


WHY IS DAD SPENDING & MOM STEALING?
The Relationship Between
Brain Injury, Overshopping & Stealing Behaviors


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Quotes

- ◆ *There's no such thing as something for nothing.*—N. Hill
- ◆ *I'm convinced that every boy, in his heart, would rather steal second base than an automobile.*—Tom Clark
- ◆ *That is mine which none can steal from me.*—Henry Thoreau
- ◆ *You can never get enough of what you don't really need.*—Dr. April Benson
- ◆ *We used to build civilizations. Now we build shopping malls.*—Bill Bryson
- ◆ *He/She who dies with the most toys wins!*—Anonymous



Who am I?

- ◆ Born/raised in Detroit; lived in Southfield 17 years
- ◆ Married 15 years
- ◆ Been an attorney since 1992
- ◆ Been in recovery from compulsive stealing since 1990
- ◆ Started C.A.S.A. (Cleptomaniacs And Shoplifters Anonymous) in 1992
- ◆ Obtained my MSW in 1997 and have been a full-time addictions therapist ever since
- ◆ Founded The Shulman Center in 2004
- ◆ Authored 4 books on compulsive shoplifting, employee theft, shopping/spending, and hoarding
- ◆ Have presented at many local/national conferences
- ◆ Have been interviewed in numerous media including The Oprah Winfrey Show in 2004
- ◆ Have been counseling people with compulsive stealing and shopping/spending issues since 2000
- ◆ This is my second time attending/presenting at BIAMI




Overview of Traumatic Brain Injury (2013)

Traumatic brain injury (TBI) is a major cause of death and disability in the United States. TBIs contribute to about 30% of all injury deaths. Every day, 153 people in the United States die from injuries that include TBI. Those who survive a TBI can face effects that last a few days, or the rest of their lives. Effects of TBI can include impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). These issues not only affect individuals but can have lasting effects on families and communities.

WHAT IS A TBI?

A TBI is caused by a bump, blow, or jolt to the head that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from "mild" (i.e., a brief change in mental status or consciousness) to "severe" (i.e., an extended period of unconsciousness or memory loss after the injury). Most TBIs that occur each year are mild, commonly called concussions.




Overview of Traumatic Brain Injury (2013)

HOW BIG IS THE PROBLEM?

In 2013, about 2.8 million TBI-related emergency department (ED) visits, hospitalizations, and deaths occurred in the United States.

- ◆ TBI contributed to the deaths of nearly 50,000 people.
- ◆ TBI was a diagnosis in more than 282,000 hospitalizations and 2.5 million ED visits. These consisted of TBI alone or TBI in combination with other injuries.
- ◆ Over the span of six years (2007–2013), while rates of TBI-related ED visits increased by 47%, hospitalization rates decreased by 2.5% and death rates decreased by 5%.
- ◆ In 2012, an estimated 329,290 children (age 19 or younger) were treated in U.S. EDs for sports and recreation-related injuries that included a diagnosis of concussion or TBI.
- ◆ From 2001 to 2012, the rate of ED visits for sports and recreation-related injuries with a diagnosis of concussion or TBI, alone or in combination with other injuries, more than doubled among children (age 19 or younger).



Overview of Traumatic Brain Injury (2013)

WHAT ARE THE LEADING CAUSES OF TBI?

- ◆ In 2013, falls were the leading cause of TBI. Falls accounted for 47% of all TBI-related ED visits, hospitalizations, and deaths in the United States. Falls disproportionately affect younger and older age groups.
- ◆ More than half (54%) of TBI-related ED visits, hospitalizations, and deaths among children 0 to 14 years were caused by falls.
- ◆ 4 in 5 (79%) TBI-related ED visits, hospitalizations, and deaths in adults aged 65 and older were caused by falls.
- ◆ Being struck by or against an object was the second leading cause of TBI, accounting for about 15% of TBI-related ED visits, hospitalizations, and deaths in the United States in 2013.
- ◆ Over 1 in 5 (22%) TBI-related ED visits, hospitalizations, and deaths in children less than 15 years of age were caused by being struck by or against an object.
- ◆ Among all age groups, motor vehicle crashes were the third overall leading cause of TBI-related ED visits, hospitalizations, and deaths (14%). When looking at just TBI-related deaths, motor vehicle crashes were the third leading cause (19%) in 2013.
- ◆ Intentional self-harm was the second leading cause of TBI-related deaths (33%)

Overview of Traumatic Brain Injury (2013)

WHAT ARE THE RISK FACTORS OF TBI?

