



Intensive Interaction

www.intensiveinteraction.org



The Intensive Interaction Newsletter

Issue: 61 October 2017

Brief Points & Notices

The II Resource Corner, Woody Point School



Madonna Jensen (pictured below) is the II Coordinator at Woody Point School, Queensland. She has set up an Intensive Interaction resource corner in the staff common room, and staff members can sign out books and DVDs!



Have you got an Intensive Interaction resource corner?

LYPFT Library Service: Intensive Interaction Archive.

This library resource is a collaboration between the Intensive Interaction Institute and the Leeds & York Partnership NHS Trust.

It aims to provide comprehensive lists of materials on topics relating to Intensive Interaction, and contains details of Intensive Interaction books, chapters, web resources and journal articles (some downloadable). It is available at:

<http://www.protopage.com/iiarchive#Journals>

New Intensive Interaction book by Routledge:

'Integrating Intensive Interaction'

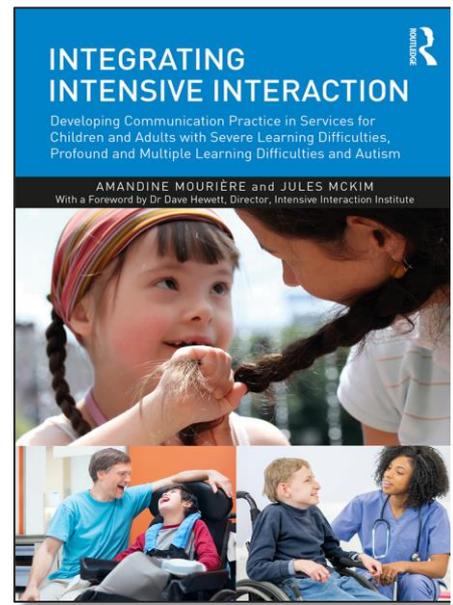
New Intensive Interaction book!

Integrating Intensive Interaction:

Developing Communication Practice in Services for Children and Adults with Severe Learning Difficulties, Profound and Multiple Learning Difficulties and Autism

This new book has just been released by Routledge and is available through the Intensive Interaction Institute website. Edited by Amandine Mourière and Jules McKim, this book contains nine practitioner accounts of using Intensive Interaction across a range of different organisations and working contexts.

All nine authors met on the Intensive Interaction Institute's Coordinator course and their chapters outline their journeys through the course: fine-tuning their Intensive Interaction practice, meeting their case study person and their progress with that person and their on-going mission to develop and establish Intensive Interaction provision within their workplace and organisations.



Several of these authors will be speaking at this year's UK Intensive Interaction Conference being held in Leeds on Thursday 9th November (Full details on the back page).

The book is available through:

www.intensiveinteraction.org

www.amazon.co.uk

www.routledge.com

'An Important Quote':

'I had the opportunity to work with a young man using Intensive Interaction as an assistant psychologist. I was stunned by the effect that the approach had on him, and amazed at the possibilities for building meaningful relationships with people with profound and multiple learning disabilities, something I had not previously thought possible.'

Anna Bodicoat (2013) in unpublished D.Clin research thesis

Using Intensive Interaction with People who have Language

(Guide document developed by the Leeds Intensive Interaction Regional Support Group)

The development of sociability and social communication is vitally important for people with a communication and/or social impairment. Any Intensive Interaction type social engagement which uses symbolic language with people with some level of language comprehension should therefore be characterised by Nind's 5 key elements*:

1. *The creation of mutual pleasure and interactive games: being together with the purpose of enjoying each other*
2. *Staff adjusting their interpersonal behaviours in order to become more engaging & meaningful for the person*
3. *Interactions flowing naturally in time: with pauses, repetitions and blended rhythms*
4. *The attribution of intentionality: responding to someone's behaviours as if they were communicatively significant*
5. *The use of contingent responding: following a person's lead and sharing control of the activity*

Also, when using language with someone is Intensive interaction:

