

## 2010 BRAIN INJURY AWARENESS DAY ON CAPITOL HILL

### *The Impact of Traumatic Brain Injury (TBI) on Military Families and Children*

An important and often forgotten aspect of TBI awareness is its impact on the children of the injured. TBI is unique because it often leads to changes in personality and behavior without altering one's physical appearance. This can be especially troubling and confusing for children, and embarrassing for the entire family.

Military families are extremely vulnerable to the effects of TBI due to its prevalence and range of severity in combat veterans. TBI is often referred to as the "signature wound" of our war on terrorism, the result of exposure to blast, gunshot



wounds and shrapnel, falls and motor vehicle accidents. In addition to combat, many TBI injuries can occur in garrison during training exercises. TBI can be mild (referred to as mTBI or concussion), moderate or severe. Even in milder forms, when combat veterans say that they are "fine" they may exhibit changes in their personality or behavior. With more serious TBI, often occurring with complex war injuries, there can be profound changes in personality or behaviors, such as inappropriate outbursts, anger, social withdrawal, apathy, or depression.

Injuries such as TBI affect parenting when both the injured and the non-injured spouse struggle to adapt to changes in personality, family relationships and routines. Being less emotionally or physically available, or less consistent and predictable, can have short and long term consequences for children. Despite limited research on the impact of TBI on children, clinical case studies, focus groups, and small samples have shown that their responses to parental TBI are variable, and may involve the following:

#### **Impact of TBI on Children**

- Increased acting out behaviors, such as disobedience, tantrums, or risk-taking behaviors
- Emotional distress, such as crying, increased anxiety, or withdrawal
- Feelings of loss and grief related to the change in the injured parent
- Feelings of isolation
- Taking on additional responsibilities, such as caring for younger children, household tasks, and caring for the injured parent
- Feelings of embarrassment about the injured parent's appearance or behavior
- Misinterpreting parent TBI-related fatigue and apathy as indicators that the parent no longer loves them
- Feelings of anger or resentment about new responsibilities or changes in the family
- Feelings of self-blame for the injured parents's irritability

Family support professionals and stakeholders need to provide services and outreach that fosters family functioning during injury recovery.

#### **How Families Can Help Children Integrate the Injury Experience within a Family Context**

*It is important for families to:*

1. Seek out **resources and instrumental support**. As families deal with the adjustment to having a changed parent, families may need help in ensuring that basic needs are met in the areas of work and finance, medical care, military concerns, housing, education, and child care. Children may need special services or support to address behavioral/mental health problems that develop or to connect them with community resources (e.g., sports organizations, educational programs, or boy/girl scouts) that provide them with social support and structured activities.
2. Support children by helping them monitor changes or extremes in their emotional states and **reduce emotional distress**. As children deal with stress, they may find it difficult to express emotions, to relax, or to calm themselves. Parents can help children by teaching them to label and express their emotions and by giving them specific strategies (such as deep/belly breathing, progressive muscle relaxation, or visualizing a safe space) for dealing with strong emotions and/or stress.
3. **Share information with children** about the injury in a way they can comprehend it. Particularly important is information that helps children understand what the injury is, what the effects of the injury are in terms of parent

functioning and/or symptoms, and what to expect over time. Children may need reassurance that the injury is not their fault and that specific symptoms/emotional changes in the parent are expected. This helps to normalize and contextualize the family's current difficulties and helps children understand what is happening in their family.

4. **Talk about the injury** with each other and others in the community, including health care and community service providers.. Children should be encouraged to ask questions about the injury among family members and with medical providers, and they should be encouraged to talk about the injury with people they trust (e.g., other family members, close friends, and/or teachers). Children should be encouraged to talk about what they experience and feel so that their concerns can be better understood and addressed.
5. **Develop problem solving skills.** Particularly important is helping children identify relevant problems, name their goals, brainstorm possible solutions, and pick a solution to try out. This helps children break down problems into manageable parts and gives them the tools they need to plan for future challenges.

6. Engage in **shared family goal setting.** Goal setting helps family members prioritize what is most important and to consider what activities they would like to try sooner. Parents and children can select family goals together and practice them as they plan for future fun or challenges, recognizing incremental improvements over time.
7. Remember that adjusting to life with TBI can take time. Families should **be patient and hopeful** as they learn to live with the changes that result from the injury. While family life can change, parents and children can learn new ways of being together and enjoying each other.

### Resources:

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury  
<http://www.dcoe.health.mil/default.aspx>

Defense and Veterans Brain Injury Center  
<http://www.dvbic.org/>

Military OneSource  
[www.militaryonesource.com](http://www.militaryonesource.com)



Center for the Study of Traumatic Stress (CSTS)  
Department of Psychiatry, Uniformed Services University of the Health Sciences  
4301 Jones Bridge Road, Bethesda, MD 20814-4799  
Tel: 301-295-2470 | Fax: 301-319-6965  
[www.usuhs.mil/csts](http://www.usuhs.mil/csts) | [www.CSTSONline.org](http://www.CSTSONline.org)

*CSTS is a partnering center of the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, and  
A component site of the National Child Traumatic Stress Network*