Among TBI-related deaths in 2013:

- Rates were highest for persons 75 years of age and older.
- The leading cause of TBI-related death varied by age.
- Falls were the leading cause of death for persons 65 years of age up.
- Intentional self-harm was the leading cause of death for persons 25-64 years.
- Motor vehicle crashes were the leading cause of death for persons 5-24 years.
- Assaults were the leading cause of death for children ages 0-4 years.

Among non-fatal TBI-related injuries in 2013:

- Hospitalization rates were highest among persons 75 years of age up.
- Rates of ED visits were highest for persons 75 years of age and older and children 0-4 years of age.
- Falls were the leading cause of TBI-related ED visits for all but 1 group.
- Being struck by or against an object was the leading cause of TBI-related ED visits for persons 15 to 24 years of age.
- The leading cause of TBI-related hospitalizations varied by age:
 - Falls were the leading cause among children 0-14 years of age and adults 45 years of age and older.
 - Motor vehicle crashes were the leading cause of hospitalizations for adolescents and persons 15-44 years of age.

Traumatic Brain Injury Facts (2010)

What are the costs of TBI?
Direct medical costs and indirect costs such as lost productivity of TBI totaled an estimated \$60 billion in the United States in 2010.

What are the long-term consequences of TBI?
The Centers for Disease Control and Prevention estimates that at least 5.3 million Americans currently have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI.

According to one study, about 40% of those hospitalized with a TBI had at least one unmet need for services one year after their injury.

The most frequent unmet needs were:

- Improving memory and problem solving;
- Managing stress and emotional upsets;
- Controlling one's temper; and
- Improving one's job skills.

TBI and Ensuing Mood Disorders

Mood disorders are the most frequent psychiatric illness observed among patients with a TBI. Hibbard and colleagues used a structured interview and DSM-IV criteria to identify Axis I psychopathology in 100 adults with a TBI who were evaluated, on average, 8 years after trauma. The prevalence of major depression in this population was 61%. More recently, Kreutzer and colleagues studied the prevalence of major depressive disorder in a sample of 722 outpatients with a TBI, evaluated an average of 2.5 years following brain injury. Major depression, defined using DSM-IV criteria, was diagnosed in 303 patients (42%). Findings from a prospective study indicate that the frequency of mood disorders was significantly greater in patients with a TBI than in a control group of patients who had had an orthopedic trauma. A mood disorder developed at some time during the first year after injury in 46 of 92 patients with a TBI (51%), compared with 6 of 27 patients (22%) with multiple traumatic injuries but without CNS involvement.

In addition, the frequency of major depressive disorder was significantly greater in patients with TBI than in the control group. Thus, mood disorders were significantly more frequent in patients with a TBI than in patients with similar background characteristics who underwent similar levels of stress (e.g., motor vehicle accidents) but who did not sustain brain injury. This suggests that structural brain damage associated with a TBI constitutes an important contributing factor to the development of affective disorders. Furthermore, patients who experience major depression following a TBI frequently show structural and/or functional alterations in the prefrontal cortex as evidenced by abnormal performance on neuropsychological tests or by abnormal neuroimaging findings.

TBI and Ensuing Mood / Behavioral Disorders

Depression
Anxiety Disorders
PTSD
ADHD
OCD
Hoarding Disorder
Substance Use Disorders and/or Other Addictive Disorders
Bipolar Disorder
Intermittent Explosive Disorder
Neuroses/Psychoses

Personality Characteristics After TBI
(Similar to Persons with Compulsive Disorders)

1. Obsessiveness
2. Restlessness / Impulsivity
3. Perfectionism
4. Defensiveness/Defiance
5. Irrationality/Distorted Thinking
6. Impatience / Immaturity
7. Easily angered or frustrated
8. Lowered Self-Esteem
9. Indecisiveness / Procrastination
10. Disorganization of space, time, money, thought

Did you know?

