

**IN THE MATTER OF PART XX.1 (Mental Disorder) of the Criminal Code
R.S.C. 1985 c. C-46, as amended 1991, c. 43**

AND

THE BRITISH COLUMBIA REVIEW BOARD

**IN THE MATTER OF THE
DISPOSITION HEARING OF**

TAYLOR CHRISTIAN BICKERT

**RECORD OF PROCEEDINGS
AND DECISION**

**HELD AT: BC Review Board Offices
Vancouver, BC
November 23, 2016**

**BEFORE: CHAIRPERSON: B. Walter
MEMBERS: Dr. L. Grasswick, psychiatrist
B. Long**

**APPEARANCES: ACCUSED/PATIENT: Taylor Christian Bickert
ACCUSED/PATIENT COUNSEL: J. Deuling
HOSPITAL/CLINIC: B. Lohmann/Dr. N. Hodelet
A. Churko
DIRECTOR'S COUNSEL: D. Lovett, Q.C.
ATTORNEY GENERAL: L. Hillaby**

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(RECORD OF PROCEEDINGS OF TELECONFERENCE)

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2
3 CHAIRPERSON: We are on the record. For the record,
4 this is a special hearing or proceeding of the
5 British Columbia Review Board in the matter of
6 Taylor Christian Bickert. The issue before us
7 this morning is somewhat focused, and that is the
8 sole issue before us, is whether or not the
9 Review Board will see fit to approve Mr. Bickert
10 for out of country travel to Mexico later in this
11 winter.

12 For the record, the Review Board is
13 represented by myself chairing, Walter, Dr.
14 Grasswick is the psychiatric member, and Mr. Long
15 is with us, sitting today as the third member. I
16 am also advised that counsel for Mr. Bickert, Mr.
17 Joseph Deuling is in attendance, along with Mr.
18 Bickert, the accused; Paul Bickert, the accused's
19 father, and Ms. Bickert, the accused's mother.
20 Mr. Hillaby is present for the Crown. On behalf
21 of the Director of Adult Forensic Psychiatric
22 Services, we have Ms. Lovett as counsel; Ms.
23 Lohmann representing the Director's office; Dr.
24 Hodelet, the local Forensic psychiatrist in the
25 Kelowna area; as well as case manager, Churko.

26 CHAIRPERSON: As no one is speaking, I will assume
27 that I've named everybody. And when you're
28 called upon to speak, if you are called upon to
29 speak or ask any questions, for the benefit of
30 others, just introduce yourself and say who is
31 speaking.

32 I'd like to preface the hearing with some
33 preambular or introductory remarks and to set the
34 tone here. Mr. Bickert is, of course, under the
35 Review Board's jurisdiction as a result of a
36 March 17, 2012 verdict of NCRMD, secondary to
37 charges of B & E and possession of a weapon, when
38 he was arrested in a home that he had broken into
39 and therein found in possession of a knife.

40 By way of background and in support of the
41 verdict, Mr. Bickert is diagnosed with
42 schizophrenia. There is an, apparently somewhat
43 now distant, history of substance abuse as well
44 as inconsistent adherence to treatment.

45 A complicating factor in Mr. Bickert's
46 clinical progress has been his, and I believe his
47 family's belief in alternate treatment modalities

1 to wit: orthomolecular treatment. This
2 alternative has apparently been accommodated by
3 the forensic system and he has also had a
4 positive response to more traditional treatment
5 with antipsychotics.

6 Another feature of Mr. Bickert's
7 presentation, and I suspect relevant to risk
8 assessment, is that he has consistently either
9 denied, or alternatively claimed no memory of the
10 index offence, or offences, which we've learned
11 through Victim Impact Statements filed from time
12 to time were quite traumatizing for the victim
13 and her son and, indeed, she claims PTSD.

14 Nevertheless, Mr. Bickert has been
15 compliant, abstinent and at one point, from my
16 review of the file, was termed a model patient.
17 After, I think it was two years in custody at
18 FPH, he was conditionally discharged and he now
19 resides with his very supportive family in
20 Kelowna.

21 Somewhere at or after his July 2015 hearing,
22 Mr. Bickert's father raised the question of the
23 accused's accompanying his parents to either
24 Europe or the USA. However, that issue was not
25 further explored until his last hearing which I
26 believe was on July 21st, 2016. At that point,
27 the Board, apparently not aware of the Director
28 of Forensic Services policy regarding
29 international travel, and the Board's own 2008
30 internal policy in this respect, included in its
31 disposition what is currently Clause 10. That
32 clause purports to delegate to the Director the
33 discretion to authorize the accused's travel to
34 Mexico for 24 days' subject to arrangements
35 satisfactory to the Director.

36 Now, this is, of course, contrary to the --
37 both the Director's and the Board's policies and
38 procedures. So, as a result of communication
39 between myself, on behalf of the Board, and the
40 Director's counsel, the Director took steps to
41 clarify its -- and perhaps a better word would be
42 to reiterate its policy regarding international
43 travel which I, in looking at other Review Board
44 files, have noted fell into disuse, or perhaps
45 was forgotten over the years.

