

8/29/19 9:30 SS, OIG DC., AUSP R.D., EMPLOYEE 19

EMPLOYEE 19

8/17/16a MCC BCP
11+ years Chief Psychologist (11 years)
MCC Brooklyn Staff Psych 03-06
06-08 Forensic

B.S. Criminology
MA Counseling (Mitt)
MA Clinical Counseling
PhD

Railway & Jersey State Prison - Staff Psychologist 2 years
Post Doctoral Fellowship 1 year
Internship - Miami - in/out MIT treatment

PhD Miami - externship - Lenox Walker - battered women's program

oversight ↓

- Forensic (3), staff psychologist (1), drug abuse coord., OT spec.

Ensures patients are seen, appropriate documentation
consults on cases as needed

Forensic reports - get them out on time

- reads all when they are new, then Marc review
- reads all reports she signs off on
- seeing Marc patients then normal

7- 3:30 M-F

Intake

PSIA - all inmates fill it out - MIT history as well
as current symptoms they feel

→ answering marked they are seen w/in 14 days
they typically do 7 days, try to do it that day

care code 1 - least significant - ~~not~~ no requirements

2: MIT histories, controlled mental health problems
- seen monthly

3: ~~more~~ more severe - must be seen every week
if not stable in GP - they go to hospital

- goal is to get stable - if they deteriorate

go to a hospital

4: Marc Swarc than a 3, seen everyday
"psych obs"

code 1 can be on suicide watch (sw)

→ many times its manipulation (ie: not getting along w/ guard, new cell mate, get out of jail to hospital)
(psychologist meets w/ person - meds, coping skills
if they do this 2-3x get bumped to code 2 to be met w/ in a month

watch - imminently suicidal

lights off 24/7, constant watch, smock, special blanket mattress

observation - not c every BOP sign - there when she
step program to see how they do got there
constant observation, 1:1, all lights

↳ get ~~promised~~ their clothing back, might get books
• SW can be detrimental if on SW longer than needed

• Any psychologist can take off S.W., they do consult sometimes

• consult w/ warden, Monday morning, Friday closeat meeting
~~apt. warden~~, Tuesday send meeting

2 associate w, captain, sup. attorney, EMPLOYEE 19, warden, duty officer
Executive assistant

apt head meeting Wednesday

only memorandum detect BOP prison

#1 Dr. S. intake // EMPLOYEE 19 note page 4 - consult EMPLOYEE 19
E didn't mark anything on PSIQ - had he not been E
he would have gone to GP (Gen Pop), but due to crimes might
best to do intake - Dr. S. said he was fine - care code 1
after court - put on obs precautionary w/ k of what would
happen

^{suicidal}
#2 Risk assessment - E mad angry he was on obs
no hx of suicidality or sub. abuse, no major med. concerns
polite but annoyed, no overt risk factors

^{RISK}
^{Factors}
Sex offender, high prof crime, only 1 living brother
- didn't appear / report depression, diaanit report anything

(AW) associate warden

3 of 7

#3 suicide risk assessment from EMPLOYEE 19

#2 quoted "hang alive is fun" EMPLOYEE 19 took it seriously

#4 July 10 - kept on obs an extra day even though he appeared fine due to housing concerns
Executive staff notified of these

associate warden, Warden selected Tartaglean (sp?)
EMPLOYEE 19 wasn't on ↑ discussion, but believes it's b/c he was a cop w/ a lot to loose

- realizes he would be there a few weeks even w/ bail
- knows he will have a cellmate
- E acted like staff worked for them - i.e. planning ahead
- doesn't like shu, wants single cell

July 11 - taken off obs., at attorney meeting ~12 hr/day
• spoke to min @ attorney conf; E was making EMPLOYEE 19 saying

- Palm Beach attorney
- wanted brown uniform for att. meetings, wants rec, wants phone calls

- female officer told EMPLOYEE 19 E had 2 calls

possibly officer EMPLOYEE 19 passed on his concerns to shu LT. EMPLOYEE 19

July 16 - after bail hearing, attorney conference m once a month, EMPLOYEE 19 does a shu review

E called for EMPLOYEE 19 - treating her like assistant
analyzed her b/c his needs weren't being met
no psych concerns, requested kosher diet

July 18 - attempted shu review - didn't see min b/c he was in attorney conference

EMPLOYEE 19 got called E was found w/ loose neck w/ very light marks, when she turned around marks were dancer

he was rocking on floor

EMPLOYEE 19 left duty psych know - ordered suicide risk assessment

- ① gaming - for both E and Tartaglean
 - ② rehearsal
 - ③ assault by cellmate
- hypotheses

placed on SW

E tells Dr. [REDACTED] he doesn't remember what happened
E told ~~staff~~ cellmate mca to kill him.

