



# ABIOS

Acquired Brain Injury Outreach Service

**FACTSHEET: Communication**

**Audience:** Family and Support Workers

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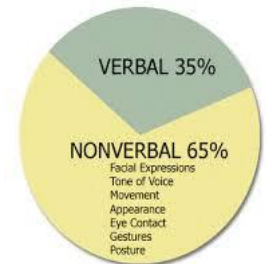
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## Social Communication changes following Acquired Brain Injury

Cognitive difficulties may arise after an acquired brain injury, in areas such as memory, attention, problem solving, planning, organisation, judgment and/or perception. These cognitive difficulties often have an impact on communication, personality and behaviour, and may mean that the person acts differently – and sometimes inappropriately, in social situations.

The new behaviours may have an impact on:

- **Verbal (social) communication skills** – E.g. the words that are said or written
- **Non-verbal (social) communication skills** - E.g. limited eye contact, negative body gesture, poor awareness of a conversation breakdown, or reduced facial expression.



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### **Changes you may see...**

- *Talking too much or too little*
- *Reduced eye contact*
- *Limited facial expression*
- *Difficulty initiating a conversation*
- *Difficulty maintaining a conversation*
- *Reduced turn-taking in conversation*
- *Reduced awareness and /or sensitivity to the person they are talking with*
- *Difficulty perceiving personal space*
- *Reduced awareness of their different behaviours and interactions*
- *Excessive swearing*
- *Reduced tolerance – quick to express anger or yell at someone*
- *Inappropriate sexual comments or jokes*

The following cognitive impairments can contribute to social communication difficulties...

### **Attention / Concentration problems can lead to:**

- Difficulty resisting distraction during conversation
- Problems keeping track of what other people are saying
- Problems staying on topic

### **Memory problems can lead to:**

- Repeating oneself when talking
- Losing track of the conversation topic
- Mixing up instructions or messages

### **Executive functioning problems can lead to:**

- Having trouble starting conversations
- Interrupting others
- Poorly organised speech
- Excessive talking

### **Impaired social cognition can lead to:**

- Difficulty understanding sarcasm
- Poor use of feedback from others
- Difficulty taking someone else's perspective

*Social Communication after Traumatic Brain Injury (TBI):  
A Guide for Professionals – Margaret A. Struchen, Ph.D*

## What is going wrong?

Being able to modify communication according to the environment (E.g. at home, in a café, at work) and according to the person being communicated with (E.g. partner, child, employer, doctor) are key components of appropriate social communication. It is a complex skill-set and is necessary to fulfilling successful roles and relationships on a daily basis.



It is this modification that is often impaired after an acquired brain injury (particularly in traumatic brain injury), and it can have far-reaching effects. The person may experience social isolation due to difficulty establishing and maintaining friendships, difficulty finding and maintaining employment, and difficulty identifying leisure activities. It can also be extremely challenging for the family or carer, as the social changes can contribute to carer distress.

## What can be done?

There is acknowledgement that impaired social skills have far-reaching effects on community participation for a person with an acquired brain injury, and so a variety of approaches have been developed to address these difficulties.

An Australian manual called *'Improving First Impressions – A Step-by-Step Social Skills Program'* (McDonald, et al., 2008), suggests the following approaches be considered when addressing social skill deficits:

- **Behavioural techniques** – inappropriate social behaviours are targeted using direct feedback/ reinforcement. (E.g. role-plays, video feedback)
- **Group programs** – a cost effective approach which provides an opportunity for the person with the ABI to both observe and interact with peers, health professionals and other conversation partners in the one environment.
- **Homework** – to maximise the transfer of treatment, target behaviours addressed in the clinic are addressed by the family in the home.
- **Contextual relevance** – intervention is targeted in a specific environment that promotes learning opportunities, motivation and ultimately generalisation
- **Focus upon prosocial behaviour** – in addition to addressing antisocial behaviour, it aims to prepare the person for community participation (E.g. Using social skills training to practice being assertive, but not aggressive)
- **Create social opportunities** – ensuring that there are various social opportunities for the person to practice any new or emerging skills is important to maximise treatment
- **Social perception training** – the ability to “read” social cues from others, (including facial expression, tone of voice, and awareness of other points of view) is a critical part of social competence and is recommended to be included in a treatment program
- **Addressing psychological factors** – a key consideration to social skills treatment would be to consider the effect of mood, self-esteem and anxiety for the person with the brain injury.



Please refer to the factsheet titled [Cognitive – communication strategy table](#) for specific strategies in this area.