

TECHNICAL NOTE

PSYCHIATRY AND BEHAVIORAL SCIENCE

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Lone-actor Terrorism and Impulsivity

ABSTRACT: In some recent cases of lone-actor terrorism, there is evidence the subject acted impulsively, often in response to a triggering event which contained a loss and humiliation. Evidence suggests the subjects acted precipitously, despite planning and preparation carried out in the preceding weeks or months, and their attacks failed to include the often considerable preparation that had been done. The pathway became a runaway. The authors recommend the traditional assessment of impulsivity in persons of concern for lone acts of terrorism, as well as other proximal warning behaviors for targeted violence. Both indirect and direct assessment guidelines are proposed, with an emphasis upon self-report, psychological testing, collateral data gathering, and historical records.

KEYWORDS: forensic science, terrorism, mass killing, impulsivity, threat assessment, violence risk

There is increasing concern among counterterrorism analysts and investigators that pathways to lone-actor violence may be much shorter than they were a few years ago—perhaps minutes or hours, rather than days or weeks—making the task of interdiction much more difficult (1). The means of radicalization from affiliation to inspiration, cajoling through social media (2), the lack of a need for theological sanctioning over time, and contagion (3) may be some of the factors contributing to this change, and appear to have made the gathering of intelligence in the *terrestrial* world much more urgent, despite arguable gains in the gathering of intelligence in the *virtual* world.

There also remains, however, overriding and substantial evidence that most acts of individual terrorism are examples of targeted violence: planned, purposeful, emotionless, and offensive, rather than highly emotionally charged, reactive, impulsive, and defensive (4,5). This is, of course, the psychobiological distinction between affective and predatory violence, which has been established in the research over the past 80 years (6–8).

Recent cases have led to our thinking that despite the presence of targeted violence that has been researched and planned, there appears to be an element of impulsivity and emotion toward the end of the pathway to violence (9) in some recent attacks. This is based upon the observation that in some cases, a precipitating or triggering event has led to an attack within minutes or hours that involved only a portion of the weaponry, preparation, and planning that is discovered by investigators after the attack; or there is clear evidence of an agitated and intense emotional state at the time of the attack, preceded by a much lengthier period of radicalization. The pathway may become a runaway. Two cases will illustrate this phenomenon.

Case 1

On July 18, 2016, a 17-year-old Afghan refugee and asylum seeker named Riaz Khan Ahmadzai seriously injured four people with a knife and hatchet on a train near Wurzburg, Germany. A fifth person was injured outside: A woman walking her dog was assaulted in the face with the hatchet as he yelled obscenities. The attacker tried to flee and was killed by Special Deployment Commandos—who serendipitously were in the area—after they confronted him and he charged them with the hatchet. He entered the train moments before his attack, brushed past a social worker that knew him, locked himself in the bathroom, and then lunged into the next car with his weapons, yelling “Allahu Akbar.”

Ahmadzai came to Bavaria as a refugee in June 2015. He learned German and worked in a bakery. He was well liked, friendly and quiet. He was not known as a terrorist threat to the German authorities, but appeared to radicalize in the months before the attack. Police found a hand-painted ISIS flag at his foster family’s home, with whom he had lived for only two weeks, along with a farewell letter he appeared to have written to his father, which read, “and now pray for me that I can get revenge on these nonbelievers, pray for me that I go to heaven.” He wore an ISIS marked t-shirt during his attack.

The ISIS-affiliated Amaq News Agency subsequently published a two-and-a-half minute self-recorded video, allegedly of him speaking in Pashto, proclaiming himself a soldier of the Caliphate, threatening further ISIS attacks in “every village, city and airport” and holding a knife. He made the video in his foster parents’ bathroom.

Four days earlier, July 14—Bastille Day—in Nice, France a jihadist driving a truck killed 84 people.

The precipitating event for the train attack appeared to be a message Ahmadzai received of the violent death of his friend in Afghanistan the weekend before, July 16–17, 2016. His foster family observed him to be agitated over the weekend and continuously talking on his phone.

