

Social Skills

Following an acquired brain injury, notably to the front area of the brain, a child may be left with several difficulties related to the social skills and rules of conversation. Some children may be disinhibited – unable to monitor whether their speech, language, or behaviour is appropriate for a given situation or time.

What you might see	What this could mean	Strategies
<ul style="list-style-type: none"> • Child may be isolated at break times. • Child may not know when to take a turn to talk/ stop talking in conversation. • Child may not maintain eye contact when talking to others. • Child may speak too loudly or too softly. • Child may say inappropriate things or use inappropriate language such as swearing, rude jokes, sexual references, irrelevant or tangential comments. • Child may not recognise when a person wishes to be left alone. 	<ul style="list-style-type: none"> • Can't maintain conversations with peers so has trouble making friends. • Can't monitor whether language is appropriate for particular people or situations. • Can't recognise verbal and non-verbal conversational and social cues. • Can't monitor own speaking voice. • Disinhibition. 	<ul style="list-style-type: none"> • Trial of a buddy system for in the playground. • Talk to peers in class about the nature of acquired brain injury. • Devise visual cues / gesture / signs to use in the classroom to alert the child to change volume of voice. • Give verbal cues for conversational rules e.g. "my turn to talk" or "your turn to listen". • Encourage participation in smaller group activities. • Use social stories – stories as a whole class exercise (stories with a message). Reinforce this message with repetition and written/pictorial examples in the classroom. • Provide clear guidelines about what's appropriate – where, when, who, and the consequences for breaching these guidelines.