CANADA

PROVINCE OF NOVA SCOTIA

IN THE MATTER OF THE

FATALITY INVESTIGATIONS ACT

S.N.S. 2001, c. 31

THE DESMOND FATALITY INQUIRY

TRANSCRIPT

HEARD BEFORE: The Honourable Judge Warren K. Zimmer

PLACE HEARD: Port Hawkesbury, Nova Scotia

DATE HEARD: April 21, 2021

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HELEN LUEDEE

EXHIBIT LIST

APRIL 21, 2021

COURT OPENED (09:31 HRS.)

THE COURT: Thank you. Good morning.

COUNSEL: Good morning, Your Honour.

THE COURT: Mr. Russell?

MR. RUSSELL: Yes, Your Honour. We are set to begin. We would be calling Ms. Helen Luedee. She is present in the courtroom, Your Honour.

THE COURT: All right, thank you. Ms. Luedee, could you come forward, please?

And I understand Mr. Mozvik is here this morning. Good morning, Mr. Mozvik.

MR. MOZVIK: Back in the corner, Your Honour.

THE COURT: All right, thank you.

MR. MOZVIK: You're welcome.

THE COURT: You may be in a corner but you're not forgotten.

MR. MOZVIK: Thank you.

HELEN LUEDEE, sworn, testified:

THE COURT: Good morning, Ms. Luedee.

MS. LUEDEE: Good morning.

THE COURT: I see you have your mask on, so I can tell you that this room has been audited for compliance with the public health directives, so if you're comfortable removing your mask, I invite you to do that.

MS. LUEDEE: Thank you.

THE COURT: All right. There would be ... I see you have some water. There's also a bottle of water that's there that's a fresh bottle for you if you happen to need it. I think there's some hand sanitizer there as well.

MS. LUEDEE: Thank you.

THE COURT: All right, thank you then.

Mr. Russell?

DIRECT EXAMINATION

EXHIBIT P-000287 - *CURRICULUM VITAE* - HELEN LUEDEE

MR. RUSSELL: For the Court's purposes, Your Honour, we're going to begin with Exhibit 287.

Good morning, Ms. Luedee.

A. Good morning.

Q. Could you state your full name for the Court, please?

A. Helen Marie Luedee.

Q. And, Ms. Luedee, I thank you for coming this morning and thank you for being here in person. I know it's challenging times.

So I guess we'll begin by sort of telling the Court a little bit about your background, and my intention is to review your *CV*, just generally. You can see it on the screen in front of you, but if you need an actual copy, we have that as well. A paper copy. So, Ms. Luedee, what's your current occupation?

A. I'm the Manager of Mental Health and Addictions, Opiate Recovery Program, in Eastern Zone, with Nova Scotia Health.

Q. And how many years or when did you start as the Manager of Opiate Recovery in the Eastern Zone?

A. January of '21.

Q. So prior to that where were you employed?

A. I was with the Health Authority since last April or May, I believe. I worked in palliative care, so I worked in some of the different units at the hospital but, before then, I was employed with Cape Breton University for approximately 20

years.

Q. And my understanding is you are a social worker?

A. I am.

Q. And approximately 20 years at the university?

A. Yes.

Q. And what was your role there as a social worker at the university?

A. I started out doing human rights at the university, so I was the Human Rights Officer for a number of years, and then I took a position as clinical social worker for the university, for the students. In addition to that, I also taught at the university and developed courses.

Q. So I wonder if you could tell us a little bit about your current role as Manager of the Opiate Recovery Program. I'm getting that correct?

A. Yes.

Q. What's your role as a social worker in that position currently?

A. My role is really administrative role at this point. I'm one of the six managers for Mental Health and Addictions, and the Opiate Recovery Program resides in under Mental Health and Addictions with Nova Scotia Health, and my role as manager

would be, really, it's an administrative role, so I'd be managing the team of workers. There's physicians and nurses and LPNs and clerical workers. And then I work together with the other managers within Mental Health and Addictions. So Opiate Recovery Program is a maintenance treatment program for people with opiate use disorder. And, yeah, I've worked with the other managers as well throughout the zone.

Q. Okay. So if we look at the first page, in terms of education, so I understand that you have a Bachelors of Social Work and a Masters of Social Work? If you could tell us a little bit about when you got those and where did you get them from?

A. The Bachelor of Social Work I received in 2002 and that was from Dalhousie University. And in 2009, I received my Masters of Social Work and that was at Memorial University in Newfoundland where I specialized in clinical practice.

Q. And so I guess my question is, outside of your current role with the Nova Scotia Health Authority, your position there and any positions with the government or university, in addition to that, did you have a private practice, a social worker engaged in sort of private practice as well?

A. Yes. I opened a business in private practice. It's a

counselling and consulting business and it's called "Helen Boone Counselling and Consulting". I opened that in 2012.

Q. And is that still currently in operation?

A. Yes.

Q. It is. So I know this is a tough question to put a figure on, but in your time in private practice, are you able to estimate the number of clients that you might have had?

A. Yes. It's a limited private practice because, you know, I work full-time, so I probably see about three to five clients per week and that would've been consistent since about 2012.

Q. And, I guess, irrelevant to this Inquiry where we're dealing with the circumstances surrounding Lionel Desmond who was a military veteran, in your experience, since 2012 in private practice or in a Nova Scotia Health Authority situation, do you have any experience in offering social work services to veterans or members of the military?

A. Yes. When I opened my business in 2012, there's a number of contracts that I would hold with a variety, for example, of EFAP companies, and one of the contracts is with Blue Cross, who is a provider, and they are one of the primary providers for military veterans. So I would've worked with a

variety of military folks, both veterans and current military members, over the years.

Q. And what sort of things were they seeking from you, I guess? What sort of struggles had they been having?

A. In general, it's a variety of issues that people would seek counselling for, so it's hard to say specifically, but some of the examples would include couples relationship counselling, mood disorders such as anxiety, depression, post-traumatic stress disorder, trauma issues, sometimes domestic violence, grief and loss. Those kinds of issues.

Q. And this is all connected to clients with a military background or affiliation.

A. Yes.

Q. Did you notice ... I would be interested in sort of ... not that we're comparing clients, and I know that each one is different, but did you notice any sort of recurring themes or challenges as it related to military members or veterans in that context?

(09:40)

A. I think trauma is a common theme with military members and sometimes it's lifestyle issues, like reintegration into homes because of people having to work away, and it's very

consistent with ... I provide service for a variety of first responders as well, whether it's policing, firefighters, paramedics. Trauma is an underlying theme in terms of what people witness, what they experience themselves, and sometimes what they are supporting their coworkers or colleagues with.

Q. Did you notice anything in terms of a difference ... and I know it's a broad sort of generalization, but as a category as a group, were there any differences in military members or ex-military members in their willingness or ability to sort of open up with you during counselling, compared to, say, a general member from the civilian population? Is there any difference there?

A. I think what I notice is many first responders in general, whether it's military, police officers, oftentimes, there is a culture with folks where they have to learn how to desensitize and how to be a professional and, in being a professional, many of them forget the fact that we can all receive a lot of training, but that training does not desensitize us from the fact that we're human first. And so I think there are many people that believe that they have to be tough and they have to accept the unnatural things that they often see and experience. So I think that was a common theme

and, again, I'm going to say with many first responders, in general, including the military folks that I see.

Q. In your dealings with members from the military, did you take note of any sort of struggles with a transition from, say, a military environment and then back into sort of civilian? Is that something you would've noticed?

A. I think with every person from the military that I treated, there would be transitional concerns about going back to life at home and some of them are just about daily functioning, you know, where, if they are away, somebody else may be the one that's doing the day-to-day, you know, discipline of a child or issues at home, and then they're reintegrating and it's almost like a stranger visiting the home and being part of the family and being immersed in that with ... that type of transition is challenging for people.

Q. And from a social worker perspective and in your experience, how do you go about sort of dealing with that? I mean, clearly, if the transition is a struggle for the client from military to civilian, how do you go about sort of getting them to a point where they can transition?

A. Well, I think, first of all, it's, we have to look at ... once we start building our relationship of trust, which is

always the first point of concern, especially with people who have been trained not to trust, that's kind of the first hurdle. And we look at identifying barriers. What are some of the issues of concern? We try to identify goals to work on, but we work on small, attainable goals at one time. It's not something that we expect that somebody will just go from one environment and jump into another environment and be completely comfortable. I think, as humans, none of us would adjust extremely well to that, but when we're working with folks with adjustment issues, we're working at trying to be open and honest about what some of the concerns are, what some of the barriers are, what are some of the adjustments we have to identify, and then we work on small plans to provide supports to reintegrate, to develop routines to get comfortable with the so-called normalcy of their new life and we work towards those one goal at a time.

Q. And, in your experience, in the context of a client with a military background, what is more common? So they come to you and say, I'm struggling with one identifiable diagnosis, whether it's, I'm depressed, that's what I'm here for. Or is it more common to see there are multiple things happening into the mix in terms of life stressors, multiple diagnoses? Is it sort of one isolated thing or is there a conglomerate of things?

What seem to be more common, in your experience?

A. Okay. To be honest, there has to be ... it depends on who is initiating the referral. So, sometimes, people self-refer, and when they self-refer, often, I get the catch phrase, I'm coming in because I'm stressed. And we have to unpack what are the stressors, what's getting in the way? And it's quite a process to do that. With other folks, sometimes I get specific referrals and there is a scope that I'm working within according to the referral source. So in the referral source, sometimes I get some background information and they give me something specific to work with in terms of goals that need to be attained. So it really depends on that particular situation, but there is a variety, but sometimes I get just stress. And, often, there is a multitude of factors. It's not usually one thing.

With most clients that come in, even with somebody that says, they come in and they say, I'm coming in because I'm feeling like I have some depression. Well, with depression, oftentimes there's so many other issues, such as anxiety, such as there could be lifestyle factors, there may be grief loss. So, again, there's usually a multitude of factors with any one specific issue of concern.

Q. And can you sort of unravel or unpack all of this immediately?

A. Absolutely not.

Q. And why is that?

A. Counselling is really about developing a relationship, right? So when we meet folks, it's not natural to meet somebody and introduce ourselves and unpack everything all in an hour. So it's an unnatural process where we're trying to develop a natural development of a relationship and people have to be comfortable. People have to feel safe when they go to counselling. That doesn't happen in ten minutes. Usually, sessions typically last about 50 minutes, so that doesn't happen in 50 minutes. It doesn't happen in two or three sessions for some folks. And we have to be skilled enough to be able to assess how do we develop the relationship with this individual? What's going to make this person feel safe? How do we ensure that it's a respectful environment? So that's the first thing that has to happen is that we build that relationship and that ... I often say when clients come in that you have to almost like assess if they're going to even be comfortable with me, for example, because we all have different styles, we all have different ways of doing things.

So if a client doesn't feel comfortable with one counsellor and they say, Counselling doesn't work, I encourage people, Try out different people. It might just be the relationship. We might not feel comfortable with one person but it's about developing that relationship.

So, no, it is not quick. It's something that takes time. And the more complex the issues are, the more time it will take.

Q. I'm going to ask you a little bit about your involvement with doing contract work for Veterans Affairs and, in particular, how you came to be involved in Lionel Desmond's access to services.

So what I want to start with is, we understand that in 2016, you first were contacted by Veterans Affairs Canada. Can you tell us a bit about how that came about? So I guess my first question would be, how did Veterans Affairs know about you to even contact you? How does that happen?

A. Okay. First of all, as I indicated, I am on an approved list for Veterans Affairs through Blue Cross and I have provided counselling before in terms of somebody coming in and looking specifically for clinical counselling, but I was recently approved to be on the list for case management as well as a clinical care manager.

So I was on that list. I really hadn't done any work with that particular role and then I had gotten a call one day inquiring about whether or not I might still be interested in providing service, if I had the time to do it, and things like that.

Q. So I guess I'm going to ask you, so, in 2016, you were on sort of this, I guess is it fair to say, like a roster through Blue Cross that you are available to provide the service of a clinical care manager?

A. Yes.

Q. And, prior to that time, I understand you had never acted as a clinical care manager.

A. No.

Q. But you did, in fact, have experience in your practice with military veterans.

(09:50)

A. Yes.

Q. So do you remember when you were first contacted and who would've contacted you?

A. I know I was contacted in August of 2016 only because I had to read the notes. To be quite honest, I don't recall the specific date of the initial contact. I do recall that it was

Marie-Paule Doucette that had contacted me inquiring about whether or not I was available, what my skill-set was. We had a lot of conversations at the beginning.

Q. And sort of during that initial phone call, and I know it's some time sort of looking back, but do you generally recall how that discussion went? What information she was looking from you and what you had anticipated was going to happen? Whether you were committed to taking it on at that point?

A. Well, before there was any identification of a specific individual, there was a lot of conversation where I think Marie-Paule was trying to, Ms. Doucette was trying to find out if my skill-set would match. So there was a lot of questions about my skill-set, my experience, what kinds of situations I was dealing with, how I would manage various situations. So there was a lot of questions asked of me with regards to my approach to practice.

Q. I wonder if you can give us some examples of what it was that Ms. Doucette was inquiring about your skill-set. I get the sense that she was probably trying to see if you were a fit for the role, but do you recall?

A. Well, it's about trying to find a match to make sure that the skill-set is suited. So, for example, if the majority

of my practice was about dealing with one particular area that wasn't well-suited, you know, with being a social worker, psychologist, there's various skill-sets that each of us carry. No different than law, you know, if somebody is a criminal lawyer and you want somebody to, you know, look after a family law matter, somebody may realize that that's not something that I typically do. So we are very similar in that way. So the conversation would be about trying to find out if the skill-set that I had would be beneficial to the client that I believe she had in mind at the time.

Q. So when you were sort of on the roster as a potential ... you're available to be a clinical care manager, we've had some discussion with other witnesses about what a clinical care manager is but, I guess, from your perspective as the person that acted as a clinical care manager and the person that is available to be a clinical care manager, if you could tell us a little bit about, from your perspective, what is a clinical care manager?

A. Well, first of all, I think I'd like to point out that a clinical care manager is different than being the clinical therapist so, again, when I'm doing my counselling and consulting, my first question is always, What is my scope of

practice when I'm taking on this particular contract? And I try to make sure that I'm providing the service and stay in my own lane, if you will, and provide the scope of practice that I'm contracted to do.

So, with being a clinical care manager, some of the things that I do is I help clients by identifying what are some of the needs of that client that are the wraparound supports that can help that person transition into success? How can I help that client navigate and identify resources of supports that will be helpful to them? I also directly work specifically with the case managers that would be involved.

When we identify what some of the needs and goals are, I may have to then go to the case manager to see can we get some support? Can we make sure that there's funding that's involved? And if there's no funding through, for example, Veterans Affairs, is there other areas in the community where we can secure funding? We look at the actual community that is involved and what supports are available in that community. I would be responsible for creating with the client mutually-identified goals to work on, look at how we're going to accomplish that. So how do we measure those outcomes? I try to identify action plans to have step-by-step examples of how we

will reach the goals. And, again, it's something that there is ongoing assessment where, again, we're going to be looking at building blocks, one issue at a time and one need at a time, to ensure that there's success for the client.

Q. And we're going to review some of that, breaking it down as we go, in terms of what's an action plan, as we move along.

We've heard earlier that a clinical care manager typically has a background of whether they're an occupational therapist, social worker, nurse. They said a psychologist, possibly, but very rarely do you actually see it. What is it about a social worker that sort of makes maybe a suitable clinical care manager? What is it about the skill-set that seems to be a fit for that role?

A. Well, as a social worker, some of the things that kind of sets us apart from other professions is the fact that, you know, we have, oftentimes, in cases, there's a clinical background, so that's something that I do have is the clinical background, but in addition to that, social workers, in general, we, by nature, we help people navigate things. We are like brokers where we help connect people from one resource to another. We help clients build bridges. Social workers are

also set apart by the fact that our advocacy skills are something that is unique to many other professions where, if there is injustice, we try to advocate to ensure that those barriers are removed so that there's fair and equitable treatment to the clients that we're working with.

So those skill-sets, I think, are very connected to the skill-sets that would be necessary in a clinical care manager.

Q. And we are going to get into, specifically, your contact with Lionel Desmond. There's a recurring sort of theme throughout this Inquiry about resources in an urban setting versus a rural setting and I'd like to sort of take an opportunity to explore that with you as from a social worker perspective but a social worker that's acting as a clinical care manager.

So when you're trying to build those contacts for someone like Lionel Desmond, once you identify needs, is it more of a struggle to find the ... because we know he's from Guysborough, a rural area. Is it more of a struggle or is it different to find adequate resources in a rural setting than if he was, say, in downtown Halifax and you were the clinical care manager in downtown Halifax?

A. Unfortunately, yes. Unfortunately, our rural settings

are more challenged with not having the types of resources that are afforded to the bigger metropolitan areas, so it is challenging, yes. And when, as workers, we are used to working in rural settings with very limited resources, we have to become very skilled at being creative when it comes to looking for these resources, and the one benefit that I think we have is that many of us have networked and that's part of what we do for our profession, so we get to know some of the folks that are doing various types of work and ... but it is challenging, yes.

Q. And is it challenging in the sense that ... in terms of the sheer time that it takes. So we'll review some of the things that you identified for Lionel Desmond and some of the supports you found he needed and the people that could provide those resources.

Does operating in a rural setting take more time to sort of reach out and get this person, get this person, get this person, to build that? If you're in a rural setting, is it more time-consuming to put all those resources together?

A. Sometimes, yes, because there's not ... just by the numbers, there's not an ... we don't have the numbers that they would in a bigger metropolitan area, so there's not a great big list to choose from. Not everybody has the skill-sets that are

being sought after in rural settings. And just by distance alone, it takes more time to travel to areas and, yes, there can be barriers to successfully being able to connect with resources in rural settings.

Q. So I guess if you can give us sort of examples as a social worker operating as a clinical care manager, or a social worker in general trying to sort of orchestrate this wraparound model of resources. Can you give us some examples of things that are more of a challenge in a rural setting than urban, specifically? What would be an example of something you're trying to line up for a veteran that, had it been right in Halifax, it would've been quicker?

A. I think, for one, sometimes it's specialization is a big one because just with the fact that in rural settings, there is not as many people, so you have lower numbers, so you may not have the same experience that you would in a bigger setting where there is more volume of people and, therefore, there's more volume of people that are requiring service and are seeking service and, again, that means that there's more providers. So in smaller, more rural areas, there are less people. There is less opportunities at times for specialty. There are some folks ... we have some very skilled people that have wonderful

specialties, but it's sometimes more challenging to find those things.

(10:00)

It's ... the other challenge is, in rural settings, often, it's a case of everybody knows everybody and there's higher chances of conflicts and dual relationships. Those things can all be challenging in general. So it can be very challenging, but I guess one of the things that we have to be skilled at is looking for these connections and networking to find them.

Q. I know there's probably a term that's used, I guess, in a medical setting or in a health care professional setting, but is there a concept of equal sort of access, equality of access, equality of treatment, to all people, no matter what group they come from?

