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Stereotypic Movement Disorder

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Stereotypic Movement Disorder.

Persons with stereotypic movement disorder move their bodies in ways that are nonfunctional, repetitive, and seemingly driven. This may include relatively benign movements such as rocking, hand waving, and twirling objects. However, it may also involve dangerous or even life-threatening behaviors such as head banging and self-biting.

To fit the criteria for this diagnosis, such behavior must substantially interfere with normal activities or result in serious bodily injury. If mental retardation is also present, which is often the case with this disorder, the behavior must be problematic enough to become a focus of treatment. The behavior must persist for at least four weeks and must not be caused by substance use (particularly am-Stimulus Control phetamines) or a general medical condition. Finally, the behavior must not be better accounted for by any of the following diagnoses: obsessive-compulsive disorder (for a compulsion), trichotillomania (for hair pulling), a pervasive developmental disorder, or a tic disorder. Note that in the latter diagnosis, tics are involuntary movements, whereas stereotyped movements are voluntary.

Stereotypic movement disorder appears to be caused chiefly by situations in which a person does not get an adequate amount of sensory stimulation. Such is the case with persons who are blind or deaf, who are more susceptible than average to this disorder. Institutionalized persons are even more susceptible to this disorder, perhaps because such settings are often environmentally impoverished with low stimulation. Approximately one-fourth of all adults with severe or profound mental retardation living in institutions are diagnosed with this disorder. While self-stimulation appears to be the goal of the repetitive behaviors for most persons with this disorder, in some cases it seems to be triggered by a stressful event or painful medical condition (for example, an ear infection leading to head banging in a person with severe mental retardation; *see* Pain; Stress).

The most effective treatment of stereotypic movement disorder involves use of standard techniques of behavior modification. Among these are extinction, overcorrection, positive reinforcement, and differential reinforcement for other behaviors. Treatment of this disorder should also include ongoing medical evaluation if symptoms involve self-injurious behaviors. In such cases treatment will likely need to include a means of protecting the person from self-harm (e.g., putting a helmet on a child who engages in head banging).

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