46 In any event, a new policy directive was
47 issued on October 5th, 2106. Similarly, the

1 Board reissued and revised its procedural
2 memorandum which had first been issued in 2008,
3 which includes the criteria that it applies in
4 considering whether or not to undertake the
5 responsibility of approving an accused for
6 international travel. That memorandum was
7 reissued to Board members and parties on October
8 18, 2016.

9 So, as a result of the steps and the, I
10 suppose, unworkable Clause 10 in the accused's
11 disposition, the Director, through Ms. Lohmann,
12 requested an amendment to that clause in the July
13 2016 disposition. It is for that reason that the
14 Board has convened this somewhat unusual or
15 special hearing by teleconference to receive
16 evidence of the details and the arrangements of
17 Mr. Bickert's proposed travel to Mexico. Then
18 the Board will determine whether, subject to
19 these or other safeguards, it will approve such
20 travel out of Canada.

21 I just want to set the record straight.
22 This is an unusual process. Before proceeding, I
23 want to get the approbation or consent of the
24 parties that they agree that this is not a full
25 review of the accused's disposition. I do not
26 intend to entertain evidence or argument on the
27 issue of the accused's significant threat which
28 is, of course, the threshold for our jurisdiction
29 over Mr. Bickert. This proceeding, having been
30 convened as a courtesy to Mr. Bickert, will focus
31 solely on the issue of international travel.

32 Mr. Deuling, and Mr. Hillaby, and Ms.
33 Lovett, are the parties agreed to having this
34 hearing focus on that issue solely?

35 MR. HILLABY: Lyle Hillaby here. Yeah, for the
36 Attorney General, I'm content to have you
37 deliberate on that isolated issue.

38 MS. LOVETT: I'm Deborah Lovett for the Director. I
39 am also content to have it proceed in the fashion
40 you've described.

41 CHAIRPERSON: And Mr. Deuling?

42 MR. DEULING: Yes. Thank you. Thank you. Mr.
43 Bickert agrees as well, and we're thankful that
44 the -- that the Review Board is actually doing
45 this for us.

46 CHAIRPERSON: Very well. We can proceed then. Now,
47 we'll perhaps change up the process a little bit.

1 Usually we tend to hear from the Director first
2 but in this -- in this case, because it is to Mr.
3 Bickert's benefit to have this approval and
4 because Mr. Bickert, Sr. has provided the
5 Director and through her us, a letter of October
6 12th, 2016 outlining the family's travel plan to
7 Mexico, I will turn to Mr. Deuling and ask you
8 whether you wish to add any submissions or any
9 evidence to what is outlined in Dr. Paul
10 Bickert's letter of October 12th?

11 MR. DEULING: Yes. Thank you. The letter -- the
12 letter is a little bit not specific with respect
13 to address and telephone number of where he's
14 going to be staying specifically, but those
15 details can be provided. What I would ask the
16 Board to consider more specifically is, I did
17 contact Dr. Roger Morgan, the psychiatrist named
18 in the letter and his -- and his cell phone
19 number is there. He does answer that phone. Mr.
20 -- Dr. Morgan, rather, sorry, asked me -- I told
21 him that I was Mr. Bickert's counsel and that
22 there was a Review Board hearing and that
23 Tyler -- Taylor was under the jurisdiction of the
24 Review Board --

25 CHAIRPERSON: Yes.

26 MR. DEULING: -- and he was found criminally
27 responsible -- or, not criminally responsible.
28 He told me -- he asked me to stress to the Board
29 that he is not Taylor's doctor --

30 CHAIRPERSON: Yes.

31 MR. DEULING: -- but he is a -- he is a licensed
32 psychiatrist in both Arkansas and Mexico. He has
33 a clinic and partners in Mazatlan. He's aware of
34 Taylor and can assist him if needed. He's aware
35 of the diagnosis.

36 CHAIRPERSON: Yes.

37 MR. DEULING: And -- and he told me, for what it's
38 worth, that they have a great medical system down
39 in Mazatlan so that's -- from my perspective,
40 that's what I was concerned about when I
41 considered the jurisdictional matter and Mr.
42 Bickert --

43 CHAIRPERSON: Yes. Well, I appreciate that addition.
44 Can I just ask you, I -- I fully acknowledge that
45 Dr. Morgan is not Mr. Bickert's treating
46 psychiatrist and therefore his role would
47 obviously be somewhat limited, but you say that

