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Self Injurious Behaviour (SIB), Autism & other Neurological Conditions

Compass Connections Webinar Series:
Self Injurious Behaviours, Session #3

Dr. Robin Friedlander
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Mary Glasgow Brown, MOT

November 1, 2021

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Outline

1. Similarities and differences from Non Suicidal Self Injurious Behaviour
2. Case history
3. 3 main drivers of SIB
4. Approach to management
5. Behavioral approach
6. Environment
7. Family support

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Potential Bias

- All speakers are members of the Self Injurious Behaviour & Neuropsychiatry Clinic at BC Children's Hospital
- Dr. Friedlander & Mary Glasgow Brown are Faculty Members at UBC (Dept. Of Medicine & Dept. of Occupational Science & Occupational Therapy)
- Katie Allen is an owner of East Vancouver Behaviour Ltd.

SIB in children with Autism

Prevalence

- Any SIB 46%
- Severe SIB 18%

Onset

- In 50% , SIB starts before age of 3

Predictors of Self-Injurious Behavior and Self-Restraint in Autism Spectrum Disorder: Towards a Hypothesis of Impaired Behavioral Control
Caroline Richards1 · Louise Davies1,2 · Chris Oliver1 J Autism Dev Disorder, 2017

Persistence

- Once established, SIB is the go-to behavior for these children if distressed or frustrated.
- Similar rate in adults with Autism.

Topography

- Head banging (with hands/fists; against objects)
- Self-biting/chewing
- Hands/fists to other parts of the body
- Knee to head

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Why do people engage in SIB?

Overlap with Non Suicidal Self Injury (NSSI)

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Why do people engage in NSSI?

- Feeling numb
- Communication
- Self punishment
- A way to avoid feelings/triggers
- A sense of control

Development and Maintenance of SIB

Rhythmic repetitive behaviour

Sensitivity to internal states (e.g. pain, mood); sensitivity to environment (e.g. noise, gaze)

Social reinforcement

Chris Oliver, (2015).

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Self-injury in Autism

- Burn out in families
- Expensive for system
- Clear role for targeted early intervention

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Case

- 7-year-old , non verbal male with Smith-Magenis Syndrome (SMS)
- lives with his family who are very stressed and have only minimal respite
- Referred aged 4, for evaluation of SIB occurring multiple times a day (slapping self on cheek, hitting head with fists and head banging on hard objects)
- Numerous precipitants included being tired, ill, unexpected loud sounds, frustration and having hair brushed or nails cut as well as numerous internal rules about how others should behave.

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Case: SIB significantly improved following

- Treatment of sleep with trazodone 50mg and melatonin 10mg at night.
- Constipation resulting in numerous hospital admissions was vigorously treated.
- ADHD (poor frustration tolerance & compliance with adult requests) improved with clonidine 0.025mg TID
- Behaviour Consultant introduced---
  reactive & proactive strategies

Case: Additional Recommendations & Treatment

- Sensory specific recommendations to address sensory seeking/avoiding behaviour
- Referral for feeding study
- Recommendations to address toileting skills
- If frustrated he still engages in SIB

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The 3 main drivers of SIB in Autism

1. Health related pain/distress
2. Psychiatric disorders
3. Behavioral (learned behavior, sensory and communication)

Internal discomfort/pain

- Otitis media (self-injury to head)
- Gastroesophageal Reflux Disease (SIB around meal times)
- Menses (related to menstrual cycle)
- Constipation
- Dental
- Medication side effects

Children who are non verbal may experience pain differently in terms of where and how.

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Psychiatric factors

- Sleep
- Mood
- Anxiety
- OCD
- ADHD
- Tics
- Catatonia

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Approach to management: Engage all players

- Assisted/ augmented communication
- Assist with self regulation
- Develop reactive and proactive behavioral strategies
- Identify and treat underlying medical illness
- Treat sleep
- Treat psychiatric comorbidity
- Behavioral analysis

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Behavioral lens

- Observable and Measureable
- Interaction between Behavior ⟷ Environment
- Assess for function vs. topography
- Function-based Treatment
- Data collection and analysis
- Data-based decisions for treatments, medications etc.

