

	Participants' Guide Reducing the Risk of Abusive Head Trauma	
This module is part of the Rule 2/Rule 3 training requirements for Child Care providers 2024		1 hour

Knowledge and Competency Framework (KCF) Content Area and CDA Content Areas

The Primary Knowledge and Competency Content Areas and the CDA Content Areas are:

KCF Content Area: VII. Health, Safety, and Nutrition

CDA Content Area: Safe, Healthy Learning Environment

Learning Objectives:

While no training alone can ensure learning objectives, they can be designed to meet certain goals for each learner. If learners are engaged and participatory they will learn to:

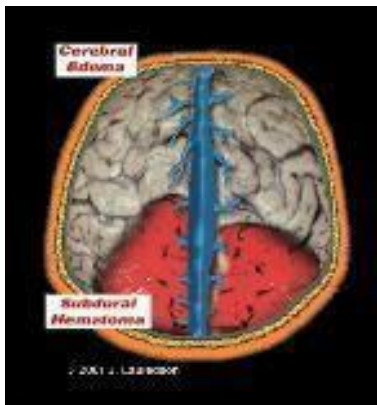
- Describe pediatric abusive head trauma.
- Discuss symptoms and consequences of abusive head trauma.
- Identify risk factors for abusive head trauma.
- Identify strategies to use when stressed, angry or frustrated.

Session Outline

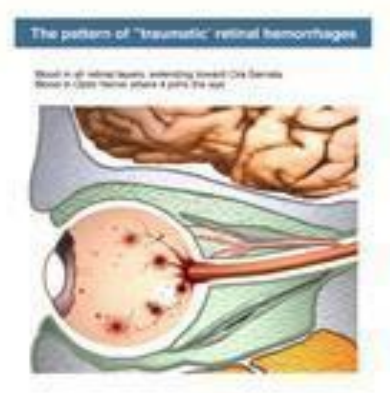
Section	Overview
1. Welcome and Introduction	<ul style="list-style-type: none">• Large group discussion
2. Pediatric Abusive Head Trauma (AHT)	<ul style="list-style-type: none">• Small group activity• Large group presentation
3. AHT: Symptoms and Consequences	<ul style="list-style-type: none">• Large group presentation
4. Risk factors and the child care provider role	<ul style="list-style-type: none">• Large group presentation
Reflection and Wrap Up	<ul style="list-style-type: none">• Large Group Discussion• Individual Reflection• Evaluation



Infants are believed to be particularly susceptible to abusive head trauma because of their relatively large and heavy head, making up about 25% of their total body weight. Their neck muscles are too weak to support such a disproportionately large head (NCSBS). Infants also have thin, pliable skulls.



- Substantial rotational shearing forces are generated causing the brain to rotate within the skull cavity.
- When shaking occurs, blood vessels feeding the brain can be torn, leading to bleeding around the brain.
- Blood pools within the skull, sometimes creating more pressure within the skull and possibly causing additional brain damage.



Retinal (back of the eye) bleeding is very common

The symptoms of AHT may include but are not limited to: (NCSBS nd, Chiesa & Duhaime, 2009; NIH, 2009)

Immediate Symptoms:

The symptoms may include but are not limited to: (NCSBS (2024) nd, Chiesa & Duhaime, 2009; NIH, 2009)

Immediate symptoms:

- **Difficulty breathing**
- Pale or bluish skin
- **Extreme irritability**, or other changes in behavior, especially fussy, and fretful behavior, despite attempts at comforting and soothing
- **Seizures**
- **Decreased muscle tone**
- **Rigidity or posturing**
- **Inability to lift head**
- **Decreased level of consciousness**, alertness, **lethargy**, sleepiness
- Decreased responsiveness
- **Vomiting; poor feeding**
- **Poor sucking or swallowing**
- **No smiling or vocalizing**
- Heart may stop
- **Grab-type bruises on arms or chest**
- **Head or forehead appears larger than usual**
- **Soft spot on the head appears to be bulging**
- Loss of vision
- **Inability of eyes to focus or track movement**
- **Unequal size of pupils**
- **Death**

Long-Term Consequences:

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
- Hearing impairment
- Speech disabilities
- Cerebral Palsy
- Seizures
- Behavior disorders
- Cognitive impairment

What to look for:

It is important to seek medical attention right away if an infant or child is experiencing any of the following symptoms:

- Significant changes in sleeping patterns or inability to be awakened
- Vomiting (more than usual)

- Convulsions or seizures
- Increasing irritability
- Inability to be consoled, and
- Inability to nurse or take to the bottle.

