

Bureau of Prisons  
Psychology Services

\*\*SENSITIVE BUT UNCLASSIFIED\*\*

Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054				
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/27/2019 07:14	Provider:	[REDACTED]		PsyD		

**Focus of Session**

He was seen by writer while he was on Psych Observation.

**Subjective/Objective Presentation**

The "Eating/Shower Chart" indicated yesterday he ate dinner, drank liquids, and took a shower when offered. The Psych Observation Log noted he brushed his teeth, went to a Legal visit, talked about business and investing to an Inmate Companion, ate, and slept.

When interviewed, he stated he still cannot remember what happened in SHU that caused the marks on his neck. He stated that for the 5 days before that he had only slept about 30 minutes each night because of noise in SHU. He stated he is anxious about going back to SHU because he stated he is going back to a place where he had gotten marks on his neck and he does not know why it happened.

He said he has an appetite and is eating. He said he is waking up every 1 1/2 hours. He stated he feels dehydrated because he is not drinking enough water because he stated he feels he is not given enough bathroom breaks while with his Attorney. Medical was e-mailed with his complaint of feeling dehydrated. He said his Lawyers and friends are all emotionally supportive.

Current Mental Status: He exhibited a neutral mood with a full range of affect. His speech was logical and coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. He denied current suicidal or self harm ideation. He stated "I'm a coward." He added he does not like pain and even does not like when he has to give blood. He agreed to immediately tell staff and Inmate Companions if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff and Inmate Companions if he has these thoughts.

**Intervention(s)**

Supportive and educative interventions were provided. Turning Points handouts on stress management, sleep, and building a routine in SHU were placed on his cell door to be given to him when his food slot is opened. He stated he wants it noted in his chart that he is being given a pamphlet on sleep, but that is not going to help because of the noise in SHU that prevents him from sleeping.

**Progress/Plan**

He will remain on Psych Observation in an abundance of caution and pending housing arrangements to be made on Monday. While on Psych Observation, he will be seen daily by Psychology.

Completed by [REDACTED] PsyD on 07/28/2019 09:19

Bureau of Prisons  
Psychology Services

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Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054				
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/28/2019 08:33	Provider:	[REDACTED]		PsyD		

Focus of Session

He was seen by writer while he was on Psych Observation.

Subjective/Objective Presentation

The "Eating/Shower Chart" noted that yesterday he ate breakfast. He is not in the Psych Observation cell for about 12 hours per day because of being in Attorney Conference with his Attorneys, so the "Eating/Shower Chart" may not reflect all of his meals. He stated he was served one meal in Attorney Conference yesterday. He stated he drinks a lot water at night. The Psych Observation log noted he talked about life in general population and he slept.

Earlier he had complained that his right arm was numb and hanging. Nurse [REDACTED] from Medical had seen him for this.

When this writer was interviewing him, he said his right arm still feels somewhat numb and he said he cannot make a fist with that hand. He also said he has numbness on his neck. This writer notified Nurse [REDACTED]

He stated last night when he flushed the toilet it kept flushing for 45 minutes. He stated he found it so aversive and upsetting that he said he sat in the corner and held his ears. He said because of this he was agitated for hours and was not able to sleep. The Lt. will be moving him to a different cell and he was informed of this. He stated the feeling he got with the noise of the toilet was similar to when he was in SHU. He said he may have something on the Autism spectrum. He said in the movie "Rain Man," the person with Autism had an aversion to noise. He stated he is also really good with numbers.

Current Mental Status: He exhibited a mildly anxious mood with a full range of affect. His speech was logical and coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. He denied current suicidal or self harm ideation and he agreed to immediately tell staff and Inmate Companions if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff and Inmate Companions if he has these thoughts.

Intervention(s)

Supportive and educative interventions were again provided. He had not been given the Turning Point handouts yesterday that were on his cell door, so they were handed to him by staff today.

Progress/Plan

He will remain on Psych Observation in an abundance of caution and pending housing arrangements to be made on Monday. While on Psych Observation, he will be seen daily by Psychology.

Completed by [REDACTED] PsyD on 07/28/2019 09:24

Bureau of Prisons  
Psychology Services

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Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M
		Facility:	NYM
Date:	07/29/2019 10:01	Provider:	[REDACTED] PhD/Chief
		Unit Team:	5

**Focus of Session**

Inmate Epstein was seen while on psychological observation today in the hospital area.