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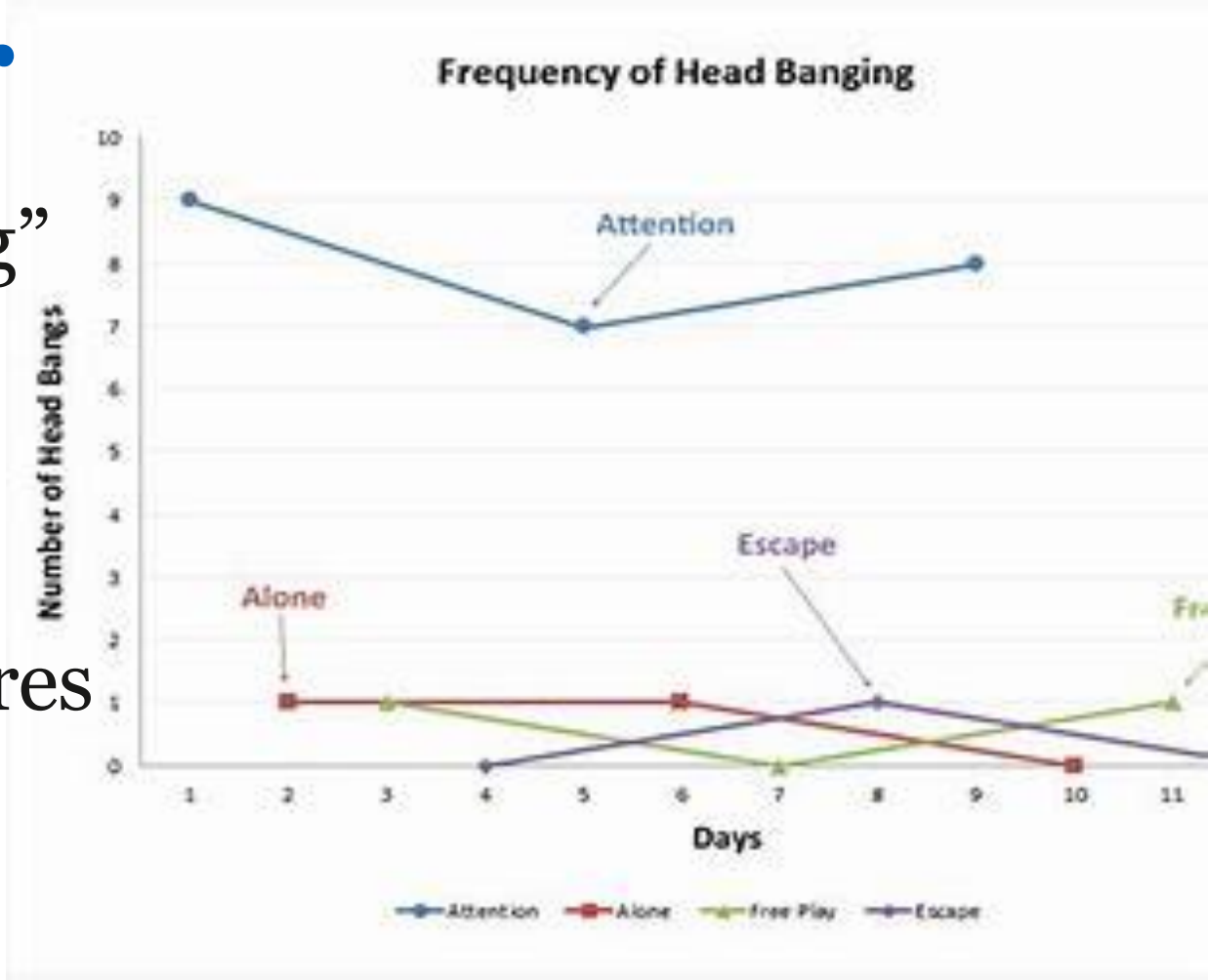
Function of behavior

- "Why is the behavior occurring"
- Attention, Escape, Tangible, Automatic
  - Functional Analysis
- Function determines procedures for treatment



