

# Social Difficulties Module

---

## Welcome and Module Overview

This summary review the key points discussed in the module on social difficulties following a brain injury. It includes some tasks for you to work on. This module focused on what types of social difficulties people with brain injury have, what sort of thinking difficulties cause these problems and some strategies to use at home with your family member. Using the ABC model of behaviour change, Gerry was able to learn why Sandra behaved in the way she did around other people as well as learn some strategies to help Sandra in future social situations.

## Your Checklist

Here is a list of the topics we will cover in this summary. Tick these off as you go:

1. What Social Difficulties happen after Brain Injury?
2. Why does this happen? What are the Antecedents?
  - a. Difficulties Reading Nonverbal information
  - b. Difficulty controlling own Nonverbal Communication
  - c. Difficulties with planning and organization
  - d. Slower thinking
  - e. Thinking of ideas
  - f. Memory problems
3. What Can Families do?
  - a. Strategies and Reinforcements!
4. Summary
5. Your Checklist

## 1. What Social Difficulties happen after Brain injury

People with traumatic brain injury can find social situations very difficult and uncomfortable. Some of the social difficulties that people can have include:

- Interacting in groups
- Making new friends
- Maintaining old friendships
- Maintaining relationships
- Forming new relationships
- Working with others, especially in the workplace

- Adapting communication styles in different environments

Check which ones your family member has difficulties with.

## 2. Why Does this Happen? What are the Antecedents?

### Difficulty Reading Nonverbal Cues in others

People with brain injury can have difficulty reading cues such as a person's facial expression or their body language. For example, if a person is bored of the conversation they may yawn and look at their watch. However, a person with brain injury may not be tuned to these cues and therefore keep talking without realizing that the person they are talking to wants to end the conversation.

In Gerry's example, Sandra sometimes butts in on conversations that others are having, but can't read the facial expressions of the others when they look surprised or offended.



### Difficulty Controlling Own Nonverbal Communication

Often people with brain injury have difficulty controlling their own nonverbal communication. They may speak too loud or speak in a harsh or blunt tone. Sometimes they have difficulty controlling the speed of what they say so that it all comes out in a rush. This makes it difficult for others to understand them.

In Gerry's example, Sandra can be very blunt and direct and has difficulty turn taking in conversations. She tends to go and on and on without waiting for a response from the other person.

### Difficulties with Planning and Organisation: Executive Functions

Executive functions were introduced in Module 1 and you learned about what these involved and how, when the brain is injured, damage to the regions that involve the executive functions leads to challenging behaviours. This means that people have trouble with planning and organizing themselves and their thoughts. They can often be quick or impulsive with the words that they use and with their demands.

## Slower Thinking

Because of the changes to the brain after an injury, people with brain injury might be slower in how they think through things or understand what is said. This means that they will probably have difficulty following multiple conversations, like in a group setting.

Gerry explained that Sandra often has difficulty at dinner parties. She doesn't seem to be able to follow the conversation, especially if more than one person is talking. Sandra gets frustrated when she cannot follow the conversation and feels as though no one is talking to her.

## Thinking of Conversation Ideas

Many people with brain injury have difficulty generating or thinking up topics to talk about. They tend to talk about the same things over and over again. This can be difficult as others get bored of these conversations and so avoid talking to them. Sometimes people with brain injury seem to "get stuck" on one topic and cannot move to a new topic.

Gerry told us that it becomes very difficult to talk to Sandra about anything other than the things she enjoys, such as gardening and craft. It is like Sandra does not know how to ask other people about their interests and activities. Gerry explained that, when their son's family comes over, they like to tell them about their jobs and their lives. But Sandra does not respond to that conversation by asking them questions and showing interest. Instead, she either walks away or steers the conversation back to something she has been doing.

Because of Sandra's brain injury, she has difficulty shifting her focus away from the things she likes and is used to talking about to focus on what her son or daughter-in-law is talking about.

## Memory Problems

In Module 1, you learned about the types of thinking difficulties that happen after brain injury, including memory problems. When people with TBI have difficulties with memory this can cause them to focus on things that have happened in the past that they remember well. It may also make meeting new friends difficult because they will not be part of these memories. It may also annoy old friends who do not always want to talk about the same things.

Sandra gets stuck in the past when her children were still young. She talks about them all the time as if they were still children. Most of Sandra's friends do not want to hear about this over and over, but Sandra cannot seem to shift the topic of conversation. As Sandra is unable to remember a lot of new information, it makes having conversations about recent activities very difficult for her.