- When language is made available alongside the non-verbal 'Fundamentals of Communication' (FoCs) e.g. sharing personal space, adapting vocal intonation, using sociable physical contact, eye contact and facial expressions.
- When any such engagement follows the person's lead, has a natural flow, and is done without having any predetermined objectives in mind.
- When an engagement is about establishing social routines with the aim of creating 'mutual pleasure' e.g. making a joke, using humour, or somehow having fun together e.g. with familiar music and/or songs (*although creating 'mutual pleasure' does not make it Intensive Interaction on its own!*)
- When the language used is responsive, within the individual's understanding, allows sufficient time for processing, and can be developed into a turn-taking 'conversation' of some description.
- When it's 'vocal echoing' or using similar language to the person (e.g. going with scripts, echolalia or repetitive language), but sometimes when appropriate, adapting or offering novel variations to the language use.
- When any such engagement is using playful, rhythmical or even 'larger than life' language that might not have evident symbolic meaning, but does have clear social value.
- When no demands are made of the person to respond, or in any way act differently e.g. when using a running commentary on the person's activity or aspects of their environment.
- When the language used is 'person-centred' and context-led, joining in with the person's current interests or activity thus supporting their participation ... and always trying to finish on a positive!

When using language with someone is not Intensive Interaction:

- When the language used is somehow directing (i.e. giving commands or instructions), or making demands on the person with a predetermined agenda or outcome in mind.
- When the person is led rather than followed or responded to, or when the language used isn't related to what's engaging the person at the time.
- When the language is used to ask a question (open, closed or rhetorical) with an expectation of some response.
- When the language used is just giving information, or when it is just talking at or over the person, or even just reading out-loud to the person, making them just an 'audience' to the language used.
- When the language use is over stimulating or in some way causing distress to the person.
- When the other non-symbolic 'Fundamentals of Communication' aren't simultaneously being used i.e. the exchange is just with words without also employing the other sociable FoCs.

*Nind, M. (1996) 'Efficacy of Intensive Interaction; Developing sociability and communication in people with severe and complex learning difficulties using an approach based on caregiver-infant interaction', *European Journal of Special Educational Needs*, 11(1), 48-66.

Intensive Interaction: current UK government guidelines

Intensive Interaction is specifically identified by the **Department of Health** as an approach for facilitating the social inclusion of people with severe or profound learning disabilities.

Valuing People Now: a new three year strategy for people with learning disabilities (DoH, 2009) *Chapter 1: Including everyone* - Intensive Interaction is identified as an approach for '... facilitating meaningful two-way communication' for people with complex needs (p.37) and specifically in '*Intensive Interaction: developing meaningful two-way communication*' (p.38).



Intensive Interaction also fits with these **National Institute of Health & Care Excellence (NICE) Guidelines:**

The management & support of children & young people on the autism spectrum [CG170]

Psychosocial interventions [1.3.1., p.19-20]: Consider a specific social-communication intervention for the core features of autism ... that includes play-based strategies with parents, carers and teachers to increase joint attention, engagement and reciprocal communication in the child or young person. Strategies should:

- be adjusted to the child or young person's developmental level.
- aim to increase the parents', carers', teachers' or peers' understanding of, and sensitivity and responsiveness to, the child or young person's patterns of communication and interaction.
- include techniques of therapist modelling and video-interaction feedback.
- include techniques to expand the child or young person's communication, interactive play and social routines.

Autism spectrum disorder in adults: diagnosis and management [CG142]

Psychosocial interventions for the core symptoms of autism [1.4.1.]: For adults with autism ... with a mild to moderate learning disability, who have identified problems with social interaction, consider ... an individually delivered social learning programme for people who find group-based activities difficult (p.24).



Intensive Interaction also fits with current **NICE Guidelines** as an intervention for supporting people with learning disabilities whose behaviour is challenging:

Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges [NG11]

Identify ... strategies to help them develop an alternative behaviour to achieve the function of the behaviour that challenges by developing a new skill (for example, improved communication, emotional regulation or social interaction).

[p.19 - *Staff training, supervision and support* & p.29 - *Behaviour Support Plans*]



Intensive Interaction also fits with current **NICE Guidelines** as an intervention for supporting people with learning disabilities who are suffering from mental health problems:

Mental health problems in people with learning disabilities: prevention, assessment and management [NG54]

Communication [1.3.1.]: Use different methods and formats for communication ... depending on the person's preferences (p.9).

