

<p>'Contributions to our Understanding of Communication Difficulties in People with Complex Learning Disabilities'</p>

Intensive Interaction (II) is a way of communicating sociably with people with Profound and Complex Learning Disabilities (PCLD) (Firth, 2008). Given the statement above this essay will explore the use of II as a communication approach for individuals with PCLD. Looking at underpinning philosophy behind II will be a central part of this essay. The roots of II are embedded in the development of communication between infants and caregivers and therefore the importance of this will be reflected throughout the essay.

The starting point for discussion will be the development of II and an identification of what the approach is. It will then progress to the effectiveness of II, highlighting both strengths and weakness. However in order to ensure the reader is clear about the group of people this essay is discussing first a definition of PCLD will be provided along with a definition of communication. In summing up this essay will advocate that II is an effective approach if used consistently for most people with PCLD.

The term PCLD refers to individuals who have an extreme intellectual impairment which means that they function at the early stages of development and have severely limited understanding of the world around them. Often individuals will have several conditions which could include physical disability, sensory impairment, mental health issues and complex health needs (Mansell, 2010). Individuals will have difficulty with expressive and receptive communicating and tend to have a unique repertoire of communications skills which need to be interpreted by others.

This includes using non verbal communication such as eye pointing, vocalisation, gestures and behaviours (Martin et al., 2012)

Communication in a conventional sense is a way of transmitting meaning in an intentional manner to a partner using shared meaning (Sugarman, 1998 cited in Copue O'kane & Goldart 1998) However this strict definition would preclude people with PCLD from being able to communicate as they may not always use intent and may not share the same formal codes. The definition of communication used in this essay relates to communication that takes place between individuals with PCLD and practitioners. It can be described as interpreting a person's behaviour as significant and responding in a meaningful way thus creating an interaction (*ibid*).

Given that communication for people with PCLD is unique and likely to be non verbal it is important that practitioners are aware of these methods and are able to attach meaning to the signals in order to respond positively. These may include a change in behaviour, a movement of the eye or change in body position. Subtle communication cues need to be recognised and interpreted in order to develop communication (Copue O'kane & Goldart 1998). It is an approach that can be used with people with PCLD as it uses their idiosyncratic behaviours and communication methods positively to evoke interaction.

Hewett and Nind undertook research (Hewett and Nind, 1992; Nind and Hewett, 2001) based on Ephraim (1979 cited in Samuel, Nind, Volans and Scriven, 2008) work on the development of pre verbal communication in infants through Augmented Mothering (*ibid*). Put eloquently by Caldwell (2006) 'Augmented Mothering' is an

open-ended and creative activity' (Ephraim 1986 cited in Caldwell, 2006:) It is a natural process whereby a caregiver interacts with an infant in a safe environment and the infant learns to rehearse fundamental communications skills (Bruner, 1983; Kaye, 1977; Field, 1977 all cited in Nind 1996) such as eye contact, turn taking, mutual enjoyment and physical proximity (Nind, 1996). The term 'Augmented Mothering' fell out of favour with the introduction of normalisation as it was deemed patronising to use such a term when working with adults (Caldwell, 2006). As result Ephraim (1986 cited in n Samuel, Nind, Volans,. and Scriven, 2008) work was underestimated, to move this approach forward it was re branded replacing the term Augmented Mothering' with II (*ibid*).

Concurrent with the theory of augment mothering Hewett and Nind (Hewett and Nind, 1992; Nind and Hewett, 2001) started to look at other forms of language developed in infants and drawing on elements of motherese (Snow& Ferguson 1977 cited in Trevarthen and Aitken, 2001) and Trevarthen's (1979) theory of infant intersubjectivity . Firstly motherese appealed to Hewett and Nind (Hewett and Nind, 1992; Nind and Hewett, 2001) as it demonstrated that caregivers engage with infant from an early age using dialect that is of higher pitch, slower tempo and exaggerated intonation (Kemler Nelson et al, 1985). Using such exaggerated prosodic cues in a caregivers speech elicitates and maintains an infant's attention thus developing focussed time that can be spent developing pre communication skills such as eye contact and turn taking (Snow & Ferguson, 1977 cited in Trevarthen and Aitken, 2001). Secondly Trevarthen's (1979) theory of infant intersubjectivity demonstrated that infants as young two months can interact with their caregiver thorough imitation

