

A guide to managing impulsive behaviours

How a programme was developed to help people gain confidence to live more skilfully



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Impulsive behaviours can have devastating consequences. Self-harm, avoidance, withdrawal and isolation, aggression, substance misuse and binge eating are behaviours often associated with anxiety, depression, anger, addictions, suicidality, eating disorders and personality disorders. The consequences of these impulsive behaviours have a huge impact on our already overstretched, under-resourced mental health services.

For this reason, in 2010 we were given the task of providing an effective intervention in our service for clients who presented with severe mental health problems where impulsivity was a factor.

Despite being experienced cognitive behavioural psychotherapists with a background in mental health nursing, the prospect of developing a new way for clients to live more skilful, less impulsive lives was a daunting one.

An initial focus group of seven long-term service users with severe and enduring complex presentations, gave us valuable insights into the perspective of recipients of mental healthcare. They told us about their experiences of the helpful and unhelpful aspects of their care over many years, and were keen to help us design a programme that would help others. It was a collaborative process; we had knowledge about

therapy, but they were the experts by experience.

It took us six months to write the manual. It was hard work, involving hours of reading and researching, writing and re-editing to shape an approach that could be used by a range of mental health professionals. We were spurred on by the positive feedback from clients attending the groups and by comments from colleagues who also noticed positive change in the clients who were attending the group.

Therapy to underpin skills

Cognitive behaviour therapy and dialectical behaviour therapy have an impressive evidence base and these approaches underpin every skill. The skills are intended to increase confidence and coping strategies in distress tolerance, mindfulness, emotion regulation and interpersonal effectiveness.

Each skill is presented in a fun, creative and interactive style using didactic teaching, demonstrations, music and visuals to aid learning. The focus group members reflected that mental health approaches were often ‘too problem focused

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Frederick Douglass

and wordy’. They asked for an approach which was memorable – ‘something to look forward to, something we can understand and use easily, and something that is fun.’

We encourage clinicians to use the manual creatively and adapt the skills to suit individuals or client groups. The manual is called *The Decider* because we wanted clients to take the responsibility on deciding what action they were going to take for themselves (rather than acting impulsively), thereby increasing their ability to reflect, increasing confidence and coping.

Our journey over the past six years has been an exciting, difficult and rewarding one. We have been delighted by the growing enthusiasm for our work, which has included winning an award in 2015. Recently we have been inspired by the quote from Frederick Douglass, a 19th-century African-American social reformer, who in 1855 said: ‘It is easier to build strong children than it is to fix broken adults’ and our focus is now turning towards a proactive mental health approach for children and young people.

We hope that sharing our experience will encourage other clinicians to develop any ideas they have to benefit clients. From our own experiences, it is hard work, but it is worth it.

