

Talking With Children About TBI



FAMILIES

Helping Children Cope with TBI*

Having a family member with a complicated mild, moderate or severe TBI can be frightening for a child who looks to this person to provide strength and safety. The person with TBI may no longer act the same as he or she did before the injury. Your family member/parent with TBI may be angry, depressed or uncertain.

As a result, the special bond that existed previously has changed.

The child may be confused and upset about what is going on. This could be due to worry about the family member's condition or concerns about changes in their relationship. It could also be due to financial strains, or simply adjusting to the new "normal."

It is important to recognize that the child is grieving, just as you are. They may withdraw from social activities with peers, have mood swings, become withdrawn or disruptive, do poorly in school and show other behavioral problems.

Children also need time and space to be kids. Communicate with your child that he or she is not to blame for the TBI.

Make sure any tasks that your child takes on — household chores, for example — are suitable for his or her age. Strive as much as possible to find other adults to help you, rather than relying on your children to play a major role.

* Traumatic Brain Injury (TBI)

You can help your child by explaining TBI in a way that they can understand. Ask a health care provider to talk with them.

Build new family routines, and keep an eye out for signs that your child is not coping well.



Age and Stage of Development

Age 2-3

Can differentiate expressions of anger, sorrow, and joy

Age 4-5

More self-secure, can play well with others, tests the rules, "magical thinking"

Age 6-7

Capable of following rules, enjoys having responsibility

Uncertain of the relationship between cause and effect; parent is the primary source of

Age 8-11

Has a better understanding of logic and cause/effect, less centered on self, able to understand others' feelings, can empathize

Age 12-17

Experience puberty and physiological changes, seek freedom and independence, acceptance by peers is extremely important, develop more intimate relationships, more thoughtful and caring

Communication Techniques for Parents

- Communicate using simple words.
 - Use picture books.
 - Create simple books with pictures of family members and simple objects that the child understands (hospital, doctor, bed, rest).
 - Offer dolls to play with so they can recreate what is happening at home or at the doctor's office.
-
- Select books with stories that mirror families like yours to help your child relate.
 - Familiarize your child with pictures of objects and concepts related to medical care and health (hospital, gown, doctors, flowers, bed, coming home from the hospital).
 - Incorporate play with a child's doctor kit to familiarize your child and symbolize what is happening.
-
- Use interactive communication — reading books and creating stories with your child.
 - Help your child create his/her own "this is our family" album and talk about the photographs and memorabilia.
 - Watch movies with story lines similar to what your family is experiencing.
-
- Listen to your child's thoughts and opinions.
 - Ask questions that go beyond yes and no.
 - Depending on your child's level of development and understanding, speak with direct, reality-based explanations that include facts.
 - Include the sequence of events involved and what to expect.
-
- Give facts: what is expected to happen including the diagnosis, prognosis, treatments and expected outcomes.
 - Talk *with* your children, not *to* them.
 - Check in and offer time to discuss concerns frequently.
 - Listen attentively.
 - Ask questions that go beyond yes and no.
 - Stay alert for risky behaviors or acting out. Also be aware if they seem noticeably withdrawn.
 - If risky behaviors are present, seek professional help.



