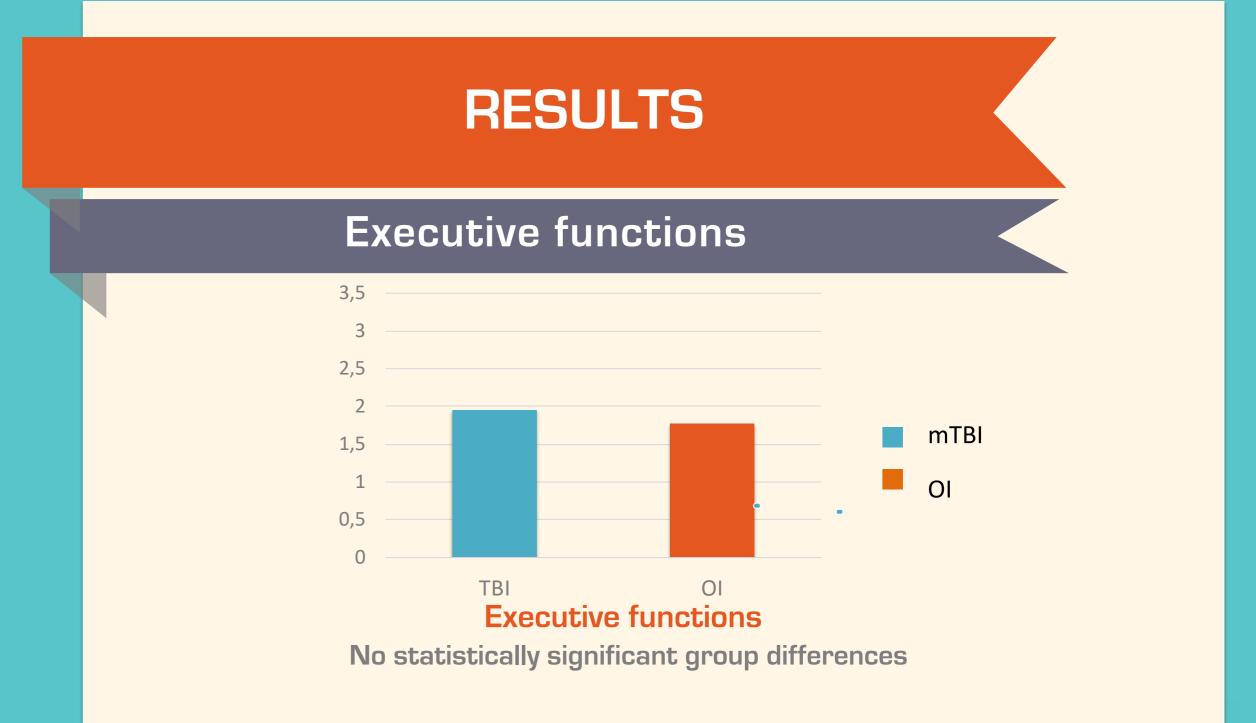
Parents-child relationships as a moderator of executive functioning after early childhood mTBI Emeline Wyckaert Élizabel Leblanc Gabrielle Lalonde Annie Bernier Miriam H. Beauchamp

BACKGROUND

- Executive functions (EF) play a crucial role in early cognitive, behavioral and socio-emotional development.¹
- EF can be influenced by social factors such as the family environment and relationships.²
- Traumatic brain injury (TBI) sustained during childhood is known to impact EF, which are in an intense period of maturation.³
- Few studies have investigated the quality of parent-child interactions and putative associations with EF after a mTBI



• MRO uniquely and *positively predicts* EF in the mTBI group

in early childhood.²

OBJECTIVE

Investigate the moderating role of parent-child relationships on EF after early childhood mTBI