For example, if somebody is rural or someone is urban, they should have access to the same standard ease and level of health care in Nova Scotia. Is there a term for it? I'm trying to get something, but I don't know. Maybe you could help me.

A. There is a term that, you know, that there is a quality to access and I know that, you know, our system is trying very hard to make sure that people in rural settings are getting the same quality of service but ...

Q. And I realize that you're ... you know, I don't want to put you in the position where you're speaking for a director or whether you're speaking for a government, but just sort of, in your experience, you identified that there was a bit of a challenge at times, and is it something that's a work in progress?

A. I believe it is. I believe it's definitely a work in progress. I think we've made strides and I do believe that we have more work to be done, but it definitely is a challenge for people that are in rural settings and, you know, like even if we look at, you know, the term "equalization" for, you know, what's in the Halifax area compared to what's in the Cape Breton area, for example, funding is an issue. There's always issues and we have to be creative. Our role at that time is trying to figure out, if we were just to look at what we don't have compared to somebody else, we'll never get any work done, so it's like instead of, We can't get this done because we don't have this; Well, how can we get this done because we don't have this? So we have to be creative to find those other ways of accomplishing that.

Q. Okay. We'll get, towards the end, about how that might perhaps be made easier, but I'll certainly leave it for

now.

EXHIBIT P-000117 - CASE PLAN

So I just want to ... it would be Exhibit 117, and I know, for your ease, when we had met previous, they didn't have exact exhibit numbers. When they were sent to you in preparation of the interview, it was document number 3.

A. Mm-hmm.

Q. So this is a document and it's called "Case Plan". Now we know for sure that you ...

A. Okay.

Q. ... obviously didn't prepare this. This was something done by Marie-Paule Doucette, but I'm just going to use it as sort of a way we can navigate the various contacts that you might've had with Ms. Doucette and whether they sort of lined up.

A. Okay.

Q. So if we could turn first to page 9 and there's ... it looks to be progress note, the fourth one down from the top, and it's dated August 16th.

A. Okay.

Q. Or August 22nd is the entry. Do you see that? And then it says, "On August 16th"?

A. Yes.

Q. And it says, "CM (which I'm assuming is case manager) contacted social worker, H. Boone." So that's you.

A. Yes.

Q. "CCM Services."

Case manager confirms she has gotten the okay from veteran and support from VAC, MHO, to move ahead with CCM Services. Ms. Boone was not available. Simply confirmed this info by voicemail (or "VM", I'm assuming is voice mail) and advised she will be in touch again to get her and veteran connected as soon as possible.

So it appears as though she makes an entry from August 16th. Does that sort of line up roughly with your recollection of when this first contact sort of began between Ms. Doucette reaching out to you?

A. It does line up. I don't have notes prior to my contact at that time, but it does line up in terms of my recollection that it would've been around that date, and if that's what she had documented, then I don't have any reason to believe that wasn't when it was.

Q. Okay. If we could look at the same document but page 8. Ms. Doucette appears to have an entry September 9th. So we are sort of half a month, I guess, into sort of first kind of contact with you. And she has an entry, a progress note, that appears to be entered September 22nd. That's the second one from the top. Do you see that?

A. Okay, yes.

Q. On the screen. And then it says, "September 9th". It's noted: "Ongoing communication between case manager and clinical social worker, H. Boone, who is prepared to assist this veteran via CCM Services."

So, at this point, is there still some sort of discussion that's happening between you and Ms. Doucette in early September about you providing services?

A. Yes. I believe I tentatively agreed to provide service and the prerequisite was with regards to training for their onboarding system.

Q. So before we get into the prerequisite training for the onboard system, so, in early September ... you're contacted about mid-August, now we're early September. At this point, do you know who the potential client is?

A. I don't recall if I knew specifically the name.

Q. Okay.

A. More about description of the client.

Q. So, at this point, Ms. Doucette gave you some sort of description of who you may be working with.

A. Yes.

Q. Do you recall what sort of details she gave you about the potential client? We know it turns out to be Lionel Desmond.

A. Yes.

Q. But in those early days, what information do you recall was sort of given to you generally?

A. Generally, I can say that Ms. Doucette gave me information about background of the client. She could have gave me the name, I don't recall, but she gave me background about the client. She indicated that the client was a veteran who had sustained injuries and that the client was in inpatient treatment in Montreal, and then the client had left against medical advice. And then the client did have a house and lived in New Brunswick and that's where she was working with him was in New Brunswick. And then the client was moving back to Nova Scotia to be with his family and that they were concerned that the client was moving back and they wanted to help set up

services because they wanted to ensure that services were available, but I believe I was told that the case was very complex, that there was high needs, that there was a lot of complex issues with this client.

Q. So did you get the impression, from your early days in speaking to Ms. Doucette, even before you completed your training, that this was sort of going to be a very standard, routine referral or was there any sense that there was something that was a little more involved?

A. No, I got the sense that if a clinical care manager was required for this, that it was very complex, that it's not just somebody seeking, you know, eight sessions for anxiety management techniques, for example. That there's a variety of needs, there's a variety of concerns, and given the fact that the person was inpatient and that it was recommended that the person had inpatient treatment, certainly, it means that things are more complex, but since the client chose not to continue with inpatient treatment, that it's important to try to ensure that as many supports and services were in place to help transition the client as successfully as possible.

Q. And I understand it's still sort of tentative at this stage. You're still not certified, I guess, on their system.

You didn't receive that training. Was there any discussion about the sharing of information with you? Other than sort of verbally over the phone, her telling you the background and complexity about Lionel Desmond, was there any discussion about there might be a report that will outline some general recommendations coming out of Quebec? There might be a report outlining some of Lionel Desmond's background that we can share with you? Was there ever any discussion?

(10:10)

A. I don't recall the type of discussion around it, but I was aware that there was a report and, to my recollection, I didn't have access to the report. At this point, I didn't have a signed consent form from the client to be able to release the information to me, so I didn't have a report, but I did understand that there would be a report. I can't recall if they said when they would be sending the report to me.

Q. Okay. And, I guess, did you ever ... we know, at some point, you did obtain the consents and we'll review that. Were you ever provided with a background report, a written report?

A. I don't believe I was.

Q. So moving to, on the same page, page 8, it's the ... on the screen, it'll be the first entry that starts with

"Progress Notes", and it's progress note from October 14, 2016.

A. Okay.

Q. I guess, sorry, my apologies. Before I get there, there was something that I wanted to just to travel back. So if we could go back to the last note that we had, which was at the bottom of that page, that's noted September 22nd and it notes the conversation that you did have with Ms. Doucette on September 9th, and the second line starts with: "She is in the process of registering/training with VAC's BHSOL, a prerequisite for assisting veteran." So if you could tell us what was the BHSOL? Why was it a prerequisite? What is it?

A. Okay, number one, I can't speak to why it's prerequisite because that's their prerequisite.

Q. Sure.

A. But what the training was, when I ended up getting it, was just simply training for their onboarding system which their documentation system is all done online through BHSOL and that's where I would document things, that's where I could connect and kind of make notes, that's where I could connect in terms of if there's things that I need to pull out and read from BHSOL. So it's really about ... that's their filing system, basically, I guess for lack of a more complex term.

Q. So you had to be trained. You understood that before you could begin services, you had to train in this system?

A. That was what they required or what they said they required.

Q. And did you have any hesitance or reluctance to do the training?

A. No. It's something typical for each company that I work with. Most companies have a different type of onboarding system that I have to document through and whether I do invoicing through. All those kinds of things. Each company has their own, so each one, I'd have to be trained on. So, no, I didn't have any concerns.

Q. And you eventually do the training. Was it very complex to do?

A. No. No. I've been trained on many systems similar to that. Not the same.

Q. Okay. So you described it as sort of almost a filing system, sort of almost like a database where you could enter your own notes and read others, is that what it is?

A. Yes. Again, please bear in mind, it's been a few years since I saw it, but it's where I would enter my notes, I would document my connections with the client, or if I had a

conversation with somebody else on the client's behalf, I would document in that form or on that onboarding form.

Q. So we have levels of technology and how involved it can be to learn how to use it. One, I could use an extreme example of, ask you how do you mine bitcoin, and the other, I could ask you, how do you type in a Word document. Where on the scale does the BHSOL fall?

A. Sorry, could you just repeat that?

Q. I guess so.

A. Sorry. I think I got lost for a second.

Q. So, I guess, in terms of being able to figure out how to use this system and be trained to sufficiently use the system, you know, I guess I'm not going to dare try to define what mining bitcoin is. I use it as an extreme example of highly technological, highly organized.

A. Okay, because I don't know bitcoin.

Q. Okay.

A. So it's like ...

Q. So the most complex ...

A. Yeah.

Q. ... sort of computer ...

A. Okay.

Q. ... software system or network of systems you could possibly use, compared to a basic Word document, being able to go in there and type up something.

A. Okay.

Q. A paper or a report. Is BHSOL very complicated, I guess?

A. No. I mean, each system ... for me, personally, I am not a technical guru, but I have had to work with many electronic systems over my 20 years and it's just a matter of just getting in there. You get trained, you get in there, you get used to it, and it takes time and each one is different, but it's not user-unfriendly. Let's put it that way.

Q. Okay.

A. Yeah, from my experience with it.

EXHIBIT P-000288 - HELEN BOONE - NOTES AND CONSENT DOCUMENTS

Q. So if we look at page 8 again of that same exhibit, which was 288, I believe, and October 14th, there's an entry from Ms. Doucette and I'll just read it. It says: "Multiple conversations with veteran this week due to some difficulties in his living situation, personal life." And it says: "CM (case manager) and him discussed a plan to keep himself occupied and as calm as possible until CCM (clinical care manager) is ready

to engage with him." And it says: "BHSOL training scheduled for October 27th." So is that sort of, in your recall, is that a reflection of when the training was actually going to happen was October 27th?

A. That's when ... it was scheduled for October 27th. That was after numerous attempts by Ms. Doucette to get me trained prior to that but there was an email that came where they sent me the link to be trained on October 27th.

Q. So I'm going to ask you a little bit, and I know that Ms. Doucette might've had some interactions with trying to organize this obviously the best she could. I guess I'll start with, when do you ... roughly, when do you first learn that, Okay, I'm required to learn this BHSOL system? So mid-August, you have the first conversation. It seems like you have a second conversation in September about the training. When does this first come up, the idea that, Ms. Luedee, we need to get you trained in using the system?

A. That probably would've been within the first conversation or two. I don't recall specifically when it happened.

Q. Okay. And so we know, as of October 14th, it still doesn't happen, so can you tell us a little bit about, on your

end of things, were there attempts to make it happen before October 14th?

A. Any times that I was ... Ms. Doucette and I had a number of conversations about it. She was anxious for me to get working with the client was the perception that I got. I was ready to move on and engaging with the client, and we were not having success in getting the opportunity for me to be trained.

Q. And what was standing in the way? What was the problem?

A. I'm not sure. From my understanding of the conversations that I was having with Ms. Doucette, she had tried numerous times. She was sending emails. That's what she had told me. And there just ... it just seemed like there was just ... I don't know why there was such a delay. I can't speak to that.

Q. But it was just never getting set up.

A. Yeah. And she would say, you know, I'm sending another note. This has to get done. And I don't know what was really getting in the way from their end. I really can't speak to that.

Q. Sure.

A. But I can say that it seemed, from the conversations

that I was having with Ms. Doucette, that she was very adamant and she was very strong in trying to advocate that this get done quickly.

Q. Okay.

A. She ...

THE COURT: When .... sorry.

A. She seemed very helpful, I guess is what I'm trying to say, in trying to help.

THE COURT: You're probably going to ask but I'm going to ask anyway.

MR. RUSSELL: Yes.

THE COURT: When you finally had the opportunity to do the training, how long did it take you?

A. Maybe a couple of hours. It wasn't ... I can't say that it felt like it was really extensive, but that's me going from my memory, just to be clear.

THE COURT: It wasn't days. It was a few hours.

A. No, it's not like I was getting training in how to clinically manage somebody.

THE COURT: No, you're just learning their electronic filing/reporting system.

A. Yes.

THE COURT: Thank you. I'm sorry, Mr. Russell.

MR. RUSSELL: And sort of following through that, when you actually did do your training, did you struggle with the ability to, I guess, pass the training? Was it ...

A. No. No.

Q. And what did the training involve?

A. The training was ... I remember doing it online. I remember being in my kitchen doing it online and it was like some modules like in terms of how to use the system and where to document certain things and how to, you know, which drop-down button to use. That's basically what it was, from my understanding or recollection.

(10:20)

Q. Did you ever have to, while you were doing this, did you ever have to reach out and say, This is a tough question. I need help here?

A. No, not that I recall.

Q. Okay.

A. I don't think so.

Q. So there's some indication that the training is set for October 27th, 2016, and so we're now about ... it's just over two months from the initial contact to the date of the

training. Had the training been offered sooner than October 27th, were you willing to do it?

A. Yes.

Q. So if we could turn to, it's the same exhibit, but page 7, and as a perfect sort of example of how things can go. There's an entry from Ms. Doucette that's November 7th, 2016. It's at the top of the screen. Starting the first line, it says:

> Phone communication with social worker, Helen Boone. She informed CM that she had started her training at the end of October as planned and midway through the online session there was a power outage at her office. The trainer/VAC representative for BHSOL had advised someone would be in touch to schedule a new time.

So tell us a little bit about that. So in October you sit down to do this. It's going to be a short session. What happens?

A. I start the training and then there's a power outage and I lose everything, and I lost power, and I had set aside a

certain amount of time to do the training. I lost everything. The power went out and then I'm trying to deal with everything else that I'm normally dealing with, and I couldn't complete it and, apparently, the whole thing got lost. If you didn't complete it to the end, it's not like part of it saved.

Q. Okay. And from what I understand the note, Ms. Doucette advised you that someone would be in touch to schedule a new time. So was there another sort of, your understanding, another person outside of Ms. Doucette that was going to facilitate the actual ... This is the date, this is the time, this is ...

A. Yes. My understanding, because it wasn't Ms. Doucette that would email me, and she would be emailing somebody else saying, She needs the training for this. I don't know who she contacts.

Q. Yes.

A. And I do know that I have an email that I submitted. So we had to wait for that other person to send me another invite to complete the training again.

Q. So your understanding is it was sort of out of Ms. Doucette's hands as to somebody else actually physically sets up the time and the training module.

A. Yes. And from my experience, she was really great to try to navigate that and get me trained, and it just seemed that there was just one thing after another where it just ... there was things that got in the way of that happening.

Q. Had there been other ... you talked about sort of maybe other attempts. Were there other sort of hiccups along the way, whether it was passcodes or anything like that?

A. I think I recall like there was some issues. I don't recall the specifics of the issues that were getting in the way from them getting the training done or sending me the invite for getting the training done, but it didn't happen, and they were saying that I could not see the client until I got trained for it, so that was an issue until Ms. Doucette said, You know what? We're going to have to go ahead and just do this.

Q. So I'm going to ask you a little bit about that. If we look at the same page 7, there's a progress note at the very top that's dated November 22nd which is three months, thereabouts, after the first point of contact with you, and if we look at the last three lines, it starts:

> CCM, Helen Boone, indicated she could schedule to meet with the veteran for the first time Friday, December 2nd. Veteran

said he could make himself available that day and will expect a call from her. CM communicated info back to Ms. Boone and asked that she confirm with case manager once they have set up a time to meet.

So as of November 22nd there was an agreement that you were just going to go ahead and meet with Mr. Desmond?

A. Yes.

Q. And how did ... at that point, did you have the training?

A. No.

Q. And, at first, you were led to ... on the understanding that you had to have the training before you could even start.

A. Yes.

Q. So if you could tell us a little bit about three months in, who makes the decision to say, You know what, go ahead, start. Ignore the need for the training right now.

A. I'm not sure who would've made the decision. I do know that that was communicated to me by Ms. Doucette, so I don't know if she had the authority to make the decision or if she took that to somebody else, I can't say, but I know that she

was the one that communicated to me that, Helen, you can just go ahead and start if you're comfortable with that.

Q. And were you comfortable starting?

A. Yes. As I indicated, I use a variety of different systems for a variety of companies, depending on the company, so, typically, if we take our own notes, we can upload the notes later into the system.

Q. Okay. And was there any sort of discussion between you and Ms. Doucette, you know, at this point, or leading up to this point on November 22nd, as to the rationale as to why it was sort of, Just go ahead, just get this started?

A. I detected some frustration in her voice with the barrier to the technical aspect of it getting in the way of the actual work with the client.

EXHIBIT P-000283 - CLINICAL CARE MANAGER (CCM) OUTCOMES AGREEMENT

Q. Okay.

So I'm going to ask you a little bit about your first contact with Lionel Desmond. So if we could look at, it's marked as Exhibit 283. And, for your purposes, because we didn't actually have it marked as an exhibit, it was document number 2, but the exhibit is coming up on the screen there. So

if we look at the second page, under "Comments" and number 2 under "Comments", it has "January 23rd, 2017. Helen Luedee-Boone." And there's sort of a paragraph there. Would you have entered that information? Are those your notes?

A. Yes.

Q. Okay. So I'm going to ask you a little bit about, the first note appears to relate to November 30th, 2016. So is that the first meeting you had with Mr. Desmond?

A. Yes.

Q. And, I guess, tell us a little bit about how you initiated that meeting with Mr. Desmond on November 30th, 2016.

A. Ms. Doucette and I agreed that, when we talked, she indicated that he was available to meet. I believe, on December 2nd, when I contacted the client, he was available a little bit early, so the first meeting was set for November 30th and we agreed that we would meet. We would meet and we would have Ms. Doucette join us in our meeting by phone and would have a joint phone conversation to bridge that introduction between Mr. Desmond and myself.

Q. And why was it important to have Ms. Doucette at least be present on the phone to sort of bridge that meeting, from your standpoint? Why?

A. It was mostly for like a transition to me and a bridge, and just to do the introduction and to make sure Mr. Desmond was comfortable with me when he met me in person and ...

Q. Okay. And where did you meet Mr. Desmond on this particular date?

A. I met him at the Irving Big Stop in Aulds Cove.

Q. And I remember, when we first reviewed your evidence, Mr. Mozvik naturally asked, Why the Big Stop? So I'll ask it here today. So why are you meeting Mr. Desmond at the Big Stop for such an important meeting?

A. Well, Mr. Desmond, I was told was a little anxious about meeting somebody new. He didn't always feel comfortable with everybody, so my philosophy is meet the client where they are, where they're most comfortable. When we talked about a number of other places, every place that we discussed, he wasn't comfortable with, and he was comfortable going to the Irving Big Stop, and we could have a coffee together and have a bit of a meeting and we would be able to kind of get out and walk around a little bit and have a chance to talk and get to know each other and that was at his comfort level. So that is something that, my philosophy is we meet the client where they are. And sometimes that's not always in an office setting. And the

office setting seemed to be something that made him a little bit more uncomfortable with regards to whether it's hierarchy, whether it's regards to ... I'm not sure but he was not comfortable in the office setting. So we agreed that that would be an appropriate place to meet given the fact that that was where he was comfortable.

