**FROM RESEARCH TO PRACTICE: A REVIEW OF THE NEUROPSYCHOLOGICAL DIFFERENTIATION OF INTELLECTUAL IMPAIRMENT IN PAEDIATRIC ACQUIRED BRAIN INURY AND DEVELOPMENTAL DISORDERS**

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*Objective:* Both paediatric acquired brain injury (PABI) and developmental disorders (DD) result in neurocognitive and neuroemotional challenges which impact a child’s capacity for learning, behaviour and emotional regulation, social integration, and overall academic success. The neuropsychological differentiation of PABI and DD with intellectual impairment represents a frequent, but highly important, clinical challenge that neuropsychologists face. Incorrect classification of neurocognitive challenges can result in mismatched learning and behavioural supports, affecting potential developmental gains. A complicating factor is age at which the ABI is sustained, with younger more neurologically diffuse injuries resulting in more profound and significant overall neuropsychological impairment (Taylor & Alden, 1997), despite previous views that argued younger brains were more neurally plastic and thus more capable of recovery (i.e., Kennard Principle). Neuropsychological profiles for children with early childhood ABI represent a uniquely challenging differentiation from developmental disorders due to significant profile overlap; earlier injuries being the most difficult to differentiate (Cacucci, & Vargha-Khadem, 2019; Ewing-Cobbs, Barnes, & Fletcher, 2003). Careful discrimination is required to accurately differentiate these presentations and, as such, this project serves to inform clinicians, educators, parents, and front-line workers about the important, but subtle, features which can serve as identifiers to appropriate classification, as well as to inform and enhance efficacy of remediation, rehabilitative, and compensatory efforts for both. Accurate classification and utilization of supports will serve to promote greater autonomy and independence within persons living with childhood ABI and developmental disorders. *Method:* A systematic review of the literature was performed as a means to investigate the currently available literature depicting the neuropsychological presentation of impaired intellectual functioning in children with either early ABI or DD. Research pertaining to different neurocognitive trajectories predict treatment efficacy and/or guides treatment approach was conducted for each. *Results:* It is well acknowledged that the neuropsychological presentation of ABI is highly heterogeneous with respect to cognitive, behavioural, emotional and social functioning following injury relative to developmental disorders, particularly as age at injury increases. However, as age at injury becomes earlier, heterogeneity of presentation is lessened and the distinctions, therefore, between the two types of disorders become far more subtle. While little research has directly contrasted these two populations, neuropsychological functions subserved by frontal systems, specifically with respect to executive function and emotional regulation, appear to be the most consistent for delineating distinctions between these disorders. Measurement of these challenges is confounded by the delayed onset of these neuropsychological impairments (i.e., sleeper effects), with frontal development representing the last systems to reach maturity. *Conclusions*: The neuropsychological differentiation between early ABI and developmental disorders is a clinically meaningful one, but is subtle in nature, and frequently missed. Misclassification of these conditions has implications for treatment efficacy, resulting in the use of less optimized, potentially inappropriate, behavioural, emotional, and cognitive supports. Awareness of neuropsychological features that can differentiation and guide treatment approaches will enhance developmental outcomes.