1 he has a clinic and he's willing to, I guess, see
2 Mr. Bickert if necessary?
3 MR. DEULING: He -- he is -- he's willing to see him,
4 and if he's --he can't guarantee that he'll be
5 there.
6 CHAIRPERSON: Yes.
7 MR. DEULING: But he is -- either he or one of his
8 partners will see him and if not in a clinic,
9 then in a hospital.
10 CHAIRPERSON: Okay. And, of course, we hope that
11 doesn't become necessary. Have you shared, or
12 has Mr. Bickert shared with this Dr. Morgan his
13 forensic background.
14 MR. DEULING: I have not, other than telling him that
15 he was under a -- the Board's jurisdiction --
16 CHAIRPERSON: Okay.
17 MR. DEULING: And that -- and that he was found not
18 criminally responsible. I didn't go into any
19 other details with him. I'm not certain if -- if
20 his dad had --
21 CHAIRPERSON: Okay.
22 MR. DEULING: -- added anything.
23 MR. PAUL BICKERT: This is Paul Bickert. I did
24 explain to the doctor that there was -- there was
25 an index offence, okay. I didn't get into a lot
26 of detail about the index offence. I gave him
27 the dates, the time that he spent at FPH in
28 Vancouver, and his questions were more of his
29 medication and just wanting to know that
30 background. Wanting the contact information for
31 his doctor in Kelowna.
32 CHAIRPERSON: Okay.
33 MR. PAUL BICKERT: Dr. Hodelet. And this man is --
34 his primary associate in the clinic is the Chief
35 of Forensic Psychiatry at the hospital but he's
36 affiliated with --
37 CHAIRPERSON: This is the hospital in Mazatlan?
38 MR. PAUL BICKERT: Yes.
39 CHAIRPERSON: Yes. Okay. Thank you.
40 Mr. Deuling, is there anything else you'd
41 like to add subject to questions from other
42 parties and the Board?
43 MR. DEULING: Nothing springs into my mind right now.
44 CHAIRPERSON: Okay. Well, you'll be able to summarize
45 any submissions or any information that you rely
46 upon at the end.
47 So if we can leave it at that for the

1 moment, may I ask you, Mr. Hillaby, whether you
2 have any questions of the accused, his family, or
3 counsel, I guess, under these circumstances.
4 MR. HILLABY: No. My questions would be for Dr.
5 Hodelet.
6 CHAIRPERSON: All right. Thank you. Ms. Lovett, do
7 you have any questions of the accused?
8 MS. LOVETT: No, I do not.
9 CHAIRPERSON: Thank you. Dr. Grasswick, do you have
10 any questions?
11 DR. GRASSWICK: No, thank you, I do not.
12 CHAIRPERSON: Mr. Long?
13 MR. LONG: No, thank you, I don't either.
14 CHAIRPERSON: Okay. Thank you.
15 Well, then, Ms. Lovett, why don't we turn to
16 you and your witnesses if you wish to introduce
17 any evidence of their position and perhaps Mr.
18 Bickert's current clinical status.
19 MS. LOVETT: Yes. Well, of course, our position is
20 just -- just simply that we wish to have the --
21 an appropriate disposition condition placed in a
22 conditional discharge order rather than in a
23 placement of -- for the one right now that
24 delegates to the Director.
25 CHAIRPERSON: Right.
26 MS. LOVETT: And in terms of his current -- Mr.
27 Bickert's current clinical status, I would just
28 ask his treating psychiatrist to comment on that.
29 CHAIRPERSON: All right. Dr. Hodelet.
30 DR. HODELET: Yes. So Mr. Bickert continues to see me
31 approximately every month. His mental state
32 remains very stable with really no evidence of
33 any deterioration --
34 MR. HILLABY: Mr. Walter, the doctor's voice is very
35 faint.
36 CHAIRPERSON: Yes. Dr. Hodelet, could you speak up a
37 bit. I found your voice kind of faint when you
38 signed on as well.
39 DR. HODELET: Okay. I'll do my best.
40 CHAIRPERSON: Thank you.
41 DR. HODELET: I -- I'm calling you from the hospital
42 so, again, we have noises going on in the
43 background that might interrupt me.
44 CHAIRPERSON: Yes.
45 DR. HODELET: Is that better now?
46 CHAIRPERSON: How's that for you, Mr. Hillaby?
47 MR. HILLABY: I'll listen keenly.

1 CHAIRPERSON: Yeah, I have my phone turned up to the
2 maximum and I'm having a bit of trouble. There
3 also seems to be a bit of screechy background
4 noise from time to time.
5 DR. HODELET: There's a lot of interference on the
6 line unfortunately.
7 CHAIRPERSON: All right, do your best, Dr. Hodelet.
8 DR. HODELET: So -- yes, Mr. Bickert continues to
9 attend his appointments, he continues to take his
10 depot antipsychotic medications. He connects
11 with his case manager and [indiscernible] to
12 occur as directed. We've noticed no
13 deterioration in his mental state since the
14 discussions we had at his last Review Board
15 hearing.
16 CHAIRPERSON: Mm-hm.
17 DR. HODELET: And -- yeah, we're -- we're -- you know,
18 our position essentially is unchanged
19 [indiscernible] presenting to us at present.
20 CHAIRPERSON: I see. And under those circumstances, I
21 take it -- sorry, Ms. Lovett, I'll defer to you.
22 MS. LOVETT: That's fine. Please go ahead, ask the
23 question.
24 CHAIRPERSON: Well, I was going to just get Dr.
25 Hodelet's position that under those somewhat
26 stable circumstances she would be in a position
27 to not stand in the way of Mr. Bickert's travel
28 for three and a half weeks?
29 DR. HODELET: Yes. So I understand the memo from the
30 Director indicates that I would have to assess
31 Mr. Bickert, I think around about a week before
32 the travel was to -- to take place.
33 CHAIRPERSON: Yes.
34 DR. HODELET: And, certainly, you know, if at that
35 point he remains stable with no evidence of
36 deteriorating and the Board had agreed it was
37 appropriate, then I would -- I would quite agree
38 that he was able to travel.
39 CHAIRPERSON: Yes. Okay. And are you willing to see
40 Mr. Bickert a week or so -- within a week of his
41 planned travel?
42 DR. HODELET: Absolutely.
43 CHAIRPERSON: All right. And I guess I should point
44 out that since this is somewhat unusual, the
45 expectation on our part would be that if he is
46 seen as unsuitable for such travel, you would
47 notify the Review Board through your counsel or

Hodelet, Dr. N.