(10:30)

Q. Do you recall if there were any other options that he sort of maybe declined about the meeting or ...

A. Yeah, there was a couple of office spaces that I was going to borrow from some of my colleagues in the area but he wasn't comfortable going into an office setting so I had agreed to meet him there.

Q. Sure. And, if we could turn to Exhibit 288, Ms. Boone. This document is going to come up. This was a recent document that was disclosed, if we turn to page five, there's in the right margin, there's November 21st, and then below it is November 30th, 2016, and there's a page of notes. Do you know whose notes these are?

A. They are my notes.

Q. And what was the notes in relation to on this particular page?

A. They were just my notes with regards to my meeting with Mr. Desmond. And what I typically do is, when I'm taking notes, I just scratch down, as you can see there, I scratch down just the relevant information to capture the essence of the conversation. It's not verbatim of how the whole conversation goes, it's simply the essence of capturing the relevant information that I need to make sure is documented. So it's just my rough notes and then I would upload my other notes, once I had access to the online system.

Q. So it's part of your ... Is it fair to say that part of your practice and training, anyway, regardless of the BHSOL system, is that you would document some highlights and details of your encounters with the client?

A. Yes. With my training, with all clients that I see, I typically take notes and I let people know that I'm taking notes in case they also want to see the notes and I just keep rough notes so that I can capture the essence of the conversation.

Q. If you could tell us a little bit about ... This is your first time meeting Lionel Desmond. In a general sense, what were some of the observations you made of Lionel Desmond when you meet with him on that day at the Big Stop? And you can certainly refer to your notes, if that's ...

A. Yes, thank you.

Q. Well, with the permission of the Court, I apologize, Your Honour.

THE COURT: Yes.

A. In the first meeting with Mr. Desmond, certainly at the beginning, I noticed that he was a little uncomfortable. And when I say that he was uncomfortable, I mean he seemed a little bit quiet, he was a little bit reserved, he seemed quite fidgety, he wasn't making eye contact. As the meeting progressed, I could see that he was relaxing somewhat. Once we spent some time connecting, he seemed to be more at ease. The conversation seemed to be flowing more easily. He was initiating more of the conversation, which indicated that he was becoming more comfortable. He presented as somebody who was very open and eager to get support.

As our meeting went on, he become more and more engaged. He seemed very open and talkative. He was friendly. He was very forthcoming talking about his family. He participated in the conversation with very few prompts. I think I indicated he started making more eye contact the more comfortable he seemed. He was more relaxed in his posture and his body language. Definitely indicated that he was more relaxed.

He talked to me about some of his experiences that brought him to this point in his life. So he was certainly very forthcoming. I didn't sense that he was trying to hide things. I didn't sense that he was mandated to come to me, like he didn't want to be there. I definitely got the sense that he was wanting to engage with somebody and he was looking forward to the support.

He definitely presented as somebody who was motivated for self-improvement. At times, he seemed very overwhelmed with where to start. He was somebody that spoke so highly of his daughter and his role of being a father. He spoke about the challenges he has with his mental illness and how that's impacting on his relationship with his wife and he indicated that he was willing to do whatever it takes to work on this.

Q. Do you recall roughly how long this meeting lasted?

A. It was approximately about three hours from start to finish.

Q. How long was Ms. Doucette on the phone for this meeting, roughly?

A. Roughly, maybe 15 to 20 minutes.

Q. Was that at the start of the meeting, I take it?

A. It was at the start.

Q. You mentioned something about walks. Do you recall if at one point you guys sort of maybe left the inside of the Big Stop and went outside?

A. Yeah, we spent some time actually in the vehicle. We spent some time inside. We grabbed a coffee. We went for a little walk. I find oftentimes walking sometimes breaks down barriers with people when they're uncomfortable because there's not as much need to make eye contact. So we try to do what's natural. So we were going for a walk and he seemed to open up a lot more. And, yeah, by the time we did all that, we did at one point get back into my vehicle for a little bit because it was getting cold. We sat in there for a little while and talked some more. And, by the end of our time together on that day, he seemed more relaxed and he actually seemed hopeful.

Q. So you've met with a lot of clients over the years.

A. Yes.

Q. And it's fair to say, I guess, you've met with a lot of clients with different levels of motivation.

A. Yes.

Q. One from the person that probably sat in your office that said, I don't even want to be here but I have to be here. And the other who is just saying, Please, please, please, please

help. On that spectrum, how would you sort of gauge or rate Mr. Desmond's eagerness to interact with you or interact with someone that was going to help facilitate where he wanted to go and who he wanted to be?

A. Out of a 10, he was probably an 11 at that point. He was just so eager to get started. He was engaging in suggestions. Like I said, we together agreed on some identifiable goals. He was somebody that offered up a lot. He was quite engaged and seemed very motivated to begin.

Q. So in terms of this is the first meeting and I understand you went over the importance of sort of building a rapport. Were you able to start, were you able, I guess, to get a sense of everything he had shared with you in that three hours, were you able to say, Okay, he is someone that I think would be in need of clinical care services?

A. Yes.

Q. And why is that?

A. I would say he was definitely in need of somebody who ... He was somebody that was in need of a lot of variety of supports. So it wasn't, like I said, something as clear cut as this person requires anxiety management techniques and we're going to use like just a brief intervention. This was somebody

that had a variety of needs, had severe trauma. There was also probably some historical issues that we needed to unpack.

Q. What do you mean by historical issues?

A. Because some of the issues are very recent. For example, reintegration with life at home. That's a very recent issue. Some would be more historical. He was seeing a therapist, who he would be dealing with the counselling end of things, but I also knew that something that impacts his ability to be able to do the work that he needs to do at this point. So things that happened to him, things that he had witnessed while he was serving with the military. Some of those things were challenging. The fact that he didn't really have a support network of friends and people to socialize with was also a barrier that I identified. So his needs were certainly more complex. And I could tell, when he became usually overwhelmed, that's not somebody that is comfortable navigating a system. And I recognize that there's many people that are not comfortable navigating the systems. You know, sometimes I think we take it for granted because we're so comfortable with them when we're involved in them and we're immersed. It's not something that comes natural to everybody and I could tell that he was somebody that was struggling with that. And struggling

with the whole fact of sometimes people feel that they're weak when they need this extra help. So we had those kinds of issues to unpack as well.

(10:40)

Q. So I guess from being involved in, I guess, the process from, as we're moving through witness to witness, a lot of what comes out is this idea that Lionel Desmond is a veteran who has PTSD.

A. Yes.

Q. You met with him in the context of a social worker to try to put that wrap of care around him. Is it fair to say Lionel Desmond, his struggles, Lionel Desmond is someone with PTSD and that's what you have to deal with to make him whole again, I guess. Take care of his PTSD and it's over.

A. No, I definitely got the impression that there was a lot more than just the PTSD. But, again, the PTSD is not just one thing. PTSD is something that is very complex to begin with. And anybody with a military background that witnessed the kinds of atrocities to other humans that people witnessed, it's very complicated and it is very traumatizing and we have to recognize that our brain is changed with trauma. When we are traumatized, it changes how our brain functions. It changes how

we view things. It changes how we process things. So that's something that is very challenging. And certainly after that first meting, I was very aware that that was not my job to provide the counselling end of things but I could tell that he would certainly or could certainly benefit from the wrap around supports to help him succeed.

Q. And I guess, did you get any sort of sense from that first meeting that this is something that you will be able to take care of, line up all these supports? One, identify them, line them up, have them completed. Did you get any sense of a timeline? Could this happen in two, three months?

A. I got a sense that this certainly would not be a brief intervention, right. You know, oftentimes in mental health, we do brief interventions where, in the moment, this is what the person is dealing with, and then we get out because they have the skill-set to be able to handle the other issues that are going on.

With this particular situation, no, I did not get the sense that it would be brief. So it's more like, like a stepped approach, more like stepped care approach where, okay, let's start with Point A where we have to identify some things and get the person to be connected in that area. Then we move on to the

next level and we keep going until the person is more fully integrated. I don't know, as humans, if we ever get to the point that we're fully functional and operating. I don't know if any of us ever really get to that point. But we do find at a point where we're able to successfully go out and manage on our own. I did believe that that would be a process with Mr. Desmond.

Q. And we did hear a bit of that philosophy yesterday from a representative from Veterans Affairs that, ultimately, the goal is to sort of have the client be able to go out and sort of function without the need of this heavy and constant intervention. And I'm mindful that's certainly the standard, I guess, of what you strive for. Did you get a sense from your interactions with Mr. Desmond that it was going to be so simple?

A. No, definitely not simple. So, again, when I mentioned like a stepped care approach, this would be almost like an inverted stepped care approach where we offer the most amount of support at the beginning and slowly you're able to back away so that the person is able to manage things on their own. But, to me, that's something that typically takes time. And from that meeting, again, it was one meeting, at that time, but I certainly got the sense that this would take time.

Q. In your notes, you indicated on this same page five, November 30th, you said, Meeting with Catherine Chambers, counsellor, recommended from staff in Halifax, Main Street, Antigonish. So I take it you had some discussion with Lionel Desmond regarding his contact or potential contact with a therapist, Catherine Chambers?

A. Yes.

Q. Do you recall what that was?

A. I believe she was going to be his counsellor and, again, I have in brackets that she was recommended from staff in Halifax and that she was on Main Street. But the conversation that we had is that that's going to be the person that he was going to be going to see for his clinical support.

Q. Did he tell you what it was or did you know what specifically he was getting from her, what types of therapy, what sort of treatment?

A. From what he indicated to me, it was my understanding that what he was getting from her was more around like the talk therapy and/or psychotherapy end of getting some help with self-care strategies, some regulation management, things like that. But it was like individual counselling and they would identify what kinds of things they needed to work on from a therapeutic

perspective in terms of talking and that somebody else would be monitoring his medications. So there's a whole team of people. Somebody would be monitoring the medications more from a psychiatric point of view and she would be involved as the talk therapist offering, whether it's like a cognitive behavioural therapy approach, I'm not sure what kind of approach she would be using but ...

Q. Okay, and I'm mindful that you did discuss with Ms. Doucette, she verbally gave you some background that Lionel Desmond was in Quebec, some other details about him. But is it fair to say that, and we'll talk about the consents and the importance of those as well, but is it fair to say that when you walked to the Big Stop that very day to meet with Lionel Desmond, other than what Ms. Doucette might have told you in a few phone conversations, it's sort of a clean slate for you to sort of find out. You've got to unpackage that and sort of figure out what it is he needs, why he needs it, what he has experienced, what his history is. Were you trying to learn that kind of for the first time on November 30th?

A. Yes, it would be the detailed background from him. And, again, that's something that, when you do your first assessment, if you will, you get some background information.

That's where you do your therapeutic alliance and you get to know each other. There's more information that would be built each time but that's where you get a chunk of information. And, yeah, I got some information from Ms. Doucette with regards to background but this is where I would be kind of formulating my own opinions and we together would be identifying some goals and whatnot.

Q. So consistent with that, I'm going to sort of skip to the consent part because it connects with the information. So if we look at Exhibit 288, I'm going to show you two consent forms on the screen. Sorry, page three. I won't ask you the details about a meeting in December yet but I just want to review the consents. So what we see on the screen is, it says, Consent for Release Request of Information - Lionel Desmond. It appears to be signed at the bottom, Lionel Desmond, and signed by you, is that correct?

A. Yes.

Q. And it was signed December 9th.

A. Yes.

Q. Or it's dated both signatures that date. So what was this consent for?

A. This consent was for me to send a referral to Family

Services of Eastern Nova Scotia. And when I send that referral, I can provide the information, the background information about what kind of service I was seeking and then I could also obtain information from them regarding progress.

Q. So this was an entity, and we'll discuss that, that you recognized may be of help to him. So you were signing the consent with him early on to get the information to share back and forth.

A. Yes.

Q. Okay, if we turn to page four and we see Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties, and there's a signature Lionel Desmond and it's dated December 12th. Or, sorry, December 9th, I believe. Were you familiar with this consent?

A. Yes, I had him sign that.

Q. And when did you have him sign it? Was it December?

A. December 9th.

Q. December 9th. What was your understanding? What is this consent form for?

(10:50)

A. That was a consent that was sent to me and I'm assuming it was by Ms. Doucette but I can't recall for sure. So

Veterans Affairs sent me that and asked me to have Mr. Desmond, Lionel sign that so that I could get his complete file.

Q. You could get his complete file from who?

A. Veterans Affairs. It's a consent for Veterans Affairs Canada and then it says that: "I give permission for the below third parties to release the following personal information, Veterans Affairs, to support the administration benefits." So his complete file. So my understanding is that he was signing the release for them to be able to release information to me and then also I would be releasing information to them as well and he was aware of that.

Q. I notice that nowhere in this consent ... Oh, it does indicate your name. Helen Boone. What did you understand his complete file to be?

A. To me his complete file wold be any information within that file, including information from the reports, from his stay in Montreal, any recommendations that were to be made, especially the recommendations. Because oftentimes the recommendations is what informs our future work, right. So to be able to review that and see the complete file. So it says complete file. If it's only specific information that I'm allowed to see, then it's always specified which information I'm

allowed to view.

Q. Okay. From your perspective, you're dealing with a military veteran, which is Lionel Desmond. You got him to sign a form that says, I consent to the release of my complete file. If he had been treated for PTSD, depression, when he was in the military, and I recognize they are two very different entities, and we've had some discussion that Veterans Affairs is not Canadian Armed Forces.

A. Yes.

Q. I didn't understand that concept fully until I started here. So your understanding, did you think you would have access to his records going back to when he was active in the military, if they existed?

A. I know for me I typically ... I look at ensuring that I protect people's privacy as much as I can and I need to access the information that's relevant to the work that I am going to be doing with them. So I am very careful about, you know, for example, if somebody had a sexually transmitted disease back in 2009, I don't really need to know that information to treat them but I do need to know the kinds of information that's going to inform the work that we're doing ongoing. So if there was something that happened in the military that's affecting how

he's functioning now, my understanding is that that would be part of the complete file. That's my understanding of it.

Q. Okay. And from your perspective as the person that's on the ground level that's going to orchestrate his rehabilitation and his transition, knowing the history of when it started, what was successful, what wasn't, what his struggles were, mindful that you're not providing the therapy, would that information be helpful?

A. Absolutely.

Q. And why?

A. Well, because as the person that is the one that is navigating all of these resources and identifying what resources are necessary, I need to be able to know this information in case there is something that is not covered. If there is a risk that we don't know about, if there's something that's indicating to me that we need additional supports that perhaps haven't been thought of, it's important for me to be able to have extensive information to help navigate the necessary resources.

Q. Okay.

THE COURT: Mr. Russell?

MR. RUSSELL: Yes?

EXAMINATION BY THE COURT

(10:54)

THE COURT: I'm just going to ask a question. Can you have a look at page four? Can we bring page four up, Exhibit 288, please? So I'm just going to walk through this, if we can. So at the top of the document it says, Veterans Affairs Canada, and underneath that it says, Consent for Veterans Affairs Canada to Collect Personal Information from Third Parties. That's what this document is about. So this is Veterans Affairs is looking to collect personal information from third parties. And in it, Lionel Desmond, who signed it, if you look at Box A ... It's not box, but Heading A, "I give permission for the below third parties to release the following personal information to Veterans Affairs Canada." So they're releasing ... the authorization is for the third party to release information to Veterans Affairs Canada. It's not the other way around, I don't think. The party authorized to release personal information to VAC was Helen Boone, and he signed that. So to the extent that this document allows for information to flow from you to Veterans Affairs. My question would be, was there another document that allowed, that you were aware of, that Lionel Desmond may have signed that they may have asked you to have

Lionel Desmond sign so that they could then share what they had from him with you as a service provider.

A. My understanding was that they needed that document before they could send it to me. I know that I got him to sign this one but that's all that I ...

Q. That's how it was explained to you.

A. Yes.

Q. I think it was already asked but ... and you never did receive a copy of the discharge report from Ste. Anne's Hospital in Quebec did you.

A. No.

Q. Did you ever see it? Okay. Have you ever read it?

A. No.

Q. And since that time have you ever seen it?

A. No.

Q. All right. Well, at some point in time, I'm going to, just to let counsel know what I intend to do here, at some point in time, maybe at the conclusion of your evidence after counsel have asked their questions, I'm going to take a break and after all the questions have been asked, so it doesn't really influence you in any way because I have some specific questions to ask you about it.

A. Okay.

Q. But I'm going to give you an opportunity to read it. It's not all that lengthy and so we'll adjourn for a few minutes and I'll let you have a read of it.

A. Okay.

Q. Okay? But I'm not going to interrupt the flow of things and I don't want to cause you to start thinking about issues that are really outside the scope of what your actual experience was with him.

A. Yes, okay.

Q. So I don't want you ... I don't like to use the word infect but I don't like to, you know, inject information at this point in time.

A. Okay, thank you.

THE COURT: Okay, thanks. And that's just in case counsel were thinking of pursuing that line of questioning. After I pursue it, if you have some questions you want to pursue, I'll give you that opportunity as well. All right? Thank you.

DIRECT EXAMINATION (Cont'd.)

(10:58)

MR. RUSSELL: So, Ms. Boone, consistent with what His Honour had indicated, I guess the legal sort of interpretation of these releases, maybe despite of what your understanding was, is that information flows from you to Veterans Affairs and not the opposite.

A. Okay, I certainly see this consent. That's likely what that indicates but I was also led to believe that they would be able to share information from me. They said once consents are signed, you'll be able to receive the information.

Q. Okay. So who knows what consent. Maybe it was another ...

A. There may have been another one that was directly sent to Lionel that he had to send back to Veteran Affairs.

Q. So it was Ms. Doucette that sent you this consent to get signed?

A. I believe it was, I don't recall. I know it came from Veterans Affairs.

Q. Okay.

A. Yes.

Q. Okay. In terms of this idea of consents, it certainly

appears as though Veterans Affairs wanted the information to flow to them. They got you to sign a document that allowed information to be shared with them. Were you ever given the impression that the information to flow from them to you was completed, the consent was completed, or was it something in process?

A. It was my understanding that they either had gotten consent or they were going to get consent so that I could get the information to be able to fully to be able to do the job that I needed to do.

Q. In sort of an ideal scenario and I recognize that maybe consent needs a specific person. So if Lionel Desmond was giving his consent to Veterans Affairs to share a file with you, perhaps he had to say, I list Helen Luedee, you can share the information with her. Would that consent, had it been able to be given earlier and you had've had the file earlier, would that have been helpful in any way before you first meet him at the Big Stop to try to gather up his background and history?

(11:00)

A. Yes. Typically, I get the information first before I see somebody. So, yes, I believe it would be helpful.

Q. So I'm going to ask you about the typical scenario.

So what's an example of a typical scenario where you're set to see Patient Bob and you get the information first. What's an example? How does that happen?

