EXPERT REPORT OF ALAN L. BERMAN, PH. D.

As an expert in Suicidology, I have been retained as an expert witness on behalf of the plaintiff, Ed Caniglia in his lawsuit against Robert F. Strom, as the Finance Director of Cranston, et al. I am being compensated at the rate of $540 per hour for my work on this matter; deposition and trial testimony are charged at a fee of $2,500 per four-hour block. My qualifications follow and my full CV is attached as Appendix A to this report. A list of cases in which I have offered testimony in the last four years is attached as Appendix B.

I. QUALIFICATIONS

I am a psychologist licensed in the State of Maryland. In June of 2014, I retired after almost 20 years as the Executive Director of the American Association of Suicidology (AAS). The AAS is a national not-for-profit membership organization of professionals (researchers, clinicians, public health specialists, and crisis center personnel) involved in the study and prevention of suicide, as well as individuals with lived experience (as survivors of their own suicide attempts) and surviving family members and friends who have lost a loved one to suicide. Suicidology is defined as the study of suicide with a goal to help save lives through the scientific understanding of those suicidal and the translation of that understanding to interventions/treatments and prevention programs. Since retiring from the AAS, I have maintained a private practice of psychological and forensic consultation and, since March of 2016, have served as Adjunct Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine where I teach, mentor psychiatric residents, and participate in research projects pertaining to suicide.

From 1991 to 1995, I was Director of the National Center for the Study and Prevention of Suicide at the Washington School of Psychiatry. Prior to this, from 1969 until 1991, I was on the faculty of American University, where I attained the rank of tenured full professor of psychology; between 1969 and 1977, I was joint-appointed to the University's Counseling Center.

I am a Diplomate of the American Board of Professional Psychology. I served two consecutive terms (2009-2013) as the elected president of the International Association for Suicide Prevention, having served prior terms as both treasurer and vice president. I am also a Past-President of the Section on Behavioral Emergencies of the Society of Clinical Psychology (Division 12) of the American Psychological Association and, in 2010, received the Section's Career Achievement Award.

I have 47 years of experience in the study of suicide and have been honored with both the Edwin Shneidman Award and Louis I. Dublin Awards for, respectively, outstanding contributions

to research in Suicidology and career contributions in suicide prevention. I served as President of the AAS in 1984-1985. I am an elected Fellow of the International Academy of Suicide Research. In 2000, I was appointed to the Surgeon General's Suicide Prevention Strategy Leadership Consultants Working Group, which was the advisory group constituted to assist in the development and publication of the May, 2001 *National Suicide Prevention Strategy*. I have testified before Congress on the subject of suicide three times. I was an appointed member of the National Action Alliance for Suicide Prevention's Executive Committee, which was charged with providing leadership for this nation's implementation of the revised (2012) National Strategy for Suicide Prevention. In 2009-2010, I served as one of only seven civilians appointed by Congress to serve on the Department of Defense Task Force on the Prevention of Suicide among Members of the Armed Forces.

I serve on the editorial boards of three journals dealing with the study of suicide: *Suicide and Life-Threatening Behavior*; *Crisis*; and *Archives of Suicide Research*. My publications include eight books and more than 150 peer-reviewed articles and book chapters in my field. Among my most recent publications and research interests, and of particular relevance to this case, is the study of acute risk factors for suicide, focusing on risk factors observed in the last 30 days of life of individuals who have died by suicide. A list of my publications is included in my *curriculum vitae*, which is attached as Appendix A.

In addition to the above, I have extensive experience in conducting retrospective death investigations. In the most well-known of these cases, I served as the Suicidology expert to the Office of Independent Counsel's investigation of the 1993 death of White House Deputy Counsel Vincent Foster, Jr. Moreover, I developed and am a designated trainer for the AAS's certification program in psychological autopsies, in which I teach about retrospective death investigations and proximate causes of death by suicide.

For 40 years (1970-2010), I maintained a private outpatient practice of psychotherapy (1970-2010). Given my specialty in Suicidology, a significant proportion of the patients I treated were at risk for suicidal behaviors. I am frequently consulted by my clinical colleagues for supervision and advice regarding the assessment and treatment of their at-risk patients. I am frequently invited to present a training workshop or hospital grand rounds to inpatient and/or outpatient clinical professionals regarding the evaluation and treatment of patients at risk for suicide.

