

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

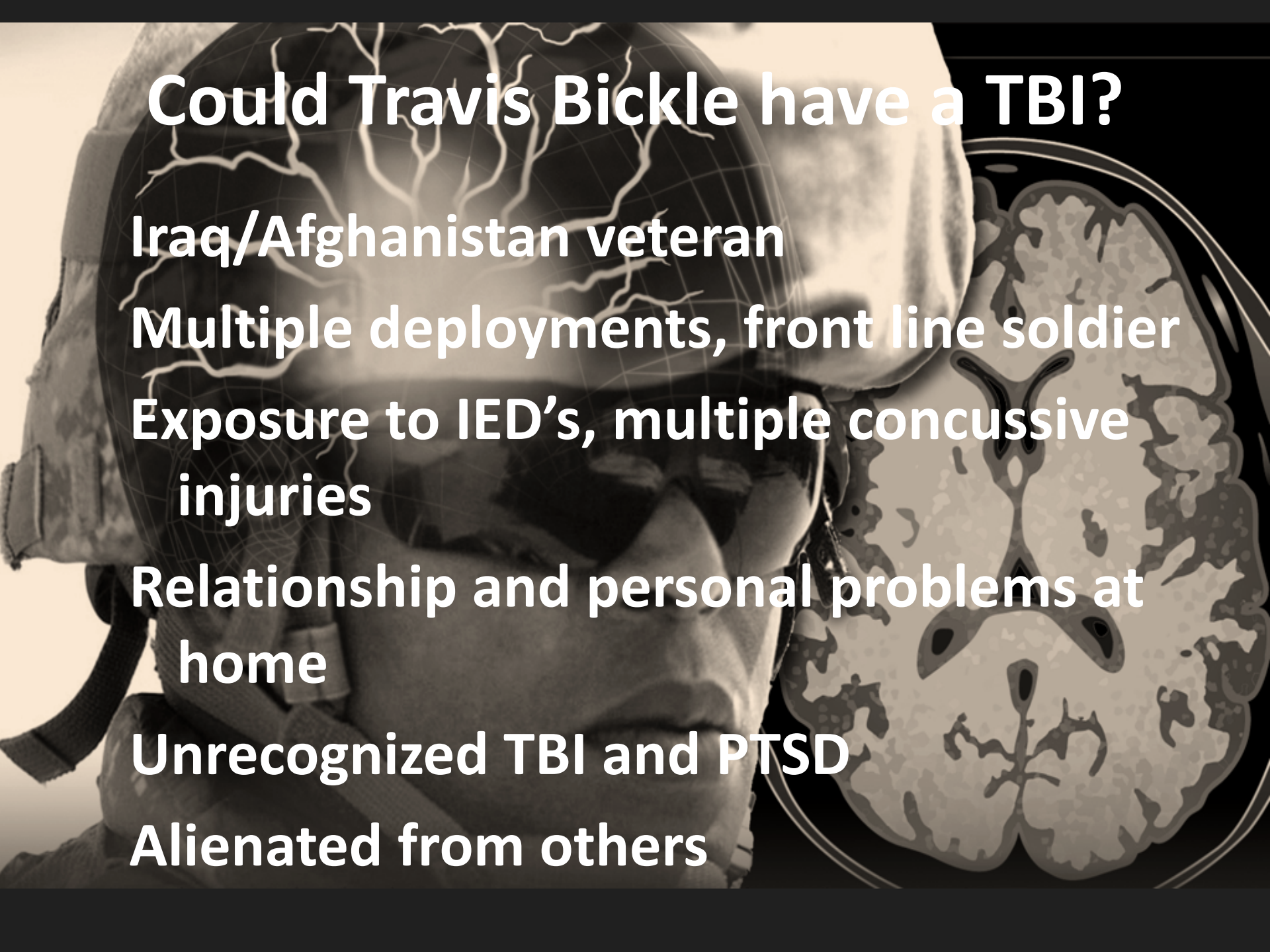
Multiple deployments, front line soldier

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

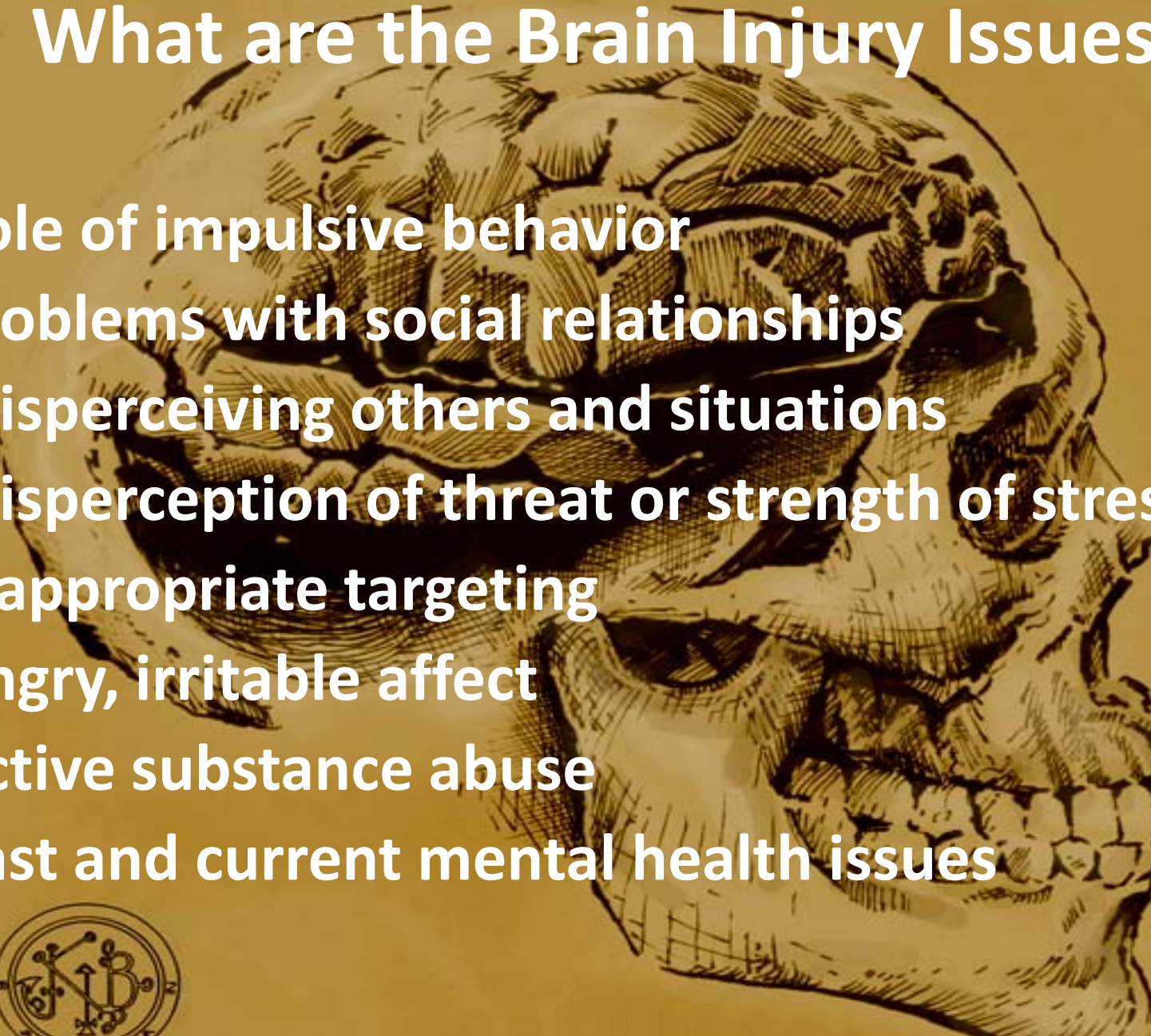
Poor coping skills

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

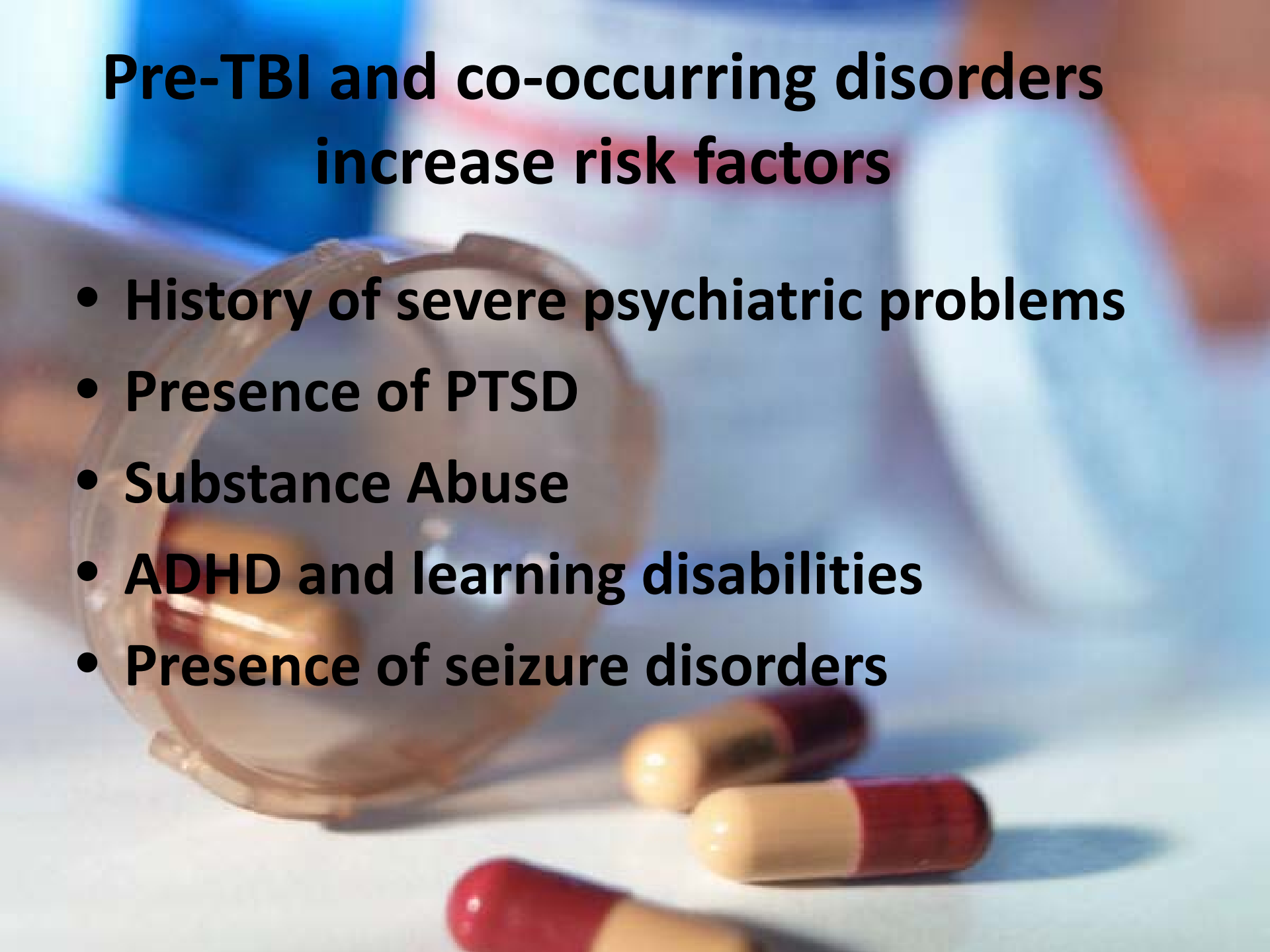


A photograph of a person, likely a healthcare professional, wearing a white lab coat. They are covering their face with both hands, with their fingers spread, suggesting a state of emotional distress, grief, or exhaustion. The background is dark and out of focus.

