this -- the girls were at lunch or something,
12 right? They weren't there? Where were the girls?

13 A They were --

14 Q [REDACTED] and [REDACTED] -- or [REDACTED] and --

15 A They may have been back in the room.

16 Q [REDACTED]

17 A And [REDACTED] uh-hum.

18 Q Okay. So they were hanging out in their
19 room. Okay. And so [REDACTED] leaves?

20 A (No response.)

21 Q Did [REDACTED] leave?

22 A Yes.

23 Q Okay. And then what happened?

24 A I mean, after [REDACTED] left in five
25 minutes -- and first of all, I think both Dr. [REDACTED]

1 and I felt that [REDACTED] you know, needed to be
2 consoled and that, you know, she, you know, is someone
3 who said that she doesn't cry, doesn't, you know ever,
4 you know, experience things in a way that she's too
5 fearful now. Now she is reduced to tears, but she
6 then tried to kind of regain, you know, her strength,
7 and so we were both saying that she did not do
8 anything wrong.

9 We were, you know, helping her to see that
10 she was simply telling her truth and that, you know,
11 she did it in a way that was not over the top, that
12 really reflected her observation that there was this,
13 you know, change, and she even said slight change to
14 modify it so that it would be acceptable to [REDACTED]
15 and that, you know, there was nothing that she should
16 be, you know, upset with herself for having done by
17 wanting to, you know, be someone who participates in
18 fun activities with the girls and their father.

19 Q How about with the girls? Like, was that
20 the end of therapy for the day?

21 A I think that the girls at the end of the
22 day -- I don't know if I got together with them or
23 not, but the next morning we had a session, and that
24 session had been kind of planned out as an opportunity
25 for Dr. [REDACTED] to talk about his Indian heritage, his

1 family history and to, you know, really -- and he did
2 a great job of kind of walking through the other side
3 of the family, which they don't know much about and
4 are, you know, estranged from as well.

5 Q Okay. And what was the girl's demeanor
6 that day?

7 A On Friday -- I didn't know if there had
8 been contact at all between the girls and their mom
9 Thursday night or if there had been -- you know, other
10 than I think [REDACTED] may have made a phone call that
11 indicated things were not A-Okay, so their demeanor
12 had shifted and they were, you know, more subdued and
13 they were anxious at the end of the session on Friday
14 to go home to do school work projects.

15 Q Okay. So there was no more talking that
16 day of wanting to hang out with dad?

17 A I think because [REDACTED] was out of the
18 picture, that there was not a discussion, because
19 [REDACTED] was going to be the individual who just made
20 the whole experience go a little bit more smoothly,
21 that that option was off the table.

22 I think we maybe had talked about church
23 members as an option, but that there was not any
24 serious discussion on Friday.

25 Q Okay.

1 A I take that back. There was some
2 discussion, but there was -- everything was to be
3 determined.

4 Q Okay. During this workshop at one point,
5 did you talk either with or without Dr. [REDACTED] with
6 [REDACTED] in the room about suicidal thoughts on behalf
7 of dad?

8 A I believe that Dr. [REDACTED] talked about, you
9 know, how he reached a really low point, and he --
10 that was part of -- he was concerned that he was going
11 to now relate things about his past, about his
12 childhood which would seem to the girls as if he's
13 coming from a highly dysfunctional family, and felt
14 that if they saw him in that light, that they may be
15 disturbed about the psychopathology in his family and
16 possibly the psychopathology in him, and that they
17 would not accept him, and so --

18 Q What are you referring to with this?

19 A Just the fact that he then kind of gave a
20 narrative that he had never given them before about
21 his family in session -- this starts on Tuesday, but
22 the narrative kind of had, you know, different moments
23 of time where he's adding more, but he talked about
24 his suicidal feelings and where things had kind of,
25 you know, completely fallen apart and what he did

1 spiritually to kind of reconnect with God and
2 reconnect with the kind of person that he needs to be,
3 which is someone who doesn't just, you know, avoid
4 conflict with others or maintain a kind of distance
5 from others, that he needs to be more emotionally open
6 and vulnerable, and he was emotionally open and
7 vulnerable when he was talking about all of that with
8 the girls, which is what I feel --

9 Q The suicide, that didn't happen with [REDACTED]
10 in the room, that was just [REDACTED]

11 A That may have just been [REDACTED] yes,
12 uh-hum.

13 Q Okay. And did you think it was appropriate
14 for him to be talking about suicidal thoughts with
15 their child?

16 A I felt what was appropriate is that I had
17 been asking him to, you know, not be defensive -- I
18 mean, to not, you know, play this as "I'm going to be
19 kind of emotionally safe," because that safety, you
20 know, was part of the, you know, lack of connection at
21 times, and so -- I mean, boys do a lot a teasing of
22 one another and roughhousing, and that may be a way to
23 suggest an emotional connection, that's just a whole
24 lot safer than being vulnerable.

25 So I thought it was helpful for him to be

1 vulnerable and I thought that that was a statement
2 that reflected him being open and honest about his
3 past.

4 Q Okay. And you were given Dr. [REDACTED]
5 report to review, correct?

6 A Correct.

7 Q And you reviewed it?

8 A Correct.

9 Q And I believe Dr. [REDACTED] had stated that
10 [REDACTED] suffered from childhood trauma?

11 A I think he stated that there was a lack of,
12 you know, strong attachment experiences or that he was
13 not, you know, attached emotionally to his family
14 given, you know, their personality characteristics.

15 Q Okay. And has that affected -- has that
16 been some of the causes of what's been going on with
17 the girls?

18 A I believe that that definitely -- I mean, I
19 think that we incorporate those patterns, you know,
20 and that's part of what the neuroscience research that
21 was even discussed with the girls was about, that
22 we -- those patterns begin, you know, early in life,
23 we carry them with us, and unless we are consciously
24 trying to change those patterns, it is really
25 difficult to see that we are replaying something that

1 we might have experienced as unhealthy.

2 So he was willing to, you know, address
3 that with the girls, and I thought that that was
4 helpful, and that he, you know, spoke openly about
5 his, you know, emotional pain and hurt, that he
6 couldn't have been more open with them and been able
7 to relate to them without the teasing.

8 Q I know you're -- you have -- your
9 psychology degrees and everything, but you didn't do
10 any testing on Dr. [REDACTED] correct?

11 A No, but there had been testing done both by
12 Dr. [REDACTED] and Dr. [REDACTED] and I looked at the report
13 pretty carefully with the -- I didn't look at the
14 actual testing data --

15 Q Uh-hum.

16 A -- but I looked at, you know, what
17 Dr. [REDACTED] had written up as personality
18 characteristics of both parents.

19 Q And would you agree with them?

20 A I believe that the one piece that was a
21 little bit outside of my experience with Dr. [REDACTED] was
22 this statement from Dr. [REDACTED] that he was narcissistic
23 and that he could be arrogant and that he could, you
24 know, on a regular basis, you know, speak down to
25 others. I felt that -- I have not seen any of that.

1 I felt that he, instead, tends to be
2 silent, tends to have a difficult time expressing
3 what's inside, and that he -- when he's -- you know,
4 and even in the sessions when some of the things were
5 said by the girls, and he was having to respond to
6 their pain, I know that he had related to me that, you
7 know, it was so emotionally difficult that he would
8 kind of check out for a moment and that he had to
9 force himself to stay tuned in, that he, you know,
10 connected that to the therapy with Dr. [REDACTED] which
11 was about staying connected to feelings even when they
12 are sad and painful, and that that is more, you know,
13 important than avoiding the connection with one's self
14 and others.

15 Q Do you think maybe your experience is
16 different because you're a male and she's a female?

17 A I was basing that on the testing that she
18 had done, so she's writing up what she observed based
19 on the testing as well as, you know, when you write up
20 the personality, you know, data based on the
21 standardized test, you can also hold in your clinical
22 observation, so that may have been more of a clinical
23 observation versus what was directly from the
24 psychological testing.

25 Q Okay. And so when you were reviewing that,

1 you were just reviewing her report, you didn't
2 actually see the actual testing that was done?

3 A I did not see the actual testing. I didn't
4 speak with her though on a number of occasions, I
5 think on four occasions, and so I listened to, you
6 know, her initial description of Dr. [REDACTED] and then
7 her view that it's possible that he's in a place where
8 he, you know, really could have a relationship with
9 the girls, but that things have been really -- you
10 know, I think it's been so difficult for the girls to
11 break from their mom, that it may not be doable.

12 Q Okay. And you said you reviewed
13 Dr. [REDACTED] --

14 A I did not review Dr. [REDACTED]

15 Q Oh. Now, the individual therapy sessions
16 that you have had after the workshop, okay, how have
17 those been going?

18 A You mean the family, you know, sessions
19 with the girls?

20 Q Uh-hum, and Dr. [REDACTED]

21 A I mean, the girls -- I mean, initially came
22 to my office for the first session after the workshop,
23 and [REDACTED] was more comfortable staying. [REDACTED] said
24 that she was uncomfortable, that -- I don't know if
25 she used the word "creepy" about staying in the

1 office, and insisted that something different, you
2 know, occur, that we needed to be in a public place.

3 So what I observed is the girls on Thursday
4 talking about different fun activities, including fun
5 activities that would happen that weekend after the
6 workshop, that everything, you know, potentially was
7 going to go well maybe because they believe that
8 [REDACTED] could influence, you know, their mom to accept
9 this model, and one of the things that had been
10 discussed as a kind of open-ended,
11 think-outside-the-box concept was maybe this would
12 work because this way [REDACTED] could graduate from
13 Tampa, and -- from Tampa, and then the family could
14 move at the end of the year to Missouri, and that
15 would give them time with their dad, that would give
16 them time to really maybe see how much the
17 relationship with their dad could improve, and then
18 the family would move to Missouri, and the girls --
19 basically, [REDACTED] would be off to college, [REDACTED] would
20 be going to Missouri with [REDACTED] and then Dr. [REDACTED]
21 would go and visit, and then they would also find a
22 way to have [REDACTED] go so they could go together and
23 then they potentially would stop in Colorado and see
24 [REDACTED]

25 So those are some of the things that were

1 discussed.

2 Q And who proposed that?

3 A The visiting in Colorado was proposed by

4 [REDACTED] The concept of doing something maybe that,
5 you know, was going to work for everyone that involves
6 the girls staying here with their mom until the end of
7 the year was probably proposed by me.

8 Q Okay. So none of these suggestions are
9 something that were proposed by the girls?

10 A The girls -- I mean, I know that [REDACTED]
11 said that she would like to maybe go on a college
12 visit with her dad, so she recommended that or
13 proposed that.

14 The girls were more open to -- we talked
15 about, you know, what kinds of activities, because the
16 model was, let's move out of some of the intensity of
17 what's wrong with their, you know, ability to be
18 connected to their dad, and let's move out of the past
19 and let's create some fun, light experiences. So they
20 did bring up ideas -- I don't remember them right
21 now -- about activities that would work, and it was
22 somewhat restricted because, you know, things like
23 canoeing, kayaking, bike riding, rollerblading, things
24 like that, some of that wasn't workable for them.

25 Q Okay.

1 A It was more about doing music activities,
2 doing maybe some cultural things.

3 Q And so you're saying all this changed when
4 you started doing the individual therapy first at your
5 office and then at other places?

6 A Right. Even then, there was the whole, you
7 know, Bollywood experience. Are you familiar with
8 that?

9 Q Uh-hum.

10 A And so the session that we met when
11 Bollywood was going on, we discussed a little bit more
12 about, you know, the girls' interest in Indian culture
13 and whether or not they were tracking some of the
14 events that were happening with Bollywood, and that's
15 when it became clear to me that they're defining this
16 as, "We really, you know, are not interested in a
17 relationship with our father, we're not interested in
18 a connection with our heritage, we are simply" -- "we
19 feel that, you know, we've given our father chances in
20 the past to, you know, show that he can be different,
21 we're done."

22 And so from the -- ever -- I mean, when
23 they left the workshop, there was an opening. It was
24 less on Friday than on Thursday, but when they came
25 into my office for the first session after the

1 workshop, they were right back into not only, "I don't
2 want to have a relationship with my father," they were
3 also fearful -- at least [REDACTED] was -- saying that she
4 was feeling -- I don't know if she said fearful, but
5 she felt ill at ease, and it felt kind of creepy maybe
6 at my office.

7 Q Okay. And then you had a couple more
8 sessions after that?

9 A Uh-hum.

10 Q Anything change?

11 A You know, based on the exchanges with you
12 about places that were more convenient, we did get to
13 Crispers in [REDACTED] finally, and I asked -- I mean,
14 Dr. [REDACTED] had told me that he did have video footage
15 of experiences with the girls, and I thought, you know
16 what? To lighten up the mood a little bit, to take a
17 look at what their relationship was like prior to all
18 of this, that it made sense for him to do, you know,
19 whatever he could to get it onto a DVD, maybe bring a
20 laptop, find some way to bring that to the session,
21 and to have the girls observe some of, you know, the
22 time that they spent with their father that had been
23 videotaped.

24 Q Okay. And when you showed them this
25 videotape, how did it go?

1 A They were still, you know, defensive. They
2 dismissed a lot of the positive effect that was there.
3 I mean, if you had a chance to observe the videos, you
4 will see that they are clearly not afraid of their
5 father and that they are engaged in, you know, playing
6 with him in the pool. It doesn't look in those
7 moments that they're afraid that somehow he's going to
8 hold them under water, which has been alleged.

9 The girls didn't, you know, see the
10 experience in the same way that I did or Dr. [REDACTED]
11 They were more like, "So what? We had to be, you
12 know, compliant, we had to kind of play because then
13 we had to do this in order to just get through it,"
14 versus that they were really truly enjoying themselves
15 on their own volition.

16 Q One of the videos and video that were
17 shown, did it have Dr. [REDACTED] zooming in on one of the
18 girls' phones when she wasn't there?

19 A The only thing that was inappropriate, and
20 it was, to me, minor, was they were at Chuck-E-Cheese.
21 I think it was the first time that [REDACTED] had a phone,
22 and it did show that he, you know, was on camera
23 looking at her phone.

24 Q And he was looking at what specifically on
25 her phone?

1 A What numbers, you know, who she was
2 calling. I don't know -- what age was she at the
3 time? I --

4 THE FORMER HUSBAND: 2006.

5 THE DEPONENT: Yeah.

6 THE FORMER HUSBAND: To 2007.

7 BY MS. COPPOCK:

8 Q So these videos were from 2006 and 2007?

9 A Correct.

10 Q Okay. And so he was looking at her
11 contacts, basically, call logs?

12 A Uh-hum.

13 Q Okay. And at the end of the video, did it
14 have him zooming in on the mother?

15 A I believe that it zoomed in on, whatever,
16 the limited call log and limited people that were, you
17 know, as contacts, but it zoomed in on, I think,
18 whatever the ID was for mom, yes.

