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**LESSONS FROM COLUMBINE: VIRTUAL AND REAL RAGE**

**Jerald J. Block, M.D.**

*The 1999 attack on Columbine High School by two of its students resulted in 15 dead and 24 wounded. The death toll might easily have been over forty times higher. An attempt is made to understand the motivations of the two shooters and to explain the critical events that changed them into mass murders. The history leading up to the attack is reviewed. A theory is proposed wherein virtual reality, as experienced in computer games, can act protectively in allowing the non-violent processing of rage and sexual impulses. However, when implementing time or content restrictions, caution is warranted. If such constraints are too blunt, too dismissive, or too contemptuous, one might provoke a potentially dangerous crisis.*

**ISAAC RAY'S ADVICE TO MEDICAL WITNESSES: STILL RELEVANT?**

**Kenneth J. Weiss, M.D.**

*In honor of Dr. Isaac Ray's two hundredth birthday, this article examines the advice he gave to prospective psychiatric expert witnesses in mid-nineteenth century. Ray, an American Psychiatric Association founder and father of American forensic psychiatry, made many contributions to psychiatry and its applications to legal settings. Using Ray's own words, the author illustrates how the "hints" to witnesses retain their freshness today. Ray's comments include his calling for education in medical jurisprudence, a firm knowledge of mental functioning in health and disease, and a warning that forensic work is not for dabblers. His concern for the integrity of professionals who work within the legal arena is a beacon for all practitioners today.*

**DEAD MAN TALKING: THE USE OF BASE RATES  
AS AN ADJUNCT TO PSYCHOLOGICAL AUTOPSY**

**Sarah Simmons, M.D.**

*Psychological autopsies are used to determine the mode of death when the intent of the decedent is equivocal. The use of psychological autopsies has been riddled with difficulties in part because of the lack of standardization in how or what data is collected to help form an opinion. In recent years, an attempt has been made to create a standardized way of gathering and scrutinizing data concerning an equivocal death. Most of the proposed methods use a combination of expert opinion and checklist criteria gathered from survivor interviews or investigatory reports. Unavoidably, investigating an individual's death requires asking difficult and personal questions in an emotionally charged setting. This stress provoking and emotionally laden context paired with idiosyncratic heuristic methods of decision making, can lead to the potential of flawed decision making in expert opinion. Using checklists based on various criteria*

*can provide valuable information. Not only do they aid in making decision determination explicit, but also minimize interviewer and survivor bias. The difficulty of a checklist model is that the investigator is relying on survivor reports that may or may not be accurate for a number of reasons that will be discussed. A way of circumventing the difficulties presented by expert opinion and the use of checklist criteria is to take into account base rates. The Centers for Disease Control provide a wealth of information regarding causes of death and various modifiers to the public which can be used to aid decision making. This article will first discuss current standards and applications of psychological autopsies, as well as common decision making flaws, then delineate the importance of incorporating the use of base rates in a statistical model to further accurately identify the mode of death in equivocal cases.*