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?**



A man with dark hair and a serious expression is pointing his right index finger directly at the camera. He is wearing a light blue long-sleeved shirt and a tie with a green and white diamond pattern. The background is plain white.

**What constitutes
reasonable clinical
concern?**

Who is “at risk” for
violent behavior?

**How can we
improve our
understanding of
behavioral
dyscontrol?**



A circular radar screen with a green grid. A green wedge-shaped sector is highlighted, starting from the center and extending to the outer edge, covering approximately the 9 o'clock to 11 o'clock position. The screen has a metallic rim and a dark background.

Establishing the Threat Level

What's on the radar?

What
are the
steps leading
to the act?



The sequence of the behavior is
different



DICE CHART

Roll

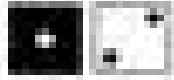
Probability

2



$\frac{1}{36}$

3



$\frac{2}{36}$

4



$\frac{3}{36}$

5



$\frac{4}{36}$

6



$\frac{5}{36}$

7



$\frac{6}{36}$

8



$\frac{5}{36}$

9



$\frac{4}{36}$

10



$\frac{3}{36}$

11



$\frac{2}{36}$

12



$\frac{1}{36}$

...and, the odds
are different

Defining the Target



- Personal risk
- General or community risk
- Specific individual identified



Understanding the violent act and TBI

- Ready



- Ready

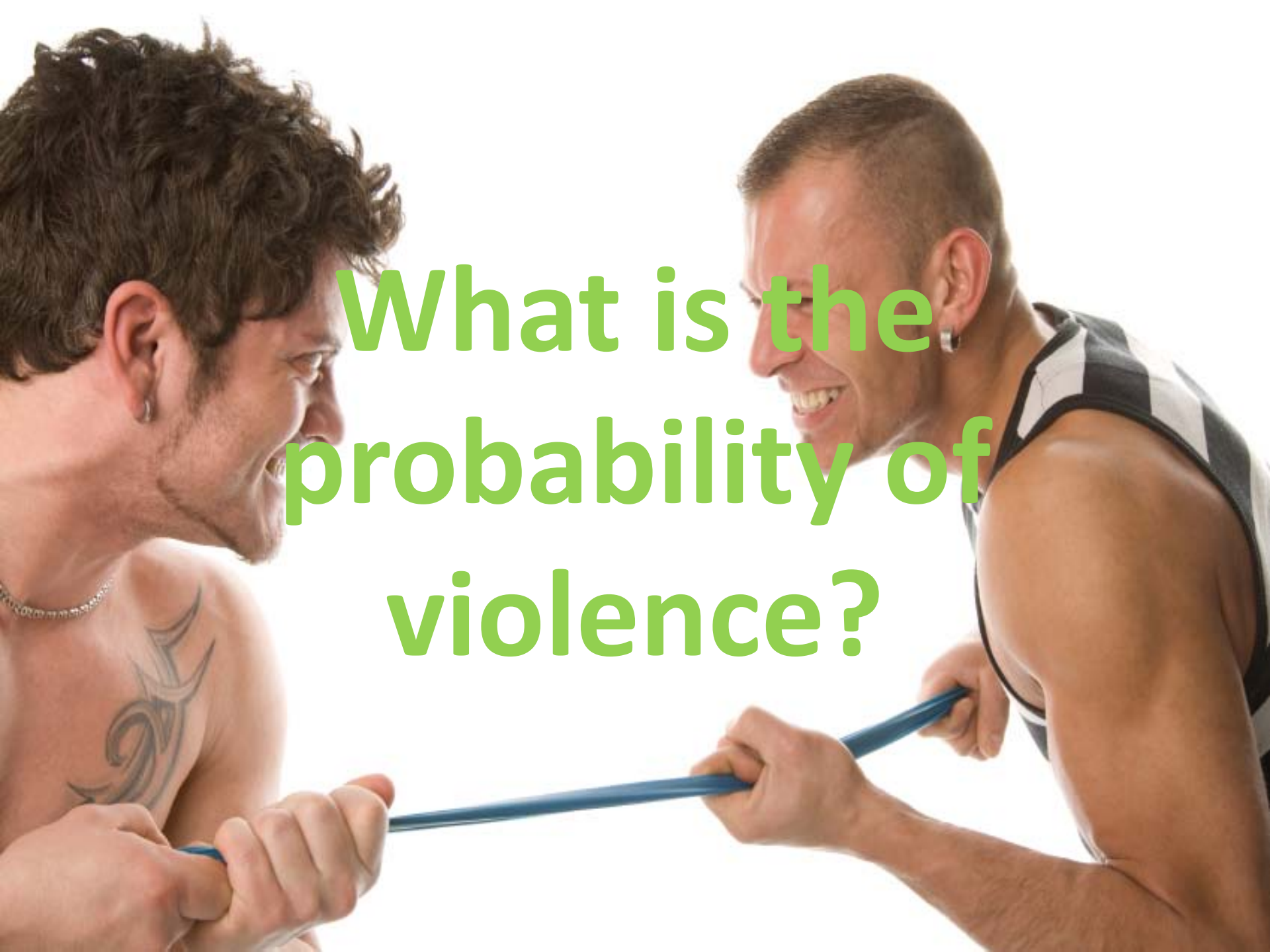
- Aim



- Fire

- Fire

- Aim

A photograph of two men in a physical struggle, pulling on a blue rope. The man on the left has dark, curly hair and a tattoo on his shoulder. The man on the right is wearing a striped tank top and has a short haircut. Both are smiling and looking at each other. The background is plain white.

**What is the
probability of
violence?**

Are the warning signs present?

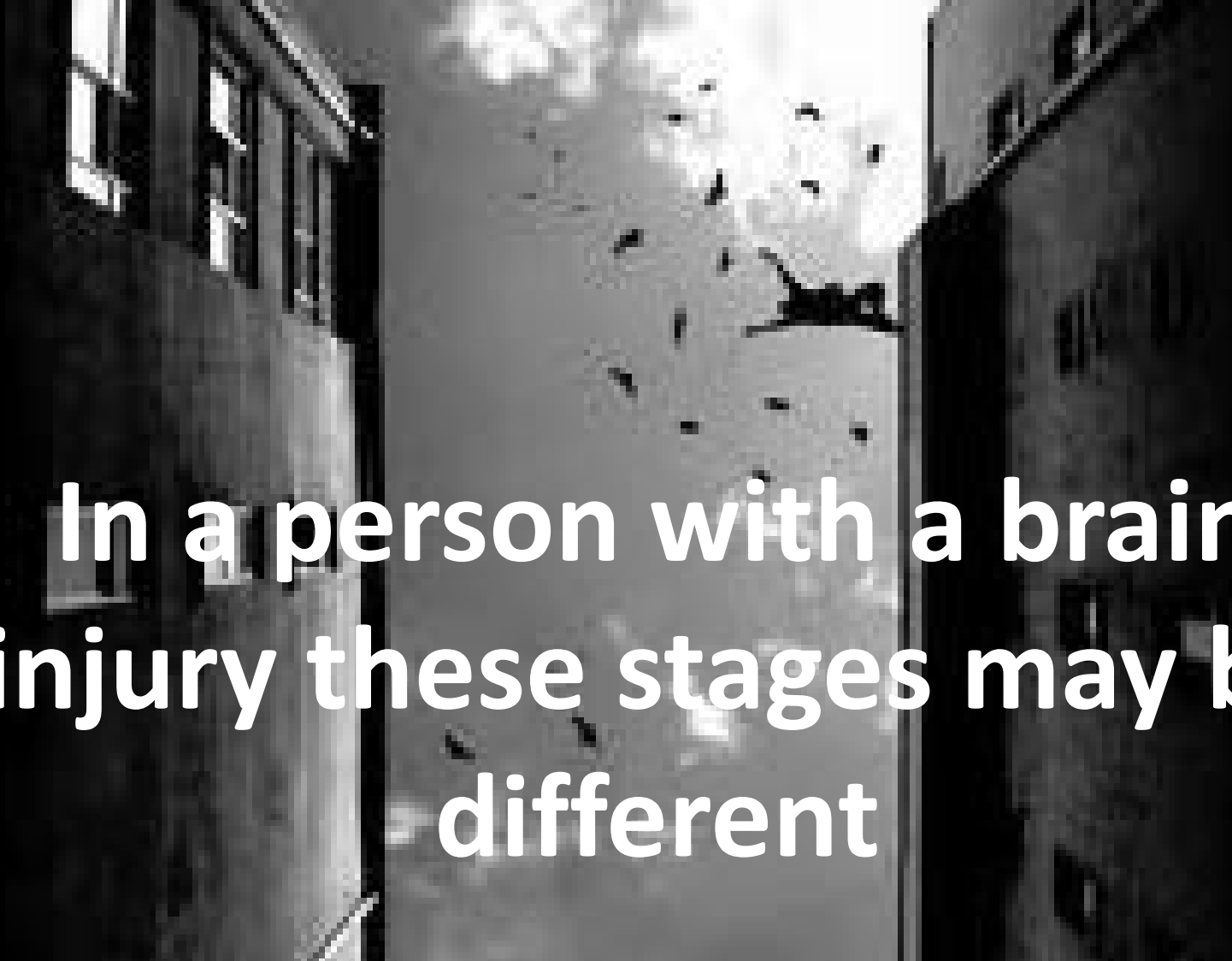




Is there preparatory behavior?

Has there been a rehearsal?



A black and white photograph of a narrow alleyway between buildings. The perspective is looking down the alley towards a bright light source at the far end, creating a strong contrast and a sense of depth. The buildings on either side are dark and textured. The text is overlaid in the center of the image.

**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

The background of the slide is a grid of brain MRI scans. The top row shows three axial slices of a brain, and the bottom row shows three sagittal slices. The scans are in grayscale, with the brain tissue appearing in shades of gray against a black background.

