

## How Can Physicians Best Help Families with Children with Brain Injury?

**Source:** Produced by Victoria Tilney McDonough and Brian King

**Video Link:** <http://www.brainline.org/content/multimedia.php?id=3269>

**Dr. Jane Gillett:** So ideally what a physician should be doing to help a family with a child with a brain injury... is fairly complex.

I think a lot of physicians are very much thinking in what I call the medical model. And brain injury is so much more than a medical model, there's so many other factors that need to be considered and looked at. A child is not living in isolation. They live with a family, they live with an extended family, and they live with a community. And all those factors have to be looked into when you're developing a plan for a child with a brain injury.

So from a physician's point of view, you're hoping the physician will be willing to listen to the child, listen to what the family's saying, going with the goals that they want and how to help that. You want the physician to be able to recognize if the child's having seizures, and knowing how to treat the seizures with the best medication to control the seizure; but at the same time not effect thinking skills. And so using a medication like Lamotrigine rather than using Phenobarbital for example, which is known to make kids sleepy and not learn things. You want to have the physician be aware that there might be hormonal problems, that puberty may be delayed, that they know how to manage any kind of tone issues or spasticity issues if they are there, to look at balance issues, to monitor growth, to look at hearing, to look at vision, to look at the family history and is there a family history of some kind of medical condition that is going to impact the outcome for this child, and what that might have in terms of the child's development now that they have an injury; that you want them to look at the environment that's around there.

And just sort of as an example, if you come from a family where you have a lot of people who are allergic, environmental allergic, to ragweed and pollens and grasses and molds and stuff; and there's a really good chance that that child is going to have allergies as well. And now they have a brain injury, and you don't recognize that they have allergies. So here's this child in the summer time suffering with their allergies, can't really breath that well, not sleeping that well... partly because they have a brain injury and they're not sleeping well, but they're not sleeping well because they can't really breath because they have their allergies. And you don't treat their allergies, you're not going to be able to be successful at treating other things. So they have to be aware that there's more to a person than just a brain injury. There's a person with all kinds of other problems that could be there. You want them to be alert for signs of whether the child is in a situation where they're being abused. Unfortunately, if you have a disability your risk of being abused goes up 4 times. I don't know what the statistics are in the states, but in Canada when they looked at it, 22 children out of every 1,000 are known to suffer some form of abuse; be it physical, sexual, neglect, mental, emotional. And if you're disabled, it's 4 times higher at 88. Canada, we're not that indifferent from the states. So I'm sure that it's very similar.

So just to be aware that there might be other things going on. One of the reasons why they're at greater risk is because they don't have the judgment to be able to think... there's something not right here. And they're more easily led, so they can get led into issues. So to be aware of what's going on that way, to be aware of the community and what the community can and cannot do. What are the resources in the community? Is there a way of getting the child to get the physical exercise they need in a community recreational facility like the Y or something like that, which is much more of a natural way of doing it than having a physiotherapist coming and doing their therapy.

So you're looking at the physician to be a member of the team, not necessarily running the team, but being a member of the team; working with a bunch of professionals and the family. The family should be the key member of the team as to what needs to be done, and how and why. And sometimes your team members will tell you that they think that Johnny is needing to see a psychiatrist because they're becoming more and more paranoid, and what's happening needs a psychiatrist and this happened to me personally. And I'm saying, tell me what's happening, so they're telling me and then when they came back to see Johnny he was even more paranoid and this happened, and then a couple of months later all of a sudden he's even more paranoid. What months were these? Well it turns out that the reason why he was getting paranoid was because the medicine that I had him on to help with the pain that he was dealing with was causing the paranoia. And every time I increased his pain medicine, which was really helping his pain, he became more paranoid. It wasn't that he needed to see a psychiatrist, he needed the team to talk to each other and go, oh I took him off his pain medicine, his paranoia went away, I then had to think of something else to help with pain. But that kind of interaction, I think, is really important as well.