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TECHNICAL NOTE

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Psychological Autopsies: The Current Department of Defense Effort to Standardize Training and Quality Assurance*

ABSTRACT: Psychological autopsies have been gathered by the US military for a long time, both for lessons learned after a known suicide and to investigate an equivocal death. The term "psychological autopsies" is now being restricted to define an investigation by mental health to help determine, in an equivocal death, if the manner of death is a homicide, suicide, an accident, or from natural causes. The Department of Defense has developed policy, and is now implementing training and peer review. A sample model curriculum, report format and quality assurance standards are included.

KEYWORDS: forensic science, suicide, psychological autopsies, equivocal deaths

Standards for training and quality assurance for psychological autopsies do not currently exist. Neither is there a standardized report structure. The Department of Defense has developed policy on psychological autopsies and is in the process of implementing standards of training and quality assurance (1). This paper reviews the background of this issue and presents the new standards.

The term psychological autopsy (PA) has been used in association with two types of investigations: 1) to understand the psychosocial factors that have contributed to the suicide; and 2) to assist in the forensic determination of the manner of death classification of equivocal deaths, which might be suicide, homicide, accident, or natural causes. Confusion sometimes arises because of the different uses of the term (2). The training that has been developed is to aid in the forensic determination of the manner of death. Data will still be gathered on all suicides.

Equivocal death cases may involve unusual factors such as: 1) numerous stab wounds; 2) several gunshot wounds; 3) questions as to whether a sedating agent was used in order to conceal a homicide; and 4) distinguishing an autoerotic accident from a suicide. Other situations where the forensic psychological autopsy model is applicable are special conditions such as autoerotic asphyxia, drowning, shootings, poisoning, motor vehicle accidents and hangings. All of these have behavioral aspects in which a PA can assist a forensic pathologist in determining the manner of death (3,4). These techniques have also proven useful in missing persons cases and conducting victimology studies in homicides.

History within the Department of Defense

The Department of Defense (DoD) covers the Army, Navy, Air Force and Marines.

The Army has a 17-year history of programs that attempt to both reduce suicides and understand completed suicides. In the past, investigations by mental health practitioners were supposed to be performed on all suicides to gather psychosocial data, aggregate information about the reason for the suicide, and generate lessons learned for command. Local mental health practitioners interviewed unit and family members and forwarded their results to the Criminal Investigative Department (5).

The Army method methodology provided much valuable information about the demographics and motivations of those who completed suicide. However, the quality of the investigations was uneven for a number of reasons. Many mental health workers had little or no training in how to do a forensic investigation. Information from different sources was not always available to be synthesized by the mental health worker. The PA would be sent to CID (the Army's criminal investigation's service), and then to headquarters, but little feedback was given to that mental health worker as to the quality of the product or the final outcome of the case. Lessons learned were not always provided to command or integrated into suicide prevention programs.

The other Services (Navy, Air Force) do psychological autopsies only on equivocal manners of death and selected high-profile cases. (The Navy reviews all Marine Corps cases.) A handful of

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psychologists on the staff of the criminal investigative organizations perform all the psychological autopsies, working closely with forensic scientists and criminal investigators.

Another issue for all the reports is that records were accessible to the media under the Freedom of Information Act (FOIA). In one situation, a reporter requested all the psychological autopsies performed at Ft. Bragg, and then published that information on the front pages of a newspaper, to the consternation of relatives.

In addition, some family members believed that the military was concealing a homicide, and labeling it suicide. Following the high-profile USS Iowa case, in 1996 the Inspector General (IG) mandated that the Services request and perform psychological autopsies in a uniform manner (6).

A working group from all the Services and many disciplines has tried for years to standardize and codify psychological autopsies. This has been a lengthy and occasionally contentious process, partly due to the different systems used by the services. Nevertheless, a policy letter was finally published in June of 2001.

This current policy governing psychological autopsies was issued in the summer of 2001, as a Department of Defense Health Affairs policy letter. It mandates that the primary purpose of a psychological autopsy is as a forensic investigative tool to assist in ascertaining the manner of death. If the death is not equivocal, only the Office of the Armed Forces Medical Examiner (OAFME) makes the determination if it is done (1).

The Office of the Armed Forces Medical Examiner, including the Regional Medical Examiners, is responsible for autopsies of service members who die on base or overseas. Therefore, many requests for PAs originate from that office. When service members die off-post in the United States, the civilian system is responsible for the autopsy. However, many suicides and other deaths occur off-post. Communication between the civilian medical examiner and the military system is sometimes problematic. This is especially true for reservists and National Guard members.