A. Okay, so let's just use the example of my current work with the hospital setting. And let's say Shane comes in as one of my clients in ORP today. Before we know anything about Shane, before he presents, before the assessment is done, I would encourage somebody or I would go and look into MEDITECH and check to see has Shane been present in the hospital, has he had any stays, has he, you know, what's the extent of his opiate use disorder, is there other things that would be connected to this that could be helpful, did he have any inpatient stays, is there any background, is he connected with psychiatry, what kinds of medications is he on? All of these things, we would review the entire relevant documentation through MEDITECH, which is our electronic system that we use for the hospital, for Nova Scotia Health.

Q. So you, as a professional, that's a system that's in place, I presume, to allow best practices to take place.

A. Yes. We operate in the circle of care in the hospital. So, you know, we know professionally you're only to look at information that pertains to the individual that you're

going to be working with and, again, that you're mindful to be respectful of privacy issues so that you're going to be looking for information that's going to relate to the level of care that you will be providing.

Q. Why is it important, I guess, and you've sort of answered, but why is it important to know some information and background about what the person is dealing with, their past, when it started, how it currently presents itself. Rather than sort of going in there in the dark and you figure it out for yourself. Why is it better? Or is it better?

A. Well, it is better because you need to be prepared. You need to have an understanding of what the person is experiencing. Sometimes, you know, that cannot happen. So, for example, if somebody presents in the ER and you don't have any background information. But oftentimes you need to know things about somebody's triggers. You need to know what's been successful in the past. You need to know, for example, if somebody is on medication, can that impact their cognitive abilities in any way. You need to know how significant sometimes the trauma is. Because, again, the trauma can impact how the person is cognitively processing what is happening in that moment. So that information is important because you do

have to have a sense of how your client is going to be reacting, how they're processing the information. Those kinds of things are very relevant and important, I believe.

Q. I'm going to use the word, you had mentioned "typical". So in your private practice setting have you ever had a family physician refer a client to you for a specific counselling or service?

A. Yes.

Q. And coming along with that referral, did you receive any sort of documentation that you could make yourself aware of before you met with them for the first time?

A. Typically, they don't send a whole file but what they will send is, they will send me a referral letter where they're documenting all the things in the letter that is relevant to what I need to do. So they're giving me the diagnosis. They're giving me what medications they're on. They're giving me what might have been tried in the past. And they're giving me some information about what they hope to accomplish.

Q. So in your various roles as a social worker, whether it's in a private setting, Nova Scotia Health Authority setting, even the university, when you are receiving referrals about a client, if you're able to put a percentage on how frequently

that client comes with at least a cover letter explaining some background and history of the client, a diagnosis, a struggle, how frequent is that that you see?

A. I would say about 99 percent. And if they don't, I typically call and say, Can you give me some information either verbally or written-wise?

Q. So in 99 percent of referral cases, in your experience, you get some sort of written background, whether it's a summary or other information. Do you look at it 99 or 100 percent of the time?

A. 100 percent of the time.

Q. Why do you do that?

A. Because I like to do my homework before I see somebody.

Q. And how many times have you acted as a clinical care manager for Veterans Affairs?

A. One.

Q. And you indicated you didn't receive that information.

A. No.

Q. In your experience, are there any other entities you can think of that didn't share information with you in a written form or a summary, at least something you have going in?

A. I don't recall any. Unless it was somebody that didn't really have training. So, for example, at the university, we had a number of referral sources that would have been derived from the student's referral. So, for example, Students' Union had a number of entities, such as the Women's Centre at the Students' Union, and sometimes they didn't accompany, they didn't send any background information when they referred and we did training with the students to tell them about what a referral is, what kinds of information are important in a referral, and whatnot.

Q. So the only other entity, I guess, you can think of in your experience that didn't send documentation were the students. **A.** Yes.

Q. So I'm going to move to your next meeting with Lionel Desmond. So if we could turn to ...

A. Excuse me, are we allowed to take a little short break?

Q. Oh, yes, if you need a break.

THE COURT: Well, we were getting pretty close to it, at any rate. So what we'll do is, we'll take a break, our morning break, and we'll come back. We'll take about 20 minutes, if you like. We'll come back at 20 after 11.

A. Can I just leave this here?

THE COURT: Yes, of course.

A. We'll come back at 20 after 11. The only particular rule, if you will, that I ask everyone to observe is that just when you move about the courtroom that you wear your mask. So we come in you wear your mask, go out you wear your mask and there's hand sanitizer out there. When you return, you can just come right back in and just resume your seat there. So we'll adjourn until about 20 after 11.

COURT RECESSED (11:07 HRS)

COURT RESUMED (11:24 HRS)

THE COURT: Thank you. Mr. Russell?

MR. RUSSELL: Yes, Your Honour. So, Ms. Luedee, just where we were leaving off, I'm going to look back again before we leave your first meeting with Lionel Desmond on November 30th. If you can look back at Exhibit 288, page 5, which are the notes you had made from that meeting, so based on your notes there appear to be a number of things you identified as potential things that he would need to facilitate this wrap-around of care. A number of lines down, you have, "Workout - gym." So what is it that you're looking for there?

A. One of the things that he indicated and that was

indicated to me from Ms. Doucette, as well, was that working out was going to be something that he really had a lot of value with before and, plus, it's a stress reducer, exercising. So getting connected with a gym was really important for some of those things, as well as for some socialization and establishing a routine.

Q. And so you were going to go about finding the best connection ...

A. Yes.

Q. ... for him in his ... or near his community.

A. Yes. And something that offered, you know, a variety of types of things that we were going to be looking for with regards to the exercising, the flexibility, being able to possibly socialize if there's different activities going on at the gym.

Q. Sure. And the second is ... a few lines down, you have "peer support" noted. What was it about the peer support and what were you going to explore there?

A. Well, as I indicated in our first meeting, one of the things that was happening was that with him living in this area, he didn't have the connections that he did when he was living, for example, in New Brunswick, where he didn't have the

friendships. He didn't have some people to socialize with and hang out with other than his family, his immediate family. And he was looking at trying to find ways to connect with people in the community. So we were looking at some ways of being able to start forming relationships with other people external to his family.

Q. So you were going to sort of look into maybe different groups?

A. Yes. And ... yes. That's what I was going to look into and different avenues for him being able to have opportunities to socialize with others.

Q. A few lines down, you have "OT assessment?? in area." What's going on here?

A. Well with the OT assessment, there was some things that he identified in terms of ... because of his injuries, he indicated that he was having, like, back pain. And there were certain things that he was having and sometimes that would interfere with his ability to be able to work out or to exercise. So we were looking at trying to get an OT assessment to see is there different kinds of equipment that could be more helpful to him? Is there things within the home, like equipment that could be useful? And if they did their assessment and they

provided recommendations then I would look at forwarding that off to Veterans Affairs.

Q. So at this point you're looking perhaps to have an OT have an assessment done on Lionel Desmond?

A. Yes.

Q. Did you know whether or not he had one previously?

A. No.

Q. In terms of a few lines down, and I'm sure that will be revisited later on in questioning but a few lines down, "Housing" and it's question mark, "Where will he stay?" So what are you trying to navigate there?

A. Well, in that first meeting, Lionel told me that he had sold their house in New Brunswick that he owned. And when he sold that house, he then had to find a place to live in this new community. So I believe they were staying with family. I don't know for sure. I can't remember for sure. But in terms of looking at, like, We got to try to find a permanent place, a home. Is there any types of housing available? Because, you know, financially, they were not in a really great financial position at that time, from my understanding. So, yeah, looking at like more permanent housing.

Q. Did you know at this point whether or not he had been

living with his wife, Shanna Desmond, and their daughter Aaliyah?

A. I believe that they were living together but they were staying with family. So that's what my understanding of it was.

Q. So, at this point, you're still trying to grasp what's going on with his housing.

A. Yes.

Q. Because I notice a few lines down, you have "government housing"?

A. Yes. That's one of the things that we were going to look at for affordability and is there types of housing, for example, like for military folks in the ... like anywhere close in that area where even like transportation, you know, back and forth, might be easier directly in Antigonish and some of the surrounding areas.

Q. And if we look under ... you have "Housing ??". Below that it was "Relationship counseling" and sort of two little stars by it. What are you sort of outlining there?

A. That's one of the things that Lionel had asked for was relationship counseling to work on marital issues for reintegrating back into the family life. And his wife, he said, was asking for relationship counseling, so he wanted to follow

up on what ... on his wife's request for relationship counseling.

(11:30)

Q. And this idea of getting relationship counseling, and you indicated that he said his wife was interested in it, was this something that was generated from him to you ...

A. Yes.

Q. ... asking about how to set it up?

A. Yes. That was one of the requests that he had. He was asking for relationship counseling and in terms of he indicated that his wife really wanted them to have counseling and he was interested. And he thought that could be positive for their relationship.

Q. At this point, it's still early on, how much did you know about the extent of his relationship with Shanna Desmond?

A. All I knew was what he told me.

Q. And, roughly, what was that?

A. Well, he told me that with him being away for so long, it was extremely challenging on their relationship because when they spent time together it was always for short periods of time. It wasn't for extended periods of being able to live together again. And he had said that she got used to raising

their daughter on her own so he felt sometimes like an outsider. And she would say, Well, I'm used to doing this. So that they kind of needed some help for being able to communicate some of these things with each other in a more positive way, being able to navigate where their roles were in the relationship.

He was also concerned that, you know, Is this something that she even wants? But she indicated that she does want to work on trying to get things back together again. And he said that he felt like he was trying to do everything he possibly could to make sure that she was happy in the relationship. So he did tell me that they had some financial troubles because they sold the home and then he indicated to me that he used the proceeds from the sale of the home to pay off debts and also to make sure that her education was paid for.

He said that she was either finishing up or just finished up her Nursing degree and that was very expensive. And they paid for all that, but he had hopes that once she was working then between his pension and her income that in a couple of years they would be in a much better position financially because their debts were paid. But they needed to find something affordable in the meantime. So it was all information that he had provided to me about their relationship.

Q. Did he ever tell you about they had discussions on a number of occasions ... or she had suggested that she was going to divorce him or leave him?

A. He did say that their relationship had been, you know, rocky and strenuous at times. He didn't tell me that she wanted to divorce him. He said that she wanted to work on the marriage and that's why he was seeking relationship counseling.

Q. Okay. And at any point in your interactions with Lionel Desmond in discussions about him wanting access to the relationship counseling, did he ever tell you about the police being involved at other previous occasions?

A. No, I don't recall.

Q. Did she ever discuss that police showed up at her place. He was looking to get a firearm. Basically, police were seizing a firearm.

A. Did he tell me that?

Q. Yeah. Did he tell you anything about that?

A. No.

Q. In discussing the relationship, did he tell you a little bit about her calling the police when he was in New Brunswick because she was fearful that he was going to commit suicide?

A. Not that I recall. No.

Q. And when you're trying to sort of line up sort of counseling for him is that information that ... I don't know how it gets to you, but was that something that might have been helpful if you knew full context there?

A. Yes. When I do couple's counseling, I always ask about background and when people are having disagreements, how do they get resolved, because I'm always assessing for domestic violence concerns and safety concerns and assessing for risk.

Q. Okay. At the bottom, there's "Addiction Services". Did you have some discussions with him about addictions issues?

A. Yes. He said that he had some substance use issues in the past and that he was trying not to use alcohol as his coping mechanism. So we talked about finding some support so that he wasn't doing that on his own.

Q. Did he ever discuss with you he had prescription cannabis and that it didn't suit him?

A. No.

Q. Did he ever discuss with you any medications that he had been taking?

A. He discussed that he was on medications for anxiety and stress relief and stuff like that is what he indicated. I

was hoping that once I read the file that I would get the specific medications.

Q. Okay. At any point in your sort of meetings with him, did he ever tell you about having recurring nightmares of her cheating on him, that he catches her with an unidentified spouse and he chops either one of them into pieces?

A. No.

Q. That sort of frequency of perhaps thoughts, would that have been helpful for you to know when you're trying to guide where you can connect him with resources and who you're dealing with?

A. Yes.

Q. And why is that?

A. It's important to have information to continue to assess risk and to assess needs.

Q. If we turn to page 7 of Exhibit 288, so when I ... sorry. It'll be your notes ... your personal notes that you made on December 9th ...

A. Okay.

Q. ... 2016. So is December 9th the next time you meet with Lionel Desmond?

A. Yes.

Q. And so I guess if you could tell me a little bit about that meeting, where it took place and how long it was.

A. That meeting probably would have lasted about an hour. I documented time from 10:30 to 3:30. That includes travel time. So approximately an hour, hour and a half. I remember it was snowing that day, so I was held up by an accident. So it was longer travel time than it normally would have been. But I met with Lionel and he signed the releases.

Q. And those are the releases we referred to earlier?

A. Yes. And then I provided him with some numbers to set up with some of the community resources. So I gave him some of the phone numbers for the gyms, for the different places that we had identified in the first meeting. So this would have been a followup. I talked to him about how I would write a referral and send to Family Services on Monday because I would send that release as well.

And Family Services was kind of twofold. I would recommend that he attend ... they do provide couple's counseling there, because not every community provides couple's counseling. So, for example, if you go to Mental Health Services, they don't have couple's counseling there. So that would have to be done either privately or through Family Services. So we had talked

about that. But there was also other resources that I thought could be helpful with Family Services with regards to the Men's Health Centre and ...

Q. So what other sort of resources were you thinking might be helpful for him?

A. They have a Men's Health Centre in Antigonish at Family Services of Eastern Nova Scotia. So at the Men's Health Centre they have, for example, a physician available who does various types of screening that is specific to males. They have like opportunities for socialization, which is kind of a big component that I thought could be helpful. Sometimes they have like socialization groups, they have parenting groups, things that he had identified as very important to him in our first conversation.

Q. And I can't remember if you answered this, but how long approximately was this meeting?

A. The 10:30 to 3:30 time would include driving time from Sydney to the Causeway, so maybe about an hour to an hour and a half, approximately.

Q. And, again, the meeting takes place at the Big Stop. Again, is it his request?

A. Yes.

Q. And how does he seem at the second meeting compared to the first?

A. The second meeting, he seemed good. He seemed that he was still anxious to, Oh, I'm going to follow up on these. These are great ideas. Like let's move forward. He seemed very open to following up on the resources.

But he seemed certainly more at ease in the second meeting because we had gotten the first one I guess over with, so to speak. He seemed more at ease. He seemed more comfortable with me. And he seemed to be positive.

Q. Okay. I haven't kept track of each individual itemized area and resource that you were in the process of facilitating and lining up with him but would you say it was kind of a running quite a long list of things?

A. Yes.

Q. And why was that?

A. Because he had a lot of needs and, in my assessment, he required a lot of support.

(11:40)

Q. Okay. And to put that in perspective, if I was to ask you to list ... and you touched on it a little bit. But I'm going to ask you. If you can list ten areas at the second

meeting that were still needed to be ... you were making efforts, obviously, to line them up. But give me ten areas that you needed to look into for Lionel Desmond.

A. Ahh ...

Q. Not to put you on the spot but I just want to put it in perspective.

A. Housing issues. There's housing issues. There was relationship issues to help reintegrate with his wife. There is socialization issues where he doesn't have a support network. There is the gym, where he would benefit from getting a release with exercise. He was connected, I was told, with his counsellor at that point, so that was very positive that he had counseling lined up. And ... I lost track. I think that's about six.

Q. That's fine. So I guess we're dealing with someone that's maybe a little bit more than someone that needs counseling for PTSD.

A. Absolutely.

Q. And in your experience as a professional, as a social worker, you were able to identify this in a four-hour period over two meetings in meeting with him.

A. Yes.

Q. All of the things that he needed. So in the end of November and December of 2016, Mr. Desmond is in the community context. You're able to identify he needs all of these things.

A. Yes.

Q. In your opinion, would that have been apparent from another professional, whether it's a social worker or a psychologist, meeting with him would realize he needs all of these services?

A. Yes.

Q. Was it sort of a groundbreaking discovery from a mental health professional to sort of realize, He needs these things. We better get on it and set him up.

A. No.

Q. And, in your opinion, is there a sooner-the-better approach, knowing what you knew about Lionel Desmond when he's in the community, is it the sooner-the-better to have him provided with these resources?

A. Yes. And I would say that, with any client, earlier intervention always means better success.

Q. So we know that he was discharged from the military. I don't want to get it wrong, but I understand it was in June of 2015 so a year and approximately four to five months before you

met with him. Now in that period of time he was involved with the OSI clinic. And in that period of time he spent several months at the Quebec clinic between May of 2016 and August of 2016. Knowing what you know about Lionel Desmond, would it have been helpful for him to have those connections in his home community, or close by, months or very close after leaving the military?

A. Yes, it would be beneficial. I also recognize, you know, from the other side that sometimes it's challenging because if we have services that are set up for somebody and they choose to leave them, then sometimes providers are left scrambling, trying to search for other resources. So I can appreciate that that can be challenging because the client had the right to leave at that point. I understand that he had the right to leave. And so it can be challenging. But, surely, I would agree that trying to find resources as quickly as possible is the best scenario for success.

Q. And certainly not trying to blame one person or that, but would it have been helpful, in your opinion if, for example, someone like you ... if you were notified and it existed, to start making those connections with him very shortly after ... say a month after June, say July of 2015, so a year and a half

in advance. Would it have been helpful for him to have someone that could line up those things where he was at at that point rather than wait a year and four months later?

A. It's always hard looking back but certainly I would maintain my earlier suggestion that earlier intervention typically means more success for individuals. And I think that is true for most cases. And I believe it is true for Lionel's case that early intervention and the necessary support is important for successful transition.

Q. And are you basing that view on clinical experience?

A. Yes.

Q. If we could look at Exhibit 283. This would be the first page. So, Ms. Luedee, you're familiar with this document.

A. Yes.

Q. And it's titled "Clinical Care Manager Outcomes Agreement". Is this something that you prepared?

A. Yes, I did.

Q. And is this a sort of template that you use?

A. This was the template that, once I was trained with BHSOL, that was their template and I filled in the relevant information.

Q. So do you recall when this was completed, this

agreement, this outcomes agreement?

A. It was completed on January 23rd, 2017.

Q. Okay. Is there a particular reason why it was completed and filled in so far after the fact?

A. That's when I got my training for BHSOL.

Q. So when did you get your training for BHSOL?

A. It either would have been on that day or the day before. I got my training and then I did my notes.

Q. So at this point you get the training after Mr. Desmond is deceased?

A. Yes.

Q. And you still follow through with your obligations to Veterans Affairs?

A. Yes.

Q. So I'm going to ask you a little bit about the mutually-identified needs. So these needs are, I understand it, created in sort of discussion with Lionel Desmond?

A. Yes.

Q. And when do they sort of come about? When do they start formalizing?

A. Well, we identified the needs in the only two meetings that we had and then phone conversations is when we would have

identified them.

Q. So I guess we'll run through them and see if I can get you to explain them. The first says, "Ongoing needs assessment" and it's ticked off. What was that?