Exam by Dr. Grasswick

1 through yourself?

2 DR. HODELET: Yes, I would do that.

3 CHAIRPERSON: Thank you. Ms. Lovett?

4 MS. LOVETT: I don't have any other questions.

5 CHAIRPERSON: Okay. Mr. Deuling, do you have any

6 questions of Dr. Hodelet?

7 MR. DUELING: No, thank you.

8 CHAIRPERSON: Dr. Grasswick?

9 DR. GRASSWICK: Yes, I do.

10

11 **EXAMINATION BY DR. GRASSWICK:**

12 Q Dr. Hodelet, regardless of the stability of any
13 patient, forensic or otherwise, prior to travel,
14 travel really to anywhere but particularly to --
15 with a long flight and to a different country,
16 different stimulation, you know, in the airport,
17 regardless of his stability, that travel can --
18 has the potential to destabilize a patient. So
19 my question -- my questions are more about can
20 you comment on how the travel might affect Mr.
21 Bickert and whether the psychiatric resources in
22 Mazatlan, but also during travel, are sufficient
23 in your mind to prevent a risk to the public?

24 A Okay, so there's several parts to that question.
25 The first part with regard to how he might
26 respond to travel, really the only thing I have
27 to go on is that Mr. Bickert did undertake, I
28 think a three or four week trip with his family
29 out of the B.C. jurisdiction to Alberta, and I'm
30 sorry I can't give you the exact dates but I
31 think that was around about two years ago. That
32 went without any difficulty. He ensured that he
33 received his depot medication before he went and
34 he returned before his next injection was due and
35 the travel there didn't lead to -- result in any
36 problems. Now, of course, that's a slightly
37 different situation to travel abroad. We know
38 that sometimes changes in time zones can be
39 particularly problematic for patients. That
40 won't be the case if the travel is to Mexico.
41 It's hard to predict how Mr. Bickert would
42 respond. For example, if there were significant
43 delays or there were weather problems that meant
44 the area had to be evacuated. Of course, all
45 these kinds of things can happen. However, from
46 what I notice is that Mr. Bickert doesn't
47 particularly seem to be terribly troubled by much

Hodelet, Dr. N.

Exam by Dr. Grasswick

1 that goes on in his environment. He tends to
2 lead a fairly solitary existence within his
3 parental and family group and he's going to
4 continue to be risk[indiscernible] during this
5 trip. I do believe that they would not be slow
6 to be in touch with us if they did have any
7 concerns about his mental health. Certainly we
8 would be available by phone to provide them with
9 support or advice should Mr. Bickert encounter
10 any difficulties. I think the last part of the
11 question was with regards to the services
12 available in Mazatlan. I simply cannot comment
13 on those services and I have not, at this stage,
14 contacted Dr. Morgan. I felt that that would be
15 premature to do so as I wished to find out what
16 the Board's decision would be before I made any
17 further investigations.

18 CHAIRPERSON: Dr. Grasswick.

19 DR. GRASSWICK:

20 Q Do you have any -- any knowledge or any
21 understanding of the -- okay, I'll back up. If
22 Mr. Bickert deteriorated while in -- in Mazatlan
23 and he wasn't willing to take medication or
24 follow any medical direction, do you have any
25 knowledge of how a psychiatrist could intervene
26 to turn things around and reduce the risk of any
27 harm to the public?

28 CHAIRPERSON: Well, with all due respect, Dr.
29 Grasswick, I think Dr. Hodelet has responded that
30 she can't speak to services in Mazatlan. She's
31 not an expert on Mexican psychiatry.

32 DR. GRASSWICK: Okay. Okay, thank you, then that's
33 all my questions.

34 CHAIRPERSON: Mr. Long?

35 MR. LONG: Thank you, I don't have any questions.

36 CHAIRPERSON: Mr. Hillaby?

37
38 **EXAMINATION BY MR. HILLABY:**

39 Q Yes. Just a few remaining, Dr. Hodelet. I'm not
40 well acquainted with your patient. I've read the
41 materials, but I have a few simple questions
42 remaining. Are you of the view that the
43 diagnosis is clear in this case?

44 A Yes.

45 Q And I gather his schizophrenic illness is
46 amenable to the treatment that it's providing.
47 It -- it -- he's responding to the treatment?

1 A Yes. He is stabilizing and -- but he is not --
2 he's not currently psychotic, or developing any
3 new delusional beliefs.

