

Clinical Lessons: The Psychological Autopsy

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The Psychological Autopsy: The *Gold Standard*

- Postmortem investigative procedure to reconstruct the life-style and circumstances of the victim and the behaviors and events which led to the victim's death.
 - Multiple purposes: determine equivocal deaths and/or validate case identification, proximate causation, address the "Why?," etc.
- ◎ Multiple case goal = reconstruction of deaths in series or case-control study to define common risk factors, especially warning signs, and to identify pathways toward death, hence points of entry for prevention...

Objectives

- Overview Psychological Autopsy
- Differentiate Psychological Autopsy from pretenders, lesser procedures, and its cousins
- Using preliminary data from AAS's USMC Psychological Autopsy study, identify findings of clinical (and prevention) value
- Comparing this data to DoDSER data on same decedents, identify preliminary and clinically useful pathways toward improving the DoDSER

Psychological Autopsy: Postmortem Investigative Procedure

- A psychological biography, that creates a pathway to death, to which the decedent contributes archived documents and close observers contribute observations both distal and proximal to death.
- Distal:
 - Character/Personality
 - Developmental History
 - Psychiatric History
 - Emotional Life and Coping Style
- Proximal:
 - Last Days and Hours
 - State of Mind
 - Intentionality

The Procedure

- Structured interviews by a trained investigator with selected observers
- Site of death evidence
 - Police reports
 - Site investigation
- Archived Documents
 - Physical autopsy and lab reports (e.g. tox)
 - Medical records, mental health records, school records, occupational records, criminal records, financial documents, computer records...

Other Death Investigation Procedures

- Mortality Reviews
- Root Cause Analyses
- Follow-Back Studies
- NCIS Investigations
- 8-Day Briefs (USMC), AR 15-6 (Army)...
- DoDSER

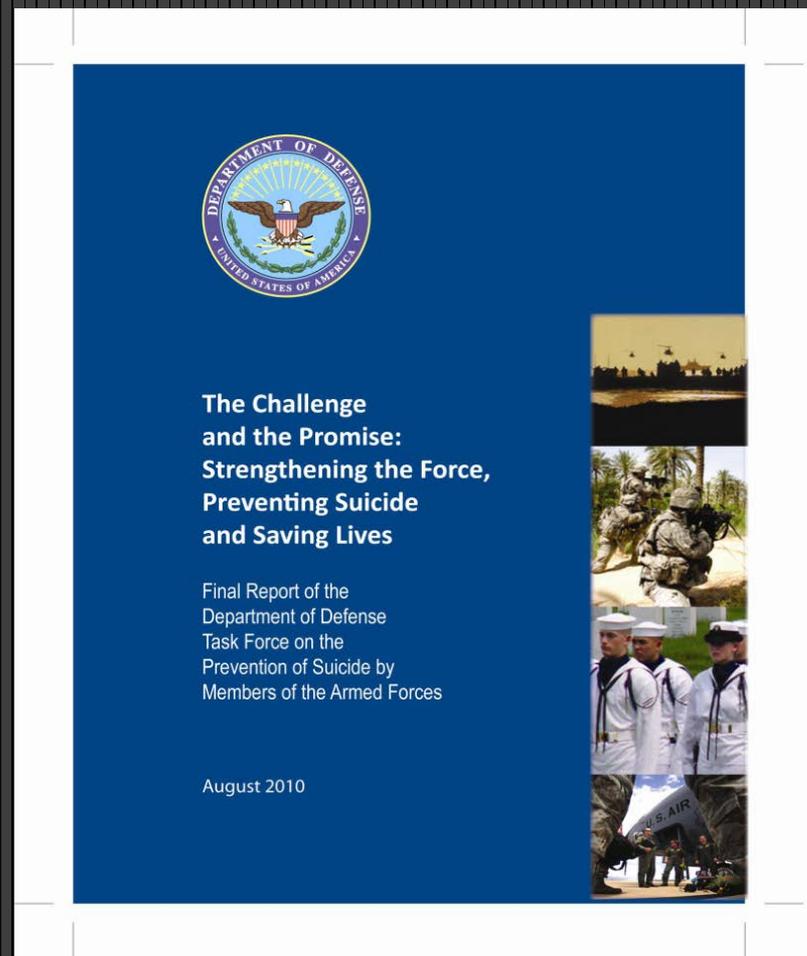
DoDSER

(Department of Defense Suicide Event Report)

- Standardized surveillance system across all services (2008, 2010 Rev)
- All suicides and undetermined deaths where suicide has yet to be ruled out
- Medical and personnel records
- Used to understand factors that give understanding to suicide, hence inform prevention efforts and policy

DoD SER

- Recommendation:
The DoD SER must be matured, expanded, and refocused to fulfill [its] surveillance role



DoDSEER Methodology/Limitations

- Behavioral health providers, health care providers, or command-appointed representatives
 - Inconsistent in qualifications, training...
- Typically – single interview, personnel records, and, possibly, medical records
 - Minimal use of archived records; family members rarely interviewed...

