

Unit Eight: Analysis of Impulsive Behavior

Impulsive behaviour: the trait of impulsivity refers to a chronic and general tendency to act on impulses. Impulsivity, the tendency to act without thinking, is linked to risky behaviors during adolescence that can become difficult to modify over time.

Impulsivity (or impulsiveness): is a multifactorial construct that involves a tendency to act on a whim, displaying behavior characterized by little or no forethought, reflection, or consideration of the consequences. Impulsive actions typically are "poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation that often result in undesirable consequences.

Signs of Impulsivity:

1. Difficulty waiting for activities or a turn in an activity or conversation.
2. Acting on an impulse without taking time to think – doing first and thinking later.
3. Seeming to “rush” into things without thinking and making mistakes.
4. Saying things that seem to be “rude” or “tactless”.
5. Doing something without thinking about the risks or the consequences.
6. Doing the first thing that comes to mind, rather than thinking about all the options and choosing the best one.
7. Interrupting other people with demands or requests or interrupting conversations.
8. Spending all of money in a short space of time, or buying items that are expensive or not essential.
9. Signing a contract without really understanding.
10. Forgetting appointments and activities because he- she has gone off to do something else.
11. Not looking for traffic before crossing the road.

12. Impulsive responses such as aggression or anger.
13. Getting into relationships quickly without knowing the person well, including sexual relationships.
14. Having regrets about decisions or choices later.

Strategies to Cope with Impulsive Behaviour:

1. Self Regulation: self-talk is very important so that the person is encouraged to think about choices and options before rushing in. The followings are good examples of questions to use:

“Is this what you really want to do?”

“Are you ready to do this?”

“What do you need to get ready?”

“Have you thought about all the options and the consequences?” – write down a list of pro’s and con’s

“Do you need more information?”

“If you do this, what will happen next?”

2. Social Situations: if the person is dominating the conversation or talking over other people, he/ she may need to let them know. Sometimes other people can give a sign or cue if the person is interrupting, talking too much, or not saying/doing the right thing. Prepare in advance before going into a situation and talk about “What are you going to talk about?” and “How will you know if you are talking too much?”

Intervention:

1. Interventions to impact impulsivity generally

While impulsivity can take on pathological forms (e.g. substance use disorder), there are less severe, non-clinical forms of problematic impulsivity in many people's daily lives. Research on the different facets of impulsivity can inform small interventions to change decision making and reduce impulsive behavior. For example, changing cognitive representations of rewards (e.g. making long term

rewards seem more concrete) or creating situations of "pre-commitment" (eliminating the option of changing one's mind later) can reduce the preference for immediate reward seen in delay discounting.

2. Brain training

Brain training interventions include laboratory-based interventions (e.g. training using tasks like go/no go) as well as community, family, and school based interventions that are ecologically valid (e.g. teaching techniques for regulating emotions or behaviors) and can be used with individuals with non-clinical levels of impulsivity. Both sorts of interventions are aimed at improving executive functioning and self-control capacities, with different interventions specifically targeting different aspects of executive functioning like inhibitory control, working memory, or attention.

3. Psychopharmacological intervention

Psychopharmacological intervention in disorders of impulsivity has shown evidence of positive effects; common pharmacological interventions include the use of stimulant medication, selective serotonin reuptake inhibitors (SSRIs) and other antidepressants. Pathological gambling has also been studied in drug trials, and there is evidence that gambling is responsive to SSRIs and other antidepressants.

Cognitive Behaviour Therapy (CBT) has shown positive effects. Intermittent Explosive Disorder is most often treated with mood stabilizers, SSRIs, beta blockers, alpha agonists, and anti-psychotic (all of which have shown positive effects). There is evidence that some pharmacological interventions are efficacious in treating substance use disorders, though their use can depend on the type substance that is abused.

4. Behavioral interventions

Behavioral interventions also have a fairly strong evidence base in impulse control disorders, e.g. therapies including CBT, family therapy, and social skill training have shown positive effects on explosive aggressive behaviors.