4 Q Right. But looking at the report as to how he
5 spends his time, would you agree that the illness
6 does affect the fullness of his life? He has a
7 somewhat [indiscernible] life even while stable?

8 A Yes, I would agree with that. I think he does
9 lead a somewhat restrictive existence and relies
10 quite heavily, I think, on family and support
11 staff.

12 Q Right. And it appears from what I've read that
13 he enjoys a very comfortable and supportive home
14 environment with a lot of -- of a worry addressed
15 by others?

16 A Yes.

17 Q So my question is along the lines of Dr.
18 Grasswick, I guess, of how resilient a person
19 your patient is with ordinary frustrations and
20 challenges in his environment.

21 A Yeah, I -- it's not as straightforward a simple
22 facing answer I suppose because he really
23 doesn't, at this stage, face very many challenges
24 in his environment, and he is quite a stubborn
25 individual who -- who, at times, seem a little
26 bit [indiscernible]. For example, we discussed
27 recently that I felt that his outreach worker and
28 he shouldn't simply be doing the same thing every
29 two weeks when they meet [indiscernible] outreach
30 worker took him to the gym and that they worked
31 out and I felt that really the outreach worker
32 should be utilized [inaudible/PA system
33 announcement]. That led to Mr. Bickert saying
34 well, I won't do anything with him then, and so,
35 you know, we -- we do see this sometimes, we see
36 quite a stubborn streak.

37 The other thing about Mr. Bickert though,
38 which I think probably is relevant, is that I
39 think that his affect and his emotional responses
40 have been affected by his illness in that he does
41 display a number of negative symptoms of
42 schizophrenia, and I think that this would
43 actually [indiscernible] perhaps not being so
44 emotionally affected as others might be by
45 environmental difficulties or changes, going from
46 one area to another. But, of course, I -- you
47 cannot predict exactly how he will react when he

- 1 goes -- if he goes to Mexico. All I can say is
2 that he has had a three to four-week vacation
3 with his family to Alberta and that that seemed
4 to go without any difficulty.
- 5 Q All right. My impression from reading the
6 materials is that your patient's quality of life,
7 which is a fairly high quality of life, can be to
8 a significant extent marked to the credit of his
9 parents who seem to provide him with assistance
10 and good judgment and -- and just feeling with
11 general quality of life issues, am I right?
- 12 A Yes, I would agree with that.
- 13 Q And would you agree that probably travel on his
14 own would be ill-advised?
- 15 A I would definitely agree with that.
- 16 Q So is it your impression, Doctor, that the
17 parents are an effective and useful support for
18 the travel and, in particular, that they will
19 help him contend with the stresses of travel?
- 20 A Yes, I agree with that.
- 21 Q And you consider that that's been shown by the
22 domestic travel, I gather?
- 23 A Yes.
- 24 Q Adult children aren't always happy to be guided
25 by their parents. What is the dynamic in this
26 family?
- 27 A I -- I mean I get the sense that Mr. Bickert is
28 very content in his current situation with his
29 parents. I think that they -- they provide a lot
30 for him materially and I think that he -- he can
31 appreciate that, and I don't get the sense that
32 there is ever particularly a lot of conflict
33 between the parents and Mr. Bickert. It doesn't
34 seem to me like the kind of relationship where an
35 adult child is living with parents because it's
36 really their only option. It seems to me like at
37 this stage, it's an arrangement that all the
38 parties seem to enjoy and are content to continue
39 with.
- 40 Q Okay. So is there more harmony in the guidance
41 he gets from his parents than from the outreach
42 worker, for example?
- 43 A I think he [indiscernible] so I think that any --
44 any situation where [indiscernible] proposed that
45 is not something that he is the driver of would
46 be difficult for him to consider.
- 47 Q Right. And, finally, apart from the -- the

1 aspect of your team not having ready access
2 [indiscernible], when we're looking at the risk
3 here, does the length of the travel have much to
4 do with the heightening of risk here, or is it
5 the challenges of international travel and
6 airports, and other country's officials and so
7 forth? What are the factors that raise clinical
8 concern to any extent?

9 A Well, if -- if the travel was for a longer period
10 of time than the interval between his depot
11 injection, then that would be my concern. My
12 view is that the greatest risk for Mr. Bickert is
13 non-compliance with his medication and as he
14 receives by intramuscular injection every 28
15 days, travel which is less than that period of
16 time I think is much less of a problem than any
17 longer term travel. I do believe that Mr.
18 Bickert is -- you know, travel to Mexico, it's
19 not a hop, skip, and a jump from Vancouver, but
20 neither is it in this day and age, you know, an
21 expedition that requires numerous changes of
22 airports. I -- I haven't been to Mazatlan, but
23 I'm guessing that the airport there, given the
24 number of North Americans who go through it, will
25 be of fairly high standards with fairly efficient
26 processes in place. So, you know, the -- the
27 biggest concern I would have would be if he were
28 for some reason not complying with his
29 medication, but I don't think that there's any
30 possibility of that happening.

