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Self-Injurious Behaviour in a Woman With Mild Intellectual Disability and Co-Occurring Psychiatric Disorders: Using the Self-Harm Scale

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\section*{Keywords} challenging behaviour; dual diagnosis; staff

\textbf{Aims}: Self-injurious behaviour (SIB) is one of the most detrimental behaviours for both the person showing the behaviour and for their environment. Structured clinical assessments of SIB, including when and where it occurs, are scarce. The aim of the present study is to increase our knowledge about SIB incidents that are documented directly through observation in their natural context and to learn more about the self-injurious behaviour of individuals showing a high rate of SIB. \textbf{Methods}: Staff completed a Self-Harm Scale (SHS) form every time they witnessed SIB in individuals with mild to borderline ID and co-occurring psychopathology. The individuals displaying the most self-harming behaviour were interviewed together with their psychologists. \textbf{Results}: During an observation period of 41 weeks, 104 SIB incidents of 8 individuals (24%) were reported. One woman showed more than half of the incidents (53%), consisting mostly of head-banging and cutting. The incidents mostly took place in her own room in the evening. If support staff was able to identify triggers, the most often mentioned trigger was psychological. These results were also confirmed by both the woman and her psychologist. \textbf{Conclusions}: SIB is a serious problem in people with mild to borderline ID. Both interpersonal (e.g. interactions) and intrapersonal triggers (e.g. mental state) are reasons for individuals to show SIB. It is important to consider both types of triggers, as they can differ among individuals.

Could There Be a Role for Electroconvulsive Therapy or Deep Brain Stimulation in the Management of Self-Destructive and Aggressive Behaviour?

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\section*{Keywords} behaviour therapy

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