Since 1981, I have been providing expert testimony at the request of attorneys mostly in cases involving a decedent who died by suicide or who was alleged to have died by suicide. These cases typically involve questions regarding the "proximate" causes of a decedent's death, the determination of the decedent's manner of death, and the potential liability of those charged with having and possibly breaching a duty of care to the decedent.

II. DOCUMENTS AND INTERVIEWS RELIED UPON IN RENDERING THIS

OPINION

- Kent Hospital Medical Chart re Edward A. Caniglia
- Cranston Fire Department Report 08/21/2015
- Cranston Police Department Incident Report 08/21/2015
- Interview with Plaintiff Edward Caniglia (July 24, 2018)

- Depositions:
  - Edward Caniglia (with Exhibits A-E)
  - Kim Caniglia (with Exhibits A and B)
  - Officer John Mastrati (with Exhibits 1-10, 19)
  - Sergeant Brandon Barth (with Exhibits 31-34)
  - Captain Russell C. Henry, Jr. (with Exhibits 4-27)
  - Officer Michael Winquist (with Exhibits 28 and 29)
  - Richard Greene (with Exhibits 39-43)

III. BRIEF SUMMARY OF CASE

Edward Caniglia, a 65 year old, semi-retired white male, and his wife Kim had been married one week shy of 22 years when late day on August 20, 2015, they got into an argument over a coffee mug after Ed remarked "I've never used this since your brother used it," jokingly referring to his concern that he "might catch a case of dishonesty if [he] used it" [Ed Caniglia interview].

According to Ed, although he considered their marriage to be "fantastic" and that they only had 2-3 fights like this in all the years of their marriage, the death of Kim's favorite brother in 2014 and the subsequent deaths of her father and, most recently just the prior September, her mother, had significantly impacted her in that she was increasingly sad, argumentative, going "off the handle at the littlest of things," and protective of her family [Ed Caniglia interview]. Kim concurred in testifying that the past couple of years had been rough," adding that Ed also was still mourning the recent death of his best friend and that of his father two years earlier, about which he harbored feelings of guilt because he missed his passing given that, at the time, he was in the hospital ICU with a bleeding ulcer [Kim Caniglia Deposition, KC:13; Ed Caniglia interview].

As the argument waxed on and off over the next hour or so, with Ed feeling annoyed, but trying to avoid further arguing [Ed Caniglia interview] and Kim following him around, persisting in trying to get him to talk and feeling that she couldn't make him happy [KC: 16] (as he similarly felt about her sadness), Ed went into the bedroom and returned with his pistol, sliding it across the kitchen counter (or, as differentially testified to by Kim, the dining room table) to Kim and said, "Why don't you just shoot me and get me out of my misery" [KC: 18] and "Shoot me now and get it over with" [EC: 24]. According to Ed, the gun's bullet magazine was never taken out from under the bedroom mattress where it was kept [EC: 23]. Kim stated that he brought out the gun and the magazine [Kim Caniglia Affidavit, Ed Caniglia Exhibit A], but later testified that she did not remember seeing the magazine [KC: 18] and in her deposition stated that she found

the magazine under the mattress when she returned the gun (see below) [KC: 20-21], hence affirming Ed's testimony.

Ed then said "get away from me", walked out and drove around for a while to clear his mind [Ed Caniglia interview], during which time Kim returned the gun to the bed and, finding the magazine there, hiding it separately in a bureau drawer. When Ed returned to the house (with a plant bought as a token of apology [Ed Caniglia interview; Kent Hospital records]), they argued some more. Kim then left the house to stay at a hotel overnight. Ed and she talked briefly by phone during which Ed asked her to come home, then had a couple of shots of whiskey and went to bed, but did not sleep well [Ed Caniglia interview]. Kim told Ed she would call him in the morning, then spoke with a girlfriend [KC: 27-28]. During breakfast the next morning (August 21st), she called Ed's cell phone, but getting no response became worried about him.[1] She called her therapist who suggested she call the police for a "well call" [KC: 29], which she then did.

