

Family Guide To Self-Injurious Behavior In Persons With Mental Retardation and Developmental Disabilities (MR/DD)

Definition of Self-Injurious Behavior (SIB)

Self injurious behavior (SIB) means that a patient with mental retardation engages in activities that cause physical harm to themselves. Behaviors such as head banging, head-slapping, body slamming, picking, scratching, and gouging occur in some persons with mental retardation.

Causes of SIB

Patients with mild mental retardation do not commonly develop self-injurious behavior. The sudden onset of self-harm in a mildly retarded person implies a new medical problem, substance abuse, depression, psychosis or some other new undiagnosed health problem.

Some patients with moderate or severe mental retardation develop SIB as a consequence of medical or psychiatric problems. Patients may begin to slap or injure parts of the body where pain exists. Headaches, toothaches, sinus infection, etc., can cause the patients to slap or bang the head. Eye pain can cause eye gouging. A patient with self-injurious behavior requires a careful examination by the doctor to find and treat new health problems, especially those that might produce pain.

Some patients injure themselves in response to distress produced by depression, anxiety, psychosis or fear. Patients sometimes injure themselves when they are stressed by excessive demands or

changes of the environment. Behavioral assessment and behavioral intervention is the first step in management of SIB.

Treatment of SIB

Sedatives and anti-anxiety medications rarely help SIB and may actually cause intoxication that worsens behavior. The antidepressants called selective serotonin reuptake inhibitors (SSRIs) have been shown to reduce the frequency and intensity of SIB regardless of the symptoms of depression. Patients with dangerous behaviors may require temporary treatment with antipsychotic medications, e.g., Risperdal and Seroquel, to calm the impulses. SIB can be a serious problem that requires coordination between behavioral professionals and medical doctors.

Dealing with Insurance Companies

Health insurance and pharmacy benefit managers may restrict the number of medications available to patients with SIB. Patients should not have abrupt discontinuation of medications but rather a cross-titration to another equivalent medication that is available through the prescription benefit program. Cross-titration means that the doctor slowly decreases one medicine while slowly building up another medicine with assessment to determine how well the patient is responding to the new drug. This process may take several weeks to several months for completion. Abrupt stoppage of medication or abrupt change to a different medication may cause significant behavioral relapse.

Conclusion

SIB is a serious problem in persons with moderate or severe MR. The primary treatment approach to SIB is behavioral assessment and behavioral management.