Over 10% of Americans shoplift and
and
90% of Americans have shoplifted at least once.
—(Various sources)

♦ There are nearly 300 million shoplifting incidents per year. -2016 Jack Hayes International, Inc.

Chances are--you are in the 75% or more of all employees who have stolen from work.

-U.S. Chamber of Commerce

Seven Different Types of Shoplifters
(The Shulman Center Estimates)

1. The Professionals (Greed) (10%)
2. The Drug/Gambling/Shopping Addicts (15%)
3. The Impoverished/Financially strapped (15%)
4. The Thrill Seekers (youth/others) (10%)
5. The Absent-Minded (elderly/others) (2%)
6. The Kleptomaniacs (rare) (1%)
7. The Addictive-Compulsives (people who act out of emotions and may get addicted) (48%)

Questions:

- ◆ How do you define compulsive overshopping or overspending?
- ◆ How do you define a shopaholic?
- ◆ When is it a real problem?

Did you know?

- ◆ According to a Landmark 2006 Stanford Univ. study, 6% of Americans (18 Million) are compulsive over shoppers or over spenders
- ◆ A 2008 University of Richmond (Virginia) study estimates that closer to 10% of Americans (30 Million) over-shop
- ◆ Men and women are affected about equally
- ◆ The rise of online shopping and 24-hour shopping on TV have created a rise in compulsive shoppers/spenders

TBI Can Cause/Mimic Symptoms of OCD and Addiction


In addition to changes in cognitive function, behavior, and mobility, TBI appears to trigger symptoms of OCD including obsessions and compulsions in some people. OCD following a TBI usually occurs soon (if not immediately) after the event has taken place; however, there have been reports of TBI-induced OCD being diagnosed months after the initial injury. In each case, localized brain damage may or may not be present when viewing a brain scan. Research has indicated that OCD following a TBI is usually accompanied by symptoms of major depression. Whether this depression is a result of the TBI, the psychosocial stress caused by the injury or the onset of OCD or a combination of these factors is unclear.

How is OCD following a TBI treated? Treatment with selective serotonin reuptake inhibitors such as Prozac (fluoxetine) or tricyclic antidepressants such as Anafranil (clomipramine) may be recommended. Psychotherapy for OCD following a TBI may also be helpful; however, given the high potential for cognitive impairment in this population, the viability of this treatment strategy needs to be evaluated on a case-by-case basis. In many cases, a supportive therapy which assists the individual in simply coping with both the practical and emotional challenges associated with both TBI and OCD can be beneficial.


Ten Common Emotional Processes

- THAT
- CAN
- RESULT
- FROM
- TBI,
- Compulsive Shopping
- and
- Compulsive Stealing


1. Grief and Loss: To fill a void




2. Anger/Revenge, Life is unfair:
To get back at or make life right



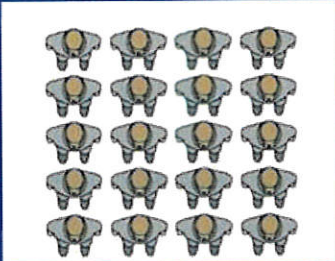
3. Depression: To get a lift of energy




4. Anxiety/Stress/Trauma: To comfort self




5. Acceptance/Competition: To fit in



6. Power/Control: To counteract
feeling lost or powerless



7. Boredom/Excitement: To create a
sense of escape or challenge



8. Shame/Low self-esteem: To distract or to feel good at something

9. Entitlement/Reward: To reward self for over-giving or over-doing

10. Rebelliousness/Defiance

Consequences of Traumatic Brain Injury and/or Compulsive Shopping or Stealing

- ◆ Legal (incarceration, criminal record, probation)
- ◆ Financial (attorney, fines, costs, etc.)
- ◆ Housing /Residential changes
- ◆ Educational
- ◆ Employment (loss of job, hard finding new work)
- ◆ Relational (loss of friends, family, S.O.)
- ◆ Loss self-esteem, self-respect, trust
- ◆ Lost time and direction
- ◆ Spiritual disconnection
- ◆ Loss of reputation/community
- ◆ Deportation/loss of green card
- ◆ Other?

