# Self-Injurious Behaviour Clinic

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

The Self-Injurious Behaviour (SIB) Clinic was established at BCCH in 2017. Our mandate is to provide a multidisciplinary team assessment of children and youth with Autism and related disorders who present with severe SIB.

## Primary Goals of the SIB Clinic

To better understand what factors may be contributing to the presentation of SIB, through the investigation of:

- Possible medical factors (e.g., pain, headaches, sleep disturbance);
- Psychiatric factors (e.g. anxiety, tics, mood disorder); and
- Learning factors (e.g., behaviour).

## What Do We Know About SIB?

### (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 impacting approximately 10-14% of individuals with an intellectual disability (ID), and 35-60% of individuals with ASD (Baghdadli et al., 2003; 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 increased challenges with communication and SIB 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/ID 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 behavioural consultants. Assessment and treatment are often fragmented and there is no integrated approach.

## What is the Rationale for the SIB Clinic?

Most children with severe SIB are not born with it, but usually develop this behaviour 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?

## Limitations of the Clinic

### Behavioural 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 primarily limited to an interview with caregivers and an observation of the child/youth in their community setting.

### 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 the SIB Clinic?

**A patient at the Neuropsychiatry Clinic 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 and/or ID (related neurodevelopmental disorders will be considered);
(d) Is 5-18 years old; and
(e) Has SIB that is significantly preventing community access and his/her/their ability to function in day-to-day activities.

## How to Refer to the SIB Clinic?

Children/youth need to be referred to the Neuropsychiatry Clinic to be considered for the SIB Clinic.
http://www.bcchildrens.ca/mental-health-services-site/Documents/Neuropsychiatry-referral-criteria.pdf

**Referrals should:**

(1) Include the referral form (available at the link below) and attached documentation
http://www.bcchildrens.ca/health-professionals/refer-a-patient/outpatient-psychiatry-referral

(2) Be faxed to the BC Children's Hospital Outpatient Psychiatry Department Intake: 604-875-2099

## SIB Clinic Team Members

### Neuropsychiatry Clinic

Dr. Robin Friedlander, Psychiatrist
Mary Glasgow Brown, Occupational Therapist
Erika Ono, Registered Social Worker
Beverly Jones, Speech-Language Pathologist
Dr. Kristen McFee, Registered Psychologist

### Independent Board-Certified Behaviour Analyst

Katie Allen

### General Pediatrics

Dr. Anamaria Richardson, Pediatrician

### Sleep/Wake-Behaviours - Sleep Medicine

Dr. Osman Ipsiroglu, Pediatrician

### Neurology Clinic

Dr. Mary Connolly, Neurologist
Dr. Anita Datta, Neurologist

### Department of Medical Genetics

Dr. Suzanne Lewis

### Complex Pain Clinic

Dr. Tim Oberlander, Developmental Pediatrician