Did Travis Bickle Have a Brain Injury?
Assessing the potential for violence in individuals with traumatic brain injury

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Who is Travis Bickle?

Character in Scorsese’s “Taxi Driver”

Decorated Vietnam veteran with PTSD

Loner, problems making relationships

Judgment and perception issues

Angry, hostile, paranoid, vengeful

Homicidal and suicidal behaviors
What if Travis Bickle was a veteran of Iraq/Afghanistan?
Could Travis Bickle have a TBI?

Iraq/Afghanistan veteran
Multiple deployments, front line soldier
Exposure to IED’s, multiple concussive injuries
Relationship and personal problems at home
Unrecognized TBI and PTSD
Alienated from others
Warning: This presentation contains graphic images, some of which depict violence.
Understanding the risk for violence and brain injury

Location of the injury
Personality changes post-injury
Behavioral changes post-injury
Relationship changes post-injury
Response to stress
Poor coping skills
Impaired self-regulation
Mood state instability
What are the Brain Injury Issues?

Role of impulsive behavior
Problems with social relationships
Misperceiving others and situations
Misperception of threat or strength of stressor
Inappropriate targeting
Angry, irritable affect
Active substance abuse
Past and current mental health issues
Realities of co-occurring Brain Injury and Mental Health problems
Pre-TBI and co-occurring disorders increase risk factors

- History of severe psychiatric problems
- Presence of PTSD
- Substance Abuse
- ADHD and learning disabilities
- Presence of seizure disorders
What is the Standard of Care for assessing violence?

How is risk identified?
What constitutes reasonable clinical concern?
Who is “at risk” for violent behavior?

How can we improve our understanding of behavioral dyscontrol?
Establishing the Threat Level

What’s on the radar?
What are the steps leading to the act?
The sequence of the behavior is different
...and, the odds are different
Defining the Target

• Personal risk

• General or community risk

• Specific individual identified
Understanding the violent act and TBI

- Ready
- Aim
- Fire

- Ready
- Fire
- Aim
What is the probability of violence?
Are the warning signs present?
Is there preparatory behavior?
Has there been a rehearsal?
In a person with a brain injury these stages may be different
What’s the clinician’s responsibility?
Phases of Assessment

- History of the person
- Clinical
- Contextual
How do we understand the risks for dangerous behavior?
what are the tools?
Components of Assessment

• Knowledge of current situation
• Knowledge of current stressors
• Understanding the Plan
• Predicting the Capacity to Act
Perform a Mental Status Exam

Consider the presence of a brain injury, including undocumented injuries
Review records of prior treatment

Take a comprehensive history and verify information
Evaluate the person and their current life situation

What are the stressors?
Triggers?
Conduct an adequate risk assessment.

Ascertain the person’s relative risk for suicide.
Assume the person may fail to disclose facts related to risk
Use multiple probes
Determining the need for an appropriate level of care

What environment and services are needed to maintain safety?
Should you contract for safety?
Why not contract for safety?

- Memory Problems
- Role of Impulse-driven behavior
- Executive deficits
Using other people to establish safety
What is required to prevent harm?

What courses of action are available?
When urgency takes precedent
Understand the extent of the current problems and stressors
Avoid assuming that treatment and intervention will diminish ongoing risks
Evaluate risks at multiple points in the relationship.

Don’t assume that the risk will resolve over the course of time.
Establish a formal treatment plan

What treatment and interventions are needed to address the risk?
Develop adequate safeguards in the environment

Avoid the entrapment of a behavioral contract with the person
Consider the value of a “Safety Plan”

Defining “Triggers”, Stressors, Safety Net Relationships, Steps to be enacted in a crisis
Understand the limits of a therapeutic relationship
Know when risk is eminent
Be prepared to act
Evaluate the plan:
Is there access to a method?
Is there a history of prior attempts?

Is there a family history of suicide?
Is there a substance abuse issue?
What are the stressors?
Triggers?
Has anything changed?
Hostility
Anger directed towards self or others
Are they still communicating?

