



**TURN AUTISM AROUND**  
WITH DR. MARY BARBERA

Transcript for Podcast Episode: 044

## *Autism and Stimming: How to Reduce Self-Stimulatory Behavior*

Hosted by: Dr. Mary Barbera

Welcome to the Turn Autism Around podcast, episode number 44. And in today's episode I am discussing stimming and scripting, and you may have heard terms like self-stimulatory behavior or self-stim. So I am going to talk about what that is; is it normal; do we all stim? Should we be reducing stim behaviors? And clear up any misconceptions? I also have a free download at [marybarbera.com/stimming:STIMMING](http://marybarbera.com/stimming:STIMMING). So you don't have to take massive notes if you want to go and download that before we start the episode. Let's get to it.

*Welcome to the Turn Autism Around podcast for both parents and professionals in the autism world who want to turn things around, be less stressed, and lead happier lives. And now your host, autism mom, behavior analyst, and bestselling author, Dr. Mary Barbera.*

Hi, I'm Dr. Mary Barbera. Welcome back to another episode of the Turn Autism Around podcast. I am thrilled that you're here, and if you have been listening to my podcast since January of 2019 when I started, I would love it if you would leave me a review. A five star rating would be awesome. So let me know on Apple Podcasts or wherever you're listening to this podcast, what you think of the show. If you liked a certain show, I'd love to hear more about it. And if you have ideas for other episodes or people I can interview parents or professionals, you can always email me at [info@marybarbera.com](mailto:info@marybarbera.com).

So today we are talking all about stimming. And first I want to say that we all stim. So if you are in a lecture and it's either really boring or really over your head, you are going to engage in some type of self-stimulatory behavior most likely. You might start doodling with a pencil; you might scroll through your phone through Facebook; you might play with your hair. And these behaviors are all self-stimulatory behavior and when we are not engaged at the right level with the right level of reinforcement, we tend to drift off and either start thinking about things, start thinking about your vacation coming up or start physically stimming in layman's terms, kind of keep our neurons firing. So self-stim behavior is normal.

In fact all of our leisure activities like throwing a basketball into a net, trying to get it into the net and practicing for 15 minutes or one hour, and the reinforcement is actually getting the ball in the net. But we are constantly throwing the ball, trying to get it in the net as a self-stimulatory behavior that is reinforced when the ball goes in the net, the feeling of I did it.

Same with playing a musical instrument like a violin. So you are practicing and you are trying to get the note just to sound correct. So that is a self-stimulate behavior as well. Watching TV, like I said, thinking about things in your mind; those are all ways to keep our mind busy when we're not actively engaged in doing something that is meaningful and with the right level of reinforcement.

So if stimming is so normal, why are we talking about reducing it? And even some adults with high functioning autism, they don't think that we should be trying to reduce stimming at all. But I do think that for children with autism, many times the self-stimulatory behavior is not only disruptive to their own learning and the learning of others, it also can be dangerous. And if stimming is happening a lot, learning probably isn't. So that's why I do think that we need to talk about it and we need to know that stimming is a part of life. And we're not talking about stopping all stimming. We're talking about getting the stimming to be as functional and age appropriate as possible.

So if you have a child who is rocking for instance and moaning, that is a very kind of primitive stim behavior. Whereas say that child is three years old; if that child were watching YouTube and stimming on YouTube, watching a character come from behind the door and repeating that action. It's a self-stimulatory behavior. If you walked into a house and saw a youngster rocking and humming versus watching YouTube, the three-year-old who is watching YouTube, it would look more functional. It would look more typical. And so we're just talking about trying to reduce, eliminate any self-stimulatory behaviors that are dangerous, and then trying to get the child to replace those self-stimulatory behaviors with engaging functional social skills, leisure skills.

So children with autism tend to stim more than typically developing kids probably because they have poor language, poor social skills, poor leisure skills. And stim behavior could occur every day, all day long, a lot of the day, most of the day. And as I said, the learning can definitely be disruptive, not only for themselves but for others around them. So some self-stim behaviors are, like I said, dangerous.

