

## Tutorial: Social Competence

(See also Tutorial on [Friendship and Peer Acceptance](#))

### WHAT IS SOCIAL COMPETENCE (SOCIAL SKILLS)?

For students with and without identified disability, the ability to interact successfully with peers and adults may be the most important aspect of development in relation to outcome as an adult. Socially competent individuals generally have the following attributes: (1) They have knowledge of social rules, roles, and routines that apply in social situations that are personally relevant (e.g., school, home, recreational areas, social gatherings). (2) They interpret others' behavior and "read" others' emotional states in a generally accurate manner. (3) They react to others' emotional states and behavior in an emotionally consistent manner (empathy). (4) They want to act (i.e., intentions) and are disposed to act (i.e., habits) in a way that is generally consistent with their knowledge of social rules, roles, and routines, and with their "readings" of others and their needs. (5) They have the confidence needed to interact socially and accept the vulnerability associated with potential rejection. (6) They generally do act in a socially competent manner. The important outcomes of social competence are acceptance within relevant peer groups and friendships.

We use the term "social competence" rather than the more commonly used term "social skills" because the term "skills" often suggests that practice of certain socially positive behaviors is all that a person needs to be socially successful – to be accepted in relevant social groups and to have friends. "Skills" in this sense are certainly NOT all that is required for a person to be socially competent and have friends. For example, a person may possess the skills (behaviors), but not use them or not use them on the right occasions. Alternatively, a person may possess the skills (behaviors), but lack the ability to "read" others, correctly interpret social realities, or react in an emotionally appropriate manner, thus failing to act in a socially successful way. Similarly, a person may possess the skills (behaviors), but lack the confidence needed to enter the social "playing field" and play the social game. Finally, a person may possess the skills (behaviors), but simply not be interested in acceptance by peers or having friends.

In addition, the specific skills or behaviors associated with social competence vary from one social context to another and from one social group to another. For example, the social behaviors observed in the science club at school tend to be quite different from those observed in groups of skate boarders on the street. To be sure, there is a central set of social skills needed to be successful in school (e.g., specific interactive competencies with teachers, specific classroom behaviors, and the like) and these skills may need to be taught. However, success with friends and within peer groups varies with the values and expectations of the relevant individuals.

Social competence includes, but is not restricted to effective social communication. Non-communication components include dressing and hygiene, competence with activities that are popular within relevant social groups (e.g., video games, sports, dancing, and the like), transportation to relevant social gatherings, impulse control, cognitive skills such as effective social problem solving, reading of nonverbal cues, and the like. However, communication skills are critical. For example, the best predictors of social acceptance in the early grades are the ability to (1) enter into (ongoing) interaction (i.e., initiate), (2) maintain social interaction, and (3) resolve conflicts. As a child ages into later childhood and adolescence, other social "plays" become important, including joking, teasing and receiving teasing, complementing and receiving complements, arguing assertively but not aggressively, maintaining conversation about topics popular in relevant social groups, and the like. Although these social challenges are not necessarily negotiated with language, they usually are. Thus language and, more broadly, communication skills are critical to social competence.

## WHY IS SOCIAL COMPETENCE IMPORTANT FOR MANY STUDENTS AFTER TBI?

Social competence is important for all students because it strongly influences peer acceptance and friendship, which in turn influence school success and adult outcomes. Students with brain injury often have newly acquired social re-integration problems. These challenges may result from poor general impulse control associated with damage to the under sides of the frontal lobes of the brain. Impulsive students talk out of turn, say things that may be offensive or embarrassing, make sexually inappropriate comments, and the like. Alternatively, students with brain injury may lack initiation and seem socially unengaged (also a frontal lobe problem) – and therefore be left out by other students. Other students may have difficulty correctly “reading” and interpreting social situations, non-verbal cues, and other behaviors of their communication partners (also related to front parts of the brain), resulting in socially awkward responses.

In each of these cases, friendship and peer acceptance are threatened. Unfortunately it is common for students with acquired brain injury to lose the friends they had before the injury and to have a hard time acquiring new friends. Thus, attention to this important domain is critical to the development of social competence after TBI.

