

# Inhibiting

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*Is your child blurting out the answers in class?*

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Is your child:

- Acting without thinking?
- Saying, “I don’t know why I did that!” or “I couldn’t stop myself!”
- Looking like he’s driven by a motor?
- Moving in a way that looks unorganized and aimless?
- Hitting someone and then feeling guilty afterwards?
- Making bad choices, even though she knows better?
- Seeming to have a ‘go’ button but no ‘stop’ button?
- Running all day and crashing hard at night?
- Getting in trouble for blurting out answers in class?

## LET’S TALK ABOUT IT

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Some children have trouble ‘inhibiting’ their actions. They seem to forge ahead without ever stopping. They often make mistakes but then immediately feel remorse. For example, they might hit other children and then feel sorry, without being able to

articulate what happened. Some children who lack inhibition may swear, run away, or scream.

Many children with these difficulties blurt out in class.

***These problems with stopping themselves will often get them into trouble. Adults ask, “Why did you do that”, and the answer is generally the same. “I don’t know.” The fact is, they often do not know why they did it.***

They are having trouble thinking through their actions and stopping themselves. Sometimes, they do not understand cause and effect relationships. They may not think, “If I punch him, he will get hurt, and I will get in trouble.” Often, they are having difficulty taking another’s perspective. They may fail to ask themselves, “I wonder if that kid knew he was cutting in front of me in line?” Rather, they instantly get upset and retaliate. This inability to inhibit their actions can have serious consequences.

## **CLINICAL DESCRIPTION**

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Clinically, ‘inhibition’ is an executive function that refers to the ability to think through one’s actions and to stop oneself before making a poor decision.

Children who inhibit their responses can think about how their actions affect other people. For example, “I know I want that toy, but if I just take it, the other kid will be sad.” They can hold onto a thought in class, rather than blurting out the answer.

***Kids who are lacking inhibition struggle to think before acting.***

This difficulty is clinically called ‘disinhibition’ and is a hallmark feature of ADHD. What happens is that the part of the brain responsible for planning and perspective taking is not working smoothly. Sometimes, a neurological difference is present, meaning that your child’s frontal lobe, which is the area responsible for planning and decision-making, is slow to mature, underdeveloped, or structurally different from other kids.

The problem-solving part of the brain may also be ‘hijacked’ by the feeling part of the brain. Popular authors on this topic refer to the thinking part of the brain as the ‘upstairs brain’ [1] and the feeling part as the ‘downstairs brain.’ The idea is that a child has to learn how to manage strong feelings so that the downstairs brain does not take over. The downstairs brain is also called the ‘old brain’ or the ‘reptile brain’ [1]. Sometimes these different structures are referred to as ‘wizard brain’ and ‘lizard brain.’

The reptile brain is responsible for fear, fight, flight, and freezing. When the reptile brain takes over, the logical and reasonable part of the brain takes a vacation. Then, the child may suddenly act by hitting, biting, kicking, or running away.

## WHAT TO DO WHEN YOUR CHILD DOESN'T STOP AND THINK

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If your child struggles with inhibiting, he or she is likely to need some support. First, children with poor inhibition tend to have behavior problems. They may get in trouble at home and at school. Secondly, healthy coping skills and the ability to think before acting are important for overall development. In the upper grades of school, into college, and in career endeavors, we cannot just say and do what we want. We have to be able to think through our decisions and act logically. Thus, treatment is often necessary when a child's skills are not coming along adequately.

Further, disinhibition is a hallmark symptom of ADHD.

***This means means that children who have trouble inhibiting their actions often have a disability of the neurological system that impacts their activity level, attention, and impulse control.***

They may struggle to get started on tasks, to focus on their work, and to complete tasks. In this case, an evaluation for ADHD might be necessary. Finally, some children with executive functioning problems, such as inhibiting, may have repetitive behaviors and poor social skills. In this case, autism should be evaluated.

