



How do researchers define self-injurious behavior?

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ABSTRACT

Self-injurious behavior is commonly observed among persons with intellectual disabilities. However, a second parallel use of this term is used in the general mental health field for self-mutilation. The authors describe these two disorders and how they differ. Characteristics of what we refer to as repetitive self-injurious behavior among persons with intellectual disabilities and risk factors for these behaviors are discussed. We also describe different assessment/testing methods which aid in defining this phenomenon. The implications of these data for research and clinical practice are discussed.

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1. Introduction

Intellectual disabilities (ID) and other developmental disabilities such as autism present with a number of problems (Fitzgerald, Matson, & Barker, 2011; Hattier, Matson, Sipes, & Turygin, 2011; Hattier, Matson, Tureck, & Horovitz, 2011; Horovitz & Matson, 2011; Smith & Matson, 2010a,b). Among the difficulties are motor and communication problems (Mahan & Matson, 2011; Matson, Matson, & Beighley, 2011; Sipes, Matson, & Turygin, 2011), high rates of psychopathology (Horovitz, Matson, Sipes, Shoemaker, Belva, & Bamburg, 2011; Kozlowski, Matson, Sipes, Hattier, & Bamburg, 2011; Matson, Boisjoli, Hess, & Wilkins, 2011; Matson & Shoemaker, 2011), feeding and toileting problems (Kozlowski, Matson, Fodstad, & Moree, 2011; Matson, Horovitz, & Sipes, 2011), vocational problems (Kozlowski, Mahan, & Matson, 2010), social deficits (Mahan et al., 2010; Smith & Matson, 2010c), and challenging behaviors (Hattier, Matson, Belva, & Kozlowski, 2012; Matson, Sipes, Fodstad, & Fitzgerald, 2011). These concerns dramatically affect the ability of the afflicted individual to integrate into the community. One of the most serious of these problems is self-injurious behavior (Kozlowski & Matson, 2012; Matson, Beighley, & Turygin, 2012; Sipes, Matson, Worley, & Kozlowski, 2011). However, this particular term of art is used by various groups of researchers to describe very different phenomena. As a result, we are suggesting that the term repetitive self-injurious behavior be used to refer to what is generally considered self-injurious behavior in the developmental disabilities literature.

2. Tale of two definitions

The field of developmental disabilities has a definition of self-injurious behavior which consists of a range of topographies with a common set of characteristic. (1) The behavior causes physical harm, most commonly in the form of tissue damage versus poisoning or other types of self-harm. (2) The behavior is typically a repetitive, rhythmic movement. (3) The behavior is usually just that, a constant (e.g. hand to head over and over). (4) Frustration, anxiety, and the concomitant desire to escape

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a situation, constitutes the motivation to engage in self-stimulation appear to be the factors that trigger the behavior. (5) The act is not predetermined. (6) The person evincing the behavior typically has an intellectual disability or autism. (7) The more severe the disorders noted in point 6, the more likely the person will exhibit self-injurious behavior. These behaviors have multiple causes: genetic, self-regulation, and social reinforcement (Petermann & Winkel, 2007a,b).

There are, as noted, a substantial number of common characteristics associated with self-injurious behavior. However, the specific topography of the behavior can vary greatly. Among the behaviors reported in the literature are head-hitting, self-biting, pica (eating inedibles), nail pulling, and body part to object (Lundqvist, 2011). These behaviors, as the reader can see, are very heterogeneous. The means by which a given individual engages in this form of self-injurious behavior is limited only by the creativity of the person evincing the problem. Others exhibit this type of self-injury in the form of intentional self-harm and suicidal behavior (Nock, Holmberg, Photos, & Michel, 2007; Santa Mina et al., 2006).

In the traditional mental health field, the term self-injury is used to mean something quite different. Glenn and Klonsky (2011) define what they describe as non-suicidal self-injury. They say it is a “class of behaviors defined by deliberate, direct, and self-inflicted tissue damage without suicidal intent and for purposes not socially sanctioned”. These acts are typically associated with a few specific mental health disorders, most notably borderline personality disorder, depression, and childhood physical and sexual abuse (Glenn & Klonsky, 2011; Santa Mina et al., 2006).

