



*Canadian Psychiatric
Research Foundation*

When Something's Wr ng

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Ideas for Families

Impulse
Control
Disorders

Impulse Control Disorders



Impulse Control Disorders

All children are impulsive at times and behave without thinking about the consequences of their actions. Similarly, all children can be defiant at times and refuse to comply with instructions. The following section describes disorders in which children go beyond these normal behaviours and show severe lack of control. As with any of the disorders described in this handbook, it is important to have your child diagnosed by a mental health professional to be sure. However, the following information may help you to identify and understand what may be going on with your child if symptoms of these disorders are happening.

Impulse Control Disorders, or Control Disorders, affect up to eight to ten per cent of youth, and begin before puberty. They include:

- **Attention-Deficit/Hyperactivity Disorder (AD/HD)** (also known as ADD or Hyperactivity Disorder)

Children and youth with AD/HD tend to be inattentive, hyperactive, and/or impulsive at various times and in varying degrees of severity, but always significantly above what is normal for their

age, and demonstrate impairment at school, home and in their social relationships because of this.

- **Conduct Disorder (CD),** and,
- **Oppositional Defiant Disorder (ODD)**

Youth with CD/ODD often exhibit outbursts of anger and/or acts of violence. Young people with CD frequently violate commonly followed rules and laws and may be involved in fights, theft, bullying, or other such activities. Some children may show no remorse for activities that hurt or harm others. This is a more severe situation that requires more intensive treatment.

Impulse control disorders can be associated with poor peer relationships and poor performance in school and other activities (e.g., young people with CD/ODD tend to get suspended from school more than normal. Working with the school and/or talking with your health practitioner about effective school re-entry strategies can really help to break this cycle).

Impulse control disorders often occur along with one or more other disorders (e.g., language and learning

disabilities) and can lead to substance/alcohol abuse or criminal activity without appropriate treatment.

Each of the above three impulse control disorders will be described in the following pages. **At the end of this section, treatment strategies are discussed and additional resources are listed.**

Please note: If your child experiences impulse control symptoms described in this section that begin for the first time after puberty, they may be experiencing something other than a control disorder, such as a mood disorder. So, it's always important to get a professional diagnosis to be sure.

Impulse Control Disorders

Attention-Deficit/Hyperactivity Disorder (AD/HD)

The three main symptoms of Attention-Deficit/Hyperactivity Disorder, also known as Attention Deficit Disorder (ADD) or Hyperactivity Disorder, are inattention, hyperactivity, and impulsivity. Although most normal children have these symptoms at times, children with AD/HD have one or more of these symptoms more frequently and more severely than their peers. If left untreated, AD/HD can cause significant problems with relationships and performance at home, in school, and in the community.

AD/HD tends to run in families. It is estimated that approximately three to five per cent of school-aged children have it, and AD/HD is reported two to three times more often in boys than in girls. Children with AD/HD often most clearly show symptoms in situations that require sustained and quiet focus. In most cases, AD/HD continues throughout adolescence and into adulthood, although the symptoms change somewhat and may decrease in intensity over time. While distractibility and impulsivity tend to remain, hyperactivity may take on the form of restlessness or nervous

energy. In fact, this high energy level, which can also be accompanied by a high level of enthusiasm, intuitiveness and creativity, has been described as one of the advantages of having mild AD/HD, especially if it is socially or occupationally enhancing.

AD/HD is often accompanied by language and learning disabilities, behaviour problems, and changes in mood. It can also be found along with other impulse control disorders (CD/ODD). These symptoms can make it difficult to distinguish AD/HD from other mental disorders such as Fetal Alcohol Syndrome (FAS) (see *Resources* in the back of this handbook), making it extremely important to get a professional diagnosis as early as possible.

Signs of Inattention:

- Poor attention to detail; makes careless mistakes
- Difficulty concentrating and staying on task in schoolwork and some play activities (may appear to daydream frequently)
- Difficulty listening, following directions and finishing things
- Disorganized (can't "get it together")
- Forgetful (e.g., loses things such as toys, books, pencils, assignments)
- Easily distracted

Signs of Hyperactivity:

- Fidgeting with hands or feet, squirming in seat
- Trouble remaining seated, constantly moving as if "driven by a motor"
- Running about and/or climbing at inappropriate times (in adolescents or adults, this may appear as a feeling of restlessness or nervous energy)
- Trouble playing or doing activities quietly
- Talking excessively

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect "labeling" of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don't compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child's teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- An early diagnosis provides relief and hope (you know what the problem is and that something can be done to help).