**Subjective/Objective Presentation**

Same presentation today, but he said he thinks his memory for the incident (injury to his neck) may be impaired because of his sleep apnea. He is supposed to get his CPAP machine today. He is aware he will be returning to SHU, but said he is feeling unwell due to his inability to sleep and numbness in his arm. He requested to have one good night of sleep with his CPAP and will return to SHU with a cellmate tomorrow. He then asked if he could remain down here where it is "safe" for the entire week. I told him he can stay down one more night to receive his CPAP and a good night's sleep, but that he would be returned to SHU tomorrow. It was explained that there is no mental health issues precluding him from returning to SHU tomorrow and that we could not house him in the SW/Hospital area because he felt safe or more comfortable for him. It was explained to him that he would be placed in a safe situation in the SHU.

According to his log book and eating/shower chart, he has been eating and drinking when not in his legal visits. He has also been writing and attending his legal visits.

**Intervention(s)**

Inmate EPSTEIN was provided with brief supportive interventions and psychoeducation regarding additional coping strategies. Inmate EPSTEIN was somewhat receptive to these interventions, but appears more concerned about getting his various needs in the prison (phone calls, recreation, housing placement concerns, etc.)

**Progress/Plan**

He will remain on psychological observation today and will transition to the SHU tomorrow. He will be seen by psychology daily to assess his mental status and psychological functioning.

Completed by [REDACTED] PhD/Chief Psychologist on 07/29/2019 10:26

**Bureau of Prisons  
Psychology Services  
Clinical Intervention - Clinical Contact**

\*\*SENSITIVE BUT UNCLASSIFIED\*\*

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M
		Facility:	NYM
Date:	07/30/2019 12:01	Provider:	██████████ PsyD
		Unit Team:	5

**Focus of Session**

He was seen by writer while he was on Psych Observation.

**Subjective/Objective Presentation**

He stated he hasn't slept well at MCC-NY because he hasn't had his cpap machine. He stated it is here and he will be able to start using it tonight. He discussed how he does not think he will be able to sleep in SHU and how he does not like SHU because of the noise. He discussed issues on not getting some medication with Medical today.

The "Eating/Shower Chart" indicated yesterday he ate breakfast and dinner, drank liquids, and took a shower when offered and so far today it noted he ate breakfast and drank liquids. The Psych Observation Log noted he slept, drank water, went to legal, and talked to an Inmate Companion about investments.

Current Mental Status: He exhibited a neutral mood with a full range of affect. His speech was logical and coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. There was no indication of disturbed thought process or content. Intellectual ability appeared to be above average. Personal hygiene was adequate. He denied current suicidal or self harm ideation and he agreed to immediately tell staff if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff if he has these thoughts.

**Intervention(s)**

Supportive and educative interventions were provided. When asked about the Turning Point handouts for coping in SHU, he stated he already knows these strategies before he read the handouts and had tried them when he was in SHU the last time. He stated with the noise in SHU, he said the strategies will not work. He was encouraged to try them.

**Progress/Plan**

The Chief Psychologist was consulted. Psych Observation will be discontinued. Mr. Epstein was educated about both routine and emergency procedures for contacting Psychology staff. He will be seen in follow up by Psychology tomorrow to monitor his mental status and to provide further intervention if needed and he was informed that he will be seen by Psychology tomorrow. In the meantime, he was encouraged to self-refer to Psychology if needed to which he agreed and seems capable of doing. If he remains in SHU, he will be seen by Psychology in SHU Rounds and in SHU Reviews. The SHU Lt. was informed that Mr. Epstein needs to be housed with an appropriate cellmate.

Completed by ██████████ PsyD on 07/30/2019 13:54

Bureau of Prisons  
Psychology Services

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Institution Disciplinary Process Report

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054				
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/30/2019 12:01	Provider:	[REDACTED]	PsyD			

**Reason for Referral and Identifying Information**

Inmate Epstein was referred by Unit Manager Proto for an evaluation of competency to proceed with the disciplinary process for actions resulting in an incident report. On 7/23/19, inmate Epstein was charged with code 228 (Tattooing or Self-Mutilation). These infractions were assigned incident report number 3282555.

**Background Information**

According to a Suicide Risk Assessment dated 7/09/19 by Dr. [REDACTED] "Inmate Epstein denied any history of mental health treatment, either on an inpatient or outpatient basis. Inmate Epstein denied any treatment in the past or present with psychotropic medication. He also denied any acute mental health symptoms at this time."