US ARMY Suicides, 2010

% “Unknown” on DoD SER

41	Prior to the event, did the patient/decedent communicate potential for self-harm? (other than a suicide note)	Prior to the event, did the patient/decedent communicate potential for self-harm? (other than a suicide note)
42	What was the patient/decedent's primary motivation for performing this event?	Don't know
43	Duty environment/status at time of event: (check all that apply)	Other: PCS MOVE
44	Please describe the general sequence of events leading up to the ideation/attempt/completion and discovery/intervention.	[REDACTED]
45	...at Medical Treatment Facility? If yes, how long prior to the event? Is the medical location military-run or civilian-run?	No
46	...Substance Abuse Services? If yes, how long prior to the event? Is the medical location military-run or civilian-run?	No
47	...a Family Advocacy Program? If yes, how long prior to the event? Is the medical location military-run or civilian-run?	Don't know
48	...Chaplain Services? If yes, how long prior to the event? Is the medical location military-run or civilian-run?	Don't know
49	...On-patient Behavioral Health? (including deployment behavioral health services)? If yes, how long prior to the event? Is the medical location military-run or civilian-run?	Don't know
50	...Inpatient Behavioral Health? (including deployment behavioral health services)? If yes, how long prior to the event? Is the medical location military-run or civilian-run?	Don't know
51	...been diagnosed with any Mood Disorder (e.g., major depression, etc.)? ...been diagnosed with Bipolar Disorder? If yes, how long prior to the event? ...been diagnosed with Major Depression? If yes, how long prior to the event? ...been diagnosed with Dysthymic Disorder? If yes, how long prior to the event? ...been diagnosed with any other Mood Disorder? If yes, how long prior to the event?	Don't know
52	...been diagnosed with any Anxiety Disorder (e.g., PTSD, etc.)? ...been diagnosed with PTSD?	Don't know

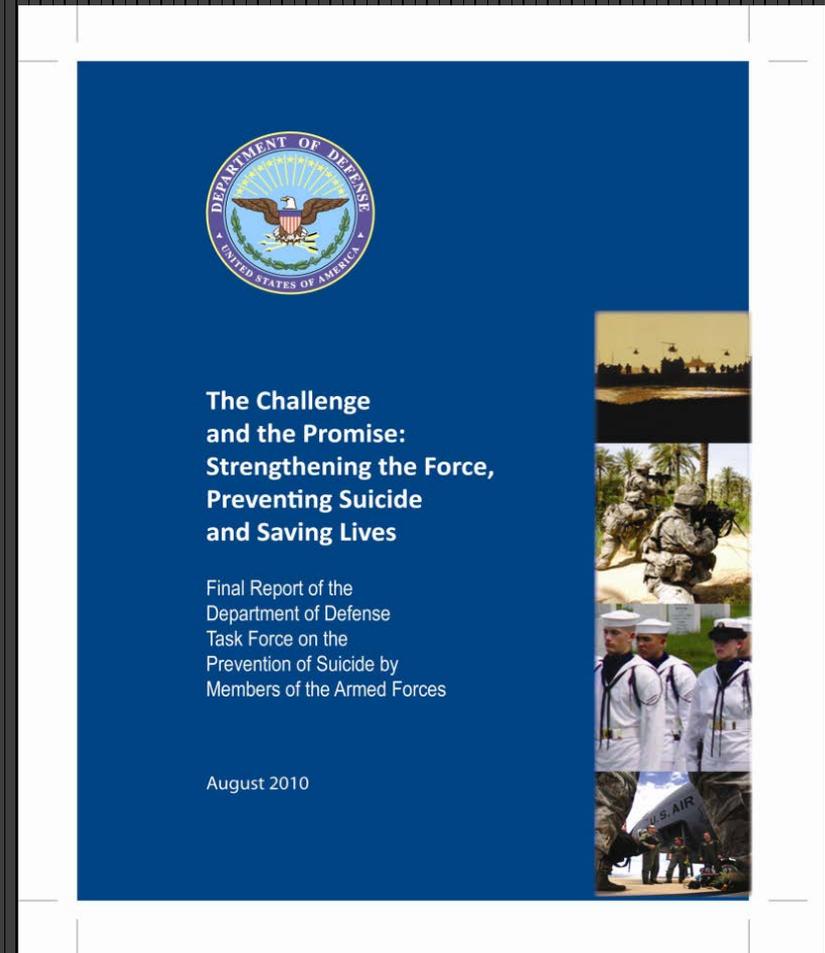
39% had 5 or more primary data fields missing or unknown

% “don't know”

