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The Role of Psychological Autopsies in Suicide Prevention

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Abstract

→ Department of the Army now requires psychological autopsies to be provided by a mental health officer on all Army active duty members suspected or confirmed suicides or equivocal deaths. There is little published information regarding these increasingly important reports. This paper draws upon: 1) the authors personal experience in conducting psychological autopsies and 2) available printed information. It provides a review of the nature, purpose, process and the important suicide preventive role of these reports. Information on the classification of suicide is provided. The purpose of this paper is to provide information regarding the value of these reports and their role in the Army's overall suicide prevention effort. It is intended to enable the reader to obtain an initial exposure to psychological autopsies and to facilitate their capability to effectively conduct and write a psychological autopsy in order to meet Command and Army Community needs in this area. ←

Introduction

Several factors have combined to make psychological autopsies an item of growing interest in the Army. The Army-wide focus on suicide prevention, the emphasis of caring leadership as a critical part of this effort, the need of command to have as complete an understanding as possible of these tragic events, the inherent capacity for psychological autopsies to uniquely address the above issues and the DA requirement for these reports to be included as part of the LOD report, all combine to make a significant reading audience. This author's first psychological autopsy, completed in August 1985, was read by only a few individuals. This was due in part to the personal nature of these reports and the subsequent need to limit their circulation. Readers of the first report included the Division CG, the Chief of Staff, the Division Surgeon and mental health officers. The most recent psychological autopsy completed in October 1986 was read by all three Division Command Generals, Chief of Staff, all members of our Division Stress management Council including the chiefs of most Division Staff sections, all unit level commanders in the deceased chain of command and select Division and Tripler medical and mental health officers. Copies were attached to the LOD report, CID report and sent to prescribed offices at MACOM and DA.

levels. Inasmuch as the importance of these reports has grown it behooves all psychologists as potential suicide investigators to learn the process of conducting a psychological autopsy and when required to expeditiously complete this task in the highest quality manner.

The new directive from DA (Pamphlet, 1986) requires that the psychological autopsy be done by a mental health officer. Writing psychological reports is a routine task for psychologists. Doctorate granting programs in clinical psychology provide considerable training in writing psychological reports based on interview and psychodiagnostic testing. Due to this extensive experience base, psychologists are in a prime position to provide quality psychological autopsies. However, no classes or specialized training exists pertaining to the process of doing a psychological autopsy. The task may now be thrust upon an "unsuspecting" psychologist who may suddenly find himself in the position of receiving a 7 days post-suicide suspense date to have a completed report for the Commanding General. This task will almost certainly come as an addition to an already busy daily schedule. This paper is provided to help others avoid this authors experience of "seeing one, doing one and teaching one".

The Purpose of Psychological Autopsies

Psychological autopsies have traditionally been used to clarify the mode of death in equivocal cases (deaths due to either "suicide" or "accident"). The procedure requires talking to friends, family, work associates and others who knew the deceased in an attempt to reconstruct the individuals life style, personal problems, personality and attitude of the deceased to his own death (Rudestam, 1979).

Presently DA policy requires a more broadened approach to psychological autopsies, these reports potentially serve to illuminate information which may enable future preventive actions to occur. They have value as an organizational tool; as a means of surfacing problems in the Army system at both local and general levels.

In most cases much information regarding a suicide can be determined easily. Often we can quickly know where a suicide occurred, when the suicide act took place, how the death happened and we can rapidly discover identifying information such as sex, marital status, race, age, rank, past schooling, awards, etc. Yet the most difficult question to answer is why this individual took his life. Psychological autopsies hold the most promise for answering this difficult question. The answers to this question hold the most promise for discovering possible future preventive actions.

The investigative nature of psychological autopsies provides a natural means of establishing contact with individuals in the victims life circle who maybe experiencing considerable emotional difficulty over the death event. This so called "postvention" serves as a nonobtrusive therapeutic vehicle for these individuals. It is a means of preventing additional suicides as the process serves as an obstruction to suicide contagion through identification and assistance offered to those most disturbed by the suicide.

