

Helpful Suggestions for Relating to People who are Recovering from a Brain Injury

- Avoid too much stimulation.
- Have only a few friends/family visit at one time - a large group will tire the patient.
- Play the radio or TV for a while.
- Use familiar photos of family, friends and pets.
- When possible take the patient for a walk around the hospital or outside but first check with nursing staff that this is permitted.
- Talk about what is happening at home, your day at work etc.
- Talk about familiar people, places, interests and experiences the patient has had in the past.

Stimulation is needed but too much can be frustrating or overwhelming for the patient who is thinking in 'slow motion'. Too many people talking at once or too much TV is very difficult for him/her to think about. If his/her senses are overloaded he may 'shut down', 'explode' or cry. It is important to allow the patient to rest.

Keep conversation simple

Communication is important to the patient even though he/she may not be able to speak.

- a. Remember the patient is thinking in slow motion.**
 - i. Don't speak too quickly as it takes the patient a long time to process what is being said. Use short, simple sentences.
 - ii. Give the patient enough time to reply.
 - iii. Present only one idea at a time.
- b. Try to include the patient in every conversation.**
 - i. Don't talk over the patient or talk down to him/her.
 - ii. Do not speak to the patient as if he/she were deaf. Unless this was a pre-existing condition a hearing loss does not usually accompany a head injury.
- c. Ask simple questions, for example**
 - i. Where is?
 - ii. Point to?
 - iii. Show me?
 - iv. Do you want?

- d. **Don't ask questions which require the patient to make a choice**
 - i. E.g. questions such as "Do you want to stay up or do you want to watch TV?" should be avoided.
- e. **Encourage the use of appropriate greetings and conversation.**
- f. **Do not tease or encourage the patient to respond inappropriately.**
- g. **Speak to the patient as you would to any other adult.**
- h. **Do not put the patient on display or force him/her to speak.**
 - i. Such remarks as "Say it for them" may embarrass the patient or upset him/her.

Attitudes

- a. **Do not overwhelm the patient with false optimism or empty words** such as "You'll be alright - you'll be back to work in no time".
- b. **A patient may laugh or cry easily.**
 - He/she may be embarrassed by their changed behaviour. You may be able to help them calm down by distracting them by suggesting another activity or by talking about something else.
- c. **Don't laugh at the patient.**
 - However, it is okay to laugh *with* the patient when it is appropriate.
 - Ignore the patient's laughter when the situation is not funny
- d. **Remember that no patient's problem is exactly like another's so avoid making comparisons.**
- e. **Do not rely on what the patient says he/she can do**
 - Be sure that what he/she does is done safely. Check with the therapist.
- f. **Avoid making the patient feel guilty or like a baby for mistakes and accidents such as spilling something.**

[Adapted from a paper by the National Head Injury Foundation (USA)]