of facial, vocal and gestural expressions using rhythmical patterns of exchange (Trevarthen and Aitken, 2001). Moreover, Trevarthen (1979) went further stressing that in order for interaction to take an infant must be able to exhibit conscious intentionality to the caregiver and develop an interplay, the infants therefore recognises their actions affect the way the caregiver respond. Hewett and Nind (Hewett and Nind, 1992; Nind and Hewett, 2001) used elements of these theories to further develop II. Their aim was to modify their behaviours when working with people with PCLD in the same way caregivers do when interacting with infants with the notion that they might develop a similar bond and elicit meaningful engagement.

Hewett and Nind (Hewett and Nind, 1992; Nind and Hewett, 2001) originally developed II as a pedagogical teaching method approach to develop communication skills and sociability for people with LD that are hard to reach (Firth 2008). The aim of this approach is to progressively engage a individual in episodes of interaction using their idiosyncratic behaviour as a focal point. Reciprocal methods of interaction are developed through interactive repetitive games similar to those used with infants and caregivers with a focus on fun and mutual enjoyment. A central ingredient to this approach is that the content and flow of the interaction is led by the individual with the practitioner responding to the person's behaviour. (Berry, Firth, Leeming, Sharma, 2013: Argyropoulou & Papoudi, 2012: Nind and Hewett, 2008: Firth, 2008: Samuel et al, 2008: Caldwell, 2006). This approach developed a new way of thinking moving from focussing on what a individual cannot and trying to address the problem with intervention to celebrating what an individual can do and giving them control (Garner, Hinchcliffe and Sandow1995).

From the perspective of an onlooker with no knowledge of IL it may look like the practitioner is mimicking the individual and some might regard this as mockery and devaluing the person's adult status (Caldwell, 2006). Firth, Elford, Leeming and Crabbe (2008) in their study of the views of care staff using IL describe how some felt a tension between IL and age appropriateness and furthermore they felt it would be detrimental to use this method in public as it reinforces negative connotations of people with LD being childlike (Firth et al, 2008). However, those who have knowledge of IL and its effectiveness would oppose this argument as they (Berry, Firth, Leeming, and Sharma, 2013; Caldwell 2006) would articulate that this humanistic approach treats people with LD in a respectful manner by valuing their contribution to communication as an equal partner. Moreover it involves a person centred approach (Rogers 1957; cited Merry, 2002) which empowers the client to take control.

The approach is better conceptualised as one of '*learning the language*' (Caldwell, 2006:278) of the individual. An analogy could be drawn here to a person visiting a foreign land where they do not understand the language, culture and are unfamiliar with the environment so become immersed in a world of their own. Suddenly they come across someone speaking their language and they are immediately drawn to them, recognising similar signals and feeling a sense of familiarity. Using the language of the visitor helps them to feel safe, encourages them to explore things that are unfamiliar to them and ultimately helps them to develop an understanding of this new land. People with PCLD who have limited cognitive understanding may struggle to interpret the world around them and so to protect themselves from sensory confusion often become immersed in their own world of ritualised behaviour and self

stimulation (Caldwell, 2003, 2005, 2006: Hewett and Nind, 1992; Nind and Hewett, , 2001). It helps to unlock their world by progressively developing moments of interaction that gradually increase thus focussing the interaction on another person rather than self stimulatory behaviour. As the interaction grows so too does the enjoyment and the desire to be with another person, the individual develops skills to engage in a two way process of communicating thus limiting the need to be in locked in a world of one's own.