## WHAT ARE THE MAIN THEMES IN INSTRUCTION AND SUPPORT FOR STUDENTS WHO HAVE REDUCED SOCIAL COMPETENCE? (See also Tutorial on [Friendship and Peer Acceptance](#))

**What NOT To Do:** Traditionally, social skills training has included the following components: (1) An existing curriculum is used that targets skill components that may or may not be important for the student in question; (2) Skills are taught in the context of social skills groups and in a training setting, such as a classroom or clinic room; (3) The following procedures are commonly used: scripting, modeling, role playing, prompting, cuing, reinforcing. If the training is successful, the outcome is acquisition of declarative knowledge (“This is what I should do in this situation”) and procedural knowledge (“This is how I do it”) of specific social behaviors or skills. These approaches have a poor track record in the research literature, with most populations of students who have been taught with these approaches gaining little of practical value from this type of training.

The declarative and procedural knowledge trained in traditional social skills groups is often already possessed by students with acquired brain injury. Their problem is actually USING their knowledge when they act – acting on what they know – rather than lack of knowledge. Furthermore, they tend to have difficulty generalizing from the setting in which they acquire a skill to the settings and contexts in which they need to implement the skill. As a result, it is reasonable to conclude that traditional out-of-real-social-context social skills training would be even less effective for students who retain pretraumatically acquired declarative and procedural knowledge of social rules, roles, and routines, but have difficulty applying that knowledge without support in social situations.

**What To Do:** The following components of intervention and support are particularly important for children and adolescents with social interaction difficulties after brain injury:

**1. Competent Social Partners:** Critical to social success is having knowledgeable, understanding, and competent communication partners who therefore do not misinterpret and react punitively to neurologically based awkward behaviors that result from impulsiveness, failure to initiate, misreading of social cues, anxiety, and the like. Therefore, education and training for everyday communication partners, including peers, family members, and school staff, may be critical to social success.

**2. Selection of Socially Important Skills:** It is important for the student to practice and be coached on those specific and personally important skills that make a difference in real social contexts.

**3. Scripting:** When students have significant problems with social interaction, it may be useful to create specific scripts for specific situations. These scripts should be negotiated so that the student is adequately comfortable with the script. The interactive script can then be videotaped for the student to view repeatedly as part of a process of making the script automatic. For students with an interest in sports, these scripts can be called “plays” and viewing them can be labeled, “watching the game films to learn the plays.”

**4. Context-Sensitive Practice:** Students may need extensive practice of social behaviors in the specific situations in which they are required, with satisfying natural and logical consequences for successful performance. A natural and logical consequence for effective social behavior is, for example, maintenance of a satisfying social interaction, not a sticker, praise from a teacher, or other consequence not logically related to the social behavior.

**5. Situational Coaching:** Situational coaching in real social situations includes advance cues (presetting) prior to potentially problematic interactions.

**6. Training in Social Perception:** Students with brain injury often need focused situational training specifically designed to improve their social perception and the ability to interpret – to “read” – the behavior of others. In cases of extreme social perception impairment, the student may need to be trained to say things like, “Let me be sure I’m understanding you correctly.”

**7. Training in Self-Monitoring:** Students with brain injury often need situational training focused on improving self-monitoring of stress levels. These students may need to gain confidence and comfort in removing themselves from stressful situations as needed.

**8. G-O-P-D-R Orientation:** Staff and family should apply the general Goal-Obstacle-Plan-Do-Review format to social interaction so that the students understand that the goal is their social success, not “social appropriateness” understood abstractly as some authority figure’s goal. **[See Tutorial on Self-Regulation Routines]**

**9. Counseling:** Some students with brain injury may benefit from counseling specifically designed to help them develop a personally compelling sense of self that includes positive social interaction as a component.

To overcome the resistance that many students with TBI experience when faced with this effort, we often frame their relearning process as a “Project” that will result in insights and perhaps in a product that can help other students. Thus, the student with brain injury is engaged as a collaborator in a helping project, while at the same time addressing social issues of personal concern.

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