

## Self-Injurious Behaviors in CdLS

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The prevalence rate for self-injurious behavior (SIB) in people with CdLS is nearly 56 percent (*Oliver, Sloneem, Hall, and Arron, 2009*). Some forms of SIB displayed include hand biting, head banging, head hitting, hair pulling, eye/ear poking, self scratching, and skin picking.

**The first step in the treatment of SIB is to rule out medical and/or physiological problems.** Since SIB can produce tissue damage, the medical team should evaluate the extent of any physical injury, as well as unseen damage to the eyes/head. A comprehensive eye exam is suggested for individuals displaying SIB directed to the head.

Another consideration is the physical symptoms commonly associated with CdLS that may lead to SIB such as: reflux, tooth pain, sinus pain, ear infections, or improperly functioning tear ducts. These should be assessed and treated.

After assessing any medical reasons for SIB, the next step is to seek behavioral services (psychologist, Board Certified Behavior Analyst, etc.). The professional may begin by assessing the need for protective equipment, such as a helmet, arm immobilizers or padding. The use of equipment allows time to complete the assessment without the behaviors causing tissue damage. (When deciding on the use of equipment, make sure to develop a plan for fading it out. Also, the gear should be removed at least once every two hours to provide for range of motion, ventilation and general mobility. When the equipment is off, check for signs of redness or irritation.)

Once protected, the professional begins the assessment to identify the function of SIB, which varies across individuals. To do this, a functional assessment is conducted to monitor the antecedents (what happened before) and consequences (what happened after) of SIB. Some possible reasons for SIB include getting attention or preferred items, or escape from demands. Additionally, an individual may engage in SIB to communicate or as a form of self-stimulation.

Once the reason is identified, the treatment assessment starts. The treatment should match the function of the behavior to achieve the maximum reduction. For new/ mild SIB, the first intervention might be to add stimulating activities to the schedule to rule out boredom and to identify how people are responding to the SIB. Redirection may be recommended as a way to suggest something else to do without commenting on the SIB. Additionally, replacement behaviors, such as communication or toy play skills, should be taught.

Extinction is a common treatment. When using extinction, you would do the opposite of what the child is



trying to gain from the behavior. For example, if the child is having SIB to get out of doing work, you want to make sure the child completes the work presented. If the child is seeking attention, make sure you do not give it to him or her. For behaviors maintained by attention, you would start by teaching the individual a communication response to request attention, while ignoring SIB.

Other strategies include: providing a schedule of positive attention, reinforcing the absence of SIB or increasing reinforcers in the environment. Remember that individuals are not motivated by the same items, so it is important to identify specific reinforcers for the individual. For example, one person might find chocolate reinforcing, while another might prefer caramel.

For self-stimulatory behaviors, one strategy is to provide alternate sensory input that replaces the need to self-injure. Another strategy is to use sensory extinction, which means to prevent the sensory input from the SIB by using helmets and padding to cover the targeted areas.

The use of a response reduction procedure when other interventions are insufficient may be evaluated. This might be a brief, time-limited consequence such as time out in the room. When used, a time out procedure should demonstrate a quick reduction in the problem behavior and be faded over time.

The best approach is a comprehensive assessment by a team of professionals to determine the most appropriate treatment, which may include medical intervention, medication management, and behavioral approaches, as well as other strategies to attain the best outcome. While this is an ongoing process, it is important to remember that it is possible to decrease SIB in individuals with CdLS.

