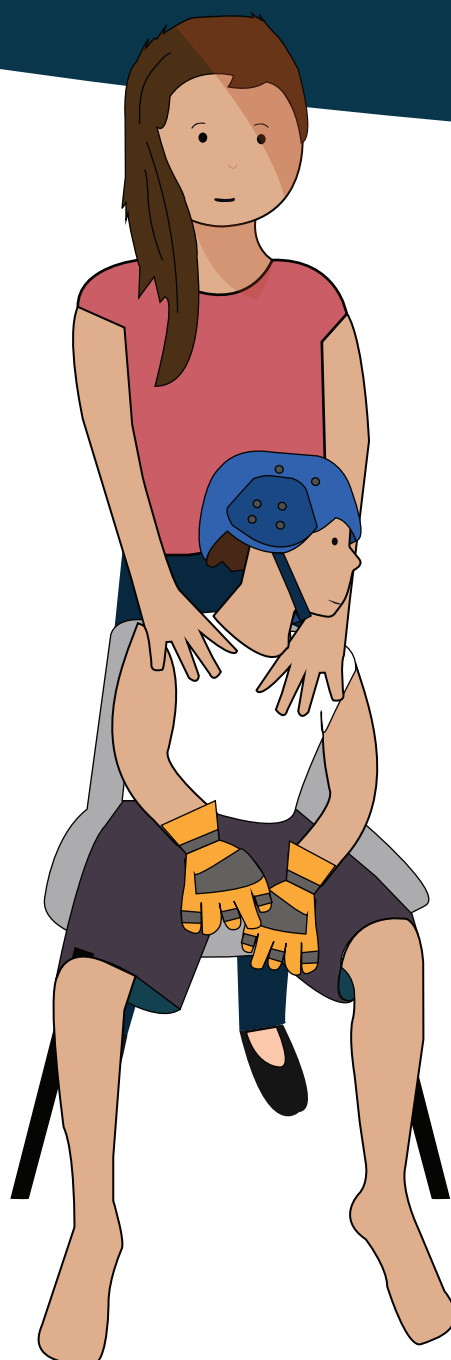




Self-Injurious Behavior (SIB) displayed by Children with neurodevelopmental differences involves the occurrence of behaviour that results in physical injury to their own body.



You're not Alone!

Children with neurodevelopmental differences (NDDs) are at **increased risk for developing SIB**. Some common forms of SIB include head-banging, hand-biting, and excessive self-rubbing and scratching. There are **many possible reasons** why a child may engage in SIB, ranging from biochemical, social and environmental factors.

1 | INTRO TO SIB ASSESSMENT AND MANAGEMENT

The first step in the assessment and management of SIB is a through **medical workup** to rule out underlying causes of SIB.

2 Goals of SIB Management

What will help make the behaviour go away?

How do I deal with this behaviour right now?

