

FACT SHEET:



ABIOS

Acquired Brain Injury Outreach Service

Category:
Behaviour

Impulsive Behaviour

Audience:
Professional

Introduction

Impulsive behaviour following brain injury is when a person does or says things without thinking in advance. These changes are often due to injury to the brain, particularly to the frontal lobes. Impulsiveness may show itself in difficulty controlling behaviour, and inability to inhibit impulses or resist urges



For more information contact the Acquired Brain Injury Outreach Service (ABIOS)

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ABIOS Neuropsychologist

Signs of Impulsivity:

- Difficulty waiting for activities or a turn in an activity or conversation
- Acting on an impulse without taking time to think – doing first and thinking later.
- Seeming to “rush” into things without thinking and making mistakes
- Saying things that seem to be “rude” or “tactless”
- Doing something without thinking about the risks or the consequences
- Doing the first thing that comes to mind, rather than thinking about all the options and choosing the best one
- Interrupting other people with demands or requests or interrupting conversations
- Spending money in a short space of time, or buying items that are expensive or not essential
- Signing a contract (e.g. mobile phone) they don't really understand.
- Forgetting appointments and activities because they have gone off to do something else on the “spur of the moment”
- Not looking for traffic before crossing the road
- Impulsive reactions/emotions such as aggression or anger
- Getting into relationships quickly without knowing the person well, including sexual relationships
- Feeling or thinking “I shouldn't have done/said that ...” and having regrets about decisions or choices later

Strategies to Cope with Impulsive Behaviour:

Self Regulation

Self-talk is very important so that the person is encouraged to think about choices and options before rushing in. These are good 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?”

Social Situations

- If the person is dominating the conversation or talking over other people you 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?”
- Practice specific skills—introductions, conversation topics, individual social skills (eye contact, distance, handshakes)

Support from Others to Keep on Track

- Ask the person what support they need and want from you or others
- You can help by taking the time to talk about goals, and to encourage the person to choose the best options
- Let them know if they seem to be “rushing in”
- Give the person feedback if you think they are being “rude” or “tactless” or be interrupting others in conversations
- Positive feedback is also really important, so notice and give feedback when the person is trying not to be impulsive or doing well with planning and setting goals



Setting Goals and Making Plans

- Encourage the person to think about their goals and priorities. It is easier to keep on track and to a plan if they have one already
- Write down plan, and keep it where they can see it
- Using checklists and reminders will help to keep priorities on the agenda and keep the person motivated to stick to them
- Remind the person to keep a diary and calendar to remind them of appointments, and to help keep track of goals and commitments
- A mobile phone or other reminder system, may help the person to think about what they are doing, and to stop, think, decide and plan
- Use other memory aids to help with remembering things like medication
- Get information in advance about really important topics (e.g. money, sexual health, medication, looking after small children) so the person can make good decisions and choices
- Take the time to discuss options with the person, including the pros and cons

Mending Bridges

- If the person has been impulsive and made some choices that they regret, it is important use this as an opportunity learn from the experience and to think about what they and others could do next time
- Try not to “rub it in” if there have been mistakes – just move on to what needs to happen next – help with problem solving
- If they have offended someone or hurt other’s feelings, or let someone down, a sincere apology will mend some bridges and make relationships stronger. Encourage and remind the person to do this
- As soon as the person realises they have been impulsive, try to get back on track as quickly as possible with their goals and priorities

Organising Money and Finances

- If the person tends to be impulsive with spending, help with developing a realistic budget

- Organising for regular bills such as rent, electricity and telephone to be paid automatically will keep finances on track. Centrepay through Centrelink can be a good option.
- Remove or limit the temptations of a credit card or debt arrangement. Try to get rid of credit cards, or at least have a low credit limit
- Encourage or suggest the person does not keep large sums of money in their wallet/purse when going out.
- Discuss any contracts so that they understand their commitments
- Suggest that for social activities or special occasions (Christmas, birthdays) they have a budget and stick to it
- Some people will need independent administrators or assistance from family/carers to help them manage their money

Spontaneity

Even if the person is trying to be less impulsive, it doesn't mean they have to give up having some fun, or doing things on the spur of the moment.

Being spontaneous can make life interesting.

Resources

See other Acquired Brain Injury Outreach Service (ABIOS) Information sheets at <http://www.health.qld.gov.au/abios/>



Notes:

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