According to Kim's affidavit [Ed Caniglia Exhibit A], the police met her at the restaurant, called Ed from there on her cell phone and told her that he sounded "fine" [KC: 37], then asked her to follow them to their house where they found Ed on the back porch. She further stated that Ed was upset that she called the police, an observation mirrored by Officer Barth's testimony that he was aggravated and annoyed, but "not hysterical" that they were there [BB: 44]. Ed stated that the police arrived at his house "with guns drawn" [Interview with Edward Caniglia]. In spite of his annoyance, both Officers Mastrati and Barth testified that Ed was "calm" when they interviewed him [JM: 80, 81, 83; BB: 83], an observation supported by Richard Greene who testified and documented that Ed was "calm" [RG: 65; Cranston Fire Department Report] when he arrived on the scene. Officer Winquist testified that the police went to evaluate Ed's "well-being" and, to that point, the Cranston Police Department Incident Report authored by Officer Mastrati denotes that Ed "appeared normal" when he was interviewed, an observation supported by his testimony [JM: 122]. Moreover, Ed denied that he was suicidal at this time [Cranston Police Department Incident Report; JM: 81].

According to the report, Ed stated he and Kim were "going through a divorce," which both Ed and Kim denied they ever stated [KC: 56-7; EC: 82-83]. Furthermore, Office Mastrati wrote that he "asked Edward to get checked out by rescue and to talk to someone at the hospital which he willingly agreed to do." Ed testified that he only "agreed to go to the hospital to prevent the confiscation of his weapons" [EC: 83] and explicated this in interview by stating that the police told him "they had a right to confiscate my weapons if I did not go to the hospital for an evaluation." Later, he further stated when evaluated at Kent Hospital that "They offered me to go to hospital or I can stay home and get my guns confiscated."

Testimony provided by Officer Barth disagrees with Officer Mastrati's narrative that Ed was "willing" to go to the hospital in stating:

> "...at one point, he was made aware that he was going to have to go to the hospital.
> Q. Do you recall if he objected?
> A. Yes.
> Q. Okay. And do you recall what he said when he objected?

[1] Kent Hospital records note that Ed called her this morning, leaving her a message about how he didn't think that this was a good way to handle disagreements.

> A. I don't recall what he said. I know generally there was a lot of pushback from him that he did not want to go on those terms." [BB: 43-44]

Officer Barth testified that Ed ultimately consented to go to the hospital after talking to him some time [BB: 68], an observation supported by Officer Mastrati's further testimony, as follows:

> "...what I felt I needed to do, maybe see if he would want to get help and talk. So instead of just clearing out the call and just saying, okay, you don't want to go, not offering him those services, I don't feel I would have done enough for him on that call. So I offered him, hey, listen, this is what you can do, would you want to do it, and he stated yes, which I had the rescue come, and then as far as whatever happened as far as the transport to then hospital, I don't know" [JM: 104].

In his deposition Officer Winquist was asked,

> "...if a person was told we're going to seize your firearms unless you agree to go to the hospital and get cleared, would you consider his statement that he would then go to the hospital to be voluntary or involuntary?" and responded, "Well, I'm assuming that he had the option to say no. So I would say it's still voluntary" [MW: 58].

Ed stated in interview that a senior officer told his wife that he, Ed, gave them (the police) permission to confiscate his weapons (Interview with Edward Caniglia). This was corroborated by Kim in her Affidavit (¶17): "They said Ed had given them permission to take his weapons for safekeeping." According to Officer Michael Winquist, he did not believe that Ed Caniglia gave verbal consent to the police to search for his firearms, but, rather, according to the Police Incident Report, that consent was given ny Kim Caniglia [MW: 100]. Thus, it is apparent that the police manipulated that consent to seize Ed Caniglia's weapons by inappropriately and misleadingly stating to her that Ed had given his consent.

At 10:35 am, Ed was transported by the Cranston Fire Department and admitted to Kent Hospital at 10:49 am for a psychiatric evaluation. During transport, his demeanor was noted to be "calm" [Cranston Fire Department Report]. In the emergency department his mental status was observed to be normal, but for some situation-congruent anxious irritability. Ed, again, denied any thoughts of or intent to suicide and "no risk factors" for suicide were observed. He was diagnosed with an "unspecified depressive disorder," concurrently described as a "situational depression" and discharged to home at 6:58 pm [Kent Hospital Records re: Edward Caniglia].

IV. OPINIONS

I have been asked by Plaintiff's Counsel to address two questions regarding this case. First, was Ed Caniglia at acute or imminent risk of suicide at the time of the incident? Second,

did the police us appropriate criteria in determining to send Ed Caniglia for a psychological evaluation and to seize his firearms?

