MANAGING IMPULSIVITY

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- Dr. Harrison does not have any conflict of interest or commercial support relating to this presentation.
GOALS OF THE PRESENTATION

• Define types of impulsivity.
• Review basic information about ADHD as it relates to impulsive behavior.
• Discuss strategies for engaging impulsive children and teens in focused work at home and at school.
• Learn interventions for improving negative behaviors and emotional responses.
• Create tools for children and teens for using their energy for productive purposes.
IMPULSIVITY:
Acting without Thinking First
With Impulsivity “It’s always NOW!”

• Impulsivity can bring about serious safety issues, not to mention emotional and behavioral consequences.

• In the moment, the person does not have cognitive access to things they “should” know:
  ▪ The past fades away
  ▪ Future consequences are not considered

• The impulse takes over and blocks higher-level thinking.

• Interest drives attention.

• Impulsivity occurs when “it’s always now” meets the next “interesting” thing.
TYPES OF IMPULSIVITY

Three basic types of impulsivity are most problematic for individuals with ADHD:

• **Physical**
  - This often co-exists with hyperactivity but is different. Hyperactivity involves over-physicality. Physical impulsivity means the person uses their body inappropriately without seeming to notice.
    - Hitting, kicking, biting
    - Rough play

• **Verbal**
  - Blurting out in class
  - Saying inappropriate things
  - Talking back

• **Emotional**
  - Over-reacting
  - Shutdowns
  - Meltdowns
  - These often look like “oppositional” behaviors but are usually anxiety-related
SO, WHAT CAN YOU DO TO MANAGE IMPULSIVITY IF IT’S “ALWAYS NOW?”

Modify the Child
- Medication
- Sleep
- Nutrition
- Strategies (Habits and Routines)

Modify the Situation
- Set up for success
- Avoid common traps
WHY IT IS IMPORTANT TO ADDRESS IMPULSIVITY

There are many reasons why it is important to help a person manage impulsivity, including:
• Safety
• Social fall-out
• Interference with Learning
• Interference with participation in every-day activities
• Self-esteem

Feels Bad about Negative Reaction
Impulsive Behavior

Repetition of this Cycle Creates Low Self-Esteem

Negative Reaction
The official diagnostic term is: “Attention-Deficit/Hyperactivity Disorder” (ADHD) with one of three subtypes:

- Predominantly Hyperactive/Impulsive Type
  ** (These 2 Features are Interdependent)
- Predominantly Inattentive Type
- Combined Type (68%)
ADHD IS NOT BAD BEHAVIOR

• The result of ADHD-stimulated actions is often bad behavior, but it is not willful misbehavior.

• A child with a broken leg who can’t run fast is not penalized for slowness. Rather, they are given support.

• The more often a child is told he or she is “bad,” the greater the chance of emotional dysregulation and low self-esteem as they grow older.

• For the ADHD child, “It’s always NOW!” (This is where impulsivity comes in).
Executive Functioning (EF) Deficits: Developmental Delay

By age 7, most children with ADHD have a 2 to 3-year delay in executive functioning. During the Preschool and early Elementary years, the delay is often in excess of 1 year.

IMPULSIVITY IMPACTS ALL OF THESE AREAS OF EF!

The executive functions include:

1. Self-Management to Time
2. Initiating
3. Planning and Organizing Thinking/Problem-Solving
4. Working Memory/Cognitive Flexibility
5. Organization of Materials
6. Shifting from Task to Task
The Executive Function Switch

The “ADHD Switch”

When the switch is up...
HYPERACTIVE & IMPULSIVE

When the switch is down...
INATTENTIVE
ADHD = WAGON WHEEL APPROACH TO TASKS

**LADDERS**
- linear
- logical
- task-sequencing
- “hunters”

**WAGONWHEELS**
- circular
- creative
- task-switching
- “gatherers”
Addressing Impulsivity: Modify the Child
MEDICATION

Pros:
• Impulsivity can bring about serious safety issues, not to mention emotional and behavioral consequences, and medication can help considerably with managing impulsive symptoms of ADHD
• Usually about 85% effective
• Can help the child be in control of themselves so that strategies are more effective