Part of the process of It could be seen as imitation the individual's behaviour but this is only one element. Imitation alone is likely to have a detrimental firstly it will lead to habituation and therefore not be effective. Secondly and more importantly it may lead to the individual becoming more isolated as the active turn into part of their ritualistic self stimulatory behaviour and keep them engaged in their inner world instead of drawing them out to interact with the world around them (Barber, 2007: Caldwell, 2003, 2005, 2006: Hewett and Nind 200). It is therefore vital to bring new behaviours into the interaction in order to develop an element of surprise and keep the interaction going. A skilled practitioner will take the behaviour from the individual and adjust their own behaviour slightly to initiate a different response, allowing the individual to keep control but at the same time is building and expanding their communication repertoire.

This process of gradually building communication skills through joint interest is aligned to Vygotsky's (1986 cited in Berry et al)) social constructionism theory thereby a teacher works collaborative with the learner to optimise the

learners potential development. Vygotsky (*ibid*) advocates that by using spontaneous learning based on something which interests the learner in an effective manner then the learning will become more concrete and relative (*ibid*). It uses these principles working on the interaction that are spontaneous and enjoyable to the individual that enabled them to develop their communication skills to the optimum potential.

Hogg (2002) argues that II is not an approach to develop social and communication skills in people who are hard to reach but more an intervention that seeks to reduce stereotyped behaviours. Nind and Kellett (2002b) advocate that II seeks to value a person with PCLD as it recognises a person's communicate method and work with them to develop these skills. However, this have been criticised by Hogg (2002), as he argue that II works on changing behaviours to enable people to become more accepted which actually causes the person to be devalued. In addition Hogg (*ibid*) suggests that Nind and Kellett (2002a) fail to acknowledge that it is a person choice to engage in stereotypical behaviour such as hand flapping, rocking or repetitive actions and by intervening they are not respecting a person's choice and thus not valuing their status as an individual. Nind and Kellett (2002a) refute this claim and assert the fact that changes in behaviour are a by product of II. Moreover the person chooses to replace their stereotypical behaviour with more interactive behaviours that can be mutually enjoyed, therefore the person with PCLD is in control of modifying their own behaviour and not the their practitioner (.Zeedyk, Davies, Parry & Caldwell, 2009).

Hewett and Nind (Hewett and Nind, 1992; Nind and Hewett, 2001) placed much importance on way infants develop communication skills at a pre verbal stage when developing II, however were they right to compare the development of an infant to the potential development of an adult with PCLD? Hogg (2002) would argue that this is an area for further debate as it needs to be acknowledged that whilst adults with PCLD have a similar cognitive ability to pre verbal infants they have very different life experiences. Firth et al (2007) research of twenty nine care staff using II demonstrate that a percentage (number not specified) of staff had the same initial fear as that advocated by Hogg (2002). However all but one member of staff fears were dispelled when they engaged in the process. This therefore confirms that whilst it is important to acknowledge a person life experience it is vital to support them at a meaningful level appropriate to their stage of development (Lacey, 2013). Therefore Lacey (*ibid*) is right to advocates stage appropriateness as opposed to age appropriateness when supporting individuals with PCLD.

If the theories discussed in this essay relate to infant development why does this early interaction not always work for infants with PCLD? There are of course a variety of reasons which this essay will now address. Firstly due to an infant's disability they may have delayed reactions and not respond in time to create the interaction with the caregiver which forces the caregiver to work harder. This results in over- stimulation for the infant and a more forthright approach from the caregiver to force a response thus reducing spontaneity and enjoyment for both parties (McCollum, 1984 cited in Nind and Powell, 2000). Secondly responses in atypical infant with PCLD can be hard elicit and even more difficult to interpret (Nind and Powell, 2000) especially those infants with a visual impairment who will not be able

to use eye gaze as an interactive tool. This will leave the caregiver frustrated and attempts to interact may reduce.

Interactive breakdown has been researched by some Psychologists (Carlson and Bricker, 1982 cited in Nind and Powell, 2000 Yoder and Feagans, 1988 cited in Nind and Powell, 2000) resulting in the identification of errors made by the caregiver when interacting with a disabled infant. Timing has been identified as one error as the caregiver attempts to interact with the infant at the wrong time or they respond to rapidly. Another error is that caregiver uses simulation which is not matched to the infants developmental stage which fail to evoke interest for the infant and causes interactive breakdown.