1. Was Ed Caliglia in acute or imminent risk of suicide at the time of the incident?

It is my opinion to a reasonable degree of scientific, psychological and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that Ed Caliglia was neither at acute nor imminent risk of suicide on August 20 and 21, 2015.

Acute risk for suicide is assessed by a number of variables associated by research with near-term risk for suicide, typically within weeks to months (see Table 1 below). **Imminent risk** is a legal term typically assumed to be synonymous with acute risk for suicide in the very near-term, but for a narrowed timeframe such as over the subsequent 48 hours. Hence imminent risk is a temporal variant of acute risk.

Acute risk for suicide is differentiated yet again from **chronic risk** for suicide in that the latter is defined by research-based risk variables associated with elevated risk for suicide *across an individual's lifetime*. For example, individuals with a family history of suicide have an elevated lifetime risk for suicide themselves; but a family history of suicide does not inform an assessment of greater risk for suicide in the next days, weeks or months. As another example, depression is a well-known and thoroughly researched risk factor for suicide. In the U.S., in 2015, according to the National Institute of Mental Health, there were 16.1 million adults aged 18 or older who had at least one major depressive episode in the past year (https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml/index.shtml). That same year, there were 44,000 suicides in the U.S. with an estimated 60% of these suffering from a depressive episode at the time; hence a reasonable estimate would be that approximately 26,000 of these individuals were depressed at the time of their suicide. As can be seen, although depression has been found to elevate the lifetime risk for suicide 20 times over that of non-depressed people, the risk of suicide by a depressed person in any 12 month period would be only .016% (26,000/16.1 million). A depressive episode is therefore a chronic risk factor for suicide, but not an acute risk factor for suicide. Chronic risk factors, when present, create a vulnerability in the individual to be suicidal, but, unto themselves, are insufficient to be causal of the timing of a suicide in the absence of significant acute risk.

Ed Caniglia had a very slight chronic risk for suicide in that he had only a few risk factors associated with elevated lifetime vulnerability to be suicidal. He had a family history of suicide (an uncle), chronic sleep problems, and hypertension. In addition, he was in an age/race/gender cohort (65 year old, White males) that carried a higher than average risk of suicide. In 2015, the suicide rate for this cohort was 27.73 per 100,000, double that of the U.S. population as a whole (13.26/100,000).

In addition and more importantly, he had no significant acute risk for suicide. A number of variables have been identified in published studies to be associated with acute or near-term risk for suicide. These are listed below in Table 1 below and indicated in red where there is evidence in the record or testimony to describe them as pertinent to Ed Caniglia on or about August 21, 2015. As is evident from Table 1, Ed had ongoing sleep problems (a chronic risk factor, still present), and continuing feelings of unresolved guilt related to his having been hospitalized and unavailable to attend to his father at the time of his passing. His marriage, as described by both him and Kim, and contrary to what appears in the Cranston Police Incident

Report, was not in the throes of divorce proceedings or considerations of divorce. In addition, the incident on August 20th was a situational argument in the context of mutual frustrations more recent than in the past. Further, although diagnosed as having an "Unspecified Depressive Disorder" (the correct wording of this diagnosis, as per DSM-V, would be "Depressive Disorder Not Otherwise Specified") when seen at Kent Hospital, this diagnosis is not evidenced by any symptomatic criteria or the needed duration of any symptoms (2 weeks, every day) to reasonable support it. This diagnosis typically is a wastebasket diagnosis used when specificity is lacking and for purposes of securing insurance coverage, as both a DSM-V and an ICD (International Classification of Diseases) code accompanied the diagnosis.

It is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that Ed Caniglia was not at acute or imminent risk of suicide on August 20 or August 21, 2015.

Table 1. Factors Associated with Acute Risk for Suicide of Relevance to Ed Caniglia