A. Well, by "ongoing needs assessment" what I meant is that ... as you can see, we identified a couple of things that he needs. As we go through things, okay, let's say, for example, if he's looking for relationship counseling. Once he's connected with somebody, we continue to assess. We continue to reassess. We see, Are the needs still relevant? Is this something that is still necessary for him to have? Did he already reach the goal of ... are there other things that are identified? But, again, we need to assess continually so that it's relevant and we're staying on track.

Q. And it says, "Expand social network". And I believe you discussed a little bit about that previously.

A. Yes.

Q. "Other", it says "OT assessment". I believe you discussed that earlier.

A. Yes.

Q. "Plan for activities of daily living".

A. Yes.

Q. We discussed that, I believe, or what did that involve?

A. And what I mean by that is that it was really important for him to get back into a routine. So the routines that would be important for him is like ways to be able to have connections with his family, doing things with his daughter on a regular basis, whether it's like making her lunch, picking her up from school, going to the gym, doing some things to stay healthy, looking after things like when he's going to be eating, making sure that he's getting enough sleep at night, making sure that he's taking his required medication. So it's just daily living things that are important to stay healthy.

Q. "Housing or vocational support", I believe you discussed that earlier.

A. Yes.

Q. What is "practical assistance"?

A. Practical assistance was ... I indicated in that first meeting I noticed that he became overwhelmed very easily. So what might seem very simple, he could use some practical assistance on; for example, navigating the system. You know, if he was too overwhelmed with making a phone call, I could provide him some information. I could coach him in obtaining those

supports that he needed to obtain. So practical assistance, what that is is just helping to support him in those daily activities.

(11:50)

Q. And "Other - Specified", says "couple's counselling" and I believe you discussed that previously?

A. Yes.

Q. So it says, "Desired Outcome Number One". Was there only one particular outcome that was desired or was this really what was going to be the start of a number of desired outcomes?

A. This was the start. But, again, because of the complexity of the needs of Lionel and because I noticed he became overwhelmed very easily, I didn't want to give him three to four things to work on because that would be way too much. That would overstimulate him. So I wanted to make sure that, Okay, the first thing we needed to do ... and this was also if we triage, this was probably the most important thing that needed to happen from my understanding in that moment. And my experience with him in those two visits was to assist him with re-engagement with family and also establishing new and healthy routines in his new home. So that's step one.

Q. And so what is, I guess, "re-engagement with family"?

A. So, as I indicated, because he lived away for many years of their marriage and his daughter's life, being involved on a daily basis was something that he wasn't used to and they weren't used to. So, for example, if he just started disciplining his child, he needs to have some context to that and she needs to feel that there's a relationship there, too. Even though that's her father, he needed to feel like he was part of things and they needed more consistency with him living there. So it would be about helping him re-engage, reconnect with his wife, to be able to be part of the home again and not just a visitor.

Q. And "healthy routines in his new home". What do you mean by "healthy routines in his new home"?

A. Healthy routines in his new home, when we do a biopsychosocial assessment we start with the very basics of: What time are you going to bed at night, what time do you wake up in the morning, are you having breakfast, what are your meals looking like, are you getting regular exercise, how often a week are you using substances to get through? Like making sure that the very basic needs were met to set up healthy routines where we try to establish more positive routines of healthy eating, healthy sleeping, regular exercise, engagement with the family,

social activities with friends. That's kind of what I mean by healthy routines.

Q. So of all of the possible things that you identified that Lionel Desmond needed for his wellness and rehabilitation, you selected his family and the re-engagement with family and his routines and interactions at home as the number one priority or the first one you wanted to work on.

A. Yes.

Q. Why was the family and the domestic context singled out by you as being number one and the first priorities that you want to take care of? In this whole ... you seem to identify there was a lot going on and a lot needed, but this rose to the top. Why is that?

A. Our home is where we start feeling safe, having routine being established. He identified that he and his wife were wanting to work on things. That was from his perspective. That's all I knew. I believed that they wanted to become a family unit and that they were concerned that it was hard, given the time away that he had. And it's important that he feel safe and that he have a routine. And those things have to come first before we start figuring out the rest. It's important to everybody's mental health. It's important to stability. It's

about stabilization. It's about reintegration. Those things are primary needs.

So if we look at our hierarchy of needs, what are our most important needs, it's things like food, housing, love. Like those are some of our primary needs that are so important. So when I take my clinical context into consideration, we have to make sure that we're, you know, engaging in sound clinical practice and these things needs to be established before we do something else.

Q. And in terms of his interactions with you, did you get a sense, from his perspective, that he shared the same thing as priority number one?

A. Yes. And what happens is when somebody is speaking to me in an assessment, as you can see I just ... I'm writing sparse notes and it's just things to kind of engage in my mind. So I'm taking all of the information that somebody is giving to me and then I summarize it and I say, So what I'm hearing you say is, this is what you're needing to feel safe and comfortable and this is what you're identifying. And then if the client agrees with me, that's what we start working on.

If the client doesn't agree with me, then I shift back and back pedal to see, Okay, well, what is it that ... can you

clarify what can I help with and we switch gears again. But, basically, I take all of that information and then that's what I sent for clarification back to Lionel. So what I'm hearing you say, this is what you need as your first order of priority. And that's what he wanted to work on. So it was a mutually-identified need.

Q. And you were then going to pull the resources together that would address that or help, hopefully, address that.

A. Yes.

Q. And he seemed to be eager to deal with that.

A. Very eager. Yes.

Q. Now you're able to pull that out from two meetings with Lionel Desmond, based on your clinical judgement and experience. Sitting in your position, hearing what you were told, knowing what you knew about his background, even though you didn't have all the particular written details, from your perspective, was it very hard to figure that out?

A. No.

Q. And why not?

A. I think it's ... part of it is that's the experience that I'm coming in with, but that's the information that he's giving me. And, again, that's kind of based on a person's basic

needs. If we're looking at how to support somebody, we have to look at helping them feel safe and comfortable so that they feel that support in their loved ones and they feel the confidence within themselves to be able to move forward. So I think that's just ... it comes from experience. It comes from talking with the client. It probably was pulled from some of the conversations I had with Ms. Doucette, as well. So you combine all of that to formulate that. So it wasn't difficult to come to that, I don't believe.

Q. And I think it's fair to say in 2015, when he's discharged from the military, a lot of the internal conflicts and struggles he had within his relationship were very much at the forefront and present as they were in 2016 to certain degrees.

A. Okay.

Q. Do you think it would have been helpful for someone like you, at that point, to maybe meet with him when he left the military to say, How's your home life? Let me assess your home life and determine whether or not I can put resources in place to help that.

A. Yes.

Q. That could have been done?

A. Okay, sorry, I don't know if I understand. From their perspective or from my ...

Q. From your perspective.

A. Yes. I think that's something that would be of great assistance to Lionel or to anybody else in that particular case. I think that's something that would be very beneficial.

Q. And would you sort of agree that that was kind of a pivotal time? He's now discharged from the military. His sense of identity might have shifted a little bit. He's no longer a member of the military. He's now back in his community. Is that, from your perspective, sort of a key point of interaction with someone?

A. Yes.

Q. And why is that?

A. Because when somebody has that type of life-changing event, I think it's important that that is when they get the support to be able to navigate their readjustment.

Q. Okay. And in terms of action steps, I will just refer you to them. And these are your identified action steps, I take it.

A. Again, we mutually agreed on them.

Q. Okay. Sorry.

A. Uh-huh.

Q. Find resources in new community to help establish new routines for daily living. Contact referral source, Men's Health Centre, Family Services. Contact private counsellors regarding possibility for couple's counselling. Go to FSENS Men's Health Centre regarding previous referral.

And you have listed sort of due dates.

A. Yes.

Q. And they range anywhere from December 9th to January 3rd. What was the purpose of the due dates and were they hard-fast rules or ...

A. No, they're not hard-fast rules. They're really guidelines, you know, so that it gives you something to work towards. And it gives motivation for, Okay, today is Tuesday. Today is December 16th, yeah, I should probably get this done. Again, it's about a guideline. They can always be changed but they're to help motivate somebody to say, Let's try to get on top of this. But for me as a professional, I want to make sure that I'm having movement with my clients. So when I'm trying to look at ensuring that I'm meeting my tasks that I have agreed to

do, it's also something that I think is important for me to say, You know what, I said that I was going to do this. I want to ensure that, professionally, that I have that done so that I'm fulfilling my role.

(12:00)

Q. So just ... and you sort of indicated earlier. So these mutually identified needs, desired outcomes, action steps, are we to believe that this was it? This was the whole plan that was going to happen?

A. No. This is step one.

Q. Okay.

A. This is the beginning.

Q. Are you able to say and I know it's hard in context because the more you learn, the more you look, I guess.

A. Yes.

Q. Did you get a sense of how many iterations of plans, desired outcomes, and action steps were going to be required with Lionel Desmond?

A. You're right, it's hard to say. I do get a sense that it's not, again, a typical ... right now, what we often provide to people is something that we call "brief intervention" where we're looking at three to six sessions. I definitely got the

sense that this is not a brief intervention that this is something that will require much more support.

And, like I said, we provide a lot of support at the beginning and then as he's having success, as he's integrating and reintegrating with his family and community, we're able to then lower it down to less supports and to keep going in that way so that it's not just, I'm going to do these six things and then we're done. It's about a continuation and it's about a process.

Q. And if we ... as you leave this meeting on December 9th and you've reviewed these action steps and goals, how would you describe Lionel Desmond's level of motivation?

A. He was very hopeful and his motivation seemed really high for what I was expecting. He was willing to do things. He was following up. He would send a text and say, I've gotten this done, or whatever the case may be, or call me and say, Yes, I've gotten this done. So he was motivated. He seemed hopeful and he was very engaged.

Q. And we've heard a concept that Lionel Desmond was the "driver of his own care". And that was put in the context of you can't force him, which I appreciate and understand. But the role of the mental health professional, is it in some ways to

guide them to understand maybe perhaps why it's necessary, why it's helpful?

A. Yes. We definitely have a role to play in providing all of that information to a client. And I always say I like to make sure ... my way of doing things, I like to make sure that somebody is making informed decisions. So, yes, they get to make their own decisions about things; of course, they do. They get to be for that phrase, the driver of their own vehicle. They absolutely do.

Part of my role that I want to make sure that I have every opportunity to do, is to ensure that I provide every bit of information that I can for my clients so that the decision that they can make is an informed decision. So if, at the end of the day, they made a decision that wasn't a very good decision, at least they had all of the information and it's their decision to make.

Q. And in your period of time with him, because it is a pretty pivotal time, late November/early December, how eager was he to drive this Cadillac which is the resources that were going to be put in place for him?

A. In my interactions with him, which is the only thing I can assess ... in my interactions, he was very eager.

Q. Okay. So your next contact with Lionel Desmond occurs on December 12th. So if we could look at Exhibit 288, page 7. So what type of contact is this and how does it come about?

A. Just one moment, please.

Q. Sure. No problem.

A. Okay. So this was a telephone call or was this a meeting? No, this was a telephone call. So the client ...

THE COURT: Sorry. Is this the December 9th or this is December 12th. Yes.

A. December 12th.

THE COURT: December 12th. Thank you.

A. Is that what I'm supposed to be referring to?

MR. RUSSELL: Yes.

THE COURT: Yeah. It was the next one, so ...

A. Okay. So one hour.

> Client called and stated he does not want to go through Family Services. I found other counsellors in area and contacted him to give him information on those counsellors. I called him ahead of time to explain counseling and coverage, et cetera.

So this was about a phone call that he had made to me and

said that he did not want to go through Family Services for the couple's counselling to qualify that.

Q. So on an outsider perspective, it seemed like he's now ... is he resistant to the idea of going to couples counselling or what's happening here?

A. No. In fact, he was still very engaged and he was very anxious for me to help him find somebody. The reason that he told me ... when he called me and said that he didn't want to go through Family Services, he was fine with it, but he said his wife was not comfortable going through Family Services.

Family Services is a not-for-profit organization and one of their offices is in Halifax. And he told me that his wife was concerned because she thought that she may have interactions with some of the workers there through her own profession as a nurse and she didn't feel comfortable, which is something that often happens in smaller settings where if we know somebody were not comfortable going there.

So with the fact that she was not comfortable going to couple's counselling through Family Services, he was still anxious to find somebody. Can you help me find somebody else because I want her to be comfortable. I want to make sure that I'm doing my part. I told her that I would be the one to make

the calls, so, Helen, can you help me find somebody else? So it wasn't that he was resistant, it was that he was being respectful of his wife's wishes is what I took from our conversation.

Q. And as a result of that, were you then going to take some actions to see what other entities were there that could facilitate the same?

A. I did. What I did was I had gone to my own association, the Nova Scotia College of Social Workers, through our private practice list and I was doing some searches of my own and called a number of individual private counsellors that offers counseling and trying to find out if there was a fit. You know, do they offer couple's counselling? Do they have any background with military personnel? Trying to get some background information so that I could provide that information to Lionel.

Q. And, to your knowledge, did anyone, whether it was the Ste. Anne's clinic in Quebec, the Operational Stress Injury Clinic in New Brunswick, to some extent the Operational Stress Injury Clinic in Nova Scotia, Veterans Affairs Canada, Canadian Armed Forces, to your knowledge, did anyone ever make a call to try to arrange couple's counselling or to put things in place to

work on their relationship?

A. Not that I'm aware of. It could have happened but not that I'm aware of.

Q. So the next time you hear from Lionel Desmond, if we look to the bottom of page seven, it appears to be January 2nd and this is 2017.

A. Yes.

Q. So if you could tell us a little bit about how that contact came about first and how long was your interaction with Lionel Desmond on January 2nd.

A. On that day, January 2nd, that was the day after New Year's. It was a holiday. And I was driving my son to Fredericton, New Brunswick, at the time who ... he was starting a new job the next day, so I was taking him there for relocation. I was driving the vehicle. And when I stopped for lunch, I noticed that I missed a call. And when I noticed that I missed a call, I noticed it was from Lionel. And then I saw that he called me again right after, so I decided to pick up because I felt if he called twice, it must be important. And when I picked up the phone, he sounded distressed. And so I stepped outside so I could speak more privately to him and see if I could find out what was going on.

(12:10)

Q. And did he give you any sort of indication ... so if we ... at the bottom of that particular page and the next page, page 8, if you turn to maybe page 8, did he give you any indication of what was causing him sort of to be distressed? So we'll look to page 8 on the exhibit.

A. He said that the holidays were really rough, that things didn't go very well with him and his wife. He felt that his wife wasn't engaging in trying to work on their marriage. He was stating that he was frustrated. He said he was trying to not be drinking, but she was drinking and that he felt that if she was really supporting him in his sobriety that she wouldn't be consuming alcohol. But he said, in particular, there was one night that they were out at a party and his wife was with him, as was his daughter, and he told me that he was the designated driver. And he said they were driving and his wife was arguing with him about how to drive. And he told me that it resulted in ... she was arguing with him and he got so upset that he said the roads were slippery and he landed in the ditch. He talked to me a lot about his concerns about the fact that she wasn't engaging.

Q. And what did he mean by ... did he explain what he

meant by "engaging" or what do you mean by that?

A. He felt that he was trying very hard to get the help for their marriage but she had checked out.

Q. And "checked out" as in?

A. That she wasn't really interested in repairing their marriage.

Q. And so I guess I'll stop at that point and revisit the rest of the conversation in a moment but you've identified the role of a clinical care manager as someone that facilitates care and gathering resources and you're not the one providing any therapy.

A. I'm not.

Q. And so did you review those sort of boundaries with Lionel Desmond early on?

A. I did.

Q. And did he appear to understand what they were?

A. Yes. And when he called me and we had talked about that, he made it clear that he understood that I was ... that he was not calling for counselling. He was calling because he needed a supportive ear. He called because I guess he felt safe, according to the way that he phrased it. He needed somebody to talk to. And we did talk about the fact that, I am

not the person providing counselling to you, but I did recommend, in our discussion, that he contact his counsellor because I believed he really needed a session to be able to unpack some of these emotions.

Q. We've heard a little bit that Veterans Affairs, Nova Scotia Health Authority, they have their crisis hotlines. So perhaps you're given a card, you're given a paper and said, If you're in crisis, call this number. You'll get to talk to someone on the phone, that you don't know, but they'll help you. In your experience as someone that deals with people who are struggling with various mental health difficulties, was it sort of surprising to you that he was reaching out to you on this particular date?

A. Yes. And we had covered some of those topics, as well, in terms of, You know that all of this help is available. And he did say to me that he ... according to his words, I tried and they're not helping.

Q. And when he says, "I tried and they're not helping", did he say who he tried with or what they weren't helping with or ...

A. He did indicate that he had visited the ER but he didn't get any help. So I encouraged ...

Q. And I appreciate that was sort of his relay of what happened.

A. That's his version of it. And, again, I'm not going to argue with his interpretation or his version of events.

Q. Yes.

A. I'm going to try to provide the support. So reminding him that, You know what ... I said, Your counsellor ... like today is a holiday ... because I believe in that year, the 2nd was a holiday, I think. And his counsellor would be back in the office tomorrow. So we reviewed, Are you okay to wait until then? Are you safe? And I go through the whole litany about safety concerns and risk management about whether he's safe, whether he's thinking about harming himself or harming anybody else. He denies all of those feelings. He denies any suicidal ideation. He denies any homicidal ideation.

So we made an agreement, which again when I'm doing assessments, I look to, Is a person willing to make agreements? Are they still future focused? Are they still hope oriented? And he still was future focused. He still was hope oriented where he was talking about, Okay, so what things do I need to do? Because if she's leaving me, I need a place where I'm going to live.

And he told me that she had said that if he doesn't have a good place to live, he won't be able to have their daughter. And he's like, Helen, I need to do what I need to do. I still have to be a good father. So he talked about the fact that he needed some more help. So we ... I again redirected him back to his counsellor. And then I revisited the whole notion about Family Services, about how ... there was two parts to the referral. One was about couple's counselling, which, you know, It did not work for your wife, but getting support from the Men's Health Centre could be another area where you could feel support and encouragement and so he agreed that he was going to call them the following day when they reopened. He agreed to that.

He agreed that we were going to be in contact, as well, about his referrals and about the fact to, you know, confirm for me that he was able to touch base with his counsellor. We reviewed all of that and I did also let him know that, Look, if there's anything else that comes up, you know you can call me. You know ... I know it's a holiday but, don't worry, I will answer the phone because ... again, I will give the numbers for crisis, I give the numbers for the hotlines.

That's something I do in every first meeting with any

client that I see, regardless of whether or not I even think there's any risk. Because something could change at any moment. But the fact that he felt comfortable enough to call me, I thought that was a good sign. So we made what I considered a plan of action.

Q. And the plan of action would have included ... what was it, again?

A. The plan of action would have included contacting his counsellor, looking for an appointment, reconnecting with Family Services the following day. It would have included the ongoing assessment, as I identified in my first note, an ongoing assessment of safety and risk management. And it included the fact that if anything else were to come up that he has all the resources where he can contact somebody and he could also contact me. Because that was one of our agreements initially that ... when we said either daily or weekly calls, it would be about needs level, about what he needed so ...