19 Q Oh, I meant like when mom came to pick them
20 up from Chuck-E-Cheese.

21 A It zoomed into what?

22 Q The mother picking them up.

23 A I don't recall that.

24 Q Okay. And how did the girls react to this
25 particular video?

1 A I mean, it was hard for them to defend the
2 position that somehow, you know, they were just
3 pretending with their dad doing all these activities
4 because it just looked too much like they were having
5 fun.

6 Q I'm talking about the call log. Did they
7 leave?

8 A Okay, but -- did the call -- they were --
9 no. They were upset with that. We were toward the
10 end of the time, so they didn't leave immediately
11 after that, but that -- they were looking, they were
12 watching these videos looking for something to say,
13 "Ah, here is the evidence that this guy is really
14 unacceptable and unworkable as a father, and so that
15 was the one thing that did show up, and they did
16 address that.

17 Q And --

18 A But there was nothing else that they saw
19 themselves in watching the videos that, you know,
20 struck them as, gee, look what you're doing here, dad,
21 you're not really being kind to me or you're making
22 me, you know, get dressed up, you know, for a
23 particular event and I didn't want to go to the event.
24 It was much more of, you know, a participation in the
25 celebrating of things in their life.

1 Q Okay. And were any of the videos more
2 current, or were they all from 2006, 2007?

3 A I know that it was after that they were
4 separated, but I think that they were that time
5 period, yes. And I've asked him -- I know that he has
6 been looking to see if he has other video footage as
7 well.

8 Q But not that you showed the girls?

9 A Right.

10 THE FORMER HUSBAND: Yeah.

11 BY MS. COPPOCK:

12 Q Okay. And --

13 THE DEPONENT: Which one? There was one?

14 THE FORMER HUSBAND: Yeah, there was one
15 where we went to North Carolina in 2008, '9.

16 THE DEPONENT: Okay. I do recall that,
17 yes.

18 BY MS. COPPOCK:

19 Q So nothing '10, '11, '12?

20 A No, but '8 and '9 -- it was a ski trip --
21 it was a trip that involved some skiing or snow stuff.
22 I remember they were playing in the snow; and, again,
23 no issues with how he was acting as a parent.

24 Q Okay. And isn't it your opinion that this
25 alienation -- I guess so because they were arguing in

1 the house when they were together -- this alienation
2 has been occurring since divorce time, let's say,
3 2006?

4 A Yeah. I believe that the girls have the
5 ability to tune in to what mom wants, that they have a
6 close relationship with her and they are also somewhat
7 fearful of taking a position against her, because
8 anyone who does ends up being, you know, I think, cut
9 out of their lives, and so they have watched that --
10 you know, I think [REDACTED] has watched it with two
11 boyfriends.

12 There's been multiple changes in schools
13 related to confrontations that their mother has had
14 with staff at school, so they get that mom is not
15 someone that you want to ever take on because the
16 consequences would be something similar to what
17 happened to [REDACTED]

18 [REDACTED] sees [REDACTED] as a mother figure, a
19 really important mother figure, they have had this
20 long-term relationship, and as soon as [REDACTED] says
21 something that is, to me, even minorly out of sync
22 with her views, [REDACTED] becomes the enemy so that there
23 is a, you know, positioning of mom only has polarized
24 views of individuals that are not balanced and
25 integrated and that it is safer to just be aligned

1 with mom than to somehow, you know, tell her we want
2 to see if she can find a middle ground and recognize
3 that there are good qualities to Dr. [REDACTED]

4 Q So are you saying then that the girls are
5 afraid to go against mom because they're scared that
6 she's going to cut them out of her life?

7 A They were afraid -- they're emotionally
8 bonded with her, and that bond is so strong and it
9 would be so painful -- I watched [REDACTED] in tears. The
10 tears were, How can this person who I really think of
11 as my mom, who I think will listen to how reasonable I
12 am being and who will get that I am there to protect
13 the girls just in case something happens -- and then,
14 you know, seeing that [REDACTED] is, you know,
15 excommunicated, and so I feel like the girls know that
16 about their mom and that they know that, you know,
17 that relationship is important, and they're not
18 willing to test it.

19 Q Okay. And you've seen the girls interact
20 with mom, right?

21 A Yes.

22 Q Okay. Do they have a good relationship
23 with their mom?

24 A I was asked to come to Dr. [REDACTED] office
25 just to prevent any possible, you know, response that

1 would be on the part of [REDACTED] that would create more
2 distress for the girls because it would potentially be
3 parents fighting again in front of the girls.

4 I observed her to be really, you know,
5 nicely engaged with them in a kind of nice, kind of
6 back and forth communication, that there was a good
7 rhythm to it, that --

8 Q It's positive?

9 A All positive.

10 Q And do they hug their mom, show affection
11 towards their mom?

12 A Yes.

13 Q How about dad?

14 A At best, at the end of the workshop on
15 Friday, they shook their father's hand, but there had
16 been -- you know, there had been more warming up to
17 him, but there was never any demonstrative kind of --
18 you know, we want to really break through this
19 inability to relate and, you know, we're going to give
20 you a hug, Dad.

21 Q Okay. Now --

22 MR. REED: Excuse me. It's my wife. She's
23 not --

24 MS. COPPOCK: Do you want to --

25 MR. REED: Yeah, I need a break.

1 MS. COPPOCK: We'll go off the record for a
2 second.

3 (Off the record.)

4 MS. COPPOCK: Back on the record. You
5 ready to go, Dr. [REDACTED]

6 THE DEPONENT: Yes.

7 BY MS. COPPOCK:

8 Q Okay. After the one session we were just
9 talking about with the camera and the phone video,
10 what happened at the session right after that?

11 A The session after that, there was some
12 uncertainty as to whether the girls were going to show
13 up; and, ultimately, they did, and it was interesting
14 that [REDACTED] this time took the leadership position and
15 kind of gave a small, you know, speech about how their
16 father is -- I don't know if she used the word crazy.
17 I can check my notes, but --

18 THE FORMER HUSBAND: Controlling.

19 THE DEPONENT: What's that?

20 THE FORMER HUSBAND: Controlling.

21 MR. REED: [REDACTED] --

22 THE FORMER HUSBAND: Okay, sorry.

23 THE DEPONENT: And that they did not feel
24 that there was a possible relationship that
25 could, you know, reemerge and that there was any

1 value in continuing, and [REDACTED] was there with a
2 little bit of a kind of half-smile. She said
3 nothing other than hello when she came in, and
4 then the two girls left together after [REDACTED]
5 presented her view of her father being someone
6 who was incapable of being a good parent.

7 BY MS. COPPOCK:

8 Q Okay. Did you text [REDACTED] to ask the
9 girls to come back?

10 A Yes.

11 Q Okay. What happened?

12 A She said that they were unwilling to come
13 back.

14 Q Okay. And was that the last therapy
15 session?

16 A Yes.

17 Q Okay. Now, have they repeatedly expressed
18 to you at different times that they feel like their
19 father hasn't changed?

20 A I mean, the irony is that I observed the
21 change in the workshop where I think partly because --
22 I mean, to me, if they are in a position where they
23 are just angry and adamant that this is the reality
24 that exists, then they wouldn't be breaking down and
25 crying. So both girls in the workshop broke down and

1 cried on multiple occasions, and it was because they
2 were in touch with what had occurred in their attempt
3 to relate to their dad and his attempt to relate to
4 them and what wasn't working.

5 But they also were moved by his statements
6 of "That's not what I wanted to achieve, this was my
7 way of trying to relate to you," and that he took
8 responsibility for why that didn't work, and so they
9 both came to kind of see their father differently.

10 Q Did they tell you that?

11 A They didn't tell me that they saw their
12 father differently, but what they said is, you know,
13 basically, in the very beginning, [REDACTED] and [REDACTED]
14 felt afraid, and I was concerned about leaving the
15 room at any point in time because if they were
16 traumatized by their experiences with him and I leave
17 the room, it would not be a good kind of environment
18 for them to be in.

19 So, initially, they were afraid to be in
20 his presence, but on Wednesday, either Tuesday or
21 Wednesday, [REDACTED] was already saying that she's
22 feeling a little bit different, and on Thursday, with
23 repeated questions about how is she feeling, she
24 indicated she was fine, that she didn't, you know,
25 feel afraid or threatened by being in her father's

1 presence.

2 Q Okay. You said you personally observed
3 changes in Dr. [REDACTED]

4 A He initially kind of came in maybe with
5 this model of the way in which you parent is you don't
6 necessarily open up, especially about things that make
7 you vulnerable, so he went from, you know, maintaining
8 this kind of more distant connection where he stayed
9 safe to being emotionally more open, talking about his
10 childhood, talking about the ways in which he has
11 great, you know, sorrow and regret for how he was
12 trying to connect with [REDACTED] and [REDACTED] and so that
13 was the change that I observed.

14 Q Okay. And did -- during these sessions
15 and/or the workshop itself, did the girls feel like
16 Dr. [REDACTED] or yourself were making excuses for his
17 behavior?

18 A In the beginning -- I mean, [REDACTED] said
19 that it was a, you know, brainwashing workshop. I
20 mean, I think that they were seeing me as a person who
21 was saying, Let's step back, look at this whole
22 experience with your dad differently, but that in
23 doing so, it makes their stories, you know, less
24 viable; and, therefore, I'm not necessarily
25 understanding their feelings, understanding their

1 experience.

2 Q Do you think that therapy has worked for
3 the girls?

4 A I believe that it -- you know, if you asked
5 me that on Monday of the workshop, I would have said,
6 Yikes, I don't know that this is going to work. On
7 Tuesday, I would have also said, This does not look
8 like there's going to be a turning around of the
9 inability for the girls to try something different
10 with their father, be open to a new kind of
11 relationship with him, and -- but Wednesday, I started
12 to have a little bit of hope, and on Thursday, yes. I
13 felt --

14 Q And now, today?

15 A I believe that, you know, unless they
16 are -- and this is the -- the good news about their
17 mother, [REDACTED] [REDACTED] is that she does have a lot of
18 personal power. She is someone who is able to express
19 herself strongly, that she doesn't necessarily have to
20 be consistent in how she has conducted, you know,
21 herself with the girls.

22 The girls will embrace a statement from her
23 where she says, "I have listened to some of what has
24 transpired and that I feel that you need to try to
25 have a relationship with your father," that that

1 statement from her would be something that moves the
2 girls into a place that's very different from where
3 they are at this moment.

4 But as long as they feel that the desire
5 for all of this is mom needs to move to Missouri, we
6 need to be closer to mom's family, then they're going
7 to support the view that it's unworkable to have a
8 relationship with their dad.

9 Q And based on your interactions, your
10 therapy sessions, are you of an opinion of whether or
11 not there is emotional abuse going on between
12 Dr. [REDACTED] and the girls?

13 A I think that he was insensitive and he was
14 at times unable to see that his behavior was, you
15 know, emotionally not leading to a relationship, but
16 was making them frustrated and upset with him, and so
17 I don't know if I would call that emotional abuse. I
18 feel like it's more a lack of sensitivity, a lack of
19 appreciation for how they were experiencing him in the
20 relationship.

21 Q Any other opinions that you formed during
22 your therapy sessions or observations in this case?

23 A That, you know, I have had, you know, a
24 number of cases where, for me, getting sometimes
25 adolescents or children to accept that they need to be

1 open to a relationship with a parent that they're not
2 close to, that it's not that difficult oftentimes to
3 get them to want to try again. They have this kind of
4 youthful desire to make it work, and they really want
5 to have a relationship with the parent that they're
6 not emotionally connected to, so they're willing to
7 try and try again.

8 Q And this is for all ages?

9 A It happens more with younger kids. When
10 kids get older, it's more difficult to see that, but
11 when that does happen, it's like that's Step One, and
12 so Step Two is: Is the parent capable of really being
13 different? Is the parent capable of correcting some
14 of what they do in the relationship, and not all
15 parents are able to do that.

16 So even when children are willing to open
17 that door, it is the lack of insight and the inability
18 to change that sometimes closes the door again. I do
19 feel that Dr. [REDACTED] gets what he has done, what he has
20 repeated from his family of origin, that he is
21 dedicated to hearing what the girls have to say and
22 to, you know, make changes in how he communicates with
23 them and to make it so that they are safe and that it
24 works.

25 Q Okay. And so this alienation that you're

1 opining on the part of the mother that's been
2 occurring since 2006, why is it then that the girls
3 just stopped seeing their father and talking to their
4 father after years of this?

5 A I mean, I believe that they understood that
6 this was a parenting plan that, you know, was court
7 ordered, that this is what the judge says they have to
8 do, that attempts to limit the time, you know, would
9 not work, but they're hearing things and drawing their
10 own conclusions and they see their mom as someone who
11 has very strong views about their father, and they're
12 not positive views, and they don't need to be
13 necessarily told that on an ongoing basis. I think
14 they can read her really well.

15 Q I guess I didn't convey that question good
16 because that's not -- we're talking about two
17 different things. The girls went to time sharing with
18 their father from 2006 until December of 2012, yet
19 this alienation was going on, and it wasn't until
20 December of 2012 that they refused to see their dad.

21 So if alienation was occurring all this
22 time, why did they not refuse to see their dad in
23 2008, 2009?

24 A There has always -- I mean, I think that
25 for some time, the girls would have liked their father

1 to behave differently, to be a little bit more
2 flexible with some of the routines, to be more
3 emotionally in tune with him, to not do the teasing,
4 to not do the roughhouse play, the boxing, all of
5 that, and they were unable to express that, and I
6 believe during that time period they were probably
7 talking about that with their mom and they were
8 getting input from her. They were seeing that this
9 kind of behavior is unacceptable and that they don't
10 have to put up with it.

11 They were discussing these things in
12 therapy without [REDACTED] necessarily hearing, you
13 know, the other side to some of the stories as well as,
14 you know, trying to do some things to alter, you know,
15 some of that parenting style on the part of Dr. [REDACTED]
16 So it just continued, and when the incident occurred,
17 you know, with the car door and/or with the poking in
18 the car, because there's two different stories for
19 that, I think that's when it became, you know, an
20 opportunity for them to say, "We don't have to do this
21 anymore."

22 And their report to me is that they have
23 tried, and they were trying, but that incident becomes
24 a kind of threshold that got crossed, and I think that
25 they were supported by their mom in saying no, and

1 then it works for them to say no so that the whole
2 family can move to Missouri.

