



ABIOS

Acquired Brain Injury Outreach Service

FACTSHEET: Communication

Audience: Professionals

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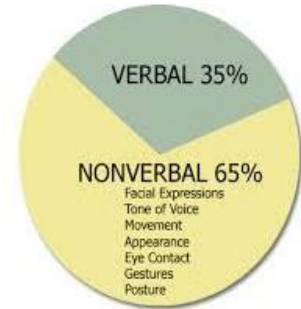
Social Communication following Acquired Brain Injury

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 a person with an acquired brain injury acts differently – and sometimes inappropriately, in social situations.

The new behaviours may be due to difficulty with:

- **Verbal (social) communication skills**, such as the words that they say or what they write; or
- **Non-verbal (social) communication skills**, such as limited eye contact, reduced body gesture, poor perception of a conversation breakdown, or reduced facial expression.

For some, it is a combination of both.



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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:

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

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 / carers, as the changes can contribute to carer distress and carer burden, and often social isolation.

What can be done?

There is acknowledgement that impaired social skills have far-reaching effects on community participation for the person with an acquired brain injury, which is demonstrated by the variety of approaches that have been developed to remediate these difficulties. Social skills' training uses behavioural approaches to increase prosocial behaviour. Family, friends and support workers play a key role, as they know the person with the brain injury well. The key health professional involved in this area is the Speech Pathologist; however other health professionals have knowledge in this area (e.g. Neuropsychologist).

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 and health professionals
- Homework – to maximise the transfer of treatment
- Contextual relevance – intervention is targeted in a specific environment
- Focus upon prosocial behaviour – in addition to addressing antisocial behaviour, it aims to prepare the person for community participation. For example, 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
- Social perception training – the ability to “read” social cues from others, (including facial expression, tone of voice, and awareness of other points of view)
- Addressing psychological factors – 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.