

# Move&Connect-Parent:

An Education, Advocacy, and Support Group for Caregivers of Youth with Persistent Post-Concussion Symptoms

B. Lam<sup>1</sup>, A. Hickling<sup>1,2</sup>, C. Provvidenza<sup>1,2</sup>, K. Moody<sup>1</sup>, H. Al-Hakeem<sup>2</sup>, and S. Scratch<sup>1,2,3</sup>

1. Bloorview Research Institute 2. Holland Bloorview Kids Rehabilitation Hospital 3. University of Toronto

## BACKGROUND

- Persistent Post-Concussion Symptoms (PPCS) occur in youth when symptoms such as irritability, headaches, and anxiety continue for at least 4 weeks after a head injury.<sup>1</sup>
- Mental health and family functioning are poorer among parents of children with PPCS.<sup>2</sup>
- There are no evidence-based treatments for parents of youth with PPCS.<sup>3</sup>
- We are proposing the **Move&Connect-Parent (M&C-Parent)** intervention, which will parallel the youth *Move&Connect* program to better support caregiver wellbeing.

## RESEARCH QUESTION

For caregivers of youth with PPCS, is the *M&C-Parent* intervention effective in improving mental health, as measured by the Depression, Anxiety, and Stress Scale (DASS)?

## STUDY DESIGN

**Feasibility Trial:** Around 4-5 caregivers will complete *M&C-Parent* and report whether it is useful and tolerable.



Over six weeks, the parent group will meet with a Social Worker and Psychologist to discuss coping skills, their own mental health, and supporting their child with PPCS.



Exit interviews will get participants' feedback on the intervention. Pre-post DASS scores will be examined.

*Move&Connect-Parent* is a support group for caregivers of youth with persistent post-concussion symptoms. The goal is to improve parent mental health, coping, and advocacy

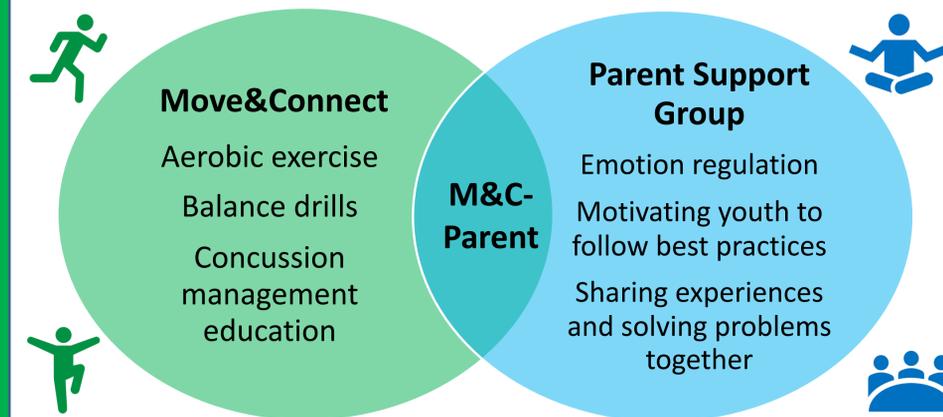


Holland Bloorview  
Kids Rehabilitation Hospital

NOVEL  
Neuropsychology Outcomes  
via Education & Learning

## PROPOSED ANALYSES

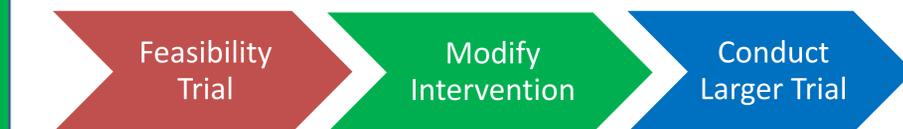
- Semi-structured interviews will explore participant experiences with the intervention and overall feasibility.
- RM-ANOVA will detect any changes in DASS scores.



## WHAT WE ARE LEARNING

1. Participants' perspectives on the intervention and whether they would recommend it to others.
2. Whether the intervention is effective in improving parent mental health.

## NEXT STEPS: CARRYING OUT MOVE&CONNECT-PARENT



If *M&C-Parent* is feasible and effective in reducing parent mental health difficulties, it may be tested on a larger sample with a waitlist control group.

## RELEVANCE TO HOLLAND BLOORVIEW CLIENTS AND FAMILIES

*M&C-Parent* has been co-created with families to ensure we have personalized pathways and topic discussions that meet the needs of each caregiver.

We aim to improve the mental health of caregivers by teaching them how to cope effectively with stress, and how to better support their children.

## ACKNOWLEDGEMENTS

Thank you to my supervisor Dr. Shannon Scratch. I'd also like to thank the Ward family for supporting this project and to everyone who helped organize the Ward Family Summer Student Research program.

## REFERENCES

- <sup>1</sup>Starkey NJ, Jones K, Case R, Theadom A, Barker-Collo S, Feigin V. Post-concussive symptoms after a mild traumatic brain injury during childhood and adolescence. *Brain Injury*. 2018;32(5):617-626. doi:10.1080/02699052.2018.1439533
- <sup>2</sup>Wade SL, Taylor HG, Drotar D, Stancin T, Yeates KO. Family burden and adaptation during the initial year after traumatic brain injury in children. *Pediatrics*. 1998;102(1 Pt 1):110-116. doi:10.1542/peds.102.1.110
- <sup>3</sup>Ganesalingam K, Yeates KO, Ginn MS, et al. Family burden and parental distress following mild traumatic brain injury in children and its relationship to post-concussive symptoms. *J Pediatr Psychol*. 2008;33(6):621-629. doi:10.1093/jpepsy/jsm133