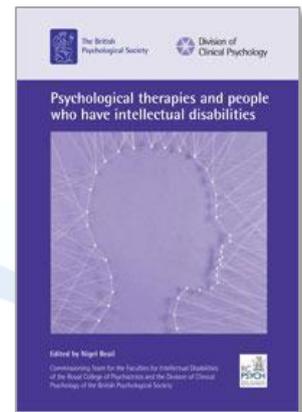
Psychological interventions [1.9.9.]: Focus on developing communication and social functioning skills (p.22).

'Psychological therapies and people who have intellectual disabilities'

(RCP/BPS, 2015)

Edited by Professor Nigel Beail

The three extracts below directly reference Intensive Interaction and are taken from this collaborative report which was completed as a joint piece of work for the *Faculties for Intellectual Disabilities* of the **Royal College of Psychiatrists** and the *Division of Clinical Psychology* of the **British Psychological Society**. The purpose of this report is: 'to inform professionals, managers, commissioners, carers and service users as to what is available, what intervention may best help with, and what the likely outcomes are'.



Chapter 7: Solution-Focused Brief Therapy (SFBT)

Helen F. Lloyd, Alasdair Macdonald & Lauren Wilson (p.88).

'Case studies of direct SFBT work with those people with ID with little or no language are emerging. Bliss (2012) describes using SFBT principles with 'Beth', a resident in a home for people with Autism Spectrum Disorder. She self-injured, engaged in flicking, rocking, screaming and playing with saliva. As 'Beth' did not speak, staff voiced the preferred future for 'Beth' and gave examples of times when she responded positively. Exception-seeking was combined with behavioural observations of 'exceptions' and Intensive Interaction techniques as described by Firth (2006)'.

(Ref: Firth, G. (2006) 'Intensive Interaction – a research review'. *Mental Health and Learning Disabilities Research and Practice*, 3(1), 53-58).

Chapter 9: Group Interventions

Rowena Rossiter, Celia Heneage, Nicky Gregory & Layla Williams (with thanks to Paul Willner & John Rose) (p.118).

'There are published case examples of group work, such as Leaning & Watson (2006) ... who describe group therapy with people who have ID.'

(Ref: Leaning, B. & Watson, T. (2006) 'From the inside looking out: an Intensive Interaction group for people with profound and multiple disabilities'. *British Journal Learning Disabilities*, 34, 103-109).

Chapter 10: Art, Drama and Music Therapies

Simon Hackett, Kate Rothwell, & Chris Lyle (p. 132).

'Art psychotherapists working with people who have ID often use a flexible, adapted and individualised approach in their work. When working with people who have limited verbal communication, adaptation can include using picture symbols and other communication aids within the therapy. Additional communicative techniques such as Intensive Interaction may also be used'.

The use of Intensive Interaction with people with severe-profound intellectual disability

Weedle, S. (2016) *Learning Disability Practice*, 19(9), 27-34.

This paper reviewed the academic and research literature focusing on studies of Intensive Interaction with people with a severe-profound intellectual disability. The literature search produced 18 relevant peer-reviewed papers (6 quantitative, 6 mixed methods and 4 qualitative) 16 from the UK, 1 from Australia and 1 from a study in Romania. All the studies had small sample sizes, the largest being 18.

A thematic analysis of the papers was carried out, and four main themes emerged:

- social engagement
- the effect of Intensive Interaction on people with intellectual disability
- the effect of Intensive Interaction on practitioners
- barriers to implementation.

Social engagement: this theme focused on an individual's social engagement with the person implementing the intervention. The literature suggested that Intensive Interaction is most suitable for people who are in some way socially isolated or withdrawn, this being because Intensive Interaction is effective in enhancing social engagement. It was found across a number of papers that there was a clear increase in sociability compared with measurements at 'baseline'. The studies used behavioural indicators to demonstrate increased social engagement; with these indicators including eye contact, engagement in mutual activity, body orientation, and proximity to partner, etc.

Four studies measured progress in communication development. These studies found that participants initiated communications more effectively. There was also an increase in vocalisations during sessions, which could be viewed as increased attempts at communication. Following Intensive Interaction there was also a reduction in self-stimulation and active avoidant behaviours, and also behaviours such as hand biting, rocking and head banging, which were considered to be barriers to social interaction.

