How Can I Communicate with My Child about TBI?

Age and Stage of Development	Communication Techniques for Parents
Age 2-3 Can differentiate expressions of anger, sorrow, and joy	 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.
Age 4-5 More self-secure, can play well with others, tests the rules, 'magical thinking'	 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.
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	 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.
Age 8-11 Has a better understanding of logic and cause/effect, less centered on self, able to understand others' feelings, can empathize	 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.

Age and Stage of Development	Communication Techniques for Parents
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	 Speak honestly and realistically. 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 can be answered with more than 'yes' or 'no.' Stay alert for risky behaviors, acting out, or noticeably withdrawn (if this is a new behavior). If risky behaviors are present, seek professional help.

- The brain is the computer for the body. When injured, it doesn't boot up properly, runs slower, has less memory, etc.
- A broken bone will usually heal and be as good as new. A brain injury may not heal as completely. Even though the person with the injury may look the same, he or she may still be injured. These injuries might include having a hard time paying attention or remembering what you told him or her. He or she may get tired easily and need to sleep. He or she may say or do things that seem strange or embarrassing. He or she 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. The parent with TBI may be mad because he or she can't do the things he or she used to do. His or her feelings may be hurt because others treat him or her 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.
- 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.

It can be challenging to put TBI into simple terms that a child can understand.

More information can be found on www.neuro.pmr. vcu.edu.