**Self-injurious and challenging behaviour**

Understandably, parents/carers are often concerned and upset by their child displaying self-injurious behaviours and it can be challenging to cope with. For some children, self-injurious behaviour can be a way of communicating their needs or a way to self soothe.

It is worth noting that behaviours such as head banging and biting can happen in typically developing children up the age of three. Other self-soothing behaviours may include rocking, head rolling, smearing and thumb sucking.

As well as ensuring that the child is safe, it is important to monitor how often, when and where the behaviours are happening. This is to identify potential triggers and better understand the child’s behaviour. By doing this, we can try to reduce and manage the behaviour.

There is often a combination of reasons for children to display self-injurious behaviour.

* **The child is in pain.** Self-injurious behaviour may offer a distraction, or give the child a sense of control when trying to cope with being in pain.
* **The child is attempting to communicate/get attention from care givers.** Children who are verbal and nonverbal will seek ways to communicate, sometimes through movement and behaviour. If a child knows head banging will cause a caregiver to rush over and intervene, he/she is likely to use this to help get their needs met.
* **The child is experiencing difficulties in processing information from their environment (sensory processing).** As a result of this, the child may try to alter sensation in their body to cope, through movement and self-injurious behaviours.

**Key strategies:**

1. Manage immediate physical risk
2. Manage environment (physical, social and sensory)
3. Understand the child behaviour – monitor the child’s behaviour, looking for potential triggers and consequences of when the child engages in self-injurious behaviour
4. Trial and monitor regulation and behavioural strategies
5. Provide alternatives for the child to support them in managing their behaviours

**Strategies for managing immediate physical risk**

**Head banging**

1. Block attempts to head bang by placing a pillow/cushion in between the child’s head and the hard surface
2. Remove the child from the situation if safe and possible to do so
3. Keep your voice and demeanour as calm as possible. Children may easily pick up and mimic parental/carer response
4. If possible, secure problematic areas and provide padding. For example, if the child tends to head bang at night, consider adding padding around the sides of the bed
5. Check and attend to any injuries and provide first aid if necessary. Look out for redness, swelling or heat from the affected area. Pay attention if the child is dizzy, nauseous or stops eating

NB: Understandably, parents worry if head banging can cause long term damage. It is worth noting that children under three years old will rarely cause long term damage by head banging. Their heads are designed to handle impact from learning to walk and head banging will rarely cause more trauma than a slip and fall accident at this age. However, as children get older, they are at a higher risk for causing lasting damage.

**Biting**

1. Stay calm and reduce communication. You may wish to use a short phrase such as “no biting” or “biting hurts”. Avoid lengthy explanations as this may overwhelm the child
2. Remove the child from the situation if possible and safe to do so. Distract the child with a favourite toy or game
3. If the child bites you or another child, try not to pull away as this may cause more damage. Complete the above steps including moving into another safe and quiet room if possible
4. Provide alternatives to chew on. Have sensory items at hand at all times, such as chewy toys or crunchy foods
5. Check and attend to any injuries and provide first aid to the child and/or others involved in the incident if necessary.

**Other considerations and recommendations**

**Pain:** If pain is a potential cause of the self-injurious behaviour, it is important to make a plan on how to provide alternative strategies for the child to communicate their needs. This may include checking the child’s body for cuts, bruises, redness, swelling, or other physical signs of injury. If possible, support the child to develop new ways to show you where he is experiencing pain. Some children are able to point to where they are feeling pain, draw a picture of what hurts, or communicate verbally using short phrases. Verbal children may need prompting to tell you where they are experiencing pain, as self-injurious behaviour may be their first instinct.

**Environment**: As far as possible, manage the environment. This includes considering: the **physical** environment; the child may have particular places where they may be triggered to engage in self-injurious behaviour. Where possible, remove them to an alternative space to calm down. Also consider: the **social** environment; does the child engage in the behaviour in certain environments, such as busy places or with key people present? Where possible, take them out of the environment to calm down. Consider your own response to the behaviour and try, where possible, to stay calm and lower your voice.

**Sensory:** consider how the child copes in different sensory environments. Try, where possible, to remove stimuli that is causing discomfort. For example, does the child struggle to manage in noisy, hot places or environments with strong smells? Provide alternatives to support the child in managing and build their ability to process information from the environment (e.g. would the child benefit from the use of noise reducing head phones to help them manage noise).Regulation strategies can also help your child remain calm and alert.