3 Q So they want to move to Missouri?

4 A I don't think that [REDACTED] wants to move to
5 Missouri. I don't know if [REDACTED] wants to move to
6 Missouri, but I know [REDACTED] and [REDACTED] know that they
7 want to do what pleases their mom because if they take
8 a position against her, it's going to result in
9 something similar to what happened to [REDACTED] or
10 there's the potential for that.

11 Q That she would cut them out of her life?

12 A I think that she would -- that there would
13 be a cost to pay that they're not willing to risk.

14 Q At any point did Dr. [REDACTED] -- or Dr. [REDACTED]
15 admit to stalking [REDACTED]

16 A No. He talked about how he -- you know,
17 there had been a requirement that he moves to [REDACTED]
18 I think, from New Port Richey, or whatever -- New -- I
19 don't know where he was -- wherever. He was not in
20 the area where the girls are with their mom, that he
21 had to move into that area and that he was very
22 cautious about the way in which he conducted himself
23 because he was afraid that somehow, you know, if they
24 saw him at various places, you know, when they were
25 out with their mom, that it would seem like he was

1 stalking them, and he talked about how he just
2 carefully tried to not have those experiences occur.

3 Q Okay. And so there was nothing about
4 February 2013 about him following the girls or texting
5 them after they asked him not to text him?

6 A I don't know that texting would be
7 stalking. I think that asking them repeatedly to
8 participate, you know, in, you know, some way having a
9 relationship with him, I think that was just a -- I
10 would see that more as a request.

11 Q Okay. And so you said that there was
12 differing stories about the December incident --

13 A Correct.

14 Q -- of 2012. [REDACTED] version is that he
15 was hitting her?

16 A That he used his elbows, and that -- I
17 think that Dr. [REDACTED] version was that he did poke
18 her. Part of it had been kind of the poking,
19 roughhousing that they did with each other.

20 Q Okay, like poke, like, with his finger in
21 her arm or something?

22 A Yeah.

23 Q Okay. And how did [REDACTED] and [REDACTED] take it
24 when they had the disagreement over their versions of
25 the story?

1 A I mean, part of what happened in the
2 workshop is the goal was to step back and to not, you
3 know, get into an impasse over "I know exactly what
4 occurred because my brain works like a video
5 recorder," that we agree to differ about how events
6 have transpired, and that was one of the ones where
7 when it became clear that there wasn't going to be
8 a -- you know, huge overlap in the stories to help
9 them reconcile how they could see it differently, that
10 we just didn't go further.

11 Q Was there any agreement as to [REDACTED]
12 hitting -- between Dr. [REDACTED] did they agree that
13 [REDACTED] hit him with the car door?

14 A They stated that, but Dr. [REDACTED] doesn't
15 remember that, and so we didn't -- what happened is
16 that as the story -- the narrative -- the two
17 different narratives were not going to converge, and
18 so --

19 Q You just moved on?

20 A -- so I said, you know, "We're going to
21 agree to disagree on that," and I was looking more for
22 convergence, since -- so the convergence was about
23 other events and ways in which they could understand
24 their father's behavior.

25 Q Okay. Are there any other areas of

1 testimony that we haven't covered today that you're
2 planning to testify to in trial?

3 MR. REED: In fairness, I haven't spoken
4 with him about his testimony.

5 BY MS. COPPOCK:

6 Q Anything that I haven't covered with you
7 that is relevant to this case?

8 A I did talk to Dr. [REDACTED] about an expert at
9 USF potentially testifying about the importance of
10 fathers in the lives of daughters. I don't know that
11 that's going to be workable because it's kind of late
12 in the game to do that, so it may be possible that I
13 would be testifying to some of that -- testifying
14 about some of that research.

15 Q Okay. And what's the research?

16 A There is a lot of research showing the
17 importance of fathers in how sons transition to
18 adulthood, that there's a mentoring experience and
19 ability for young men to do much better when they have
20 fathers who are helping them with that transition.
21 It's not that the transition requires that you have a
22 father present, but it seems to assist in early career
23 achievements.

24 Q You're saying sons.

25 A Sons, right, so --

1 Q Okay.

2 A -- so the research with daughters,
3 especially with, you know, the fact that fathers
4 aren't necessarily involved in that way with their
5 daughter's transition to adulthood based on career
6 choices as much as mothers might be was lacking, but
7 the attempt to fill in the gap there has shown that
8 there is a kind of -- a different kind of mentoring
9 experience, and it has more to do with the experience
10 of approval, that girls are looking for their father's
11 approval, that when they get their father's approval,
12 it reduces their anxiety and depression, that it helps
13 them to be more resilient, and that it also reduces
14 the likelihood that they are going to maybe make the
15 choice to have a child at a young age, that they tend
16 to be a little bit more careful about stepping into a
17 family experience before they are ready to do so.

18 Q But you were saying that the research with
19 mothers involved in their daughter's life is
20 significant?

21 A Yes. I'm just saying that there was an
22 absence of research on the part of the father's role
23 with daughters, but now that research is -- that's
24 filling in that gap, has pointed out the things that I
25 just stated.

1 Q Okay. But most of the research has to deal
2 with the importance of a mother's role in the
3 daughter's lives?

4 A That was because -- and, again, the folks
5 who were looking at how this has progressed accepted
6 that that was a kind of bias that the research had,
7 and that no one really understood fully the impact
8 that fathers have on daughters because most of the
9 research involved males, boys transitioning to
10 adulthood, but that when it shifted to daughters, they
11 were surprised to see just how significant fathers are
12 in how girls are able to make the transition to
13 adulthood, not just as it relates to career, but more
14 as it relates to the experience of resilience and
15 accepting themselves and having better self-esteem.

16 Q And that's when they get the approval of
17 their father?

18 A Correct.

19 Q Okay. And are you familiar with PTSD?

20 A Yes.

21 Q Okay. Have you -- are you familiar with
22 the research on it and the studies that have been
23 done?

24 A Yes.

25 Q Individuals with post-traumatic stress

1 syndrome --

2 A Distress disorder.

3 Q Yes, distress disorder, are they more
4 likely to act and respond differently to situations?

5 A They may be reliving, you know, events
6 which were traumatizing, and so they may be unable to,
7 you know, find ways to reconcile those experiences,
8 put them in the past. They may not have the adequate,
9 you know, coping capacity to deal with stress in new
10 situations that remind them of those threats in a way
11 that's consistent and healthy.

12 Q Okay. And with people with
13 post-traumatic -- PTSD, they are -- are there often
14 situations that --

15 MR. REED: I'm sorry, objection. Relevance
16 of PTSD, please.

17 MS. COPPOCK: The girls and their situation
18 with their father.

19 MR. REED: Has somebody diagnosed them with
20 PTSD?

21 MS. COPPOCK: No, but I'm asking his
22 opinion --

23 MR. REED: Then what's the relevance?

24 MS. COPPOCK: -- oh, apparently, yes.

25 MR. REED: Who diagnosed the kids with

1 PTSD?

2 MS. COPPOCK: [REDACTED]

3 MR. REED: [REDACTED] diagnosed the kids with
4 PTSD?

5 MS. COPPOCK: Maybe not diagnosed, but said
6 they had symptoms.

7 THE DEPONENT: What I have observed is
8 that --

9 MS. COPPOCK: That was going to be my next
10 question to him, if you want me -- to let me
11 continue. Go ahead.

12 THE DEPONENT: That on Monday of the
13 workshop, you know, it's possible, given the
14 fear and their desire to not be there, that
15 there may have been, you know, experiences which
16 were traumatizing to them and that there was
17 something akin to features of, you know, a
18 post-traumatic stress disorder.

19 However, in time, you know, it was clear
20 when I was asking questions about how they were
21 feeling, or did they feel comfortable, I would
22 even ask, "Is it okay for me to do a bathroom
23 break," knowing that they didn't need to go to
24 the bathroom, nor did their father, and that
25 they would be in the room with their father and

1 they were willing to -- you know, and
2 comfortable doing that.

3 Now, I don't think that a whole lot of
4 dialogue went on when I was gone, but they were
5 not in fear of him, nor were they distressed.
6 So if you are taking someone, say, who has PTSD,
7 who has been to Iraq, and that you are, you
8 know, replaying certain scenes that they may
9 have experienced in Baghdad or anything like a
10 war situation, you're going to see that they are
11 distressed and emotionally aroused and
12 activated, and I did not observe that.

13 Once the girls kind of started to feel that
14 they could express what they needed to express
15 to the father and he was able to listen and take
16 responsibility for what he did, that wasn't, you
17 know, I think, helpful in being connected to
18 them.

19 BY MS. COPPOCK:

20 Q So it's not your opinion that any of the
21 results or their behaviors or their reactions are a
22 result of any sort of emotional abuse by Dr. [REDACTED]

23 A I think that if there is abuse, it's
24 because they are in the middle, again, and that, you
25 know, they are both distressed about being in the

1 middle of their parents' views about what is in their
2 best interest, and that that distress, you know, shows
3 up as anxiety and the desire to avoid, you know, even
4 any attempt to relate to their dad, and they just want
5 to exit that, and the easiest way to exit it is to be
6 aligned with their mom.

7 Q Okay. Any other relevant information about
8 this that I haven't covered with you about this
9 case -- this case specifically?

10 A Not that I can recall.

11 MS. COPPOCK: Okay. I have no further
12 questions.

13 MR. REED: I'm not going to have any
14 questions.

15 - - - - -

16 S T I P U L A T I O N

17 It was thereupon stipulated and agreed by
18 and among counsel present for the respective
19 parties that reading and signing of the
20 deposition was not waived.

21 THEREUPON, THE TAKING OF THE DEPOSITION WAS
22 CONCLUDED AT 12:19 p.m.

23 - - - - -

24
25
CERTIFICATE OF OATH
CERTIFICATE OF OATH

STATE OF FLORIDA)

COUNTY OF HILLSBOROUGH)

I, the undersigned authority, certify
that [REDACTED] PH.D. personally appeared before me
and was duly sworn.

WITNESS my hand and official seal this
25th day of June, 2014

Eleanor Massaro

Eleanor Massaro
Registered Professional Reporter
Notary Public, State of Florida

1 CERTIFICATE OF REPORTER

2 STATE OF FLORIDA)
3 COUNTY OF HILLSBOROUGH)
4

5 I, ELEANOR MASSARO, Registered Professional
6 Reporter, DO HEREBY CERTIFY that I was authorized to and
7 did stenographically report the foregoing deposition at
8 the time and place therein designated; that my shorthand
9 notes were thereafter reduced to typewriting under my
10 supervision; and the foregoing pages numbered 4 through
11 96 are a true and correct record of the testimony given
12 by the witness.

13 I FURTHER CERTIFY that I am not a relative,
14 employee, attorney or counsel of any of the parties, nor
15 relative or employee of such attorney or counsel, or
16 financially interested in the foregoing action.

17 WITNESS MY HAND AND SEAL THIS, the 25th DAY
18 OF June, 2014, IN THE CITY OF TAMPA, COUNTY OF
HILLSBOROUGH, STATE OF FLORIDA.

19 Eleanor Massaro
20

21 Eleanor Massaro, RPR
22 Notary Public
23 State of Florida at Large
24
25



ERRATA SHEET

INSTRUCTIONS:

Please read the original transcript of your deposition, and make note of any errors in transcription on this page. DO NOT mark on the original transcript itself. Please sign and date this sheet. Then kindly return both sheet and transcript to the court reporter whose name is below. Thank you.

COURT REPORTER: Eleanor Massaro, RPR

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[illegible]

I have read the original transcript and, except for any corrections and/or amendments noted above, I hereby subscribe to the transcript as an accurate record of the statements made by me.

Signature of Deponent:_____

Date: Witness:

<p>A</p> <p>ability 12:23 30:3 68:17 75:5 90:19</p> <p>able 19:2 23:6 28:5 28:13 30:2 41:12 55:15 64:6 82:18 84:15 92:12 95:15</p> <p>absence 91:22</p> <p>absolutely 42:4 56:5</p> <p>abuse 23:11 57:5 83:11,17 95:22,23</p> <p>abusers 9:20</p> <p>abusive 49:12</p> <p>accept 28:25 40:16 44:18 45:22 61:17 67:8 83:25</p> <p>acceptable 59:14</p> <p>acceptance 37:3</p> <p>accepted 31:5,15 92:5</p> <p>accepting 48:23 92:15</p> <p>accounting 17:20</p> <p>accurate 19:13 99:22</p> <p>achieve 80:6</p> <p>achievements 90:23</p> <p>act 12:10 93:4</p> <p>acted 55:12</p> <p>acting 74:23</p> <p>action 11:3,17,18 11:18,19,21 12:17 12:25 98:16</p> <p>actions 11:2</p> <p>activated 95:12</p> <p>active 10:2</p> <p>activities 59:18 67:4,5 68:15,21 69:1 73:3</p> <p>actual 64:14 66:2,3</p> <p>adamant 79:23</p> <p>adding 61:23</p> <p>addition 17:16</p> <p>address 4:9 8:10 64:2 73:16</p> <p>addressed 27:23 29:21 31:23 37:2</p>	<p>addressing 6:15 33:8</p> <p>adequate 93:8</p> <p>adequately 29:21</p> <p>administration 11:10</p> <p>admissions 28:16</p> <p>admit 87:15</p> <p>adolescents 83:25</p> <p>adult 57:15</p> <p>adulthood 90:18 91:5 92:10,13</p> <p>advantage 23:15</p> <p>affect 51:13</p> <p>affection 77:10</p> <p>afraid 49:13 56:12 71:4,7 76:5,7 80:14,19,25 87:23</p> <p>afternoon 42:25 51:22</p> <p>age 32:24 49:23 72:2 91:15</p> <p>ages 84:8</p> <p>agitated 56:1</p> <p>agree 20:9 21:7 22:7,20,24,25 64:19 89:5,12,21</p> <p>agreed 5:5 96:17</p> <p>agreement 12:18 89:11</p> <p>agrees 31:21</p> <p>Ah 73:13</p> <p>ahead 94:11</p> <p>akin 94:17</p> <p>alienated 25:20 47:2</p> <p>alienation 19:21 25:2,3,10 27:13 27:16 46:5,19 47:9 48:6 50:2,5 50:15 74:25 75:1 84:25 85:19,21</p> <p>aligned 75:25 96:6</p> <p>allegations 12:14</p> <p>alleged 12:10 71:8</p> <p>alleging 12:8</p> <p>alliance 23:5 25:19</p> <p>alter 86:14</p> <p>alternative 19:19</p>	<p>altogether 44:17</p> <p>amendment 99:11</p> <p>amendments 99:21</p> <p>and/or 81:15 86:17 99:21</p> <p>angry 53:4 79:23 ██████:3</p> <p>annihilated 50:22</p> <p>annual 10:21</p> <p>answer 32:21,22</p> <p>anxiety 91:12 96:3</p> <p>anxious 60:13</p> <p>anybody 32:9</p> <p>anymore 86:21</p> <p>apart 61:25</p> <p>apologize 35:2</p> <p>apologized 39:2</p> <p>apparently 93:24</p> <p>APPEARANCES 2:1</p> <p>appeared 97:8</p> <p>appointed 11:5 16:11,12,15 17:5 24:5,12</p> <p>appointment 16:18</p> <p>appreciate 47:19 47:19</p> <p>appreciation 33:23 83:19</p> <p>approach 19:20 21:10 34:15 35:11</p> <p>approaches 22:18</p> <p>appropriate 62:13 62:16</p> <p>approval 91:10,11 91:11 92:16</p> <p>area 87:20,21</p> <p>areas 89:25</p> <p>arguing 47:3 48:3,4 51:4 74:25</p> <p>argument 47:23,24</p> <p>arm 29:15 88:21</p> <p>arose 12:25</p> <p>aroused 95:11</p> <p>arrogant 64:23</p> <p>asked 27:7 35:25 42:14,23,24 50:3 56:21 57:2,6 70:13 74:5 76:24</p>	<p>82:4 88:5</p> <p>asking 62:17 88:7 93:21 94:20</p> <p>assess 20:13</p> <p>assigned 34:7</p> <p>assignments 22:15</p> <p>assist 19:15 30:1 90:22</p> <p>assistant 6:1</p> <p>Association 10:14</p> <p>assuming 7:21 27:10 47:1 57:7</p> <p>assumptions 19:12</p> <p>ATTACH 99:1</p> <p>attached 63:13</p> <p>attachment 63:12</p> <p>attempt 80:2,3 91:7 96:4</p> <p>attempts 85:8</p> <p>attend 8:21</p> <p>attended 20:4</p> <p>attorney 11:4 98:14 98:15</p> <p>authority 97:7</p> <p>authorized 98:6</p> <p>available 35:16 41:22</p> <p>avoid 11:14 62:3 96:3</p> <p>avoiding 65:13</p> <p>aware 4:16 41:18 42:1 58:2</p> <p>A-Okay 60:11</p> <p>a.m 1:14</p> <p>a/k/a 1:4</p>	<p>balanced 75:24</p> <p>ball 18:7</p> <p>ballpark 17:19,20</p> <p>banter 43:13</p> <p>based 7:3 19:18 34:15 37:15 51:18 65:18,20 70:11 83:9 91:5</p> <p>basically 44:9 52:14 53:16 56:23 67:19 72:11 80:13</p> <p>basing 50:15 65:17</p> <p>basis 11:20 64:24 85:13</p> <p>bathroom 94:22,24</p> <p>began 56:2</p> <p>beginning 12:1 36:4,5 42:3 55:22 80:13 81:18</p> <p>behalf 14:14 61:6</p> <p>behave 86:1</p> <p>behavior 23:7 39:2 40:23 49:12 81:17 83:14 86:9 89:24</p> <p>behaviors 95:21</p> <p>belief 46:19</p> <p>believe 13:19 16:16 19:16 20:12 21:14 26:9 31:7 33:11 36:13 38:8 41:14 41:15 42:19,20 47:1 48:11 50:4,5 61:8 63:9,18 64:20 67:7 72:15 75:4 82:4,15 85:5 86:6</p> <p>believing 25:14</p> <p>best 11:7 23:9 77:14 96:2</p> <p>Bethel 8:13,22 9:5</p> <p>better 19:23 21:20 37:16 90:19 92:15</p> <p>beyond 40:5</p> <p>bias 33:2 92:6</p> <p>biased 14:20</p> <p>big 57:22</p> <p>bike 68:23</p> <p>bit 22:16 30:8 32:8 33:15 38:3 47:8</p>
			<p>B</p> <p>baby 8:4</p> <p>bachelor's 8:12,19</p> <p>back 23:2 30:10,14 30:17 33:16 34:18 45:7 47:25 51:19 56:14 58:7,15 61:1 70:1 77:6 78:4 79:9,13 81:21 89:2</p> <p>bad 37:1</p> <p>Baghdad 95:9</p> <p>balance 26:22</p>	

49:11 54:13 60:20 64:21 69:11 70:16 79:2 80:22 82:12 86:1 91:16 board 10:12 12:6 Bollywood 69:7,11 69:14 bond 76:8 bonded 76:8 borderline 11:23 13:10 borrowed 22:17 Boulevard 8:11 boundaries 12:12 13:12,13 box 2:9 41:12 43:14 boxing 29:7,11,13 30:23 86:4 boyfriend 30:11,13 boyfriends 75:11 boys 62:21 92:9 brain 89:4 brainstorming 39:18 brainwashed 21:24 brainwashing 54:21 81:19 ██████████ 70:13 87:17 breaches 12:15 break 17:25 18:3,7 66:11 77:18,25 94:23 breaking 79:24 Bridges 19:6,17 20:1,3,7,10 21:5 34:15,18 brief 38:8,9 46:24 bring 68:20 70:19 70:20 bringing 56:22 broke 56:19 79:25 brother 28:1 51:21 brought 29:7 56:8 bullied 29:21 bullying 29:24 30:1 bunch 39:22 business 8:10	C C 3:1 calculations 14:15 California 22:23 call 16:23 17:1 18:7 42:4 57:11 60:10 72:11,16 73:6,8 83:17 called 4:3 43:9 57:8 calling 41:18 72:2 calls 17:2,3 camera 71:22 78:9 camp 54:21 campaign 23:14 cancer 56:14 canoeing 68:23 capable 84:12,13 capacities 20:13 capacity 20:20 25:12 27:20 93:9 car 53:17 86:17,18 89:13 cared 29:23 career 90:22 91:5 92:13 careful 91:16 carefully 64:13 88:2 Carolina 74:15 ██████████ 17:2 19:15 19:16 34:5 64:12 64:17,22 ██████████ 48:1 63:4 76:24 carry 63:23 case 1:5 11:6 14:11 16:11,13,22,25 18:17 24:5,12 27:4,11,22 33:25 34:7 35:8 42:20 76:13 83:22 90:7 96:9,9 99:1 cases 11:11 16:3 25:7,8 83:24 category 25:21 caused 33:21 45:21 causes 63:16 cautious 87:22 cease 56:21	celebrating 73:25 Center 2:8 certain 4:21,22 22:11,25 31:19 32:12,20 41:5,24 53:25 55:16 57:7 95:8 Certainly 48:20 CERTIFICATE 3:5 96:25,25 98:1 certify 97:7 98:6,13 ██████████ 17:16 35:4 challenging 47:15 chance 39:17 45:13 71:3 chances 69:19 change 11:9 20:24 21:14 23:4,12 32:9,9 44:16,22 59:13,13 63:24 70:10 79:21 81:13 84:18 changed 21:18 43:11 44:13 52:16 56:1 69:3 79:19 changes 75:12 81:3 84:22 changing 32:10 characteristics 63:14 64:18 check 4:14,16 7:2 26:23 41:15 65:8 78:17 child 62:15 91:15 childhood 28:4 51:19 61:12 63:10 81:10 children 19:9 20:14 22:21 23:6,15 25:14 46:9 47:2 50:11 51:5 83:25 84:16 children's 23:8 choice 91:15 choices 91:6 choose 32:6 42:22 Chuck-E-Cheese 71:20 72:20 church 60:22	CIRCUIT 1:1,1 circumstances 22:25 23:7 City 2:8 98:17 ██████████ 34:1 35:24 36:4,6,7,8,10,11 37:7,8,13,14,16 38:7,12,16 39:7 39:12,14,24 40:3 40:4,8,13,14,18 42:9,11 43:19,25 44:3,6,21,21 45:2 45:4,5,7,16 46:6,7 46:16,17 52:3,8 53:6 55:5,7,10,19 55:24 56:3,6,7,9 56:10,24 57:5,11 59:1 60:10,17,19 67:8,24 68:4 75:17,18,20,22 76:9,14 87:9 ██████████ 52:10 56:8 56:25 57:8 classes 13:4 clear 11:11 18:22 42:7 49:11 50:23 69:15 89:7 94:19 clearly 71:4 Cleveland 1:11 2:4 client 11:16 climate 43:12 clinical 9:11,14 65:21,22 close 55:13 75:6 84:2 closed 13:19 closer 83:6 closes 84:18 codependent 56:15 college 8:13,22 43:17,20 53:12 67:19 68:11 Colorado 39:21 43:19,20 67:23 68:3 combination 27:15 34:14 45:3 combined 13:17 come 6:20 17:12	36:24 39:8 43:4,6 43:9 56:14 57:22 76:24 79:9,12 comes 21:23 48:1 56:6 comfortable 66:23 94:21 95:2 coming 6:22,23 18:4 21:16 49:19 58:6,7 61:13 Commencing 1:14 commentary 48:9 communicate 47:6 communicated 34:23 52:15 communicates 84:22 communication 36:12 51:13 55:14 77:6 community 9:12,15 compensated 17:9 compensating 17:11 Compensation 17:12 complaint 12:5,7 complete 22:15 completed 24:21 completely 61:25 complexity 11:6 compliant 71:12 complicated 17:14 component 22:1 27:19 components 22:11 COMPUTER-AI... 1:18 concept 25:2 32:8 33:4 47:13 52:15 52:19 53:16 67:11 68:4 concepts 20:11 concern 29:16,18 29:19 30:3 49:19 concerned 36:25 61:10 80:14 CONCLUDED 96:22
--	---	---	--	---

conclusions 85:10
conducted 82:20
 87:22
conducting 34:10
 35:7 36:7
conduit 36:13
 42:10
confidential 5:12
confidentiality
 4:19,22 12:15
conflict 47:17,18
 49:16 50:22 54:5
 62:4
confrontations
 75:13
connect 20:22
 81:12
connected 21:2
 29:2,4 38:24
 51:18 65:10,11
 68:18 84:6 95:17
connection 28:15
 51:9 62:20,23
 65:13 69:18 81:8
consciously 63:23
consequences
 75:16
considered 19:22
consist 35:23
consistent 82:20
 93:11
consoled 59:2
consultant 20:6
contact 42:8 60:8
contacts 72:11,17
continue 23:6
 35:13 94:11
continued 57:3
 86:16
continuing 10:21
 13:3,8,9 51:1 79:1
control 30:8
Controlling 78:18
 78:20
convenient 70:12
converge 89:17
convergence 89:22
 89:22
convey 30:2 85:15

conveyed 6:4
coordination 23:25
coordinator 24:8
coping 93:9
Coppock 2:3 3:4
 4:7,12,15,18,25
 5:4,7,11,13,18,20
 5:22,25 6:4,8,10
 6:14 7:14,18,19
 18:24 35:5,6
 55:18 72:7 74:11
 74:18 77:24 78:1
 78:4,7 79:7 90:5
 93:17,21,24 94:2
 94:5,9 95:19
 96:11
COPY 1:18
correct 5:11,13 7:4
 8:14,25 9:9,23,24
 10:18,25 15:25
 18:1,14 24:7,9,11
 24:14 27:2 28:11
 29:9 30:17 31:3
 32:2 34:8 40:7,22
 43:10 48:7 51:25
 63:5,6,8 64:10
 72:9 88:13 92:18
 98:11
correcting 84:13
corrections 99:21
cost 17:15 87:13
counsel 15:13
 26:14 96:18 98:14
 98:15
COUNTY 1:1 97:4
 98:3,17
couple 39:17 70:7
court 1:1 6:20 7:16
 8:8 13:23 14:23
 18:5 22:22 42:11
 42:17 85:6 99:7,9
courtroom 22:23
court-appointed
 5:8,9
court-ordered
 35:13
cover 37:21
covered 17:15 90:1
 90:6 96:8

covering 34:19
crazy 43:13 46:14
 78:16
create 21:13 68:19
 77:1
created 33:14
creepy 66:25 70:5
cried 28:23 38:22
 80:1
Crispers 70:13
critical 30:11 36:9
criticism 30:13
crossed 86:24
cry 56:20 59:3
crying 33:11,14,22
 33:23 40:2 79:25
cult 21:24
cultish 21:20,22
 22:1,5
cultural 69:2
culture 69:12
current 74:2
currently 10:2
cut 7:2 38:15 75:8
 76:6 87:11

D

D 3:1,1
dad 31:15,19 39:16
 43:16 44:5,23
 48:3,10,12,13
 53:3 54:1 60:16
 61:7 67:15,17
 68:12,18 73:3,20
 77:13,20 80:3
 81:22 83:8 85:20
 85:22 96:4
 ■ 11:4
data 64:14 65:20
date 1:13 99:6,25
daughters 19:3
 36:18 90:10 91:2
 91:23 92:8,10
daughter's 91:5,19
 92:3
day 33:11,12 37:10
 41:23 42:3,3 43:9
 59:20,22 60:6,16
 97:12 98:17

days 35:22
deal 4:8 11:11,14
 13:1,1 41:4 92:1
 93:9
dealing 14:4 19:20
 20:24
dealt 28:21 31:3
debriefing 57:10
December 85:18,20
 88:12
decision 11:10
dedicated 84:21
deeper 35:20
defend 73:1
defensive 20:23
 35:18 62:17 71:1
defining 69:15
definite 46:2
definitely 32:23
 63:18
degrees 64:9
demand 23:4
demanding 22:13
demeanor 60:5,11
demonstrative
 77:17
demoralizing 56:9
Denmon 2:3,3
Department 9:13
depends 21:16
Deponent 4:6,9,13
 4:17,20 5:15,19
 5:21 6:2,7,9,11
 55:7 72:5 74:13
 74:16 78:6,19,23
 94:7,12 99:24
deposition 1:10
 96:20,21 98:7
 99:1,5
depositions 7:21
depression 91:12
describe 55:25
description 16:25
 66:6
designated 98:8
desire 83:4 84:4
 94:14 96:3
desist 56:22
determine 20:15