So I had a two year old, let's call him Anthony, and Anthony was banging and he was only two. He was just diagnosed when I got put on the case, and he was banging his head on hard and soft surfaces so much that Anthony got a lesion, an open wound on the back of his head. So I was called in as an early intervention provider because I was a behavior analyst, because obviously having an open wound on your head from head banging is in need of some emergency assessment and treatment. And so when I observed him, obviously I wasn't going to be able to take really good baseline data, but I'm trying to get a feel for when he bangs, how much he bangs and all that sort of thing. And it turned out that it was estimated that Anthony banged his head three hours a day and that's what was causing the open lesion.

So for him, that was a dangerous self-stimulatory behavior that we had to address quickly. I also had another former client who was in sixth grade when I started with him and he would script; he would have nonsense language. He would say, you know, Mrs. Mary has a striped shirt on;

or can I hop like a kangaroo? And it was a very, what I would call a defective mand for attention and all this nonsense language. And when I asked the staff to count those just to get a baseline of what was going on, it was about 500 times a day that this boy would have some kind of, you know, just inappropriate nonsense language, which were defective mands for attention.

So in either case, the head banging or the scripting was interfering with the learning of these children and interfering with their, in the sixth graders case, interfering with his placement. In the two year old's place interfering with his health and safety.

As I said at the very beginning, I do have a free download with the six steps to reduce stimming and you can get that at [marybarbera.com/stimming](http://marybarbera.com/stimming). We'll also link it in the show notes. So if you want to go on [marybarbera.com/podcast](http://marybarbera.com/podcast) and look at any of the podcast, listen to them and get any show notes or assessments or articles that I'm referencing any time, they're always going to be there.

So let me cover quickly the six steps to reduce or eliminate stimming. So the first step, which if you've listened to any of my podcasts or video blogs, number one step is always assessment. And some people call it stimming; some people call it self-stim, self-stimulatory behavior, but it can have different forms. It can have rocking, it can have banging, can have humming, making noises or repetitive movements like spinning or putting things in or lining toys up. And then higher form of stimming could be scripting, scripting from movies, scripting from previous conversations. And it can involve some things like flapping, which are one of the earliest warning signs of autism as well.

So you want to, when we say assessment, we want to assess the whole child and all the problem behaviors, not just stimming. We want to assess the child's age, their language ability, their social ability, the ability to imitate, match and answer questions and those sorts of things. And then we want to assess major problem behaviors: in the case of Anthony his head banging was a major problem behavior. In the case of the sixth grader, it was majorly disruptive but it wasn't really harming anybody, just affecting the learning.

So if you have major problem behaviors and the stimming or scripting is not one of those major problem behaviors, then it might not even be time to really address the stimming. You might want to address the major problem behaviors that are causing harm to themselves or others first.

So once we do an overall assessment... And I do have a one page assessment and plan in my three step guide, which you can get at [marybarbera.com/join](http://marybarbera.com/join), and that's a one page assessment you can do very quickly on any client or your own child no matter what the age. And that might give you a quick assessment of what might be the most important things to plan for.

Okay. So once you do an overall assessment, then we look at stim behaviors. What does the stim look like or sound like? How often does it occur? So for the two year old, I obviously

couldn't stay there 24 hours a day for three days to get an accurate baseline. It wasn't necessary and it wasn't practical and we needed to get that rocking out of the way as quickly as possible so that the lesion could heal, which it did. Within a couple of months of me starting with the boy once a week, that the lesion did heal and he stopped head banging so much.

And then I usually, like for the sixth grader, I recommended counting on a clicker. But this was a long, long time ago. This is more than a decade ago. So right now I don't recommend counting stim behavior like I got 500 times a day. We only did that for like three days straight, and then we were able to switch it to a partial interval data collection form, which I talk more about in my online courses. But even with the sixth grader, we had a clicker and we clicked how many problem behaviors, how many nonsense language scripting he did. But we would clear the clicker every 15 or 30 minutes. I forget what it was. And we would write down on a partial interval form. He was in spelling and he had 30 scriptings; and then he was at lunch, and this is the number. So we would clear the clicker so that we not only had how many times he scripted, we could identify, which is the next point on the assessment, which activities was producing a lot more scripting than others.

