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Intensive Interaction

www.intensiveinteraction.org

The Intensive Interaction Newsletter

Issue: 60 August 2017

Brief Points & Notices

International 'Intensive Interaction Week' 2017

Building on the success of 2016 we have decided to do it all again! So, this year's 'Intensive Interaction Week' is:

Monday October 9th

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Sunday October 15th

... and let's make it even bigger and better than before!

Please share your plans at the 'Intensive Interaction Users' Facebook group at: https://www.facebook.com/groups/13657123715/

and also let me know at graham.firth@nhs.net so I can put your event in the 'Intensive Interaction Week' brochure.

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Intensive Interaction for people with Autism

29th September - QEII School, London, W9 3LG

This day focuses on the central effects of autism, enabling delegates to develop practical techniques to communicate and connect. Places are £100.

For more information contact:

Helen Janes on:

07778 178346

or by email at:

events.made.easy@ntlworld.com

www.IntensiveInteraction.org

... the new Intensive Interaction Institute website goes live!

The new 'official' website of the ***Intensive Interaction Institute*** is now live! You can view the new website at:

www.IntensiveInteraction.org

Currently being further developed (by Ian Harris of *Black Swan Technologies*) we would like feedback on all the websites features, scope and functionality.

We also want the new website to quickly gain the 'Number 1' status in search engine rankings (i.e. its Google ranking), so please visit the site as often as possible over the next few weeks.

You can also sign up to the Intensive Interaction Institute 'mailing list' to receive regular updates on upcoming Intensive Interaction events, training courses, conferences, and other Intensive Interaction services and resources (including this Newsletter).

We are also looking to add features on:

- I.I. Web based services
- International pages on Intensive Interaction across different countries
- More on the increasing range of I.I. publications and research
- More on the I.I. Regional Support Groups
- and other features as they become necessary or are suggested.

Please let us know what you think!

The new multi-platform 'II.org' website

We at the ***Intensive Interaction Institute*** would like to extend our genuine gratitude to Jon Irvine at Designation Ltd for setting up and running the I.I.co.uk site so successfully, for so long!

A new Intensive Interaction 'Blog':

Graham Firth has started to write a new weekly blog focusing on a range of Intensive Interaction and other related issues. You can view this blog at:

https://www.blogger.com/blogger.g?blogID=5211472751896394867#editor/target=post;postID=7584314430414131868

Published by: the *Learning Disability Psychology Services* of the **Leeds & York Partnership NHS Foundation Trust** in association with **Oxford Health NHS Foundation Trust** and the **Intensive Interaction Institute.**

An Autistic Critical Reflection on the Dual Action Process Model of Intensive Interaction

Dr Damian E M Milton - London South Bank University, University of Birmingham, National Autistic Society.

When reviewing common assumptions in the theory and resultant practice models associated with the support of autistic people, the goals of intervention are more often than not framed within a comparison to 'typical' development in terms of observed behaviours exhibited. In my own work, I have often argued against such ways of viewing the purposes of intervention (Milton, 2014a), and I am not alone within the autistic community in that respect (Milton, 2016). In the words of the late and truly great Donna Williams:

> *"...right from the start, from the time someone came up with the word 'autism', the condition has been judged from the outside, by its appearances, and not from the inside according to how it is experienced."* (Williams, 1996: 14)

For many autistic people following a viewpoint more akin to the 'neurodiversity paradigm' (Walker, 2014), autism should be seen as part of natural diversity, a way of being in the world to be recognised, accepted and celebrated. A way of being that is not without its embodied challenges, nor without affects on social status and the discriminatory perceptions of others as to one's social value.