**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**

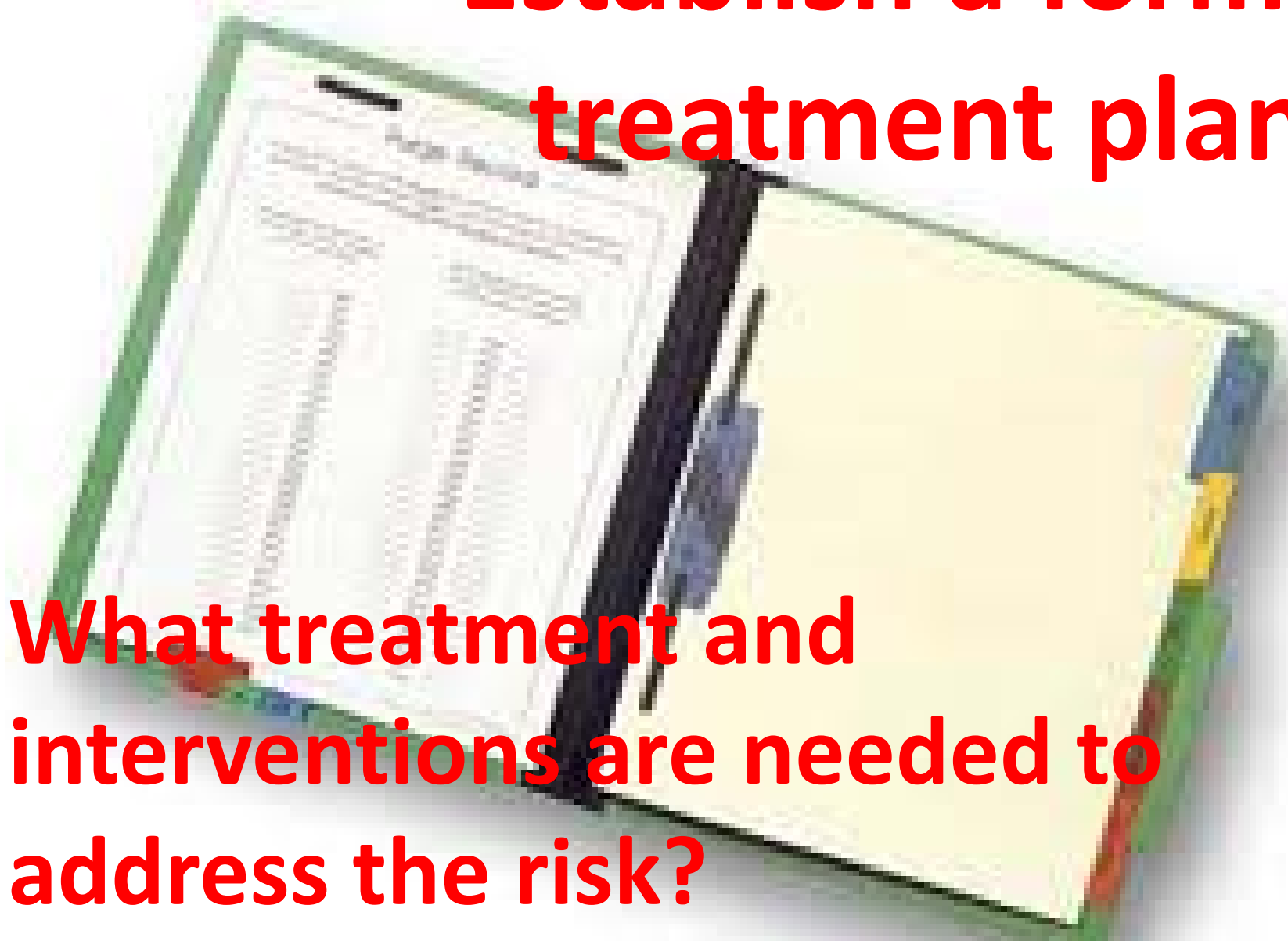
Evaluate risks at multiple points in the relationship



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”

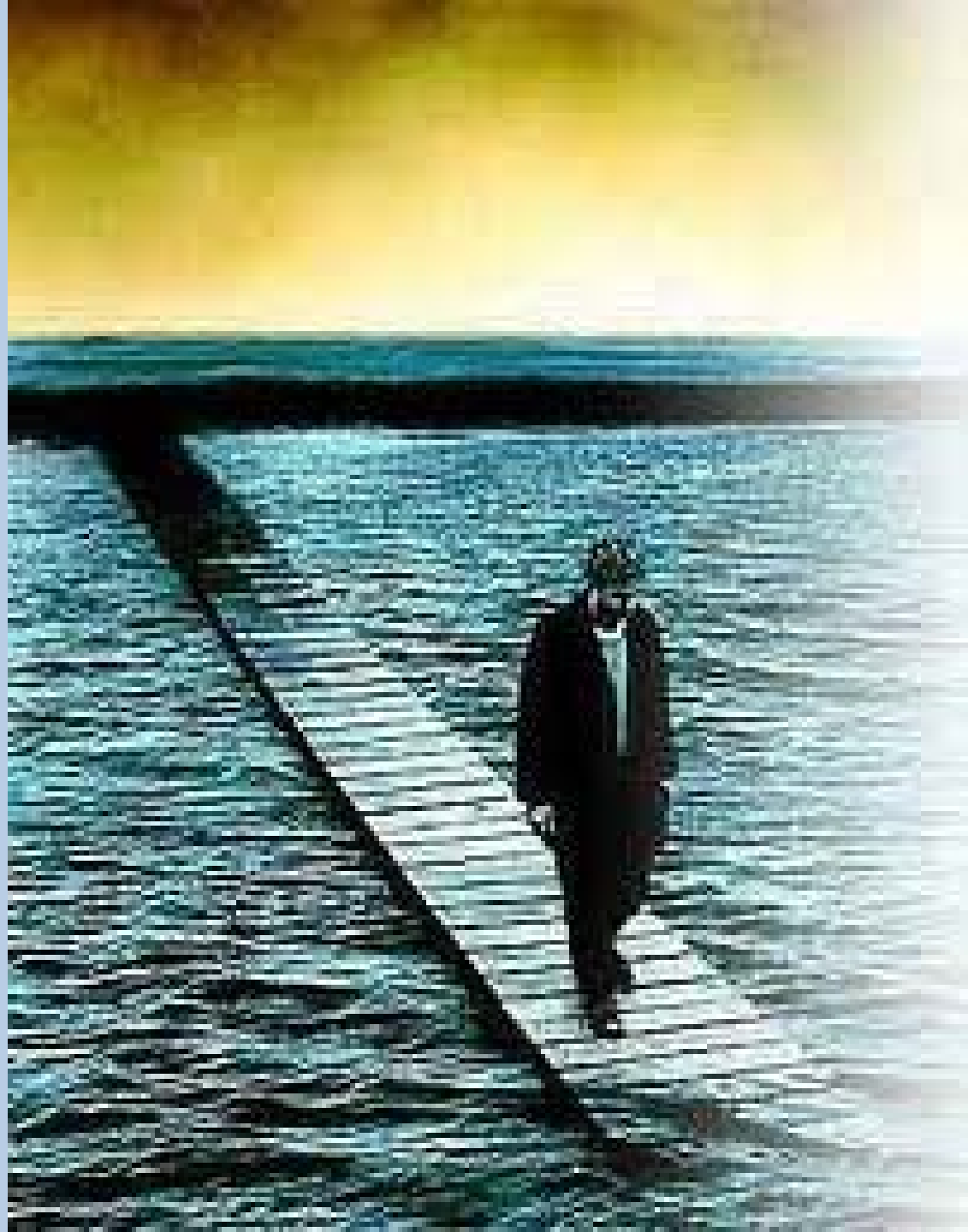
Defining “Triggers”, Stressors,
Safety Net Relationships, Steps
to be enacted in a crisis

Understand the limits of a therapeutic relationship



**Know when
risk is eminent**

**Be prepared to
act**



A person wearing a grey jacket and dark pants stands on a large, light blue puzzle. One piece of the puzzle is missing, revealing a bright blue surface underneath. The person is looking down at the missing piece.

Evaluate the plan:

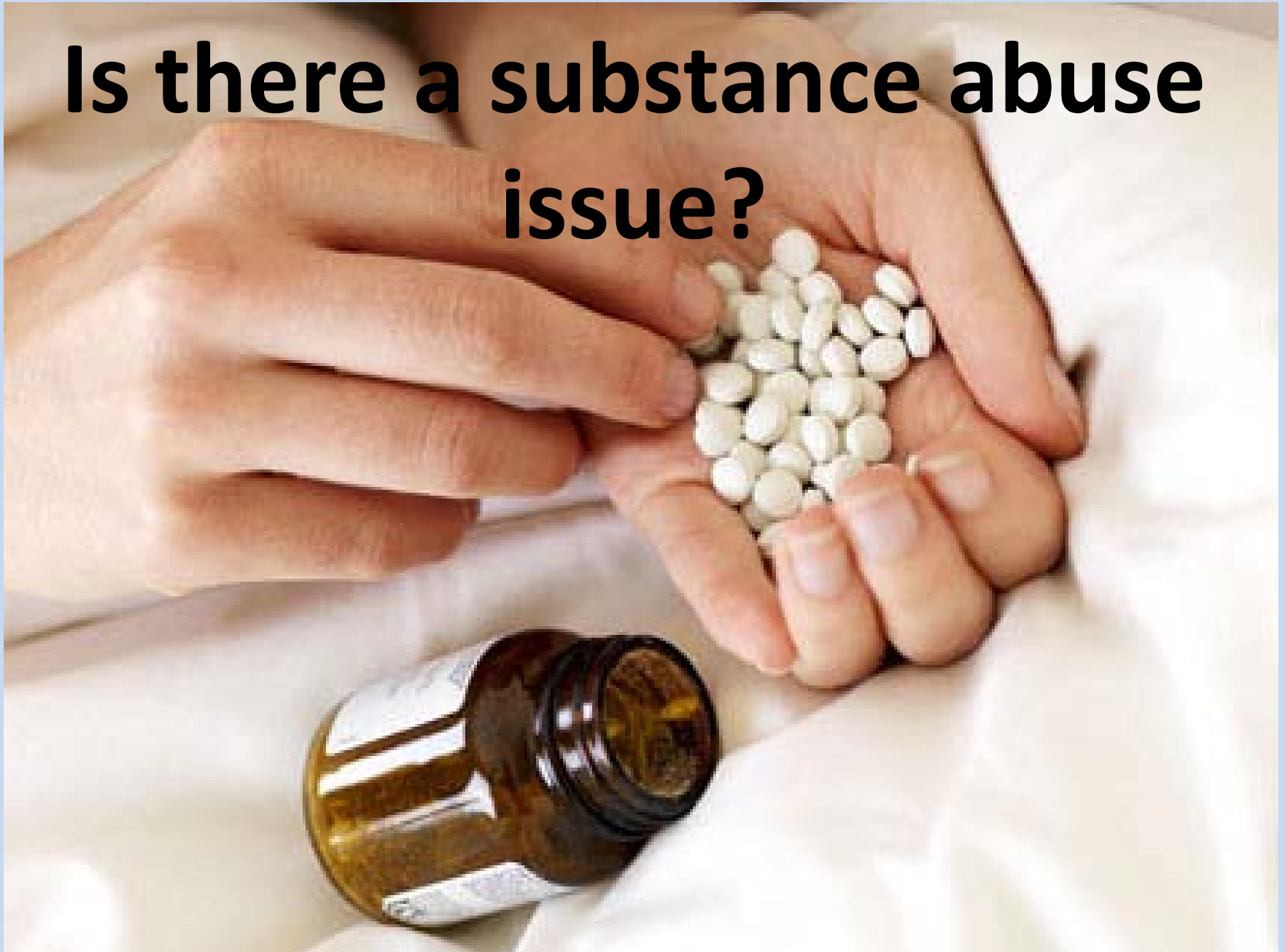
**Is there access to a
method?**

Is there a history of prior attempts?