Acute Risk Factor	Observed	Comments
Agitation		
Global Insomnia		Associated with chronic sleep problems
Feeling meaningless, purposeless, trapped		Denied
Hopelessness		Denied
Social isolation		Denied
Increased withdrawal		No evidence
Feeling burdensome		Denied
Impulsivity, Reckless behaviors		No evidence
Aggression, Rage, Violence, or Intermittent Explosive disorder		No history and no symptoms of IE disorder
Angry irritability		"0" score on Buss-Durkee sub-scale items re Irritability; only mentioned with regard to the police intervention.
Dramatic mood changes		No evidence
Untreated psychosis/symptoms		No evidence
Increased or problematic substance use (Alcohol, drugs)		ETOH use, but not described as problematic or increased[2]
Lack of cooperation with caregiver		Was cooperative with all hospital procedures/interviews
Suicide ideation, recent or current		No evidence/No history; See text
Recent preparations for death		No evidence; denied
Suicide Attempt, recent or current		No history; No evidence
Recent Exposure to another's suicide or anniversary of same		No evidence
Financial Difficulties		No evidence
Legal of Criminal Problems		No evidence
Intimate partner problems		Situational
Access to firearms		
Unsafe storage or reckless use of personal weapons		Guns safely stored
Lack of pleasure in everyday activities		Denied
Expressions of guilt, extreme embarrassment, shame…		Expressed lingering guilt surrounding his lack of availability at time of father's death
Confusion, Disorientation		No evidence
Poor mental status		No evidence
Recent major medical problems		Diagnosis of lung cancer after date of incident
Recent psychiatric inpatient stay		Does not apply
Comorbid mental disorders		No evidence

[2] Kim Caniglia, when interviewed at Kent Hospital, stated that her husband "drinks more than he is reporting," but no evidence was presented or statement made regarding any increased or problematic use of alcohol [Kent Hospital records].

Few Buffers (protective factors)		No evidence

1a. Was Ed Caniglia's behavior on the evening of August 20, 2015 an expression of suicide ideation, a suicide attempt, and/or suicide intent?

It is not disputed by either Ed or Kim Caniglia that during their argument this night he retrieved his firearm from under their bedroom mattress, brought it to Kim and made a statement, as attributed, "Why don't you just shoot me and get me out of my misery?"

Had this been said in earnest and with intent for Kim to follow through as requested, it would be reasonable to interpret this as a suicidal communication, somewhat similar to that expressed in situations described as "suicide by cop," but with a significant distinction. In the latter, the individual clearly intent on dying threatens the police with a weapon, such as wielding a firearm in a threatening manner, as an incitement to be killed. In the Caniglia case, there never had been, nor is there, any evidence that Ed Caniglia either threatened his wife or had intent for her to follow through to kill him. Married 22 years and with no significant history of acrimony and no history of domestic violence, it is evident that Ed would very well know that Kim would not act on his question. Additionally, and importantly, there is no evidence that he handed a loaded weapon to her, such that were she in a mistaken belief he was serious and in her own rage at him would ever have pulled a firearm's trigger to act on his statement. As Ed Caniglia described his behavior this night, he was annoyed that his initial comments led to an argument and that Kim kept following him around when he would have preferred to drop the subject [Interview with Ed Caniglia]. It was in this context and in the throes of his frustration that he brought the weapon out.

It is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that Ed Caniglia's actions and words on August 20, 2015 did not constitute a suicidal communication, nor communicated any degree of suicidal intent. His behavior might be reasonably construed as foolish, perhaps; reckless, perhaps; but not as a suicidal behavior. Further, it is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that at no other time and especially on the morning of August 21, 2018, did Ed Caniglia ever express or communicate in words or actions anything that could possibly be construed as indicating that he was at imminent risk of suicide.

1b. Was Ed Caniglia acutely or imminently at risk on the morning of August 20, 2015 when intervened with and observed by the Cranston Police Department officers?

Even if a layperson were to construe Ed Caniglia's behavior on August 20, 2015 as suicidal, the crucial question in this case is "was he at acute or imminent risk when the police had opportunity to observe and speak with him on the morning of August 21, 2015"?

As noted above, the police gained entry to interview Ed Caniglia at the request of his wife, Kim, because she was concerned he might be suicidal; in response they went to his house for a "well call". Their responsibility in so meeting with him was to evaluate his danger to himself as currently observed. The criteria they should have applied to accomplish this

evaluation will be discussed in the next section of this report, but here it is important to understand how the police arrived at their decision to send Ed Caniglia to the hospital.

Officer Michael Winquist testified that the assessment of a person's imminent danger to self "is done by the police officer on the scene" [MW: 43]. According to Officer Brian Barth [BB: 49-52], he asked Ed not a single question regarding any factors associated with risk for suicide. According to Officer John Mastrati's testimony, he asked not a single question to assess Ed's risk of violence or history of misuse of a firearm [JM: 50-51]. According to Officer Russell C. Henry's testimony, it is apparent that he gathered no information about any of these areas of inquiry either [RH: 155-157]. Lastly, according to Ed Caniglia, he recalls no questions being addressed to him with regard to his suicide risk this morning, nor any history that might be relevant to his current risk of suicide, other than questions validating what happened the evening before and a question which addressed whether he was having suicidal thoughts this morning that, as noted above, he denied having.