Q. And how would you describe him overall in the context of that phone call? Was he elevated, was he down? I know you don't see him, but you're hearing him. You're hearing all of the inflections of his voice. You're hearing him describing those things.

A. He sounded sad. He was upset, clearly, about his marriage ending. He still wanted to work on his marriage. He still sounded future focused and hope focused because he still wanted to look at repairing ... making sure that he was doing well enough to be a good father to his child because he and I, in that conversation ... I didn't get a chance to review all my notes, but just from my recollection we also had discussions about the fact that how important it was for him to be healthy emotionally in order to be a good father, in order to be a good husband. So that, you know, even if right now his wife had concerns that perhaps he wasn't healthy enough to be in a relationship that you have to work on getting healthy yourself.

Sometimes people need separation and they need to be able to work on themselves, and then they're able to revisit their relationship and see where that goes. So we had conversations about that. That seemed to be able to help calm him down where he felt like, Okay, well, you have a point there. We did discuss that.

And he did acknowledge to me, I believe in that phone call ... I don't have those notes because I gave them yesterday but I do believe he mentioned something about how sometimes he acts inappropriately, too, and he blows up. And when I asked about

that I know at some point that that had come up. And I said, What do you mean by "blowing up"? What does that look like? What happens when you argue? And he says, I yell and I raise my voice and I know that's not appropriate.

(12:20)

And so, you know, we talked about the importance of, in a respectful relationship, we have to be able to self-regulate. We have to be able to be involved. So you have to work on those things before you can really be in a healthy couple's relationship with anybody.

Q. Other than that day, the comment he made to you about sometimes blows up by yelling, did you know anything about details of his ability to regulate his emotions?

A. No. I was told that he had a hard time sometimes regulating his emotions but I was not really provided examples of that. I mean sometimes that means ... you know, if you're just given a blanket statement that somebody has a hard time regulating their emotions, it might mean that sometimes I cry when I'm upset and I'm not able to hold it together. It might mean sometimes I'm standing in the line at Sobeys and, you know, if somebody gets in front of me, I might, you know, tell them off instead of saying, Excuse me, I think I ... you were

standing there. So it can mean a variety of things, I was not given examples.

Q. The full extent of what happens.

A. Yes.

Q. Did you get any sense of ... I can give you an example that he had disclosed to someone previously and was described by Shanna Desmond that there's a time where he gets upset. Aaliyah ... I think it might have been ... I want to get it right. There's something bumps perhaps into a car ... but there's something that upset him. And as a result of being upset, he goes down to the basement, he takes his clothes off, lays on the basement floor, and he's talking about how hot it is. And it's in the context of almost having a flashback to his time in Afghanistan. Faced with the stressor of something bothered him, that was the end result. Did you know the full extent of those sort of reactions that he might have to stressors?

A. No.

Q. Would you have liked to have known that?

A. Yes.

Q. And how could that have helped you?

A. Again, it's knowing the context. When I'm having that conversation with him on January 2nd, I'm having the

conversation with him as I would a client with complex issues, with safety concerns, with trauma, and we're going over all of the things that I'm trained to do. And that's the context that I am having the conversation.

Q. I'm not trying to get you to second guess what you did on the phone for a moment.

A. No. No, no. It's not that. When you learn afterwards that there is additional information that could be pertinent to your interactions with an individual, of course it's only human nature to go back and say, Well, what if? What if you would have had that information? I do believe that all of the same principles apply where we still go and we still do the safety planning. We still look for connections about being future focused and is there still hope.

Because sometimes somebody may make a comment like, There's just no point anymore. And then we probe and we ask, Well, what do you mean by that? Do you mean you're going to harm yourself? And we have those indicators. At no point do those happen. But, at the same time, I still don't have the complete picture about how extensive some of those complex issues may have affected and impacted Lionel in the past and in the present.

THE COURT: But let me ask, but so much of what you have

to do is a function of how forthcoming he is ...

A. Yes.

THE COURT: ... with you at any given moment.

A. Yes.

THE COURT: Right? You can appreciate that he's a guy that can be close to crisis. When you talk to him, you rely on him being forthcoming ...

A. Yes.

THE COURT: ... with you. You still ... you talked to him on that particular day ...

A. Yes.

THE COURT: ... in the context ... this isn't ... this is my understanding of the way you're explaining it, correct me if I'm wrong, is that ... I mean the way you go about having a discussion with him, you know, in the second hour at the Big Stop is not the way you had a conversation with him on January the 2nd.

A. Exactly.

THE COURT: It was a conversation that was much more focused on what you were perceiving his issues were at that time ...

A. Yes.

THE COURT: ... and the fact that he was under greater stress and it was more important for you to be focused on trying to make certain that there was some level of safety planning as well ...

A. Yes.

THE COURT: ... and to keep him moving forward into the next day or so.

A. Yes.

THE COURT: Am I right?

A. Yes.

THE COURT: That's the way I perceived ...

A. Yes.

THE COURT: ... the way you were explaining it.

A. That's exactly right. So when we look at somebody that's more in need of urgent care, it's about doing just an immediate plan for safety. So, okay, let's get you reconnected with the counsellor; let's get you set up with going back to Family Services. Now you still have all those numbers and you do know you can go back to the ER. So it's those kinds of immediate safety plans. And that's basically the conversation on that day.

THE COURT: Thank you. Sorry, Mr. Russell.

MR. RUSSELL: So the last few things, Ms. Luedee, that I want to ask you about is so there's the discussion about him feeling that his wife has now left him, she's not engaging, things are coming to an end in the relationship. And I'm paraphrasing. And you have it documented in your evidence is that she had "checked out" of the relationship. But as well in your notes, it seems you note this question again about a place to live. Was that part of his concerns as well? You know, his wife has now checked out. Where am I going to live? Was that part of the discussion?

A. Yes. Because in the original conversations, it was a family place for them to live and now, all of a sudden, it's like he tells me that, If she's telling me to leave, I have no place ... like I don't have ... it's not like I have friends that I can stay with. Where am I going to live? I don't have any money. He told me that ... again, I think I had mentioned it earlier. He told me that his house in New Brunswick had sold, so he used all of the money, that would have been proceeds from the house, to pay off the debts and pay off her student loan.

And the idea, at that time, and the belief that he had, according to what he told me, was that together, combined with

his pension and her nursing income, that they still would be able to afford something, so housing would be more of a transitional thing as a family. But now it's moving to, Where am I going to live by myself and how am I going to pay for it on my own?

Q. So this was a part of in that moment of ... Would it be fair to say he's calling you in a moment of crisis, I guess?

A. Yes. Yes. He's looking for support. He's not calling me for counselling but he's recognized that I'm somebody of support, so he's calling me in a moment of crisis. And my role is, again, trying to navigate, Okay, how do we find some of these resources and how do we make sure that he's connected and that he's reminded of the plan to connect?

Q. And, at this point, he's calling you in a moment of crisis. You're still, is it fair to say, trying to get off the runway as it applies to relationship counselling, resources for housing. You're still trying to get those connections made, I guess.

A. Up until that phone call, yes. And then, you know, clearly, if there was more time, that reassessment that I mentioned in that first check box would have been ... that the direction would have changed.

Q. Okay. And I don't want this to be unfair but would you have liked to have had more time?

A. Absolutely.

Q. And finally you noted that he was, in your notes on page 8, "isolated since leaving New Brunswick". So there was some ... is the word "isolated" his word or was it your word to describe ...

A. That's probably my words. You know, he's telling me, I feel lonely. I don't really have any friends. There's nobody that I can just go and have a coffee with. I call that isolation.

Q. Okay. So I guess assessing this crisis, you have someone with everything you identified and mental health diagnosis. You also have someone that has now indicated, My wife has left me. I'm isolated. I don't know where I'm going to live. Are those pretty significant things that are coming crashing down in someone's life?

(12:30)

A. Yes.

Q. All at once?

A. Yes.

Q. And in your experience, if there was anything that

suggested to you that he was imminent risk to himself or harm to others, would you have taken different actions?

A. Oh, absolutely. When I assess, he would be at a higher level of risk. But because he's denying any kind of ideations and he told me that he was in fact assessed, then I'm left to believe that, Okay, so that's all been checked off. But, certainly, there's other things. But if somebody is at imminent risk, then 100 percent safety first and I would contact the authorities to go and do an immediate wellness check. And, typically, that involves taking somebody then to go to the hospital and get reassessed again.

Q. And in this conversation he has with you on January 2nd, did he ever bring to your attention that he had just left the hospital? In fact, he appeared January 1st at St. Martha's in Antigonish, was assessed by Dr. Rahman, he stayed overnight, wasn't admitted. He stayed overnight and then left kind of on his own. Did he tell you anything about that visit to the hospital?

A. Now his words would have been different than the way you phrased it. His words was, I went to the hospital, they said I didn't need to be there and it didn't help.

Q. Okay.

A. That's kind of more his words was that ... because when we talk about, Okay, if you're in crisis, go to the ER. I've done that. So I'm led to believe if somebody goes to the ER and they're discharged that they've been assessed and that if somebody is in immediate risk, we can always use the **Involuntary Psychiatric Treatment Act** that if somebody is not willing to stay, then we invoke that so that they stay involuntarily. So if somebody is still voluntary, then that leads me to believe that there's choice. But, again, this is more speculation than it is known for sure.

Q. Absolutely. And in fairness to you, we've heard detailed evidence from Dr. Rahman which certainly ... he did a number of significant things to navigate what was happening. Is it fair to say, from what you understood that, at a minimum, Lionel Desmond had a perception that he was still scattered? He was still looking to sort out the mess that he was drowning in?

A. Oh, for sure. Yeah.

Q. I don't have any further questions.

A. Okay.

THE COURT: Thank you, Mr. Russell. I think what we're going to do, Counsel, Ms. Luedee, I think we're going to break for lunch.

A. Okay.

THE COURT: We normally break at 12:30 for lunch for an hour.

A. Okay.

THE COURT: Back at 1:30. Rejoin us then, please.

A. Sure.

THE COURT: All right. Thank you. All right. Thank you, Counsel.

As I said, I have a copy of the document I'm going to have the witness review, but I am not going to do that until after everyone has had an opportunity to ask her questions. All right?

MR. RUSSELL: Your Honour, if I may, Mr. Mozvik hasn't seen the document. He was wondering if he could see the document.

THE COURT: Of course. We'll make arrangements for Mr. Mozvik to have a copy of it. It's, for counsel's purposes, it's Exhibit 254. It's the interdisciplinary discharge summary, it's pages 268 to 274. All right. So we'll make this available to Mr. Mozvik to have a look at it and I'm just going to ask the witness not to read it in the interim until I give you a copy of it and then we'll adjourn to give you an opportunity to have a

read of it, okay?

A. Yes.

THE COURT: All right. Thank you. All right. We're adjourned until 1:30 then. Thank you.

COURT RECESSED (12:34 HRS)

COURT RESUMED (13:32 HRS)

THE COURT: Thank you.

MR. MOZVIK: Ms. Luedee is just in the washroom, Your Honour. I think she'll be here any minute.

THE COURT: All right, thank you, Mr. Mozvik. Do you have a copy of that document?

MR. MOZVIK: I do, Your Honour, thank you very much.

THE COURT: Mr. Russell had concluded his questions as I understand it. Ms. Ward? Ms. Grant?

MS. WARD: Ms. Grant has some questions.

THE COURT: Thank you. Ms. Grant?

CROSS-EXAMINATION BY MS. GRANT

(13:37)

MS. GRANT: Hi, Ms. Luedee. My name is Melissa Grant and I'm representing various federal entities, such as Veterans Affairs and the Canadian Armed Forces.

A. Yes.

Q. I just have a couple of questions for you. On the system we've been talking about, the BHSOL system, can you just clarify for me? You had said that you had been previously registered with Medavie for social work, is that right?

A. Yes.

Q. Okay, and then you were more recently willing to take on work as a clinical care manager, is that correct?

A. Yes.

Q. Did you have any contracts with Veterans Affairs as a social worker?

A. With Veterans Affairs? Not a clinical care manager?

Q. Right.

A. No, it was through Blue Cross.

Q. Through Blue Cross, sorry.

A. Yes.

Q. So would that be a situation where, if you were seeing someone in your capacity as a social worker, there would be direct billing through Medavie Blue Cross?

A. Yes.

Q. Is that how that would work? Okay, thanks. And earlier you were talking about building up trust and that it

takes time to build up trust with a client. Would you agree with that?

A. Yes.

Q. That's not something that happens immediately.

A. No.

Q. And would you agree that moving, you know, given what you know of the situation and what you were told, that Mr. Desmond moving from New Brunswick via Ste. Anne's inpatient treatment facility to a new place would maybe complicate the stepped approach to care that you had been talking about earlier? **A.** Yes.

Q. And so on top of all the things that you discussed with Mr. Russell that Mr. Desmond was going through, that this move would be a significant stressor.

A. Yes, I would agree.

Q. And when you had discussions with Ms. Doucette, were you aware that there had been some concerns about Mr. Desmond returning to this area without his previous OSI team in place?

A. Yes.

Q. And was housing one of those concerns that was raised?

A. It was in my notes as an issue. I can't remember who raised it.

Q. And was it an issue to your mind that there were some concerns expressed that it would maybe more beneficial if he had a place of his own?

A. I don't recall that conversation.

Q. Okay. Can you talk a little bit about the role of ... And we saw the document where you had set up goals, mutual goals, and there was a section where it said, you know, who is responsible, is that you or is that Mr. Desmond? Can you talk a bit about the importance of accountability on a client in terms of their own path to wellness?

(13:40)

A. I'm not sure if I understand but, just to be clear, do you mean like the importance of them taking initiative? I think that's ...

Q. Yes.

A. No, I think them having involvement is a very important component of the relationship and the work. I think that's very important that they have some ownership.

Q. Before you met with Mr. Desmond, you had talked about some of the background that Ms. Doucette had provided.

A. Yes.

Q. So she did provide you with some background.

A. She did. She verbally gave me a lot of information, yes.

Q. Then when you met with Mr. Desmond, he gave you some additional background.

A. Yes.

Q. And what he was hoping to accomplish with your relationship as the new clinical care manager.

A. Yes.

Q. And you would agree that Ms. Doucette was, from your perspective, trying to do the best for this particular client.

A. One hundred percent, yes. She was excellent to work with. She was trying very hard.

Q. And you said you sensed some frustration maybe with the issue with getting you trained on the system.

A. Yes. I think sometimes those technical challenges are frustrating to all of us.

Q. Yes, for sure. And you said you've had a lot of different interactions with different systems over the years?

A. Yes.

Q. And so would you agree it's not uncommon for various peple you're working with to have mandatory training on systems that they're using?

A. Yes, I think many have training and, yes, that training is mandatory.

Q. I guess just to be clear, in this particular role, you were acting as a clinical care manager and you talked about how there's always a scope of practice.

A. Yes.

Q. In your role. So you weren't acting as a social worker in this particular capacity with Mr. Desmond.

A. Okay, just let me be clear. I was, in order to be a clinical care manager, I had to have professional designation, which would be social work. So I guess I am acting as a social worker but my role was clinical care manager and not counsellor or therapist, if that makes sense.

Q. Exactly. Yes, that's what I was getting at.

A. Okay.

Q. But with your experience as a social worker, can you make any comment if you're, and feel free to not make any comment if you're not comfortable with it, but we've heard some evidence that suggested that inpatient care is maybe good for a short term but perhaps not great for the long term because it dosn't teach a person to, you know, live in the real world.

A. Oftentimes, from my experience, I've done patient

rights advising for 13 years under the **Involuntary Psychiatric Treatment Act** and then working in mental health and addictions, I do see inpatient is more for somebody that is not stabilized and the purpose of inpatient is to help get stabilization and then to return to community where we look at community-based treatment options.

Q. And so that could be an ongoing assessment. So someone's mental health status could change from one day to the next.

A. Absolutely, one hundred percent, yes.

Q. And a stressor like a divorce is something that is a major stressor in really anybody's life.

A. Yes.

Q. And also major stress events plus the holidays could also exacerbate maybe existing issues.

A. It can, yes.

Q. I just wanted to talk briefly about the concept of peer support. I guess, as a social worker, maybe it goes without saying, but the concept of having social supports in one's life is helpful to good mental health?

A. Yes.

Q. And with respect to peer support, how do you go about

... It seems like it's a difficult thing to create a support network for a person when so much of that is an individual thing, you know, who I might want to socialize with or what activities I want to do and it's something that I would have to do for myself. So what would you typically do for finding someone peer supports?

A. Peer supports is challenging because, as you indicated, oftentimes our relationships are more organic than that. They are something that's formed quite naturally, you know. We might meet somebody at school or at the coffee shop. Peer supports is definitely more forced if we book a peer-to-peer mentorship but it can also be helpful when there is significant isolation. Because, let's say, for example, some of the peer supports that can be there for people that are living with mental health issues, it's again just somebody with lived experience. Somebody that can be a lisening ear that truly understands what the other person is going through. So, again, it's not as organic as, you know, meeting up with a bunch of high school friends at Tim Hortons. It's not as organic as that but it's a source of support that can be helpful to an individual when they're going through something difficult.

Q. And my friend, Mr. Russell, was asking about the sort

of military context and, obviously, that's a background in this case that you were assessing. But I'm curious as to whether or not putting maybe a gender lens on this and asking about whether men versus women find it, just generally speaking, more difficult to create those peer support or those intimate social relationships.

A. Yes, if we put a gender lens on things, and Lionel and I actually did have some conversations about gender lens when it comes to, sometimes it can be more challenging. I know we're using very stereotypical gender descriptors but sometimes it can be more challenging for males because some males don't trust as easily or reach out, especially somebody with a military background who has been, as I said, taught not to trust. And then the other part of it is that oftentimes males have been socialized from a very young age to just toughen up, suck it up, you know. So my example is if, you know, a little girl falls down, somebody runs over and she's crying and it's like, There, there, let me kiss and make it better. Where, if a little boy falls down, oftentimes socially it would be like, Okay, come on, chin up, suck it up, like you know, don't cry, boys don't cry. And it's these kinds of messages that get ingrained over the years that can get to a point where people do feel that there is

barriers then to opening up to others. And, again, that's very generalized.

Q. Of course. You mentioned the concept of a triage, I think, earlier and you would agree that it was important and positive that Mr. Desmond had a counsellor at the time you started working with him, is that right?

A. Yes.

Q. And did you see that as maybe a priority?

A. Yes.

Q. And why would you say that?

A. Because if I'm acting as the clinical care manager and my role is just to help navigate, he does need somebody to, with regards to talk therapy. So like the medication can help with the medication management but all the research indicates that the combination of medical management with talk therapy where you're going to be learning specific skills and strategies and being able to talk about that with the counsellor can be very useful for success and for mental wellness.

Q. In this particular situation, you had said earlier this wasn't the kind of situation you envisioned as, you know, a three to six kind of session situation but I guess just to clarify that VAC has approved or Veterans Affairs had approved a

certain number of sessions as an initial starting point and do you recall how many sessions?