Training and Quality Assurance—Proposed Model

A review of the literature on psychological autopsies provides scant guidance as to how to train mental health professionals in order to conduct a forensic psychological autopsy to determine the manner of death. These mental health professionals may have excellent interviewing skills, but may know little about blood spatter analysis, ballistics, toxicology, etc. Since equivocal manner of death cases are relatively rare in the military, it is hard to mandate how many PAs are needed to achieve proficiency. In addition, each case is different.

The Navy and Air Force have experienced psychologists on the staff of the criminal investigative departments who are involved with all the death investigation cases. They help determine which cases need psychological autopsies. Those psychologists then perform the investigations, relaying mainly on statements from criminal investigators. The Army does not have a psychologist on staff of their criminal investigative department. It is currently transitioning from their past system of having their local mental health worker do the psychological social investigation to the model described in the policy letter. There has not previously been a quality assurance review by outside personnel for any Service.

A model curriculum for mental health professionals, which emphasizes an interdisciplinary approach is as follows. We propose that a licensed mental health worker receive basic didactic information in the following arenas: crime scene investigations, toxicology, and forensic pathology. It is assumed that they will already

TABLE 1—*Sample didactic curriculum.*

The psychological autopsy in criminal investigations
Doing a psychological autopsy
The autopsy process and death investigation
Crime scene investigation
Equivocal death investigation
Postmortem changes and time of death
Fire arm injuries
Basics of toxicology
Asphyxial deaths
Autoerotic deaths

TABLE 2—*Structure of the psychological autopsy report.*

1. Source of and reason for request
2. Disclaimer
3. Confidentiality issues
4. Sources
   a. List each major source
   b. Document reasons for lack of information
5. Death scene evidence
   a. Description
   b. Photos
   c. Blood spatter patterns
   d. Weapons
   e. Sexual paraphernalia
   f. Other
6. Physical autopsy report
   a. Photos
   b. Describe wounds
      i. For GSW, contact vs. non-contact
   c. Weapons used, if known
7. Toxicology results
   a. Alcohol
   b. Tobacco
   c. Drugs of abuse
   d. “Date-rape” drugs
8. Military history/review of service record
9. Review of medical/psychiatric records
10. Background
    a. Developmental history
    b. Family history
    c. Psychiatric history
    d. Substance use history
    e. Family psychiatric history
    f. Religious beliefs
    g. Legal history
    h. Financial history
    i. Sexual history
11. Interviews
    a. Colleagues
    b. Family
    c. Other
12. Description of the person
13. Description of last days of life
14. Suicide notes, videos, other recordings
15. Reactions to the death
    a. Surprise vs. acceptance
    b. Beliefs as to cause
16. Forensic opinion
    a. Evidence for and against
       i. Suicide
       ii. Homicide
       iii. Accident
       iv. Autoerotic fatality
       v. Other
    b. Impulsive vs. planned act
    c. Lethality
    d. Psychiatric diagnoses
17. Lessons learned
    a. About the individual
    b. For command
    c. For the mental health system

know about risk factors for suicide and have basic interviewing skills, including interviewing unit members and bereaved family members. They should also review as many other PAs done by others as possible, to increase their knowledge in this complicated arena. (See Table 1 for a model didactic curriculum, which was held at Walter Reed Army medical center in April of 2002.)

After the training, the mental health worker should perform two PAs, which are reviewed by a panel of experienced forensic examiners, operating out of the OAFME. After that time they would be credentialed to do independent PAs. They should also be encouraged to stay up-to-date by attending the American Academy of Forensic Sciences meeting, or similar interdisciplinary sessions.

Peer review is essential. The proposed model has all PAs reviewed at the OAFME. Part of the review is dependent on whether the examiner has followed the structure of the PA report (Tables 2 and 3). Speculation should be carefully avoided. Feedback, both positive and negative, should be provided to the practioners.

Outstanding Issues

The effort described above is work in progress. As always, when new policy is implemented, the "devil is in the details."

It is important to collect data on all suicides. Data banks are currently being implemented to combine the information from all of the Services. The feedback to immediate command and to the military on "lessons learned" is essential.

Board-certified forensic psychiatrists and psychologists will automatically receive the "psych autopsies credential." Some practitioners have asked to be "grandfathered in," on the basis of extensive experience with doing psychological autopsies. Their work will be reviewed to see if they meet the new standard.

Privacy of the information collected is essential. Since the victim is dead, many medical privacy rules do not apply. The ramifications of these issues bears discussion. It is the authors' recommendation that the PAs be kept as discrete as possible. However, immediate family does have the right to know most details of the cases. If national security concerns are paramount, the family might not be able to access all of the information.

Since there is no standard in the civilian community, this model might become one for the nation.

TABLE 3—*Quality assurance review of psychological autopsy reports.*

1. Disclaimer
2. Model for report
3. Sources documented
4. Sufficiency of source material
5. Adequate evidence for opinion
6. Avoid speculation

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