What is Stimming?



Stimming (sometimes called self-stimulatory behaviour or stereotypy – pronounced 'stairee-ah-tuhpee') is when someone engages in non-injurious, repetitive body movements, vocalizations, or manipulations of an item because it feels good to them [3].

Why do autistic people stim?

This type of behaviour, unlike social behaviours, is something that the individual can engage in when others are around and also when they are by themselves.

These behaviours are not meant as a way of connecting with others [2, 3, 5] but can appear to be triggered by periods of excitement, being engrossed in activities, stress, fatigue or boredom, and by daydreaming [1].



Some autistic adults have described stimming as comforting and soothing and suggest that engaging in self-stimulatory behaviour helps them self-regulate [4].



What does stimming look like?

Everyone engages in some form of self-stimulatory behaviour. Some of us engage in self-stimulatory behaviours that may be socially acceptable in our own culture (e.g., twirling hair, singing in the shower, bouncing leg/knee, biting your nails, humming, clicking a pen) and, as such, are not always noticeable to others.

In contrast, autistic individuals may engage in self-stimulatory behaviours that look different to others and may occur more often (e.g., hand flapping, jumping up and down, making loud sounds, chewing non-edible items, smelling others). When stimming behaviours look different, they sometimes lack acceptance from others [4, 6].

Stereotypic behaviours typically begin during early child development [2]. Sixty percent of neurologically typical children show some stereotypic movements or behaviours between 2 and 5 years of age (such as repetitive behaviours like hand flapping, jumping, finger wiggles, or more rigid behaviours like insisting on specific routines or movements) [1].

These self-stimulatory behaviours tend to decrease as neurologically typical children get older, yet they persist with autistic individuals [2].

Autism ONTARIO

What are some types of stimming behaviour?



TACTILE (TOUCH)

- Touching hair
- Pressing or rolling items between fingers or with their body



VISUAL

- Moving hands quickly in front of eyes
- Aligning or spinning objects (e.g., turning cars over to spin the wheels)



TASTE

- Mouthing items
- Licking objects



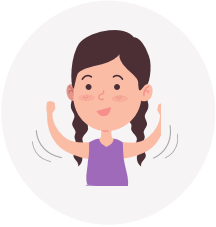
SMELL

- Smelling food
- Smelling people



VESTIBULAR (MOVEMENT)

- Spinning
- Rocking



PROPRIOCEPTIVE (BODY POSITION)

- Hand flapping
- Flicking
- Snapping fingers



AUDITORY

- Repeating something heard earlier
- Humming
- Repeating the same sound or combination of sounds
- Listening to the same sound or combination of sounds (e.g., song, show/movie clip)

What can you do about it?

The first thing you want to do is ask yourself, "will changing this behaviour be helpful to the person?" If the behaviour is not harmful to them or others and is not impacting their quality of life, then it may be best to accept that the behaviour is serving a purpose (e.g., providing stimulation or calming) and is valuable to the person and therefore, something to leave alone.

While you may feel frustrated and sometimes a little embarrassed when self-stimulatory behaviours are not accepted by others, it is important to reflect and remember that the autistic individual may be trying to feel calm, safe, and happy.

When is it necessary to intervene?

You may want to consider finding support if the self-stimulatory behaviour is:

- **potentially dangerous to the individual (e.g., mouthing items) or other people (e.g., touching others), or**
- **interfering with the individual's ability to learn new skills or make connections with others.**

A professional can assess the behaviour(s) by examining the impact the behaviour has on the individual's life and then work with you to develop a plan to support your child, if needed.

It is always recommended to weigh the risks and benefits before making a decision, and the professional can provide additional information that will be helpful in the decision-making process.





Who can help?

Sometimes a new self-stimulatory behaviour may require further assessment and may be a symptom of a different disorder such as a tic disorder, seizure disorder, or dental issue. In these instances, you should discuss the behaviour(s) with a medical professional, such as a:

- Paediatrician
- Family physician
- Dentist

Some professionals are trained to assess and intervene when behaviours are presenting a challenge to an individual, such as a(n):

- **Board Certified Behavior Analyst® (BCBA®) or Board Certified Behavior Analyst-Doctoral® (BCBA-D®)**
- **Occupational Therapist**
- **Psychologist**



Self-stimulatory behaviours can come and go throughout the lifespan for autistic individuals. It is helpful to understand that we all engage in these behaviours and that intervention should be used only when necessary and warranted to benefit the individual (e.g., to reduce harm to them or others).

If you feel a lack of acceptance around your or your child's self-stimulatory behaviour, it may be helpful to share and explain what stimming is to others so that we can work to create a more inclusive and accepting environment for autistic people [4].