All of the Cranston Police Department Officers on the scene and in position to assess Ed Caniglia's risk for suicide on August 21, 2015 testified that they relied solely on the described statement and actions of the evening before, that he wanted harm done to himself and sought access to the means to make that happen [BB: 112-113; RH: 73-79; JM: 107].

It is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that on the morning of August 21, 2015 no independent evaluation of Ed Caniglia's risk for suicide was made based on both his current mental status and associated suicide risk factors as the Cranston Police Department Officers were trained to observe (see next section) and that, as noted above, a sole reliance on Ed Caniglia's statement and actions of the night before to document any level of concern for imminent risk of harm was inappropriate and a breach in the standards to which these officers were trained.

1c. Did the police use appropriate criteria in determining that they send Edward Caniglia for a psychological evaluation and to seize his firearms?

The Cranston Police Department Officers all testified that they had received training regarding symptoms of a mental health crisis and warning signs of suicide [BB; RH, JM, MW: multiple deposition references]. Relevant trainings ranged from those delivered at the police academy, to those offered in-service, and those in the field [see, for example, BB: 20-26]. These trainings serve to define the appropriate criteria for the police officers to use to determine whether an individual is at imminent risk for self-harm, hence to determine the need for a psychological evaluation at the hospital.

Materials have been provided regarding both pertinent Cranston Police Department General Orders and PowerPoint training slides, as follows:

1. Cranston Police Department General Order 320.70
2. PowerPoint slides #43-45 from Mental Health 101 training [Mastrati Exhibit 9: Cranston-RFP-00242-244]
3. PowerPoint slide #23 [Mastrati Exhibit 10: Cranston-RFP-000152]

Cranston Police Department General Order 320.70:

General Order 320.70, of which "all personnel" were expected "to familiarize themselves [with] and comply" [Section VI] addresses common types of interactions with mentally ill persons and offers guidance for department personnel to deal with them. The Order makes clear that "officers are not in position to diagnose mental illness but must be alert to common symptoms" [Section IV.a.i.] and that "professional help should be sought if symptoms *persist or worsen*" [Section IV.a.iii] (emphasis added).

It is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that on August 21, 2015 the Cranston Police Department Officers breached their duty to follow Departmental policies in failing to apply or follow this General Order 320.70 in assessing any symptoms of psychiatric disturbance or mental illness exhibited by Ed Caniglia, no less any symptoms that had *persisted or worsened* since Ed Caniglia's actions and statement of the evening before that occurred in the context of a marital argument. In point of fact, as outlined above, on the morning of August 21, 2015, Ed Caniglia was observed to be "normal" and "calm," no less denied current suicidal thoughts.

PowerPoint slides #43-45 from Mental Health 101 training

These slides, in addition to slide #38 (see below), are in a packaged PowerPoint presentation by Life Watch EAP. Each has relevance to what the Cranston police officers were trained to do in interviewing a person at imminent risk of suicide.

Slide 43 [Cranston-RFP-000242]from this training addresses eight risk factors for suicide, only two of these (Gender and Age) having applicability to Ed Caniglia. On the morning of August 21, 2015, he had no chronic physical illness of any significance to suicide risk, no symptoms or diagnosed mental disorder, did not use or overuse alcohol or illicit drugs, was not without social supports, had not made a previous suicide attempt, and had no suicide plan.

Slide 44 [Cranston-RFP-000243]from this training presents 12 "warning signs of suicide" (aka of "acute risk"). None of these warning signs applied to Ed Caniglia's statements or behaviors on the morning of August 21, 2015 when the Cranston police officers had opportunity to assess him.

Slide 45 [Cranston-RFP-000244]from this training offers eight questions to directly ask when interviewing a person to assess their imminent risk of suicide. The only one of these questions addressed to and asked of Ed Caniglia on the morning of August 21, 2015 by any of the Cranston police officers on scene related to current suicidal thoughts, that he denied having. In addition, slide #38 from this training lists "Do you want to hurt yourself" as an "*important question to ask*" (emphasis added), but was not asked.