- Alcohol used during suicide: 40%
- Hx of prior self-injury: 31%
- Hx physical health problem: 33%
- Hx family suicide: 47%
- Excessive debt/bankruptcy: 42%

DoD SER Limitations

- Does not provide valid and reliable data
- Often relies on data only if command is aware (e.g. weak on family hx)
- Does not focus on *acute* risk factors or pathway observations



USMC Psychological Autopsy Study

Goal: 2.5 year study: (N = 25 +) 2010-2012 suicides

- **Aims:**

- **Learn maximally about USMC suicides**
- **Identify pathways and warning signs re: deaths by suicide**
- **Inform prevention**
- **Improve ongoing surveillance efforts**



**AMERICAN ASSOCIATION
OF SUICIDOLOGY**

Dedicated to the Understanding and Prevention of Suicide

USMC Psychological Autopsy Study

- Examples of Clinically Relevant (Preliminary) Data
 - One in three referred for mental health care; only 1 in treatment at time, but adherence inconsistent
 - 80% of those diagnosed with a mental illness were diagnosed *BEFORE* entering USMC
 - Almost all who were in relationship were on verge of breaking up
 - One in five were LGBTQ, only one of whom was out of closet
 - Passive SI : Active SI :: 5:1
 - >50% prepared/rehearsed
 - >50% had + AUDITs; all these had + BACs at time of death

USMC Psychological Autopsy Study

- Acute Risk Factors (observed last 30 days) [preliminary data]
 - I
 - S more than .5
 - P
 - A more than .5
 - T more than .5
 - H
 - W
 - A
 - R
 - M more than .5

Examples of USMC Psychological Autopsy Study Domains/Questions Not on DoDSEER

- Spirituality (vs. religiosity)
- Treatment adherence
- Warning Signs
- Exposure
- LGBTQ status
- Scales of choice: Depression, Anxiety, ETOH use, Drug use...
- Firearm storage
- Risk-taking Behaviors
- Social media use
- WARNING SIGNS
- Follow-up, e.g., if Intent - Yes

Comparative Examples: USMC Psychological Autopsies and DoDSER

• DoDSER

- History of Substance Abuse:
YES
- History of using psychotropic medications:
 - Yes/No/ DK (by type)
- Timeline to Death
 - Only “Event Sequence” = re “event” (incident) itself

• PSYCH AUTOPSY

- History of Substance Abuse:
Delineated response +
Current AUDIT
- Current prescription of psychotropic medications:
 - Yes/No/ DK (by type)
 - Adherence
- Timeline to Death
 - Last 7 days, Last 30 days

USMC Psychological Autopsy Study: A Clinically Relevant Opportunity

- IF < 50% of suicide decedents communicated SI before their deaths,
- IF, in those cases where SI is not communicated, clinicians tend to merely chart “no SI” and rarely go on to do a thorough assessment and formulation of suicide risk,
- THEN, >50% of those who die by suicide, even if seen by a clinician, will not be recognized as acutely suicidal.
- Can we develop acute risk profiles of those who died by suicide who did not communicate SI prior to their deaths?

USMC Psychological Autopsy Study: A Clinically Relevant Opportunity

- DoDSER

- Mental Disorder Focus

- Diagnosis

- Mood disorder
 - Anxiety disorder
 - Sleep disorder
 - Adjustment disorder
 - Personality disorder
 - TBI
 - Impulse control...

- PSYCH AUTOPSY

- Mental Disorders (Ibid)

- Observed Symptoms

- Rage
 - Confusion
 - Irritability
 - Inflated sense of self
 - Burdensomeness
 - Poor judgment...

Utah Psychological Autopsy Study

(Gray, 2002)

- Ages 13-21 (N = 151)
- 63% of decedents had contact with **Juvenile Court System**
 - 54% of these had referrals for substance possession, use, or abuse
 - 32% of these had at least one felony referral
 - > 7 Juvenile Offenses increases risk for suicide 5 times
- Hence, a preventive intervention focusing on youth with substance use issues, mental health diagnoses...**in juvenile court.**

Prevention: Rail Suicide PA Study

- American freight railroads wanting to prevent suicides on their right-of-ways favor putting up signage promoting help-seeking, calling a telephone crisis line #...
- AAS's PA study of suicides on railroad rights-of-way found that ONLY 1 of 29 decedents, whose possessions at the time/site of death were catalogued by police, had a cell phone on their person at the time of death.
- Moral to the Story: A sign without a phone can't lead a potential suicide to proactive, help-seeking behavior.



Next AAS Psychological Autopsy Certification Training

- MARCH 25-26, 2014
 - Nashville, TN
- May 13-14, 2014
 - Wyoming
- Contact aprice@suicidology.org
- www.suicidology.org



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Thanks!

- Follow-up Questions:

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