And what I noticed for the sixth grader is he was learning to type. And when he was in typing class, he had almost zero scripts because his mind was busy; he was getting enough reinforcement and enough at his own level demands. And so during the typing class, he was great with his scripting. So then we noticed, okay, which activities have the highest scripting? We actually ended up doubling his typing time and all throughout I worked with this boy from sixth grade until he was 21, and in the end we really needed to look and find a job for him post-graduation that involved really keeping him really busy so that there wasn't a lot of time for this nonsense language.

So overall assessment, what does the stim look like and sound like? How often does it occur? And what activities does it occur a lot in and what activities does it hardly ever occur? And that is going to help you go to step number two, which is planning. We need to make a plan based on the assessment and we want to increase functional language, decrease problem behaviors.

Now if the stim behavior is dangerous like it was with the two year old Anthony that I talked about, then you would want to, if at all possible, consult with a board certified behavior analyst who can do a functional behavior assessment and or a functional analysis. However, if you are a BCBA and you get called onto a case to do an FBA or an FA, makes sure you also do a language assessment such as the VB-MAPP assessment, or even just use my simple tools in my three step guide to help you see the whole picture. Because if you just go in to reduce stim and you don't look at the whole picture, it just may end up backfiring.

So step one is all about assessment, and step two is about planning. And remember that goals and the plan should be based on the child's age, their language ability, all their problem behaviors. Self-stim cannot be treated or reduced in a vacuum. In general, especially with self-stim behavior that is not harmful, I don't treat it. I just spend 95% of my time preventing stim by

getting the language up; having a lot of pairing and manding sessions, reducing times in the day or activities that will lead to high stim behavior and not being reactive to it.

So there is a procedure that literally until a few years ago, I had never even heard of called response interruption and redirection, and I don't use it. I don't believe in it because it is a reactive strategy and whenever we're reacting to problem behaviors, it's a no win situation. And what I've found is with extensive programming using the VB-MAPP is what the, the tool that I use within my online courses and community. By using the VB-MAPP, getting the milestones up, getting the problem behaviors and barriers down we can turn the tide and really help these kids.

I have one example that I had a girl, I'll call her Lucy, and she was I think just about five years of age. She was going to enter kindergarten when I did my first functional behavior assessment of her. And I observed Lucy in three different settings: in the home, at special needs preschool, and within typical daycare where she was there for socialization with a therapist to support her. And in all three situations, now Lucy was pretty much the level two level three VB-MAPP. So she was five, but she was functioning more at a three year old level of language and social abilities. She had a lot of stim behavior. In fact, I did partial interval data collection across all three settings and Lucy had 90% of the intervals where she had some kind of stim behavior. She would get a utensil from the kitchen, from the play kitchen, and she would flap it. So there's a self-stimulatory behavior that's a movement. She would also script from movies. She might rock.

So 90% of the intervals across all three settings was she had a yes for, she did do some kind of stim and by the time she got to second grade, those stims were down to near zero levels across school and home. And people are like, well how did you do it? Well, three years of good, great programming is how we did it. And so it's not a quick fix. If you have a kid that is very self-stimulatory it's going to take some time and it's going to take great programming. And if you have an intermediate learner being level two or level three VB-MAPP learner who's functioning at an 18 month old level to a four year old level; if you have an intermediate learner with autism who has a lot of scripting and stimming it takes great programming and you're not going to be able to turn things around with, with a reactive strategy like this response interruption and redirection. It's just in my experience, not going to work.

So when we talk about preventing the self-stim behavior, whether it's dangerous or not, but in the case of the two year old Anthony who was banging his head, so part of my assessment was, okay, what activities is he banging his head? And that was just through interview. Okay. When we put him down for a nap before he falls asleep, he's banging. And he was at that point, two years old, going down for two naps, a morning nap and an afternoon nap. So he was banging for say, 20 minutes, then he'd fall asleep and he'd wake up in the pack and play or the crib start banging again for another 15 minutes. Then the babysitter would get him. He was banging when he sat in a high chair; he was banging when he was left in the living room or the family room watching TV. He was just gently banging on a sofa.