Is there a family history of suicide?



**Is there a substance abuse
issue?**



A person wearing a dark hoodie is seen from behind, looking out of a large window. Their right hand is pressed against the glass. The scene is dimly lit, with bright light coming from the window, creating a silhouette effect. The background outside the window is blurry, suggesting an urban or industrial setting.

**What are the stressors?
Triggers?**

Has anything changed?

Hostility

Anger directed
towards self or
others



Are they still communicating?





**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?

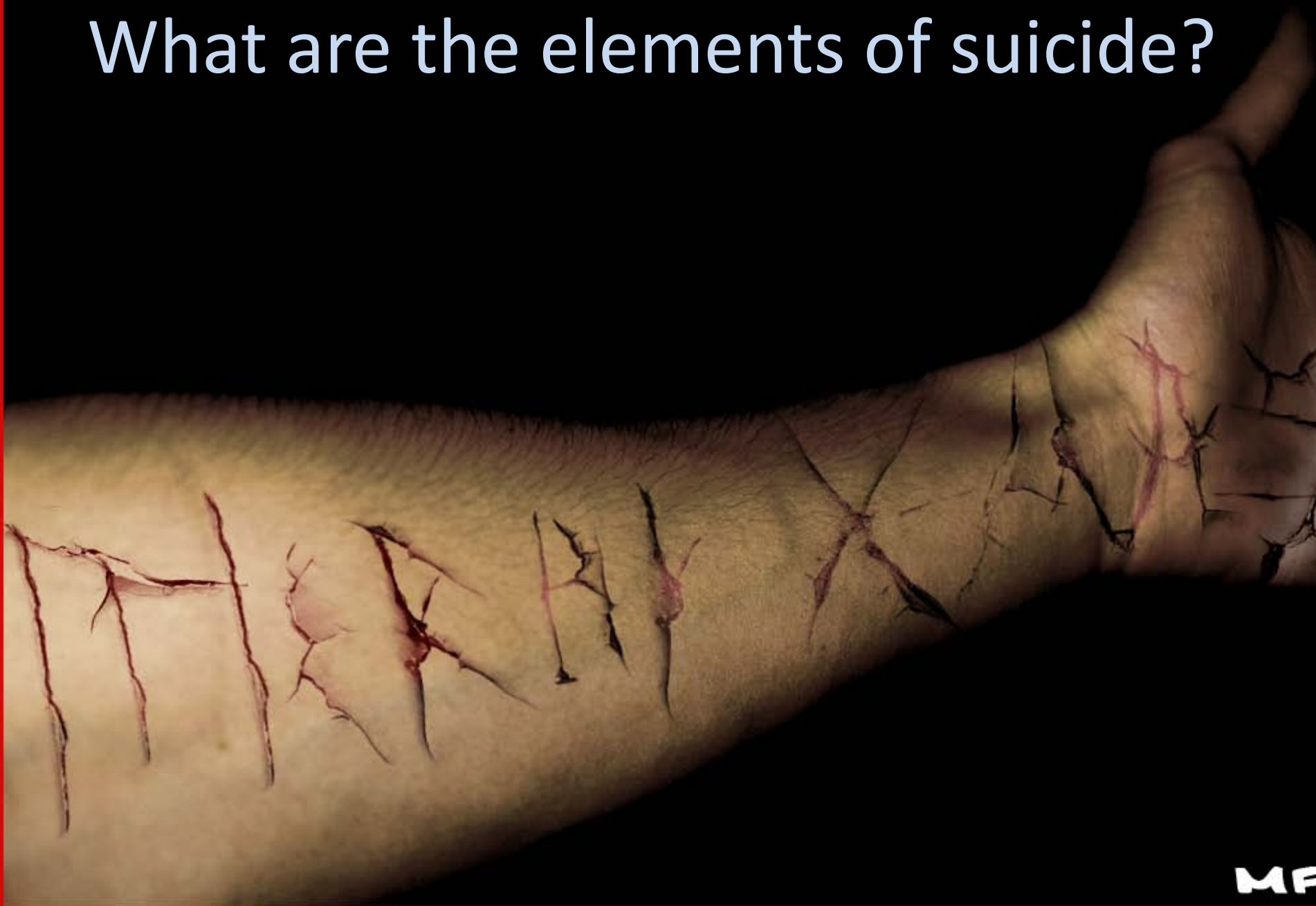


Suicide: Rage against the Self

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

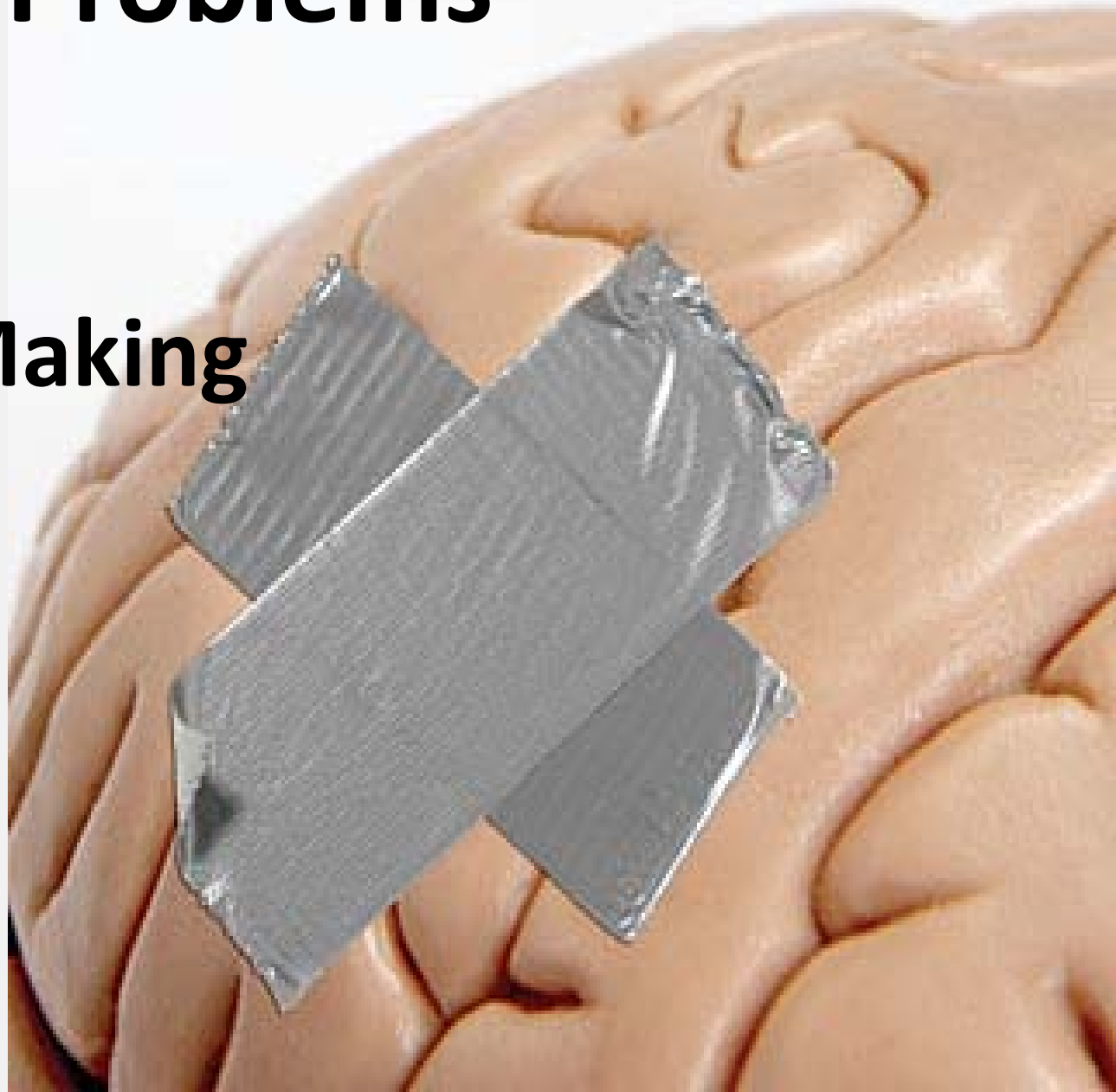
**Increased sense of
burdensomeness**

**Frustrated regarding “hidden”
changes**

Cognitive Problems

Memory

Decision Making





Impulse Control Problems

Depression

Emotional and
psychiatric problems

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**

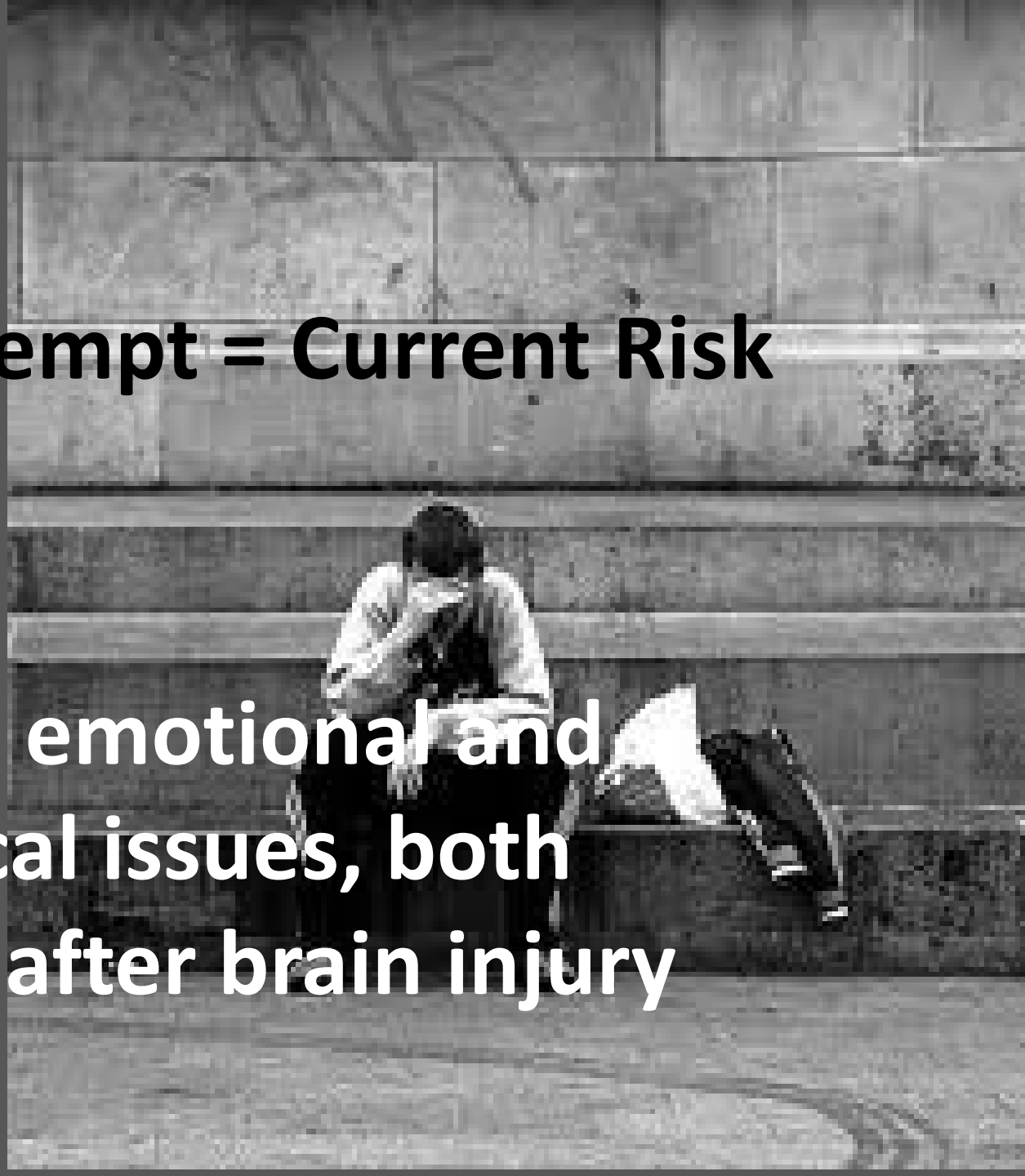
Past Attempts = Current Risk



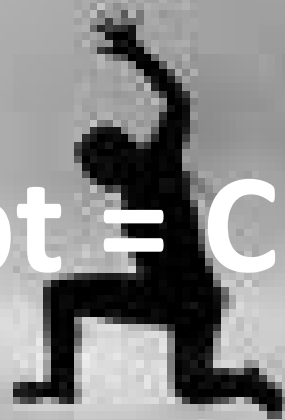
**“Stuck” thinking, cognitive
inflexibility enhances risk
