

8/29/19 9:30



8/17/16 MOC BCP

16+ years Chief Psychologist (11 years)  
MOC Brooklyn Staff Psych 03-06  
06-08 Forensic

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

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

- 1 - least significant - ~~not~~ no requirements
- 2: MH histories, controlled mental health problems  
- seen monthly
- 3: ~~more~~ more severe - must be seen every week  
if not stable in GP - they go to observation  
- goal is to get stable - if they deteriorate - they

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<sup>s</sup> - there when she  
step program to see how they do <sup>got there</sup>  
constant observation, 1:1, all lights

- 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 closet meeting  
~~capt. warden~~, ~~warden~~ send meeting
- 2 associate w, captain, sup. attorney, ~~warden~~, warden, duty officer  
Executive assistant
- dept head meeting Wednesday

only memorandum detect BOP prison

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

#2 <sup>suicidal</sup> risk assessment - [redacted] mad angry he was on obs  
no hx of suicidality or sub. abuse, no major med. concerns  
polite but annoyed, no overt risk factors  
<sup>RISK</sup> Sex offender, high prof crime, only 1 living brother  
- didn't appear / report depression, didn't report anything

#3 suicide risk assessment from [redacted]  
#2 quoted "hung alive is fun" [redacted] 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, [redacted] Warden selected Tartaglean (sp?)  
[redacted] wasn't on ↑ discussion, but believes it's b/c he was a cop w/ a lot to lose

- 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 [redacted] saying he would never be suicidal
- Palm Beach attorney
- wanted brown uniform for att. meetings, wants rec, wants phone calls

- female officer told [redacted] E had 2 calls

possibly officer Davis

passed on his concerns to shu LT. [redacted]

July 16 - after bail hearing, attorney conference m  
once a month, OAM does shu reviews

E called for [redacted] - 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

[redacted] got called E was found w/ loose neck w/ very light marks, when she turned around marks were  
dancer

he was rocking on floor

[redacted] 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 [redacted] he doesn't remember what happened  
 E told ~~that~~ cellmate mca to kill him.  
 denied suicidality, had future plans, acted like a big  
 kid. wanted to learn, wanted to fight case  
 Dr. Emory kept him on S.W.  
 → recording

next day (Aug 24) - [redacted] - E fearful to return to his cell  
 w/ cellmate. CM called him pedephne, 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  
 - [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] on what's 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 jw
- kept on psych obs - for answering questions

July 26 - [redacted] want to see him again. E wanted trust  
 again - continues w/ complaints, makes jokes  
 still doesn't answer Dr. M 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 <sup>kill</sup> hurt himself
- E had been interacting w/ companions

#10 July 27 - Dr. Emery 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. Doctor still didn't have answers as to whether there was an assault. #12

July 28 - [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 - [redacted] sees E  
 getting comfortable - wants to stay in psych obs

National Suicide Prevention <sup>Coordinator</sup> - Dr. Nagel  
 #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  
 [redacted] consulted re. staying or staying extranight in <sup>Psych</sup> SHU w/out CPAP, or SHU w/ CPAP - chose psych obs.

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

Dr. M - very important SHU inmates have cellmates

#18/19 ↓ isolation  
 ↓ privacy  
 distraction  
 provides ~~rescue~~ rescue opportunity  
 training on above taught quarterly to SHU employees  
 All employees 1x year suicide prevention

7+ days on 24/7 observation

██████████ - ██████████ did not have conversation w/ ██████████

██████████ & closeout meeting - E really wanted single cell  
captains

██████████ - 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 - ██████████ awareness

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

Will - Aug 8 - ██████████ 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 <sup>see</sup> - sign in sheets, unit ~~team~~ <sup>team</sup> members,  
Ex staff, attorneys MCC,  
nothing significant discussed about E.

██████████ went 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

1<sup>st</sup> attempt to get out on bail

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

lack of cellmate, understaffing

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