

## Essential Guide to Self Injurious Behaviour and Autism: Summary



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### Introduction

This leaflet provides a summary of our essential guide on self injurious behaviour in people on the autism spectrum.

It provides the key facts about self injurious behaviour, examines some of the risk markers for self injurious behaviour, and looks at some of the interventions designed to prevent or reduce that behaviour.

### Self Injurious Behaviour

Self injurious behaviours are sometimes defined as “Any behaviour, initiated by the individual, which directly results in physical harm to that individual. Physical harm (includes) bruising, lacerations, bleeding, bone fractures and breakages, and other tissue damage.”

Specific forms of self injurious behaviour found in people on the autism spectrum include: head banging; hand or arm biting; hair, teeth and fingernail pulling; eye gouging or poking; face or head slapping or punching; skin picking, scratching or pinching; forceful head shaking; dislocation of joints; pica (persistent eating of non-nutritive substances).

### Risk Markers

Self injurious behaviour is very common in people on the autism spectrum and is usually associated with one or more “risk markers”:

- Internal risk markers include: severity of autism; significant learning disability; specific genetic syndromes; physiological problems; painful medical conditions
- Interpersonal risk markers include: learnt behaviour (where the person has learnt that other people behave differently when they injure themselves); inappropriate behaviour by other people; mistreatment by other people
- external risk markers include: a lack of control over the person's living environment or the use of inappropriate interventions

### Best Practice

NICE and SICE have developed guidance on how to support people with challenging behaviours such as self injurious behaviour. They note that:

- Challenging behaviours can usually be prevented or reduced if the right kind of support is provided. That support should be flexible and personalised to the needs and circumstances of individual families
- A comprehensive behaviour assessment should include: a functional assessment of behaviour, a medical health check, a mental health check, a communication assessment, and an assessment of any social and environmental factors that may affect behaviour
- A behaviour support plan should be developed, setting out what is likely to trigger the behaviour and how families and services should respond.

### Interventions

There are numerous interventions (treatments, services and other forms of support) designed to prevent or reduce self injurious behaviours in people on the autism spectrum. Most interventions are

- the same as those designed to help people on the autism spectrum deal with other challenging behaviours
- the same as those designed to help other people deal with self injurious behaviours

Interventions fall into three main categories: psychological techniques, medications and other approaches. In practice, these approaches may overlap. For example, a multidisciplinary team may suggest the use of medications or physical exercise alongside a behaviour support plan.

We believe that, whichever interventions are used, it is important to treat the person with respect, listen to what they say and give them choices over their lives.

## Psychological Techniques

Psychological techniques (many based on the principles of applied behaviour analysis and often incorporated into a behaviour support plan) include

- providing a more effective way for the person to tell you what they want. For example, you could teach the person to use picture cards or sign language
- providing more structure and routine. For example, you could build a range of activities into the person's day to minimise boredom and reduce opportunities for self injury. You could also use a visual schedule to show them what they are expected to do and when
- changing the way you ask the person to do things. For example, you could make sure you don't ask the person to do too many difficult things all at once and give them regular breaks
- letting the person have the thing that they want, such as a snack or toy, but only if they behave in an alternative, more desirable way instead of injuring themselves

## Medications

If the self injurious behaviour is pervasive, long standing or very severe, then medications such as antipsychotics may be considered. However medications should only be used under the direction of a suitably qualified practitioner, such as a paediatrician or psychiatrist, and only after there has been no or limited response to other interventions. The effects should be carefully monitored and reviewed on a regular basis and the medication withdrawn if no significant benefits are seen. Some medications have significant side effects or interactions with other substances. Some medications can actually make some behaviours worse.

## Other Approaches

There are numerous other interventions that have been suggested as ways to prevent or reduce self injurious behaviours in people on the autism spectrum. These include treatment of medical issues, physical exercise, sensory stimulation and the use of diets and supplements. However there is currently very little research to support the use of these other approaches.

## Further information

You can find more information on this topic (including sources of evidence, glossary of terms used etc.) on Research Autism's website at <http://researchautism.net/self-injurious-behaviour-autism>

## Research Autism

We are the only UK charity exclusively dedicated to research into interventions in autism.

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