Efficacy of Cognitive Behavioral Therapy on Pediatrics with Traumatic Brain Injury
Claire Reardon, M.A. Candidate in Speech-Language Pathology
University of Delaware

Background

- Pediatric TBI is the leading cause of death and disability (Yeates, 2018).
- Brain injury can result in long-term developmental challenges.
- Persistent difficulties in the areas of motor, visual, speech and language, cognition, and adaptive behaviors (Zelazo, 2016).
- Secondary behavioral effects of TBI can be classified as internalizing and externalizing behaviors.
- Frontal lobe injury can result in executive dysfunction, affecting the child’s classroom performance.
- Poor executive function skills can interfere with learning and can lead to behavior problems.
- To maximize treatment, we need to address behaviors that are barriers to success.
- Aspects of CBT can be applied to regular skilled speech therapy sessions, which target cognitive skills, when those skills are being negatively influenced by the individual’s behavior.

Methods

*To investigate the efficacy of CBT as a treatment for pediatric TBI*

- **Purpose**: To investigate the efficacy of CBT as a treatment for pediatric TBI
- **Method**: Treatment included in a combination of using CBT alone as well as CBT in concurrence with pharmacological treatment and collaborative care.
- **Results**: All individuals, despite time since injury, benefitted from treatment involving CBT. Time since injury ranged from 3 weeks to 2+ years.
- **Discussion**: A primary diagnosis of social phobia decreased CBT’s efficacy. A comorbid mood disorder also decreased the likelihood to respond to CBT.

References


