

The Psychological Autopsy, Part I: Applications and Methods

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This month's guest column is the first of two articles by New York forensic psychiatrist James Knoll, IV, M.D. It addresses an important facet of one of the core topics in clinical and forensic psychiatry—suicide—and post hoc psychiatric/psychological assessment of manner of death. Dr. Knoll is very good at this and writes clearly about the professionally accepted procedures and crucial caveats associated with offering forensic opinions when the patient or victim is not available for personal examination.

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This two-part series provides an overview of the psychological autopsy (PA) procedure. In this first part, I discuss the applications of PAs and methods used in conducting them. The psychological autopsy (PA) is a procedure that assists in the classification of “equivocal deaths”—note that this term is used throughout this article to indicate situations in which the manner of death (e.g., suicide, accident, other) is uncertain or not immediately clear. The procedure involves a thorough and systematic retrospective analysis of the decedent's life, with a particular focus on suicide risk factors, motives, and intentions.

The PA has been used for almost 50 years to assist medical examiners, collect research data, inform suicide prevention efforts, and as a forensic tool in the courts. The PA originated in approximately 1958 as a result of the Los Angeles County Medical Examiner's Office consulting the Los Angeles Suicide Prevention Center for assistance in distinguishing drug-related accidental overdoses from suicides.¹ This collaboration laid down the basic principles for the PA procedure. Edwin Schneidman, a director of the LA Suicide Prevention Center, is credited with coining the term “psychological autopsy.” Schneidman's initial definition of a PA was “a thorough retrospective investigation of the intention of the decedent.”² Since its inception, the PA has become familiar to most suicidologists, suicide researchers, and homicide investigators in major cities.

Although a single standard definition has yet to be formally agreed upon, for the purposes of discussion, this article will use the following definition of a PA: *A postmortem investigative procedure requiring the identi-*

fication and assessment of suicide risk factors present at the time of death, with the goal of enabling a determination of the manner of death to as high a degree of certainty as possible. The utility of framing the PA as a “postmortem suicide risk assessment” lies in the fact that performing formal suicide risk assessments in patients at risk for suicide is endorsed by overwhelming clinical consensus and is therefore “generally accepted” in the mental health field.³ Thus, based on this premise, the PA would meet the so-called “Frye Test”⁴ for admissibility of expert evidence.

Two evidentiary standards are currently used as a test for admitting psychological testimony: the Frye and Daubert tests. The Frye test states that “the thing from which the deduction is made must be sufficiently established to have gained general acceptance in the particular field in which it belongs.”⁴ Frye governed federal and state courts until 1993, when the Daubert test replaced the Frye test in federal courts. Under the Daubert test, the judgment of admissibility of testimony by expert witnesses is based on whether it is “relevant” and “reliable.”⁵ Since 1993, the Daubert test has been incorporated into the jurisprudence of 24 states, which use a hybrid of the two tests.⁶ Nevertheless, many other states (Arizona, California, Colorado, the District of Columbia, Florida, Illinois, Kansas, Maryland, Michigan, Minnesota, Mississippi, Nebraska, New Jersey, New York, Pennsylvania, and Washington) still adhere to the Frye test, although the trend seems to be toward adoption of the Daubert test.⁷ The Frye test thus remains relevant and the PA investigator should confirm whether the case will be heard in a Frye or a Daubert jurisdiction. If the jurisdiction uses the Daubert criteria for admitting psychiatric testimony, the investigator may be required to prepare for a Daubert hearing to address the admissibility of the PA methods.

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Definitions and methods aside, the quality of the PA will depend heavily on the training, knowledge, experience, and clinical judgment of the investigator. In the push toward standardization, the PA has evolved through a number of iterations. Initially, Schneidman developed a list of 14 areas of inquiry to guide the investigator when conducting a PA.² In the late 1980s, the Centers for Disease Control established a list of 22 criteria to assist forensic investigators, called the Operational Criteria for the Determination of Suicide (OCDS).⁸ Shortly afterwards, in 1991, suicide researchers developed the Empirical Criteria for the Determination of Suicide (ECDS). This instrument subsumed the OCDS criteria, as well as other important criteria from the research literature.⁹

While the Department of Defense had long employed the PA method, in 2002 it published a sample model curriculum to teach investigators how to conduct PAs, along with recommendations for training and peer review.¹⁰ Despite progress in research on PAs, the classification of some deaths (e.g., drug-related fatalities^{11,12}) continues to challenge medical examiners. Thus, the PA methods and protocol must continue to be vigorously studied and tested. In 2006, leading suicidology experts and researchers proposed an initial standard protocol for lines of inquiry to improve reliability and validity.¹³ This protocol, which has been further amended with the assistance of an expert from the research group that produced the protocol (Berman A, personal communication, August 8, 2007), will be presented in the second part of this two-part series.

APPLICATIONS

The PA has utility in a variety of situations, including the following:

- Assisting medical examiners with “equivocal” deaths
- Research on suicide
- Insurance claims
- Criminal cases
- Estate issues and contested wills
- Malpractice claims
- Worker’s compensation cases
- Product liability cases
- Efforts by organizations to prevent suicide
- Promoting understanding and grieving among surviving family members.