When researching the ideology of various 'stakeholders' in regard to educational practice with autistic children and young people (Milton, 2016), the dominant view among non-autistic parents in my sample was akin to approaches such as 'Positive Behaviour Support' (PBS), with issues such as building 'functional communication' and 'social skills' seen as key priorities, and yet they were also against 'normalising' their children. A common reason such an approach was adopted was to try to build 'resilience' in their children in the face of an unforgiving world. Yet, underlying this view was that autistic ways of being need to be accepted, even if one intends to teach 'coping strategies' from a non-autistic outlook, and whether this is found helpful or not in practice for the autistic person. The dominant view amongst autistic adults (including autistic parents, academics and practitioners) in my sample was a mixture of more progressive approaches based on pupil-led activities and mutually respectful interaction, and a more radical person-centred critical pedagogy. The non-autistic academics and practitioners I sampled had a less cohesive view as a group (perhaps practitioner disciplines may have shown a more distinct pattern though with a wider sample), and more eclectic in terms of influences between the dominant views previously mentioned.

Firth (2008) distinguished between two common trends in the theory and practice of Intensive Interaction, a 'Social Inclusion Process Model' where the primary aim was to inclusively respond to the communication of a person with a learning disability, however expressed, and a 'Developmental Process Model' where the primary aim is the progress toward developmental goals. When one compares these approaches to Intensive Interaction, one can see an overlap with the goals of intervention that I previously mentioned, with autistic people likely to favour the social inclusion model and non-autistic parents valuing the developmental process model. Interestingly, Firth (2008) suggests a 'Dual Aspect Process Model' taking into account both aspects (showing an overlap with the practitioner focus I found in my sample). Firth (2008) argues for moving beyond a constructivist approach to communication development, with an apprenticeship-like relationship of support guided by a 'more experienced' communication partner, to the use of socio-cultural theories that frame learning as a tacit process of acquisition within a 'community of practice'. In this model, communities of practice are ongoing collective endeavours, where knowledge is formed through shared experience. Much of my own work champions a similar approach (Milton, 2014b, 2016), yet, for me this requires a level of mutuality which is lost when one idealises normative ways of communicating and interacting. If people with an autistic way of being are to be truly included in communities of practice, comparisons with 'typical' peers and developmental 'stages', is not always going to be very helpful.

My own version of Intensive Interaction would hold many similarities to that outlined by Firth (2008), but with a strong weighting toward concerns of social inclusion and mutuality. Whilst access to communities of practice can improve the opportunities and abilities for autistic people to learn from non-autistic people and build interactional expertise (Milton, 2014b), it is also true that non-autistic people can learn to better interact and communicate with autistic people. When one puts one's assumptions and expectations to one side, one may be more able to build a better 'theory of autistic mind' (Milton, 2012). This approach could be said to be exemplified by Phoebe Caldwell, who said in a presentation I attended that: "*every person I work with, I see myself as a beginner*." It is this humility and willingness to learn from one another, which is key to progress in building understanding for all concerned.

Dr Damian E M Milton

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Intensive Interaction and Challenging Behaviour – A case study

The following is a case study of a female client, Jane, who has a diagnosis of severe learning disabilities, autism and associated communication difficulties. Jane is non-verbal and communicates through objects of reference, body language and challenging behaviour, in the form of self-injurious behaviour (SIB) or aggression to others. Some of the challenging behaviours include banging her head, biting and scratching areas of her body, hitting, biting and hair pulling and/or head butting others. A pattern emerged over time where the reduction in one form of self-injurious behaviour was often replaced by other high risk behaviours (e.g. acrobatics). Jane experiences periods of extremely distressed and unsettled behaviour - defined as amber and red arousal states. These periods last from a few hours to a couple of days, followed by periods of time when she is settled.

At times over the last twelve years these periods would sustain for up to several months, with little respite from her distress. Numerous investigations into possible underlying health issues were undertaken but no problems were ever identified which would explain the situation. The close supervision often needed to support Jane in all her activities e.g. personal care, eating and drinking, and bathing after frequent smearing behaviour meant that she experienced regular demands throughout the day, that resulted in challenging behaviour that subsequently reduced the opportunities for positive staff interactions.