Traumatic Brain Injury and Criminal Responsibility
By [William J. Washburn, PhD, JD](#)

Traumatic brain injury (TBI) is a major public health problem in the United States. It can result, perhaps most often, from sports injuries sustained for two billion years before a person nearly always forgets what happened, and at least 50,000 deaths. Approximately 50,000 people suffer a serious brain injury each year for major cerebral, cerebellar, and brainstem injuries. About 2.5 million people are permanent neurologically impaired for weeks or even for their lives.

Some victims of traumatic brain injury fully recover, but many others experience a multitude of cognitive, emotional and behavioral disabilities. For example, attention deficit and memory loss are often reported. People with brain injuries often find their disabilities not only are exacerbated (exacerbated by their families) in their families, but also directly result from the injury. Personality changes are common. There is loss of self and control of one's behavior, and people with brain injuries often experience attacks of violence. Some with severe brain injuries lack the ability to control their thoughts, emotions, impulses and their conduct. They may become extremely promiscuous, excessive, paranoid or violent.

People with severe brain injuries may require close supervision by a caregiver or other responsible person. It is because such people lack the ability to control their impulses and conduct, that they can pose a threat to others and the nation. Although not all people with severe brain injury are dangerous, a subset of traumatic brain injury is more violent and dangerous than the general population. In a three-decade study of 11 adults and 14 juveniles on death row in the state of Ohio, psychiatrist Timothy Charles Lewis found all 25 inmates had a history of traumatic brain injury. One might assume that their brain injuries would have been discovered and taken into consideration during their trial or at sentencing. Yet Lewis reports that evidence of brain injury was not mentioned at all, much less given weight in the legal proceedings.

Traumatic Brain Injury and Criminal Responsibility
By [William J. Washburn, PhD, JD](#)

When I was invited in 2008-09 years after Lewis' studies were published to speak at the National Public Defender Association about traumatic brain injury and criminal responsibility, I discovered that only a few of the 800 public defenders were familiar with Lewis' research. This provided me an opportunity to explore further the relevance of brain injury to criminal responsibility. It also raises questions about the role of psychiatrists, psychologists, and other health care professionals in evaluating the impact of brain injury on behavior.

Criminal responsibility presumes that people have the capacity to control their conduct and to choose whether to commit crimes. Those whose mental capacity is severely impaired may be found not guilty by reason of insanity for an act they committed that would otherwise be a crime. Although disagreement exists about the test for insanity, it is common that traumatic brain injury can cause cognitive and behavioral changes in a person who meets the test for insanity.

One dramatic example is that of a 20-year-old man whose brain was damaged from a mass fatal car crash. Although before his accident he was a responsible, polite, successful young adult, afterward he became increasingly impulsive and delinquent. He formed an over-protective personal defense that his mother, with whom he had previously had a good relationship, had become part of a conspiracy to kill his father. One day he was at the drugstore with his mother when she was picking up some cardiac medication (intended for his father). The pharmacist said to her privately, "What are you going to do with this old man?" The young man's personal delirium about the conspiracy intensified and he felt compelled to kill his mother to protect his father. When he and his mother got home, he shot her to death. The psychiatrist who evaluated the young man all agreed, so did the attorneys, that he was insane because they thought he was a paranoid schizophrenic. Although it was clear that he was legally insane, after he was committed to a mental institution, it was discovered he was not suffering from schizophrenia. Only later did his physician realize that his traumatic brain injury, rather than schizophrenia, caused his paranoia.

Traumatic Brain Injury and Criminal Responsibility

By **Robert C. Worley, Ph.D., JD**

For purposes of criminal responsibility it is always relevant, or the Levin, Insom & Dunne review, to establish psychiatric, neurological and neuropsychological factors that may have influenced the behavior of a person accused of a crime. When a person claims to have undergone a sudden personality change or acted in a manner out of character in a single instant, possible links to brain injury should be assessed. A history of traumatic brain injury may shed light on an accused person's conduct as well as their cognitive and emotional capacities. Although brain injury—even severe brain injury—may not provide sufficient evidence for insanity, it may help to explain criminal behavior, even if it does not excuse it. Evidence of brain injury may, however, be a factor that affects whether an alleged crime is classified as a serious felony or a lesser offense. If a person is accused of a crime, evidence of brain injury may be considered as a mitigating factor with regard to severity of punishment. In view of the relevance of brain injury to criminal responsibility, attorneys have a responsibility to consider whether brain injury may have influenced a defendant's behavior.

