Diagnostic criteria for impulse control disorders

Lesson 3.3.1 | Clinical psychology

Core ideas

Impulse control disorders involve repeated difficulty resisting urges or drives even when the behaviour has harmful consequences.

Diagnosis looks for a pattern over time, not a single impulsive act or ordinary risk-taking.

Many descriptions include rising tension or urge before the behaviour and relief or gratification during or after it.

The behaviour must cause distress, impairment, danger or serious consequences for daily life or relationships.

Clinicians consider whether the behaviour is better explained by another disorder, substance use, a medical condition or the social context.

Careful diagnosis separates moral judgement from clinical assessment by focusing on symptoms, context, harm and functioning.

Key terms

Impulse: A strong urge to act quickly without full consideration of consequences.

Impulse control: The ability to resist or delay an urge.

Urge: A strong feeling that pushes a person toward a behaviour.

Tension: A build-up of pressure or arousal before an impulsive act.

Gratification: A feeling of pleasure or relief linked with carrying out the behaviour.

Impairment: Difficulty in daily functioning caused by symptoms.

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Exclusion criterion: A rule that checks whether another cause better explains the behaviour.

Clinical significance: A level of distress, harm or impairment that makes symptoms clinically important.

K-SAS: Kleptomania Symptom Assessment Scale, a measure of symptom severity.

Kleptomania: Recurrent failure to resist stealing urges, not explained simply by a need for the objects.

Pyromania: Recurrent urge-driven fire-setting, with interest or fascination in fire.

Further detail and evidence

2027 examinable examples are kleptomania, pyromania and gambling disorder. Kleptomania concerns recurrent urges to steal objects without a practical need; pyromania concerns recurrent deliberate fire-setting driven by urges and fascination, rather than ordinary gain or revenge.

Gambling disorder involves impaired control, increasing priority and persistence despite harmful consequences. Cambridge groups it here for teaching, while ICD-11 classifies it among disorders due to addictive behaviours; retain that distinction.

Measure: the Kleptomania Symptom Assessment Scale (K-SAS) assesses the severity of urges, thoughts, behaviour and related distress. Self-report measures permit comparison over time but depend on honest and accurate reporting.

Apply the 2027 methods/debates to diagnosis: questionnaires and case studies can provide different evidence; quantitative severity scores and qualitative accounts should be evaluated for objectivity, validity and generalisability.

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Kleptomania involves recurrent failure to resist stealing without a need for the objects' use or value; tension/urge and relief may surround the act. Pyromania involves repeated intentional fire-setting linked to tension and fascination, rather than financial gain, revenge or another clear external motive.

Gambling disorder involves impaired control, gambling taking priority over other activities, and continuation despite consequences. Financial losses alone do not establish the diagnosis. The pattern and significant impairment matter, including occupational, family and social functioning.

K-SAS uses graded symptom ratings over a defined recent period, producing a severity score. Repeated administration can track urges and distress as well as behaviour; limited opportunity to steal can reduce recorded acts without removing an urge.

K-SAS has 11 graded items, each scored 0-4, covering a recent week; its total runs from 0 to 44. A total summarises severity and change, while interview evidence is still needed to establish the nature and motive of the behaviour.

Applying the ideas

Stealing an expensive item solely for resale is not sufficient evidence of kleptomania. Repeated urge-driven theft of unneeded objects is more consistent with the clinical description, but exclusions still need assessment. Similarly, accidental fire-setting is different from recurrent deliberate urge-related behaviour.

Evaluation and connections

These behaviours carry stigma and possible legal consequences, which can reduce honest disclosure. Confidential interviews and multiple measures improve understanding. A severity scale offers a common metric but cannot by itself distinguish motives or establish every diagnostic exclusion. Explain classification separately from moral judgement.