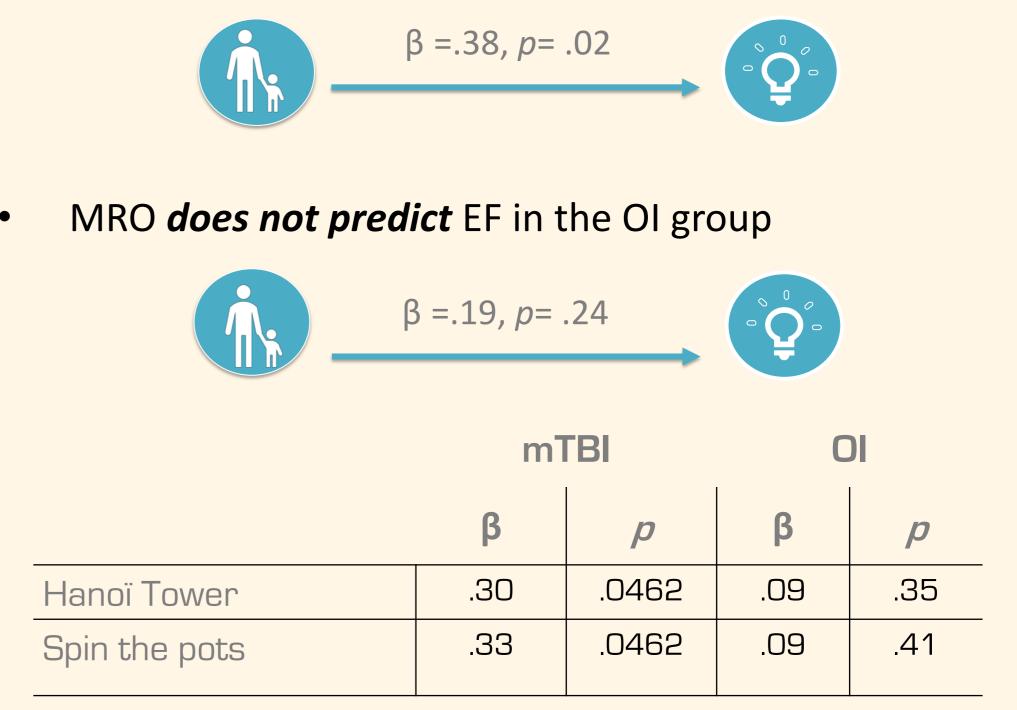
METHODS

Substudy of a larger longitudinal cohort study (LION)

48 mTBI 34 orthopedic injury (OI)



Quality of parent-child interactions 6 months post EF tested 18 months post-injury



DISCUSSION

- The quality of parent-child dyadic interactions was a significant moderator of child EF 18 months after mTBI.
- Better quality parent-child relationships may improve EF



Executive Functions

Spin the Pots (spatial working memory)
Tower of Hanoï (planning)

The results were averaged into a global EF score



Quality of parent-child interactions

• Mutually Responsive Orientation scale (MRO)

- Harmonious communication
- Mutual cooperation
- Emotional ambiance

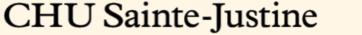
Regression analyses using a moderator model, controlling for child sex and age

- by :
- providing children with opportunities to stimulate EF through enriched interactions ⁴
- promoting the internalization of regulatory strategies that are core features of EF ⁵
- Strategies learned in the context of parent-child interactions are then generalized and used outside of the dyadic relationship, for instance during situations that require self-regulation ⁶
- The findings highlight the importance of assessing the quality of parent-child interaction after mTBI.

REFERENCES

⁽¹⁾ Beauchamp & Anderson (2013). *Handbook of clinical neurology*, 112:913–920. ⁽²⁾ Bernier et al., (2012). *Developmental science*, 15(1), 12-24. ⁽³⁾ Anderson & Catroppa (2005). Brain Injury, 19(6), 459-470 ⁽⁴⁾ Lewis et al., (2009). *New directions for child and adolescent development*, (123), 69-85. ⁽⁵⁾ Bronfenbrenner & Crouter (1983). *Handbook of child psychology: formerly Carmichael's Manual of child psychology/Paul H. Mussen, editor*. ⁽⁶⁾ Calkins, Hungerford & Dedmon (2004). *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health*, 25(3), 219-239.











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