Self-Injurious Behaviour Clinic at BC Children's Hospital

What is the Self-Injurious Behaviour (SIB) Clinic?

Established in October 2017, the SIB Clinic provides a multidisciplinary team assessment of children and youth with Autism Spectrum Disorder (ASD) and related disorders who present with severe SIB. This assessment integrates the expertise of specialized hospital clinicians, such as psychiatry, paediatrics, neurology, genetics, and related allied health professions (e.g., psychology, occupational therapy, speech-language pathology, social work, board certified behaviour analyst).

The primary aim of this clinic is to better understand what factors may be contributing to the presentation of SIB, through the investigation of

1. possible medical factors (e.g., pain, headaches, sleep disturbance),
2. psychiatric factors (e.g. anxiety, tics, mood disorder), and
3. learning factors (e.g., behaviour).

What do we know about SIBs?

1 Chronic Problem

SIB may include head banging, hand-biting, excessive self-rubbing and scratching, among many others. It can be a severe and chronic problem affecting approximately 10-14% of individuals with an intellectual disability (ID), and 35-60% of individuals with ASD (Baghdadli et al., 2003; Iwata et al., 1994; Rodger, 1992). Although more common in these populations, ID and/or ASD do not explain the occurrence of SIB.

2 Inability to Communicate

Perhaps the most common reason why children with Autism and/or ID engage in SIB is to communicate their needs. In fact, there is strong evidence that a relationship between SIB and increased challenges with communication exists.

Even children with ASD and/or ID with developed communication skills, may have difficulty communicating their needs when very upset.

Treatment may include:

(A) Providing the child with alternative functional communication strategies (e.g. pictures or an iPad program).

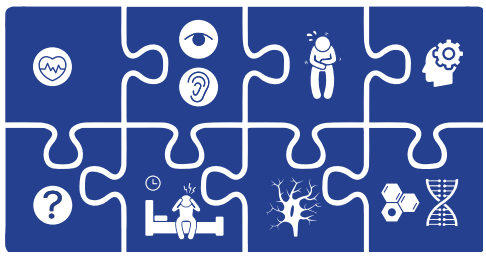
(B) Teaching replacement skills to meet the same need as the SIB (e.g., how to make requests for items, activities or people in their environment, how to indicate "no"/"I need a break").

3 Learned Behaviour

Similar to any other behaviour, SIB can at times be a learned behaviour. Behavioural interventions often include the use of prevention strategies, coaching parents to respond to behaviour in different ways, and supporting children to develop more appropriate replacement skills (e.g., communication, play, self-care).

4 Multiple Causes

Medical, sensory sensitivities, pain, psychiatric, sleep disorders/challenges in sleep, neurological, and genetic conditions may be related to SIB. A typical community based behavioral assessment will often not be able to address all these factors; this is why the SIB Clinic takes a multidisciplinary approach.



What are the consequences of SIB?

- Severe SIB may have mental and physical health consequences, including tissue damage. Head banging/hitting is of particular concern because it can lead to brain injury.
- The presence of SIB also leads to higher rates of psychiatric hospitalization, use of restraints, and restricted community access to school and home environments.
- Not only does this lower the quality of life for the individual, but these behaviours are also extremely distressing for families to witness and are associated with increased caregiver burnout.

How are children with SIB currently treated?

In BC, children with severe SIB and ASD are assessed or treated by one or more physicians (such as pediatricians, psychiatrists, neurologists and pain specialists), allied health clinicians (speech-language pathologists, occupational therapists, psychologists) and/or behavioral consultants. Assessment and treatment is often fragmented and there is no integrated approach.

What is the rationale for this clinic?

Most children with severe SIB are not born with it, but usually develop this behavior in early childhood. The number of children with severe SIB increases with age up to adulthood and this SIB often persists for many years. We would like to identify children with severe SIB as early as possible and provide the most appropriate assessment and advise as to treatment that can prevent the SIB becoming entrenched and persistent.

What are the questions we are trying to answer?

1. What factors might be contributing to the child's SIB?
2. Are there neurological or other physical problems worsened by the SIB?
3. What can be done to stop or at least manage this behavior?
4. What further assessment and treatment recommendations are most appropriate (e.g., further behavioural assessment and treatment)?
5. Are there investigations (e.g. fasting blood work and MRI) that can help us understand medical factors contributing to the SIB as well as leading to effective treatment?

What are the limitations of this clinic?

1. Behavioral assessment

We are working towards a best practice model of assessment, which will include a systematic behavioural evaluation by a board certified behavioural analyst (BCBA) with specialized training in SIB. At this time, this portion of the assessment is limited to an interview with caregivers and an observation of the child/youth in their community setting. On occasion, a more in-depth functional assessment of behavioural can be completed; this will be discussed on an individual basis with families. Individual funding is required for the BCBA at this time. Funding options can be discussed further if needed

2. Treatment

Many of these children and youth need highly specialized interventions either in the community or if necessary in a specialized treatment setting. We are not currently funded to provide ongoing care and treatment. However, we will make recommendations to treating clinicians in the community and advocate for specialized treatment and respite as needed. Behavioural treatment recommendations may be limited by the abbreviated behavioural assessment we are able to complete at this time.

What is the intake criteria for this clinic?

A patient of Infant or Neuropsychiatry clinics at BCCH who:

A	Has severe SIB, occurring multiple times a day and causing significant injury such as tissue damage.
B	Has presented SIB for a prolonged period of time (at least 4-6 months).
C	Has been diagnosed with ASD diagnosis (although if not ASD will still consider).
D	Is 4-15 years old.
E	Has SIB that is significantly preventing community access and his/her ability to function in day-to-day activities.

How to refer to the Self-Injurious Behaviour Clinic?

Child needs to be referred to Infant or Neuropsychiatry clinics at BC Children's Hospital in order to be considered for the Self-Injurious Behaviour Clinic. Referrals should be faxed to 604-875-2099 for the Outpatient Psychiatry Department at BC Children's Hospital.

SIB Team Members

The SIB team includes members from the following disciplines:

Neuropsychiatry Clinic

Beverley Jones, SLP

Erika Ono, Social Worker

Jesse Pare, Social Worker

Katie Allen, Board Certified Behaviour Analyst

Mary Glasgow Brown, OT

Dr. Robin Friedlander,

Psychiatrist & SIB clinic director

Neurology Clinic

Dr. Mary Connolly, Neurologist

Dr. Anita Datta, Neurologist

Complex Pain Clinic

Dr. Tim Oberlander, Developmental Paediatrician

Department of Medical Genetics

Dr. Suzanne Lewis

General Paediatrics

Dr. Anamaria Richardson, Paediatrician

Sleep/Wake-Behaviours - Sleep Medicine

Dr. Osman Ipsiroglu, Paediatrician

Zumana Chowdhury, Booking Clerk