According to a Suicide Risk Assessment dated 7/09/19 by Dr. [REDACTED] "Inmate Epstein denied any past or present suicidal ideation, intention or plan. He denied ever engaging in any suicide attempts or self-injurious behavior in the past."

According to this writer's Suicide Risk Assessment dated 7/23/19, "It is unclear at this time if he had placed the string around his neck or if someone else did."

**Clinical Interview and Mental Status Exam**

Inmate Epstein still does not remember how he obtained the marks around his neck.

Current Mental Status: He exhibited a neutral mood with a full range of affect. His speech was logical and coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. There was no indication of disturbed thought process or content. Intellectual ability appeared to be above average. Personal hygiene was adequate. He denied current suicidal or self harm ideation and he agreed to immediately tell staff if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff if he has these thoughts.

**Clinical Impression**

According to his last Diagnostic and Care Level Formulation Note dated 7/09/19 by Dr. [REDACTED], "No Diagnosis, No Dx - Current."

**Findings**

The determination of whether an inmate is competent to proceed with the disciplinary process is based on a clinical assessment of the inmate's (1) ability to understand the nature of the proceedings, and (2) their ability to assist in their own defense. Depending on the outcome of the assessment, one of three findings can be made: (1) the inmate is COMPETENT to proceed with the disciplinary process; (2) the inmate is NOT PRESENTLY COMPETENT but could be restored to competence with treatment; or (3) the inmate is NOT COMPETENT and is unlikely to become competent.

**Recommendations Regarding Sanctions**

In the case of inmate Epstein, after a review of available psychological and psychiatric records as well as information pertaining to the offense conduct, it is determined that this inmate is:

- (X) COMPETENT to proceed with the disciplinary process.
- ( ) NOT PRESENTLY COMPETENT, but could become competent with treatment; it is recommended that the inmate for an updated competency assessment in 30 days.
- ( ) NOT COMPETENT and not likely to become competent.

Inmate Name: EPSTEIN, JEFFREY EDWARD

Date of Birth: 01/20/1953

Sex: M

Facility: NYM

Reg #: 76318-054

Unit Team: 5

Date: 07/30/2019 12:01

Provider: [REDACTED]

PsyD

Completed by [REDACTED] PsyD on 07/30/2019 12:33

**Bureau of Prisons  
Psychology Services  
General Administrative Note**

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Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054				
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/30/2019 12:01	Provider:	[REDACTED]		PsyD		

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**Comments**

Psych Observation Discontinuation Note:

Please see "Clinical Contact" dated today.

Completed by [REDACTED] PsyD on 07/30/2019 12:33

Bureau of Prisons  
Psychology Services

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Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054				
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	07/31/2019 10:35	Provider:	[REDACTED]		PsyD/DAPC		

**Focus of Session**

Mr. EPSTEIN was seen today by this writer for a follow up appointment after he was removed from Psychological Observation yesterday.

**Subjective/Objective Presentation**

Mr. EPSTEIN presented in a pleasant mood and reported he is generally doing well. He stated, "I could be better," but acknowledged he is doing as well as can be expected given his circumstances. He reported he is going to court today for a status hearing. He stated he generally slept well last night and is readjusting to being placed back in SHU. He reported getting along well with his cell mate. He was informed of appropriate procedures for contacting Psychology staff while he is in SHU, if needed.

Current Mental Status: Mr. EPSTEIN was alert and oriented. He was polite, calm, and cooperative in demeanor. He exhibited a neutral affect with appropriate range. Eye contact and hygiene were appropriate. He spoke with normal rate, tone, and volume. His thoughts were organized and coherent, with no loosening of associations or tangential, circumstantial, or irrelevant content. There was no evidence of perceptual disturbance, delusional ideation, or a formal thought disorder. He did not engage in any bizarre or inappropriate behavior. He noted having normal sleeping and eating habits. Mr. EPSTEIN explicitly denied recent and current suicidal ideation, planning, and intent. He was future-oriented and expressed a commitment to life and safety, agreeing to contact staff immediately should he experience suicidal ideation or psychological distress. He also denied thoughts of harming others.

**Intervention(s)**

Supportive interventions and cognitive behavioral therapeutic techniques were utilized. Mr. EPSTEIN was receptive to all interventions.

