The Advancing Healthcare Award: for outstanding achievement by an AHP or healthcare science support worker or technician 2016

Finalist: Rachel Harris, communication development officer (nominated by Catherine Smith, SLT, Abertawe BroMorgannwg University Health Board) for: ‘Sharing Connections Beyond Words’ – a study looking at the use of Intensive Interaction in adults with learning disabilities and dementia.

The Advancing Healthcare Awards ... 'recognise and reward projects and professionals that lead innovative healthcare practice and make a real difference to patients' lives... and cover all these professional and specialists groups whose achievements so often go unnoticed'.

I.I. Facebook Group News
‘Intensive Interaction Users’
https://www.facebook.com/groups/13657123715/
has a current membership of: 2,180
(and is continuing to expand!)

The family members Facebook group ‘Intensive Interaction for Parents’
https://www.facebook.com/groups/666872213340242/
has a current membership of: 613
(and it is also continuing to expand!)

Finally, the worldwide circulation of this Intensive Interaction Newsletter has now also surpassed 2000!
(and of course ... is also continuing to expand!!!)

International Intensive Interaction Week 2016

Remember, Remember ... the first ever:

International ‘Intensive Interaction Week’

Monday 10th - Sunday 16th October 2016

‘Intensive Interaction Week’ is a week when we hope that people from across the world (so that will undoubtedly include you!) will collectively do something 'a little bit extra' to help promote Intensive Interaction for those people who need it. Such 'a little bit extra' things might include:

- doing a special I.I. Café or Coffee Morning
- posting special I.I. blogs or videos
- writing letters on I.I. to different media outlets
- hosting special I.I. training events
- showing I.I. video at a staff meeting
- hosting a special I.I. Regional Support Group
- doing some kind of I.I. ‘Gathering' (I'd not sure what that is)
- or by doing anything else that might positively raise the profile of Intensive Interaction.

We have a ready-made ‘Intensive Interaction Week’ poster available (see above from Camphill Community College in Wakefield who are hosting their first ever open Intensive Interaction Café). To get a ‘Word document’ version to complete yourself email Graham Firth at: graham.firth@nhs.net

We would also like to more widely publicise these events in a special Intensive Interaction Week Brochure (deadline date for inclusion being 30th September) to help spread the Intensive Interaction word. Therefore please share details of your ‘Intensive Interaction Week’ activity or event by sending details to Graham Firth at: graham.firth@nhs.net ... and let's all do what we can to make ‘Intensive Interaction Week 2016’ a real success!

Quote of the Month:
Intensive Interaction in the mainstream classroom: evaluating staff attitudes towards an inclusive socio-communicative intervention


Introduction: The inclusion of children with autism in mainstream schools is an important area for practice and research. Unfortunately current national strategies require children to be taught more often in whole class groupings, this being particularly challenging for pupils with autism. This project investigated the possibility of achieving inclusion via daily 15 to 20 minute sessions of a classroom-based activity called ‘Communiplay’ which was based on Intensive Interaction. However, Communiplay differed from ‘traditional’ Intensive Interaction in that it took place in small groups and was structured around play with a LEGO construction set: this being seen as inherently rewarding for the pupils with autism, whilst also promoting child initiation and adult imitation in mutually enjoyable interactions.

The project involved 6 classes (of <30 pupils aged 5-7 years) in an inner-city mainstream school. The classes included one or more pupils with a language or socio-communicative disorder. The staff teams were a teacher and two Teaching Assistants (TAs), who had a 70 minute training session on Intensive Interaction and Communiplay. Three Communiplay groups were formed in each class, consisting of: one child with a diagnosis of SEN (the ‘focus pupil’ who was partnered with the adult for Intensive Interaction) and two other pupils matched as play partners for each other.

The teacher and TAs participated in one Communiplay group each day, and in the other groups once or twice a week.

Research design: This project combined qualitative elements with a quasi-experimental design, and collected data on the views of the teachers and TAs via: a Relationship Interaction Assessment, a Team Evaluation Form, an Everyday Communiplay Log, a Mid-Invention Review, an Evaluation Focus Group, and a Structured Observation Schedule.

Findings: the findings of this study indicated ‘that Communiplay may be effective in strengthening positive staff-pupil relationships and the amount of pupil initiated interaction with staff’. Also the author states that ‘staff-pupil interactions in the class as a whole may have been positively influenced by the intervention, even though the majority of children did not participate in a Communiplay trio’.