31 MR. HILLABY: Very good. Thank you, those are my
32 questions, Mr. Walter.

33 CHAIRPERSON: Thank you.

34
35 **EXAMINATION BY THE CHAIRPERSON:**

36 Q Just a couple of added things, Dr. Hodelet. Have
37 you met Mr. Bickert's parents?

38 A Yes, I have.

39 Q And on more than one occasion?

40 A Yes, I have.

41 Q And have you, beyond just meeting them in a
42 clinical setting, have you actually had
43 conversation with them?

44 A Outside of a clinical setting, no?

45 Q No. But within a clinical setting.

46 A Yes, within a clinical setting.

47 Q So do they attend interviews when Mr. Bickert

1 sees you?
2 A They don't attend every -- every meeting.
3 Q Yes.
4 A But from time to time, especially if there's a
5 specific issue --
6 Q Okay.
7 A -- that they want to discuss then, yes, they do
8 attend.
9 Q So you have had a chance to interact with them?
10 A Yes, I have.
11 Q And have you been able to form an impression of
12 the extent to which they understand Mr. Bickert's
13 illness and its management?
14 A Yes, I think I do.
15 Q And what is your assessment of that?
16 A I think that his family have had some unusual
17 beliefs about what has caused his symptoms and
18 treatments that are helpful for it.
19 Q Mm-hm.
20 A To that end, they ensure that their son is
21 provided with a very long list of vitamins and
22 supplements which Mr. Bickert takes every day.
23 Q Yes.
24 A However, they also have been cooperative with the
25 treatment team. They support Mr. Bickert getting
26 to his appointments. They all support him at his
27 Review Board hearings. I don't get the sense
28 that either of his parents are irresponsible or
29 impulsive or unreliable --
30 Q Okay.
31 A -- in any sense. We do have an area that we've
32 had -- disagree on in terms of what may be the
33 cause of his illness --
34 Q Okay.
35 A -- however, I think that we do have a fairly good
36 relationship in the sense that they are always
37 welcoming to the treatment team when they visit
38 Taylor at home. We don't get any sense of
39 hostility or rejection of our team or our -- or
40 our recommendations for his treatment.
41 Q Okay. So even though they espouse beliefs in --
42 in a treatment modality that the Review Board has
43 been exposed to over the years, do I hear you
44 saying that you don't get the sense, or you're
45 not leaving me with the sense that they, despite
46 these beliefs, are actively discouraging Mr.
47 Bickert from complying with the treatment that

1 you prescribe?
2 A No.
3 Q Okay. Secondarily, having met them and
4 interacted with the parents, do you believe that
5 they are sufficiently knowledgeable and informed
6 that they could, if Mr. Bickert were showing
7 signs or symptoms of decompensation, that they
8 would be in a position to recognize or identify
9 such signs or symptoms that are relatively timely
10 or early stage?
11 A Yes. I think they would. But I would also -- I
12 would want to ensure that prior to any travel --
13 Q Yes.
14 A -- that we went over with the family a kind of
15 early warning signs, and then we worked out, you
16 know, what would be the course of action to
17 take--
18 Q Yes.
19 A -- in a situation, so I would -- I would hope
20 that we would have that all, you know, fairly
21 clearly in black and white so that there would
22 not be any room for doubt with the family --
23 Q Okay.
24 A -- if they did have to take any action.
25 Q And you would do that?
26 A Yes. Myself and Mr. Cole [phonetic] would do
27 that with the family.
28 Q Okay. You'd review that. The other question
29 that I had with -- in respect of Mr. Hillaby's
30 questions regarding Mr. Bickert's resilience to
31 perhaps environmental stressors, you're saying
32 that because his affect is somewhat, I suppose,
33 flat or negative that unless he's less overtly
34 emotional that perhaps this would render him
35 somewhat more resilient to environment change?
36 A Yes. I think what I -- I think what I'm seeing
37 is the kinds of things I get -- regular parents
38 who are helping in terms of travelling, or delays
39 that kind of thing --
40 Q Yes.
41 A -- but I -- I can imagine Mr. Bickert actually
42 not being terribly phased by it.
43 Q Okay. Thank you for that. And, finally, in
44 addition to the plan that has been put forward by
45 Mr. Bickert and his family in terms of contacts,
46 where they are staying, the names of doctors and
47 so on, would you be looking for in any approval,

Hodelet, Dr. N.

