Psychosocial Autopsies:

Transforming the Lessons from Mass Tragedies into Useful Micro, Mezzo and Macro Practice Applications

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Introduce the “Forensic Psychosocial Autopsy (FPA)” as a META assessment framework for the examination of and prevention/intervention planning with “mass societal traumas”

Review 3 high-profile cases
- Sandy Hook – Adam Lanza
- Fort Hood – Major Hasan
- Boston Bombers – The Tsarnaev Brothers

FPA Application Exercise
- Charleston Church Shooting

Future Implications for FPAs
- Clinical Perspective
- Policy Systems Perspective
- Cultural Considerations
The Forensic Psychosocial Autopsy (FPA) is an approach to examining major societal traumas for the purpose of ascertaining and examining important information for future prevention.

As with a medical autopsy, events are “psychosocially” examined through a strategic and systematic process of exploration, assessment and diagnosis after they have occurred. Findings are then used to offer insight and guidance to professionals to aid in future risk assessment and crisis management.

Primary implications; secondary implications
Like Medical/Psychological Autopsies...

- Examination of **clinical** aspects (micro)
- Focus is to find information in an objective, strategic manner
- Retroactive assessment
- Considers physical evidence (medical) of the specific case or the psychological history and state of an individual (psychological)
- In general, psychological autopsies were developed to complement medical autopsies in helping to clarify the circumstances surrounding a person’s suspicious death

Added Uniquely Social Work Components of FPAs

- Also considers **cultural** aspects and larger social **systems**
- Takes groups of people into account, individuals and others
- An eye toward the **holistic** understanding and application of information
- “Looking back to look forward”; future orientation
- Implications for a variety of FSW roles (e.g. employment hires, primary, secondary & higher education, military etc.)

Some Key Points: Medical/Psychological Autopsy v. Forensic Psychosocial Autopsy

S.D. Hardy, 2015
Mass/Major Societal Trauma (Defined)

- MSTs operationalized - Acts of violence or terrorism generally occurring in **public spaces** involving **multiple**, intended deaths and/or injuries.

- **Who commits MSTs?**
  - Radicalized, militant or extremist religious or political groups (e.g. ISIS, Al-Qaida)
  - “Lone wolf” (e.g. “manifesto” driven)
  - Hybrid: “lone wolf influenced by the ‘pack’” – persons influenced by a terrorist group’s ideology, but may not formally be a “member”

- **Why are these acts carried out?**
  - Violence as a “Statement or message” (e.g. in protest of an American policy or practice)
  - Personal rage (e.g. “snapped”)
  - Mental heath motivated (e.g. psychosis, paranoia)
  - Antisocial Personality Disorder
  - *Or any combination*

S.D. Hardy, 2015
**META Assessment Framework**

combines concepts from among diverse evidence-based (cognitive-behavioral) methodologies (like “meta-analysis” in statistics)

S.D. Hardy, 2015
Reacting versus Responding

- Mass/Major Societal Traumas
- Personal/Localized Tragedies

Anger

- Large scale impact on the collective psyche of a community or group
- Cognitive lens through which events are experienced and interpreted

Sadness

S.D. Hardy, 2015
Critical examination of case information via various media sources
- Separate rumor from corroborated information
- NOTE: will sometimes be conflicting

Micro Level – What can we learn about the primary actor(s)?
- Empathetic understanding of life through their eyes
  - Conscious and unconscious processes
  - Traumas: Psychological “tatoos”

Mezzo Level – What can we learn about systems proximal to the primary actor(s)?
- Family (parents, siblings, foster care, etc.)
- Friends

Macro Level – What can we learn about the connected larger systems?
- Social/Organizational Affiliations; Communities
- Societal Influences, Trends or Events (e.g. war)

What do we see AND what seems to be missing?
- “Red” Flags and “Clear” Flags
• Mindfulness (MBSR, ACT, MI...)  
  • How do we silence the noise (distractions) about traumatic events and get at the heart of what lessons/meaning these offer us as forensic social work professionals?

• Moral Reconation Therapy  
  • How do we help make better decisions reflecting respect for self and others?

• Positive Psychology  
  • How to we use information from unquestioningly negative events toward helping ourselves and others thrive?

And then...

How can we examine issues raised by the above questions through the lens of forensic social work considering: larger systems, strengths-based approaches and our uniquely holistic perspective?
- **Sandy Hook – Adam Lanza**
  - [https://vimeo.com/93656788](https://vimeo.com/93656788)

- **Fort Hood – Major Hasan**

- **Boston Bombers – The Tsarnaev Brothers**
  - [https://www.youtube.com/watch?v=yXIsqSJKzQ8](https://www.youtube.com/watch?v=yXIsqSJKzQ8)
In teams...

1. Each member takes a role (see above)
2. Review information included in your “case file”
3. Conduct a mini Forensic Psychosocial Autopsy (Assessment + Synthesis)
4. Specify 2-3 recommendations to report out to the larger group

S.D. Hardy, 2015
Case File: Charleston Shootings

According to the NY Times, the shooter’s manifesto states in part:

“I have no choice. I am not in the position to, alone, go into the ghetto and fight. I chose Charleston because it is most historic city in my state, and at one time had the highest ratio of blacks to Whites in the country. We have no skinheads, no real KKK, no one doing anything but talking on the internet. Well someone has to have the bravery to take it to the real world, and I guess that has to be me.”

S.D. Hardy, 2015
Clinical /Relational Perspective

- Cultural Considerations
- Trauma/PTSD and other clinical syndromes
- Autism Spectrum
- Spirituality
- Decision-making
- Working with
  - Law Enforcement & Probation
  - Educators
  - Military/Veterans

Policy / Macro Perspective

- Organizational Culture
- Trauma-Informed Workforce Factors
- (Clinical) Professional Development
- Ethics
  - Confidentiality
  - Competence
  - Responsibilities to clients, profession, etc.
- Legal Issues
  - Law of Agency

Discussion and Analysis

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Future Implications

How might these “autopsy results” inform FUTURE service delivery in diverse social work settings?

**P. A.C.E.**
- PREVENTION (first and foremost)
- ADVOCACY
- COLLABORATION
  - Host settings
  - Multidisciplinary teams
- EDUCATION

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THANK YOU!

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Dr. Hardy combines her background/training in social work (M.S.W., 1988), clinical psychology (Ph.D., 1994), law (J.D., 2006) to promote transformative experiential learning through field education. She came to George Mason University and Fairfax County Dept. of Family Services after having served as the Director of Field Education for the University of Nevada, Las Vegas for nearly 13 years. In 2008, she was the recipient of the NASW-Nevada Chapter Social Worker of the Year Award. She developed the curriculum for UNLV’s forensic social work certificate program which she also coordinated from 2005 to 2011. She is a past-president of the National Organization of Forensic Social Work, and contributes to the editorial board for the *Journal of Forensic Social Work*.

Dr. Hardy is deeply committed to building university-community partnerships and to fostering interdisciplinary collaborations. Other scholarly and service interests include clinical supervision, program development, cultural competence, human service leadership and ethics.
Resources

Mindfulness-Based Stress Reduction
Jon Kabat-Zinn
University of Massachusetts, Center for Mindfulness
umassmed.edu/cfm

Moral Reconciliation Therapy
Gregory Little & Kenneth Robinson
Correctional Counseling, Inc.
cimrt.com

Positive Psychology
Martin Seligman
Mihaly Csikszentmihalyi
Barbara Fredrickson (positive emotions)
University of Pennsylvania, Positive Psychology Center
Positivepsychology.org