PAs have been shown to have a significant impact on medical examiners’ determinations in equivocal cases.¹⁴ The PA has also been used for several decades to collect valuable research data about suicide that ultimately

inform prevention efforts.^{15–17} The vast majority of these studies suggest that a mental disorder is present in a preponderance of suicides. The first generation of research to use the PA found that more than 90% of individuals who completed suicide suffered from mental disorders, mostly mood disorders and substance use disorders.^{3,18} The second generation of PA research has employed case-control designs, resulting in better estimations of the role of various risk factors for suicide.¹⁹

The PA can be a very helpful tool to assist medical examiners and homicide investigators in approaching “equivocal deaths.” An equivocal death may be one in which the manner of death is questionable, or the circumstances surrounding the death are otherwise unclear.¹³ The following are typical equivocal death scenarios:

- Drug-related deaths
- Autoerotic asphyxia
- Self-induced asphyxia (e.g., the “choking game”)
- Drownings
- Vehicular deaths
- “Russian roulette”
- “Suicide by cop”
- Staged death scenes.

The PA method has also been used in a forensic context in both criminal and civil courts. While courts have admitted testimony based on psychological autopsies in many civil cases, criminal courts have been more hesitant.²⁰ In criminal cases, the PA may be used to establish whether a decedent was likely to have committed suicide, or whether the death should be viewed as a homicide. In some criminal cases, most notably *Jackson v. State*,²¹ the PA has been used to help analyze whether an abusive relationship played a role in a suicide.²² In the criminal case *U.S. v. St. Jean*,²³ the PA was used by the prosecution to assist in determining whether or not a suspected homicide victim had been a likely candidate for suicide.

In civil cases, the PA has been used to help determine whether benefits are owed to the decedent’s beneficiaries.²⁴ These cases often involve life insurance payments, because many policies hold that a suicide precludes benefits. However, some policies permit payment if it can be proved that the decedent’s death was an “insane suicide.” *Insane suicide* is a legal term that was defined by the U.S. Supreme Court in the case of *Mutual Life Insurance Company v. Terry*.²⁵ The Court held that a suicide was “sane” when the insured decedent “being in the possession of his ordinary reasoning faculties, from anger, pride, jealousy, or a desire to escape from the ills of life, intentionally takes his own life.” In contrast, an

“insane” suicide was defined as “when [the decedent’s] reasoning faculties are so far impaired that he is not able to understand the moral character, the general nature, consequences, and effect of the act he is about to commit, or when he is impelled thereto by an insane impulse, which he has not the power to resist....” Thus, a sane suicide implies the decedent had a rational understanding that his acts would result in his death, whereas an insane suicide implies the decedent was so emotionally disturbed that he did not have a rational appreciation of his actions.²²

Worker’s compensation cases generally involve allegations that the decedent’s employer was somehow legally responsible for his suicide. Similarly, product liability cases allege that the decedent’s use of a particular product (e.g., medication) caused him to commit suicide. In psychiatric malpractice cases involving suicide, the plaintiff must prove that the doctor’s negligence was a proximate cause of the decedent’s suicide.²⁶ In addition to determinations regarding the standard of care, a PA may be conducted to determine the decedent’s overall suicide risk to permit the fact finder to make a clearer determination about the foreseeability of the suicide.

Another potential use for the PA may be its clinical utility in helping surviving family members better understand the tragedy and begin the grieving process.^{27,28} It is not uncommon that surviving family members need a better understanding of their loved one’s suicide before they can continue the grieving process. In addition to referral to helpful support organizations, such as the American Foundation for Suicide Prevention,²⁹ the PA may help provide families with the answers they need to find meaning within the tragedy. The PA may also be used for other clinical purposes, such as informing an institution’s morbidity and mortality conference after a client’s suicide. PAs have also been conducted for historical purposes on numerous public figures such as Ernest Hemingway³⁰ and Vincent Foster (Berman A, personal communication, August 8, 2007).

METHODS AND GOALS

Methodology

The PA method involves collecting and analyzing all relevant information on the deceased. All applicable records are reviewed, including medical records, psychiatric records, police records, and autopsy findings. A visual inspection of the death scene via photographs is necessary, and a visit to the scene will occasionally be required. A thorough review of the decedent’s writings

in the form of diaries, journals, e-mails, and internet correspondence is vital. (For a list of other important sources of data, see the suggested PA protocol¹³ that will be presented in Part II of this series.) In addition to reviewing records, structured interviews with family members, relatives, and/or friends are necessary. Thus, a PA synthesizes data from multiple informants and records. When performed in a comprehensive manner, the method may take anywhere from 20–50 hours or longer to complete. The overriding principle is that the greater the amount of relevant data analyzed, the more accurate the investigator’s conclusions are likely to be.