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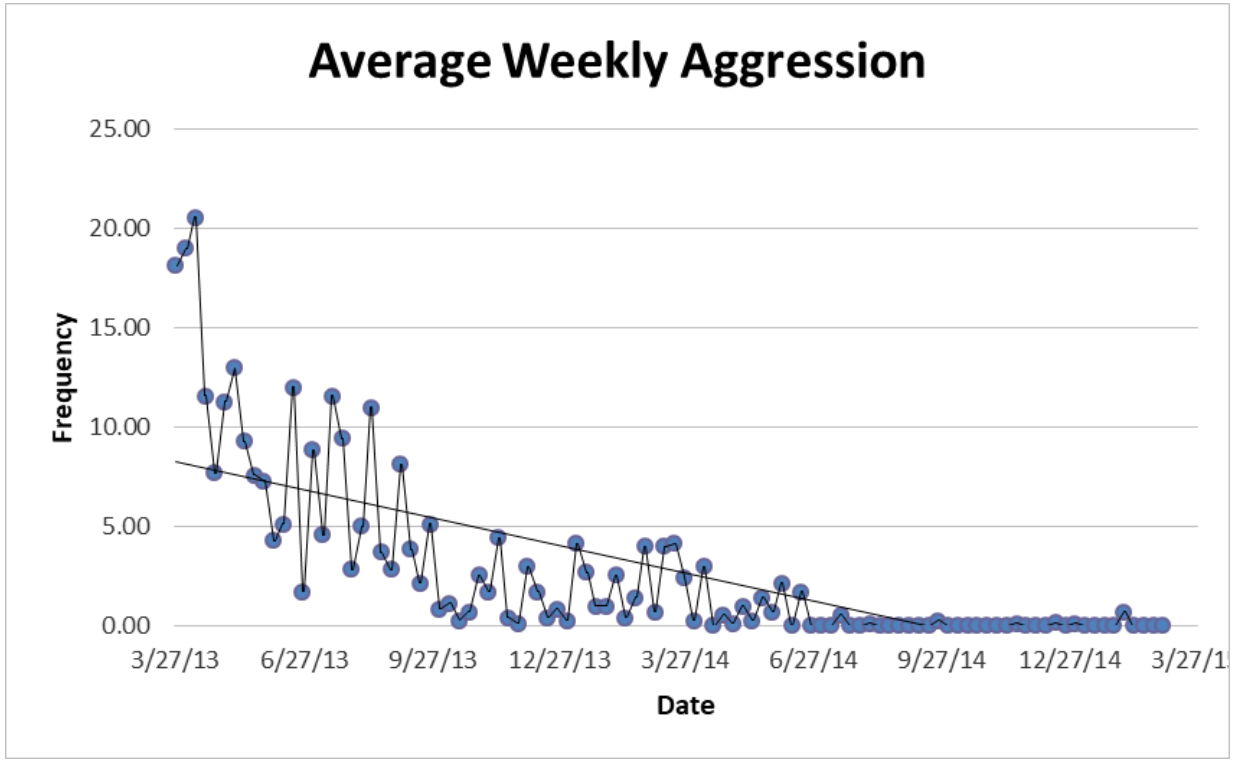
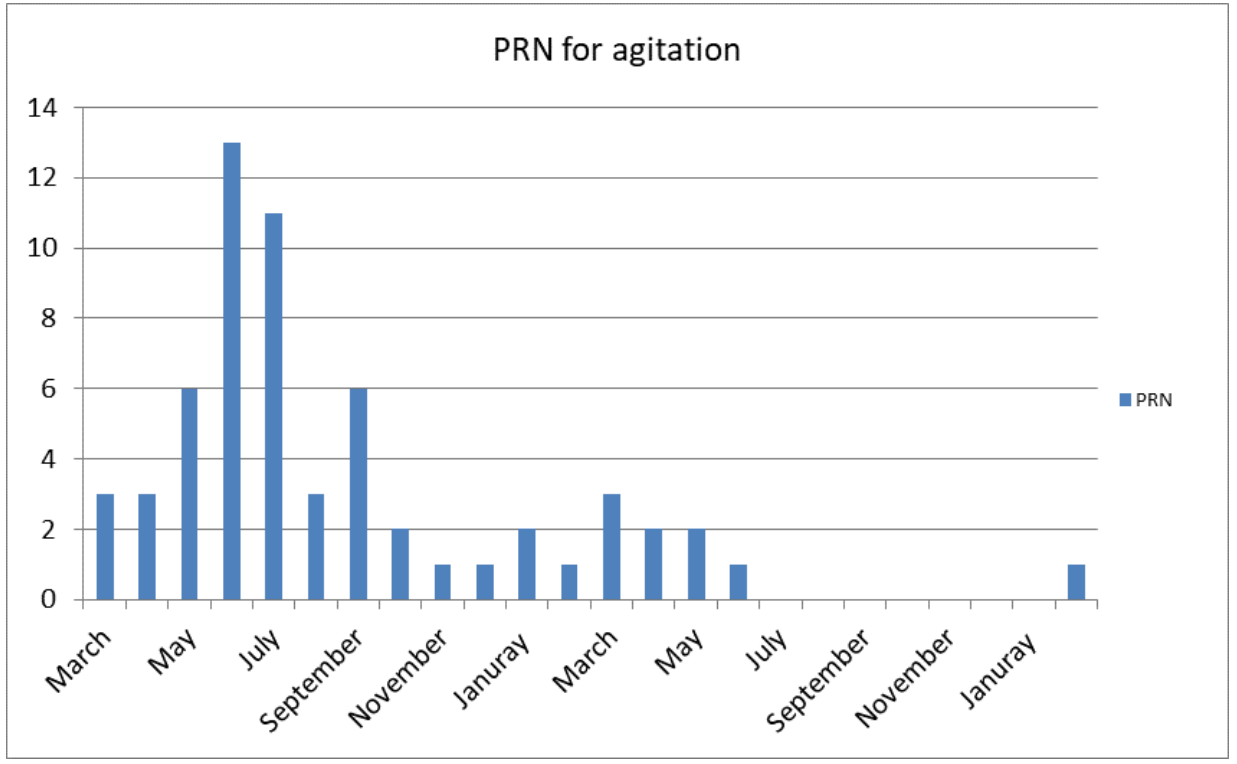
Data analysis and decision making