44:12
determined 61:3
detrimental 30:4
diagnosed 93:19,25
 94:3,5
dialogue 22:11
 33:10 95:4
differ 89:5
different 7:2 11:22
 22:14 23:20 24:20
 25:24 32:4,11
 34:17,25 41:5
 43:21 52:22 61:22
 65:16 67:1,4
 69:20 79:18 80:22
 82:9 83:2 84:13
 85:17 86:18 89:17
 91:8
differently 31:16
 35:16 38:21 39:15
 80:9,12 81:22
 86:1 89:9 93:4
differing 88:12
difficult 63:25 65:2
 65:7 66:10 84:2
 84:10
direct 3:4 6:13 33:5
 48:9 51:12
direction 14:21
directly 45:1 65:23
disagree 89:21
disagreement
 88:24
disciplinary 11:1
 11:18,19,21
discuss 44:14
discussed 29:11
 35:8,10,14,21
 44:2 54:13 63:21
 67:10 68:1 69:11
discussing 27:13
 49:22 86:11
discussion 43:16,18
 44:17 49:24 52:19
 60:18,24 61:2
discussions 43:14
 44:25,25
dismissed 71:2
dismissing 56:23

56:23	48:24 49:3,12,19	Eleanor 1:15 97:14	evil 46:12 50:24	extrovert 56:12
disorder 11:23	50:8 51:6 52:3,8	98:5,20 99:9	exactly 89:3	■ 3:3 4:2
13:10 93:2,3	52:12,15,21 55:3	embrace 82:22	Examination 3:4	
94:18	55:25 58:25 59:25	emergency 41:23	6:13	F
disrespectful 35:17	61:5,8 63:4,9	emotional 28:15	examined 4:4	fact 41:15 51:4
dissertation 9:18	64:10,12,12,17,21	31:16 43:12 46:14	exchange 30:10	55:11 61:19 91:3
9:19	64:22 65:10 66:6	51:9 57:4 62:23	exchanges 70:11	fairness 90:3
distance 62:4	66:13,14,20 67:20	64:5 83:11,17	exclude 15:10	fallen 61:25
distances 33:16	70:14 71:10,17	95:22	excommunicated	false 41:8
distant 81:8	76:3,24 78:5 81:3	emotionally 37:4	76:15	familiar 7:20 19:25
distorts 33:1	81:16 83:12 84:19	44:13 51:18 56:3	excuse 7:13 55:7,8	20:3 21:4 69:7
distress 33:15 77:2	86:15 87:14,14	57:4 62:5,6,19	77:22	92:19,21
93:2,3 96:2	88:17 89:12,14	63:13 65:7 76:7	excuses 81:16	families 21:16 22:4
distressed 42:6	90:8 95:22	81:9 83:15 84:6	exists 79:24	family 1:2 4:24
53:1 95:5,11,25	drama 11:16 34:19	86:3 95:11	exit 96:5,5	19:6,17,25 20:3,6
disturbed 61:15	47:10	employee 98:14,15	expenses 18:13	20:7,7,9 21:5
Division 1:2,6	drawing 85:9	ended 43:23	expensive 19:19,20	22:10,13,19 23:4
divorce 47:4 75:2	dressed 73:22	endless 11:16	experience 17:23	24:10 28:22 34:15
doable 66:11	drive 54:11	ends 75:8	24:24 27:23,25	34:15,16,18 35:13
documentation	drives 53:17	enemy 75:22	28:22 31:22 33:5	38:24 49:1 51:10
24:17	driving 54:14	engaged 25:10	36:22 39:3,7,16	56:7,15,16,17,17
dog 36:2	driving-wise 54:3	45:10 71:5 77:5	47:14 49:22 51:8	60:1,3 61:13,15
doing 17:6 23:12	duly 4:3 97:9	enjoying 71:14	54:25 55:25 59:4	61:21 63:13 66:18
24:16,18 25:14	DVD 70:19	entertaining 43:15	60:20 64:21 65:15	67:13,18 83:6
27:6 28:17 35:17	dynamics 19:8	environment 80:17	69:7 71:10 81:22	84:20 87:2 91:17
39:22 44:23 45:20	dysfunctional 56:6	ERRATA 99:3	82:1 90:18 91:9,9	far 17:13 39:23
49:6 68:4 69:1,2,4	56:18 61:13	Error 99:11	91:17 92:14	55:1 58:2
73:3,20 81:23		errors 99:5	experienced 64:1	fast 7:25 8:1
95:2	E	escape 53:21	95:9	father 14:14 19:24
Don 17:16 35:4	E 1:6,10 3:1,1,1	especially 47:18,20	experiences 28:24	27:19 28:24 30:25
door 21:12 84:17	97:8 99:1	81:6 91:3	37:22 51:14 63:12	36:10 38:21 39:11
84:18 86:17 89:13	earlier 46:18	ESQUIRE 2:3,7	68:19 70:15 80:16	43:25 48:20,22
Dr 16:21 17:6,12	early 54:21 63:22	estranged 18:19	88:2 93:7 94:15	50:23 51:2,16
17:15 18:19 19:15	90:22	20:14 51:6 60:4	experiencing 83:19	52:18 59:18 69:17
19:16 24:19,22	ease 8:8 70:5	estrangement	expert 14:24 15:4	69:19 70:2,22
25:5,7 26:23	easiest 96:5	19:21 23:10 28:7	16:22 90:8	71:5 73:14 78:16
27:21 28:10,25	easy 19:11 21:13	28:8,9	explained 29:25	79:5,19 80:9,12
29:7,22 30:6,10	32:25 34:20	ethics 13:11	exploited 28:5	82:10,25 85:3,4
30:12,16 31:4,21	education 10:21	evaluate 34:7	exploiting 25:17	85:11,18,25 90:22
32:16,21 33:7,13	13:4,8,9	evaluation 24:6	exposed 47:5	92:17 93:18 94:24
34:1,5,24 35:8,9	educational 19:10	evaluations 14:8,11	express 50:10	94:25 95:15
36:16,17,22 37:8	effect 71:2	24:2	53:24 82:18 86:5	fathers 14:21 90:10
37:14,15,21 38:7	effective 21:15	evening 35:25	95:14,14	90:17,20 91:3
38:12 39:13,15	effectively 20:21	41:24 43:23	expressed 40:10	92:8,11
40:9,12,23 41:10	33:19 46:15	event 30:23 73:23	45:5,6 58:5 79:17	father's 77:15
41:12,16 43:4,16	eight 15:19	73:23	expressing 65:2	80:25 89:24 91:10
44:10,12 45:1,10	either 48:18 61:5	events 52:25 69:14	extreme 25:20	91:11,22
45:13 46:4,20,24	80:20	89:5,23 93:5	27:18 46:4 50:7	fear 94:14 95:5
46:25 47:16 48:1	elbows 88:16	evidence 73:13	extroversion 47:13	fearful 45:14 59:5

70:3,4 75:7 fearless 56:11 features 94:17 February 16:24 88:4 fee 26:19 feel 20:11,18 21:19 21:22 31:4 47:7 49:13,21 62:8 69:19 76:15 78:23 79:18 80:25 81:15 82:24 83:4,18 84:19 94:21 95:13 feeling 29:20 70:4 80:22,23 94:21 feelings 28:3 61:24 65:11 81:25 feels 48:10,14 fees 13:17 felt 11:6 22:12 30:6 30:24 31:9,24 39:24 40:3,10,14 40:15 44:21 45:16 45:18,24 47:21 54:17 59:1 61:13 62:16 64:25 65:1 70:5,5 80:14 82:13 female 65:16 females 14:19 fighting 48:21 77:3 figure 75:18,19 filed 12:5,17,25 fill 91:7 filling 91:24 finally 70:13 financially 98:16 find 11:10 19:2 67:21 70:20 76:2 93:7 fine 13:14 45:20 55:17 80:24 finer 13:17 finger 88:20 finished 53:9 firm 15:13 first 4:3 10:4 31:25 33:11,12 35:12,22 40:22,25 41:11,15	47:3 58:25 66:22 69:4,25 71:21 five 4:17 26:2 57:9 58:24 flaws 23:16 flexible 22:12 86:2 Florida 1:1,12,15 2:4,10 10:13,14 97:3,15 98:2,18 98:21 focus 19:7 29:16,18 29:19 30:5 folded 57:25 folks 22:3 92:4 followed 6:5 following 34:13 88:4 follows 4:5 follow-up 17:1 footage 70:14 74:6 force 65:9 forced 31:10 foregoing 98:7,10 98:16 formed 83:21 FORMER 5:24 18:23 72:4,6 74:10,14 78:18,20 78:22 forms 11:22 24:20 24:21 forth 30:10,14,18 51:20 77:6 forward 28:20 found 42:12,16 four 8:23 13:22 15:17,18,21 66:5 Franklin 2:8 free 41:24 freedom 51:13 Friday 26:11,12 43:23 60:7,13,24 69:24 77:15 friend 36:10,24 friends 50:18 front 20:18 42:8 46:9,9 48:25 50:10 51:4 77:3 frustrated 83:16	full 33:13 fully 92:7 fun 43:13,15 52:18 52:21 59:18 67:4 67:4 68:19 73:5 further 11:14 25:20 89:10 96:11 98:13 <hr/> G G 2:13 3:1 99:1 game 90:12 gap 91:7,24 gatekeeping 25:1 gee 39:16 73:20 general 25:1 generalities 27:10 generate 17:19 generic 16:25 ██████████ 1:7 getting 26:20 83:24 86:8 girls 16:20 17:6 19:23 24:18,24 25:6 26:1,9 27:18 27:24 28:10,23,23 30:24 31:3,9,22 32:15,22 33:8 34:1 35:8,11,17 36:4,6,9 37:5,7,13 37:13 38:5,13,18 39:10,11,14 40:12 40:22 41:3 42:6,9 42:14 43:15,22,25 44:2,17,25 45:2 45:14,20 46:20 47:5,5,15 50:18 50:20 51:7,18 52:5 53:1,18 54:1 54:4,11 55:17 57:25 58:11,12 59:18,19,21 60:8 61:12 62:8 63:17 63:21 64:3 65:5 66:9,10,19,21 67:3,18 68:6,9,10 68:14 69:12 70:15 70:21 71:9,18 72:24 74:8 75:4 76:4,13,15,19	77:2,3 78:12 79:4 79:9,25 81:15 82:3,9,21,22 83:2 83:12 84:21 85:2 85:17,25 87:20 88:4 91:10 92:12 93:17 95:13 girl's 60:5 give 5:25 8:2 17:18 36:14 39:16 45:13 49:4 52:20 67:15 67:15 77:19 given 11:6 26:23 32:24 48:13 61:20 63:4,14 69:19 94:13 98:11 giving 41:2 49:20 go 6:1 7:1 9:5 11:8 32:9 40:5 52:17 53:18 60:14,20 67:7,21,22,22 68:11 70:25 73:23 76:5 78:1,5 89:10 94:11,23 goal 89:2 God 62:1 goes 47:25 going 6:15 11:14 16:6 17:18 20:15 21:1 34:22 36:16 36:20 39:8,21,21 40:2,16 42:10 43:3,16,18,20 47:9 48:12 50:13 52:7,9,25 53:2,12 53:13,25 54:17,19 55:2,4,15 57:22 58:4 60:19 61:10 62:18 63:16 66:17 67:7,20 68:5 69:11 71:7 76:6 77:19 78:12 82:6 82:8 83:6,11 85:19 87:8 89:7 89:17,20 90:11 91:14 94:9 95:10 96:13 good 8:4,4 16:6 38:3 45:19 55:14	76:3,22 77:6 79:6 80:17 82:16 85:15 graduate 67:12 graduated 53:10,11 GrayRobinson 2:7 great 60:2 81:11 ground 76:2 growing 27:25 guess 10:12 16:6 33:7 50:2 74:25 85:15 guessing 14:1 26:2 ██████████ 34:4 41:19,21 86:12 guy 73:13 guys 12:7 15:23 40:9 44:1 <hr/> H half-an-hour 43:3 half-smile 79:2 hand 34:19 77:15 97:11 98:17 hang 60:16 hanging 44:5 58:18 happen 30:9 43:24 53:1 54:3 62:9 67:5 84:11 happened 31:6 38:23 40:25 41:16 52:20 54:10 55:20 55:24 58:23 75:17 78:10 79:11 87:9 89:1,15 happening 16:25 53:5 69:14 happens 53:25 76:13 84:9 hard 73:1 harm 45:21 harmed 31:19 harmful 57:4 heads 8:3 healthy 48:12 93:11 heard 5:10 48:16 48:21 49:17 hearing 5:3 84:21 85:9 86:12
---	---	---	--	--

heartfelt 39:1
hello 79:3
help 19:23 21:24
 25:18 32:25 34:7
 40:15 89:8
helpful 20:19 62:25
 64:4 95:17
helping 22:4 59:9
 90:20
helps 91:12
 [REDACTED] 1:4 2:13
 34:2 36:12 40:13
 40:15 45:17 46:3
 48:15 50:6,20
 54:19 82:17 99:1
heritage 59:25
 69:18
Hey 45:12
high 53:8,9,11
highly 61:13
HILLSBOROU...
 1:1 97:4 98:3,18
history 24:21 37:22
 56:8,16 60:1
hit 89:13
hitting 29:15 88:15
 89:12
hold 27:18 32:12
 36:20 65:21 71:8
home 36:24 58:10
 60:14
honest 63:2
 [REDACTED] 8:11
hope 82:12
hotel 17:15 18:9
 35:25 57:20 58:6
hour 6:17,21 7:3
hourly 6:16,17 7:8
hours 6:23,24,25
 7:5 10:24 13:6
 25:22,25 26:5
house 75:1
household 47:4,24
hug 77:10,20
huge 89:8
hundred 4:17
hurt 64:5
Husband 1:8 2:6
 5:24 18:23 72:4,6

74:10,14 78:18,20
 78:22
hybrid 17:7 25:9

I

ID 72:18
idea 36:15
ideal 25:11 36:23
 45:11 48:22 53:5
ideas 20:11 68:20
identified 47:15
ill 70:5
immediately 57:12
 73:10
impact 11:12 92:7
impasse 89:3
impinge 11:12
implied 49:6
importance 90:9,17
 92:2
important 20:13
 53:23 65:13 75:19
 76:17
improve 67:17
inability 23:12 28:2
 30:6 33:12 77:19
 82:9 84:17
inappropriate
 71:19
inappropriateness
 49:22
incapable 46:14
 79:6
incident 29:12
 86:16,23 88:12
incidents 25:4 36:9
 50:1
include 17:22,24
 18:9 19:9
included 56:5
includes 17:21
including 4:25 41:6
 67:4
incorporate 63:19
Indian 59:25 69:12
indicated 60:11
 80:24
indicating 30:12
 42:5

indirectly 49:17
individual 21:17
 37:20 50:19 60:19
 66:15 69:4
individuals 75:24
 92:25
indoctrinate 23:14
indoctrination 23:1
 25:15 50:5
influence 27:17,18
 67:8
influenced 49:6
influencing 57:25
information 96:7
initial 16:23 17:2
 39:6 66:6
initially 11:6 19:16
 32:19 35:24 38:18
 43:2 66:21 80:19
 81:4
input 45:20 86:8
insensitive 83:13
inside 51:15 65:3
insight 20:21 84:17
insisted 67:1
instance 22:21
INSTRUCTIONS
 99:4
insurance 11:5
integrate 19:11
integrated 75:25
intended 19:5
intense 47:18
intensity 19:7
 68:16
intention 35:19
interact 76:19
interaction 32:14
 32:18,19
interactions 33:7
 83:9
interest 23:9 69:12
 96:2
interested 19:1
 22:3 50:25 69:16
 69:17 98:16
interesting 78:13
interpreting 33:6
interpretive 33:2

intervene 29:23
intervention 19:6
 22:2 23:3,13,18
 49:23
interviewed 33:25
 34:3
introversion 47:13
introvert 47:14,17
introverts 47:16,19
invited 36:14
involved 27:12
 38:16 51:19 74:21
 91:4,19 92:9
involvement 10:13
 18:16 33:24 38:16
involves 68:5
in-depth 33:10
Iraq 95:7
irony 79:20
issue 4:10,21 19:21
 21:3 30:23 57:23
issues 14:5 74:23