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Case 2

On July 5, 2016, Alton Stirling was killed by two police officers in Baton Rouge, Louisiana; videos of the event were immediately available through social media. On July 6, 2016, Philandro Castile was killed by a police officer in St. Paul, Minnesota, the immediate aftermath—and his death—live streamed through his girlfriend's Facebook account. On July 7, Micah Johnson, an Afghan War veteran in the U.S. Army Reserves, ambushed and fired upon a group of police officers, killing five and injuring nine—a casualty rate of 14% of the police officer presence during a Black Lives Matter protest march in downtown Dallas. The police subsequently killed Johnson, utilizing a Robot weaponized with C4.

The immediate motive (and precipitating events) for the Dallas attack appeared to be the killings of Stirling and Castile over the preceding two days, and Johnson's anger toward White people and especially White officers. However, his radicalization to violence unfolded in behavior that was evident for months, if not years: Johnson was a member of the Houston chapter of the New Black Panther Party several years earlier, listed by the Southern Poverty Law Center as a hate group. He was asked to leave this group because of his dangerous rhetoric and desire for the group to purchase more weapons and ammunition, a failure to affiliate (5). On July 2, he posted an angry and disjointed statement against White people on Facebook. He had also "liked" the Facebook page of the African American Defense League that had called for the murder of police officers following a shooting in 2014—and again following the killing of Alton Stirling. He had left the Army disillusioned and resentful of the U.S. Government following an accusation of sexual harassment.

In 2014, he began stockpiling firearms, chemicals, PVC piping, and electronics to build explosives—the same time that he was receiving training at a private self-defense school in "shoot and move" tactics that he utilized in the police killings. He practiced in his backyard. Bomb making materials, rifles, ballistic vests, and a journal of combat tactics were subsequently recovered from his home. During the attack, he appears to have carried an assault rifle and a handgun, but did not utilize any of his bomb making materials.

Were anger and impulsivity characteristic of these two acts of terrorism, despite weeks or months of pathway behavior, including grievance, ideation, research, planning, and preparation (10)? What we appear to be seeing is terrorist intent, planning, and preparation, meant to be organized and controlled, devolving into an emotionally-laden act of violence with an ideological sheen which has been triggered by a precipitating event(s), usually a loss and a humiliation. The devolution can be accelerated by the presence of deadly force resources in the possession of the person of concern (POC) combined with the rhetoric heard or written by these individuals; which in turn, leads to a time/action imperative wherein the person believes he must act immediately—disregarding the fact that his planned operation may only be partially fulfilled or carried out in a disorganized manner.

So how does a threat assessor incorporate these observations into daily work? We think that the assessment of impulsivity is key in a POC to determine whether or not such an impulsive act may occur following a sudden loss and humiliation, one which is characterized by the POC acting precipitously; such an attack will fail to include the often considerable preparation that had been carried out, yet still may be lethal.

Impulsivity

Impulsivity exists as a trait or a state, and can be both in the same subject. The *trait* of impulsivity is measured by enduring patterns of behavior that demonstrate the POC *does not think before he acts*: Are their indications of spur of the moment decisions and failures to consider the pros and cons of various possible outcomes/consequences for decisions at work, home, and in the community? The *state* of impulsivity is more granulated, and looks at changes in mood or demeanor over shorter time frames such as minutes, hours, or days, and is concerned with dysregulation in affect and thought-perception disorders (emotion and cognition). Restlessness, distractibility, short attention spans, hypersensitivity, or over reactivity may all implicate a psychiatric diagnosis, such as an unstable personality (Borderline Personality Disorder), a disorder of attention (Attention Deficit/Hyperactivity Disorder), substance abuse disorders (Alcohol or Stimulant Use Disorder), or a disorder of mood (Bipolar Disorder, Schizoaffective Disorder). Specific impulse control disorders, such as Kleptomania or Intermittent Explosive Disorder, have been described as failures to resist an impulse to engage in an act that is harmful. The act is often predicated by subjective tension escalation, followed by pleasure while acting, followed finally by subsequent feelings of guilt or shame (11,12). When impulsivity is due to psychopathy, it will not be followed by guilt or shame (13). Such determinations and conclusions need to be made by a mental health clinician familiar with the implications of such diagnoses for threats toward others.

