

YOUNG CHILDREN & BRAIN INJURY: BACK TO BASICS



This infographic is intended for SLPs who don't often work with children with TBI or need to brush up their background knowledge.

Familiar with childhood TBI and ready to apply your skills to practice? View our other infographic here: <https://bit.ly/32vipfh>

Information is derived from: Salley, J., Crook, L., Ciccia, A., Haarbauer-Krupa, J., & Lundine, J. (2020). Traumatic Brain Injury in Young Children: A Scoping Review. *Seminars in Speech and Language*, 41 (2). shorturl.at/jzCG5

CHILDREN UNDER THE AGE OF 6 ARE AT THE GREATEST RISK FOR TRAUMATIC BRAIN INJURY (TBI).

FALLS ARE THE MOST COMMON CAUSE OF INJURY.

Particularly for mild TBI, symptoms can look different than older children. This can include: bed wetting, decreased play, vomiting or difficulties feeding, and irritability.

As these children begin school, challenges can include falling behind peers in academic, social, behavioral, and communication skills.

CHILDREN WITH EARLY CHILDHOOD TBI ARE OFTEN UNDER-IDENTIFIED FOR SERVICES.

CHILDREN MAY HAVE REAL-LIFE DIFFICULTIES THAT DO NOT SHOW UP ON FORMAL TESTS, MAKING IT HARD FOR THEM TO KEEP UP WITH THEIR PEERS.

WHY?

- Low referral rates to early intervention services
- Delayed presentation of deficits: difficulties can and often emerge years after injury. Parents and providers don't always connect these difficulties with the TBI.

LUCKILY, SLPs ARE A GREAT RESOURCE FOR THE ACUTE & LONG-TERM ASSESSMENT AND TREATMENT OF CHILDREN WITH TBI.

SLPs are trained to identify and address the many potential needs a child could have after experiencing a TBI- speech, language, hearing, swallowing, and cognitive-communication. SLPs can promote functional outcomes and advocate for appropriate referral and service practices for children with TBI.

QUESTIONS? COMMENTS?

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