potential**

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

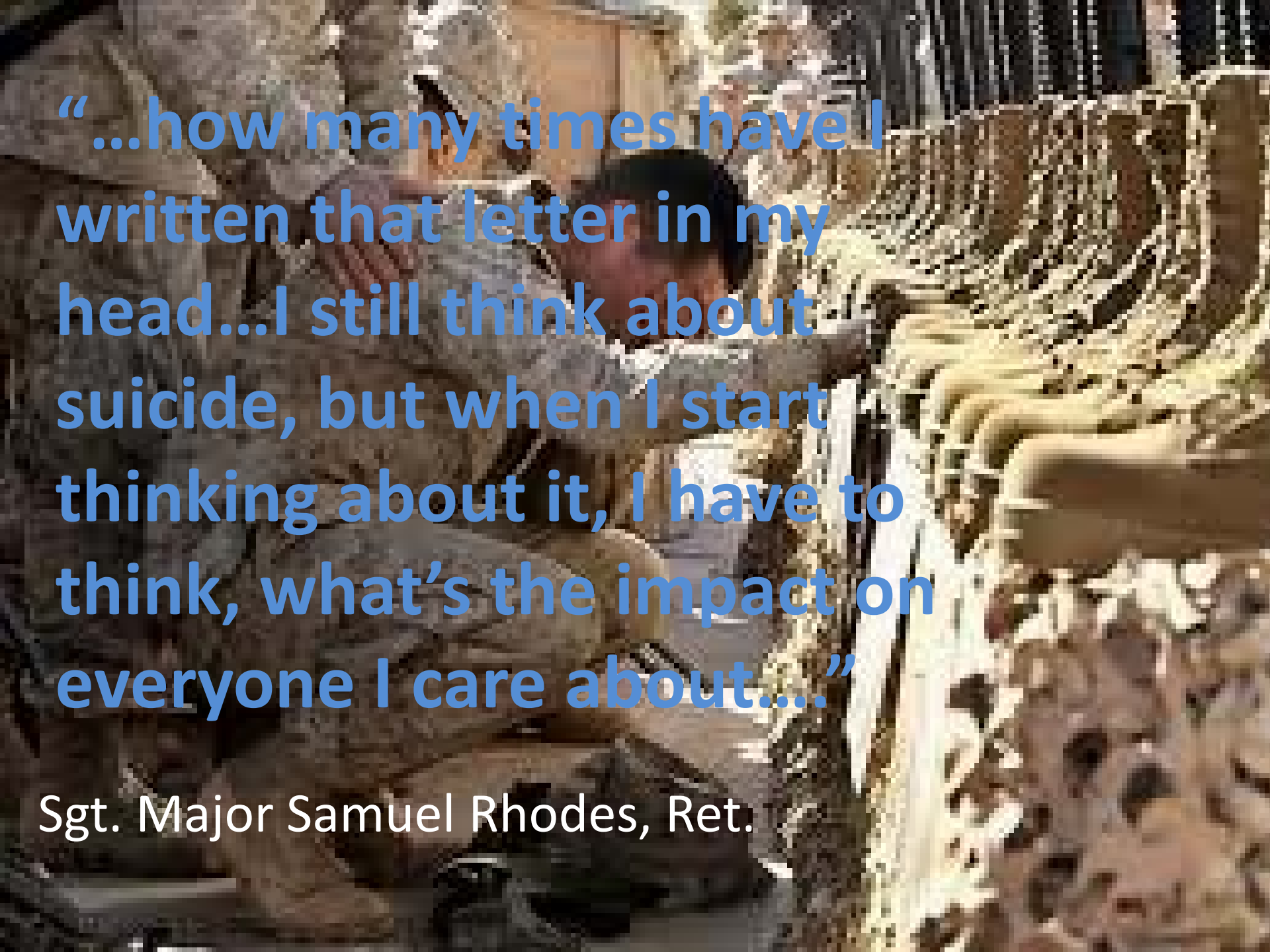
**Prompting the resolution
phase**



Veterans: An elevated risk for suicide

Source: Maguen, S; Metzler, T.; Bosch, J.; Marmar, C.; Knight, S.; Neylan, T.: **Vietnam Veterans: Killing in Way and Suicidal Thoughts**, Medical News Today, April 20, 2012

<http://www.medicalnewstoday.com/releases/244322.php>

A photograph of a soldier in a combat environment, wearing a helmet and holding a rifle, with a quote overlaid. The soldier is in the foreground, looking down, and the background shows a war-torn area with smoke and debris.

“...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?**



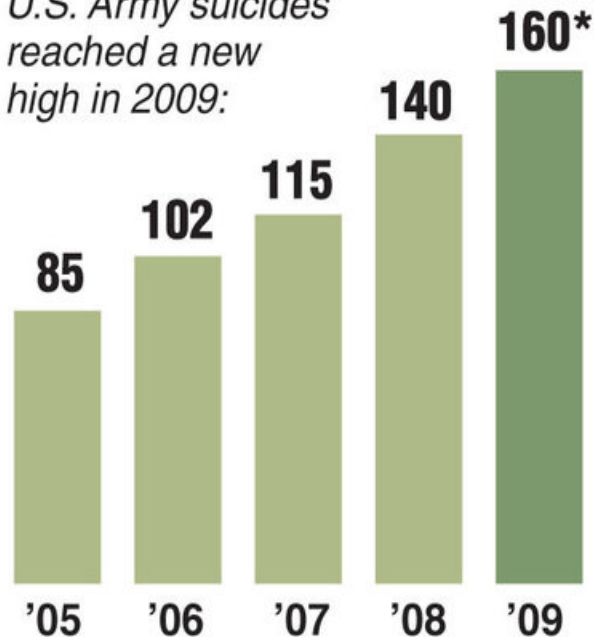
154 suicides in 155 days

January 1 to June 8, 2012

Military: Increasing Rate of Suicide

Army suicides increasing

U.S. Army suicides reached a new high in 2009:



*Confirmed and suspected

© 2010 MCT

Source: McClatchy Washington Bureau,
U.S. Army

Graphic: Judy Treible

- 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





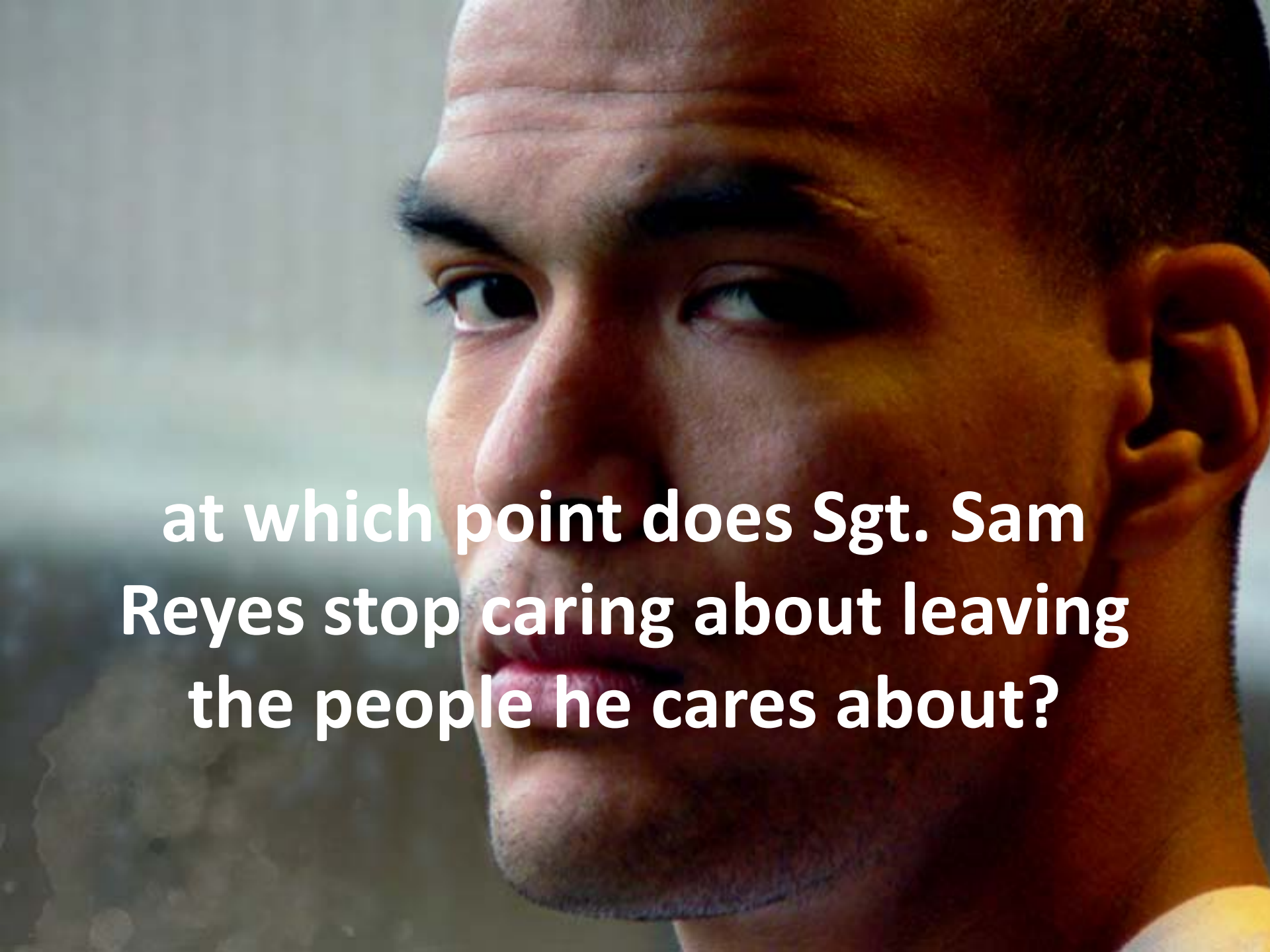
**“I remember waking up on
the street, being hot, like I
was on fire”**

Sgt. Sam Reyes, Jr.