Exam by Chairperson

1 an additional perhaps condition or requirement
2 that in the course of the three and a half weeks,
3 Mr. Bickert and/or his family call into your
4 clinic?
5 A I think that would be a very useful addition, and
6 I'm -- you know, I think if we were able to check
7 in with him, his case manager, at some point
8 during the trip, if you get -- and it could be
9 done by telephone --
10 Q Yes.
11 A -- or it could even be regular contact by email,
12 then I think that that could all be very helpful.
13 Q Good. Well -- so, in other words, if perhaps --
14 well, we're talking about 25 days, so at day 10
15 or 12, or 15 if you or the case manager were to
16 call the Bickert family's cell phone or they were
17 to call the clinic, you would find that of some
18 assistance?
19 A Yes, that would definitely be of assistance.
20 CHAIRPERSON: Okay. Thank you. And perhaps they
21 can consider doing that. I think those are all
22 my questions. Thank you, Dr. Hodelet.
23 A Thank you.
24 CHAIRPERSON: Ms. Lovett, do you want to bring forward
25 anything else?
26 MS. LOVETT: No, I do not, thank you.
27 CHAIRPERSON: Okay. Mr. Hillaby, are you presenting
28 any evidence on the matter?
29 MR. HILLABY: No, thank you.
30 CHAIRPERSON: Mr. Deuling, is there anything else you
31 would like to bring forward? Mr. Deuling?
32 MR. DEULING: Sorry, I'm just waiting for that -- yes
33 -- no, I don't have anything further to add.
34 CHAIRPERSON: Okay. And let me ask the Board members,
35 has anything arisen that you would like to pursue
36 from any questions by any other parties? Dr.
37 Grasswick?
38 DR. GRASSWICK: No, thank you.
39 CHAIRPERSON: Mr. Long?
40 MR. LONG: No, thank you.
41 CHAIRPERSON: Okay. So, just out of an excess of
42 formality here, perhaps I'll entertain any
43 closing submissions only if parties want to make
44 them. So, Mr. Deuling, based on what you've
45 heard, is there any closing submission you'd like
46 to make at this point?
47 MR. DEULING: The only thing is that the -- the

1 Bickerts would certainly be agreeable and want to
2 meet up with -- with the team before leaving, and
3 -- and they'd certainly be -- they're inclined,
4 certainly, to stay in contact with the team of
5 the clinic over the length of travel if it's --
6 if it's permitted.
7 CHAIRPERSON: Sure. And I would think that would be
8 an arrangement they could enter into with Dr.
9 Hodelet then.
10 MR. DEULING: Yes.
11 CHAIRPERSON: All right. So you're -- you're arguing
12 for and you're submitting that the Review Board
13 ought to approve Mr. Bickert's travel under the
14 circumstances that we've heard about this
15 morning?
16 MR. DEULING: Yes, that's correct, and I'd also agree
17 that the -- that condition 10 in the July 21st,
18 2016 order be -- be amended as suggested by
19 counsel for the FPH.
20 CHAIRPERSON: Okay. Thank you. Ms. Lovett?
21 MS. LOVETT: I have nothing further to add.
22 CHAIRPERSON: Thank you. So you're in support?
23 MS. LOVETT: Yes.
24 CHAIRPERSON: Mr. Hillaby?
25 MR. HILLABY: Yeah, I'd like to say that evidently at
26 the proceeding in which the Panel made, the Panel
27 did not have the benefit of any contribution from
28 the Attorney General and I apologize for that.
29 Now that I have the opportunity to correct that,
30 I would say that you should replace term 10 with
31 -- in conformity with the policies of both FPS
32 and the Review Board and that I do not, on this
33 evidence, oppose Mr. Bickert's travel out of your
34 jurisdiction --
35 CHAIRPERSON: Okay.
36 MR. HILLABY: -- fashion contemplated by the evidence.
37 CHAIRPERSON: Thank you. Unless there are any other
38 issues to be brought forward, I would excuse the
39 parties and ask the members of the Review Board
40 to stay on the line so that we could deliberate
41 and discuss the proposal before us and whether or
42 not to shoulder the amendment to Clause 10. Is
43 that all right? Anything --
44 DR. HODELET: Thank you.
45 CHAIRPERSON: Thank you to the team. Thank you, Mr.
46 Hillaby, Mr. Deuling, and the Bickerts.
47 MR. DEULING: Yes, thank you. Do you know -- do you

1 know when we'll be -- will we be advised by
2 letter?
3 CHAIRPERSON: You'll no doubt be provided, if it goes
4 ahead, with an amended disposition and then I
5 will undertake to obtain a transcript as a record
6 of this proceeding which will also go into the
7 accused's evidentiary record.
8 MR. DEULING: Thank you.
9 MR. HILLABY: Do you have a timeline in mind, Mr.
10 Walter?
11 CHAIRPERSON: Well, I think we could certainly amend
12 the disposition if we're going to do that within
13 the day.
14 MR. HILLABY: Thank you.
15 MR. DEULING: Thank you.
16 CHAIRPERSON: Thank you all.
17 DR. HODELET: Goodbye. Thank you very much.
18 CHAIRPERSON: Bye bye.

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20 (EXCERPT CONCLUDED)
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DECISION

[1] The Review Board's process in respect of its approval of an accused's international travel, in response to the Director's internal policy in that regard, was set out in a directive in April 2008, and reiterated October 18, 2016 (attached).

[2] Mr. Bickert, the accused in this case, seeks approval to travel to Mexico for 25 days, between February 3, 2017 and March 1, 2017, accompanied by his parents, with whom he resides. Mr. Bickert's father has submitted a "Travel Plan" which identifies a US psychiatrist who is licensed and operates a clinic in Mazatlan, Mexico, and where other psychiatrists are employed. That physician (Dr. Morgan) is willing to see the accused in Mexico, should it prove necessary, in order to assess Mr. Bickert's mental state. Mr. Bickert's verdict and legal status, as well as his diagnosis and medication regime, have been disclosed to Dr. Morgan. He has also been provided with Mr. Bickert's FPS treatment team's contact information in Kelowna. Dr. Morgan's contact information will also be shared with the team.

