Black Country Healthcare
NHS Foundation Trust

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Repetitive Motor Mannerisms

Also known as self-stimulatory behaviours or stimming

Repetitive behaviour in children may include:

- Arm or hand-flapping
- Finger-flicking
- Rocking
- Jumping
- Spinning or twirling
- Humming or singing
- Head-banging and complex body movements.

They may also use an object repetitively, for example flicking a rubber band or twirling a piece of string. They may have repetitive activities involving the senses, for example repeatedly feeling a particular texture. They may pick at their skin or hit themselves or engage in genital exploration. All of these examples known as self stimulating behaviour, or 'stimming'.

Why might a child stim?
No one really knows why some children engage in repetitive motor mannerisms. It might be that these behaviours are a way to communicate needs and feelings, regulate sensory input (wanting more or less), deal with stress or anxiety or to pass the time because they enjoy it.

Although stimming behaviours are often associated with people with autism, this is not always the case. Typically developing children often present with repetitive behaviours as part of normal development, however it can also be associated with a variety of other conditions.

What should you do about it?
If the behaviour does not impact on the child's opportunities or occupations and is not causing distress or discomfort then it may not be necessary to intervene. Be aware that changing a self-stimulatory behaviour may be distressing for the child, and will often need replacing with something else depending on the reasons the behaviour is being used.

If the behaviour is causing difficulty or is unsafe then it may be necessary to stop the behaviour, modify it or reduce reliance on it. It is important to determine if there are underlying medical reasons for the behaviour, such as discomfort or pain. For example, biting may be due to pain in the mouth or jaw, spitting may indicate difficulty with

swallowing or excess saliva, ear slapping or head banging may be a way of indicating distress. Seek support from your GP in the first instance to see whether they are able to identify any causes for the behaviour.

It can be useful to record information about the behaviour. Try completing a behaviour diary which includes the following information:

- Date
- Time
- Place
- What occurred before, during and after the behaviour
- How the child was feeling if known
- How people responded to the behaviour

A functional analysis questionnaire, available from the National Autistic Society website may help to understand the purpose and triggers for the behaviour.

Helpful Tips
Try the following tips to see whether this has an impact upon the behaviour:

- Use distraction as a way to occupy the child. This might be with something to explore with their hands, or to look at, or their favourite activity.
- Provide lots of praise or positive reinforcement if the child moves on from their self-stimulatory behaviour.
- Modifying the environment (e.g. lighting, sound, visual stimulation, heating) to try to reduce the need to stim.
- Increase structure by making the child's environment and routine more predictable. This may reduce anxiety and boredom.
- Use visual supports (timetables, now and next charts, visual sequences etc.).
- Have some pre-planned calming or preferred activities to redirect the child to.
- Try social stories to prepare the child for situations they may find difficult to cope with such as transition times.
- Use visual timers to help the child understand abstract concepts like time and waiting. These can be visually engaging or interactive to be distracting.
- Use phone apps to help manage anxiety, such as the Brain in Hand app.
- Try to set limits around repetitive behaviours from an early age as behaviours are generally harder to change the linger they continue. Look out for any new behaviours that emerge.
- Ensure clear consistent boundaries.
- Consider rationing an object or the time a person spends talking about a particular subject or the places they can carry out a behaviour. The restrictions can then be increased gradually. Set small, realistic targets to ensure success.
- If they are unable to stop engaging in the activity try to reduce the duration. If they are engaging in the activity throughout the day which impacts on their attention to other things then work on reducing the frequency. If both then focus on one aspect

to change first. Find a balance between engaging with the activity that is enjoyable and engaging with other things. For example:
    - Week 1: decide on the plan and target, creating a visual support explaining the change.
    - Week 2: Jane is allowed to talk about trains for 15 mins, every hour.
    - Week 3: Jane is allowed to talk about trains for 10 mins, every hour.
    - Week 4: Jane is allowed to talk about trains for 10 mins, every 2 hours.
- Provide alternative activities such as writing their thoughts in their book or recording it on a phone so they are meeting their need.
- For sensory activities provide an alternative activity that has the same function, for example:
    - Someone who rocks could use a swing
    - Someone who flicks their fingers for visual stimulation could try using a kaleidoscope or bubble gun.
    - Someone who puts inedible objects in their mouth could have a bag with edible alternatives (that provide similar sensory experiences) such as raw pasta or spaghetti, or seeds and nuts.
    - A child who smears their poo could have a bag with play dough in it to use instead.
- Help the child to identify when they are feeling stressed or anxious and provide alternative strategies to help reduce this, such as relaxation techniques.
- Provide the child with visual cards they can use to demonstrate how they are feeling.
- Use a stress scale to help them show you how they are feeling. A traffic light system, visual thermometer or a scale of 1-5 to represent emotions.

Seek advice from your Health Visitor, School Nurse or GP if:

- You have any concerns about your child's development that are not being addressed.
- You are worried that your child is hurting themselves.