A close-up portrait of a man with short, dark hair and a light beard. He is looking slightly to the right with a serious expression. The lighting is warm, casting soft shadows on his face. The background is out of focus, showing a textured wall.

**“I noticed I started getting
mean real quick”**

Sgt. Sam Reyes, Jr.

A close-up, profile view of a man's face, looking towards the left. The lighting is warm and dramatic, highlighting the contours of his face. The background is blurred.

**at which point does Sgt. Sam
Reyes stop caring about leaving
the people he cares about?**

A long, dark tunnel with a bright light at the far end, creating a strong sense of perspective and depth. The walls of the tunnel are textured and the light creates a lens flare effect.

**at which point does impulsive
behavior trigger the act?**

The background image shows two soldiers in camouflage uniforms and helmets, seen from behind, walking away from the camera. They are carrying a large Danish flag, which is white with a red cross. The scene is outdoors, and the background is slightly blurred, showing other people and structures.

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

A still from the movie Taxi Driver showing Travis Bickle (played by Al Pacino) sitting in the driver's seat of a taxi. He is looking out the window with a serious expression. The text "What about Travis Bickle?" is overlaid in yellow.

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?**



A man with a shaved head and a serious expression stands in the center of the frame. He is wearing a dark green, zip-up jacket. Behind him is a yellow taxi cab, partially visible, with a black and white checkered pattern on its side. The background shows a city street with buildings and graffiti-covered walls. The overall tone is gritty and urban.

**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



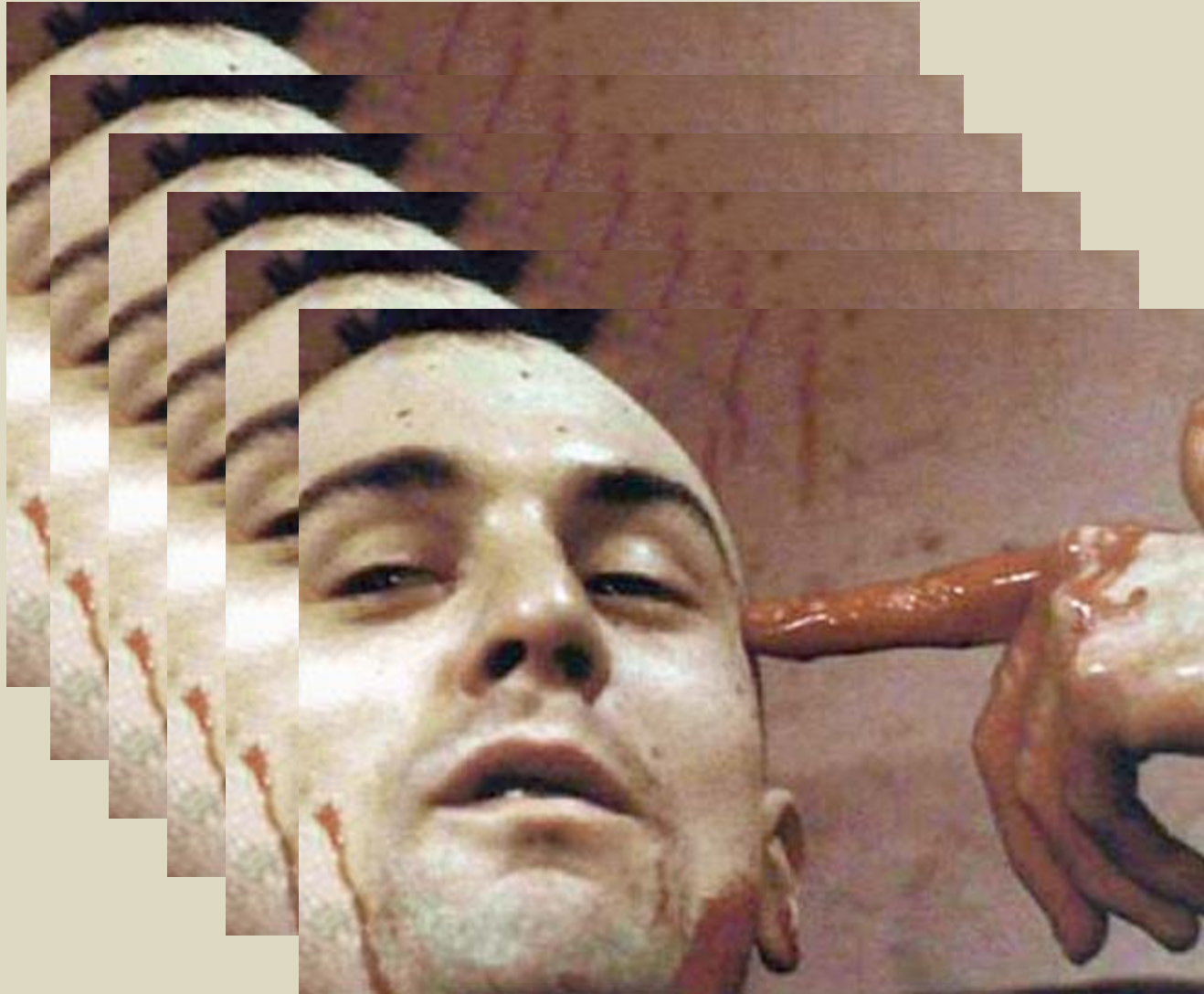
Presence of steps to facilitate a plan



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”

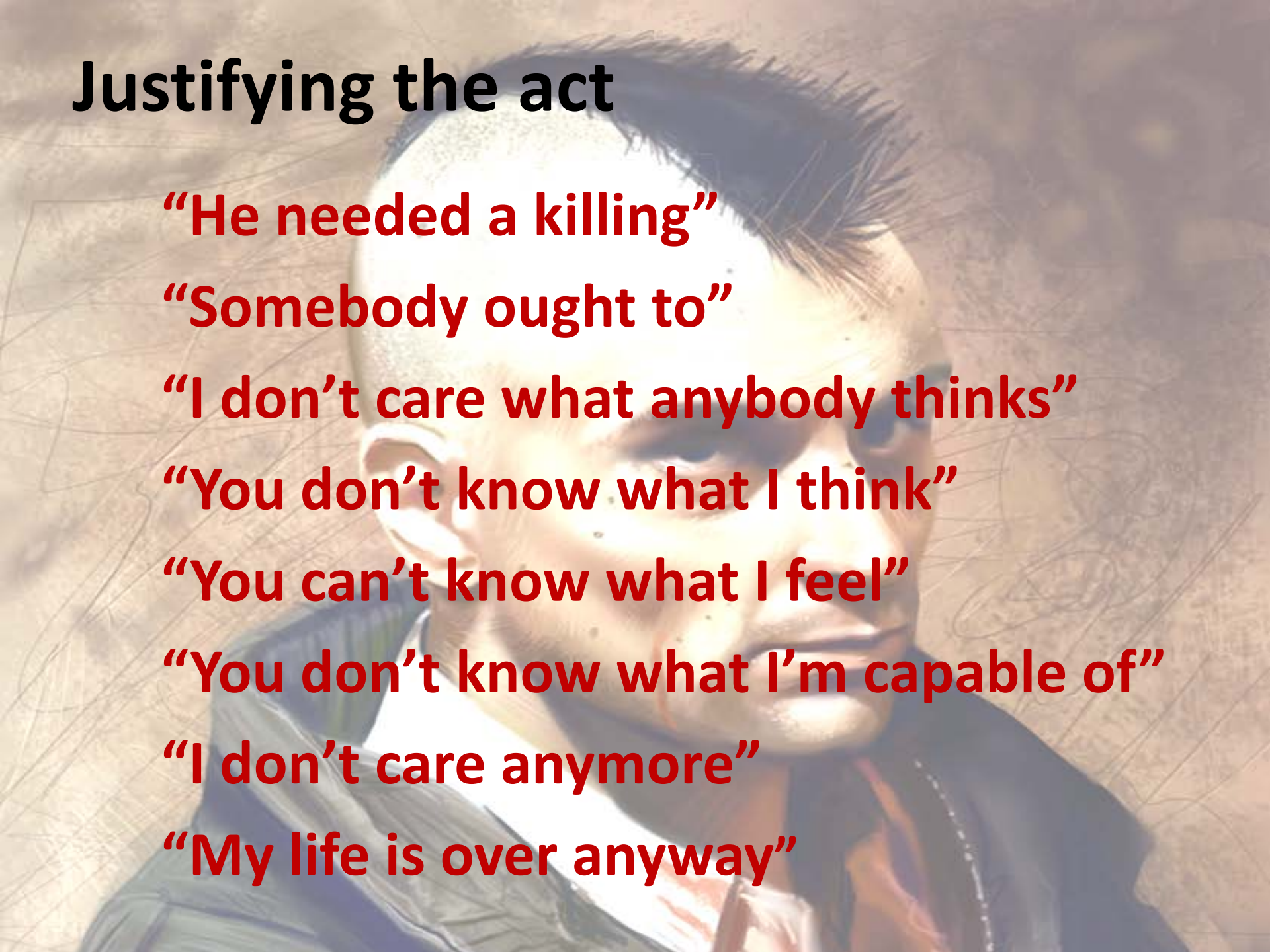
“You don’t know what I think”

“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”



A photograph of a man lying on his back on a white surface. A black leather boot is placed on top of his head. The man has a red beard and is looking up with a pained or distressed expression, his mouth open showing his teeth. The background is a plain, light-colored wall.