J

[REDACTED] 1:3,7 2:13
 16:21 17:6,12,15
 18:19 24:19,22
 25:5,7 26:23
 27:21 28:10,25
 29:7,22 30:6,10
 30:12,16 31:4,21
 32:16,21 33:7,13
 34:1,24 35:8,9
 36:16,17,22 37:8
 37:14,15,21 38:7
 38:12 39:13,15
 40:9,12,23 41:10
 41:12,16 43:16
 44:10,12 45:1,10
 45:13 46:4,20,24
 46:25 47:16 48:24
 49:3,12,19 50:8
 51:6 52:12,15,21
 55:3,25 58:14
 59:25 61:5,8
 64:10,21 66:6,20
 67:20 70:14 71:10
 71:17 76:3 81:3
 81:16 83:12 84:19

86:15 87:14 89:12
 89:14 90:8 95:22
 99:2
 [REDACTED] 88:17
 [REDACTED] (sic) 18:20
 [REDACTED] 4:24
 [REDACTED] 18:23,25
 19:1 29:13,17
 30:5,15 31:7,14
 33:12,15,23 36:19
 37:17,20 38:20,22
 39:6,23 40:19
 42:12 43:17 44:11
 45:6 48:2,8 49:8,9
 54:23 58:16,17
 61:6 62:10,11
 66:23 67:12,19,22
 68:10 71:21 75:10
 79:1 80:13,21
 81:12,18 87:4,6
 88:23
 [REDACTED] 30:11
 48:5 88:14

job 60:2
join 43:4 51:23
judge 5:17 31:11
 85:7
judgment 37:1,1
JUDICIAL 1:1
jumping 28:20
June 1:13 97:12
 98:17

K

kayaking 68:23
keep 21:2 46:23
 51:15
kept 56:22
kidnapped 21:25
kids 21:3 25:13,18
 84:9,10 93:25
 94:3
kind 11:16 16:24
 19:6,20 22:2,2,4
 22:10 23:3,13
 24:23 25:20 27:24
 28:20 30:9,12,13
 32:4,25 34:19
 36:6,13 38:19

41:3 44:17 49:23 51:19 52:13 53:3 55:13 56:15,17 57:4,10 59:6,24 60:2 61:19,22,24 62:1,2,4,19 65:8 67:10 70:5 71:12 73:21 77:5,5,17 78:15 79:2 80:9 80:17 81:4,8 82:10 84:3 86:9 86:24 88:18 90:11 91:8,8 92:6 95:13 kindly 99:7 kinds 46:13 68:15 ██████ 64:12 ██████ 66:13,14 knew 41:20 57:20 know 4:21 8:1,7 10:15 14:15 16:7 16:10 21:15,17,23 22:4,14 23:19 25:6 26:8 27:20 28:4 29:14,21,22 30:3 31:15,21 32:7,19 33:10 34:1,17 35:10,14 36:9,12,15,18,21 37:3 38:10,11,22 39:1,2,7,15,24 40:4,12,15 41:3,3 41:4,8 42:5,10,11 42:19,22,23,25 43:13,13,21 44:6 44:7,8 45:13 46:12 48:3,9,17 48:23 49:2,5,12 49:13,17,21 50:6 50:7 51:20 53:2,3 53:4 54:14,25 55:10,13,15,21 56:2 57:7 58:3,6,8 59:1,2,2,3,4,6,9 59:10,13,15,16,17 59:22 60:1,3,4,7,9 60:12 61:9,22,25 62:3,17,18,20,20 63:12,13,14,19,22 64:2,4,5,8,16,24	64:24 65:3,6,7,9 65:12,19,20 66:6 66:8,10,18,24 67:2,6,8 68:5,10 68:15,17,22 69:7 69:12,16,19,20 70:4,11,15,18,21 71:1,5,9,12,22 72:1,2,17 73:2,19 73:22,22,24 74:3 74:5 75:8,10,23 76:1,14,14,15,16 76:16,25 77:4,16 77:18,19 78:15,16 78:25 80:12,24 81:7,11,19,23 82:4,6,15,20 83:15,17,23,23 84:22 85:6,8 86:13,14,14,17,19 87:5,6,6,16,19,23 87:24 88:6,8,8 89:3,3,8,20 90:10 91:3 93:5,7,9 94:13,15,17,19 95:1,8,17,25 96:2 96:3 knowing 94:23 knows 49:15 <hr/> L <hr/> L 96:16 lack 20:21 21:19 33:22 51:12 62:20 63:11 83:18,18 84:17 lacking 91:6 laptop 70:20 Large 98:21 late 16:23 90:11 ██████ 18:20 19:1 29:16,19 30:4 31:14 32:23 36:19 37:16,18,24,25 38:13,14,16,20 39:23 40:19 42:12 44:11 49:10,11 58:14,14 62:9 66:23 67:19 70:3	78:14 79:4 80:13 81:12 87:5,6,15 88:23 89:11,13 ██████ 48:8 LAW 1:2 lead 37:20 45:15 47:1 leadership 78:14 leading 83:15 learned 51:15 leave 42:2,22 53:18 53:19 57:2,6,12 58:21 73:7,10 80:16 leaves 58:19 leaving 40:1 80:14 led 24:23 48:5 left 57:6,8 58:24 69:23 79:4 lens 32:11 33:1 letting 37:19 let's 52:19,20 57:23 68:16,18,19 75:2 81:21 level 35:20 license 9:23,25 10:5 10:8,9,17,20 12:20,22 life 32:11 33:1,17 56:13 63:22 73:25 76:6 87:11 91:19 lifeline 41:22 light 61:14 68:19 lighten 70:16 liked 85:25 likelihood 91:14 limit 85:8 limitations 12:23 27:20 limited 15:7 20:20 33:9 72:16,16 Line 99:11 listen 30:3 56:24 76:11 95:15 listened 66:5 82:23 little 15:24 22:16 30:8 32:8 33:15 38:2 49:11 52:16 54:13 56:1 60:20	64:21 69:11 70:16 79:2 80:22 82:12 86:1 91:16 lives 75:9 90:10 92:3 log 72:16 73:6 logs 72:11 long 11:7 83:4 long-term 75:20 look 32:11,25 38:20 39:15,19 41:4 64:13 70:17 71:6 73:20 81:21 82:7 looked 64:12,16 73:4 looking 43:24 71:23,24 72:10 73:11,12 74:6 89:21 91:10 92:5 losing 35:1 lot 19:7 21:10,12 22:17 24:25 25:3 34:19 43:12 51:15 56:8 62:21,24 71:2 82:17 90:16 95:3 lots 19:9 20:12 22:14 43:20 48:17 low 61:9 lunch 58:11 <hr/> M <hr/> main 36:24 maintain 10:20 62:4 maintaining 81:7 making 56:2 73:21 81:16 83:16 male 65:16 males 92:9 mall 54:12 March 16:17 ██████ 1:10 3:3 4:2 7:11 97:8 99:1,6 ██████ 1:15 97:14 98:5,20 99:9 Master's 8:24 9:3 material 24:25 25:1	32:22 materials 24:17 matters 14:4 56:17 mature 44:7 ma'am 23:24 mean 11:17 24:20 25:7,8 28:20 30:9 32:4 33:3 34:14 38:18 40:14 42:6 45:3 47:3 49:2 50:4,9 52:9,14 57:17 58:5,24 62:18,21 63:18 66:18,21,21 68:10 69:22 70:13 71:3 73:1 79:20,22 81:18,20 85:5,24 89:1 meaning 33:13 means 20:22 meant 33:7 72:19 mediation 24:10 medication 56:7 meeting 45:7 members 60:23 memory 19:10 21:13 32:7 41:8 men 90:19 mentioned 46:18 mentoring 90:18 91:8 met 35:11 69:10 middle 47:8,10 48:21 76:2 95:24 96:1 mine 11:25 16:6 minor 71:20 minorly 75:21 ██████ 34:5 43:4 52:3,8 58:25 63:9 65:10 minus 25:23 minutes 38:10 43:6 57:9 58:25 miscellaneous 18:13 misconduct 11:2 Missouri 39:22 67:14,18,20 83:5
---	--	---	--	--

87:2,3,5,6 mistakes 21:1 model 17:7 19:18 19:22 34:16 40:11 40:12 44:18 45:12 51:19 67:9 68:16 81:5 models 39:18 modify 59:14 mom 40:6 42:9,13 42:17,24 45:15,18 48:3,10,11,17,25 49:18 50:21 55:12 57:8,13 58:1,3,5,9 60:8 66:11 67:8 68:6 72:18,19 75:5,14,23 76:1,5 76:11,16,20,23 77:10,11 83:5 85:10 86:7,25 87:7,20,25 96:6 moment 36:15 65:8 83:3 moments 61:22 71:7 mom's 49:1 83:6 Monday 26:11 31:8 32:1,15 82:5 94:12 monster 36:16 39:11 mood 43:11 70:16 morning 26:7 35:22,24 36:3 37:11,12 38:15,15 39:6 40:21 44:4 45:5 59:23 mother 49:3,7,25 56:25 57:11 72:14 72:22 75:13,18,19 82:17 85:1 mothers 14:21 91:6 91:19 mother's 48:19,20 50:23 56:13 92:2 motion 15:9 move 44:1 52:19 67:14,18 68:16,18 83:5 87:2,3,4,5,21	moved 37:13 39:18 80:5 89:19 movement 45:12 moves 25:19 83:1 87:17 moving 40:18 50:18 multiple 42:2 49:24 56:21 75:12 80:1 music 69:1	98:21 note 51:3 99:5 noted 99:21 notes 41:15 78:17 98:9 number 24:20 66:4 83:24 numbered 98:10 numbers 72:1 Numerous 16:8,9	7:12,17,18 8:12 8:17,18,21 9:7,14 10:4,7,11,16,19 10:23 11:1,20 12:17,24 13:14,22 14:7,13,18,22 15:3,6,9,12,18,21 16:10 17:5,9 18:6 18:12 19:14,25 20:9 21:4,19 22:6 22:20 23:19 24:5 24:15 25:3,16,22 26:4,13,17,19,25 27:3,6,8 28:9,16 29:6 30:15,19,21 31:2,25 32:14 33:24 34:9,23 35:21 36:5 38:1 38:13 40:1,8,21 41:1,18 42:1,16 42:21,25 43:8 44:1 45:25 46:18 47:23 48:8 49:8 50:1,9,13 51:3,22 53:13 54:16,24,25 57:13,21 58:2,18 58:19,23 60:5,15 60:25 61:4 62:13 63:4,15 65:25 66:12,16 68:8,25 70:7,24 72:10,13 72:24 73:8 74:1 74:12,16,24 76:19 76:22 77:21 78:8 78:22 79:8,11,14 79:17 81:2,14 84:25 88:3,11,20 88:23 89:25 90:15 91:1 92:1,19,21 93:12 94:22 96:7 96:11 old 11:11 older 84:10 once 35:12 95:13 ones 89:6 one's 65:13 ongoing 21:3 23:1 23:11,14 50:5 85:13	open 20:23 36:21 39:11 44:14 51:14 62:5,6 63:2 64:6 68:14 81:6,9 82:10 84:1,16 opening 38:21 69:23 openly 64:4 opens 21:12 open-ended 67:10 opining 85:1 opinion 47:1 50:2 50:16 51:5 74:24 83:10 93:22 95:20 opinions 83:21 opportunity 44:21 52:21 59:24 86:20 opposing 15:13 26:13 option 60:21,23 options 41:3 order 9:22 10:9 11:14 20:14 22:22 25:18 71:13 ordered 5:17 31:11 85:7 origin 38:25 51:10 84:20 original 1:18 99:5,6 99:21 outings 52:17,18 outside 34:24 35:2 35:7 64:21 overlap 89:8 overly 55:22 overwhelming 56:19 o'clock 43:7
<hr/> N <hr/> N 3:1,1 96:16 name 7:9 34:9 99:7 narcissistic 64:22 narrative 31:21 61:20,22 89:16 narratives 89:17 narrow 34:21 nearly 29:12 necessarily 19:12 22:12,18 81:6,24 82:19 85:13 86:12 91:4 necessary 23:18 need 39:10,16 45:12 56:16 58:1 77:25 82:24 83:6 83:25 85:12 94:23 needed 47:21 54:2 59:1 67:2 95:14 needs 35:11,15,18 62:2,5 83:5 negative 50:24 neuroscience 21:12 32:7 63:20 neutral 55:4,9 never 12:22 29:21 61:20 77:17 new 82:10 87:18,18 93:9 news 82:16 nice 77:5 nicely 77:5 Nicole 2:3 5:1 night 60:9 normal 6:17 North 2:8 74:15 Notary 1:15 97:15				
<hr/> O <hr/> O 3:1,1 96:16 OATH 96:25,25 objection 93:15 obligation 36:3 observation 59:12 65:22,23 observations 4:23 83:22 observe 70:21 71:3 95:12 observed 36:25 44:10,10 65:18 67:3 77:4 79:20 81:2,13 94:7 obtained 16:21 obviously 42:16 51:4 occasions 66:4,5 80:1 occur 27:14 67:2 88:2 occurred 40:24 44:22 45:5 54:12 80:2 86:16 89:4 occurring 51:1 75:2 85:2,21 offered 11:11 13:1 office 2:9 4:11 66:22 67:1 69:5 69:25 70:6 76:24 official 17:19 97:11 oftentimes 84:2 oh 7:17 17:24 50:13 66:15 72:19 93:24 okay 4:7,15,25 5:15 5:19,20 6:2,9,11 6:15,22 7:1,3,8,9				
<hr/> P <hr/> P 3:1 96:16 page 3:2 99:6,11 pages 98:10 paid 6:8 17:13 26:19,20,25 pain 64:5 65:6 painful 11:15 33:17 56:3 65:12 76:9 parent 19:8 20:14				