These disorders may also be conceptualized as a symptom of a broader disorder. Thus, suicidal ideation, suicide plans, suicidal gestures or attempts and what Nock et al. (2007) call non-suicidal self-injury. Petermann and Winkel (2007a) give examples such as wrist-cutting or scratching and characterize this phenomenon as behavior without suicidal intent.

The populations who evince this form of self-injury are typically of normal I.Q. Polk and Liss (2007), for example, note that 20% of college students evince some sort of self-injury, which others describe as self-mutilation (Moro, 2007; Teng, Woods, & Twohig, 2006). Thus, clearly the type of disorder described here is very different than what people in the field of developmental disabilities have described. While we cannot affect the behavior of those in the general mental health population, it would be prudent to modify what those in our field label as self-injurious behavior to repetitive self-injurious behavior, or some other reasonably descriptive term. Should that fail, at least researchers and clinicians in our field should be aware of this dual definition.

3. Characteristics

What are common factors associated with repetitive self-injurious behavior, and what constitutes some common risk factors? A number of studies have looked at common factors. For example, for very young children (17–36 months old) who had more symptoms of avoidance and tantrum/conduct symptoms were at higher risk for repetitive self-injurious behavior (Matson, Mahan, et al., 2011). Testing older children with autism up to 18 years old, McTiernan, Leader, Healy, and Mannion (2011) found high correlations between stereotypes, repetitive self-injurious behavior, and aggression. The factor most predictive of these challenging behaviors was the person's I.Q. The lower the I.Q., the greater the risk for these problem behaviors. Race does not appear to be a factor in predicting repetitive self-injurious behaviors in young children with autism, although it is a contributing factor for some forms of aggression (Horovitz, Matson, Rieske, Kozlowski, & Sipes, 2011). Conversely, sex of the person was a factor for raters of repetitive self-injurious behavior for persons with Fragile X syndrome (Symons, Bylers, Raspa, Bishop, & Bailey, 2010). These and other studies demonstrate that these behaviors occur at a very early age, and not only for children with autism. Sipes, Rojahn, Turygin, Matson, and Tureck (2011) also found that these challenging behaviors are present in children with Down syndrome, general developmental delay, cerebral palsy, and seizures. Additionally, repetitive self-injurious behavior commonly occurs in persons with Cornelia de Lange syndrome (Oliver, Sloneem, Hall, & Arron, 2009; Sloneem, Arron, Hall, & Oliver, 2009). Rett syndrome is another genetic disorder which features intellectual disabilities and also is commonly accompanied by repetitive self-injurious behavior (Matson, Dempsey, & Wilkins, 2008). Additionally, many people, particularly those in the severe and profound range of intellectual disabilities, have many debilitating muscle and bone problems that can and often do result in chronic pain. This pain is also often associated with repetitive self-injurious behavior (Symons, Harper, McGrath, Breau, & Bodfish, 2009). In all of these cases, the repetitive self-injurious behavior is persistent over time (Totsika, Toogood, Hastings, & Lewis, 2008).

De Winter, Jansen, and Evenhuis (2011) reviewed 45 studies which examined possible risk factors for repetitive self-injurious behavior and other challenging behaviors among persons with intellectual disabilities. They conclude that medical conditions, motor impairment, epilepsy, sensory impairment, gastrointestinal disease, sleep disorders, and dementia were contributing factors. Another factor associated with repetitive self-injurious behavior is a history of language impairment. Dominick, Davis, Lainhart, Tager-Flusberg, and Folstein (2007) found that children with this disability were more likely to evince repetitive self-injurious behavior than children with autism. Affect-related emotional problems (e.g. depression) have also been found to be highly related to self-injurious behavior (Hemmings, Gravestock, Pickard, & Bouras, 2006; Matson, Mahan, Sipes, & Kozlowski, 2010).

Environmental factors are also causes of repetitive self-injurious behavior. This phenomenon has led to the development of the functional assessment field, which will be discussed briefly. Lambrechts, Kuppens, and Maes (2009) for example, found that challenging behaviors elicit negative emotional reactions from staff, which often increase or intensify repetitive self-injurious behaviors and other challenging behaviors.

Challenging behaviors tend to cluster together. This point is important to underscore because the unintended effect of focusing on a singular behavioral phenomenon in much of the empirical literature can lead to the erroneous conclusion that

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