Despite these challenging episodes, Jane is still very sociable, and one of her strengths is her ability to develop close and lasting relationships with co-workers. Close contact with and support from co-workers is extremely important to Jane but during extended periods of challenging behaviour these relationships came under severe stress. Despite these challenges, the whole team of co-workers would persevere in working with her, and try to work out why Jane was feeling so distressed.

In June 2015, Jane's presentation suddenly deteriorated, where she exhibited high levels of self-injurious behaviour (biting herself and banging her head on hard surfaces) and aggression directed to others. Due to the high frequency and severity of presented behaviours she was referred to the Learning Disability Team and Intensive Support Team. Both teams carried out extensive work (functional assessment of challenging behaviour including observation, staff systematic sessions, communication assessment and medical investigations, including dental treatment, blood test undertaken under general anaesthetic) to find causes of this sudden change of behaviour. No new information about the causes or functions of Jane's stressed behaviours was identified during this process, although it was already understood that her stress was linked to communication needs, attention and interaction.

New strategies were implemented by the positive support co-ordinator and team at the home to reduce the level of Jane's anxiety such as: a small circle of support (only a few co-workers were supporting Jane), changes in the environment (she moved from the main building which she shared with 5 other service users, to an annex in the garden). In addition, medical interventions (Olanzapine) were applied. These new strategies reduced the self-injurious behaviour, but aggression directed to others remained on the same level.

The change of living area for Jane was accompanied by a reduction in the SIB as she was able to spend time away from noisy and unpredictable environments, but her stress remained high whenever she saw non-preferred co-workers.

During this period, work was also done by the teams to identify the key characteristics of the co-workers that Jane would accept, which included a calm, quiet demeanour and an ability to support her at her own pace and without a perception of demands. Being highly responsive and supporting Jane to take the lead proved a successful approach when carried out by this small team, and challenging behaviours gradually reduced.

In May 2016, co-workers received extensive Intensive Interaction training from Southern Health NHS Foundation Trust. The aim of the training was to encourage staff to interact at an appropriate developmental level for Jane, and to demonstrate to her that interactions are not all demands-based, and provide her with opportunities to learn fundamental communication skills and enjoy her time with others.

After the Intensive Interaction training, there were three scheduled follow-up meetings where co-workers were able to reflect and discuss what was working. Intensive Interaction session recording forms and videos of Jane and co-workers were available for review and discussion, where different Intensive Interactions techniques were discussed.

During the second meeting in December 2016, co-workers reported that interactions with Jane were 'amazing' and Jane was seeking out more face to face contact and interactions. At this time Jane was still supported by a small core team of female co-workers with whom she had close and trusting relationships, but would also by now seek out and accept support from less preferred co-workers in the wider team. The last follow-up meeting took place in February 2017, where co-workers again shared their experiences and how they felt about the interactions. Here are a few quotes from the session and Intensive interaction session recording forms:

'I am happy that Jane and I had a good session … that Jane led the session. Really happy and proud that Jane was laughing and looked so relaxed' *Katy*

'Staff were happy as she allowed them to interact with her … even for the staff she targets.' *Maria*

'I felt happy seeing her calm and change in her behaviour' *Lorraine*

Since co-workers have been using the Intensive Interactions approach, Jane has learned that interactions do not have to be based on demands and she has gained control over interactions and to a lesser extent, the environment. Currently she presents herself in a calm and settled mood with occasional days where she is more anxious, but the level of challenging behaviour directed at others is much less frequent and severe.