So what we did just preventative wise, just to try to get the banging down just to some degree is we got a low booster seat instead of the highchair. We advised one nap a day instead of two so that Anthony was tired when he was put down. And as soon as he woke up, if there was any head banging... As soon as you heard him wake up, boom, you go get him, get him out and engage him. So what Anthony really needed was to be engaged with age appropriate early learner materials and programs. And that's what we did.

Okay. So after assessment and planning, the next step on this sheet of mine that you can download at [marybarbera.com/stimming](http://marybarbera.com/stimming), if self-stim is disruptive but not dangerous we want to, well even if it is dangerous, like in the case of Anthony, we did eliminate all of that but we really want to focus really on language and social abilities. We want to as much as possible ignore and prevent the self-stim behavior as we try to turn up the burners to pair early learner materials such as puzzles, potato heads, shoe box and all the programs that I teach within my toddler preschooler course as well as my early learner course.

If you have an older child who is not speaking or speaking very little you can find out more about my online courses at [marybarbera.com/workshop](http://marybarbera.com/workshop). So step three is to focus really on the language skills and to try to bring those up while preventing problem behavior.

Step four is when there is no one to engage your child or client's, say you have a meeting or you have a phone call that you have to get on, or you want to take a shower and you want the child... Remember I said stim is just leisure activities. So there are gonna be times, minutes, hours of a day when you just can't be on your child or engaging your clients at all moments. So what you want to do in those situations is pick stim activities that are safe, and as age appropriate as possible.

If you, you know, if he loves to line up blocks and blocks are safe for the child, the blocks are big enough and he's not going to choke and he likes it, it's not going to hurt anything if he stims for 15 minutes or 30 minutes with, with the blocks while you get something done that is important to you.

Step number five, kind of these kind of all go together, but step number five is to use stimming to your advantage. So when you are teaching language, look at the stim behaviors. For one of my clients, he liked to put straws in a bottle, which was, you know, minutes or hours a day. So he liked to put things in. So that's part of our early learner programming is we have a lot of putting things in. So we were able to use that to help him. If the child likes to spin, you can use an office chair and you can try to control the spin, have the child say or sign spin. And then that way you are using it to your advantage. So look at how the child spins; if they are looking at their fingers or flapping their arms, they might enjoy things that twirl. Lights with sounds if they like to rock, you know, you might want to get a rocking chair and those sorts of things.

And then step number six, again, kind of modes in here is you do want to teach a child to mand or request for stim behaviors, stim activities, materials. So, you know, I do believe that all kids with autism and all of us have sensory issues, sensory needs. And so we want to enrich the

environment with self-stim behaviors and stimulation. We want to be a part of it as much as possible, and we want the child to request as much as possible because that's really going to be the thing that boosts their language the most.

So say a child likes to rock, so we might get one of those big exercise balls and we might pair the word rock and bounce and roll the ball over the child, then say roll. And so even if the child can't speak, just doing those activities, looking for things like smiles and engagement, and it may take a while, it may take a while. So these steps might really help you in terms of seeing stim behaviors as normal as things we just need to enrich and get more and more functional.

So the key to stopping self-stimulatory behavior is to know that you cannot. You can't stop any behavior. Every behavior that should be reduced, could be reduced, must be replaced with an equivalent functional behavior that's reinforced. So we're not looking to stamp out stimming. We're looking at building leisure skills, building language skills, building social skills so that the child can reach his or her fullest potential. So we always want to keep the child safe as possible. We want to encourage independence and happiness. Those are my goals for every child and whether that child has autism or not.

So in summary, the six steps to reduce or eliminate self-stimulatory behavior that is either causing harm or is disruptive is to: do an assessment; make a plan; teach language; allows self-stim activities, especially when you're busy that are safe. In bed, self-stimulatory behavior with yourself, like making yourself a part of it and encouraging the child to request is the last step; request for self-stimulatory behaviors, request with you present. So the more we can get into our child or client's world and encourage language and social and leisure skills, the better he or she will do.

So if you would like to learn more about my step by step system to help toddlers just showing signs with autism all the way up to young adults with moderate to severe autism feel free to attend a free online workshop at [marybarbera.com/workshop](http://marybarbera.com/workshop), and I will see you right here next week.

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