Since the inception of II in the 1980's there has been a growing body of research demonstrating how effective this approach can be with people who are hard to reach including those with PCLD. (Argyropoulou & Papoudi, 2012: Zeedyk, Davies, Parry & Caldwell, 2009: Samuel, et al, 2008: Firth, et al, 2007: Leaning & Watson 2008: Kellett 2000, 2003, 2004, 2005: Nind and Thomas 2005: Culham ,2004 : Nind and Powell 2000: Watson & Fisher 1997; Nind 1996). Results from Nind and Powell (2000) research demonstrate that when teachers used II they viewed all behaviour no matter how idiosyncratic they are to have potential for developing communication whereas prior to using this approach these behaviours would be ignored or overlooked.

Zeedyk et al., (2009) through their research demonstrated how the eighteen children with complex needs in a Romanian orphanage all increased their level of interaction

after II was deployed. It could be argued that the level of interaction offered by the volunteers in this research project evoked the increased interaction however this proves not to be the case. The volunteer completed a week interacting with the children in the orphanage prior to having any knowledge of II and then were given a minimal amount of training on the approach. Once awareness of approach had been raised the interaction between the children and volunteers increased greatly. This increase could be attributed to the fact that the volunteers were more confident about developing interactions and they were more observant of behaviour they could respond too. It could also be due to the fact the children had started to develop a bond with the volunteers and were open to increased interaction. Nonetheless whatever the reason for the increased interaction the findings demonstrate that II used as an approach helps to facilitate interaction.

Leaning and Watson (2008) research although based on a small sample of people with PCLD (n=5) illustrate how the use II that over eight group sessions lasting fifty minutes on a weekly basis increased the interaction for all participants furthermore developing an increase in positive behaviour in all. Whilst Leaning and Watson (2008) used this research to demonstrate positive effects for people with PCLD their research also highlighted some difficulties. Firstly their finding highlighted that participants skills may regress if session were missed. This is in line with Hewett's (2012) anecdotal evidence. Hewett (*ibid*) in training told how one of his pupils in his initial research (1986) had progressed from repetitive ritualistic behaviour to interacting with staff and using a switch on a computer to make choices. However some years later Hewett (*ibid*) visited the residential home where this man lived only to find that II was not being used so due to the lack of stimulation and interaction he

had regressed to his old repetitive behaviours. One can only deduce from this that if II is not used constantly that the skills learnt become lost. There needs to be more longitudinal research over a greater period of time to explore this notion in more depth.

If II is so effective why do people stop using the approach? For people with PCLD the key to interaction is the communication partner, if that partner is unreceptive to the method or feels it is not appropriate then the individual may become a passive onlooker or develop self stimulating behaviour and remain in a world of their own (Caldwell 2006, Nind and Hewett, 2001). Others may not initially appear to respond to the approach so practitioners may give up before a person with PCLD has time to respond (Firth, 2007 et al). Similarly as with any type of learning a person may plateau, that is they have reached a certain level and do not appear to be progressing any further. Practitioners seeing this stationary state might lose heart and become de-motivated with the approach (Firth, 2008).

II is seen by many working in the field as practical method therefore the need to theorise this approach has been called in question (Firth, 2008). On one hand it could be argued that adding academic rigour to a practical process legitimises the approach and gives it firm grounding to illustrate its effectiveness. On the other hand it could be argued that if the approach works on a practical level why is there a need to intellectualise it (Firth, 2008)? Nind and Thomas (2005) put the popularity of the approach down to the fact it is practical and effective. To prevent this approach from becoming elitist and enabling it to become more accessible they advocate that we

empower professionals by 'de-specialising rather than specialising; de-theorising rather than theorising' (Nind and Thomas, 2005:99).

In conclusion II is an approach that has been developed using the knowledge of child development that recognises the idiosyncratic behaviour of people with PCLD and uses this to build moments of interaction. It is a sensitive approach to use for those that are hard to reach and like any other method of communication needs to be used constantly. The underlying principle of this approach is that the individual lead the interaction thus empowering them to have choice and control not many other approaches can lay claim to empowering people with PCLD in this way.