**Is there a justification
of violence?**

**Does the person consider
the act as a valid response?**

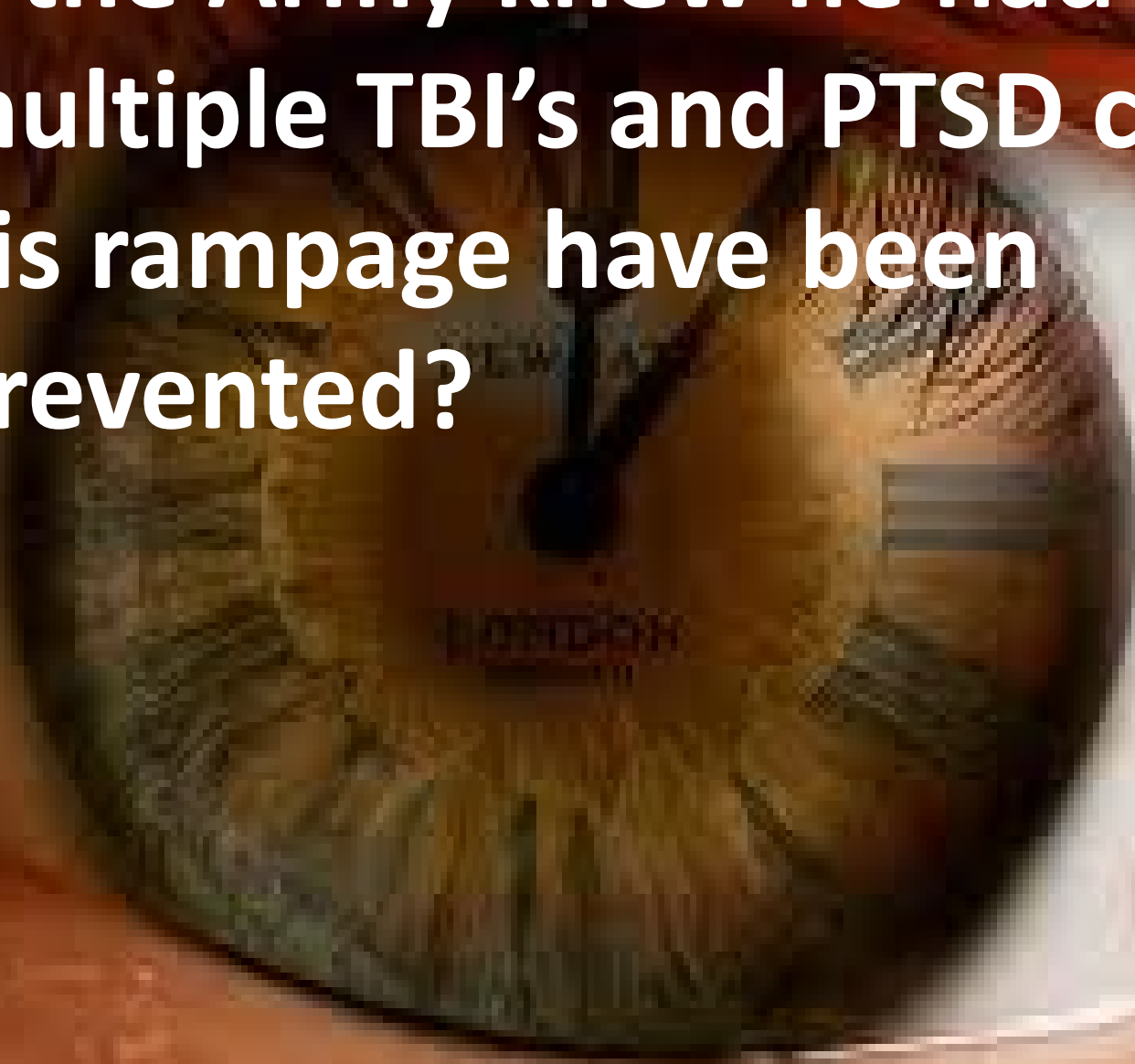
A photograph of two soldiers in a desert environment. The soldier on the left is wearing a dark cap and a dark jacket, looking down at a map. The soldier on the right is wearing a helmet and a dark jacket, also looking at the map. The map is held by the soldier on the right and shows a yellow and green area. The background shows a desert landscape with some buildings and a clear sky.

**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?”

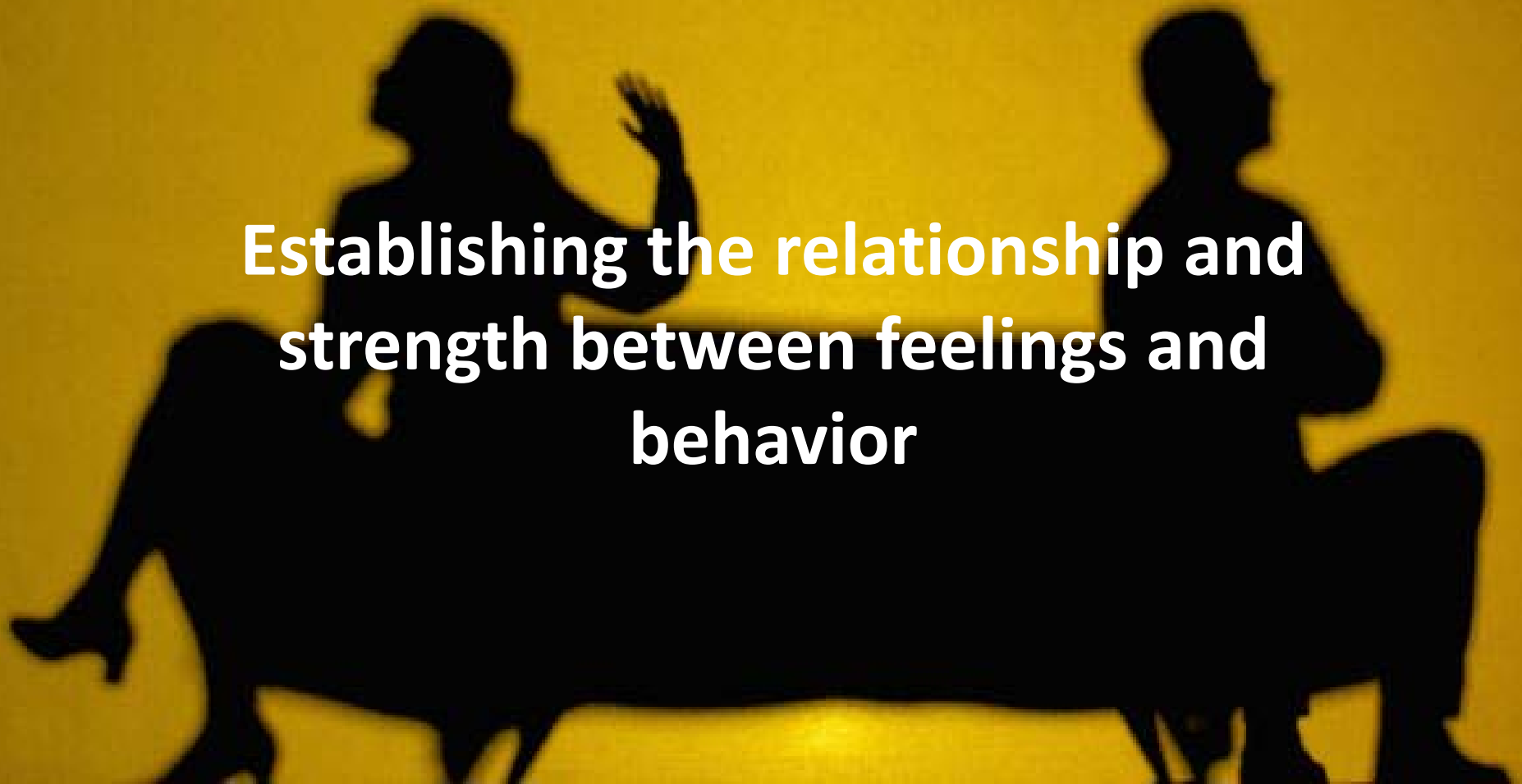
“What was going through his mind?”

**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”**

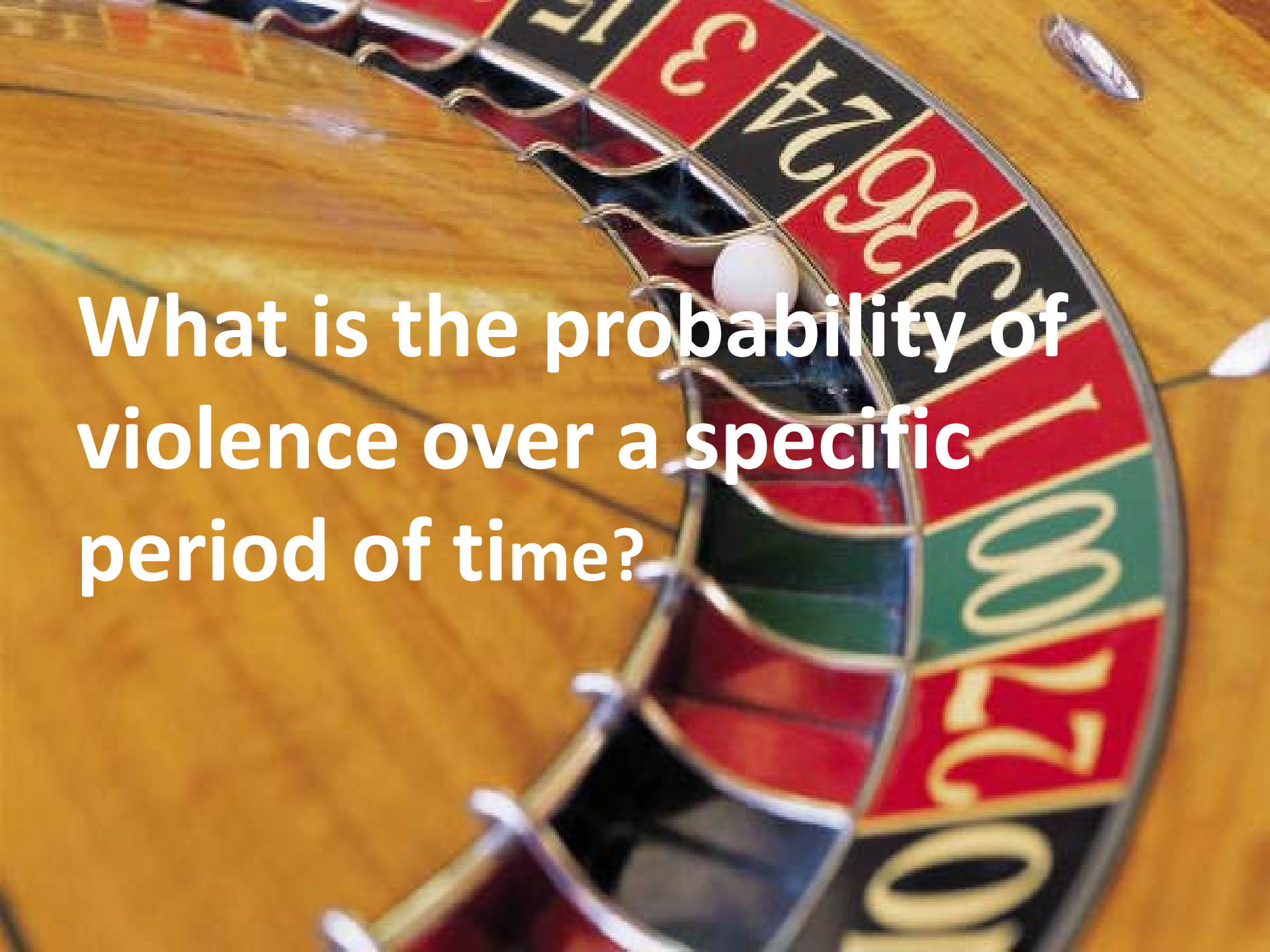
**Bonger, B. 1991, The Suicidal
Patient: Clinical and Legal
Standards of Care, Washington,
D.C., American Psychological
Association.**