Signs of Impulsivity:

- Blurting out answers before questions have been completed
 - Problem waiting for his/her turn
 - Interrupting others; intruding on others (e.g., butting into conversations or games)
- Provide added structure for your child whenever possible; for example:
 - Let your child know what you expect of him/her; setting limits is reassuring.
 - Break large jobs into small steps that your child can handle, one at a time.
 - Ensure that your child is paying attention before providing instructions.
 - Make instructions brief and simple, and present them one at a time; have your child repeat them to you.
 - Keep your child's schedule as predictable as possible; advise him/her ahead of time about things that will happen (e.g., when this TV program is over, it will be time to get ready for bed).
 - Provide your child with a work area that is as "distraction-free" as possible. Children with AD/HD often perform better in a one-on-one environment, free from the distraction of others.
 - Teach him/her how to use aids such as lists, reminder notes, calendars, schedules, timers, and tape recorders.

Coping Strategies

- To help your child stay on track, provide constant feedback:
 - Use lots of praise and encouragement.
 - Provide immediate consequences and try to make them positive rather than negative (e.g., praising your child for a short period of no yelling is better than punishing him when he does yell).
 - When entering a problem situation (e.g., a visit to a shopping mall), take your child through three steps:
 1. Have your child say the rules for acceptable behaviour;
 2. Have your child outline the positive consequences if he/she behaves well; and,
 3. Have your child explain the negative consequences.If the behaviour is inappropriate, make sure you follow through in a discussion with your child when you get home.
- Watch TV with your child and point out positive role models and behaviours, identify and discuss emotions, and discuss problem situations (e.g., “What would you have done?”).

Coping Strategies

- Be consistent in applying consequences and always follow through.
- Use incentives (e.g., “When you have finished your homework, then you can play outside.”).
- Provide as much support for your child as possible. Let your child know that you are on his/her side; be his/her cheerleader.
- Talk to your child’s teachers and try to set up sharing of information and consistent strategies and consequences between home and school.
- Never do anything for your child that he/she can do on his/her own. Encourage all attempts.
- Try to arrange for your child to be with positive role models.
- Encourage your child to take up activities where he/she will be successful.
- Ask your child for his/her opinion (e.g., “What do you think would be the best way to organize this cupboard?”).
- Provide your child with a “safe haven” (i.e., a place where he/she can go to take a break or calm down).

Conduct Disorder (CD)

Conduct Disorder is characterized by a persistent behaviour pattern where the child or adolescent violates the rights of others or accepted rules of behaviour. Children with CD usually initiate aggressive behaviour and react aggressively to others. They may also form groups together to take advantage of other children. Boys with this disorder outnumber girls.

Impulse Control
Disorders

Behaviour Characteristics

- Aggressive behaviour (e.g., bullying, threatening, physical fighting, cruelty to animals, stealing – may use a weapon)
- Destruction of property (e.g., fire-setting, breaking windows, throwing objects, encounters with the criminal justice system)
- Lack of empathy (e.g., callousness and absence of guilt feelings for misbehaviour, blaming others for one's own mistakes)
- Frequent disobeying of class rules
- Use of drugs or alcohol at school
- Early sexual activity
- Open displays of hostility/toughness
- Academic problems with reading and verbal skills are common
- Deceitfulness (e.g., lying, stealing, “conning”)
- Other mental/neurological disorders (untreated attention-deficit/hyperactivity disorder and depression are common in youth with CD)

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don't compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child's teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- Untreated, this disorder can get progressively worse and can put you and others in danger, emphasizing the importance of a professional diagnosis.

Coping Strategies

- With young children, keep reinforcing what is appropriate and what is not. Define specifically what is considered unacceptable behaviour.
- Establish clear expectations, rules and boundaries with your child. Make sure to establish clear consequences and rewards for his/her behaviour. Avoid consequences that are too extreme – either too harsh or too easy.
- Be a good role model for your child. Try to view your child's negative behaviour as a symptom of a disorder you are both working to solve together. Try to avoid losing your temper.
- Encourage your child to express his/her anger in healthy ways, such as writing about feelings, or physical exercise.
- Establish a safe place with your child where he/she can go to cool off if he/she is angry. Establish other ways to deal with your child's anger that won't get him/her into trouble (e.g., using a punching bag).
- Provide your child with opportunities to express him/herself (e.g., telling stories, painting, drama, working with clay, sports activities, playing drums).

- As much as possible, involve your child in mainstream activities with others, such as sports/recreation activities, and the arts.
- If possible, encourage the close relationship of at least one adult in your child's life who can act as your child's mentor.
- Be aware of symptoms of depression (see *Mood Disorders* in this handbook).