Indirect Assessment

Indirect assessment of impulsive potential can be accomplished by nonclinicians utilizing historical evidence of behavior patterns that are not well thought out, or in response to what the POC perceives as an opportunity best not lost. Sources of such information are reports from collaterals—those who know the subject well—and historical records (military, educational, probation and parole reports, criminal records, and earlier psychiatric and psychological reports). Lack of consideration of pros and cons and rationalizations that suggest the subject acted because he "just knew it was a good idea" are common characteristics. The pattern will be present in everyday activities as well as anti-social behavior. Evidence would include sudden changes in plans, moves, ending employment, and starting/stopping relationships—all committed on a whim.

The following questions may be utilized as a guide for the assessment:

- Is impulsivity primarily to gratify anger or pursue pleasure?
- Does the person have the capacity or ability to weigh consequences across different situations?
- Is the person able to delay gratification?
- What methods does he use to delay gratification?
- Under what circumstances is delay most likely to succeed or fail?
- When the person has attempted to delay gratification, how quickly do the urges or fantasies return, and then what does he do?
- Does an ideology or belief system appear to engage the subject in more impulsive behavior when consciously thought about?

Direct Assessment

If the opportunity to interview the subject is available and wise, direct assessment focuses on self-report and, if feasible, psychological testing. The POC can be asked to assess his own impulsive nature, “Do you think before you act?”—but the assessor should keep in mind that impulsivity can be well known to subjects familiar with the criminal system (or even educational system) as a means to mitigate responsibility for their antisocial acts or crimes. One can test the limits of a claim of no impulse control by asking whether he could have resisted the urge if a policeman was next to him. Historical self-reports of a loss of impulse control should be carefully scrutinized with records independent of the verbiage of the POC. It should also be kept in mind that psychopathic individuals engage in more affective (impulsive, reactive) and predatory (premeditated, targeted, instrumental) violence than other nonpsychopathic criminals (8,14).

The Barratt Impulsiveness Scale can be useful in the self-report of impulsivity. The instrument has been available for more than 50 years and has been updated and abbreviated, increasing its utility, reliability, and validity (15). The scale has 11 different versions and has been administered to incarcerated subjects as well as controls (16). The limit of the Barratt is that it has high face validity (measurement is obvious to the test taker) and no validity scales; one could answer yes to all the questions. Capitalizing on this notion, the examiner could use the Barratt as a measure of exaggeration or malingering of impulsivity due to an overendorsement of items.

Performance measures of impulsivity, recommended by neuropsychologists, often include a continuous performance task (17), the Stroop Test (18), the Wisconsin Card Sorting Task (19), or the Delis–Kaplan Executive Functioning System (20). These are not self-report measures, but instead are performance tasks, allowing the examiner to compare the POC’s results to large normative samples and make a much more carefully calibrated and measured determination of impulsivity.

Treatment and Prevention

Treatment for those diagnosed with various impulse control disorders has been shown to be effective with compliant patients through both psychotherapeutic interventions as well as psychiatric medications. Cognitive behavior therapy (CBT) has been shown to be effective for a variety of impulsive behaviors (11). Emotional regulation as practiced in dialectical behavioral therapy has been shown to be effective with both incarcerated adolescents (21) as well as improvement in adult male coping skills (22).

Impulsivity may be bimodal when conceptualized from a psychiatric perspective. Some POCs may be more akin to someone with obsessive compulsive disorder and respond more positively to a selective serotonin reuptake inhibitor, while others may be more similar to those with addictions and more likely to respond to opioid inhibitors. These clinical observations deserve considerably more attention in the research with a study of both criminal and noncriminal populations (23).

Within the domain of lone-actor terrorism, treatment and prevention efforts focused upon impulsivity need to consider—and mitigate—the degree to which outside influences, ranging from neighborhood networks to social media, increase the risk of impulsive acts by inspiring, enabling, or in some cases directing the solo act itself. As can be seen from our two cited cases,

Ahmadzai and Johnson, representing both a violent jihadist threat and a racist-separatist threat respectively, were inspired by Internet and social media sanctioners, yet impulsively acted when personal grievance was suddenly joined with vicarious identification—the killing of a friend and the killing of fellow African-Americans—having been previously framed by extremist ideology in the weeks and months preceding their acts (24). As George Packer wrote in *The New Yorker* on July 16, 2016, “We’re a long way from the grand ideologies of Sayyid Qutb and Osama bin Laden. This is jihadism as impulse, as excuse. It hardly matters, because the result is always the same: a pile of bodies, a world of pain and grief.”

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