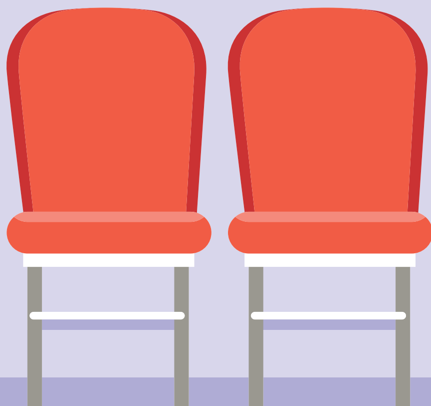
Self-Injurious Behaviours: A Guide for Medical Professionals

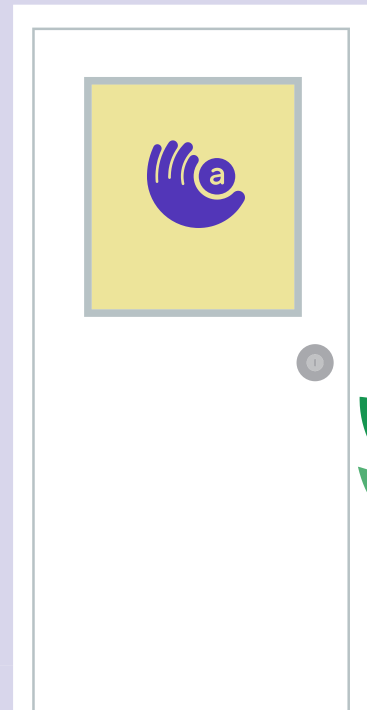
What are Self-Injurious Behaviours (SIBs)?

SIBs are self-directed, non-suicidal behaviours that result in self-injury. These are among the most complex and commonly observed behaviours in autistic individuals and those with communication challenges and/or intellectual disabilities. SIBs may be a result of trying to cope with communication challenges, anxiety, sensory overwhelm, or physical pain. SIBs are distinct from self-harm (e.g., related to depression), but some people may engage in both.

SIBs can occur among children, youth and adults. The National Autism Society lists causes of SIBs among Autistic individuals that include:



- Feeling unwell
- Not being listened to
- Being scolded
- Lacking control or choice
- Witnessing or being included in arguments
- Unpleasant memories of bereavement or abuse



Why do I need to be aware of SIBs?

Medical professionals may encounter individuals with SIBs for a variety of reasons, but most frequently due to family concerns and/or tissue damage that may be escalating. Determining the root cause of a person's SIB can take time and input from various professionals. You, as their healthcare provider, provide an important perspective.

Which factors should I consider when working with a patient with SIBs?

Abuse can play a role: A patient may experience abuse in various settings (e.g., home, school, or in the community). SIBs can be an expression of frustration or pain due to the abuse. Consider separating the patient from caregivers during an assessment to explore this possibility.

Immediate consideration: How urgent is this issue? How safe is the individual and/or their family in managing day-to-day behaviours?

Context matters: Think broadly about any environmental, family, or living accommodations that are potentially contributing to behaviours. Consider whether the SIBs are related to another diagnosis (e.g., neurological features of other conditions).

Pain seeking can serve various functions: Some patients will self-injure to dampen or distract from other sources of pain. Some patients seek out the sensations related to SIBs.

SIBs might be related to developmental regression, i.e., other changes in development/loss of skills, which may be acute. This should prompt urgent assessment.

Undiagnosed conditions may be present and unaddressed: Genetic conditions, medication interactions, biochemical imbalances, etc. may all contribute to SIBs.

Recognize that SIBs are complex and layered, and thus likely won't be sorted out in single visit. You will need to consider what resources are needed to be integrated in the care plan and who needs to be engaged

Common medical issues that may contribute to SIB:

Constipation/GI – One of the most common causes of discomfort in autism, look for signs of acid reflux and excess gas and bloating. Explore the possibility of food allergies or sensitivities contributing to GI discomfort. Ensure that constipation is being managed

Sleep – Poor sleep impacts quality of life for individual and family, focus on improving sleep habits and explore possibility of sleep apnea or prescription medication if necessary

Earache – Ear infections or objects lodged in ear

Dental – Oral hygiene is a challenge for many, and untreated dental issues can lead to pain and discomfort

Headache – Migraines and other forms of headaches are common sources of discomfort

Allergic Reactions – Consider allergy tests to narrow down any potential triggers (dietary or otherwise), especially if the SIB is associated with specific exposures, and if SIBs may be associated with other features of allergic response.

Sensory Processing Differences – May engage in SIB to 'distract' from unpleasant sensory input, possible that some sensory seeking behaviours (e.g., excessive rubbing) can lead to injuries

Mental Health Challenges - Being unhappy in specific settings, - school, family environment, relationships

Questions to ask during the exam:

When did SIBs start? Did they start recently or are they chronic? Are they episodic or occurring regularly?

What form(s) does it take? What happens alongside SIBs (e.g., triggers, sensory experiences, conflicts, etc.)?

What is the frequency?

What was going on when they first began?

What makes SIBs worse/better?

Moving Forward: Next Steps

- Rule out issues via logical pathway i.e., history and clinical features, then decide who to engage/refer the patient to
- Consider related and as sociated factors and how to integrate resources for support
- Medical causes may lead to learned behaviour or communication of frustration, so if behaviour persists following successful treatment of medical issue, consider referrals to outside specialists or interdisciplinary teams that may include OT, SLP, BCaBA, etc.

Consult with child's team to determine the next steps:

- Strategies for behavior management and how to intervene (team may consider creating response intervention plan with flow chart to reference)
- Parents can provide context clues and should be encouraged to track all SIBs, including setting, events that occurred prior, resolution, etc.
- Consider what is needed to optimize regulation for the individual; for instance, are they comfortable and are their needs been met? Have sources of distress been identified and addressed?
- If urgent, refer to neurologist or psychiatrist

For more information about Self Injurious Behaviors

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