I HATE LIFE!
Has the person entered into a period of calm?
Have they prepared for the event? Rehearsed?
Recognizing State vs. Trait Anger
Is anger due to a situation or event?

or

Is there a generally angry mood state?
State or Trait Anger: which predisposes the person to violence?
At what point will verbal expression become physical?
....and escalates out of control
“Acting In” the point of implosion
What if the target is the self?
Suicide: Rage against the Self

Anger turns inward
What are the elements of suicide?
Assessing the Risk for Suicide

Feelings of hopelessness, seeing no alternatives
Assessing the Risk for Suicide

Suicide Ideation: thoughts, plan and method
Negative Self-Evaluation

Feelings of worthlessness, depression, despair
Is there hostility?
Precipitating factors in TBI/Suicidality
Loss of self
Decreased sense of masculinity
Increased sense of burdensomeness
Frustrated regarding “hidden” changes
Cognitive Problems

Memory

Decision Making
Impulse Control Problems
Emotional and psychiatric problems

Depression

Worthlessness

Anger

Hopelessness
the long runway of suicide risk
a risk that may last up to 17 years from the initial ideation
Past Attempts = Current Risk

Role of self-harm: a call for attention or a rehearsal
Past Attempts = Current Risk

“Stuck” thinking, cognitive inflexibility enhances risk potential
Past Attempt = Current Risk

Unresolved emotional and psychological issues, both before and after brain injury
Past Attempt = Current Risk

The significant role of impulsive behaviors
Past Attempt = Current Risk

Psychological and/or physical pain, despair over current life situation
The Self as Target
Loss of value in living
Loss of Control
Self-hatred, Self-loathing
Grief and Anger which cannot be resolved
A different suicide scenario
Suicide by Cop

Getting the job done by others
A plan to the end

Components

Ideation

Planning

Initiating the event

Prompting the resolution phase
Veterans: An elevated risk for suicide


http://www.medicalnewstoday.com/releases/244322.php
“...how many times have I written that letter in my head...I still think about suicide, but when I start thinking about it, I have to think, what’s the impact on everyone I care about....”

Sgt. Major Samuel Rhodes, Ret.
what percentage of military and veteran suicides have a brain injury?
154 suicides in 155 days

January 1 to June 8, 2012
Military: Increasing Rate of Suicide

- 21.8 per 100,000 in 2009 among Army personnel
- 11.3 per 100,000 in 2007 in the civilian population
Relationship of killing to suicidal thinking

- Killing enemy combatants
- Killing prisoners
- Killing civilians, in general
- Killing or injuring women, children and the elderly
“I remember waking up on the street, being hot, like I was on fire”

Sgt. Sam Reyes, Jr.
“I noticed I started getting mean real quick”

Sgt. Sam Reyes, Jr.
at which point does Sgt. Sam Reyes stop caring about leaving the people he cares about?
at which point does impulsive behavior trigger the act?
Active military: a group with special rules

“Many soldiers are embarrassed to seek help and worried that doing so will hamper their prospects for advancement”

Admiral Mike Mullen, Chair, Joint Chiefs of Staff
is this veteran at risk for suicide?

What creates the risk?
Mental health issues?
Substance Abuse problems?
Traumatic Brain Injury?
Homeless?
could CTE be a factor in individuals exposed to multiple blasts?

“CTE leads to a degenerative loss of memory and thinking ability and, eventually, to dementia. There is also a pattern of depression, impulsiveness and, all too often, suicide” Robert A Stern, PhD, 2012

Boston University School of Medicine
What about Travis Bickle?

Did he have a brain injury?
Did anybody ask?

Did we know what to ask?
What made this Vietnam vet go on a rampage?
At what point did his rage turn suicidal?
Establishing the Hierarchy of Violence
Level of Intent
A Capacity to Act
Perception of a threshold being crossed
Presence of steps to facilitate a plan
Maintaining intent
Feeling alone
Establishing a Commitment to Action
Validating Planned Action
What if Travis Bickel had a brain injury?

