

Therapeutic Imperatives: Impulse Control, Focus of Attention, and Tension Reduction

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Have you ever had a client whom you knew would make great therapeutic gains if only he or she would settle down, focus, stop random behavior, be less angry, listen to your directions, or more generally just behave better? Have you ever thought a client would never learn to stand still, or would never stop talking on random, unrelated topics? Do you have clients who are hyperactive or hyperkinetic? Is client lack of attention a problem? If any of these issues are familiar, you have clients who can benefit from your including activities to remediate impulse control, improve focus of attention and reduce excessive tension.

Behavior is learned. Individuals who:

- have continuous extraneous voluntary movement for which there is no systemic cause,
- repeatedly change visual focus,
- exhibit random conversational verbalization,
- show inappropriate facial expression,
- have angry outbursts,
- physically lash out,
- do not follow directions,
- exhibit noncompliant behavior,
- express general negativity for which there is no logical explanation, and/or
- cannot seem to stand still

can be helped to reduce these distracting elements and improve on-task, on focus thoughts and actions.

Definitions

For therapeutic purposes a few clarifications are necessary:

Impulse control refers to the ability to control feelings and emotions that affect motor activity. This definition is meant to rule out addictive impulses related to drug and alcohol use, gambling, and criminal activity.

Focus of attention refers to the ability to screen out background sensory input and give auditory, visual, and tactile focus on the appropriately relevant sensory input.

Tension reduction refers to the ability to purposely relax muscular tension, as well as mental tension so that said tension does not interfere with accomplishment of physical tasks.

Populations

Individuals of any age can participate in impulse control, tension reduction and/or focus of attention activities. At the very least, these activities can facilitate improved social

interactions as behavior becomes more compliant. Once unwanted behaviors are reduced or eliminated, any learning process is enhanced. Lastly, improved focus and attention, combined with reduction in unwanted impulses greatly increases therapeutic opportunities for goal related success.

Do not assume that a particular condition or disability precludes the ability to learn acceptable behavior. You will not know what is possible until you apply principles and structure activities. Always strive to help your clients develop the best for themselves, including the best behavior.

Application

Prior to beginning any treatment session, a general warm-up for acclimation to the aquatic environment usually takes place. This is the perfect time to set the tone for the session while working to eliminate undesired behavior of any kind. Keep activities short. Emphasize the behavior you want to reinforce. Avoid focusing on the negative behavior you want to eliminate. Attention can be perceived as reward. Therefore, reward what you want to have repeated. For example:

If your client appears to be hyperactive, excited, or overly mobile and unable to stand still or remain in the treatment area, plan ahead for a specific spot for the client to be. This might be a chair at the side of the pool, to wait to enter the water. It could be a poly spot on the deck, to sit upon while waiting to enter. A poly frog on the pool bottom can be a place to stand while doing warm-up exercises or a “home” place to return to after a locomotor activity.

What is key is the **structure** you provide to assist the individual in finding and staying in a particular place, rather than randomly moving around. Praise the individual each and every time the correct place is found. Praise again when the individual remains in place and continues appropriate activity. Should the individual begin random movement behaviors, ask “Are you on/at your spot?” or “Where is your spot?” Guide the individual back to where he or she should be.

Asking questions is another method for improving focus of attention. After providing explanations and/or directions, ask the client what he or she is to do and/or how he or she is going to do it. Ask before the individual starts to move. This not only reinforces the acquisition of the directions, but also give clues as to what the individual actually heard you say. If the repeat back is jumbled or incomplete, you may need to break the directions into smaller components, provide cues, or even change the activity. An individual who cannot repeat back the information most likely will not be able to comply with the directions. Focus the attention first and then continue with the treatment plan.

Conclusion

Assisting clients in self-monitoring of impulsive behaviors, maintaining focus of attention and engaging in self-induced tension reduction can make therapeutic sessions more productive. These same skills can carry over into daily life, thus improving the quality of life for those for whom you provide treatment. Take a few minutes in each treatment

session for impulse control, attention focus, and tension reduction and the therapeutic benefit will be evident to all.

Material for this article was taken from: Grosse, S (2016). ***Developing Behavioral Impulse Control, Focus of Attention, and Tension Reduction Through Aquatic Activity***. Book-on-CD. Available through Milwaukee, WI: Aquatic Consulting & Education Resource Services (contact sjgrosse@execpc.com).

Ms. Grosse will be teaching about **Impulse Control** at the Aquatic Therapy Symposium, June 21 – 24, Sanibel Harbour Resort in Florida.
<http://www.atri.org/Symposium16.htm> for more information.