As the approach has gained popularity so too has empirical research proving that it is effective tool to use for most people that are hard to reach including those with PCLD. There has been questions raised about the need to theorise this practical approach but it is evident that evaluative data collected highlights it importance of the approach. This evidence should be used to influence the policy maker and senior managers to promote the significance of communicating with a person with PCLD at their level, entering their world instead of expecting them always to enter ours. The mutual enjoyment that is gained from people with PCLD and practitioners when this approach works effectively is a joy to be observed and moments that should be treasured.

As with any approach it not without critics, of course this approach will not work for everyone and if not used effectively may not elicit positive interaction. Nonetheless this approach is flexible, creative and person centred and without recognition of the

effective of it many might still conceive it as an approach used for child and not appropriate for adults with PCLD.

Argyropoulou, z. & Papoudi, D. (2012) The training of a child with autism in a Greek preschool inclusive class through intensive interaction: a case study, *European Journal of Special Needs Education*, 27 (1) 99-114.
Imitation, interaction and dialogue using Intensive Interaction: tea party rules

Barber, M. (2007) Imitation, interaction and dialogue using Intensive Interaction: tea party rules, *Support for Learning*, 22 (3) 124 -130.

Berry, R. Firth, G. Leeming, C and Sharma, V. (2013) Clinical Psychologists' Views of Intensive Interaction as an Intervention in Learning Disability Services *Clinical Psychology and Psychotherapy*. Clin.. Psychol. Psychother.

Caldwell, P. (2003). *Learning the language*. Brighton: Pavilion Publishing.

Caldwell, P. (2005). *Creative conversations: Communicating with people with profound and multiple learning disabilities*. Brighton: Pavilion Publishing.

Caldwell, P. (2006) *Speaking the Other's Language: Imitation as a Gateway to Relationship*. *Infant and Child Development* 15 (3) 275–282

Coupe O'Kane, J. & Goldbart, J. (1998) *Communication Before Speech: Development and Assessment* (2nd edition). London : David Fulton.

Culham A. (2004) Getting in touch with our feminine sides ? Men's difficulties and concerns with doing Intensive Interaction. *British Journal of Special Education*. 31 (2) 81-88.

Ephraim G. (1986) *A Brief Introduction to Augmented Mothering*. Radlett, Herts : Harperbury Hospital in Samuel, J., Nind, M., Volans, A. and Scriven, I. (2008) An evaluation of Intensive Interaction in community living settings for adults with profound intellectual disabilities *Journal of Intellectual Disabilities* 12 (2) 111 - 126.

Firth, G., Elford, H., Leeming, C., & Crabbe, M. (2008). Intensive interaction as a novel approach in social care: care staff's views on the practice change process. *Journal of Applied Research in Intellectual Disabilities*, 21 (1), 58–69.

Firth, G. (2008) A Dual Aspect Process Model of Intensive Interaction *British Journal of Learning Disabilities*, 37 (1), 43–49.

Garner,P., Hinchclif, V and Sandow, S. (1995) What teacher do: Developments in Special Education, London, Paul Chapman Publishing.
Hewett and Nind, 1992

Hewett, D &.Nind, M. (eds) (1998) *Interaction in Action: Reflections on the Use of Intensive Interaction*. London : David Fulton.

Kellett M. (2000) Sam's story: evaluating Intensive Interaction in terms of its effect on the social and communicative ability of a young child with severe learning difficulties. *Support Learning*, 15 (4) 165–71.

Kellett, M. (2003) 'Jacob's Journey: developing sociability and communication in a young boy with severe and complex learning difficulties using the Intensive Interaction teaching approach', *Journal of Research in Special Educational Needs*, 3 (1) 18–24.

Kellett M. (2004) Intensive Interaction in the inclusive classroom: using interactive pedagogy to connect with students who are hardest to reach. *Westminster Studies in Education*, 27(2), 175-188 .

Kellett M. (2005) Catherine's legacy : social communication development for individuals with profound learning difficulties and fragile life expectancies. *British Journal of Special Education* 32 (3) 116-121.