20:20 23:1,3,5,12 23:16 25:10,11,14 25:18,20 27:14,17 29:22 35:15 36:23 37:2 74:23 79:6 81:5 84:1,5,12,13 parental 25:2,3,10 46:5 parenting 14:8,10 19:15 20:13,25 23:15,25 24:2,6,8 25:11 27:20 37:22 41:17 44:14 45:10 46:15 85:6 86:15 parents 27:15 47:6 49:16 64:18 77:3 84:15 96:1 part 22:16 26:21 27:16 28:4,10 36:8 39:5 41:20 46:4 47:11 48:10 49:21 54:8,17 61:10 62:20 63:20 77:1 85:1 86:15 88:18 89:1 91:22 participants 21:11 participate 6:20 14:20 31:10 36:1 39:14 43:6 52:17 55:16 88:8 participated 51:8 participates 59:17 participating 57:14 participation 73:24 particular 72:25 73:23 parties 34:2 47:24 47:25 96:19 98:14 partly 79:21 parts 33:17 passed 10:16 passive 37:19 38:3 patient 11:23,24,25 12:4 patients 9:21 pattern 50:17 51:9 patterns 63:19,22 63:24 pause 32:21	pay 13:14 87:13 payment 4:10 17:17 ██████ 34:4 41:19 41:21 86:12 94:2 94:3 penalties 12:24 people 72:16 93:12 perceive 34:20 percent 26:10 perception 33:4 perceptions 19:11 34:21 period 15:16 74:5 86:6 permission 49:21 person 12:11 39:9 55:9 62:2 76:10 81:20 personal 13:13 37:21 82:18 personality 11:23 13:10 63:14 64:17 65:20 personally 81:2 97:8 perspective 24:22 36:14 Petitioner/Former 1:5 2:2 phone 17:2,3 35:15 42:4 57:11 60:10 71:21,23,25 78:9 phones 71:18 physical 33:6 Ph.D 1:10 3:3 4:2 9:7 97:8 99:1 pick 72:19 picking 72:22 picture 60:18 piece 34:16 64:20 pieces 19:10 place 66:7 67:2 83:2 98:8 places 69:5 70:12 87:24 plan 14:8,10 19:15 24:6 32:24 43:22 85:6	planned 59:24 planning 26:20 27:6 90:2 play 27:25 29:7,11 29:13 41:12 51:20 62:18 71:12 86:4 playing 17:4 53:20 53:22 71:5 74:22 please 93:16 99:1,5 99:6 pleases 87:7 plenty 46:24 plumbing 23:24 point 27:10 43:10 61:4,9 80:15 87:14 pointed 91:24 poke 88:17,20 poked 29:12 poking 28:1 29:1,3 86:17 88:18 polarized 75:23 pool 71:6 poor 37:1 Port 87:18 position 39:25 40:18 44:3 48:19 49:15 73:2 75:7 78:14 79:22 87:8 positioning 75:23 positive 71:2 77:8,9 85:12 possibility 20:15 56:13 possible 55:2 66:7 76:25 78:24 90:12 94:13 possibly 19:23 43:16,22 61:16 Post 2:9 post-traumatic 92:25 93:13 94:18 potential 87:10 potentially 43:19 67:6,23 77:2 90:9 power 23:4 40:18 44:3 82:18 practice 9:22 12:23 22:24	practices 22:7,9 41:17 44:15 45:10 45:11 practicing 15:23 ██████ 1:10 7:11 78:5 97:8 99:1 prep 7:5 preparation 6:23 presence 80:20 81:1 present 2:12 26:9 36:7 37:17 90:22 96:18 presented 79:5 pressure 21:11 pretending 73:3 pretty 14:17 18:5 44:7 56:11 64:13 prevent 76:25 prevented 12:11 previous 54:5 previously 29:8 prior 16:17,18 36:9 37:8,18 47:4 56:10 70:17 probably 7:10 14:16 15:19 17:20 18:8 26:2,9 32:23 33:14 34:25 68:7 86:6 problem 6:7 problems 46:14 procedures 21:5,7 21:9 Proceedings 3:2 process 11:15 12:4 21:2,15 Professional 97:14 98:5 professionals 34:6 program 20:4,10 21:18,21 22:16 42:5 progressed 92:5 projects 60:14 proposed 19:17 68:2,3,7,9,13 protect 76:12 psychoeducational	17:8 21:10 psychological 10:14 65:24 psychologist 11:12 11:13 13:3 psychology 8:20 9:3,10,12,12,22 10:12 14:4,6 64:9 psychopathology 12:3 61:15,16 PTSD 92:19 93:13 93:16,20 94:1,4 95:6 public 1:15 67:2 97:15 98:21 punch 30:12 punching 30:16,17 30:23 purpose 18:15,16 19:3,14 52:10 pursued 12:13 19:18 push 22:9 pushing 40:4 put 5:2 28:17 86:10 93:8 P.A 2:7 p.m 51:24 96:22 <hr/> Q qualified 14:23 15:4 qualities 76:3 question 40:23 85:15 94:10 questions 32:21 80:23 94:20 96:12 96:14 quite 47:8 <hr/> R R 3:1 Rand(phonetic) 20:5 rate 6:16,17 7:8 reached 61:9 react 72:24 reactions 95:21 read 85:14 99:5,21 reading 96:19
---	---	---	---	--

ready 6:6,12 78:5 91:17 real 31:22 realistic 19:21 23:10 reality 33:4 79:23 realize 50:21 really 20:21 28:22 29:16 30:22 31:13 33:13 34:17,19 35:15 39:1 40:17 44:7 45:17 56:2 56:11 59:12 60:1 61:9 63:24 66:8,9 67:16 69:16 71:14 73:13,21 75:19 76:10 77:4,18 84:4,12 85:14 92:7 reason 12:5 reasonable 76:11 reassure 52:23,25 ██████ 1:3,4 2:13 28:5 34:2 36:12 40:13,15,16 43:1 43:2 45:17,19,20 45:22 46:3 47:2 50:6,20 51:23 52:3,11,12,15,25 53:24 54:18 55:1 55:6,8,11,11,15 55:19,23 56:1,14 56:21 57:2 58:19 58:21,24 59:14 67:20 75:18 77:1 79:8 82:17 99:1 recall 38:11 48:18 72:23 74:16 96:10 receive 10:4 received 4:13 8:12 recognize 23:6 76:2 recommendation 37:15 recommended 68:12 reconcile 19:2 89:9 93:7 reconnect 62:1,2 record 5:3 6:3 7:10	14:12 18:21 78:1 78:3,4 98:11 99:22 RECORDED 1:18 recorder 89:5 reduced 59:5 98:9 reduces 91:12,13 Reed 2:7 5:1,5,9,12 5:16,23 7:13,15 7:17 15:13 16:2,2 16:24 35:1 55:6 77:22,25 78:21 90:3 93:15,19,23 93:25 94:3 96:13 reemerge 78:25 referred 29:8 50:24 referring 25:4 61:18 reflected 46:3 59:12 63:2 reflects 22:3 31:21 refuse 85:22 refused 85:20 regain 59:6 regarding 48:25 regards 13:8 Registered 97:14 98:5 regret 81:11 regular 64:24 regulated 10:11 rehabilitation 34:11,11 55:3 relapse 9:20 relate 19:23 20:22 25:12 27:24 28:13 61:11 64:7 77:19 80:3,3,7 96:4 related 14:7 18:13 19:8 65:6 75:13 relates 28:3 92:13 92:14 relating 13:9 14:6 28:12 31:15 relationship 12:8,9 12:12 18:19 19:2 35:19 36:18 40:14 45:16,19 48:11 49:14 50:25 51:1	54:18 55:11,13 66:8 67:17 69:17 70:2,17 75:6,20 76:17,22 78:24 82:11,25 83:8,15 83:20 84:1,5,14 88:9 relationships 50:18 relative 98:13,15 relevance 93:15,23 relevant 54:18 90:7 96:7 reliving 93:5 reluctant 44:20 rely 24:16 remember 55:21 68:20 74:22 89:15 remembers 48:2 remind 93:10 repeat 21:1 repeated 50:17 80:23 84:20 repeatedly 79:17 88:7 replaying 51:9 63:25 95:8 report 27:3 48:1,16 63:5 64:12 66:1 86:22 98:7 reported 1:15 11:9 25:6,7 reporter 3:5 7:16 8:8 97:14 98:1,6 99:7,9 represent 34:21 request 43:8 88:10 requirement 6:19 13:11 87:17 requires 90:21 research 21:23 25:8 41:8 63:20 90:14,15,16 91:2 91:18,22,23 92:1 92:6,9,22 resilience 92:14 resilient 91:13 resolved 11:3 respective 96:18 respond 65:5 93:4	Respondent/For... 1:8 2:6 response 23:22 33:14,20,21 58:20 76:25 responsibilities 11:13 responsibility 28:25 30:2 31:5 31:17,24 37:3,23 38:24 41:17 80:8 95:16 rest 33:19 restate 16:14 restricted 68:22 restrictions 13:2 result 87:8 95:22 results 95:21 Retain 26:15 retained 15:12 16:2 16:12 26:13 retainer 26:25 return 99:7 reunification 17:8 17:18 20:16 34:12 34:16 review 63:5 66:14 reviewed 63:7 66:12 reviewing 32:20 45:9 65:25 66:1 reviews 11:2 revocations 11:2 Rhonda 4:11 rhythm 77:7 ██████ 19:18 Richey 87:18 riding 68:23 right 5:22,23 6:6 7:9 9:5,8 12:18 23:21 26:6,21 29:5 53:6,22 57:1 58:10,12 68:20 69:6 70:1 74:9 76:20 78:10 90:25 rights 11:13 rigid 22:10,17 risk 87:13 rock 39:9	rocky 12:3 role 11:12 13:2 17:4,4 20:25 37:1 44:9 45:15 52:24 53:14,23 56:15 91:22 92:2 rollerblading 68:23 romantically 12:13 Ron 15:13 16:24 RONALD 2:7 room 37:9 45:8 49:20 57:6,6,10 58:15,19 61:6 62:10 80:15,17 94:25 rough 31:9 roughhouse 27:25 51:20 86:4 roughhousing 28:17 30:7 62:22 88:19 route 53:21 routines 86:2 RPR 1:15 98:20 99:9 rule 42:8,14 run 20:4 21:8
S				
S 2:7 3:1 96:16 sad 65:12 safe 54:2 62:19 81:9 84:23 safer 62:24 75:25 safety 62:19 ██████ 1:7 2:13 5:23 63:10 78:21 87:14 99:1 sarcasm 30:13 saw 5:10 52:24 55:4,19 61:14 73:18 80:11 87:24 saying 22:1 30:15 44:24 47:23 48:2 53:15 57:11 59:7 69:3 70:3 76:4 80:21 81:21 86:25 90:24 91:18,21 says 75:20 82:23				

85:7 scared 76:5 scenes 95:8 scheduled 6:25 school 29:20 53:8,9 53:11 60:14 75:14 schools 50:19 75:12 seal 97:11 98:17 second 5:25 7:13 78:2 see 23:2 24:24 32:25 36:1 39:10 44:11,22 47:5 52:21 55:9 57:23 59:9 63:25 66:2,3 67:16,23 71:4,9 74:6 76:2 80:9 83:14 84:10 85:10 85:20,22 88:10 89:9 92:11 95:10 seeing 36:10 76:14 81:20 85:3 86:8 seen 11:25 27:12 50:10 54:19 64:25 76:19 sees 75:18 self 65:13 self-esteem 92:15 self-reported 25:4 sense 22:1 23:13 70:18 sensitive 47:20 sensitivity 83:18 separate 38:5 separated 74:4 separately 38:14 45:24 54:15 sequencing 32:5 serious 28:2 60:24 serve 41:21 session 35:12 37:6 37:8 43:4 51:23 52:2 59:23,24 60:13 61:21 66:22 69:10,25 70:20 78:8,10,11 79:15 sessions 22:14 24:15 34:24 35:3 65:4 66:15,18	70:8 81:14 83:10 83:22 set 12:12 settlement 12:18 severe 12:2 share 36:15 sharing 85:17 sheet 99:3,7,7 shift 38:19 39:6 shifted 37:14 43:12 44:17 60:12 92:10 shifting 39:24 shook 77:15 shorthand 98:8 shot 49:20 show 35:16,19 69:20 71:22 73:15 77:10 78:12 showed 35:25 70:24 74:8 showing 37:1 90:16 shown 57:18 71:17 91:7 shows 96:2 side 60:2 86:13 sides 47:22 sign 99:6 signal 31:1 Signature 99:24 significant 23:11 91:20 92:11 signing 96:19 silent 37:18 38:3 51:16 65:2 similar 19:6 75:16 87:9 simply 59:10 69:18 ██████ 11:5 sister 37:19 sitting 36:2 55:19 57:9 situation 25:9 29:10,20 33:21 54:5,11 57:5 93:17 95:10 situations 93:4,10 93:14 six 15:19,19 ski 74:20	skiing 74:21 skills 25:11 slight 38:19 59:13 slow 8:2 small 78:15 smoothly 60:20 snow 74:21,22 social 47:14 solid 39:9 somebody 93:19 somewhat 34:17 68:22 75:6 sons 90:17,24,25 soon 57:8 75:20 sorrow 81:11 sorry 35:1 39:2 55:6 78:22 93:15 sort 95:22 sorts 23:20,23 sought 16:12,21 South 8:11 speak 33:16 41:25 42:12 64:24 66:4 speaking 37:16 43:3 50:6 specific 34:9,12 specifically 9:14 13:7 16:10 27:9 27:11 71:24 96:9 specifics 49:4 speech 78:15 spend 43:3 spent 25:22 26:1 54:1 70:22 spiritually 62:1 split 14:17 38:4 spoke 35:14 45:23 64:4 spoken 90:3 spontaneous 33:11 spring 16:16 17:24 18:2,7 staff 75:14 stalking 87:15 88:1 88:7 stand 39:8 50:20 standardized 65:21 start 6:15 38:14 44:18	started 7:10 13:20 37:12 39:14 40:9 54:5 55:24 56:19 69:4 82:11 95:13 starting 38:20 43:20 starts 61:21 state 1:1,15 7:9 10:13 48:9 97:3 97:15 98:2,18,21 stated 45:9 63:9,11 89:14 91:25 statement 63:1 64:22 82:22 83:1 statements 46:3,8 46:11,12 48:17 49:5 56:3 57:3 80:5 99:22 stay 18:9 36:24 42:17,24,24 65:9 stayed 41:5 81:8 staying 65:11 66:23 66:25 68:6 stems 46:19 stenographically 1:18 98:7 step 23:2 56:17 81:21 84:11,12 89:2 stepping 34:18 91:16 ██████ 34:5 stipulated 96:17 stipulation 5:2 stop 29:23 30:6,7 30:25 32:20 53:14 53:16 57:5 67:23 stopped 26:12 85:3 stopping 32:20 stores 86:13 stories 31:19 32:12 81:23 86:18 88:12 89:8 story 21:13 88:25 89:16 straight 22:22 strategy 22:4 23:17 Street 1:11 2:4,8 strength 59:6	strengths 47:17 stress 20:18 92:25 93:9 94:18 strong 40:14 45:16 50:7,10 63:12 76:8 85:11 strongly 27:17 82:19 struck 73:20 structure 22:10 23:4 41:21 structured 21:17 25:24 studies 92:22 stuff 48:16 74:21 style 86:15 subdued 60:12 subgroup 22:3 subject 9:17 subpoena 6:20 26:17 subpoenaed 26:16 subscribe 99:22 subsequent 17:17 substance 9:20 sudden 25:13 suffered 63:10 suggest 62:23 suggested 37:21 suggesting 12:2 suggestion 38:4 suggestions 68:8 suggests 25:8 suicidal 61:6,24 62:14 suicide 62:9 Suite 2:9 supervise 53:20 supervision 98:10 supervisory 53:23 support 36:19 53:2 83:7 supported 86:25 sure 18:21 46:24 surprised 55:23 92:11 surrogate 45:17 suspended 12:21 12:22
---	--	---	--	---

swore 7:16
sworn 7:15 97:9
sworn/affirmed 4:4
 17:1
symptoms 94:6
sync 25:13 75:21
syndrome 93:1