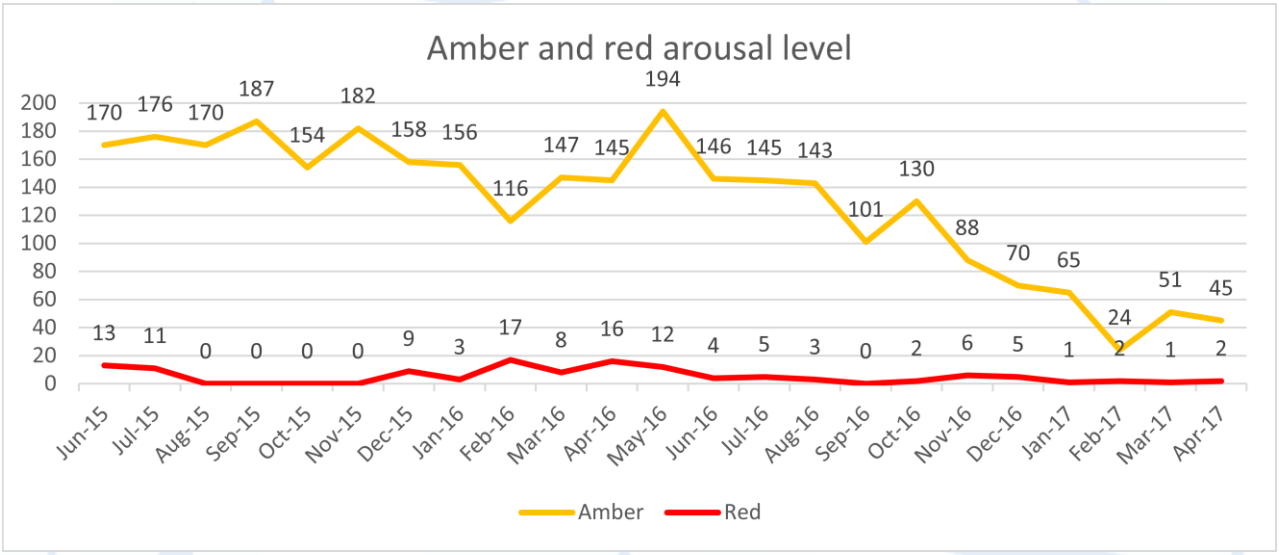

Figure 1: Jane's arousal level from June 2015 to April 2017. **Amber arousal level**- unsettled, anxious not able participate in offered activities, **red arousal level**- distressed, highly anxious.

Katarzyna Kowalska

Positive Support Coordinator

The small circle of co-workers, who worked with Jane over last 18 months.

From left: Alex, Emma, Katy, Zoe, Lorraine (behind), Diana, Maria and Emma B (not in the picture)

LIAISE LODDON
Celebrating the positive

Jacob's journey: developing sociability and communication in a young boy with severe and complex learning disabilities using the Intensive Interaction teaching approach.

Dr Mary Kellett (2003) Journal of Research in Special Educational Needs, 3(1), 18–34.

This paper reported on the use of Intensive Interaction with Jacob, an 8 year old boy with severe learning difficulties (he was pre-verbal), epilepsy and physical impairments. Jacob was unable to weight-bear or sit for long periods, and would often become distressed and self-injure e.g. banging his head or elbow. He was reported to spend most of his time in social isolation, engaged in various forms of stereotyped activity.

Methodology: a multiple baseline interrupted time series methodology was used, with 6 children (across 3 special schools) given different baseline and staggered intervention phase starts. Video data was gathered alongside 2 assessment schedules. Jacob was filmed over a 5 week baseline and a 42 week intervention phase, and various social behaviours were coded. Also a teacher's log was kept alongside sessional I.I. reflection sheets.

The Intensive Interaction sessions: a teaching assistant, Emma, volunteered to work with Jacob with the support of the class teacher. Initially Emma struggled to gain Jacob's attention, so she started to work with Jacob out of his wheelchair. She sat Jacob face-to-face on her knee, and responded to any of his actions (even burps & sneezes) with an imitation or a positive comment. Jacob continued to engage in his rocking activity when on Emma's knee, but she turned it into a game: rocking rhythmically with him and singing 'Row, row, row the boat.' Jacob loved this, and smiled in response, and soon Jacob was initiating the game. Other games were introduced e.g. the teasing rhyme '*if you see the crocodile …*, with Emma and Jacob both 'screaming' together. Over time Jacob became more interactive, scrutinising her face, engaging in eye contact and, on occasions, even stroking her hand or face.