Oppositional Defiant Disorder (ODD)

Oppositional Defiant Disorder usually shows up before eight years of age, and no later than early adolescence. A child with this disorder will show a pattern of defiant, disobedient, and hostile behaviour towards almost all authority figures, including parents and teachers. Children with ODD can be more common in families with a parent who has a mood disorder, and often have untreated attention-deficit/hyperactivity disorder or a language or learning disability. Boys with this disorder outnumber girls.

Impulse Control Disorders

Behaviour Characteristics

- Outbursts of anger
- Low tolerance for frustration
- Low self-esteem covered by a cocky or “tough” demeanor
- Swearing
- Challenging people on purpose
- Intentionally arguing with adults
- History of conflict with teachers and peers
- History of academic problems and school failure
- Use of drugs or alcohol in school
- Early sexual activity

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- Untreated, this disorder can get progressively worse and can put you and others in danger, emphasizing the importance of a professional diagnosis.

Coping Strategies

- Teach your child self-talk to help reduce his/her anger (e.g., “I have a right to be mad, but I’m not going to lose control.”).
- Teach your child to praise his/her own successes (e.g., “I really handled that well because I stayed calm.”).
- Encourage your child to express his/her anger in healthy ways, such as writing about feelings, or through physical exercise, such as using a punching bag (in a safe place).
- Provide your child with opportunities to express him/herself (e.g., telling stories, painting, drama, working with clay, sports activities, playing drums).
- Look for situations where you can problem-solve together. Give your child a responsibility he/she can handle, and then give praise for success (e.g., before a trip to the shopping mall together, give your child expectations of behaviour; after the trip, return home and discuss the results. Praise your child if he/she did well, and if not, work on ways that your child can improve for next time).
- Be a positive role model for your child. Try not to lose your temper.

Coping Strategies

- Communicate your observations in a neutral, non-confrontational way (e.g., “I notice that you don’t follow instructions,” or “I notice that you have been arguing.”). These statements can help to start discussion to better understand what might be happening with your child.
- Establish a safe place with your child where he/she can go to cool off if he/she is angry.
- Establish clear expectations, rules and boundaries with your child. Make sure to establish clear consequences and rewards for his/her behaviour.
- As much as possible, involve your child in mainstream activities with others, such as sports/recreation activities and the arts.
- If possible, encourage the close relationship of at least one adult in your child’s life who can act as your child’s mentor.
- Be aware of symptoms of depression (see *Mood Disorders* in this handbook).

Impulse Control Disorders: Treatment and Resources

TREATMENT

Research indicates that the best treatment for AD/HD includes early diagnosis along with a combination of medication, behavioural therapy, classroom modifications, and individual and family counselling. Medication is often necessary to address the core symptoms of the disorder. The appropriate medication for AD/HD can have significant benefits, such as an increase in attention span and academic productivity, a decrease in impulsivity, and an improvement in peer and teacher relationships. Professionals who are considered to be qualified to make a diagnosis of AD/HD include licensed clinical, educational, and neuro-psychologists, psychiatrists, or other professionals with training and expertise in the diagnosis of mental disorders, such as pediatricians.

Youth with CD/ODD are often treated with a variety of interventions. Behavioural therapies may be the most effective. When dealing with young people and impulse control disorders, it is very important to make sure that all co-morbid disorders (disorders that co-occur) are appropriately screened for and treated.

Impulse Control
Disorders

RESOURCES

ADDsupport.org

(A Canadian Web site designed to help families and professionals find information and resources on AD/HD)

Web: www.addsupport.org

A.D.D. WareHouse

(Resources on Attention-Deficit/Hyperactivity Disorder (AD/HD), Oppositional Defiant Disorder, Asperger Syndrome, Autism, Tourette Syndrome, and Learning Problems)

300 Northwest 70th Avenue., Suite 102

Plantation, FL 33317

Phone: 1-800-233-9273

Web: www.addwarehouse.com

Attention Deficit Disorder Association (ADDA)

P.O. Box 543

Pottstown, PA 19464

Phone: (484) 945-2101

E-mail: mail@add.org

Web: www.add.org

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CH.A.D.D.)

8181 Professional Place, Suite 150

Landover, MD 20785

Phone: 1-800-233-4050

Web: www.chadd.org

ConductDisorders.com (Web site that includes a parent message board and links to information about CD, ODD, and related problems)

Web: www.conductdisorders.com

National Resource Center on AD/HD – A Program of CH.A.D.D. (Same contact information as above)

Please also see *Resources* at the back of this handbook.



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