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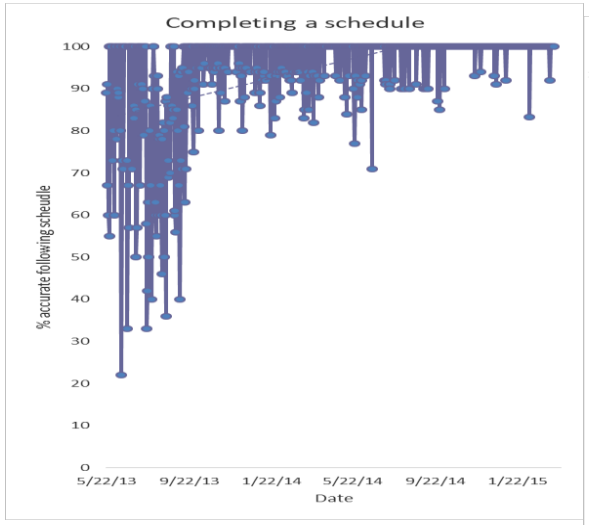
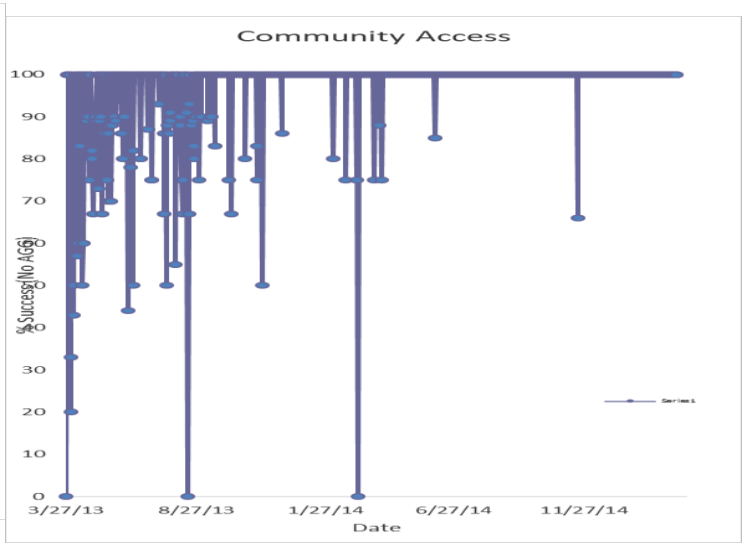
Medication and behavioral Therapy