denied suicidality, had future plans, acted like a big
kid. wanted to learn, wanted to fight case
Dr. [REDACTED] kept him on S.W.
→ recording

next day
(Aug 24)

- Dr. [REDACTED] - E fearful to return to his cell
w/ cellmate. CM called him pedophile, CM
was playing w/ bedsheet, he fell asleep and
woke up snoring
- denied being suicidal, reported being unhappy w/
legal situation, slept well last night, eating, sleeping
drinking, asking for hygiene products, legal visits
- Dr. [REDACTED] took off S.W., stopped down to psych-OBS
- Allows to have clothes and materials w/ observation
[REDACTED] not any clearer on 3 hypothesis
E is creating doubt to play both sides.
E charming

E attorneys never contacted psychology voicing an opinion
on his mindset or suicidality

July 25 - Psych observation contact - done by [REDACTED]
- E smiling - "welcome back" - good spirits
E claimed he was baffled after being confronted by
[REDACTED] attorneys going on. Says maybe [REDACTED] can give
him cues

continued w/ requests/complaints

I have a life and want to go back to living my life

• Doesn't want to go back to jail
• kept on psych obs - not answering questions

July 26 - [REDACTED] want to see him again. E wanted trust
again - continues w/ complaints, makes jokes
still doesn't answer [REDACTED] questions about incident
Called [REDACTED] on being Jewish - made joke -
no acute symptoms
it's against Jewish religion to commit suicide

- E said he doesn't like pain and didn't want to ^{kill} hurt himself
- E had been interacting w/ companions

#10 July 27 - Dr. [redacted] saw him - kept on psych obs.
 #11 didn't answer questions still anxious about returning to SHU b/c he doesn't know how he got the marks
 Lt. [redacted] still didn't have answers as to whether there was an assault. #12

July 28 - Dr. [redacted] - same thing
 #15 starts working more therapeutically. provided handouts to go back to housing
 no signs in logbooks showing suicidality, participating in legal meetings
 still no contact from E attorneys

7/29 - EMPLOYEE 19 sees E
 getting comfortable - wants to stay in psych obs

National Suicide Prevention ^{Coordinator} - Dr. [redacted]
 #16 - got involved w/ cellmate issue 7/25 email #6

- writing in note pad trying to get things done.
- E wanted own CPAP (which has cord)

7/29 - getting ready to place him in SHU
 EMPLOYEE 19 consulted w/ staff on staying overnight in ^{Psych} SHU w/out CPAP, or SHU w/ CPAP - chose psych obs.

#7 [redacted] transitioned E to SHU next day - email
 7/30 - E went to SHU

EMPLOYEE 19 - very important SHU inmates have cellmates
 #8/9 ↓ isolation
 ↓ privacy
 distraction

provides ~~rescue~~ rescue opportunity
 training on above taught quarterly to SHU employees
 All employees 1x year suicide prevention

Lt. [REDACTED]
STU

6 of 7

Lt [REDACTED] 7+ days on 24/7 observation
[REDACTED] - [REDACTED] did not have conversation w/ Lt. [REDACTED]

Pr. S & closeout meeting - E really wanted single cell
captains

[REDACTED] - all Lts should know cellmate policy due to training,
and them constantly (psych) reminding them
There was still a cellmate label on E door.
Rounds are important to see an inmate is alone

Rounds - [REDACTED] awareness

- she wouldn't be told by officers b/c shes ex. staff
- inmates won't tell her b/c officers will retaliate*
- Lt. [REDACTED] is regimented and regularly does what she asks
- * never heard rounds aren't completed c might

Will - Aug 8 - [REDACTED] didn't know
that would have been a red flag - he would have
been placed on psych obs.
Attorneys didn't tell psych about the will

Female attorney - complaints about water, vending, housing
w/ a murder

Aug 8 - STU meeting ^{see} - sign in sheets, unit ~~team~~ ^{team} members,
Ex staff, attorneys MCC,
nothing significant discussed about E.
[REDACTED] want to STU rounds to see E - had cellmate
E on lower bunk - no visible problems, good spirits
Got pack # for phone calls, asked for books
reported getting along w/ cellmate

1st attempt to get out on bail

Didn't suggest camera room, warden didn't suggest it
b/c [REDACTED] wanted for E to have cellmate
[REDACTED] has never gone to attorney conference for any
other patients / inmate

SDNY 00007789
EFTA_00000913

EFTA00135307

lack of cellmate, understaffing

3 suicide risk assessments ~~at~~ is unusual
1 by judges order

PROTECTED MATERIAL