

# Talking With Children About Moderate or Severe TBI



FAMILIES

# How Can I Explain Moderate or Severe TBI\* to a Child?

Here are some suggestions:

- The brain is similar to the command station of a space ship. If a meteorite hit the command station, the crew would not be able to control what the space ship does. If the brain is hurt, it may send out the wrong signals to the body or no signals at all. A person with TBI may have a hard time walking, talking, hearing or seeing.
- The brain is the computer for the body. When it is injured, it doesn't boot up properly, runs slower and has less memory.
- A broken bone will usually heal and be as good as new. A brain injury may not heal as completely. Even though people with brain injuries may look the same, they may still be injured. They may have a hard time paying attention or remembering. They may get tired easily and need to sleep. They may say or do things that seem strange or embarrassing. They may get angry and shout a lot.
- Many people develop anger as a direct effect of the damage to the brain. In other words, the parts of the brain that normally stop angry flare-ups and feelings have been damaged and do not do their jobs as well. Survivors of TBI may be mad because they can't do the things they used to do. Their feelings may be hurt because others treat them differently than before the injury.
- A cut may take a few days to heal, a broken bone a few weeks. Getting better after a brain injury can take months or even years. Sometimes, the person will not get 100 percent better.

\* Traumatic Brain Injury (TBI)

- Brain injury changes people. These changes can be confusing. Try to remember that the changes you see are caused by the brain injury. You can still love and care about the person.



## Notes

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## **What Are Some Tips for Helping Children Cope With Moderate or Severe TBI?**

- Provide information to your children about what to expect before they are reunited with their parent with TBI. For example, explain in advance what they may see in the hospital. Describe how their parent will look, behave and react before he or she comes home.
- Be flexible. Take your cue from your children about when they want to resume their normal routine. Encourage children to stay involved with friends and school activities.
- If your children choose to attend their activities, ask friends or relatives to take them. Ask friends to take over caregiving when you need to go to watch your son or daughter play basketball or appear in the school play.
- Encourage your children to talk about their fears, hopes and worries. Allow safe and appropriate ways for your children to express their emotions.
- Meet with your children's teachers to explain what has happened and the effects on the family.
- Encourage other family members, friends or other important adults in your child's life to share time with your child and to act as a sounding board, if needed.
- Your children may say upsetting things to you. Just listening can be the best support for them.

- Re-establish routines for your children. Consistent dinner and bed times may help.
- Encourage your children to talk about the familiar characteristics and behaviors they are starting to see.
- Be easy on yourself and your children. A certain amount of stress is normal.
- Be careful not to set a timeframe with your children for when recovery will occur. Children want it all to happen quickly, and it is hard to predict recovery after TBI.
- Stay alert for changes in their behavior. Get counseling for your child to help him or her cope with grief, especially if the child appears depressed or is adopting risky behaviors.
- Recognize that some children may pull away for a while. Others may regress to younger behavior, becoming very dependent, demanding constant attention or exploding in temper tantrums. These behaviors should return to normal over time as the child adjusts.
- Teenagers may be embarrassed about their parent with TBI. Rehearse with them how to respond to comments or questions about how their parent looks, behaves and speaks.

## 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 self-esteem

### 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

- 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.