**Progress/Plan**

Mr. EPSTEIN was educated about both routine and emergency procedures for contacting psychology. There appears to be no need for follow-up at this time and he expressed willingness to self refer to psychology staff if needed. He will continue to be seen during routine SHU rounds and SHU reviews while he is housed in SHU. He was encouraged to reach out for PRN services should he experience any psychological distress.

Completed by [REDACTED] /D/DAPC on 07/31/2019 10:56

**Bureau of Prisons  
Psychology Services  
Suicide Risk Assessment**

\*\*SENSITIVE BUT UNCLASSIFIED\*\*

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M
Date:	08/01/2019 13:29	Facility:	NYM
		Provider:	██████████ PsyD
		Unit Team:	5

**Type of Housing:** SHU- Administrative Segregation  
**Cell Accommodation:** Double-Cell

**FINDINGS**

This assessment and the resulting recommendations are based on the following sources of information:  
Clinical Interview, Medical Record, Psychology Data System, Sentry

**Reason for Referral**

R & D staff reported to this writer this morning at about 8:30 AM on 8/01/19 that yesterday when Mr. Epstein was brought back from court the US Marshals asked him to sign a form that noted Mr. Epstein has "suicidal tendencies." Mr. Epstein was seen for a Suicide Risk Assessment at about 1:00 PM on 8/01/19 in Attorney Conference.

This note is being entered at about 4:20 PM on 8/01/19.

**Mental Health History**

According to a Suicide Risk Assessment dated 7/09/19 by Dr. ██████████ "Inmate Epstein denied any history of mental health treatment, either on an inpatient or outpatient basis. Inmate Epstein denied any treatment in the past or present with psychotropic medication. He also denied any acute mental health symptoms at this time."

**Self-Harm History**

According to a Suicide Risk Assessment dated 7/09/19 by Dr. ██████████ "Inmate Epstein denied any past or present suicidal ideation, intention or plan. He denied ever engaging in any suicide attempts or self-injurious behavior in the past."

According to this writer's Suicide Risk Assessment dated 7/23/19, "It is unclear at this time if he had placed the string around his neck or if someone else did."

**Current Problem**

R & D staff reported to this writer this morning at about 8:30 AM on 8/01/19 that yesterday when Mr. Epstein was brought back from court the US Marshals asked him to sign a form that noted Mr. Epstein has "suicidal tendencies." This is likely due to the incident on 7/23/19, but as a precaution another Suicide Risk Assessment was conducted.

Mr. Epstein seemed surprised that there was a form noting suicidal tendencies. He denied stating he was suicidal.

He said he saw the DHO today and he said his incident report for the marks on his neck was expunged. He stated even though he has his cpap machine now, he said his cellmate talks at night and he stated this keeps him up. This writer offered to talk to the SHU Lt. to have him housed with a different cellmate, but he stated he wants to give it 3 to 4 days to see if he wants a different cellmate. He complained about the noise in SHU.

**Current Mental Status**

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Current Mental Status: He exhibited a neutral mood with a mildly restricted range of affect. His speech was logical and

Inmate Name: EPSTEIN, JEFFREY EDWARD

Reg #: 76318-054

Date of Birth: 01/20/1953

Sex: M

Facility: NYM

Unit Team: 5

Date: 08/01/2019 13:29

Provider: [REDACTED] PsyD

coherent, with no loosening of associations or tangential, circumstantial or irrelevant speech. Auditory and visual hallucinations were denied, and delusions were not elicited. He did not engage in any bizarre or inappropriate behavior. He denied current suicidal or self harm ideation and he agreed to immediately tell staff if he starts to have suicidal or self harm thoughts. He was future oriented. He does not appear to be an immediate danger to self. He denied thoughts of hurting others and he agreed to tell staff if he has these thoughts.

**RISK AND PROTECTIVE FACTORS ASSESSED:**

This writer screened the inmate for a variety of empirically validated factors commonly associated with risk for self-harm and suicide.