T

T 3:1 96:16,16
table 60:21
tabulated 10:22
tag 29:14
tailored 22:19
take 10:8,9 13:3,7,9
 22:21,22,23 23:15
 35:11 37:20,23
 38:16 45:15 47:22
 61:1 70:16 75:15
 87:7 88:23 95:15
taken 1:11 7:23
 11:22
takes 21:10 50:20
talk 6:1 7:25 8:8,9
 27:8 37:22 45:4
 48:24 52:11 57:13
 59:25 61:5 90:8
talked 4:10 28:23
 31:20 33:3,25
 34:3,4,4,5 38:22
 39:21 40:3 43:1
 43:21 47:16 52:18
 54:20 56:7,14
 60:22 61:8,23
 68:14 87:16 88:1
talking 8:1 16:17
 22:8 27:9 35:3
 40:9,11 41:10,11
 44:5 45:1,2 60:15
 62:7,14 67:4 73:6
 78:9 81:9,10 85:3
 85:16 86:7
Tampa 1:12 2:4,8
 2:10 67:13,13
 98:17
tears 59:5 76:9,10
teasing 28:1 29:1,3
 62:21 64:7 86:3
technique 34:12

tell 44:9 76:1 80:10
 80:11
telling 59:10
ten 15:19 34:25
 36:11 38:10 45:16
 46:10
tend 7:25 91:15
tends 65:1,2
ten-year 55:10
term 28:6
test 10:8,9,16 44:22
 65:21 76:18
testified 4:5 13:23
 14:5,23
testify 4:4 14:14
 26:14,15,17 90:2
testifying 90:9,13
 90:13
testimony 15:7,10
 90:1,4 98:11
testing 12:1,2 24:17
 64:10,11,14 65:17
 65:19,24 66:2,3
text 79:8 88:5
texting 88:4,6
thank 6:11 99:8
therapeutic 12:4
 22:17
therapist 14:12
 20:4
therapy 14:8,20
 16:20 17:6,8,18
 18:2,4,6 23:20
 24:13,18 25:25
 28:23 34:10,16,24
 35:2,7,13,23 36:6
 56:16 59:20 65:10
 66:15 69:4 79:14
 82:2 83:10,22
 86:12
thesis 9:17
thing 11:7 26:6
 41:12 56:12 71:19
 73:15
things 12:3 21:8
 23:20,23 24:3
 27:22 28:4 29:25
 31:5,9,13,23 32:5
 33:1 35:17 36:23

38:23 39:22 40:16
 41:6,8 42:10
 43:10,14,21 45:3
 46:19,20,23,25
 47:7 48:22,24
 49:3,5,17 50:15
 51:5,15 52:21
 53:4 54:20 56:22
 59:4 60:11 61:11
 61:24 65:4 66:9
 67:9,25 68:22,23
 69:2 73:25 81:6
 85:9,17 86:11,14
 91:24
think 4:10 5:16
 10:22 13:6,10
 16:23 21:9,15,16
 21:22 22:5 23:8
 23:17 26:15 29:7
 31:18 37:19 39:22
 40:19,24 41:6
 44:6,12 45:4,8,14
 45:15 47:21 49:9
 49:14 51:12 52:13
 52:24 53:10 54:7
 54:14,23 55:8
 56:2 58:25 59:21
 60:10,17,22 62:13
 63:11,19 65:15
 66:5,10 71:21
 72:17 74:4 75:8
 75:10 76:10,11
 79:21 81:20 82:2
 83:13 85:13,24
 86:19,24 87:4,12
 87:18 88:7,9,17
 95:3,17,23
think-outside-the...
 67:11
THIRTEENTH
 1:1
thought 22:16 29:2
 50:13 53:23 55:10
 57:3,21,23 62:25
 63:1 64:3 70:15
thoughts 61:6
 62:14
thousand 4:17
threatened 80:25

threatening 41:6
threats 93:10
three 6:24 11:4
 35:22
threshold 86:24
Thursday 31:8,14
 31:14 35:22,22,24
 36:3 37:18 39:6
 40:21 41:11 42:25
 51:22 58:8 60:9
 67:3 69:24 80:22
 82:12
time 1:14 7:5 9:11
 15:1,4,6,16 21:14
 21:18 24:23 26:10
 30:7 33:2,6 34:2
 38:5,6 40:22
 41:11,25 45:8
 46:10 53:3 54:1
 54:15 61:23 65:2
 67:15,16 70:22
 71:21 72:3 73:10
 74:4 75:2 78:14
 80:15 85:8,17,22
 85:25 86:6 94:19
 98:8
times 13:25 14:2,3
 14:14,22 15:15
 16:1,8,9 28:2,14
 28:22 31:2 34:25
 36:25 39:17 42:2
 45:24 46:2 49:24
 56:21 62:21 79:18
 83:14
today 6:9,10,24
 82:14 90:1
told 42:17 46:16,17
 46:20,21 48:15
 50:14 56:10 58:9
 70:14 85:13
top 59:11
topics 41:5
total 13:6
touch 80:2
tracking 69:13
transcript 99:5,6,7
 99:21,22
transcription 1:18
 99:6

transition 90:17,20
 90:21 91:5 92:12
transitioning 92:9
transpired 24:23
 57:10 82:24 89:6
trauma 63:10
traumatized 80:16
traumatizing 93:6
 94:16
treated 41:13
trial 26:14 90:2
tried 59:6 86:23
 88:2
trip 74:20,21
trouble 28:12,14
true 21:14 32:13
 98:11
truly 71:14
truth 4:4 44:9
 59:10
try 8:8,9 33:18 82:9
 82:24 84:3,7,7
trying 8:2 21:23
 27:17,24 38:25
 44:12 51:17 63:24
 80:7 81:12 86:14
 86:23
Tuesday 32:1,15
 35:25 40:25 41:2
 41:16 42:4 54:21
 57:18,21 58:6
 61:21 80:20 82:7
tune 58:1 75:5 86:3
tuned 28:3 37:4
 65:9
turn 31:13 57:24
turning 82:8
two 6:23,25 7:5
 10:22,23 17:2
 42:3 75:10 79:4
 84:12 85:16 86:18
 89:16
type 34:10
types 24:2
typewriting 98:9
typically 14:10,16
 25:9,17 27:13,15

U

U 96:16 uh-hum 4:12 5:4 6:18 7:6,14 9:16 11:19 13:21 15:22 16:5,15,19 20:8 26:18 28:18 46:22 53:7 57:19 58:17 62:12 64:15 66:20 69:9 70:9 72:12 ultimately 20:25 33:15 42:11 47:21 78:13 unable 23:2 36:17 47:6 56:24 83:14 86:5 93:6 unacceptable 30:14 73:14 86:9 unavailable 36:2 uncertainty 78:12 uncomfortable 66:24 undersigned 97:7 understand 8:7 20:22 89:23 understanding 5:1 5:14 18:16,18 25:19 81:25,25 understands 48:19 understood 32:23 44:8 46:5 85:5 92:7 unethical 56:4 unfolded 31:8 unhealthy 64:1 unholy 23:5 unification 34:15 unique 22:2 unwilling 79:12 unworkable 73:14 83:7 upset 40:8,19 44:2 45:4 56:1,25 59:16 73:9 83:16 use 23:16 32:24 USF 8:24 9:5,7 90:9 utility 20:12 <hr/> V	VA 9:20 valid 10:2 value 20:12 23:2 79:1 [REDACTED] 20:5 various 87:24 vary 14:5 version 48:5 88:14 88:17 versions 88:24 versus 14:21 47:13 65:23 71:14 viable 81:24 video 41:3 70:14 71:16 72:13,25 74:6 78:9 89:4 videos 32:1,5,6,6 33:3 47:12 71:3 71:16 72:8 73:12 73:19 74:1 videotape 70:25 videotaped 70:23 videotapes 32:20 view 27:18 34:21 46:4 48:20,23 50:23 66:7 79:5 83:7 views 50:7,10 75:22 75:24 85:11,12 96:1 violate 42:15 violence 53:14,17 virtual 33:4 visit 43:17,19 67:21 68:12 visiting 68:3 volition 71:15 vs 1:6 99:1 vulnerable 62:6,7 62:24 63:1 81:7 <hr/> W	70:2 73:23 75:15 76:1 77:18,24 84:3,4 87:3,7 94:10 96:4 wanted 4:9,20,22 27:8 42:1 52:14 80:6 wanting 24:24 59:17 60:16 wants 75:5 87:4,5 war 95:10 warming 77:16 [REDACTED] 19:18 wasn't 4:15 6:4 12:20 22:12,18 26:6 29:11,16 30:23 39:3,13 42:5 53:16 68:24 71:18 80:4 85:19 89:7 95:16 watched 75:9,10 76:9 watching 32:1,3,5 73:12,19 water 71:8 waters 44:22 way 15:7 19:2 22:5 29:2,3,14 30:23 31:7 32:10 33:9 39:9 51:17 53:1,5 54:1 56:9,18 59:4 59:11 62:22 67:12 67:22 70:20 71:10 80:7 81:5 87:22 88:8 91:4 93:10 96:5 ways 11:10 30:19 30:20 55:12 81:10 89:23 93:7 weaknesses 25:18 website 23:19 Wednesday 32:1 32:15 36:1,2 39:5 41:14 58:7 80:20 80:21 82:11 week 42:13 weekend 43:24 67:5 went 11:4 26:7 30:8	30:14,17,19 39:23 43:5 47:4 74:15 81:7 85:17 95:4 weren't 53:5 58:12 West 1:11 2:4 we'll 18:7 78:1 we're 16:17 33:6 43:24 69:17,21 77:19 85:16 89:20 we've 69:19 wife 1:5 2:2 77:22 Wikipedia 32:8 willing 28:25 40:5 44:14,15 52:16 64:2 76:18 84:6 84:16 87:13 95:1 witness 3:2 4:3 16:22 97:11 98:12 98:17 99:25 word 21:20 66:25 78:16 work 19:22 39:1,10 40:12 44:19 47:7 49:14 55:2 60:14 67:12 68:5,21 80:8 82:6 84:4 85:9 workable 37:5 39:3 68:24 90:11 worked 82:2 working 20:16 42:5 45:22 80:4 works 19:10 21:13 84:24 87:1 89:4 workshop 17:15,16 17:22 18:7,12 19:4,5,15 24:16 25:23,25 26:4,5 27:23 28:21,21 31:8,25 33:19 35:21 36:13 43:7 43:23 61:4 66:16 66:22 67:6 69:23 70:1 77:14 79:21 79:25 81:15,19 82:5 89:2 94:13 world 19:12 33:6 34:20 worth 44:23	wouldn't 79:24 Wow 8:18 write 65:19 writing 65:18 written 27:3 64:17 wrong 28:7 40:22 56:5 59:8 68:17 <hr/> X
				X 3:1 x-amount 10:24 <hr/> Y
				yeah 5:18,21,24 13:13 18:5 29:11 46:1 57:16 72:5 74:10,14 75:4 77:25 88:22 year 8:15 13:18 67:14 68:7 years 8:21,23 10:22 10:23 11:4 12:1 13:22 15:17,18,21 16:4 36:11 45:17 46:10 85:4 Yikes 82:6 young 90:19 91:15 younger 84:9 youthful 84:4 <hr/> Z
				zoomed 72:15,17 72:21 zooming 71:17 72:14 <hr/> \$
				\$1500 6:22 \$300 7:3 \$5,000 17:20 \$7,000 18:8,12 <hr/> 0
				06-DR-839 1:5 <hr/> 1
				1:00 26:12 1:30 43:2 10 74:19 10:09 1:14

11 74:19	8			
12 13:6 74:19	8 74:20			
12:19 96:22	813 2:5			
15 12:1 16:4	813)273-5000 2:10			
1560 1:11 2:4				
18 53:6	9			
18-year-old 44:8	9 74:15,20			
1980 8:16	9:00 26:7			
1983 9:1	90 43:5			
1989 10:6	95 26:9			
	96 98:11			
2	98 3:5			
20 16:4				
200 6:17				
2006 72:4,8 74:2				
75:3 85:2,18				
2007 72:6,8 74:2				
2008 74:15 85:23				
2009 13:20 85:23				
201 2:8				
2012 13:19 85:18				
85:20 88:14				
2013 88:4				
2014 1:13 97:12				
98:17				
205 8:11				
2200 2:9				
23 1:13				
24-hour 26:6				
25th 97:12 98:17				
3				
3 43:7 51:24				
30 14:1,3,13				
300 6:20				
3324 2:9				
33606 2:4,10				
4				
4 98:10				
40 14:2,3,13				
5				
5,000 26:21,23				
5:00 26:8				
5:30 26:8				
554-3232 2:5				
6				
6 3:4				