In more severe cases, babies may be:

- Unresponsive or
- Unconscious

Or there may be no physical indicator of AHT at all and the child can still have a severe injury.

- Infants with AHT may look completely normal or uninjured from the outside
- Signs and symptoms can be vague and easily mistaken for another medical concern

Emergency Medical Services (911) should be called and babies should be taken to the emergency department immediately if they are experiencing any of these *severe* signs and symptoms of AHT listed above

Parent Education

- Reassure parents that crying is normal for babies:
 - a) crying is one way babies communicate.
 - b) excessive crying is a normal phase in infant development.
 - c) babies cry most between 2 and 4 months.
 - d) Prolonged, inconsolable crying generally lessens when babies are around 5 months old.
 - e) Most babies who cry a great deal are healthy and stop crying spontaneously.
- Educate parents of babies about the dangers of shaking a baby and what to do if they become angry, frustrated, or upset when their baby has an episode of inconsolable crying or does other things that parents may find annoying, such as interrupting television, video games, sleep time, etc.
- Let parents know that crying can be very frustrating, especially when tired and stressed. Reinforce that crying is normal and that it will get better.
- Tell the parent how to leave his or her baby in a safe place while he or she takes a break.
- Be sensitive and supportive when parents are trying to calm a crying baby.

Reflection/Learning Log: 3-2-1 Action Plan

Take a few minutes to reflect on what you have learned in these sessions. Use the spaces below to capture your ideas and plans for action.

3 Important Things I Learned...

2 Things I Will Implement into My Program...

1 Action I Will Take Immediately...

Resources

American Academy of Pediatrics The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety, and well-being of infants, children, adolescents, and young adults. The AAP has approximately 60,000 members in the United States, Canada, and Latin America. The AAP develops guidelines on a variety of pediatric health issues and distributes a wide range of patient education materials. www.aap.org

The National Children's Advocacy Center Child Abuse Library Online The Child Abuse Library online of the National Children's Advocacy Center is one of the largest professional collections of published knowledge, educational materials, and resources related to child maltreatment in the United States. It provides training, online services, and annotated bibliographies to organizations and individuals, and offers resource packages to decision-makers and researchers. www.nationalcac.org

National Alliance of Children's Trust and Prevention Funds The National Alliance of Children's Trust and Prevention Funds is a membership organization that provides training, technical assistance, and peer consulting opportunities to state Children's Trust and Prevention funds to strengthen efforts to prevent child abuse. www.msu.edu/user/nactpf/National

The National Center on Shaken Baby Syndrome The National Center on Shaken Baby Syndrome has a mission to educate and train parents and professionals and to conduct research that will prevent shaking and abuse of infants in the United States. It provides help to professionals and parents looking for information, ideas, and answers to questions about SBS. www.dontshake.org

National Indian Child Welfare Association The National Indian Child Welfare Association (NICWA) addresses the issues of child abuse and neglect through training, research, public policy, and grassroots community development. NICWA improves the lives of American Indian children and families by helping tribes and other service providers implement activities that are culturally competent, community-based, and focused on the strengths and assets of families. www.nicwa.org

National Scientific Council on the Developing Child The National Scientific Council on the Developing Child is a multi-disciplinary collaboration comprising leading scholars in neuroscience, early childhood development, pediatrics, and economics. www.developingchild.net

Prevent Child Abuse America Prevent Child Abuse America works to prevent abuse and neglect of our nation's children. Through its chapters in 43 states and its voluntary home visitation services provided by Healthy Families America® in more than 400 communities nationwide, Prevent Child Abuse America helps provide healthy, safe, and nurturing experiences for more than 100,000 families every year. www.preventchildabuse.org/index.shtml

Shaken Baby Alliance The Shaken Baby Alliance collaborates with community agencies and professionals to provide support for victim families (including adoptive and foster parents) of SBS to advocate justice for SBS victims, and to increase awareness of the problem. www.shakenbaby.com **Zero to Three** The mission of Zero to Three is to support the healthy development and well-being of infants, toddlers, and their families. The organization accomplishes this by informing, educating, and supporting adults who influence the lives of infants and toddlers. www.zerotothree.org

Resource Guide for Mandated Reporters of Child Maltreatment Concerns Anyone may voluntarily report

suspected child abuse or neglect to the local child protection or law enforcement agency. This guide assists in better understanding the mandated reporter statute, outlining appropriate actions and best practices, if known or is suspected that children are being abused or neglected. [Resource Guide for Mandated Reporters \(state.mn.us\)](https://www.state.mn.us/dhs/divisions/child-protection/mandated-reporters/)

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