Human chameleon

In his 1984 film documentary Zelig, Woody Allen plays a character, Leonard Zelig, a kind of human chameleon who takes on the appearance and behaviour of whoever he is with. Now psychologists at Italy’s University of Bari have reported the real-life case of AD, a 45-year-old whose identity appears dependent on the environment he is in. He started behaving this way after cardiac arrest caused damage to the frontal-temporal region of his brain.

When with doctors, AD assumes the role of a doctor; when with psychologists, he is a psychologist; at the solicitor’s he claims to be a solicitor. AD doesn’t just make these claims, he actually plays the roles and provides plausible stories for how he came to be in these roles.

To investigate further, Giovannia Conchiglia and colleagues used actors to create different situations. At a bar, an actor asked AD for a cocktail, prompting him to immediately fulfil the role of bar tender, claiming that he was on a two-week trial hoping to gain a permanent position. Taken to the hospital kitchen for 40 minutes, AD quickly assumed the role of head chef, and claimed responsibility for preparing special menus for diabetic patients. He maintains these roles until the situation changes. However, he didn’t adapt the role of laundry worker at the hospital laundry, perhaps because it was too far out of keeping with his real-life career as a worker at the hospital kitchen.

His tendency to switch roles is exacerbated by anterograde amnesia (a loss of memory for events since hospital kitchen).

Cognitive and behaviour changes

Cognitive and behaviour changes that often follow a brain injury (such as disinhibition and impaired impulse control, poor social judgement, irritability, low-frustration tolerance, anger and aggression) can lead to behaviours that falls outside societal norms and contravenes the law. For example, poor memory and executive function may result in a person forgetting to pay for purchases, or neglecting fines and being legally pursued. Impulsive behaviour may compel someone to put a grocery item in their bag, and subsequently be charged for theft.

There is hope. A number of initiatives have been rolled out in recent years to address the issues, however, clinical neuropsychological assessment is necessary to achieve adequate consideration of the individual’s cognitive strengths as well as any difficulties they may experience.

Neuropsych assessments

A neuropsychological assessment was traditionally carried out to assess the extent of impairment to a particular skill, and to attempt to locate an area of the brain which may have been damaged after a brain injury. With the advent of neuroimaging techniques, location of brain damage can now be accurately determined, so the focus has now moved onto the measurement of cognition and behaviour, including examining the effects of any brain injury or neuropsychological process that a person may have experienced.

A core part of neuropsychological assessments is the administration of neuropsychological tests for the formal assessment of cognitive functioning. Aspects of cognitive functioning that are assessed usually include orientation, memory, intelligence, language, visuospatial processing, executive control and self-awareness.

Further information is available on the report “Issues and inequities facing people with ABI in the criminal justice system”, Brown & Kelly (2012). You can download the full report at: www.diverge.org.au, email info@diverge.org.au or call 03 9329 4330.

Suzanne Brown and Glenn Kelly from Diverge report at www.diverge.org.au, email info@diverge.org.au or call 03 9329 4330. Diverge is a non-profit organisation based in Victoria with expertise in brain injury, complex cases and behaviour support services.

Is it justice?

People with Acquired Brain Injury (ABI) are significantly over-represented in the criminal justice system. Recent Australian and international research has found that over 40% of prisoners have acquired a brain injury. Studies that included people who experienced loss of consciousness, compression or mild traumatic brain injury have reported prevalence rates of approximately 60% to 70% among prison populations. Given the numbers of people with a brain injury, intellectual disability, and mental illness within Corrections, it is arguable that employees of the Department of Justice work as much in a disability system as a criminal justice system.

Recent Australian research indicates that, compared to the general population, people with a brain injury have higher rates of contact with police, more court appearances and more convictions, longer periods of incarceration, and are more likely to be victims of crime. People with a brain injury generally commit relatively minor offences (e.g., 40% of offences relate to theft and road traffic infringements), are under the influence of alcohol at the time of the offence, and have difficulty accessing information about their rights or legal situation.

Those who come into contact with the criminal justice system typically have very complex life circumstances. Many present with multiple and complex needs, and may be experiencing co-existing mental illness, alcohol or drug dependence, health complaints, breakdown of the family unit or unstable accommodation. There is evidence to suggest that complex circumstances can be precipitated and exacerbated by contact with the criminal justice system.

Both individual factors and systemic barriers present significant challenges, and unfortunately these can contribute to a cycle of recidivism. The individual may have limited understanding of their legal rights, respond impulsively without thinking through the issues, be intimidated and make false confessions, have trouble controlling their emotions in court, or have difficulty communicating.

The ‘system’ may fail to identify that the person has a cognitive impairment, may fail to provide a fair and equitable response with respect to fines and being legally pursued. Impulsive behaviour may compel someone to put a grocery item in their bag, and subsequently be charged for theft.

Disinhibited behaviour in a community setting, such as swearing or urinating in public, may result in charges for offensive behaviour.

People with a brain injury sometimes sign contracts that they don’t fully understand (such as rental agreements, mobile phone offers, loans or a house mortgage) and then fail to comply with the agreement, resulting in prosecution for fraud. Reduced frustration tolerance, susceptibility to stress and poor anger management can result in heated social exchanges or assault (as either a perpetrator or victim). These difficulties can create a cycle where a person is charged, convicted and sentenced, rather than treated, rehabilitated and supported in the community.

The cycle of recidivism

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