



**BRAIN INJURY
ASSOCIATION
OF NEW JERSEY**

825 Georges Road, Second Floor
North Brunswick, NJ 08902
732.745.0200

www.bianj.org

Helpline: 1-800-669-4323

No Brain Injury is
Too Mild to Ignore,
or Too Severe to
Lose Hope

“Different Than Before”: Social Cognition and Judgment in Adolescents with Brain Injury

By Jessica Sweeney, MS Ed, CCC-SLP

Many adolescents who have sustained brain injuries have difficulty socializing within their normal social environments. Depending on the areas of the brain that were injured, there are potential language, social and cognitive impairments that can have profound impacts on the individual's ability to interact appropriately. The decrease in language and social judgment can have some implications on the social life of the person with a brain injury.

Adolescents with brain injury are usually aware of what is expected in social situations, but their impairments can cause a gap between knowledge and performance. They are able to describe social behaviors, and even act them out in controlled situations, such as in a one on one therapy session. The true difficulties are noted when the adolescent is expected to use these behaviors on their own, in that particular moment within a natural social situation.

When a person with a brain injury has difficulty understanding the thoughts and intentions of others, taking on different perspectives on situations and conversations, and how an individual acts and reacts to situations within his environment, they might be seen as ‘different than before’ by his friends and family. The difficulties that are present include:

- reduced social skills (e.g., eye contact)
- poor communication skills (e.g., saying exactly what they mean without filtering, reading others comments and body language)
- difficulty providing additional information (e.g., details)
- difficulty planning a comment within conversation, organizing thoughts and ideas, and delivering the response in a clear and accurate way
- difficulty in appreciating the perspectives of others, predicting outcomes, and deciphering other's intentions
- and difficulty in seeing the big picture, in bending their cognitive thinking (e.g., they are not able to flex off of their opinion to see others) and in making good decisions in the moment.

For example, some might have decreased reasoning skills causing them difficulty in assessing all aspects of situations, determining the consequences of their actions and reactions, and choosing what might be the best choice in certain situations. This can lead to what some consider promiscuous and/or out of control behavior. In reality it is a mixture of impulsive decision making, decreased regulation of behaviors, decreased reasoning and assessment skills, decreased self-monitoring, and the desire to fit back into their peer group.



BRAIN INJURY ASSOCIATION OF NEW JERSEY

825 Georges Road, Second Floor
North Brunswick, NJ 08902
732.745.0200

www.bianj.org

Helpline: 1-800-669-4323

No Brain Injury is
Too Mild to Ignore,
or Too Severe to
Lose Hope

It can be difficult for an individual with a brain injury to understand obvious and underlying meanings while the conversation or interaction is in progress. His thinking might have become more concrete and literal since the brain injury, making it difficult to see and understand information that is not completely explained within the context of the conversation. There also appears to be limited ability to process different types of information simultaneously (information processing and divided attention) causing increased pressure and stress throughout the conversation or interaction that might lead to feeling overwhelmed and unable to process and sort the information out (flooding). Sometimes the individual can appear to be having a meltdown or negative reaction because of these difficulties. The individual might not be able to hold onto certain pieces of information while he is trying to respond to other questions and pieces of information (working memory). He also might not be able to inhibit his initial responses creating a ‘foot in mouth’ situation like those that we all suffer from at one point or another in our lives.

With the weaknesses in social cognition, pragmatics (the give and take in social conversation) and language occurring together, it is difficult to come up with one strategy that will help all adolescents with brain injury to be successful in social situations. There is no single method that works best with the brain injury population. Yet certain strategies have provided success, including:

- scripting (e.g., writing out what they will say before they say it)
- social problem solving in the moment
- reviewing feelings and facial expressions
- and determining the other person’s perspective and then reviewing the scenario at a later time.

Although carryover and generalizing in a variety of different situations is difficult, especially for those with memory deficits, consistent modeling and support, both at home and in school, can help an adolescent succeed with their social interactions.

Jessica Sweeney is a Cognitive Therapist / Speech-Language Pathologist with the Neurorehabilitation Department of Children’s Specialized Hospital.