

Development of the BIFI-A (Concussion Version): An Adaptation of the BIFI-A

Project Summary

Centre for Leadership in Acquired Brain Injury

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WHAT WAS THIS STUDY ABOUT?

Mild TBI (mTBI)/concussion is a common injury among Ontario youth with an estimate that it occurs in every 200 out of 100,000 individuals¹. Like adults, youth may experience a wide range of physical, cognitive and emotional/behavioural symptoms post-concussion². It is clear that the impact of concussion affects many aspects of an individual's life; however there are few resources for families and limited practice guidelines on how to support families through the post-concussion management process.

By creating a family needs survey, our goal was to better understand the needs of families post-concussion. We wanted to use the information from this needs survey to adapt the Brain Injury Family Intervention for Adolescents (BIFI-A), which is a program that was originally designed to help youth and families manage changes after moderate to severe brain injury. Our goal was to adapt the BIFI-A for youth with concussion and their families.

WHAT DID WE DO?

- Completed a thorough Literature Review
- Created a Family Needs Survey
- Prepared Research Ethics Board (REB) Application
- Upon REB approval, sent out survey to families and youth
- Collected responses and analyzed themes
- Provided feedback to team

IMPACT FOR CLIENTS, FAMILIES AND CLINICAL PRACTICE

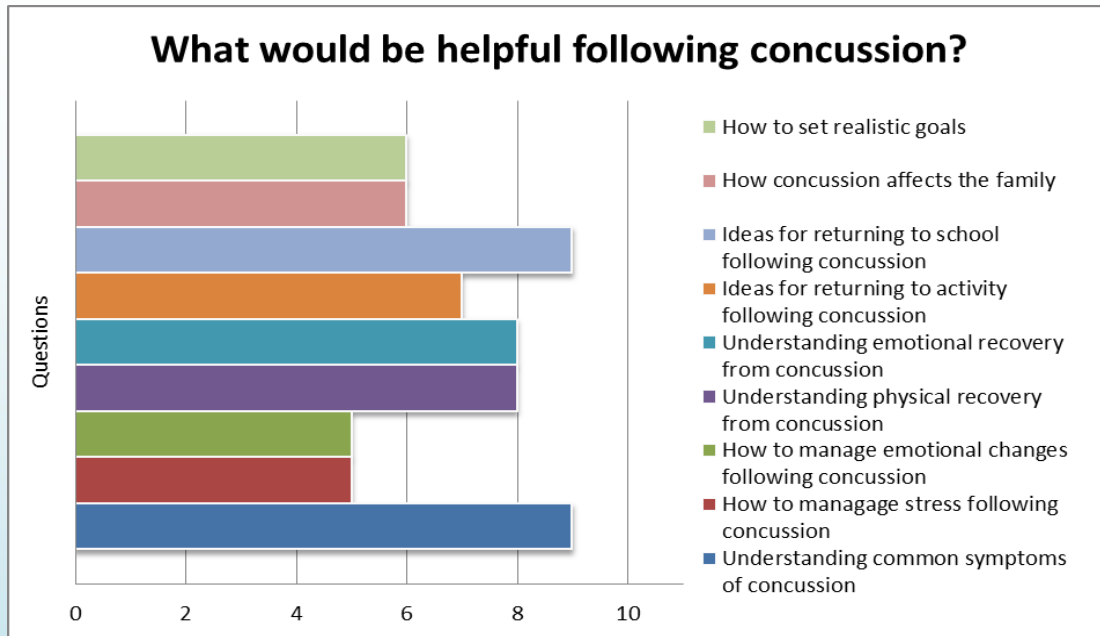
Our findings highlighted various gaps in post-concussion management for families and youth (e.g. understanding emotional recovery post-injury, impact on the family, ideas for returning to school, etc.). Our research also found many strengths in care (e.g. understanding symptoms, understanding how to return to activity post-concussion). Overall, these findings will help researchers, educators and clinicians in understanding how to better support youth and their families through the post-concussion management process and is a starting point for updating the BIFI-A for youth with concussion and their families.

¹Gordon, K.E., Dooley, J.M., Wood, E.P.(2006). Descriptive epidemiology of concussion. *Pediatr Neurol*;34(5):376-378. doi:10.1016/j.pediatrneurol.2005.09.007.

² Kirkwood, M.W., Yeates, K.O., Wilson, P.E. (2006). Pediatric sport-related concussion: a review of the clinical management of an oft-neglected population. *Pediatrics*;117:1359-71.

WHAT DID WE LEARN?

While our sample was fairly small (n=12), our findings were mighty!



Parent Response

“...overall the challenge is that this does not seem to be an exact science and there are many opinions, even with medical doctors, thus it is difficult to feel confident in the decisions you make. What we learned, is get help, and err on the side of caution.”

We learned that although we are making headway in providing youth and families with proper resources, care and support post-concussion, there are still gaps in care and areas where we can be doing better. Specifically we need to provide families with more detailed information, education and support in the recovery process.

TO LEARN MORE ABOUT THIS STUDY, PLEASE CONTACT:

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THANK YOU!

Thank you to our research team, the Centre for Leadership in ABI and all the families who participated and provided their valuable feedback.

WHO ARE WE?

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