## 3. What Can Families Do?

Remember, the most helpful thing families can do is change the **triggers** or **prevent** the challenging behaviours from happening. There are many ways to do this in social situations!

Changing or Preventing Antecedents (triggers):

### Practicing and Role Play

You can practice a few conversation starters with your family member using the ABC method. This means that the person can start a conversation about something beginning with the letter “A” first and if that hits a road block, then move on to the letter “B” and so on.

For example, Gerry can practice with Sandra before they go out to a friend’s house. Sandra might start a conversation about travelling around Australia, followed by asking whether the person enjoys reading Books, and then whether they have any Children.

The more someone is able to practice these skills, the more confident they will feel in using them.



### Cues for when they need help

When your family member is in a social situation and they are uncomfortable or struggling, it might be helpful to have a signal or a cue that they can give you. Agree on a cue that you both know, so that when you recognise that your family member is struggling, you can help them without causing embarrassment.

For example, Gerry and Sandra could come up with a gesture that they both know so that when Sandra is having difficulty in a social situation, such as standing too close to the person, Gerry can signal to her and she can take a step back. This cue might be as simple as putting a hand on their shoulder.

It is also important to agree on how to respond if the person is struggling. Do they want you to come up and step in if you can see that they are behaving inappropriately or saying something they shouldn’t? Or do they want help to steer the conversation when they are struggling to find things to talk about?

The goal is for the person to feel comfortable and confident, not embarrassed and awkward. But, some feedback is important so they can change their behaviour when it is becoming a problem and before it’s too late.

### Consistency is the key!

Throughout this intervention program, we have highlighted the importance of consistency. This is really important for people with brain injury. When all members of the family, as well as friends, respond in the same way, the person with brain injury is much more likely to learn the new skills or ways of responding.

This also means that family members should model appropriate communication all the time in front of the family member with brain injury. For example, when someone gives their opinion, it is useful to model a polite way of disagreeing such as saying “I see your point, but in my opinion, I think that...”, rather than “no, it’s like this...”.

### Limiting the amount of work for the brain

The injured brain has to work extra hard to process information. So, there are things that we can do to reduce the amount of work that the brain has to do. This will help reduce brain fatigue.

The sorts of things that you can do to change the environment (preventing triggers!) are:

- Reducing the amount of time spent in social situations
- Limiting the number of people at the social gathering
- Making sure your family member is well rested and well fed
- Making sure your family member does not have too many things to remember (like lots of new names)

### How to Respond (Consequences):

#### Helping to direct conversations

Helping to direct your family member’s conversation when they go off topic or start talking about the same thing over and over can be helpful. Rather than correcting them or demonstrating what they have done wrong, direct their conversation towards a new topic.

For example, Gerry could hear Sandra start talking about the kids on a holiday that happened 20 years ago. Rather than saying “Sandra, you already told us about that”, Gerry might be able to direct Sandra to talking about her lunch with her friend Julie yesterday.

Often people with brain injury have difficulty staying on track and keeping their thoughts organised. When this happens, it is helpful to gently remind them what they were talking about and encourage them to continue with the conversation. For example, when Sandra goes off topic, Gerry gently says “Sandra, you were talking about your lovely lunch yesterday, we’d love to hear more about that”.

#### Reinforcement and Rewards

When a family member with brain injury acts in an appropriate way in a social situation, giving them a reward or praise can help to reinforce the behaviour (make it more likely to happen again). This can be in the form of praising the person with brain injury for handling a tricky communication setting like a disagreement or meeting a new person. Tell them exactly what they did well so they can learn from it.

Gerry could say “I liked the way you said “is it ok if I tell you what I think”, Sandra, it was a great way to express your opinion”. Focusing on, and reinforcing, the positive behaviours can be even more effective than criticizing the challenging behaviours.

## Your Checklist

Your tasks to do following this module are:

- Review The Difficulties with Social Situations module again
- Re-read and print out this module summary (it won't take long!)
- Recognise the types problems that arise in social situations for people with brain injury
- Recognise why these problems occur: thinking difficulties
- Recognise what can be done to prevent them: changing triggers (antecedents)
- Recognise what can be done to after social difficulties: consequences
- Explore the frequently asked questions and extra resources sections on the website
- Reward yourself for completing this module.

## Summary

Congratulations on completing the Difficulties in Social Situations module. In this summary we discussed the types of problems people with brain injury can have in social situations. We also discussed why these problems can happen and what thinking problems cause them.

You learned some of the ways you can prevent or change triggers to reduce the likelihood of challenging social behaviours happening. You also learned skills on how to respond to your family member when they are in difficult social situations.