[3] Mr. Bickert's mental has been stable for some time. He has been abstinent since his verdict. He accepts his depot antipsychotic medication. He has responded well to treatment, though he displays some negative symptoms e.g. flat affect. There is no evidence of any deterioration in his mental state since his last hearing.

[4] In keeping with policy expectations, Dr. Hodelet is willing to assess Mr. Bickert within a week prior to the proposed departure date to determine his stability, risk level and suitability to travel. If Mr. Bickert is deemed unsuitable to travel, clinically or from a risk perspective, the Director will notify the Review Board.

[5] Regarding the possible destabilising impact of travel exigencies, Mr. Bickert has previously undertaken a three or four-week trip to Alberta with his parents, two years ago, without difficulty. He received his medication before departure and returned in time for his next injection. For the current proposal, the period of travel accords with his medication administration schedule.

[6] Travel to the vacation destination involves no time zone changes that might affect Mr. Bickert. Moreover, he seems unperturbed by matters in his environment, such as delay or weather, perhaps due to his negative symptoms.



British Columbia Review Board

PRACTICE AND PROCEDURE MEMORANDUM

ISSUE: INTERNATIONAL TRAVEL (REVISED OCTOBER 18, 2016)

The accused, Leon Tam, was charged with sexual touching of a minor, sexual assault and voyeurism at age 19. Mr. Tam is significantly intellectually impaired. He was found unfit to stand trial on December 17, 2009, and has not achieved fitness since.

Mr. Tam has now had a least ten hearings to review his verdict and disposition. Seven dispositions have included clauses which contemplate the accused's international travel to various locations outside of Canada, "unless the Director is of the opinion that the accused is unsuitable for such travel" having regard to his risk and "upon receipt by the Director from the accused of an itinerary and the availability of appropriate mental health resources in (the destination)":

THAT notwithstanding any other conditions of this disposition, and unless the Director is of the opinion that the accused is unsuitable for such travel, having regard to the risk the accused poses to himself or others, the accused may travel out of Canada under the supervision of _____ or other responsible adult to the United States of America and/or Mexico for up to two weeks, and to Malaysia and/or Hong Kong for up to two months at a time upon receipt by the Director from the accused of an itinerary and the availability of appropriate mental health resources during the time of travel.

On my reading of it, this language invests discretion in the Director to ultimately permit or withhold approval for such travel.

This grant of discretion would appear to contravene the Director's policy, as set out in the attached practice memorandum of the Board, dated April 2008.

In summary:

1. Prior to 2008, the Board, **on the basis of relevant evidence received in a hearing**, would delegate to the Director, the discretion to permit travel abroad under supervisory and treatment arrangements considered appropriate, necessary and prudent having regard to the accused's mental condition;

2. As of 2008, on the basis of legal advice regarding its inability to supervise an accused beyond Canada, the **Director indicated that it would no longer accept or exercise the discretion to approve international travel or make recommendations in support of such travel;**
3. The result of this policy change was that it fell to the Review Board to specifically approve or permit (or decline to do so), international travel, as a condition of its disposition;
4. In shouldering such responsibility, panels need to diligently inquire, or obtain evidence from the accused regarding the **relevant circumstances such as:**
 - The purpose, destination, departure/return dates and duration of the proposed travel;
 - Mode of travel including flight details if available;
 - Names of persons accompanying applicant;
 - Address and phone number of destination;
 - Details regarding provision of medical care, monitoring, supervision and access to prescribed medication in the foreign jurisdiction;
 - Reporting requirements/contact arrangements back to FPS during absence;
 - Accused's current clinical condition;
 - Final assessment of mental state/stability proximate to departure.
5. If, on the basis of such evidence, the Review Board is inclined to approve of the travel, the Director will conduct a proximate mental state or risk assessment, **usually** within a week before the proposed departure;
6. In the case of MSM (Jan 18/08), the Board, after submissions from the parties, developed the following suggested disposition condition:

THAT notwithstanding any other condition of this disposition, and unless the Director, on the basis of an assessment of the accused's mental condition, to be conducted before January 26, 2008, notifies the Review Board that in its opinion he is clinically unsuitable for such travel, the accused may travel and sojourn in India under the supervision of his parents, between January 26, 2008 and April 7, 2008;
7. This means that as long as there has been a somewhat fulsome inquiry into and evidence adduced at a hearing, the Board may if it is satisfied, prospectively

approve international travel in reliance upon the Director's agreement to notify it of any overarching concerns with respect to risk or stability, prior to departure;

8. If details of the intended travel and monitoring arrangements are not available at a hearing and the Board is unwilling to make a decision on the issue, the parties should be invited to approach the Board, when the information is available and the matter may be scheduled and dealt with summarily or at a teleconference hearing.

It appears that, over time, the Director's staff may have lost track of this policy. It appears that Board members may also be unaware or not familiar with it.

I therefore consider it timely that the respective entities take steps to remind their representatives of the policy in question, and its implementation in the Board's procedures and practices.

BW

A handwritten signature in black ink, appearing to be 'BW' or similar initials, written in a cursive style.