Self-stimulation

How can children with self-stimulating behaviors be identified?

Self-stimulating behaviors may appear as banging the head, rocking, thumb-sucking, teeth grinding (bruxism), nail-biting, masturbating, or pulling and twisting the hair.

How common is it?

- Parents of preschoolers report that about 60% of preschoolers exhibit some habitual or self-stimulating behavior, with the most common being thumb-sucking.
- Self-injurious behaviors such as banging the head can occur in about 25% of typically developing children younger than 5 years but are rare in this group after 5 years of age.
- Repetitive behaviors such as rocking, spinning, banging the head, and bruxism are more common in children with neurodevelopmental disorders such as autism spectrum disorder (ASD) or sensory impairments such as visual or hearing impairments.

What are the behaviors usually seen?

- Self-stimulation is generally easily observable in the classroom setting, especially if a child is stressed or bored, but it can happen anytime.
- Children often aren't making a conscious decision to perform the behavior, so they can struggle with inhibiting or stopping the impulse to do it.
- It is thought that these behaviors generally serve to self-soothe or reassure a child or to meet a sensory need. For children who have limited verbal skills, self-stimulating behaviors may be a response to pain.

When should a more concerning issue be suspected?

Self-stimulating behaviors may indicate a more concerning problem than just a habit if

- The child has other signs of developmental delays, hearing problems, visual problems, or social difficulties that might be suggestive of ASD.
- The child causes self-injury or harms others through the behavior (eg, developing bleeding fingers from skin picking, hitting himself or herself in the head, causing bruises from banging the head).
- The child does not seem to be hearing or responding to adults who redirect him or her during the behavior or is not able to stop (even briefly) when redirected.
- The behavior includes public masturbation or exhibition of the genitals.
- The behavior causes significant distraction to the other students.

What are typical management strategies in the behavioral support plan?

For typically developing children who display self-stimulating behaviors but do not have the red flags described previously, it can be helpful to

- Pay attention to the triggers (eg, stress, boredom) and address these situations and conditions directly to provide emotional support to children who are distressed and social engagement for children who are bored.
- Ensure that children have appropriate opportunities to seek a less stimulating environment, such as a quiet space with pillows (if children are sensitive to being overly stimulated), or switch to healthy sensory inputs, such as music, trampoline or movement time, or tactile sensory input (eg, wearing a weighted vest, engaging in a healthy form of touch) if children are under-responsive to sensory inputs.
- Engage children in a different (positive) activity to distract them from the behavior, especially an activity that engages their hands or body.

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Self-stimulation *(continued)*

- Praise children when they are using their hands or body appropriately (eg, "I like how you have your hands on your lap right now, Jaquan"), especially if it is during a period that might be stressful or boring for them.
- Give a single direction to children about safety (eg, "Please take your hand out of your mouth to keep yourself healthy"), but avoid repetitive commands about the behavior as long as the children are safe.
- If children are not safe (eg, engaging in strong head banging), assess the situation for a specific trigger to address; if there is not one readily identifiable, calmly move children to a safe place in the classroom that has rugs or cushions to reduce the chances of injury.
- Avoid directing the whole class to focus on an individual child's repetitive behaviors and avoid public shaming.
- In the event of masturbation, direct children that private body parts are only for parents and doctors (and, in young preschool classrooms, teachers) to see and that touching those body parts is a private activity that is not allowed in the classroom, to keep children safe.

When should I ask for additional support?

- A mental health consultant can help tailor expectations for children who demonstrate self-stimulatory behaviors that are dangerous, interfere with their participation in classroom activities, or distract the class.
- If children also have apparent developmental delays or social challenges, child care and early education professionals can recommend that parents discuss concerns with their children's pediatricians and developmental and behavioral or mental health clinicians (eg, child and adolescent psychiatrists, psychologists, clinical social workers) who have expertise in working with this age group.
- Whether habits are related to neurodevelopmental disorders or not, the clinical treatment of children who have habits that need correcting is to coach children's caregivers and others to reduce attention to the habit, while teaching children to replace the unhealthy habits with healthier behaviors. There are no medications specifically for alleviating habits, especially in young children.

What training and/or policies may be needed?

- It may be helpful to train teachers on selective attention principles related to habits and self-stimulatory behaviors.
- Training child care and early education staff members about red-flag behaviors related to neurodevelopmental disorders and sexual abuse can also be important.

Where can I find additional resources?

Child Mind Institute: Autism and stimming (https://childmind.org/article/autism-and-stimming)

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