LONG TERM GOAL

BEHAVIOUR REDUCTION

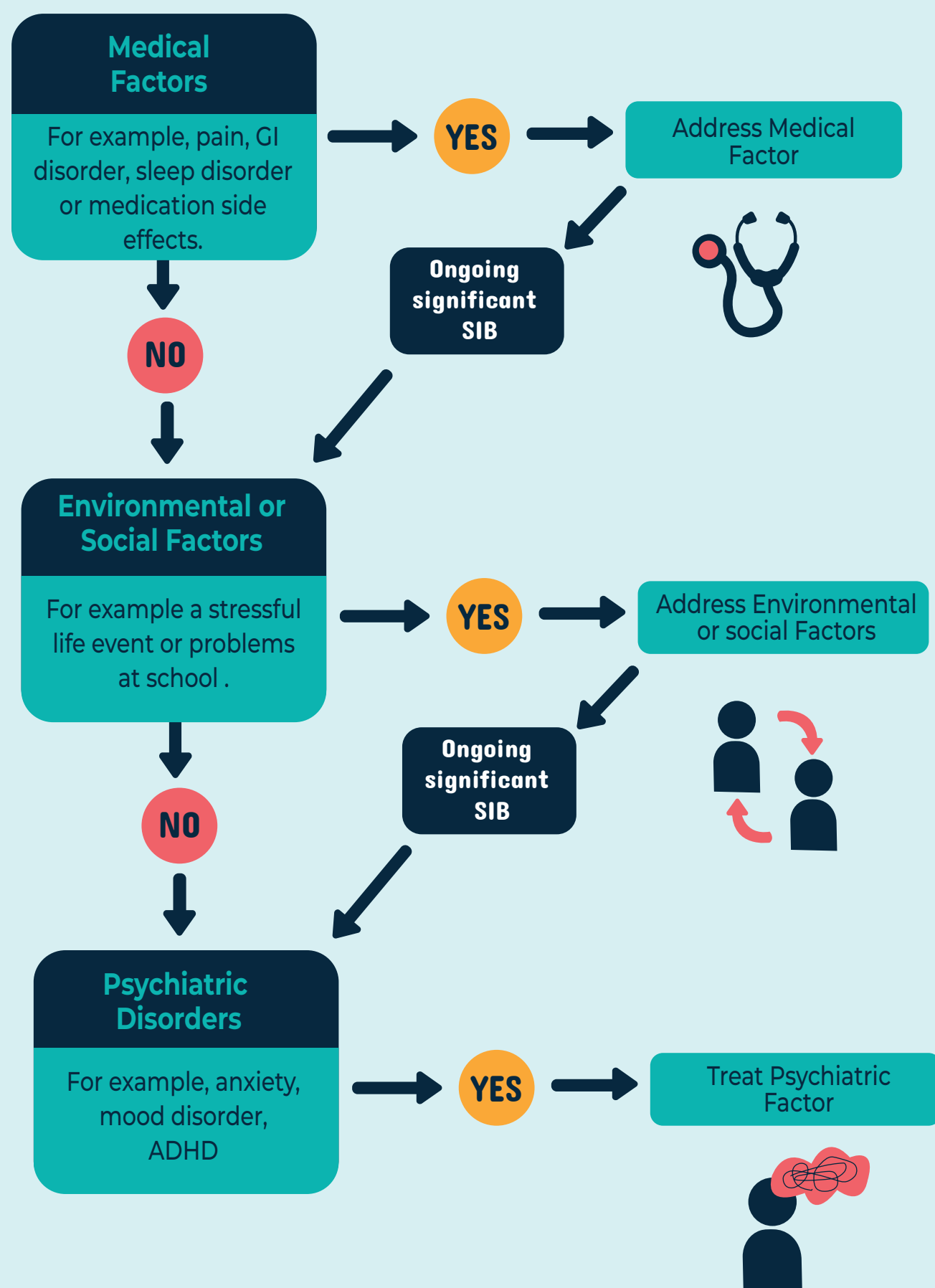
Behavioural intervention
Drug therapy

SHORT TERM GOAL

BEHAVIOUR MANAGEMENT

Protective Equipment
Medications

SIB Assessment Algorithm

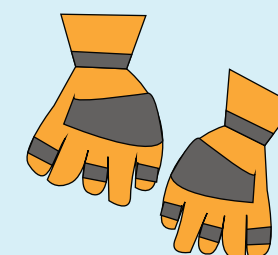


2 | PROTECTIVE EQUIPMENT

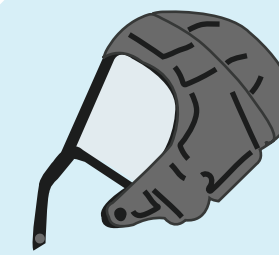
Protective Equipment includes a **wide array of devices** that are designed to **protect the body from injury**. These devices can lessen the health and safety risks associated with SIB. Some equipment has been specifically designed for medical use, while other forms of equipment have been adapted from sports or other uses. Common protective equipment for SIB includes:



Sparring helmet with face shield



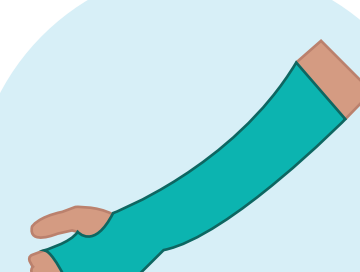
Winter Gloves



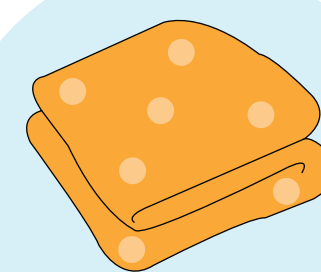
OT helmet



Hockey padding



Kevlar



Weighted Blanket

There are significant differences between protective equipment and restraints. **Restrain** refers to the use of mechanical devices to restrain an individual's movement or activities.

In general, treatments for SIB should be rehabilitative in nature, and should include interventions to reduce SIB and develop adaptive skills. However, **protective equipment can be useful to reduce the risk of physical injury** associated with SIB and provide an opportunity to develop replacement behaviours and adaptive skills.

Before implementing protecting equipment, **a risk assessment should be conducted** to determine if the benefits outweigh the risks. This assessment could be done by a Behavioural Consultant or an Occupational therapist. One tool often used by clinicians is the Self-Injury Trauma (SIT) Scale.

Benefits & Potential Risks

Benefits

- ✓ Can help protect the child and others from harm.
- ✓ Could be used as an active component of a behavioural intervention to reduce SIB over time

Risks

- ✓ Positive reinforcement for SIB when used incorrectly
- ✓ Be Stigmatizing
- ✓ May restrict participation in educational and social activities (but so can SIB)
- ✓ Self-restraint may emerge

Important Questions!

- What kind of protective equipment?
- When will I put it on/take it off?
- How long will it stay on for?
- Who is supporting me with my plan?
- How do I know if it's reducing the SIB?

To create a good plan for using protective equipment it is important to **work with a professional**, this could involve working with a Behavioural Consultant (BC) or an Occupational Therapist (OT). It is preferable to work with someone who has **previous experience working with SIB** patients.

HAVE A PLAN BEFORE USING PROTECTIVE EQUIPMENT

Protective Equipment Application

The application of protective equipment is very **individualized for the child** and their pattern of SIB. The intervention should take into account the **frequency, type and intensity** of the challenging behaviour.

