Head banging: safety and caregiver support

Safety first: keep this page nearby

Do not ignore head banging or wait for pain to make it stop. Give help and comfort without requiring a word, sign or AAC message first.

Emergency help now

After a head impact: a seizure, trouble waking or staying awake, loss of consciousness, new weakness or poor balance, confusion, or a worsening headache. After a head impact: repeated vomiting. In a baby or toddler, crying that will not settle or refusing to nurse or eat also needs emergency assessment. Trouble breathing, severe bleeding, or immediate danger that you cannot manage safely. Call 911 (or your local emergency number) or go to an emergency department now for these signs. If you cannot keep your child safe or transport them safely, call emergency services.

Contact a clinician or urgent care now

Seek care for injury or bruising, new or worsening head banging, suspected pain or prolonged crying you cannot console. More than two hours of nonstop inconsolable crying needs urgent assessment. Do not wait two hours when there is injury or another concern.

While getting help

Pause teaching. Stay nearby, reduce demands and remove nearby hazards if safe. Do not improvise restraint. Ask another adult for help. Never shake a child or leave them alone while they are hurting themselves.

Do not use this sheet to rule out injury

Symptoms can appear later. These are not all possible warning signs. Follow medical instructions even if your child settles. This is caregiver education, not an emergency service or individual treatment plan.

Head banging: safety and caregiver support

When calm: support communication and get a plan

These caregiver skills belong in comfortable ordinary moments, alongside clinical care. They are not a treatment for head banging or a sequence to complete during distress.

Prepare before a difficult moment

When everyone is settled, choose one helpful change: a clearer transition, less noise, a shorter task or help ready before something becomes hard. Keep the child's familiar AAC available. These supports can fit child-chosen play or an activity the adult introduces.

Say 'help' as you help or 'break' as you pause

Use an easy message such as help, break, stop or come here in an ordinary comfortable moment. Say or model it as you help or pause. A gesture, reach, sign, sound, AAC selection or word can work; there is no required pointing or spoken-word prerequisite.

Respond to the signals your child already uses

Respond to an early signal without asking for a clearer or longer version. For example, when a puzzle piece naturally sticks, model 'Help' while helping. If the child later hands you a piece, help promptly. Do not create a problem to obtain a request.

Return to safety if distress starts

Stop the teaching attempt and provide support. The five steps are flexible caregiver reminders, not a sequence to finish during a crisis. Resume ordinary teaching only when it is comfortable and consistent with the child's clinical plan.

Ask about assessed treatment

Start with medical assessment. A qualified specialist may recommend behavioral support, including functional communication training (FCT), when appropriate. Ask for caregiver coaching, a written safety plan and follow-up. Do not provoke an episode, withhold help or ignore injury to test its cause.

Sources and full guidance

CDC HEADS UP: head-injury danger signs; Seattle Children's: Crying Child - 3 Months and Older; CDC: Tips for Redirecting your Attention; NICE CG170 section 1.4; Lindgren et al. (2020), doi:10.1007/s10803-020-04451-1. Links, scope and full safety guidance: vocalizetoday.com/distress-support.

Head banging: safety and caregiver support

Private notes for a clinician visit

Write only after everyone is safe. Do not delay care, film or recreate an episode to complete this sheet. Keep these notes private; the sheet is not a diagnostic test.

What happened, and was anyone injured?

Date, approximate duration, the action and the surface involved. Describe what you saw without guessing intention.

What was different before the episode?

Sleep, illness, possible pain, eating or drinking changes, noise, a transition or another change you noticed.

What helped, and what did not?

The child's signals, what adults did and what changed. Never recreate an episode to fill this in.

Who will we contact, and when?

Clinician, after-hours number, support person and the next review. Do not delay care to complete notes.

What do we need the team to show us?

A written safety plan, safe caregiver actions, accessible communication and a plan for checking whether support helps.