Cons:
• Not all children can tolerate the medication and/or it doesn’t work well
• Medication does not change behavior or bad habits
• Most children aren’t medicated 24 hours per day so impulsivity still wreaks havoc
If your child takes medication, then plan extra-curricular activities and homework around medication cycles:

• When medication wears off, impulsive children are often unable to participate well in group activities.
  ▪ Choose activities where they can be successful (ex. swimming is usually better than baseball)
  ▪ Have plan for homework when they can focus best. If a child can’t do school work without medication then they probably will struggle doing homework without medication. Be creative:
    ▪ Do homework in the school library (fewer distractions)
    ▪ Do homework in the morning after taking medication

• **BE REALISTIC** – when you rush or try to have the child accomplish more than they are able, meltdowns or shutdowns occur.
  ▪ Neither one of you accomplishes the goal if the child melts down.
Many children with ADHD have difficulty falling asleep because they have a hyper-stimulated system. Not being fully rested makes impulsive behavior worse.

Create a sleep-hygiene routine which allows for a winding-down of the day

• Read
• Bath
• Music
• Meditation
• One-on-one snuggle time
• No electronics
• Have an “old-fashioned” alarm clock
• Add Melatonin
There are many theories about whether nutrition influences ADHD-related behaviors and, if so, what helps and what hurts.

Proper nutrition helps everyone - FIND WHAT WORKS FOR YOUR CHILD!

Basic rules of thumb:
- Make sure there is a proper amount of caloric intake each day
- Have a balanced diet
- Limit refined sugars
- Complex carbs create longer-term energy streams
- Make sure there is protein
• Strategies tend to work best in combination with medication and situation modifications, since in the moment the child may find something else more interesting.

• Habits take 4-6 weeks to take hold, so you must be consistent and persistent when helping your child learn a strategy.
  • Most parents and teachers give-up before a habit is formed!

• Routines are actually habits strung together. They provide structure which can override impulsivity.

• Considerable help or “scaffolding” is usually required to assist a child in developing strategies
Reinforcers and Consequences

• How we shape our children’s behavior to work within our boundaries
• Basic principles of behavior change
• To be effective, must be immediate

<table>
<thead>
<tr>
<th>CONSEQUENCES (Decrease Unwanted Behaviors)</th>
<th>REINFORCERS (Increase Wanted Behaviors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Add something, such as an extra worksheet or making an apology</td>
<td>+ Add something such as praise or a reward</td>
</tr>
<tr>
<td>- Take away something, such as screen time</td>
<td>- Take something away, such as a worksheet</td>
</tr>
</tbody>
</table>
REMEMBER – IT’S ALWAYS NOW

That’s why traditional consequences don’t work.
• Past behaviors have evaporated from awareness.
• Future rewards are not consciously present.
• Often, children will be overly emotional when consequences are implemented because they “forgot” what they did.

That’s also why reinforcers need to be at the point of presentation.
• To foster motivation, the child needs to connect present behavior to a sense of accomplishment before they can move on.
• This is also tied to the “shift” feature: motivation helps shift in a wanted direction.
BE CREATIVE WITH REINFORCERS

Sometimes, traditional behavior charts are helpful, but think outside the box, too.

• The child can often help manage a behavior system.
  ▪ Use the “complete a picture” activity (from *Behavior Charts and Beyond*)
  ▪ Checklist on desk
  ▪ Have them turn in parts of assignments or report back after completing a task for high-fives
STRATEGIES FOR FIGHTING AGAINST THE IMPULSES

There are endless things a child can learn to do to fight against an impulse, but they must practice until these strategies become habit. The habit then can be stronger than the impulse.