PROTECTIVE EQUIPMENT STRATEGY EXAMPLES

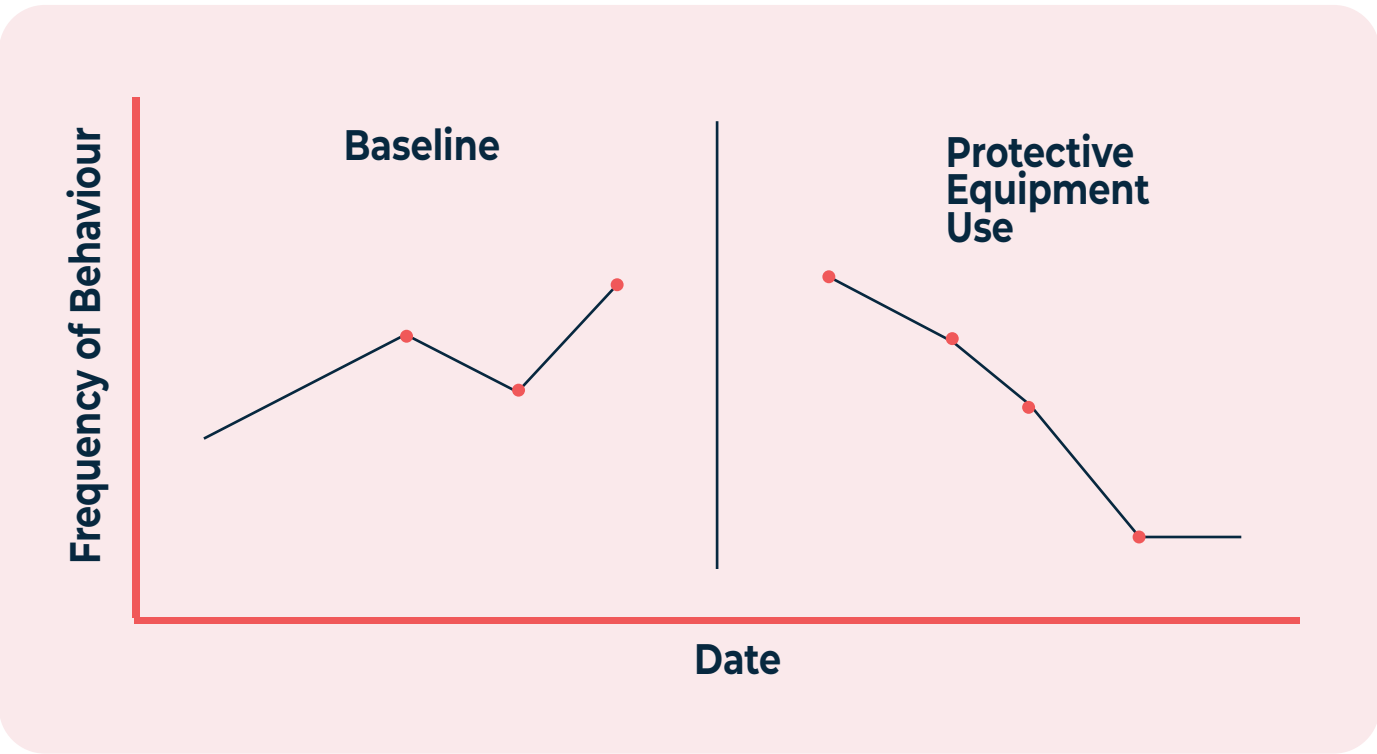
CHILD A	CHILD B
Head Hitting Behaviour	Severe Head Banging
20th hit in 1min	2nd hit in 10s
↓	↓
Helmet application: 10s & folded hands	Helmet application: 1 minute of calm behaviour
↓	↓
Remove protective equipment	Remove protective equipment

Assesing the Effectiveness of the Strategy

After implementing a protective equipment strategy, it is important to assess whether the strategy is protecting the child from injury. Some ways can help you **evaluate if the strategy is working**:

- ✓ Repeat the self-injury scale for assessment of injuries
- ✓ Monitor and document the status of existing or new injuries

Information on the frequency of your child's SIB should be collected before the use of protective equipment at baseline. This will allow you to analyze whether the challenging behaviour of the SIB has decreased and if the strategy needs to be revised.



3 | CONSIDERING MEDICATION

Considering **medication to promote safety** for children who exhibit SIB depends on the child and the family's preference. However, if there is a **history of SIB across multiple settings** that has not responded to behavioural intervention, then it might the time to try a medication. Another indicator is if the SIB is **interfering with the ability to participate** in school and family life.

Benefits & Potential Risks

Benefits

- ✓ Your child might be less irritable
- ✓ Challenging behaviours may improve
- ✓ Your child may function better at home, school, and in the community
- ✓ You and your child might sleep better

Risks

- ✓ Medications may not help every child
- ✓ Your child may experience side effects
- ✓ Medicine can cost a lot



Considerations When Starting a New Medication

- Not every medication works for every child
- Some medications take time to start working
- It could be necessary to gradually increase the dose
- Your child's behaviour and symptom may change over time, so it may be necessary to adjust medications.