Officer Brandon Barth testified that, although he attended the trainings, he did not use the relevant material in assessing Ed Caniglia on August 21, 2015 [BB: 112] and that he asked no questions of Ed Caniglia and knew nothing else about Ed Caniglia's risk or history [BB: 49-52]. Officer Russell Henry testified the assessment of suicide risk was based on his training and experience: RH: 77], yet based his opinion that Ed Caniglia was imminently dangerous solely on what had been relayed to him by Sergeant Barth about his actions and statement of the night before, i.e. not on any independent evaluation of Ed Caniglia on August 21st [RH: 73-74]. Officer Michael Winquist admitted to being trained to observe symptoms of a mental health [MW: 64, 76] but could not recall seeing the Mental Health 101 training slides [MW: 74] and testified that it is an offier's on-the-job experience that best teaches symptoms of a mental health

crisis [MW: 75-76]. Officer Russell Henry testified that he did not know if any of the risk factors set forth on these various slides were applied by Cranston police offices in assessing Ed Caniglia [RH: 91]. Lastly, Officer John Mastrati, whom Officer Michael Winquist testified made the determination that Ed Caniglia was at imminent risk of suicide [MW: 59], testified (a) that Ed Caniglia both denied that he was thinking of suicide and seemed "normal" [JM:81. 18], (b) that in spite of attending the 2013 Mental Health 101 training [JM: 116] he (c) made the determination of Ed Caniglia's suicide risk "just from his actions of taking out a weapon. For me, I can't determine if someone is not suicidal. To me, I felt that he was a risk to himself" [JM: 81].

It is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that the Cranston police officers breached their duty to assess Ed Caniglia per questions to be asked, risk factors to observe, warning signs of suicide, and departmental general orders, all of which they were trained to apply to an assessment of a person's imminent risk for suicide.

PowerPoint slide #23

Slide #23 is titled "Assess for Risk of Suicide or Harm" and offers guidance on what to be aware of and how to question an individual being assed for imminent suicide risk. Officer Mastrati could not recall any of this presentation [JM: 117-120]. Officer Russell Henry testified that he did not know if any of the factors set forth on Slide 23 were considered with respect to Ed Caniglia [RH: 92].

It is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that the Cranston police officers breached their duty to assess ED Caniglia per the guidance offered on this slide to which they were trained.

As a further note, the State of Rhode Island has adopted standards for the training and accreditation of emergency medical service departments (and technicians) that became mandatory in January 2015. Those standards that focus on psychiatric and behavioral emergencies list 19 risk factors for suicide, largely based on those published by the Centers for Disease Control and Prevention. With regard to Ed Caniglia, Richard Greene, a Cranston Fire Department rescue EMT on scene, made no independent assessment of Ed's risk for suicide, as this evaluation was entirely the province of the police officers on scene. Rather than relying on these or similarly published, specific criteria for suicide risk, no less those to which they were specifically trained (see above), neither the Cranston police officers or Fire Department personnel relied, per their testimony, on the "totality of circumstances," which translated solely to his statement and action the night before their on-scene opportunity to assess his imminent risk.

Officers on scene at Ed Caniglia's house on August 21, 2015 testified that their decision to seize Ed Caniglia's firearms was based on a community caretaking function. Even though neither Officer Russell Henry nor Officer Michael Winquist could cite any training, court decision, written document, or law to support this community caretaking function [MW: 20, 28, 31, 88; RH: 27-43], Officer Michael Winquist testified in defense of this authority by stating that:

"we have a responsibility to be community caretakers, and that our role is to make sure that if somebody is in imminent danger, you can take a person to get evaluated, and you can seize property, such as firearms, to protect the public" [MW: 20].

It is my opinion to a reasonable degree of scientific, psychological, and professional certainty based on more than 47 years as a Suicidologist that the preponderance of evidence suggests that officers of the Cranston Police Department did not apply or rely upon appropriate criteria or reasonable and standard police procedures in determining Ed Caniglia was in imminent danger of suicide and in determining that his firearms needed to be confiscated on August 21, 2015.

All of my opinions in this report are expressed to a reasonable degree of scientific, psychological and professional certainty. In formulating these opinions, I have reviewed and considered the materials listed in Section II of this report. I reserve the right to supplement this report after additional facts, observations, and/or testimony become available.

Respectfully submitted,

Alan L. Berman, Ph.D., ABPP, PLLC
August 27, 2018