Appropriate health professionals, especially neuropsychiatrists, neurologists and neuropsychologists, can conduct an evaluation to diagnose brain injury. Recent refinements in neuroimaging techniques—such as CT scan, MRI, or PET scan—and psychological testing for impulse control disorders may help explain a defendant's behavior. As diagnostic techniques become more precise and our understanding of how brain injuries may influence behavior increases, the legal system should take new knowledge into consideration in assessing criminal responsibility. As health professionals, we must be cautious to avoid making premature claims about our knowledge of how brain injuries affect behavior. At the same time, evidence of brain injury is relevant to judgments about the degree to which a behavior is subject to a person's control. Health professionals should present reliable, obtained relevant evidence. Judges and juries must decide how much credibility and weight to assign to the evidence. We know enough already to know that our brains influence our behavior and that damaged brains impact control of behavior. The scientific community should give closer scrutiny to the connection between brain injury and behavior, not only to avoid the legal system in assigning criminal responsibility, but also to help doctors and better ways to help persons with brain injuries to regain control of their impulses and their conduct.

Overshopper/Overspender Subtypes

- ◆ Compulsive (emotionally triggered)
- ◆ Trophy (have to have that perfect thing)
- ◆ Image (must look the best!)
- ◆ Bargain (can't pass it up—it's a steal!)
- ◆ Co-dependent (give to others for love)
- ◆ Binge/bulimic (Buy and return pattern)
- ◆ Collector (O.C.D./control/safety)
- ◆ Spender/Underspender

Theories about why people compulsively shop and steal

- ◆ Genetic, OCD, ICD, ADHD, anxiety, depression
- ◆ Get high from accumulating
- ◆ Reaction to trauma, loss, PTSD
- ◆ Reaction to abuse, neglect
- ◆ Social anxiety/phobia, isolation
- ◆ High prevalence among adoptees
- ◆ Revisiting/holding onto fond memories
- ◆ Keeping relationships, intimacy, hurt
- ◆ Procrastination/major change avoidance
- ◆ Control over little things but not big things
- ◆ Problems with attention
- ◆ Problems processing info/categorizing
- ◆ Problems making decisions
- ◆ Problems with memory (too much/too little)
- ◆ Perfectionism
- ◆ Sentimental attachment
- ◆ Over-identification with things
- ◆ Safety, security, control
- ◆ Reinforcement for avoidance/acquiring

Successful prevention/treatment

- ◆ Public/Childhood Education
- ◆ Work with financial advisor/accountant
- ◆ Books/Articles
- ◆ Specialized Therapy
- ◆ Support Groups
- ◆ Medication
- ◆ Budgeting
- ◆ Values (environment, materialism, delay of gratification, spirituality)
- ◆ Trigger identification, avoidance, coping

Books

- ◆ **Bought Out & Spent! Recovery from Compulsive Shopping & Spending**, Shulman
- ◆ **Something for Nothing: Shoplifting Addiction & Recovery**, Terrence Shulman
- ◆ **Chattered Lives, Empty Souls: Compulsive Stealing, Spending Hoarding**, Shulman
- ◆ **Biting The Hand That Feeds: The Employee Theft Epidemic...New Perspectives, New Solutions**, Terrence Shulman
- ◆ **The Art of The Steal**, Frank Abagnale
- ◆ **I Shop Therefore I Am / To Buy or Not To Buy**, April Benson, PhD
- ◆ **Overcoming Overspending**, Olivia Mellan
- ◆ **Born to Spend**, Gloria Aronson
- ◆ **A Currency of Hope**, Debtors Anonymous
- ◆ **Addicted to Shopping**, Karen O'Connor
- ◆ **Money Drunk, Money Sober**, Julia Cameron
- ◆ **Stop Me Because I Can't Stop Myself**, Jon Grant, MD
- ◆ **Kleptomaniac**, Marcus Goldman, MD
- ◆ **Why Honest People Steal**, Wil Cupchik
- ◆ **Secret Keeping**, John Prin
- ◆ **Compulsive Acts**, Elias Aboujadoude, MD