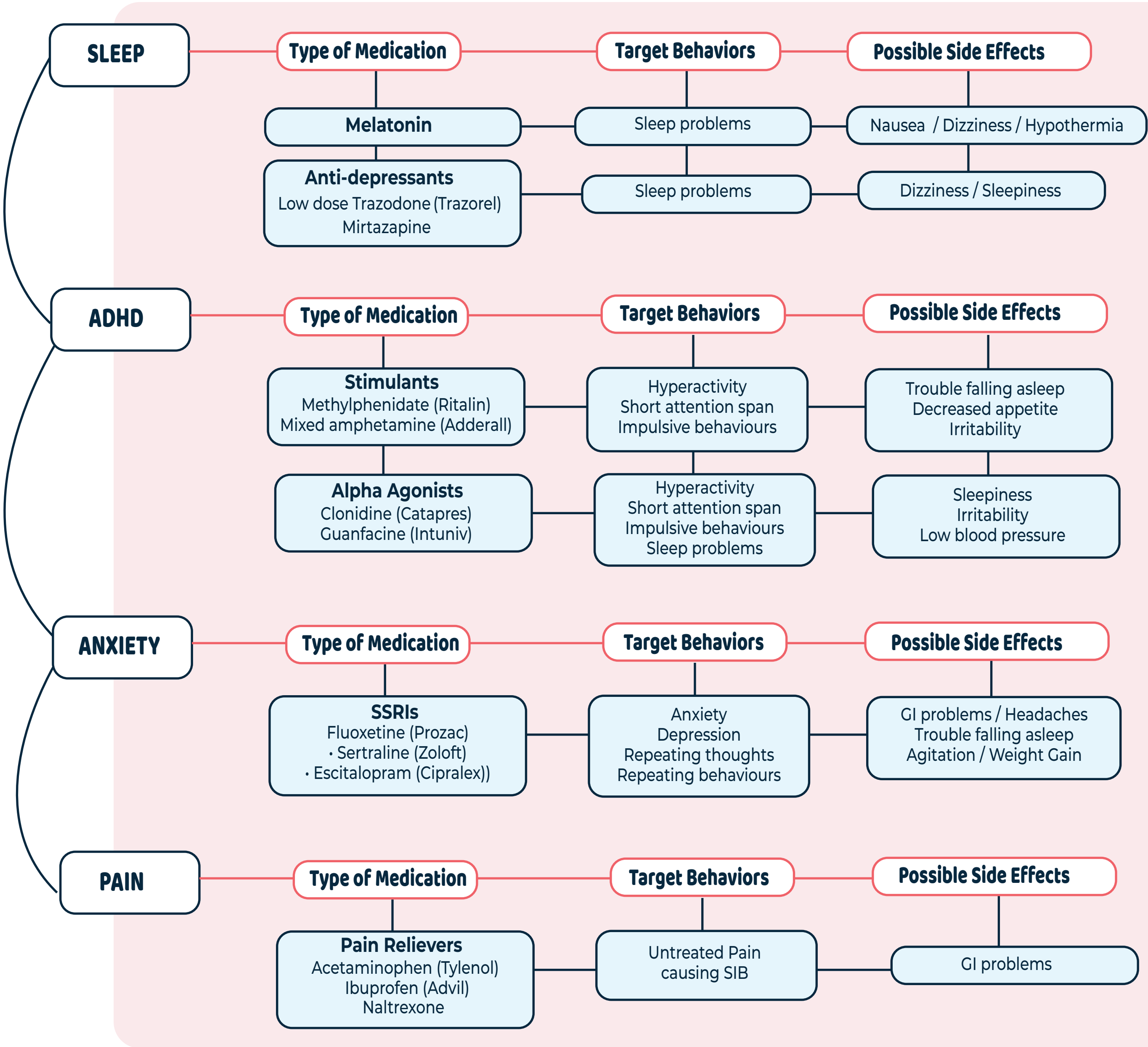
Targeting Co-morbidities

There is **no medication specifically indicated for SIB**. The overall aim with medications is to **target other conditions** that might be maintaining SIB or increasing the SIB frequency and intensity.



COMMON TERMINOLOGY AROUND MEDICATION

- Tolerance:** The diminishing effect of a drug over time with repeated use.
- Addiction:** A disorder characterized by persistent use of a drug despite negative consequences.
- Dependence:** An adaptive state associated with withdrawal when a drug is abruptly stopped.
- Side Effect:** An effect that is secondary to the one intended.



Every **child is unique and can react differently to medications**. Ask your physician to discuss doses, potential side effects as well as drug interactions and potential withdrawal symptoms associated with these medications.