

Editor's Notebook: Bernard Rimland, Ph.D.**Controlling self-injurious and assaultive behavior in autism**

Nothing is more difficult for the parents of autistic children to tolerate than self-injurious and assaultive behavior (SIB/A). SIB/A behaviors are unpleasant to observe, to think about, or to discuss, but they do exist, and must be dealt with. Some autistic children hit their heads against walls or floors so hard that they have fractured their skulls, detached their retinas, or caused deafness. Others hit themselves with their fists or their knees so hard that they have broken noses, deformed ears, and even blinded themselves. Some children bite themselves and others, and hit other children and their parents with such violence they have broken bones.

The first approach, when one is confronted with SIB/A, is to try to determine *why* the child is engaging in those activities. Is it pain or frustration that is causing the child to strike out at himself or at others? One non-verbal child was severely self-injurious from age 2 to 18, when it was discovered that he had been suffering from a very painful mastoid infection. Many medical examinations had failed to disclose this source of severe pain. Try to find a physician who is the parent of an autistic or other handicapped child to do an extremely careful medical exam to determine if there is a cause of pain underlying the intolerable behavior. Tim Buie, M.D., has found that undetected stomach pain has caused SIB in his autistic patients.

A good deal of time and attention have been devoted to methods of dealing with these terrible problems, including:

1. **Behavior modification** using positive enforcement only. This approach is certainly to be recommended if and when it works, but there are many instances when it does not work. A review of the literature by the Association for Persons With Severe Handicaps (TASH) found that positive reinforcement is effective approximately 60% of the time. We are concerned with the other 40%.

2. **Aversives.** While many people are ideologically opposed to aversives, a blue-ribbon government panel investigated this problem and concluded that there were many instances where aversives were the preferred approach, in those many cases where positive reinforcement does not work.

3. **Drugs.** Many drugs, including most recently Naltrexone, have been partially effective in some cases. However, most drugs bring about their own problems, which are by no means trivial.

4. **Correcting body chemistry,** through the use of nutritional supplements, or by detoxifying the body of toxic elements such as mercury, is an under-utilized alternative.

Detoxification: Amy Holmes, M.D., who has treated many hundreds of autistic children for mercury poisoning, reports that while the best improvement in terms of speech, so-

ciability, cognitive gain, etc., is seen in the younger children, teenagers often show a marked and very welcome reduction in SIB/A when the mercury is removed.

Vitamin B6 and magnesium, and DMG (dimethylglycine): Over the past 40 years I have encountered a great many cases of severely SIB/A individuals who have responded wonderfully well to nutritional supplementation, particularly high dose B6 and magnesium, and DMG. Surprisingly, these improvements have been seen not only in autistic individuals, but in girls with Rett syndrome and boys with Fragile X syndrome, as well as children with Angelman syndrome. A few sample cases:

Case 1: Anthony, an 18-year-old autistic man in England, was so violent that he had to be institutionalized. At the institution he broke seven windows in three minutes, and tried to attack women sexually, requiring severe restraints. Drugs did not work, and his mother, who runs an organization to support research in autism in the U.K., contacted me for help. I suggested high-dose vitamin B6 and magnesium. The result was miraculous. When Anthony was taken on a train trip, his parents forgot to bring along the vitamins. The next day, he again became "a raging beast." I was invited to speak at the institution where Anthony resided, and took the opportunity to meet him and discuss his case with the staff. All agreed that Anthony had shown remarkable improvement when given the high-dose vitamin B6/magnesium.

Case 2: Some years ago I was asked to speak in Caracas, Venezuela, by Dr. Lilia Negron. Dr. Negron introduced me by telling the audience, and me, about an autistic young man whose mother had come crying to Lilia's office trying to get help for her son. He was about to be evicted from the third mental hospital, since even massive amounts of drugs did not control him, and he was too violent to be kept in the hospital. Dr. Negron tried the B6 and magnesium as a last resort. The young man calmed down quickly. Dr. Negron reported at the meeting that she had recently visited the family, and had found him to now be a pleasant and easy-going fellow who sang and played his guitar for her.

Case 3: The boy's mother told me that he was considered to be the most severely self-injurious and assaultive autistic person in her state—a very large state. Nothing would stop his self-injurious behavior. The drugs he was given had such an adverse effect on his heart that increasing the dosage would probably kill him, yet his self-injurious behavior continued. The mother was so distraught that she had seriously considered killing both her son and herself because she could no longer tolerate the situation. She tried the B6 and magnesium, with incredibly good results in

a short time. She was elated. However, she called me back a year or so later to tell me that he had started hitting himself again. I suggested she switch to P5P, a different type of vitamin B6, rather than pyridoxine hydrochloride, since that might make the difference. I have not heard from her whether that change helped. Research is needed.

Case 4: Michael was a 180-pound, 18-year-old autistic young man who had broken his mother's jaw and beaten his father so badly that he had missed work for several days. The police had been called on a number of occasions, when he flew into one of his rages. Ed Kitt, the principal of the school in Las Vegas that he attended, told the family to contact me for advice. I suggested the B6 and magnesium, as well as DMG, and the results were nothing short of miraculous. Michael's very good and pleasant behavior has continued now for a number of years. He continues to take massive amounts of B6 and magnesium (1500mg of B6, 700mg of magnesium) and 18 DMG tablets per day. The father told me that these nutrients are expensive, but he is glad to pay for them. They are less expensive than the drugs he had been buying, and certainly much more effective, safer, and more helpful for his son.

Rett's Syndrome: Several years ago I received a phone call from a mother telling me that her teenage Rett's syndrome daughter was gouging her eyes, and hitting herself very severely, with great likelihood of bodily damage. I suggested the B6 and magnesium, and DMG. Several months later I got an excited phone call from Kathy Hunter, president of the Rett's Syndrome Association, who told me about a Rett's syndrome girl who had been severely self-injurious, and had been helped enormously with nutritional supplements. She gave me the mother's phone number. When I called, it turned out to be the mother whom I had spoken with earlier.

Angelman's Syndrome: A number of mothers who had attended a convention of the Angelman's Syndrome Association called to tell me that they had been told of an Angelman's child who had been hitting himself, scratching and biting his mother, and generally being quite aggressive. DMG brought about excellent results, so other mothers also tried DMG and got the same results. I asked them the name of the national authority on Angelman's and wrote to that physician, asking if he would be willing to collaborate on a study of DMG's effects on self-injurious behavior in Angelman's syndrome. I have never received a reply.

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