Website Articles of Interest: TBI and Stealing

- (2016) CBS News: Brain Surgery Leaves Brazilian Woman with Strange Side Effect: Kleptomania
<https://www.cbsnews.com/news/brain-surgery-leaves-woman-with-strange-side-effect-kleptomania/>
- (2016) Many Causes of Shoplifting, Including Brain Injuries
<https://www.absolutadvocacy.org/shoplifting-compulsive-behavior/>
- (2016) 40-Year-Old Woman Exhibits Kleptomania Symptoms after TBI
<https://www.absolutadvocacy.org/2016/05/15/40-year-old-woman-exhibits-kleptomania-symptoms-after-tbi/>
- (2014) 55-Year-Old Man Begins Stealing From Medical Ward After Admittance For Brain Injury
<https://www.absolutadvocacy.org/2014/05/15/55-year-old-man-begins-stealing-from-medical-ward-after-admittance-for-brain-injury/>
- (2011) Psychology Today Article... Shoplifting: There's More to The Story
<https://www.psychologytoday.com/blog/what-the-wild-things-are/201110/shoplifting-theres-more-the-story>
- (2011) Kleptomania and Potential Exacerbating Factors (Including Head Trauma)
- (2004) Two Cases of Kleptomania Reported After Head Trauma
- (2003) Traumatic Brain Injury and Criminal Responsibility
<https://www.law.uh.edu/healthlaw/perspectives/Disabilities/031215Traumatic.html>
- Difference Between Kleptomania and Typical Theft Behavior
<http://addictionsparts.com/types-of-addiction/kleptomania/>
- How Brain Injury Affects Cognition and Behavior
<https://www.absolutadvocacy.org/shoplifting-compulsive-behavior/>




Website Articles of Interest: TBI and Shopping/Spending

- (2017) Long-term effects of brain injury are hard to deal with
<https://www.healthline.com/health/brain-injury-effects>
- (2016) The Link Between Brain Injuries and Addiction, Including Compulsive Shopping
<https://www.psychologytoday.com/blog/brain-injury/2016/07/the-link-between-brain-injuries-and-addiction-including-compulsive-shopping>
- (2015) The Man Who Couldn't Stop Giving
<https://www.theatlantic.com/magazine/archive/2015/05/the-man-who-couldnt-stop-giving/389531/>
- (2014) Physical and Emotional Trauma and Compulsive Spending
<https://www.psychologytoday.com/blog/brain-injury/2014/07/physical-and-emotional-trauma-and-compulsive-spending>
- (2013) Shopaholism or Luxury Problem?
<https://www.psychologytoday.com/blog/brain-injury/2013/04/shopaholism-or-luxury-problem>
- (2013) Drug to Help with Shopping Addiction As Those with Brain Injuries Benefit as Well
<https://www.psychologytoday.com/blog/brain-injury/2013/07/drug-to-help-with-shopping-addiction-as-those-with-brain-injuries-benefit-as-well>
- (2003) Traumatic Brain Injury and Criminal Responsibility
<https://www.law.uh.edu/healthlaw/perspectives/Disabilities/031215Traumatic.html>


Getting Help for Impulse Control
<https://www.psychologytoday.com/blog/brain-injury/2013/07/getting-help-for-impulse-control>

How Brain Injury Affects Cognition and Behavior
<https://www.absoluteadvocacy.org/shopping-cognitive-behavior/>



Short YouTube Video Clips of Interest

- Traumatic Brain Injuries: Effects of Damage to Different Lobes of The Brain (2011, 8 minutes)
<https://www.youtube.com/watch?v=Uj1u3118384>
- Cognitive and Psychological Consequences of Traumatic Brain Injury—TBI (2011, 10 minutes)
<https://www.youtube.com/watch?v=1211219298>
- Sanjay Gupta, MD: Deep Brain Stimulation (DBS) Helps OCD Patients (2014, 5 minutes)
<http://www.youtube.com/watch?v=11X32790776>



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- www.michiganhoardinginjury.com
- www.hoardingtherapy.com
- www.hoardingtherapy.com

• *Counseling/Consulting/Presentations/Books/Referrals*