10 elements were seen by staff as relevant to the quality of pupils’ interactivity. These (in order of prevalence) were:

1. An expectation of peer conversation
2. Staff being approachable and interested
3. A relaxed pace to arriving in class
4. Staff deliberately giving attention to focus pupils
5. Staff sitting at the child’s level and children interacting while standing
6. Pupils having freedom to choose from a range of activities
7. Mutual laughter
8. Informal physical contact conveying connection
9. Extended interactions
10. Staff being available to relate, rather than being busy with tasks.

The study also found that most staff were comfortable doing Communiplay in the classroom, although some did find the practice uncomfortable. However, the staff also found it impractical to fit three sessions of Communiplay into their daily schedules, and that the single training session on Intensive Interaction proved insufficient to achieve consistency of practice. The difficulty teachers had fitting Communiplay into the timetable apparently indicated an unwillingness to prioritise it over other, more instructional, teaching tasks.

In conclusion: despite a number of acknowledged limitations to this study, the findings confirm the difficulty a class teacher, under pressure to deliver the National Curriculum, has in making Intensive Interaction available in a mainstream classroom. According to the author, radical shifts are needed in staff preparedness, deployment and practice. Also a more individualised application of the National Curriculum is necessary, based on intrinsically motivated learning, to enable pupils with autism to develop their socio-communicative abilities.

The value of this study is in documenting the use of Intensive Interaction within mainstream classrooms. This intervention created intrinsically motivating and inclusive learning environments that contributed to the social development and well-being of children with autism and their peers with SEN. In terms of inclusion, creating communication enabling classrooms that focus on the responsiveness of staff is likely to yield the most benefits.
The 2016 UK Intensive Interaction Conference in Glasgow

‘Intensive Interaction in Action’

This year’s conference brought together over 100 delegates from across the world to hear a selection of presentations on the theme: ‘Intensive Interaction in Action’ - the title of the recently released DVD by the Intensive Interaction Institute. Expertly chaired by local Speech and Language Therapists Nicola Wightman and Fiona Tanner, who then introduced Dr Julie Calveley (Associate of the Intensive Interaction Institute) to give the Keynote presentation on ‘An Overview of the Intensive Interaction Journey.’

Julie focussed on ‘tuning in’ and ‘imitation’ and raised some fascinating points along the way:

- Most basic Intensive Interaction techniques are invisible to an outside observer.
- It is not Intensive Interaction if you are not tuned-in.
- Our abilities as a practitioner require us to be skilled with the Fundamentals of Communication.
- When distressed, people still need people – to support, not solve. This was humorously illustrated by some clips from the TV comedy ‘Modern Family’.

There was much food for thought in this presentation and it is hoped Julie will write this up as an article.

The other morning presentations were:

**Kelly MacArthur**, a teacher from St. Giles Primary Special School in Derby, outlined the school’s use of Intensive Interaction with children who have autism.

As a coordinator, Kelly has successfully established Intensive Interaction within the school’s curriculum and talked through their use of progress trackers and target setting. The communication target for N, the student discussed, is “For N to access regular Intensive Interaction sessions.” The goal therefore is for the school – to deliver a meaningful, pertinent, child-centred curriculum – not something that N will be directed to achieve.

**Jules McKim**, Intensive Interaction Coordinator (Southern Health NHS Trust) gave a presentation on using Intensive Interaction with Derek, a man with severe learning disabilities in a supported living environment.

Jules outlined the changing focus of service provision from one where community access trumps all, to a growing realisation of the crucial importance of relationships and interactions. Derek, as Jules’ case study person for the II Coordinator course, is a happier, more communicative individual as a result of Intensive Interaction. Jules finished by asking, “If we can do this for one person, within our existing staffing levels, shouldn’t we be doing this for everyone?”

**Dr Maggie Ellis**, fellow in dementia care at St Andres University, presented on ‘Intensive Interaction in action with people with advanced dementia’.

The early communication attainments, the Fundamentals of Communication, that are the focus of Intensive Interaction activities, can be thought of as the first communication abilities we learn, and also they are the last we lose at the end stages of life. Maggie’s inspiring and moving presentation powerfully illustrated how Intensive Interaction can be used to keep people socially connected and thus maintain a sense of self, personhood and life quality right to the end.
The 2016 UK Intensive Interaction Conference in Glasgow

After lunch the conference delegates split up to attend one of three different workshops:

Workshop A: A General Introduction to Intensive Interaction: for those delegates new to the approach facilitated by Nicola Wightman and Fiona Tanner. This workshop was ‘a whirlwind tour into the building blocks of Intensive Interaction’. It covered communication and language development, and some of the difficulties that can delay the development of individuals for whom Intensive Interaction works. The workshop also looked at the neurological importance of repetitive behaviours, and the feeling of safety they might provide. Also covered were the strategies used in Intensive Interaction, and how they link to communication development, with video shown to identify which strategies are (or are not) used.