Lacey,P., (2013) What do people do in the day, PMLD Network Conference 2103: Raising our Sights how-to-guides- making it happen in your local area. Nottingham 20 June 2013.

Leaning, B., &Watson, T. (2006). From the inside looking out – an intensive interaction group for people with profound and multiple learning disabilities. *British Journal of Learning Disabilities*, 34 (2) 103–109.

Martin, A., O' Connor-Fenelon, M. and Lyons, R. (2012) Non-verbal communication between Registered Nurses Intellectual Disability and people with an intellectual disability: An exploratory study of the nurse's experiences. Part 1. *Journal of Intellectual Disabilities* 2012 16 (1) 57- 71.

Nind M. (1996) Efficacy of intensive interaction. *European Journal of Special Needs Education* 11 (1) 48-66.

Nind M. (1999) Intensive Interaction and autism : a useful approach ? *British Journal of Special Education* 26 (2) 96-102.

Nind M. (2001) Intensive Interaction. In *Approaches to Autism*, London : National Autistic Society

Nind, M. & Hewett, D. (2001) (2nd edition) *Access to Communication: Developing the Basics of Communication in People with Severe Learning Difficulties Through Intensive Interaction*. London, David Fulton.

Nind, M. & Hewett, D. (2001) *A Practical Guide to Intensive Interaction*. Kidderminster, BILD.

Nind, M. and Kellett, M. (2002a) Responding to individuals with severe learning difficulties and stereotyped behaviour: challenges for an inclusive era, *European Journal of Special Needs Education*, 2002, 17 (3) 265-282.

Nind, M. and Kellett, M. (2002b) Response, *European Journal of Special Needs Education*, 17 (3) 299-300

Nind, M. and Powell, s. (2000) Intensive Interaction and Autism: Some Theoretical Concerns, *Children & Society* 14 98 - 109

Nind, M. and Thomas, G. (2005) Reinstating the value of teachers' tacit knowledge for the benefit of learners: using 'Intensive Interaction', *Journal of Research in Special Educational*, 5 (3) 97-100.

Rogers (1957) in Merry, T. (2002). (2nd ed.) *Learning and Being in Person-centred Counselling*, Ross-on-Wye, PCCS Books.

Samuel, J., Nind, M., Volans, A. and Scriven, I. (2008) An evaluation of Intensive Interaction in community living settings for adults with profound intellectual disabilities *Journal of Intellectual Disabilities* 12 (2) 111 -126.

Snow, C. E. & Ferguson, C. A. (eds) (1977). *Talking to children: language input and acquisition*. Cambridge: C.U. In Trevarthen, C. and Aitken, K. J. (2001) Infant Intersubjectivity: Research, Theory, and Clinical Applications, *Journal of Child Psychology and Psychiatry*, 2001, Vol.42 (1) 3 -48.

Trevarthen, C (1979) Communication and co-operation in early infancy. A description of primary intersubjectivity, In M. Bulbowa (Ed) *Beofr Speech. The beginnings of human communication* (pp321-347), London Cambridge University Press.

Trevarthen, C. and Aitken, K. J. (2001) Infant Intersubjectivity: Research, Theory, and Clinical Applications, *Journal of Child Psychology and Psychiatry*, 2001, 42 (1) 3 - 48.

Vygotsky, 1986 in Berry, R. Firth, G. Leeming, C and Sharma, V. (2013) Clinical Psychologists' Views of Intensive Interaction as an Intervention in Learning Disability Services *Clinical Psychology and Psychotherapy Clin. Psychol. Psych other*.

Watson J. & Fisher A. (1997) Evaluating the effectiveness of Intensive Interactive teaching with pupils with profound and multiple learning difficulties. *British Journal of Special Education*, 24 (2) 80–87.

Zeedyk, S., Davies, C., Parry, S., & Caldwell, P. (2009). Fostering social engagement in Romanian children with communicative impairments: the experiences of newly trained practitioners of intensive interaction. *British Journal of Learning Disabilities*, 37 (3) 186–196.