Crafting an intervention

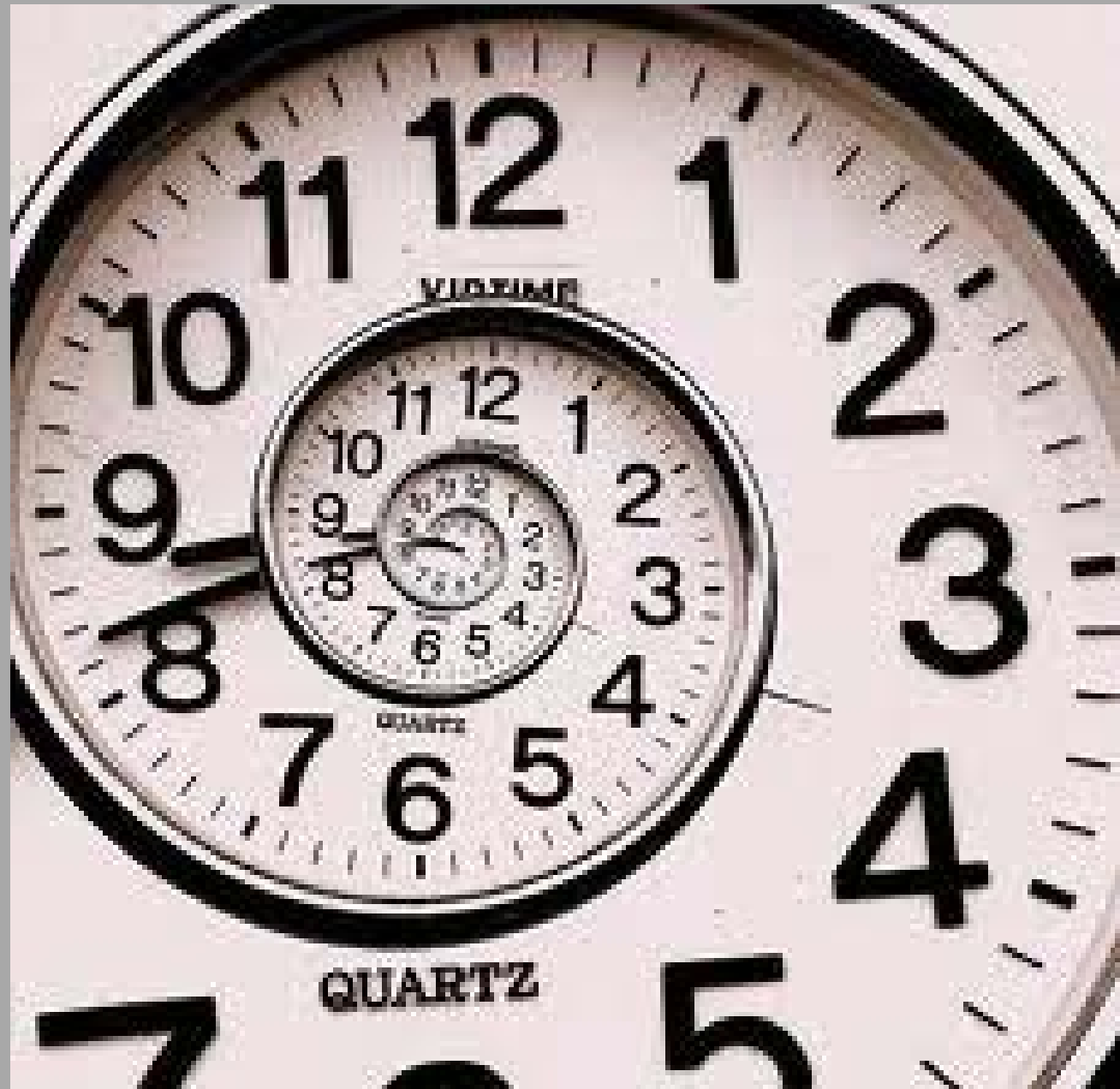
Identifying strategies to prevent
harm

A close-up photograph of a dartboard. The board is made of wood and has a circular face with various colored segments (red, black, green) and numbers in gold script. A white dart is embedded in the red segment labeled '9'. The text 'What is the probability of violence over a specific period of time?' is overlaid in white on the left side of the image.

What is the probability of
violence over a specific
period of time?

**How long
does risk
last?**

**Can we
reasonably
predict when
risk declines?**



A woman in a dark blazer and light blue top is pulling a blue rope to the left. A man in a grey blazer and dark shirt is pulling the same rope to the right. They are both in a crouched, competitive stance against a solid blue background.

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”

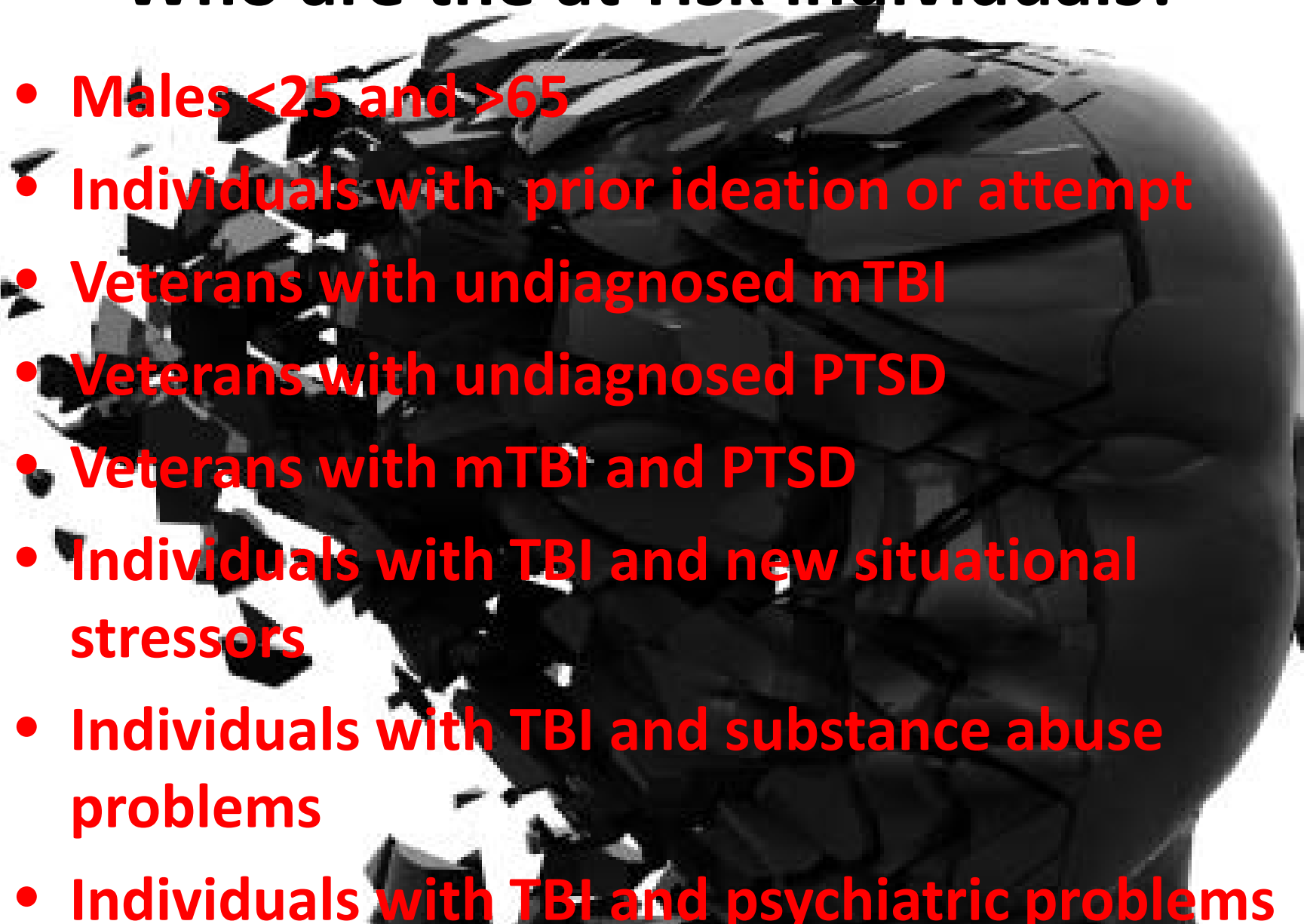
Pursuing work and avocational activities

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**

1

**Consider the
functional
changes
created by the
brain injury**

2

**Pay attention
to adjustment
to disability
issues**

3

**Dual
diagnosis
issues will
influence
risk potential**

4

**Focus on
self-
regulation
of behavior
and mood**

5

**Cognitive
issues will
effect
response to
treatment**

6

**Understand
“Triggers”**

7

**Use an
multi-
disciplinary
approach**

8

**Educate
others about
the risks**

9

**Social role
return is an
important
aspect of
understanding
risk**

10

**Don't
underestimate
risk**

11

**Be aware of
your “duty
to warn”**

12

Bottom Line:

**Be prepared to
take action**

Obligations under Duty to Protect

Obligations under Duty to Warn

Key Aspects

- Related to hopelessness, perceived rehab failure, pre-injury life issues, life changes post-injury. Frey, 2001
- 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
- Deficits in self-regulation and control. Barkley, 1998 and Diller, 1999
- 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
- **Suicidality after traumatic brain injury**. Simpson, G, Tate, R. Psychol Med. 2002; 32: 687-697

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”

Disclosure: Rolf B. Gainer, Ph.D. has business relationships with the Neurologic Rehabilitation Institute of Ontario, the Neurologic Rehabilitation Institute at Brookhaven Hospital, Community Neuro Rehabilitation of Iowa and Rehabilitation Institutes of America. The NRIO Outcome Validation Study is supported by the Neurologic Rehabilitation Institute of Ontario, the NRI Outcome Validation Study is supported by Brookhaven Hospital and the CNR Outcome Study is supported by Community Neuro Rehabilitation of Iowa.

Thank you!
Questions?