Workshop B: Using reflective video analysis to develop better Intensive Interaction practices and outcomes facilitated by Andrea Ruck and Jules McKim. This workshop looked at using video and stressed the importance of using it to facilitate critical reflection on Intensive Interaction practice. There was also a practical exercise using a video analysis framework to give ‘positive/technical’ and ‘constructive/reflective’ feedback to a staff member using Intensive Interaction.

The group stated that their current use of video is: to evidence I.I. practice; for review meetings; to illustrate how the person can make choices; to promote I.I. by showing outcomes; to record progress; to reflect and debrief. The group also felt that future actions should: generally use more video; be informed about best interest decision making; to illustrate things not going well; develop video communication care plans; use video before and after starting I.I.; arrange I.I. Coordinator and Good Practice courses in Scotland.

Workshop C: Building Intensive Interaction Capacity Across Organisations: developing better quality Intensive Interaction systems at a service level facilitated by Lewis Short and Graham Firth. This workshop introduced delegates to organisational psychologist Kurt Lewin’s model of Force Field Analysis. Small groups of delegates were then asked to identify ‘restraining forces’ which act to block, constrain or negate the impact of any proposed changes promoting Intensive Interaction, and then to also identify counteracting ‘driving forces’ that can be used to drive forward changes that promote Intensive Interaction.

Dr Dave Hewett, Intensive Interaction originator, wound up the day by ‘Looking to the future of Intensive Interaction.’ Dave gave a passionate ‘call to arms’ about future priorities to disseminate, develop and extend the understanding and use of Intensive Interaction. He stressed the crucial importance of the Fundamentals of Communication and asserted that we need to do more to ensure that children and adults with autism have access to Intensive Interaction and to work more with parents to achieve this and other important goals: he then announced the autism-specific Intensive Interaction conference in October.

Finally, this year’s much deserved ‘Intensive Interaction Practitioner of the year’ awards, for those who have gone the extra Intensive Interaction mile, went to:

Deborah Whiting (Deputy Residential Service Manager at St. Joseph’s in Merseyside), Lewis Short (Class & Inclusion support teacher, Hampden Primary School, Glasgow – pictured receiving his certificate from Dr Dave Hewett) and Janee Williamson (long standing Intensive Interaction mover and shaker, and Intensive Interaction coach to special schools in southern Queensland).
Sharing Connections Beyond Words: Using Intensive Interaction Techniques with a Service User with a Learning Disability and Dementia

Rachel Harris, Communication Development Officer & Catherine Smith, Specialist Speech and Language Therapist, Neath Port Talbot Community Learning Disability Team, Abertawe Bro Morgannwg University Health Board

It is widely documented that within the general population of the UK the number of people being diagnosed with Dementia is rapidly increasing. Dementia is also emerging as a significant condition in the Learning Disability population: within Neath and Port Talbot, we have seen this increase reflected in referrals to both the Community Learning Disability Team (CLDT) and the Speech and Language Therapy (SLT) Service. Our SLT input had tended to be focused around eating and drinking needs and swallowing difficulties, with some basic communication support given at the earlier stages.

As a local SLT team, we felt that there was a gap in the service for supporting communication needs in mid-late stage dementia. We carried out literature searches in order to see what techniques were being used to support communication throughout the stages of dementia. We discovered that Intensive Interaction (II) techniques had started to be used within the general population of people with dementia, although the research was limited and in its early stages. II is an approach we use regularly within our service with service users with varying communication needs. We decided to set up a single case study to establish if using II techniques with individuals with dementia and a learning disability had a positive impact on communication skills and interaction with caregivers. Firstly, we developed a step-by-step plan, later refined as a process map. This guided us to identify a suitable individual to trial the II approach with. We had the support of the individual’s family throughout this process, as well as the Multi Disciplinary Team’s Memory Clinic. It was through this clinic we were able to identify Peter as being suitable to trial II with.

Peter (picture on the left interacting with Rachel) is a 56 year old gentleman with Down’s Syndrome and associated mild learning disability. In June 2013 the Memory Clinic Team agreed that Peter met the criteria for a diagnosis of Alzheimer’s type dementia. When we began the intervention Peter was assessed as being in the mid-late stages of dementia. Dementia had impacted on all aspects of Peter’s life including his mobility, daily living activities, eating, drinking and communication. Peter had been known to us for many years and prior to the progression of his dementia, Peter had been able to communicate via a combination of speech (short sentence level), signs and gestures.

