What are Impulse Control Disorders?

Some diagnosable mental illnesses have elements of impulse control difficulties; including substance abuse disorders, paraphilia, bipolar disorder, obsessive-compulsive disorder and personality disorders. The important feature of impulse control disorders is the failure to resist an impulse, drive or temptation to perform an act that is harmful to the self or others. The person feels increasing tension or arousal before committing the act and then experiences pleasure or relief afterwards. They may or may not feel regret, remorse or guilt about the behaviour. These disorders are divided into the following diagnoses; Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling, Trichotillomania and Impulse-Control Disorder Not Otherwise Specified.

What are the Symptoms?

Intermittent Explosive Disorder

- recurrent episodes of aggressive or violent behaviour, resulting in assaults or destruction of property
- the aggression displayed is out of proportion to any perceived provocation
- more common among men. The disorder may manifest itself in domestic violence

Kleptomania

- recurrent stealing of items that are usually not needed for personal use or financial value
- the person very often steals whilst carrying enough money to pay for the goods and may give them away to other people
- the stealing is done alone and the person tries to avoid being caught
- more common among women
Pyromania

- recurrent deliberate fire-setting
- fascination with fire and paraphernalia such as matches, accelerants, fire engines etc
- fires are not started for any clear reason such as financial gain or to express anger or vengeance on the building’s owner
- more common among men

Pathological Gambling

- recurrent and persistent problem gambling behaviour that disrupts personal and/or family life
- continued gambling despite financial problems, ‘chasing losses’, magical and incorrect beliefs concerning gambling odds
- jeopardising personal relationships, career or family life in order to continue gambling
- common in both men and women

Trichotillomania

- recurrent pulling out of one’s own hair resulting in significant hair loss. The hair can be in any region of the body, including head, body, eyelashes etc
- there is a feeling of tension that is only relieved by pulling hair and is not related to any physical disorder
- more common in women

Impulse-Control Disorder Not Otherwise Specified

This category is for disorders involving impulsive behaviours not mentioned above. One example is compulsive sexual behaviour or compulsive shopping, to the extent that this behaviour damages the person’s relationships and causes significant distress and trouble to the person.

What are the causes?

- the person performs the problem behaviour once or twice and derives pleasure from it, thus learning that the behaviour makes them feel better in some way
- possible chemical/neurobiological dysfunction in the brain, perhaps the same as depression
- the causes of impulse control disorders remain largely unclear; however, certain factors seem to have close links to the disorder
- other mental illness as mentioned in the introduction
- substance abuse - there is a strong correlation between these disorders and abusing drugs and/or alcohol
• traumatic brain injury involving the frontal cortex area which is believed to be concerned with impulse control may sometimes be a factor.

What help is available?

• treatment for any other diagnosed mental illness that the person has
• behaviour modification. Clients learn to associate the problem behaviour with negative consequences rather than relief or pleasure. Over time, when the person stops getting ‘positive’ results from their behaviour (positive results meaning that they feel pleasure or relief from performing the behaviour), the behaviour occurs less and less often. The client also learns new and more positive ways of expressing their needs and feelings
• cognitive-behaviour therapy. Clients often have distorted and inaccurate thoughts and beliefs about the behaviour, which leads to the behaviour continuing despite the problems it causes. For example, the person may believe that their gambling is under control and they will win back their losses soon. These erroneous beliefs lead to the problem behaviours, so they are challenged by both the therapist and client, and replaced with more appropriate and realistic ones
• counselling may be helpful in assisting the person to discover and cope with deeper emotional issues that may have led to the disorder
• family therapy may be useful if the person with the disorder is a child or adolescent
• medication – medications called Selective Serotonin Reuptake Inhibitors (SSRIs) may be helpful as they regulate neurotransmitters in the brain that may affect impulsive behaviour

What can I do to help myself?

Journal

Keep a journal to keep track of the impulses so you can monitor changes and see any improvements (i.e. less frequent behaviours). Mark achievements in this diary and see what you can learn from them. An ‘achievement’ might consist of resisting the urge to carry out the problem behaviour for a whole day, week or month. Awareness of the problem, and when and under what circumstances the behaviour occurs, is the first step to controlling it. Celebrate your successes and acknowledge the hard work you put into resisting the urges.
Distraction

- regular exercise may help because it releases natural endorphins ('feel-good' chemicals) into the body
- when urges are great, do something else. Call a supportive friend or family member or a telephone counselling service such as Lifeline and talk until urge passes, go for a walk away from temptation, or do something else that requires your concentration such as playing a musical instrument or reading a good book. You might find it helpful to make up a list of distractions that you can refer to quickly when you need to
- take up enjoyable hobbies and interests to provide distraction and enhance self-esteem

Positive self-talk

- try to catch yourself when you think or say negative things about yourself and replace them with more positive and realistic things. For example, "I am a worthwhile person - I am thinking these thoughts because I have a disorder that wants me to think this way" rather than "I am a bad person because of my behaviour"
- avoid punishing yourself when you have engaged in the impulsive behaviour; research has shown that punishment is not an effective tool for changing human behaviour. It is better to reward yourself at times when you have managed to resist the impulses
- it is often too overwhelming to try to simply stop the behaviour and can be more effective to do this gradually. Try to resist engaging in the problem behaviour for a shorter time period and remember that by resisting you are gradually gaining control; in time these periods can get longer.
- if you slip and engage in the problem behaviour, it does not mean it is hopeless or you have failed. Try to put it behind you, forgive yourself and wipe the slate clean.
- accept that you have an impulse control disorder and ‘externalise’ it. Don’t define yourself simply as a ‘shoplifter’ or ‘hair puller’. There are many other aspects to you and your personality than the problematic behaviour
- don’t feel that you have to tell people if you don’t want to; wait until you are ready and prepare beforehand what you want to say

Support

- enlist support from family members and friends by explaining the disorder to them and what you are doing to try to overcome it. They may need education about the disorder so try showing them this fact sheet
- support groups overseas have been found to be helpful; however, none exist in NSW specifically for impulse control disorders. There is a 12-step mutual help program called GROW that assists people with any diagnosis.
Families and friends

- impulse control disorders may be frustrating and difficult to understand, particularly when you see the negative effects of the behaviour on your relative. It can be hard to understand why they can’t ‘just stop’.
- read up on the disorder to enable you to understand it
- encourage the person in any efforts they make to resist the impulses and support any treatment they are receiving
- avoid ‘enabling’ the person to continue with their impulsive behaviours. This doesn’t mean that you can stop or control the person but you can control how you respond to it. For example, do not lend or give the person money to gamble with or agree to make excuses for them
- celebrate small successes with the person. A day without engaging in the problem behaviours may not seem a long time to you but could be a significant achievement for the person.

Further reading


Where to get help

- Local mental health community centre - call the Mental Health Information Service on 1300 794 991 for details of services in your area or see the White Pages under ‘Community Health Centres’
- GROW, tel 02 9569 5566 for information on State-wide mutual support groups
- There are many services available to help people with gambling problems – call the Mental Health Information Service for details of services in your area
- Call the Australian Psychological Society for referral to a psychologist in your area; tel 1800 333 497 or the Australian Counselling Association for referral to a counsellor, tel 1300 784 333
- See your GP for referral to a psychiatrist
References

http://www.healthatoz.com/healthatoz/Atoz/ency/impulse_control_disorder.jsp

http://www.psychologyinfo.com/problems/impulse_control.html

http://www.trichotillomania.net/


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