

GET THE FACTS

CHALLENGING & COMPLEX BEHAVIOURS: IMPULSIVE BEHAVIOUR

BEHAVIOUR

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Injury to the frontal lobes after a traumatic brain injury can affect the area of the brain that normally controls our impulses.

This inability to control urges can lead to impulsive and inappropriate social behaviour. For example, a previously shy person may become quite extroverted and talkative. In a more severe case, a normally reserved person might make crude or sexually inappropriate comments to strangers.

When others don't understand how brain injury can cause impulsive behaviour, it often leads to rejection and criticism. Social isolation often results, as existing relationships break down and there is an inability to form new ones.

Apart from a traumatic brain injury involving the frontal lobes, impulsivity can also result from a brain injury caused by alcohol and other drugs, dementia, other types of brain disorder and mood disorders.

Common features of impulsivity

- Acting without thinking
- Inability to save money or regulate finances
- Irritability and temper outbursts
- Too familiar with strangers and sharing very personal details
- Asking personal questions that cause discomfort
- Yelling out answers before questions have been completed
- Intruding or interrupting conversations
- Unable to wait patiently for their turn
- Sexual promiscuity.

Lack of insight

Another common outcome from a traumatic brain injury (TBI) is lack of awareness, so the person may deny their behaviour is impulsive, fail to see the consequences of their actions, or understand how someone else is feeling.

How is impulsivity treated?

Treatment varies depending on the underlying cause - usually there will be several techniques used. The most common treatment is medication, with other options including behavioural therapy, parent training and school-based interventions for children. Consult your rehabilitation specialist or doctor to see if medication could be useful.

Strategies for partners & family members

Research as much as possible about impulsivity and TBI - the more you understand the more you can respond positively when needed, instead of just reacting negatively and becoming part of the problem.

As with so many aspects of a brain injury, impulsivity often arises when the person is confused or fearful, so predictable daily schedules and routines will help greatly.

Encourage self-monitoring techniques such as:

- Do I really want to do this, am I ready?
- What are the pros and cons of doing or saying this?
- What will the outcome be?

Read our fact sheets about positive behaviour support. When you look for the message behind an impulsive behaviour, you will often see it is caused by confusion or fear.

Encourage the person to develop their listening and social skills again (see our fact sheets). Role play how to listen, introduce new topics, and how to politely interrupt two other people talking.

If the person engages in attention seeking behaviour such as yelling or interrupting, tell them this is not a good way to get your attention and advise on an alternative strategy.

Try to remember it is the impulsivity that is at fault, not your loved one. Generally they will not be speaking or acting intentionally to annoy you or hurt your feelings. Separating the person from the behaviour can go a long way to coping with the situation.

In serious cases your local Brain Injury Association who may be able to put you into contact with specialists in your State.

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How inhibition relates to impulsivity after moderate to severe traumatic brain injury.

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Abstract

Impulsive behaviors and poor inhibition performances are frequently described in patients with traumatic brain injury (TBI). However, few studies have examined impulsivity and associated inhibition impairments in these patients. Twenty-eight patients with moderate to severe TBI and 27 matched controls performed a stop-signal task designed to assess prepotent response inhibition (the ability to inhibit a dominant or automatic motor response) in a neutral or emotional context and a recent negative task to assess resistance to proactive interference (the ability to resist the intrusion into memory of information that was previously relevant but has since become irrelevant). Informants of each patient completed a short questionnaire designed to assess impulsivity. Patients showed a significant increase in current urgency, lack of premeditation, and lack of perseverance when retrospectively compared with the preinjury condition. Group comparisons revealed poorer prepotent response inhibition and resistance to proactive interference performances in patients with TBI. Finally, correlation analyses revealed a significant positive correlation between urgency (the tendency to act rashly when distressed) and prepotent response inhibition in patients with TBI. This study sheds new light on the construct of impulsivity after a TBI, its related cognitive mechanisms, and its potential role in problematic behaviors described after a TBI.

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