The findings:

- During baseline the incidence of Jacob not interacting averaged 82.9%, but there was an immediate and substantial change once I.I. sessions began i.e. the average incidence of no interactive behaviours fell to 11.6%.
- As soon as the Intensive Interaction started Jacob began to look at or towards Emma's face, with a surge to 75.7% incidence after week 1 of the I.I. sessions. There was also a second surge to 85% at week 26, after an 11 week gap in the I.I when Emma was ill*. Despite this setback the average incidence of looking at or towards Emma's face went from 8.4% at baseline, to 48% in the intervention phase.
- Another early and sustained development was the ability to attend to a joint focus, with this increasing from an average of 3.7% at baseline to an average of 65.5% during the Intensive Interaction.
- Two other behaviours emerged: eye contact and social physical contact e.g. the touching of a hand or a hug, with both these behaviours being completely absent from Jacob's communicative repertoire before the onset of I.I.
- Jacob's engagement (i.e. a state when Jacob was completely absorbed in his interaction with Emma) showed average incidence figures of 46.4% during the intervention phase compared with 2.6% at baseline.

Observation data from the video was triangulated by the two assessment schedules: Kiernan & Reid's *Pre-Verbal Communication Assessment Schedule* and Brazelton's *Cuddliness Scale* – these schedules showed no progress in the five weeks of baseline. Jacob was able to achieve 14.3% of the pre-verbal communication descriptors during baseline, but at the end of the study this figure had risen to 56.6%.

Jacob's baseline scores on the Brazelton's Cuddliness Scale (a measure of physical sociability) showed him as responding passively to social physical contact - '*neither actively resisting nor participating*'. But after 5 weeks of Intensive Interaction, this had moved up to point 5 on the scale - '*usually relaxes and moulds when first held*'. At the end Jacob progressed even further where he, himself, was initiating the social physical contact.

Staff and researcher observations: Discussions with staff showed unanimous acknowledgement of the immense progress Jacob had made since starting out on his Intensive Interaction journey: his self-injurious behaviours had all but vanished; his stereotypical behaviours had greatly reduced; he was much more alert and aware of his peers and environment; he was able to participate in group activities.

Staff also thought that Jacob had become much happier. He had progressed from being a 'hard to reach' child, who spent the majority of his time in self-injurious stereotypy, to a happy, socially interactive child who could participate in joint activities, engage in purposeful social interaction and was beginning to use some formal communication skills.

*(*unfortunately Emma was off work for 3 months, and the effects of this are referred to in the analysis of the data).*

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 Met Hotel, Leeds

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 I.I. led organisation: how to make it happen!*'
- **Lucy Golder**, teacher & Intensive Interaction Coordinator, Brimble Hill School, Swindon: '*Developing and embedding II within our school: the ever evolving journey'.*
- **Ben Smith**, Team Leader& II Coordinator, W. Wales Specialist Behavioural Team: *'Developing I.I. Best Practice with a dual specialist health role'.*
- **Lynnette Menzies**, SLT & Intensive Interaction Institute Associate: *'Developing II best practice across a variety of children's services, homes and education settings'.*
- **Julia Barnes**, teacher & sensory manager, Ravenscliffe School, Halifax: '*I.I. & Touch: the human significance of the classroom'.*

There will also be 3 'Afternoon Workshops' looking to share practical ideas on how to sustain II 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 I.I. 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**.

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

Graham Firth at graham.firth@nhs.net or **Jules McKim** at j.mckim@nhs.net

The now standard 2 figure Intensive Interaction 'logo' used in this newsletter is acknowledged as the original work of **Somerset Total Communications**.

Any views or opinions expressed in this newsletter are not necessarily those of the **Leeds & York Partnership NHS Foundation Trust**, **Southern Health NHS Foundation Trust** or the **Intensive Interaction Institute.**