What would have happened?
Seeing the violent act as resolution
Seeing himself as God’s Lonely Man
Justifying the act

“He needed a killing”

“Somebody ought to”

“I don’t care what anybody thinks”

“You don’t know what I think”

“You can’t know what I feel”

“You don’t know what I’m capable of”

“I don’t care anymore”

“My life is over anyway”
Is there a justification of violence?

Does the person consider the act as a valid response?
What if Travis Bickle was Sgt. Bales?
What if Travis Bickle was Jeffrey Johnson?
If the Army knew he had multiple TBI’s and PTSD could his rampage have been prevented?
Assessing the Reactions of Others

“I’m scared he might do it”
“What if he did it?”
“Could he do it?”
“Why would he do it?”
“What was going through his mind?”
What are the circumstances which facilitate violence?
What is the emotional state which supports violence

Establishing the relationship and strength between feelings and behavior
What is our duty to potential targets?
Keep “the benefit of the person foremost in our mind”

Crafting an intervention

Identifying strategies to prevent harm
What is the probability of violence over a specific period of time?
How long does risk last?

Can we reasonably predict when risk declines?
Compliance vs. Non-compliance with risk prevention

Role of insight into problem

Willingness to establish controls
How will Executive impairments impact on risk prevention?
Perceived value of post-injury self
Ability to return to pre-injury social role and activities
Quality of social network relationships
Resiliency, flexibility and adaptability to changes
Perception of having personal social capital

The importance of self-perception
Role of social network integration

- Maintenance of family and friends
- Access to supports and resources
- Significance of a “life worth living”
- Pursuing work and avocational activities
- Enjoying recognition by others
- Creating sense of self-worth and social capital
Who are the at-risk individuals?

- Males <25 and >65
- Individuals with prior ideation or attempt
- Veterans with undiagnosed mTBI
- Veterans with undiagnosed PTSD
- Veterans with mTBI and PTSD
- Individuals with TBI and new situational stressors
- Individuals with TBI and substance abuse problems
- Individuals with TBI and psychiatric problems
What are the protective factors?

- Strong social supports
- Having a sense of purpose in life
- Access to religion and spirituality
- Access to counseling
- Access to medication
What’s important?
Understand pre-morbid mental health issues
Consider the functional changes created by the brain injury
Pay attention to adjustment to disability issues
Dual diagnosis issues will influence risk potential
Focus on self-regulation of behavior and mood
Cognitive issues will effect response to treatment
Understand “Triggers”
Use an interdisciplinary approach
Educate others about the risks
Social role return is an important aspect of understanding risk
Don’t underestimate risk
Be aware of your “duty to warn”
Be prepared to take action
Obligations under Duty to Protect
Obligations under Duty to Warn
Key Aspects

- Behavioral changes, depression, diminished impulse control. Felicetti, 1991
- Global despair, apathy, emotional dysregulation. Morton, 2000
- Social withdrawal and isolation. Sugarman, 1999
- Sub-syndrome mood disorders. Sugarman and Hartman, 1998
- Relationship of social reintegration with cognitive recovery. Bond, 1975
Resources

• Suicide Probability Scale, Cull, J and Gill, W. Western Psychological Services Press, 1988
• State Trait Anger Inventory -2 (STAXI-2), Spielberger, C. Psychological Assessment Resources, 1999
• Overt Behaviour Scale, Kelly, G. The Center for Outcome Measurement in Brain Injury, 2010
• VA Pocket Suicide Guide, Employee Education System, Department of Veteran Affairs, 2007
• Warning signs for suicide. Rudd, MD, Berman, AL, et al, in Suicide Life Threatening Behaviors. 2006; (3): 255-262
Taxi Driver, 1976
National Film Registry

• Martin Scorsese, Director
• Paul Schrader, Writer
• Robert De Niro
• Jodi Foster
• Cybil Shepherd
• Harvey Keitel
this presentation can be found at:

traumaticbraininjury.net

under “Resources”

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Thank you!
Questions?