



SELF-INJURIOUS BEHAVIOR

Though not common, self-injurious behaviors (SIBs) sometimes occur in children and adults with Autism Spectrum Disorder (ASD), particularly in those with intellectual disability and/or limited functional communication abilities. SIB is defined as behaviors that result in physical injury to an individual's own body. Common forms of SIBs in individuals with ASD include head banging, punching or hitting oneself, hand/arm biting, picking at skin or sores, swallowing dangerous substances or objects, and excessive skin rubbing or scratching.

It is often difficult to determine the cause of an SIB while one is occurring. The best way to determine the cause is to have an experienced behavior therapist conduct a Functional Behavioral Assessment (FBA). An FBA will examine what happens before the SIB occurs (the antecedents), the environment, and what happens afterwards (the consequences). It is also important to consult a medical doctor about SIBs to rule out any medical triggers. This is particularly important if the SIB is new, begins suddenly, or if the behavior is constant.

Potential causes of SIB include:

- **Medical Causes:** Some individuals with ASD use SIB as a way to mediate pain. By stimulating pain in a controlled way (through the SIB), the individual seeks to mask another pain, such as an ear infection, toothache, headache, or constipation. Additionally, what appears to be SIBs may actually be involuntary movements, which may be accompanying a seizure.
- **Genetic Predisposition:** Research has shown that some individuals' genes may make them more likely to have SIBs. In particular, those with certain genetic syndromes, such as Lesch-Nyhan, Prader-Willi, Smith-Magenis, de Lange, and Fragile X, are more likely to have SIBs.
- **Regulating Sensory Stimulation or Emotional State:** Some people suggest that SIB may be an extreme form of self-stimulating behaviors or

“stimming.” Individuals may engage in SIB to increase their arousal level or to counteract an overwhelming sensory stimulus. SIBs may be an attempt to release tension or relieve anxiety.

- **Communication Deficits:** All individuals with ASD have some form of communication difficulty. SIB is seen most frequently in individuals with ASD who lack functional communication or who have difficulty using functional communication when under stress. The inability to communicate one’s wants and needs can lead to frustration that in turn may spur SIBs.
- **Attention Seeking:** In some individuals, SIB may be a learned way of gaining attention from caregivers or others. This however, doesn’t usually explain why SIBs first occur, which usually have another reason (such as to compensate for a difficulty communicating).
- **Avoidance or Escape from Non-Preferred Activities:** Similar to attention seeking, some individuals may learn that they can avoid or escape from undesired activities if they engage in SIB. In this instance, the individual uses the SIB to redirect the teacher or caregiver from the undesired activity.

Depending on the cause, there are many different ways to treat SIBs. If your child is hurting him or herself in any way, contact your child’s physician immediately. If a medical problem is discovered, it can be treated. A physician can also evaluate the individual to make sure the SIB hasn’t caused any unseen injuries and to determine if he or she needs additional care.

If there does not appear to be a medical explanation for the behavior, a behavior therapist or psychologist can conduct an FBA to evaluate other causes and to suggest ways to curb the behavior. For example, if the individual is attempting to modulate sensory input or self-regulate emotional states, an increase or decrease in activity may be appropriate, and replacement behaviors, such as relaxation techniques, exercise, and massage, may be recommended.

SIBs caused by communication deficits should be addressed by teaching functional communication skills, such as the use of sign language, a Picture Exchange Communication System (PECS), or communication boards. Sticking with one communication system across settings will help reduce frustration levels, so it is important that caregivers, therapists, teachers, and others all learn to use the system. It is also critical for the individual to always have access to the communication system in every environment.

If the SIB is the result of attention seeking, it is important that the individual be given positive attention at other times (when SIBs are not occurring). While it may not be an option to ignore SIBs that can cause serious harm, when it is necessary to stop an SIB, intervene as neutrally as possible to keep the individual safe and discontinue attention once the individual is no longer at risk. Additionally, reinforcing other behavior that makes the SIB impossible may be beneficial (for example, reinforcing the individual for doing an activity with his or her hands, which keeps the hands occupied and prevents slapping).

Sometimes, a doctor may recommend treating your child with medication to control SIBs. There are some medications, such as Risperdal, that have worked to reduce the incidence of SIBs in some individuals with ASD. However, all medications have risks of side effects, and in some individuals, a medication may actually increase SIBs. You and your doctor should discuss whether medication is a good option for your family.

Sometimes, despite best efforts, SIBs continue to occur for seemingly no reason. Your first priority is to keep your child safe. Some families resort to the use of restraints or protective headgear; others seek in-patient help for their child. These decisions are difficult ones to make and should be made with the advice of trusted therapists and doctors.

Make sure you are considering counseling for yourself as well. SIBs can be very stressful on a family, and you may find it helpful to process your emotions with a professional counselor. Respite for the family may also be beneficial, however families may be hesitant to access respite for fear that respite will not provide adequate care in case a SIB occurs. Building a strong support network can be invaluable to these parents, who often feel isolated and helpless.

Related Articles:

- [Intellectual Disability and ASD](#)
- [Speech, Language, and Communication](#)
- [Functional Behavioral Assessment: What Is It?](#)
- [Seizures and Autism Spectrum Disorder](#)
- [ASD and Other Genetic Conditions](#)
- [Sensory Processing and Sensory Integration in Individuals with ASD](#)
- [American Sign Language](#)

- [Picture Exchange Communication System](#)
- [Will Medication Help?](#)
- [Why Your Family Needs Respite](#)

Additional Resources:

- [Family Guide To Self-Injurious Behavior In Persons With Mental Retardation and Developmental Disabilities \(MR/DD\)](#)
- [Treatment of Destructive Behaviors in Persons with Developmental Disabilities, National Institute of Health Consensus Development Conference Statement \(1989\)](#)
- [Self-Injurious Behavior](#)

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