If your child's problems with inhibition are more minor, it may be possible to help him or her through education on the issue and through parental modeling. Often, when adults are chronically rigid, their kids tend to be also. In that case, 'downshifting' [2], and modeling positive coping skills can help. Downshifting is the parenting skill of helping your child calm down while also allowing him or her to negotiate a solution to the problem [2]. Parental modeling involves showing your child how to deal with tough situations more appropriately. For example, "Oh, I am getting upset. How should I handle this? Let me take some deep breaths and calm down before I make a decision." If your child's problems are more severe, resulting in frequent tantrums, serious rule-breaking behaviors, or significant problems at school, it will be necessary to have an evaluation and begin psychological or behavioral treatment right away.

## SIMILAR SYMPTOMS

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*If your child is struggling with a similar problem, not directly addressed in this section, see the list below for links to information about other related symptom areas.*

- [Flexibility](#): trouble changing from one activity to the next or one approach to another
- [Rigid behavior](#): may get 'stuck' on having own way or adherence to routines
- [Behavior problems \(Behaving\)](#): may have poor frustration tolerance, anger, and aggression
- [Emotional regulation](#): may cry or have meltdowns when plans are changed

## POTENTIAL DISABILITIES

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Children who have significant problems in this area **may** have any of the following potential disabilities. \*Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.

- [Social skills problems \(Socializing\)](#): often, disinhibited children have friendship problems
- [Autism](#): disinhibited children may also have challenges with social skills, repetitive behaviors, and sensory problems
- [Specific Learning Disability \(Educationally Identified Disabilities\)](#): disinhibition can impede progress in reading, writing or math
- [Disruptive Mood Dysregulation Disorder \(DMDD\)](#): difficulties inhibiting behaviors due to a mood condition with irritability
- Intermittent Explosive Disorder: disinhibited children may have sudden and repeated outbursts and tantrums associated with this disorder
- [ADHD](#): disinhibited children may also have the hyperactivity, and inattention associated with this disorder
- [Behavior Disorders \(ODD or Conduct\)](#): disinhibited children may also refuse adult direction or breaks rules, which is associated with several behavior disorders

## WHERE TO GO FOR HELP

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If your child is struggling with this symptom to the point that it is getting in the way of his learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- [CLEAR Child Psychology](#): to obtain a *customized profile* of concerns for your child, or *consult 'live'* with a psychologist
- [School Psychologist](#): to help with the learning problems or emotional issues at school that may be associated with disinhibition problems
- [Psychologist](#) or [Neuropsychologist](#): to treat symptoms of aggression and depression, for assessing behavior and social skills that may be associated with disinhibition problems



These professionals may recommend the following tests for this symptom:

- [Wisconsin Card Sort](#): test of adapting to changing rules and shifting attention
- [TOVA](#): continuous performance test of sustained attention and impulse control
- [Tower of London](#): tests visual planning, rule following, and problem solving
- [Comprehensive Trail Making Test](#): test of planning, inhibition, and executive functions

- [BASC-3](#): emotional screening test that examines conduct, aggression, hyperactivity, and adaptive behavior
- [Vineland-III](#): adaptive test for coping skills and externalizing/internalizing behaviors

## LEARN MORE

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[1] Siegel, Daniel J. & Bryson, Tina Payne (2012). *The whole brain child: 12 revolutionary strategies to nurture your child's developing mind.*

Amazon: <https://www.amazon.com/Whole-Brain-Child-Revolutionary-Strategies-Developing/dp/0553386697/>

[2] Greene, Ross W. (2001). *The explosive child: A new approach for understanding and parenting easily frustrated, chronically inflexible children.*

Amazon: <https://www.amazon.com/Explosive-Child-Understanding-Frustrated-Chronically/dp/0060931027/>

[3] Dawson, Peg & Guare, Richard (2009). *Smart but scattered: The revolutionary "executive skills" approach to helping kids reach their potential.*

Amazon: <http://www.amazon.com/Smart-but-Scattered-Revolutionary-Executive/dp/1593854455/>

[4] Cooper-Kahn, Joyce & Dietzel, Laurie C. (2008). *Late, lost, and unprepared: A parent's guide to helping children with executive functioning.*

Amazon: <https://www.amazon.com/Late-Lost-Unprepared-Executive-Functioning/dp/1890627844/>

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How to help impulsive child

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