

Subject: Head Hitting

What is it?

Head hitting, sometimes called head banging, is the behavior of repeatedly hitting the head with an open or closed hand, knee, or hitting the head on a hard surface such as a wall, table, or floor.

What risk does it present?

Injury to the scalp or brain may occur as a result of one hit to the head or may occur over time as the result of an accumulation of lesser injuries. Soft tissue damage resulting in the need for sutures or dressings and subsequent risk of infection may occur. Brain injury including subdural hematomas, contusions, bleeding, swelling, and shearing may occur. Common severe outcomes from chronic head hitting are retinal detachment and punctured eardrums with subsequent hearing loss.

How is it assessed and managed?

- Increase awareness among caregivers that head hitting is a serious health and safety risk for an individual
- All caregivers need to be aware of the head hitting behavior and protect the individual from harm
- Report occurrences of head hitting to supervisory staff for further clinical assessment when:
 - Head hitting emerges as a behavior not previously noted or not noted in recent history
 - Intensity and/or frequency of hitting increases
 - New types of head hitting are noted (e.g. hitting head with hand changes to hitting head on table)
- Request complete physical exam. Head hitting may be an indication or response to an existing medical condition such as a tooth aches, gastrointestinal problems, headache, seizure activity, constipation, poor sleep, menstrual discomfort, or urinary tract infection etc.
- Request a neurological assessment to determine brain-based contributions to the behavior and to establish a baseline for future comparison.

Subject: Head Hitting continued

- Assess environmental events related to head hitting. Note time, place, individuals present, activity, noise levels, and verbal interactions occurring before, during, and after head hitting occurs. Further assessment of weather conditions, season, work, school, and family life contributions may be needed.
- Note any change for the person in living arrangements, roommates, staff persons, location of residence or day program
- Consider requesting a clinical or risk management meeting. Providers, administrators, teachers, therapists, direct care staff and other clinicians review available history, data, and medical information to determine if further intervention by the clinical team is needed including the use of restrictive devices such as protective head gear
- To reduce the risk of harm a clinical team should provide additional support to the individual by requesting a psychiatric consultation and develop interventions for use by caregivers.

Where can I find additional help?

www.thecbf.org.uk