When medication is therapeutically applied it allows an open window for behavioral intervention

- 1. **Decrease challenging behavior**
  - Limiting irritability, providing more tolerance to aversive events, less distressed
  - Reduce EO's for behavior
- 2. **Increase adaptive behaviors**
  - Functional communication
  - Play/leisure
  - Social interactions and community involvement
- 3. **Increase Wellness**
  - Food repertoires
  - Sleep hygiene
  - Toilet training
  - Bathing





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Equipment: Reducing the Risk

1. **Protective Equipment**
   E.g. Helmet, wrist guards, gloves

   OR

2. **Restraints**
   E.g. Adapted seat belts, arm extension splints

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Equipment: A Team Approach

- Multiple decision-makers (parents, child, health, school)
- Safety Plan- when to use/when to not use
- Revaluate & phase out if possible

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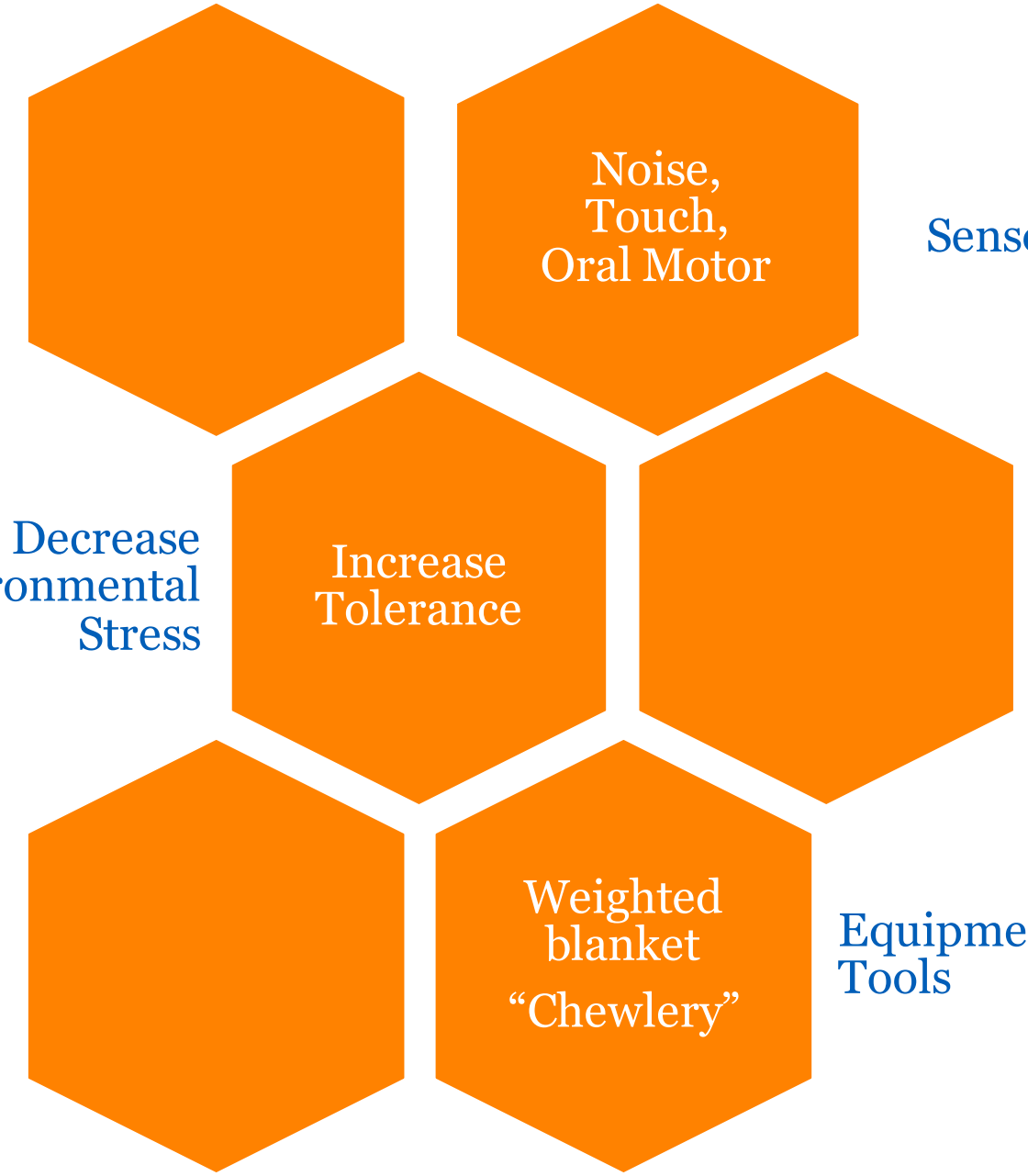
Sensory & Environment