The aims of our intervention were: to reach the individual in a way that feels emotionally meaningful; to adapt our interactive style and response to reflect and be respectful to the individual; to create meaningful interactions and engagements that meet the individual with dementia at the point they are at in a particular moment in time; and to provide staff, care givers and family with a communication technique that has the potential to bring with it a sense of emotional re-connection for all parties.

Ten sessions of II were carried out by myself with support from a range of members of the MDT. An increase in positive interaction was observed from the outset, and this developed over the following sessions. Each session was videoed and analysed using a form devised to capture the situation, impact of the environment, communication/interaction and things that supported this. This information, together with the video footage, was then turned into a bespoke half day training package for all staff supporting Peter. The training included: an overview of dementia; what is Intensive Interaction; how to use II techniques with Peter; Benefits of using Intensive Interaction; how to monitor the use of Intensive Interaction.

Our outcomes for Peter included an increase in all of the following areas: variety of single spoken words; use of signs and gestures; meaningful eye contact and connections; humour and expression of personality; varied vocalisations to indicate a range of emotions; reaching out and touch; social communication; and subtle, meaningful changes in facial expressions. Positive outcomes were noted for all involved with Peter, including staff, family members, the MDT and us. A selection of these outcomes included:

- **‘An individual’s life does not stop at diagnosis; it is powerful that someone knows you’re there. Being in tune with the person and being ‘with’ them.’**
- **‘Rachel’s skills in interpreting non-verbal skills invaluable and giving the staff the confidence to use the approach and communicate naturally, letting the service user take the lead.’**
- Contributed positively to family experiences, **‘Thank you for liking my brother’.**
- Contributed positively to MDT and SLT teams.
- Networking with others considering using II with people with dementia and outside of Learning Disability services – building a community of evidence base.
- Contributing to the research and outcome measures of the II Institute.

Throughout the intervention the predominant aim and subsequent outcome has been the positive impact on Peter’s quality of life. The shift from focussing solely on needs led communication and management of Peter’s health needs, to fostering an environment where his social communication and emotional well being are supported through the use of Intensive Interaction. The success of this intervention has led us to continue adopting II techniques when working with other service users with Learning Disabilities and dementia.

We would like to thank Peter, his family and all the support staff for their support and feedback throughout the project.
Delegates attending this ‘Intensive Interaction and Autism: at school and at home’ conference will hear a range of presentations on how Intensive Interaction can address the social and communication needs of children with autism, both at school, and also in the home.

This conference will provide opportunities to ask questions and contribute to the broader discussion on the development of Intensive Interaction practices and services at home and in school.

The speakers at this conference will include:

Dr Dave Hewett – Consultant and Intensive Interaction Institute Director: Keynote address: ‘Intensive Interaction and Autism’

Lydia Swinton – Senior Teacher, Sunfield Special School: ‘Intensive Interaction and its relationship with triad of impairments in ASD’

Suzi Stephenson – Manager, Pre-school Team Essex County Council: ‘Setting up Intensive Interaction across countywide preschool teams’

Sara Moroza-James – Parent and Intensive Interaction Co-ordinator: ‘Learning through social connection’

There will also be 2 facilitated workshops addressing the following issues:

● “What do schools and children’s services need to do to offer sustainable and good quality Intensive Interaction to all children who need it?”

● “What can be done to help parents provide sustainable and good quality Intensive Interaction for their children with autism?”

This conference is suitable for: teachers, teaching assistants, parents & other family members, heads, deputies, school curriculum managers, consulting clinicians e.g. SLTs, OT, education psychologist, educationalists, and anyone else interested in the use of Intensive Interaction with children with autism.

After attending this conference delegates will have a better understanding of:

● How Intensive Interaction can directly address the social and communication development needs of children with autism.

● How Intensive Interaction can be used both at home, and at school, to support children to progressively develop their fundamental social communication skills.

● How to support improved access to Intensive Interaction for their children both at home and at school.

The conference fee is £150 with lunch and refreshments included: there are also a number of ‘5 places for £500’ offers available. A discounted price for parents is also available at £100.

To book a place online go to www.andrewsimscentre.nhs.uk. Alternatively you can get a booking form by email from andrewsimscentre.lypft@nhs.net or ring 0113 85 55638.