The following **STATIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: High Profile Crime, Lack of family connections, Sex offender status

The following **DYNAMIC** risk factors were assessed to be present and increase the inmate's risk for engaging in suicide related behaviors: Current physical pain, Sleep problems

The following **PROTECTIVE** factors were assessed to be present and may decrease the inmate's risk of suicide: Able to identify reasons to live, Denial of suicidal ideation/intention/plans, Future orientation, Religious beliefs against suicide, Supportive family relationships, View of death as negative, Willingness to engage in treatment

Risk Factors: He was found by staff in his cell in SHU on 7/23/19 with a string loosely tied around his neck, which Mr. Epstein stated he did not remember anything about. It is still unclear at this time if Mr. Epstein had placed the string around his own neck or if someone else did. He has a high profile sex offense case. He stated his lower back hurts and he stated Medical is aware of this. He stated he has difficulty sleeping even with his cpap machine because he stated his cellmate talks at night.

Protective Factors: He denied current suicidal or self harm thoughts and agreed to tell staff if he starts to have these thoughts. He had denied a history of self harm and suicide attempts. He had denied a family history of suicidal and self harm attempts. He had denied having any chronic medical conditions. He denied feeling hopeless. He had denied a history of childhood abuse. He denied fearing for his safety at this time. He denied feeling like a burden to anyone. He stated he lives for and plans to finish this case and to go back to his normal life. He said his friends and Lawyers are emotionally supportive. He said he is Jewish and he said in his religion suicide is against the religion.

Overall, his current protective factors override his risk factors for suicidality. He is currently psychologically stable. He denied feeling hopeless. He is reporting positive future plans and reasons to live for. He said he has social supports in the community and his Lawyers visit him often. He denied any current suicidal or self harm ideation, intention or plan. Suicide Watch is not indicated at this time.

**DIAGNOSIS:**

No Diagnosis, No Dx - Current

**CONCLUSIONS**

The Overall Acute Suicide Risk for this Inmate is: Low

Overall Chronic Suicide Risk for this Inmate is: Absent

**RECOMMENDATIONS**

1. Suicide Watch is not indicated at this time.
2. Supportive and educative interventions were provided.
3. He was educated about both routine and emergency procedures for contacting Psychology staff.
4. He will be seen in follow up by Psychology next week to monitor his mental status and to provide further intervention if needed.
5. In the meantime, he was encouraged to self-refer to Psychology if needed to which he agreed and seems capable of doing.
6. If he remains in SHU, he will be seen by Psychology in SHU Rounds and in SHU Reviews.

**Suicide Watch: A suicide watch is not warranted at this time**

Inmate Name: EPSTEIN, JEFFREY EDWARD

Reg #: 76318-054

Date of Birth: 01/20/1953

Sex: M

Facility: NYM

Unit Team: 5

Date: 08/01/2019 13:29

Provider: [REDACTED] PsyD

Completed by [REDACTED] PsyD on 08/01/2019 16:21

Bureau of Prisons  
Psychology Services

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Clinical Intervention - Clinical Contact

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054				
Date of Birth:	01/20/1953	Sex:	M	Facility:	NYM	Unit Team:	5
Date:	08/08/2019 10:02	Provider:	[REDACTED]		PhD/Chief		

**Focus of Session**

Inmate Epstein was seen today for a follow-up session in SHU.

**Subjective/Objective Presentation**

Inmate Epstein stated he is feeling okay and has been eating his meals. He reported his sleep as "fair" and would like to go the general population. He denied any mental health symptoms at this time and denied any feelings of depression and/or anxiety. Inmate Epstein denied any suicidal ideation, intention, or plan. He currently has a cellmate and appears to interact with him. Inmate Epstein continues to spend his days and evening with his attorney's in the attorney conference room. He told this writer he received his PAC number to make phone calls. Inmate Epstein indicated he has only had a couple of phone calls over the speaker phone and wondered "if that counted" as his monthly phone contact. He also reported he his missing some books he was reading in the suicide watch area prior to returning to the SHU.

Other than complaints about the prison and concerns regarding his housing, he had no mental health concerns today. He did not appear to be in any distress and the SHU Staff have not reported any unusual behaviors on his part.

**Intervention(s)**

Inmate EPSTEIN was provided with brief supportive interventions and psychoeducation regarding additional coping strategies. Inmate EPSTEIN was receptive to these interventions.

**Progress/Plan**

Inmate EPSTEIN was educated about both routine and emergency procedures for contacting Psychology staff. He was reminded of the self-help books and audiotapes available through the Psychology department. There appears to be no need for follow up at this time. He will be seen in weekly rounds and monthly for SHU reviews.

Completed by [REDACTED] PhD/Chief Psychologist on 08/08/2019 10:09