Suicide risk factors vary among different populations.³¹ The investigator should consider any special nuances of the deceased, such as age group,³² mental health diagnosis, gender³³ and other factors that may allow for a more precise consideration of risk factors associated with that group. This requires that those who conduct PAs stay up to date with the evolving psychiatric and suicidology literature, which is steadily becoming more detailed about risk factors in distinct diagnostic categories such as depression^{34,35} and bipolar disorder³⁶ as well as in individuals who are not receiving mental healthcare services.^{37,38} Some decedents may have displayed unique, individualized behaviors suggestive of increased or decreased suicide risk that will be known only to close social contacts or treating mental health professionals.³¹ Thus, it is important to learn as much as possible about the decedent’s individualized risk factors and patterns of reactions to past stress.

A comprehensive PA is necessary because there is no single pathognomonic risk factor for suicide.³⁷ Single risk factors do not have adequate statistical power on which to base conclusions. Particularly in the context of forensic expert testimony, the postmortem suicide risk assessment approach is recommended.³ This involves a careful identification and assessment of suicide risk factors present at the time of death. Factors that increase risk (both proximal and distal) as well as risk-reducing factors should be carefully weighed. When thoughtfully analyzed in the context of the totality of the decedent’s circumstances, the investigator should be able to arrive at a conclusion about the decedent’s overall risk of suicide near the time of death. This ultimately informs the investigator’s opinion about *whether or not the decedent was a likely candidate to commit suicide at the time in question*. Testimony that focuses on whether the PA yielded results consistent with an individual who commits suicide is more likely to be found admissible in court. In contrast, overreaching opinions that conclude the decedent *did or did not* commit suicide are more

likely to be found inadmissible. For example, in the case of *State v. Guthrie*,³⁹ the court found that the expert's testimony became inadmissible when it "shifted from discussing typical suicide characteristics," to a "bold declaration" that the decedent did not die by suicide.⁴⁰

Goals

The goals of the PA include obtaining an in-depth understanding of the decedent's personality, behavior patterns, and possible motives for suicide. The investigator strives to obtain an objective analysis of factors that increased and decreased the decedent's risk of suicide. In certain cases, an experienced investigator can use the method to help sort out degree of risk and intent and to identify causal factors at the time of death.³ Ultimately, this should allow for a well informed assessment of whether or not the deceased was a likely candidate for suicide. The following are some of the key goals of the PA:

- Identify behavior patterns—reactions to stress, adaptability, changes in habits or routine
- Establish presence or absence of mental illness
- Identify possible precipitants
- Determine presence or absence of motives
- Determine presence or absence of suicidal intent
- Determine suicide risk factors—both mitigating and aggravating
- Perform a postmortem suicide risk assessment
- Establish whether or not the deceased was a likely candidate for suicide.

Collateral Interviews

The importance of collateral interviews as part of the PA method cannot be overstated. Careful interviews with the decedent's family members and other relevant social contacts distinguish a proper PA from a mere analysis of demographic data and police reports. Most experts recommend a structured or semi-structured approach to collateral interviews. At least one study has developed a semi-structured interview for the PA that has demonstrated interrater reliability.⁴¹ For research purposes, there has been a trend toward using modified instruments such as the Structured Clinical Interview for DSM-IV Disorders (SCID),⁴² as well as a life events calendar method, which helps identify and quantify the burden of events that may be associated with suicide.⁴³ Collateral interviews often reveal critical and/or determinative information about the decedent that cannot be obtained elsewhere. Recent theories about suicide have

stressed that psychiatric illness alone is not enough to fully explain an individual suicide. Rather, a stress-diathesis model has been proposed, in which the risk for suicidal acts is determined by the interplay of biopsychosocial factors and situational variables.⁴⁴ According to this model, a diathesis may be reflected in an individual's tendency to have maladaptive responses to stressors, such as acting impulsively. Such information is most likely to be obtained via collateral interviews.

Ethics and Sensitivity

An important ethical and practical consideration related to gathering collateral data is the manner in which collateral sources should be contacted and interviewed. Interviewing surviving family and friends is a very sensitive matter and the investigator must consider the survivors' reactions. Ideally, the investigator should have adequate clinical experience to be able to handle survivors' reactions with appropriate sensitivity.⁴⁵ For research purposes, a 2–6 month interval between the suicide and the interview is recommended.⁴³ There does not appear to be a significant relationship between the timing of the interview and the quality of information obtained when this time frame is used.⁴⁶

While an untoward emotional reaction to the interview is an obvious concern, some researchers have noted that survivors appeared to have benefited from the interview experience by being able to express their feelings and receive a mental health referral if needed.⁴³ There is currently no clearly agreed on method for initiating contact with survivors. Investigators performing a PA for forensic legal purposes will likely be supplied with relevant phone numbers and/or addresses of potential interviewees. Attorneys will often have previously informed the interviewees that an investigator will be contacting them. Investigators seeking interviews for research purposes may consider sending a letter followed by a phone call, or vice versa.²²

In the second half of this two-part series, I will discuss limitations and controversies related to the PA and describe efforts to develop a standardized protocol for conducting PAs.

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