PSYCHOLOGICAL AUTOPSY OR RECONSTRUCTION

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A psychological autopsy, sometimes referred to as a psychological reconstruction, is a written retrospective review of an inmate’s life with an emphasis on factors that may have contributed to the inmate’s death. It is usually conducted by a psychologist or other mental health professional as part of the mortality review process and is typically completed within 30 days of the inmate’s death. This article focuses on use of the psychological autopsy in cases of inmate suicide.

The psychological autopsy has five potential purposes. First, it may be used to assist medical personnel in determining the inmate’s mode of death in cases where the cause of death is equivocal. In the community, it is estimated that between 5% and 20% of all deaths that come before a medical examiner are puzzling and unclear. The mode of death determines if the death was by natural cause, an accident, a suicide, or a homicide (Wrightsman & Fulero, 2005). This was the original purpose of the psychological autopsy when it was introduced in the late 1950s by the Los Angeles medical examiner.

Second, the psychological autopsy may contribute to a clearer understanding of the inmate’s state of mind at the time of death. reconstructing events in the inmate’s life leading up to the suicide and determining his mental status preceding the suicide can help determine why the inmate committed suicide and why he chose that particular time and method to die.

Third, the psychological autopsy involves interviewing inmate and staff responders, fellow inmates who were friendly with the decedent, and family members, enabling them to share information about the decedent. This process not only provides authorities with a more accurate and thorough picture of the deceased inmate in the months and days preceding the death, but also may have a healing effect for survivors.

Fourth, the psychological autopsy may provide insights into ways to better address the clinical needs of future suicidal inmates and identify behavioral patterns that seem to accompany different degrees of suicidal intent. A number of studies have examined psychological autopsies in an effort to identify risk factors associated with suicidal behavior. As these factors have been identified, they have been incorporated into the suicide risk assessment protocols commonly used in correctional settings.

Fifth, the psychological autopsy process may identify deficiencies in institutional policies and procedures. For example, staff response times may be slower on particular shifts, emergency medical procedures may be deficient, or security protocols may hinder access to an inmate’s cell—all factors that, once identified, can be remedied.

Guidelines for the Psychological Autopsy of an Inmate Suicide

A number of agencies have developed protocols for conducting a psychological autopsy (see Bibliography for sample protocols). Typically, the psychological autopsy is based on a detailed review of all file information on the inmate; a careful examination of the suicide site; and interviews with staff, inmates, and family members familiar with the deceased inmate. It usually contains the following sections.

Section 1. Basic identifying information, including the inmate’s name, register number, date of birth, date of death, the name of the mental health professional completing the psychological autopsy, and the date of the psychological autopsy report.
Section 2. General background information about the inmate, such as:
- Family history
- Education/occupation/military history
- Marital history and current marital status
- Religious preference/involvement
- Race/ethnic background
- Hobbies/interests/activities
- Immigration status
- Legal/criminal history
- Current offense/sentence/time served
- Assault history
- Institutional adjustment/infraction history

Section 3. Description of suicidal act, including such information as:
- Date/time of incident
- Location of incident
- Method used to commit suicide
- Detection/intervention strategies
- Presence and content of a suicide note
- Other relevant information

Section 4. Presence of suicidal risk factors, such as:
I. Historical factors, including:
   A. Personal history
      1. Health care
         a. Physical status, functioning
         b. Recent doctor visits/hospitalizations
         c. Diagnoses
         d. Loss of capabilities/pain
         e. Treatment compliance
      2. Mental health care
         a. History of psychiatric disorder: diagnoses of high-risk disorders like depression, bipolar disorder, schizophrenia, substance abuse, antisocial personality disorder, or borderline personality disorder
         b. History of hospitalizations for mental health problems
         c. Psychotropic medication history
         d. Treatment compliance
         e. Ability to control impulses
         f. History of impulsivity or risk-taking behaviors
         g. History of life crisis
         h. History of help-seeking behavior
      3. Alcohol and/or substance abuse history
         a. Patterns of abuse/polysubstance abuse/drug tolerance
         b. Recent abuse behavior
         c. Recent discontinuance of drugs/withdrawal
      4. Prior history of suicide attempt(s)
         a. When, where, circumstances
         b. Lethality (knowledge + plan + method) x intent
         c. Severity, motivation, impulsiveness, content of note (if present)
         d. Alcohol consumption
         e. Escalating severity
   B. Family history
      1. Family disorders (high risk)/hospitalizations
      2. History of abuse, alcohol, dysfunction
      3. Family member suicide: who, why, how, impact
      4. Family views regarding suicidal actions
II. Environmental and demographic factors, including:
   A. Demographic factors
      1. Age
      2. Gender
      3. Race
      4. Ethnicity
   B. Environmental factors
      1. Social attachments
         a. Creation and maintenance of relationships
         b. Specific problem relationships, especially with significant others
      2. Precipitating circumstances
         a. Identifiable stressors
         b. Loss
         c. Change in status
      3. Social support with specific:
         a. Individuals
         b. Systems
         c. Institutions

III. Lethality factors involved in fatal attempt:
   A. Ends vs. means
   B. Degree of planning
   C. Secondary gain/accident?
   D. Motivation for action

IV. Psychological factors
   A. Current psychiatric disorder, especially high-risk disorders such as:
      1. Mood disorders
      2. Anxiety disorders
      3. Schizophrenia
      4. Substance abuse
      5. Specific personality disorders, such as antisocial or borderline personality disorder
   B. Suicidal ideation
      1. Preoccupation with death or themes of death
      2. Verbalizations about death or dying
   C. Cognitive style
      1. Perfectionistic, high expectations
      2. Negative, pessimistic
      3. Dichotomous and rigidity
   D. Problem-solving approach
      1. Future-oriented
      2. Hopeless

Section 5. A summary of final observations and/or conclusions that the mental health professional believes are germane to the understanding of the inmate’s suicide or to the actions of staff or inmates before or following the suicide. This section may also contain recommendations for proposed actions designed to improve operating policies and procedures to avoid future inmate suicides.

Although it may be helpful to include recommendations in the psychological autopsy report, mental health professionals are aware that the report may be subpoenaed in the event of a wrongful death suit and, as a result, they may be uncomfortable commenting on institutional procedures or the actions of specific personnel in the report. Some correctional systems anticipate the likelihood of a wrongful death claim, have their attorneys order a psychological autopsy, and include the psychological autopsy report as an attorney work product.

Section 6. A list of documents reviewed for the psychological autopsy report. Typically, this list will include the inmate’s main historical file, medical and mental health records, police or other investigative reports, and the results of the medical autopsy.
Section 7. A list of all staff members, inmates, and family members and their specific relationships to the deceased inmate.

Contributors

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Bibliography