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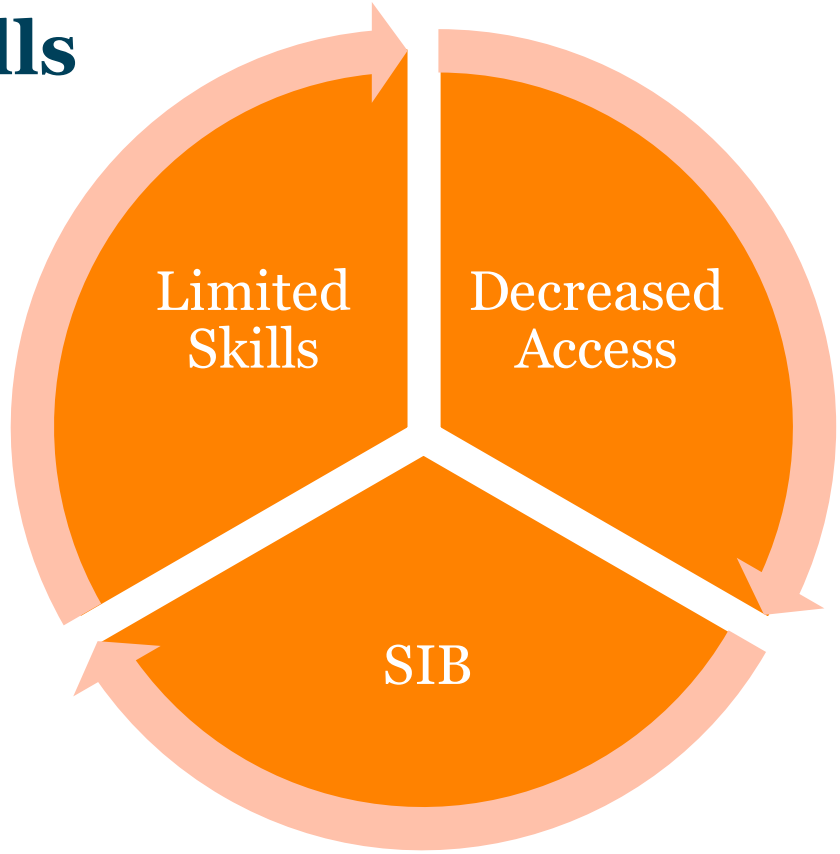
Skills & Participation

- Communication, ADLS, Play skills
- School
- Community



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Family/caregiver support

1. **Respite**
2. **Peer/Group Support**
   www.familysupportbc.ca
3. Assistance with case management
4. Parent/Caregiver Health Resources

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Consultation for families in remote communities

1. Talk to GP/NP or pediatrician
2. Primary physician/NP can consult Compass
3. Primary physician/NP can refer to BCCH Neuropsychiatry clinic
4. Most severe cases may need referral to SIB clinic (internal referral from Neuropsychiatry/Infant Clinic)

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Support for families in remote communities

1. Access **Family Support institute of BC** for advice, education and to access their SIB education sessions.

2. If the child has funding for behavioral intervention, ensure that the **provider is targeting the SIB**.

3. Consider **zoom consultation**:
   - With a Behaviour Consultant with BCBA designation, hopefully with expertise in SIB.
   - Other therapies locally or remotely to address functional communication (speech therapist), sensory processing, emotional regulation & functional skills (OT)

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Thank you & Questions

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