Effects on people with intellectual disability: taking part in Intensive Interaction was seen as enjoyable and satisfying for clients, and as a more proactive and empowering approach. The effects reported for people with intellectual disability included increased client-initiated social activity, increased smiling, emotional valence, and a greater sense of well-being. There was also evidence of a decrease in distress i.e. reduced levels distress and self-harm among children. Similarly, it was seen that the person with an intellectual disability developed a greater 'sense of self' by learning that, through Intensive Interaction, they could affect their own environment.

Effects on practitioners: the importance of recognising that Intensive Interaction involves both the client and practitioner in a mutually communicative relationship was noted. Staff experienced increased job satisfaction due to an enhanced connection with the person they were supporting. Also the staff team felt an increased sense of team cohesion and empowerment, with staff feeling more capable of demonstrating that they cared, noting they felt Intensive Interaction gave them more 'permission' to touch or spend time with their client.

It was also noted that there was a greater sense of connection between staff and clients, with 32.5% finding relationship development a significant benefit of Intensive Interaction. This relationship development was evidenced in increased reciprocal interactions with clients, which also increased the motivation of staff.

There were however some practitioners' concerns, particularly male practitioners being worried about issues of touch with female service users, including concerns about sexual assault allegations. This left some staff members unwilling to work physically close to clients, noting that it made them feel uncomfortable.

Barriers to implementing: there were reports of some environmental constraints which made the use of Intensive Interaction more challenging i.e. time constraints, staff shortages, and pressurised environments. Some practitioners were reported as having initial doubts about Intensive Interaction because they did not anticipate the positive outcomes: however, after they witnessed positive effects the resistance was overcome.

Conclusion: this review provides an improved understanding of the benefits and limitations of using Intensive Interaction. Overall Intensive Interaction was seen to increase a clients' social engagement, strengthen their relationships and positively affect their overall well-being. However there are still some barriers, particularly concerning initial resistance from staff teams.

This paper was kindly summarised by Ella Goodworth a psychology placement student from the University of Leeds

UK Intensive Interaction Conference 2017:

'Developing Good Practice, Developing Good Practitioners'

Thursday 9th November 2017 at the Met Hotel, Leeds.

Chaired by **Amandine Mourière** (Intensive Interaction Institute Associate), the 2017 UK Intensive Interaction Conference at the Met Hotel in Leeds will focus on identifying and developing good Intensive Interaction practices across a range of educational and care contexts.

The conference presentations, provided by a range of experienced Intensive Interaction practitioners and coordinators, will include:

- **Graham Firth**, Intensive Interaction Project Leader, LYPFT: *'Decision making in Intensive Interaction practice: a research report'*.
- **Cath Brockie**, Service Provider & Intensive Interaction Coordinator, Corran Support Services: *'Developing an Intensive Interaction led organisation: how to make it happen!'*
- **Lucy Golder**, teacher & Intensive Interaction Coordinator, Brimble Hill School, Swindon: *'Developing and embedding Intensive Interaction within our school: the ever evolving journey'*.
- **Ben Smith**, Team Leader & Intensive Interaction Coordinator, W. Wales Specialist Behavioural Team: *'Developing Intensive Interaction best practice with a dual specialist health role'*.
- **Lynnette Menzies**, SLT & Intensive Interaction Institute Associate: *'Developing Intensive Interaction best practice across a variety of children's services, homes and education settings'*.
- **Julia Barnes**, teacher & sensory manager, Ravenscliffe School, Halifax: *'Intensive Interaction & Touch: the human significance of the classroom'*.

There will also be 3 'Afternoon Workshops' looking to share practical ideas on how to sustain Intensive Interaction best practices across different settings and contexts:

A - Developing best Intensive Interaction practices in schools or educational services

B - Developing best Intensive Interaction practices in residential or respite services

C - Developing best Intensive Interaction practices at home

The delegate fee for the conference is **£150** (including all learning materials, lunch & refreshments). There is also a 'group booking rate' of 5 places for £600 (saving £150), with a discounted parent/student rate of £100.

To book a place at this year's conference (facilitated by the **Andrew Sims Centre**), go to:

<http://www.andrewsimscentre.nhs.uk/events/681/13th-annual-intensive-interaction-conference/>

email: andrewsimscentre.lypft@nhs.net or phone **0113 85 55638**.



The Met Hotel, Leeds

To get your own copy of this newsletter contact the editors:

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