• Circle Palm
• Count Backwards from 10
• Mantra – ex. “slow it down, think it through”
• Put on the “Impulse Control” glasses
• Talk to self (when not disruptive)
• Give them ways to move and talk to stay on track: make tick marks on paper or dry-erase board; give a high-five when completing a task.
• Worry bead bracelet
• Scented fabric/felt/bracelet
Parents and teachers can develop systems for re-direction which then can be “interesting” and, thus, an intentional distraction. Have pre-determined ways to redirect:

- Eye contact
- Visual cue (e.g., stop sign)
- Verbal cue (e.g., “turtle”)
- Tap on desk
- Initials on desktop “report card”

If a child is unable to attend to the task at hand, then:
- Switch tasks
- Take a break
- Incorporate movement (Often, asking them to help you with something is a win-win.)
OVERARCHING STRATEGIES

• Make a problem-solving manual
  ▪ Do this with your child. Offer choices for each regularly occurring activity.
    ▪ Ex. Memorizing Spelling words can be done on the trampoline, tossing a ball, or with shaving cream in the bathtub (all are kinesthetic and interesting!)
  ▪ Have one for yourself to remind yourself of your “go-to” resources for redirection, reinforcing and partnering

• Intervene at the point of performance
  ▪ Talking before or after does not typically help the impulsive child because “It’s always now!”

• Remember, this is a chronic condition which requires ongoing strategies, and the types of things you do can change over the lifespan.
  ▪ Reevaluate strategies at the beginning and end of the schoolyear and after winter break.
  ▪ Assist, don’t enable.
Addressing Impulsivity: Modify the Situation
• Determine best seating placement for the student
  ▪ Teachers should have easy access for eye contact and brief physical touch of the desk.
  ▪ Don’t provide a stageL group settings typically fail for hyperactive/impulsive students (but assist those with inattention.)
  ▪ Dyads (a pairing of 2 students) can work well for both if specific responsibilities are outlined.
  ▪ When possible, seating should vary throughout the day, with different classroom placement for various activities.
  ▪ If your child is not thriving in a seating placement, then ask that it be re-evaluated and changed!
SET-UP FOR SUCCESS AT HOME

• Determine when your child needs more scaffolding (where there are more distractions/“interesting things” to cause impulsive shifts:
  ▪ Morning
  ▪ Homework time
  ▪ Bedtime

• Create ways to help:
  ▪ Timers
  ▪ Breaks
  ▪ Brief Checklist or Post-It Notes
  ▪ Regular “check-ins” with movement and talking (ex. “I put away my socks” – high five!)

• If they need an adult to help them move from task to task, make sure one is available.
  • The goal is independence, of course, but epic fails day after day do not help anyone – remember maturity is 2-3 years delayed.
Remember, most individuals with ADHD have different internal timing. Impulsivity occurs when the child becomes interested in other things, so short segments are important to incorporate whenever possible.

- Allow for frequent breaks with kinesthetic elements.

- Plan for shorter attention to individual tasks.
  - Reward each step completed with high-fives, initials on a tracking sheet, smiley faces, stamps, stickers, “good job!” etc. (Yes, this reward part is critical.)

- **BE REALISTIC** – when you rush or try to have the child accomplish more than they are able, meltdowns or shutdowns occur.
  - Neither one of you accomplishes the goal if the child melts down.
BREAKS

• If your child is not able to stick to task, they need a break.
  ▪ Their brains will take an impulsive break whether you plan it or not.
  ▪ So, don’t fight it; instead, have a built-in plan.

• Breaks should be **time limited** and **physical**, such as:
  ▪ Sharpen pencil
  ▪ Water fountain
  ▪ Clap hands over head
  ▪ Shoot a hoop
  ▪ Run a lap in backyard

• If a break doesn’t help keep them on track, then the child should be redirected to a different activity.
MAKE TIME VISIBLE

• This is critical for the “It’s always now” student as monitoring time can be “interesting” to their brain.
  ▪ Use Time Timers (www.timetimer.com)
  ▪ Use sand timers
  ▪ Have a “countdown” clock
  ▪ Use vibrating watches
Resources

https://www.drkimberlyharrison.com/services-conativeparenting

Check out my latest blog on Harnessing Hyperactivity for the Holidays!:
https://www.theconativegroup.com/post/harnessing-hyperactivity-for-the-holidays

www.timetimer.com
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