A. I don't recall how many sessions but I think they approved me up to May, if I recall. Again, I forgot my notes out in the car so ..

Q. That's okay. So I guess my question is that at that point that wasn't an issue that you were concerned about.

A. No, no. And I did get the impression, just to clarify that, if in my clinical capacity, I felt that he needed more, that we could talk about that and they would look at providing more service as well. I did get that impression.

Q. Just one final question. If you had had any sort of inkling of an imminent risk of harm to other people, what is the ... I don't know there's a typical response, but what would you have done?

A. Well, if there's imminent risk to harm to self or anybody else, it's calling 911.

MS. GRANT: Thank you, those are my questions.

A. Okay, thanks.

THE COURT: Thank you. Ms. Lunn or Mr. Anderson?

(13:50)

MS. LUNN: No questions, Your Honour.

THE COURT: Mr. Macdonald?

MR. MACDONALD: Thank you, Your Honour. Mr. Morehouse will conduct the examination. Thank you.

THE COURT: Right, thank you. Mr. Morehouse.

CROSS-EXAMINATION BY MR. MOREHOUSE

(13:50)

MR. MOREHOUSE: Good afternoon, Ms. Luedee.

A. Good afternoon.

Q. My name is Tom Morehouse, with my co-counsel, Tom Macdonald, we are counsel to the parents and brother of Shanna Desmond, and who are also the grandparents and uncle of Aaliyah Desmond.

Ms. Luedee, if I understood your evidence correctly, you met with Lionel on a total of four occasions, is that right?

A. I met with him in person twice.

Q. Right.

A. And then had two more lengthy conversations.

Q. So your in-person meetings were on November 30th and December 9th, and your telephone meetings were on December 12th and January 2nd, is that right?

A. Yes.

Q. Okay. And we reviewed your handwritten notes that you took with respect to each one of those encounters, is that right?

A. Yes.

Q. Were those all the notes that you took with respect to your meetings with Lionel?

A. When I do handwritten notes, just to clarify, my notes that I take I take notes based on capturing the essence of the conversation. It's not verbatim. It's not, yo9u know, word for word, but it's me trying to capture the essence so that it's what I need to be able to create the rest of my alignment with the client. But those were the notes that I have that I submitted.

Q. There weren't any other notes that captured the essence of other aspects of your conversation.

A. Just what I had uploaded to the BHSOL system.

Q. And those handwritten ones.

A. Yes.

Q. Okay. Ms. Luedee, you will agree that of the four meetings, so November 30th, December 9th, December 12th, and January 2nd, the January 2nd telephone meeting was the shortest meeting you had with Lionel, is that right?

A. Yes.

Q. I would like to go to Exhibit 288, starting at the bottom of page 7 and then moving on to page 8.

THE COURT: Would you like a paper copy?

A. Yes, I forgot it out in the car. That's what took me so long.

MR. MOZVIK: I can go get them, Your Honour, if you wish.

THE COURT: Let's just pause for a couple of minutes. We'll get those for you, okay?

A. Thank you.

THE COURT: So we'll just stand down for a few minutes. You don't have to stay there, if you don't like, but if somebody is going to go and grab those for her, that would be great. We will pause for a few minutes.

MR. MOZVIK: I will, Your Honour.

THE COURT: Thank you.

COURT RECESSED (13:53 hrs.)

COURT RESUMED (14:00 hrs.)

THE COURT: Thank you. Do you have your notes?

A. I do. I'm all set.

THE COURT: All right, you have everything you need. All right, thank you. Mr. Morehouse, go ahead.

MR. MOREHOUSE: Thank you, Your Honour.

THE COURT: I'm sorry, you were looking at Exhibit 288, page 7?

MR. MOREHOUSE: Yes, at the bottom.

A. And can I clarify?

Q. Yeah.

A. So, in terms of all of the notes, these are handwritten notes. The referral would've been done by email and I sent a copy to Ms. Doucette. And then there are additional notes that is the Nova Scotia College of Social Workers. That's when I printed off the various counsellors I was looking for, and I would've scribbled notes on those pages as well. So that was submitted as well. So that's basically my handwritten notes that are there.

Q. Okay, thank you. I do want to go back to your note with respect to your January 2nd, 2017, meeting with Lionel.

A. Yes.

Q. And I understand that this was done over the phone.

A. Yes.

Q. And it continues on to page 8. If we can just scroll up to page 8. Ms. Luedee, you'll agree with me that out of the four notes, so the November 30th note, the December 9th note,

the December 12th note, and the January 2nd note, this note is, by far, the longest.

A. Yes.

Q. And you'll also agree with me that this is the most detailed.

A. Yes.

Q. Why is that?

A. It's because the first two notes, when I was meeting with him, basically, I'm just capturing these are the resources that we're looking at, this is what we're doing, because that was the essence of the conversation. The conversation on January 2nd was one that was more of, he was in distress, so it was a little bit different than just, let's just talk about the needs that are going to be there. That was the one that was a little bit more detailed, if you will.

Q. Would you agree with me that since Lionel was in distress on January 2nd, that your note-taking moved beyond just capturing the essence and went more towards, not necessarily verbatim, but close to it?

A. Certainly not verbatim, not close to it, but definitely more detailed, yes.

Q. Okay. And, Ms. Luedee, I know this note is with

respect to your telephone conversation on January 2nd. When did you actually write it?

A. January 2nd, I was traveling, I would've written the note. I carry my ... my book was with me and it wasn't until after I would have stopped because I was in a restaurant then. It wasn't until I stopped at the hotel that night.

Q. Okay, so it would've been on the evening of January 2nd when you wrote it?

A. I believe so.

Q. Okay.

A. It's been five years but I think that's what I recall.

Q. And do you remember what time of day you actually had the phone call with Lionel?

A. I don't recall. I know it was when I stopped to eat. I don't remember what time.

THE COURT: But it was before January the 3rd.

A. Yes, it was January 2nd.

Q. It was before you learned of the shooting incidents.

A. Yes.

Q. Yes. Thank you.

MR. MOREHOUSE: Okay. So this note was taken relatively contemporaneously with the conversation you had with Lionel on

January 2nd.

A. Yes.

Q. Okay. Ms. Luedee, you testified that when Lionel called you on January 2nd, he was in crisis. Is that right?

A. Yes, he was in distress.

Q. And you also testified that since he was in distress, you assessed him for suicide risk. Is that right?

A. Yes. I asked the questions about risk, which is very common for anybody that's in distress, yes.

Q. When I read your January 2nd note, I don't see anything in there about assessment for suicide risk. Is it in there?

A. Is it in my note?

Q. Yes.

A. No.

Q. Okay.

A. I ...

Q. But you have an independent recollection of doing the assessment.

A. Yes. And part of it, for me, if you will, I do this as part of my regular conversations with people as much as we have conversations about, Did you sanitize? I don't document

those kinds of things all the time. It's part of my regular practice. And, of course, if I would've written this afterwards, it would be a lot more detail about suicide risk, but these were my actual notes from that day. There's many things that are not captured in my notes that's part of my regular practice but I specifically ... we had a conversation about the fact that when we talked about going to the hospital, that that's an option, that's when he indicated that, I've gone, I haven't gotten help. Those kinds of things. We talked about going to a counsellor. But these are the notes and, no, it's not in there specifically what I said, but there's a lot of other things within the conversations that wouldn't be in there either.

Q. Okay. Just one more thing. A different topic. If we could go to pages 3 and 4 of Exhibit 288. Ms. Luedee, these are the consents that you had Lionel Desmond sign on your meeting on December 9th, 2016. Is that right?

A. Yes.

Q. Were these the only consents that you had Lionel sign?

A. I don't recall. I do remember that I had copies of these ones because I found them in my file. I don't recall if there was other consents that I sent out to somebody and I

didn't have a copy of. I can't say 100 percent that there was no other consents at all but these were the only ones that were in my file.

Q. Okay. In your role as a clinical care manager, since you were aware that Lionel was struggling with his relationship with his wife, would part of your role have been to talk directly with Shanna, his wife?

A. At that point, we only had the two meetings. At some point, perhaps, but at that point, I was contracted to work directly with Lionel. I was not the counsellor involved. But, at that point, she wasn't involved and she didn't really need to be and I had no reason to believe that she needed to be involved right at that point. Would she have been at some point down the road? Possibly.

Q. Okay. Would you have been able to obtain a consent from Lionel if you needed to discuss things with Shanna?

A. Yes.

Q. Okay. Those are my questions, Your Honour, thank you.

THE COURT: Thank you. Ms. Miller?

CROSS-EXAMINATION BY MS. MILLER

(14:07)

MS. MILLER: Good afternoon, Ms. Luedee. My name is Tara Miller and I'm counsel representing the personal representative for the late Brenda Desmond, Cpl. Desmond's mother, and also share representation with my friends, Mr. Morehouse and Mr. Macdonald, with his daughter, Aaliyah Desmond.

A. Okay.

Q. My questions are brief and they're ... I just want to get a little bit more information around your involvement with VAC to become registered as a clinical care manager. It sounds, from your evidence and from the records, that the big, sort of threshold thing for you to do is to complete this BHSOL training?

A. I don't know if that was the threshold. I mean, I think, again, it's quite a long time ago, but in order for me to be registered at the beginning, they would have had to have had all kinds of information about my education, my background, my experience, my certifications, my training. All of that kind of stuff would've been done, but from my recollection, the ... it was mandatory training for the BHSOL training and that was for the documentation aspect of it.

Q. Okay. So if I can characterize it this way, you'd already been screened in, I guess, as eligible ...

A. Yes.

Q. ... to be ... to meet the educational and experience qualifications to be a clinical care manager but you needed this additional component to complete that training?

A. Yes.

Q. And it wasn't training to be a clinical care manager, it was administrative training in terms of how to operate within the VAC systems.

A. That's correct.

Q. Okay. And so I want to talk about that a little bit. Ultimately, we know that you ended up doing the training at some point in late October. You didn't finish it, you started it.

A. Okay, yes.

Q. I think the records reflect sometime in and around October the 27th.

A. Yes.

Q. You said it was ... there were modules that you did and I want to get a sense of that. Was this sort of something that you were self-directing with online modules by yourself or were you part of a bigger group with a trainer doing online

education?

A. In all honesty, I can't remember, but I do know I had to get sent a link and I had to go on, and I remember that it was done electronically. I can't recall. I don't want to speculate because it's been about five years. I can't recall.

(14:10)

Q. Fair enough. We had a witness yesterday from Veterans Affairs who felt that the training could only be offered at certain times because there needed to be an accumulation of different people who needed to go through the training at the same time. So I was curious what your recollection was in terms of actually receiving the training, if there was an individual who was guiding you through it or if you could independently direct yourself. You don't ...

A. If somebody testified to that, I don't disagree that it would've been done like that. In all honesty, I just ... I can't remember.

Q. You don't remember.

A. Yeah.

Q. Okay. And then I think you said that after January 4th, 2017, you actually did complete that online training ...

A. Yes.

Q. ... to facilitate being able to do the online forms. Do you remember what that training looked like? Was that part of a group? Did you do that individually?

A. If they said it was part of a group, I don't disagree with that.

Q. Okay.

A. I just ... I don't recall.

Q. Okay. I just wondered if you have any memory of how, actually, it unfolded as the person doing the training, and if you don't, that's fine.

A. I more remember where I was sitting and I think I remember that just because of the irony of doing the training at that point.

Q. Right. And when you say you remembered where you were sitting, where were you sitting?

A. At my kitchen table.

Q. Right. So it wasn't an in-person group.

A. No.

Q. You didn't have to get together in a conference room with other people. You were able to do it at home.

A. Yes.

Q. Okay. Thank you. Those are my only questions.

A. Okay.

THE COURT: Thank you, Ms. Miller. Mr. Rodgers?

CROSS-EXAMINATION BY MR. RODGERS

(14:11)

MR. RODGERS: Thank you, Your Honour.

Good afternoon, Ms. Luedee. I'm Adam Rodgers and I'm the lawyer for Cassandra Desmond who is the personal representative for Cpl. Lionel Desmond. Thanks for coming here today.

Ms. Luedee, I think you mentioned during your direct testimony that in your first meeting with Cpl. Desmond, finances were discussed. And, in particular, the stress that he was feeling about finances?

A. Yes.

Q. Do I take your evidence, Ms. Luedee, from this morning that Cpl. Desmond, while he was concerned about finances, also recognized that, long term, things probably looked okay in terms of finances through his income and his wife's future nursing income?

A. That's what he conveyed in that first meeting, yes.

Q. So although he was in a difficult spot maybe short term, he had some recognition or he had some perception, at

least, that, long term, things might be manageable financially?

A. Yes. What he indicated to me was that the sale of the house meant that he was able to pay off the debts, pay off his wife's student debt, anything that was associated with that, so that, you know, they didn't have a nest egg, so-to-speak, but, moving forward, with his pension and income that she would be potentially earning, that he could see financially better, brighter days.

Q. Okay, thank you. And just to follow up on what my friend, Ms. Miller, was talking about and asking you. The training ... as it turned out, you took the training after the tragedy took place and, in fact, you were providing services before the training ... before you did the training then obviously as a result of that.

A. Yes.

Q. So did not having the training disrupt or create many difficulties for you in delivering services?

A. I can only speak from my perspective. I can't speak from the organization's perspective, of course. From my perspective, I can still do my job and do written notes and upload them later. I have no problem with that but I also recognize that organizations differ.

So, for example, working with the Health Authority, the way that we do documentation is a system called MEDITECH.

Q. Yes.

A. And, oftentimes, when there is a new hire, IT wheels run slowly sometimes and it takes a while for people to get access to everything that they need for MEDITECH and this other system that we used called OpNote. It takes a while for people to get the training that they require. Do they still do the work? Absolutely. They're still doing the work. We get people to keep the notes, scan the notes, so that we do still keep records of the notes, of course, and all the documentation is done. It's just not done via MEDITECH or OpNote until the person gets the training for those platforms.

Q. And, like you did, they could later upload their notes into the appropriate system.

A. Yes.

Q. So in other words the barrier, or the perceived barrier to you starting work, was something of an illusion. You actually could've started your work back in August when you were first contacted.

A. I was ready to start the work, yes.

Q. Okay, thank you.

Now I want to ask a little bit about your conversation of January 2nd, and one of the things that ... January 2nd, 2017. And, incidentally, we do have phone records from Cpl. Desmond. I believe it was about quarter to 3 in the afternoon that he called you. About a ten-minute call, it looks like, from his phone records.

A. Oh. It felt much longer.

Q. Yeah. Well, we can get through a lot in ten minutes.

A question about his hospital stay. I wonder how much you got into that aspect of it. The question I have. I wonder if you had a sense as to whether he went to the hospital because he felt he needed to be in the hospital and went of his own volition or if there was some element of trying to show Shanna that he was serious about getting better and this was something he could do to demonstrate that? Was there any discussion of that nature?

A. There was no discussion about it. It would be more speculation. There was ... yeah, we didn't really discuss. And sometimes people say that, you know, Oh, so-and-so told me I should go to the hospital, but we didn't really get into that in detail because, again, trying to be mindful of connecting him to those other resources and recognizing my role.

Q. And the advice you gave him was to contact the Antigonish Family Resources and also to contact his counsellor, Catherine Chambers.

A. Yes, and to connect with, if he's in crisis, to connect with any of those other folks that we had previously discussed as well.

Q. Are you aware, or have you been made aware, Ms. Luedee, that he, in fact, did call the Antigonish Family Resources Centre and he called Catherine Chambers that next day on the 3rd? He followed through on your advice, I guess. Was that something you knew or ...

A. I don't have ... I didn't write any notes about that because ... yeah. So I'm not a hundred percent sure. It was a little bit ... by the time everything kind of transpired that was a little bit ...

Q. Sure.

A. But ...

Q. My last question, Ms. Luedee. There's a phone call record that we have for Cpl. Desmond but it's from an unknown source. Some suspicion ... because his phone call that he made to the Antigonish Family Resources Centre was very brief. It looks like a minute or so. Maybe just enough time to maybe

leave a message.

A. Mm-hmm.

Q. But then there's a longer phone call, about a seven-minute call, later in the afternoon from an unknown number. Did you ever follow up or hear from Antigonish Family Resources to determine whether somebody there ended up speaking with Cpl. Desmond?

A. No, I did not.

Q. Okay.

A. It's possible that they did.

Q. But nobody ... they didn't, or anybody else, follow up with you to indicate that that was the case?

A. No. I think once we learned of the events that had transpired, I think there wasn't a whole lot of talk amongst us afterwards about anything.

Q. You mentioned, Ms. Luedee, that this was the only clinical care work you've done through Veterans Affairs.

A. Yes.

Q. And is the outcome of this the reason for that or is there ...

A. I think it's fair to say that was ... primarily, that's probably the reason. It ... this ... the ... my one time

doing the clinical care manager role, between the frustrations, at times, with the technology, not being able to get enrolled, and I think, afterwards, feeling, myself, isolated and alone in dealing with it didn't sit well. So I didn't feel that that would be time that I wanted to pursue anymore.

(14:20)

Q. Nobody reached out to you?

A. Other ...

Q. Other than (talkover).

A. Ms. Doucette had been very supportive. She was very ... she was very supportive, you know, throughout the whole thing, from the beginning right through to, through to the end, but once I submitted the notes from the training, and once I submitted the invoice for my hours that I would've done work with Mr. Desmond, then everything else I've been doing is on my own, including have support, legal support, with me here today.

Q. Thank you, Ms. Luedee. Those are all the questions I have for you. Thank you.

A. Thank you.

THE COURT: Mr. MacKenzie?

MR. MACKENZIE: No questions, Your Honour.

THE COURT: Thank you. Ms. MacGregor?

MS. MACGREGOR: We have no questions, Your Honour. Thank you.

THE COURT: Thank you. Mr. Mozvik, is there any questions at this time?

MR. MOZVIK: I just have a couple, just a couple of quick ones, Your Honour.

THE COURT: Yes, of course.

EXAMINATION BY MR. MOZVIK

(14:21)

MR. MOZVIK: I had similar questions to the ones that Mr. Rodgers had at the end there, Ms. Luedee. I think Cpl. Desmond died, I believe, on the 4th of January, which would've been two days after ...

THE COURT: Sorry, it would've been ... sorry, Mr. Mozvik, it would've been January the 3rd.

MR. MOZVIK: January the 3rd, okay, so it was the day afterwards. Thank you, Your Honour.

You did your notes and I know you said you submitted them. Who did you submit them to?

A. Eventually, when I got the training for the BHSOL training, I documented them on that website.

Q. Okay. And was this the first time you ever lost a patient that was ... or I guess I'll call it a client, that was under your care?

A. My first and only.

Q. Yeah. And after the event happened on the 3rd, did anybody from Veterans Affairs reach out to you?

A. Other than Ms. Doucette in terms of colleague to colleague, no.

Q. No. Was there any services offered to you?

A. No, not that I recall.

Q. No. Was there any support offered to you?

A. Not that I recall.

Q. Thank you. Those are my questions.

THE COURT: Mr. Russell, I think what I ... unless you have a particular question at this time.