The Classification of Suicide

A paper on the Operational Criteria for Classification of Suicide (OCCS) was presented at the Suicidology Convention in April, 1986 at Atlanta. This significant contribution to the study of suicide serves to provide a standard definition of suicide. Initially, a judgement of whether a suicide has occurred would appear to be clear-cut. Yet, closer consideration of acts which result in

death and a consideration of the complexity of human behaviors reveal the potential difficulty of accurately attaching a label such as suicide or accident. The OCCS cites two elements which are essential for a determination of suicide: 1) self-inflicted and 2) intent. It is important to recognize that intent is variable. The ambivalence which commonly attends suicidal acts can produce a wide range in degree of intention.

The draft form of the DA pamphlet on psychological autopsies describes several classifications of suicidal intention. They are: 1) first-degree suicide; deliberate, planned; 2) second-degree suicide; impulsive, under great provocation; 3) third-degree suicide; relatively harmless self-injury resulting in death, "unlucky" death. Self-inflicted deaths due to psychosis or high intoxication are typically not classified as suicides due to difficulty in assessing intention. Subintentional death pertains to an individual playing a covert or unconscious role in their death, for example, excessive risk-taking.

Despite the significant value of using criteria to obtain greater accuracy in reporting suicides it has been this investigators experience that suicidal behaviors can defy being neatly placed within the above stated boundaries. Nevertheless, utilization of such standards as the OCCS and a classification of suicidal intention is recommended for its inherent value.

Psychological Autopsy Procedures

Conducting a quality psychological autopsy requires several steps: 1) Data collection-interviewing friends, family, and work associates; reading military personnel files, personal materials, medical records, CID reports, etc. This effort is designed to obtain relevant facts and an understanding of the suicide victim. The ultimate quality and accuracy of the report is more dependent upon this step than any others. 2) Data analysis-selecting significant information from all sources and organizing it by category. 3) Writing the report in a thorough, logical and easily readable manner. 4) Obtaining a final typed report. 5) Disseminating the report to all appropriate parties providing debriefings as requested. 6) Conducting "postvention" activities throughout this process include therapeutic interactions with those most affected, and taking appropriate follow-up steps.

Preventive Aspects

Psychological autopsies serve a primary, secondary, and tertiary prevention role. Primary prevention i.e. reducing factors which increase stress, may be a natural outcome of psychological autopsies as problems are identified and command directs that ameliorative steps be taken. This authors third psychological autopsy was done on a foreign-born wife. The report ended with a statement of "need for continuing overall Army and Schofield Barracks efforts to assist foreign-born wives." This statement was underlined by CG. The Chief of Staff directed that a needs assessment of foreign-born wives occur. This effort then led to multiple steps to assist foreign-born wives, to include development of ethnic specific wives groups, multiple command briefings, organization of a foreign-born wives committee to address their needs and various other related steps. This illustrates the potential for command to enact initiatives which focus fundamentally upon stress reduction. Secondary prevention i.e. prompt treatment to minimize morbidity, is accomplished through postvention efforts wherein individuals at risk are identified and assistance provided. Tertiary prevention i.e. prevention of contagion, occurs as issues relating to the suicide are satisfactorily put to rest and the unit, friends, family and community continue to function.

Summary

Formerly, the process of completing a psychological autopsy involved a more limited amount of time. Now that they have become "institutionalized" the process deservedly requires much more effort. They serve multiple purposes. They are a means of providing a rich data base to learn more about suicide, they provide an objective assessment of whether or not a suicide occurred, they enable affected individuals to be assisted, they provide important information which has implications for future prevention actions. For these reasons, psychological autopsies deserve our best efforts as military psychologists.

References

DA Pam 600-70 United States Army Guide to the Prevention of Suicide and Self-destructive Behavior.

Operational Criteria for Classification of Suicide, paper presented at the American Association of Suicidology, Atlanta Conference, April, 1986.

Pamphlet 600-XX, Draft Form, Department of the Army, Washington D.C.

Rudestam, K.E. Some notes on conducting a psychological autopsy. Suicide and Life-Threatening Behavior, 1979, Vol. 9 (3).

