Habit Disorders: When Cute Baby Actions become Ingrained Habits

All children go through 'stages', which are to be expected, but when these persist and become habits, there is need for concern and intervention. How can we recognise and treat habit disorders in our children?

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When 4-D ultrasound images show foetuses sucking their thumbs, parents stare in awe at such complex actions being performed by such small helpless beings. When an infant, half-asleep in his crib sucks his thumb, we accept this as an expected part of babyhood. However, when our babies grow up to be toddlers in preschool or they start primary school and they still suck their thumbs, a mother's instinct kicks in and tells us that something could be wrong.

Behaviours such as thumb or finger sucking, nail biting, nose picking, hair pulling, head banging, and body rocking, may be undesirable but are still considered normal when children are at an early stage of development. These mannerisms often begin as a means by which babies comfort themselves when they are stressed or bored. They continue to engage in these behaviours because it makes them feel good or makes them feel better. Most children grow out of these mannerisms as they interact more with their environment and with the people in their lives. This is why talking and playing with babies are very important – it provides them with stimuli other than themselves.

When habits persist into later stages of development, however, these can be considered a sign of a so called 'habit disorder.' The factors that cause the persistence of these habits need to be identified if the disorder is to be successfully treated.

What are Habit Disorders?

Habit disorders are behaviours performed by children as a response to boredom, lack of sensory stimulation or stress. These behaviours are repeated and children seem "driven" to carry them out. Importantly, the behaviour begins to interfere with normal everyday activities. In some cases, these habits may also result in bodily injury or result in social isolation.

When such habitual behaviours persist, doctors use the *Diagnostic and Statistical Manual of Mental Health Disorders (Fifth Edition)* to label them as 'habit disorders' or 'stereotypic movement disorders' in children.

What Causes the Persistence of Habit Disorders in Children?

Many factors can cause the persistence of these habits. For instance, an inconsistent or contradictory parenting style might cause the stress that triggers or reinforces habits. Stress can also be brought on by family or marital problems in the home, child abuse or neglect and overindulgence and "spoiling" of children.

Children don't immediately react to environmental stress but when they do their reactions may show themselves as disturbances in sleeping and eating patterns. When the environmental stress persists, the habits may be the expression of a child's coping mechanisms. Children engage in these behaviours to relieve the stress they experience and to provide themselves with comfort.

Why Habits Cause Concern?

Sometimes, habits can be a cause for further concern. The persistence of habit disorders may signal that the child has an autism spectrum or developmental disorder, or even a disease of the central nervous system. This is because children engage in these behaviours as a way of dealing with excess energy or the need for attention. It may also be an indicator of abuse as these behaviours are a way for children to diminish unwanted or unpleasant stimuli.

Self-stimulating behaviour (such as head banging and touching parts of the body) may be signs of hearing impairment, blindness or other sensory deficits. Studies have shown

An injury, chronic illness, separation from parents or death in the family may also cause children to adopt and to persist in these behaviours until they eventually become a habit.

DID YOU KNOW?

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that baby animals who are caged or restrained engage in similar self-stimulating behaviours because of the lack of external stimuli. The behaviours maintain a state of arousal. In the same way, children with sensory impairments may also engage in these behaviours to keep themselves aroused.

Some habit disorders cause bodily injury and impairment. Take thumb sucking as an example. If continued beyond the age of five years old, thumb sucking may cause malformation of the growing teeth, the growth of a callus on the thumb, or deformation of the finger which is regularly sucked through the breakdown of the skin.

Nail biting can cause the development of viral infections around the mouth (oral herpes), damage to the enamel of the teeth, or cause fractured incisors. It may even cause bleeding and infection in the gums (gingivitis). Nose picking may cause injuries to the lining of the inside of the nose, while head banging may cause bruising or minute fractures in the skull, as well as injuries to the eyes and the teeth.

If a child with a habit disorder already goes to school, the habit disorder may cause them to be teased, thought of as "weird" and avoided by peers. They might even be bullied for persisting in these "babyish" behaviours.

How are Habit Disorders Treated?

Behaviours such as thumb sucking or nail biting can be treated at home by something as simple as putting bitter non-toxic substances on the thumb or nails so that the child will stop receiving comfort from these behaviours. For more complex habit disorders such as movement disorders, a treatment called Habit Reversal has been found to be quite successful.

What is Habit Reversal Training?

This treatment approach is based on the assumption that children are unaware of their repetitive behaviours. Part of this approach is to bring the repetitive behaviour to the child's conscious awareness. The child will be trained to be aware when he or she is performing these habits. It involves teaching the child how to self-monitor by recording or keeping a log when they indulge in their habit. These steps will help the child recognise the occurrence of these behaviours consistently.

The second part of habit reversal training is replacing the behaviour with less bothersome behaviours. Children have to learn a response that competes with the repetitive and unwanted behaviour. The competing response must make it impossible for the child to engage in the unwanted behaviour, perhaps because it uses the same part of the body.

Habit reversal training also involves learning relaxation techniques. Since the presence of stress from the environment causes the adoption of these habits and causes the persistence of these behaviours as well, teaching a child to relax as a means of coping with stress can decrease the intensity and incidence of habits.

Habit reversal is recommended as a first approach to treating children with mild or moderate habit disorders. It is can also be used in addition to medication in children with severe repetitive habit disorders.

Parents can find it difficult to assess if repetitive behaviour in their child is a normal part of growing up or a sign of something more problematic. A first step could be to remove any obvious source of stress in the child's environment. Once this has been achieved it is easier to recognise when the repetitive behaviour has become sufficiently problematic to require intervention. Your paediatrician or family doctor should be your next port of call. If necessary, they can refer your child to a developmental paediatrician who can give you appropriate advice.

COMMON HABITS

Thumb Sucking – Studies show that 17 to 59 per cent of children aged below fifteen months suck their thumbs, fingers or hand; 20 to 50 per cent of children aged two years engage in this behaviour, whereas 15 to 20 per cent of children aged five to six do so.

Nail Biting – As many as 45 to 60 per cent of children between preschool and adolescence bite their nails; 60 per cent of eight year olds bite their nails habitually; 15 to 20 per cent of children aged five to six years and 25 to 50 per cent of children aged two.

Head Banging – About 10 per cent of developmentally normal infants bang their heads against the crib; 3 to 19 per cent aged zero to three years bang their heads.

Body Rocking – 6 to 19 per cent of children aged zero to three years rock themselves.