MR. RUSSELL: No, nothing in re-direct, Your Honour.

EXAMINATION BY THE COURT

(14:23)

THE COURT: All right. So I am going to have some questions, but ... I have a couple of questions and then I'm going to give you the document to read.

So this afternoon, you were asked a question about inpatient care, I think it was. However the question came about.

A. Okay.

Q. It related to inpatient care and you, I think you said, I'm just going to paraphrase it, that inpatient care was for a person not stabilized, and then once they're stabilized, they return to the community once there's obviously stabilities established. And then I take it that, following on that, there's ... my word would be therapeutic interventions offered to maintain stability? Would I have that ...

A. That's certainly best practice.

Q. That's the theory.

A. That's best practice, yes.

Q. Yes, okay. But inpatient care is designed to create stability, is it, generally?

A. Well, I don't know if it creates stability, but let's say, for example, medication management. Sometimes, if things are not going well with the patient, sometimes they're admitted and you strip them down from the medication and start over again and see, for medication management, if that's helping. But it's more about ensuring life safety. It's for their personal safety

and to get them on the right track with their therapeutic plan.

Q. Did you have any discussions with Ms. Doucette about Cpl. Desmond's time at Ste. Anne's Hospital in Quebec?

A. Yes. From my recollection of the conversation, she did tell me that he was inpatient there. She told me that there was recommendations from that that ... she also said that he left and they felt that that probably was the most appropriate place for him, but he chose to leave, and that he probably would've been better served inpatient with that program, is what ... that's the essence of what I understand from the conversation that she had with me but, to my recollection, he was never involuntary.

Q. No. Do you know anything about the residential treatment clinic, which is part of an OSI clinic, in Ste. Anne's Hospital in Quebec? Do you know anything about it?

A. I know just general information. I don't know very specific details but I understand it's there to help them learn skills and in terms of giving them the strategies that they need, and then essentially look at helping them be assured that they have the skills necessary to go back into the community.

Q. Okay. Do you understand that there's a stabilization program that is then followed by a residential treatment

program?

A. I would kind of assume that would be part of it but ...

Q. That's how they generally go about that kind of program?

A. Yes.

Q. Okay. All right. So we're going to take this document ... I know Mr. Mozvik has a copy of it. I'm going to give you a copy because I have a copy, all right? I know we're supposed to do it by the table. Can you print off another? Just if we print off another copy of it, that would be the best thing because then we're compliant with all the COVID protocols for documents.

A. Okay.

Q. So we'll adjourn for approximately, I'm going to say till 3:00. At 3:00, we'll check in with Mr. Mozvik to see whether you've had an opportunity to read it. It's not going to ... and the reason I'm going to give it to you is just to familiarize yourself with it. You can read it in any way you want. I'm not going to tell you to read it word for word and be able to pass a test.

A. That's good.

Q. There will be no test. It's just, the idea is to give an opportunity to familiarize yourself with what the ... the clinic's view of Mr. Desmond, or Cpl. Desmond, when he was leaving Ste. Anne's.

A. Okay.

Q. Okay? So, as much as anything, I'm going to be interested in your impression. I may be asking you some questions about it.

A. Okay.

Q. What your impression is and how that impression that you have when you read this matched up with the reality of the person that you met.

A. Okay.

Q. Okay? And given what you would see here, how that would ... if you'd had it available to you, how that would've informed any decisions that you were making in terms of how you would've dealt with it. I'll tell you all that in advance so I don't catch you be surprise.

A. Okay.

Q. That's not the purpose of it. You're here, you're a professional. The information that you can give us, it helps inform us.

A. Okay.

Q. All right? So there's no trap here.

A. All right.

Q. Just straightforward. Read it, get an impression, then we'll come and have a discussion about it, all right?

So we'll adjourn till 3:00, or if you're finished before that, Mr. Mozvik can let us know and we'll reconvene.

A. Okay, thank you.

Q. All right. Counsel all have a copy of it, do you? Do you have it available to you? If you don't, let us know and we'll make arrangements to get one for you. All right, thank you.

COURT RECESSED (14:28 HRS.)

COURT RESUMED (14:54 HRS.)

THE COURT: Thank you.

Have you had a chance to read it?

A. Yes.

Q. I'm also going to just give you a little background information as to how Cpl. Desmond wound up at Ste. Anne's. Do you know any of that background?

A. No.

Q. Do you know how he got there? Okay. Cpl. Desmond was

medically released from the Canadian Armed Forces in late June 2015.

A. Uh-huh.

Q. He was diagnosed with post-traumatic stress disorder probably in somewhere 2011.

A. Okay.

Q. While he was in the Canadian Armed Forces, he saw a psychiatrist and a PhD psychologist who treated him, therapy with a psychologist for a period of time. And when he was ... after he was released. So his PTSD and his other issues were addressed through the psychiatrist and psychologist and other health care providers. He was released in June 2015.

Then his care, if you will, was transitioned to the Operational Stress Injury Clinic in Fredericton.

A. Okay.

Q. It's a Veteran ... a VAC facility. He could only go there while he's a veteran qualified and he would have to be approved for the facility. He was, it was an outpatient facility. There he was again seen by a psychiatrist and a psychologist. Dr. Joshi was the psychiatrist and Dr. Murgatroyd was the PhD psychologist who dealt with Cpl. Desmond. So he was released in June of 2015.

By December of 2015, Dr. Murgatroyd had written a letter to Cpl. Desmond's case manager, who was Ms. Doucette. This was in December. So she would have been a case manager for probably not all that long as it relates to Cpl. Desmond. And we have a document, it's Exhibit 115. I'm going to read part of it to you because this the letter that Dr. Murgatroyd had written to the case manager on behalf of Cpl. Desmond and it was a recommendation for Ste. Anne's stabilization/rehabilitation program.

A. Okay.

Q. Right. So this is what it says:

> This is a letter to strongly recommend the admission of the above client to Ste. Anne's stabilization residential unit. The client is diagnosed with chronic PTSD, quite severe, major depressive disorder, co-morbid alcohol use disorder; presently, is currently in remission. He does have chronic pain. He is prescribed medicinal marijuana but is aware and agreeable to your admission criteria of no medical marijuana usage.

The client continues to struggle with disabling symptoms of PTSD that directly affect his social and occupational functioning. The goals of admission are for a medication reassessment, improving his coping skills, increasing his structure of daily activities and psychosocial rehabilitation.

Once stabilized, the client will have outpatient follow-up with his psychologist, his psychiatrist here at the OSI clinic. He does not have a family physician. He is medically fit.

Client is not actively suicidal or homicidal. He is not a risk for aggression or violence. There is no present legal issues. Client has significant problems functioning in daily living which impacts his social and occupational functioning. His social support network is limited. The client is motivated to actively engage in treatment process and would highly benefit

from psychosocial interventions. A teleconference is recommended prior to discharge for collaboration of care, review of recommendations to ensure appropriate follow-up. All supporting documents will be sent with the referral.

Then some other language. And then he was eventually approved for the residential treatment program in Ste. Anne's.

A. Okay.

Q. So that's what gets him there.

A. Okay.

Q. So that's how Dr. Murgatroyd saw him at that point in time in December of 2015.

A. Okay.

Q. All right. Then he goes to the Ste. Anne's facility and you can see from the introductory portion of it that he was admitted May 30th ...

(15:00)

A. Yes.

Q. 2016 and he was in the stabilization program and then he was in the residential treatment portion of it for a period of time, and then was released in August 15th of 2016. Okay?

A. Yes.

Q. Now there are a number of recommendations. You can see that while he was at St. Anne's, there was a fairly large treatment team of people that were engaged with him. Psychologists, psychiatrists, nurses, several psychiatrists, social workers, physiotherapists, rehabilitation therapists, occupational therapists, psychoeducators, mental health nurses. They're all listed on the last page of that document. It was a real team of people who was dealing with him and they all make recommendations with regard to what was anticipated. But it was anticipated, I think, that there was a conference call.

Let me back up. There was a conference call on August the 9th and it's just referenced on the bottom of the first page. So the team of individuals at Ste. Anne's were on a conference call with the outside care team to share their observations and recommendations in preparation of his discharge and one of the persons that was on that call was Ms. Doucette, his case manager.

A. Okay.

Q. Okay. Now this report was dated, although that conversation, that conference call took place August the 9th, 2016, this actual print, hard copy of the report, as I

understand, wasn't actually produced until October the 4th, 2016, and it was available to Ms. Doucette sometime mid-month of October. All right.

A. Of 2016?

Q. 2016, yeah.

A. Okay.

Q. And about the time that discussions were involved in relation to engaging you as a clinical care manager.

A. Yes.

Q. One of the recommendations, as you would have noted, would have been for, would have been page 271 of the Exhibit 254, the social worker recommendation was that Mr. Desmond would benefit from having a clinical care manager to help with the coordination of services, particularly given the fact that he would be transferring to a new team.

A. Yes.

Q. So it seems that would have been emerging. So the picture that you would have of Cpl. Desmond, given the situation that he found himself in, his mental health status when he went into Ste. Anne's, the recommendations in relation to what he needed, particularly there was an anticipation that he was going back to an OSI clinic in Fredericton.

A. Yes.

Q. And you're meeting with him at the Big Stop in Aulds Cove.

A. Yes.

Q. It seems to me that that's quite a distance, if you will, between what was anticipated would be set up for Mr. Desmond and what he would be walking into versus what the reality on the ground really was.

A. Yes.

Q. Right? And what would you think your approach would be to dealing with Cpl. Desmond if you had had all of this background information available to you? I realize it's a bit of hindsight.

A. It is and it's challenging because as one person who that's acting in the capacity of clinical care manager, I am in a sense trying to accomplish what a whole team of inpatient people had been previously recommending.

Q. Yeah.

A. And certainly not by myself with, you know, trying to coordinate with other people but it's very different when you are working in a system where you have all of these services at your disposal and you call up or you make the referral and say,

Okay, they have to go to this person or this person, then me trying to find all of these professionals in the community. And not even just professionals but some other services as well, right.

Q. And that would be assuming that you would even be aware of the need for them in the sense that that's what that professional team of people, after spending two and a half months with Cpl. Desmond collectively thought that that's what he would need.

A. Yes.

Q. To be, and I'm going to use the word successful, upon his release eventually, integration so ...

A. Yes.

Q. It would have been a very steep hill challenge for you to be able to match and provide what they had kind of laid out as a path forward for him, particularly given that you wouldn't have been aware that there was a path.

A. No, I was, you know, verbally given some kind of, I guess if you will, a Reader's Digest version of a summary and what my role is is to try to make some connections in the community, right, so ...

Q. Ever heard any discussion about your psychological

evaluation? Were you aware that that was one of the ... From your discussions with either Cpl. Desmond or Ms. Doucette, were you aware that that was one of the recommendations that there would be in your psychological assessment to determine if he was suffering from some cognitive impairments?

A. I don't recall that kind of a conversation.

Q. If you had been aware of it, is that something that you would help him find that resource for that?

A. I would need help in finding that resource, in all honesty. That would probably be above what I could do but could I connect with other people, such as ...

Q. If I gave you the challenge to do it, of course, you'd be able ... If you turned your mind to it, you would do it but you would have to be given the challenge first, would you?

A. Yes.

Q. No doubt that you would meet the challenge, too.

I'm going to ask you another question. I have another document and I'm going to just read a portion of it to you then I'm going to ask you a question.

A. Okay.

Q. The actual document is not all that important. It's a document CAN001845. It's the second page. This is an email

that was written by Marie-Paul Doucette, 2016/09/22. It has a time of 3:55 p.m., and it starts off: "Hi, Doyle", and that was one of her colleagues.

A. Okay.

Q. Okay. It says, and I might just say that in the progress notes, there's that particular conversation. It is likely the conversation in Exhibit 117, page 8 of 17, under the notation, 2016-09-22, 17:32:34, as noted by Ms. Doucette, and it reads as follows: "As per our conversation ..." and it's a conversation, I think, that's noted in the progress notes:

> As per our conversation, I'm writing to advise that clinical social worker, Helen Boone, Blue Cross provider (and the number of there) is in the process of registering for BHSOL account to assist a veteran of mine who recently located to Nova Scotia. My intention is to have him reassigned to a CM in your region eventually but wanted to start with CCM services first to help us follow through with residential treatment recommendations.

So the residential treatment recommendations were never

provided to you.

A. No, not that I recall.

Q. All right. Next paragraph says:

> Seeing she will likely work with NS veteran moving forward, would you be okay with her identifying your area office as her primary one.

And then there's some other reference, and that's really what links it to the other progress note, I think. So there had been no discussion that you recall with residential treatment, the residential treatment recommendations. Whether that was a new residential treatment or the residential treatment recommendations from Ste. Anne's.

(15:10)

A. I believe she told me that there was recommendations and, basically, that I would help him readjust to the community.

Q. You were never apprised of the recommendations.

A. No. We talked about probably some of the direction that we were going in and she thought that was in line with the recommendations from my recollection of events.

Q. So whatever guidance that you had in terms of what planning you think you might have had to engage Cpl. Desmond in,

you got from her.

A. Yes.

Q. Right. You were relied on the guidance from her.

A. Yes.

Q. And, again, that would not be an unusual practice for you, would it? Of course, I realize this was your first CCM opportunity with VAC.

A. My first CCM opportunity but, typically, when I get a referral, I do have a phone conversation oftentimes or some kind of a verbal conversation, but I get the written referral with the recommendations. Because, again, for the paper trail, I think, and just to make sure that we're clear on things so I'm not taking something from the conversation that didn't actually happen, right. Just for clarity and whatnot.

Q. I appreciate this. Okay. All right, that's all I wanted to ask.

A. Okay.

THE COURT: Any follow-up questions from anyone? I'll start with Ms. Ward.

MS. WARD: No, Your Honour.

THE COURT: Thank you. Ms. Lunn?

MS. LUNN: No, Your Honour.

THE COURT: Mr. Macdonald?

MR. MACDONALD: None, Your Honour.

THE COURT: Ms. Miller?

MS. MILLER: No, Your Honour.

THE COURT: Mr. Rodgers?

MR. RODGERS: No, thank you, Your Honour.

THE COURT: Mr. MacKenzie?

MR. MACKENZIE: No, Your Honour.

THE COURT: Thank you. Ms. MacGregor?

MS. MACGREGOR: No, Your Honour.

THE COURT: Thank you. Mr. Mozvik?

MR. MOZVIK: No, Your Honour.

THE COURT: Mr. Russell?

MR. RUSSELL: I just have one brief point following up on a question Your Honour had already asked.

RE-DIRECT EXAMINATION

(15:12)

MR. RUSSELL: Exhibit 117, if we could look to page 7 and then at page 8, it will be the bottom of page seven.

Ms. Luedee, His Honour had asked you a question about residential treatment recommendations and as to whether or not

it could have being referred to the Ste. Anne's recommendations or possibly some other recommendations. But I want to draw your attention to this. It's a note made by Ms. Doucette, November 11th of 2016. And, if you turn the page to page ... or, no, sorry, I apologize. It was made ... yes, November 7th, 2016, at the top of page 8, if we scroll down just a little bit, it states, the second line, it says: "CM (case manager) reviewed with veteran the recommendations from the treatment team at Ste. Anne's Hospital. From these recommendations (case manager) CM and veteran were able to establish priorities for him. These same priorities can help guide the CCM (clinical care manager) once she begins to provide support."

So here, in Ms. Doucette's notes, she clearly indicates that she had discussed with Lionel Desmond the recommendations out of Ste. Anne's, what they were, how they may be helpful, in anticipation that this will eventually guide your ... sort of serve, I guess, as a platform for your work going forward.

A. Yes.

Q. But, again, were you aware that Ms. Doucette had contemplated that you were going to sort of use the Ste. Anne's recommendations as a platform to come up with a plan for Lionel Desmond?

A. I think when I ... It seems that she discussed that with Lionel and then, as I indicated earlier, Lionel and I would have had that conversation together to come up with mutually identifiable goals. And, clearly, there was a report and she discussed with me that there was some recommendations but I did believe that I would be getting a copy of those recommendations. And if I'm only relying on Mr. Desmond's ... I shouldn't say only, but she had relayed the information to him. But if it was already indicated that there could be some cognitive impairments or some concerns about that, it would have been also helpful if I would have also had those recommendations, perhaps, so that there is clarity and that we are sure about what those recommendations are. Again, I can't go back but ...

Q. Okay. So I guess my follow-up to that would be, if she's engaging Lionel Desmond and reviewing those recommendations with him, would it have been helpful for you to be part of that process somehow where you're aware of the details of those recommendations and how you may implement them as clinical care manager?

A. I believe so.

MR. RUSSELL: Nothing further, Your Honour.

THE COURT: Thank you. Ms. Luedee, thank you very much

DISCUSSION

for your time today. We do appreciate that it's difficult to go back in time and it's difficult to recount all of the circumstances without, I guess, at times wondering. We're all cursed with the kind of "what-ifs" in our lives. But it seems to me that from what we hear today that you turned your attention to Cpl. Desmond's needs at the time. You should not be one of those people that's burdened with what-ifs.

A. Thank you.

THE COURT: Thank you. Ms. Luedee, you're free to go. Thank you very much.

A. Thank you.

WITNESS WITHDREW (15:17 hrs.)

THE COURT: Thank you, Mr. Mozvik.

MR. MOZVIK: Thank you, Your Honour.

THE COURT: I think that's the evidence we had contemplated for the afternoon. We have two witnesses tomorrow.

MR. RUSSELL: The plan is, certainly, for the two witnesses for tomorrow. We're still trying to figure out some logistics regarding Ms. Borden. There might have been some misunderstanding on her part as to whether or not she'd come in to testify today and we're still trying to get in contact with her about tomorrow and to do a test run.

DISCUSSION

But, regardless, tomorrow morning, my understanding is Mr. LeDuc, a witness for the Nova Scotia Health Authority, will be present.

THE COURT: In the morning?

MR. RUSSELL: In the morning. We can start at 9:30 and, hopefully, we can get that sorted. If not, Your Honour, we might have to change gears as it relates to Ms. Borden.

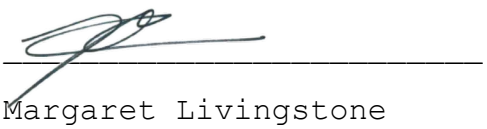
THE COURT: All right. Flexibility will be the order of the day but we'll plan on dealing with Mr. LeDuc at 9:30 then. So, Counsel, be here at 9:30, please, and if we have to change that to accommodate Ms. Borden, we'll deal with that in the morning.

All right, thank you, Counsel.

COURT CLOSED (15:18 HRS)

CERTIFICATE OF COURT TRANSCRIBER

I, Margaret Livingstone, Court Transcriber, hereby certify that the foregoing is a true and accurate transcript of the evidence given in this matter, **re Desmond Fatality Inquiry**, taken by way of electronic digital recording.



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