A qualitative study of the practice related decision making of Intensive Interaction Practitioners

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(With thanks also to Speech and Language Therapist Emily McGall)

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Introduction 5

What is Intensive Interaction? 6

'Intensive Interaction practitioner decision making': the research method 7

The Intensive Interaction Study Findings 8

Some general issues arising 8

Chapter 1: Issues for Consideration … before Intensive Interaction 9

1.1: The person's individual characteristics 9

1.1.1: The issue of having background information on the person 9

1.1.2: The issue of a person's impairments and diagnoses 9

1.1.3: The issue of a person's 'demand avoidance' 11

1.1.4: The issue of a person's 'sensory profile' 12

1.1.5: The bigger picture: more general views of care and the person 14

1.2: The Intensive Interaction Practitioner's personal characteristics 15

1.2.1: Levels of practitioner Intensive Interaction knowledge and experiences 15

1.2.2: The practitioner 'being a parent' 17

1.2.3: The practitioner's support and confidence levels 20

1.2.4: Practitioners' views on 'cultural rules' and gender issues 22

1.2.5: Intensive Interaction Practitioners having pre-set plans, agendas or targets 23

1.3: Service or family level issues affecting Intensive Interaction 26

1.3.1: Environmental and 'other staff' issues 26

1.3.2: Family issues effecting Intensive Interaction, including the 'medical model' 28

Chapter 2: Issues for Consideration … when initiating Intensive Interaction 30

2.1: Gaining the person's attention for Intensive Interaction 30

2.2: Initiating Intensive Interaction engagements 31

Chapter 3: Issues for Consideration … During Intensive Interaction 35

3.1: During Intensive Interaction: decisions made via a conscious thinking process 35

3.1.1: Observing and interpreting a person's behaviour and feedback 35

3.1.2: Engaging a person 'on their own terms' with Intensive Interactions 36

3.1.3: Being responsive to the person 39

3.1.4: Practitioners looking to be 'stage-appropriate', not 'age-appropriate' 43

3.1.5: Placing no expectations or demands on the person 43

3.1.6: Intensive Interaction timings, rhythm and tempo 45

3.1.7: The frequency of Intensive Interaction 'sessions' or engagements 48

3.1.8: Being 'unsure', learning from experience, and getting things wrong 49

3.1.9: Using the 'Fundamentals of Communication'… singly or together 51
3.1.10: Engaging in a process of reflection during Intensive Interaction 56
3.1.11: The use of objects, including technological objects, within an Intensive Interaction 58
3.1.12: Retaining or reclaiming a person's attention within Intensive Interactions 62
3.1.13: The use of language within an Intensive Interaction 63
3.2: During Intensive Interaction: decisions made via intuitive thinking processes 66
3.2.1: Attunement and/or using intuition within an Intensive Interaction 66
3.2.2: Enjoyment, Empathy and Emotions within an Intensive Interaction 68
3.3: During Intensive Interaction: moving between conscious and unconscious thinking 72
3.3.1: Encountering difficult or unexpected developments during interactions 72
3.3.2: Helping the person manage their arousal levels 74
3.3.3: Establishing and developing a shared and familiar interactive repertoire 79
Chapter 4: Issues for Consideration … Ending Intensive Interaction 85
4.1: The Intensive Interaction practitioner disengaging from engagements 85
4.2: The person disengaging from engagements 88
Chapter 5: Issues for Consideration … After Intensive Interaction 90
5.1: Intensive Interaction improves the levels of social inclusion for the person 90
5.2: Outcomes for the practitioner after Intensive Interaction sessions 91
5.3: The use of recordings to help inform Intensive Interaction practices 92
5.4: The role of supported reflection in developing improved Intensive Interaction practices ... 94
5.5: Finally: some wider implications of practicing Intensive Interaction 96
Chapter 6: Some discussion about practitioner decision making 98
6.1: Some background on human cognitive or 'decision making' processes 98
6.2: The processing framework for practitioner decision making 99
6.3: Intuitive and conscious decision making across different temporal stages 101
Chapter 7: The main conclusions drawn from this study 104
References 108
Glossary … some useful Intensive Interaction terms. 110
Appendix 112

Introduction

The aim of this study was to investigate the sometimes conscious and sometimes 'intuitive' decision making processes of Intensive Interaction practitioners. More specifically, this study set out to develop a rich description of how practitioners make judgements when developing a multi-faceted and dynamic repertoire* of interactive strategies used with both children and adults with severe or profound learning difficulties and/or autism; how this decision making process is enacted in practice, and what issues inform such decisions.

This research followed a qualitative methodology, comprising of semi-structured interviews of between 60 – 90 minutes with 13 experienced Intensive Interaction Practitioners. The 13 participants in this study were all experienced Intensive Interaction Practitioners who had successfully completed the Intensive Interaction Coordinators course administered by the Intensive Interaction Institute.

The participants, known to the lead researcher, were recruited via email and included: Speech & Language Therapists, parents, teachers, residential care staff and managers, and a Clinical Psychologist.

The nature of Intensive Interaction as a social communication is that it is used naturalistically, dynamically and holistically i.e. as a whole, interconnected approach and only fully explicable by reference to the whole approach. Indeed, at varying times Intensive Interaction will almost certainly comprise the concurrent use of a broad range of social communication strategies. However, for the purposes of this research, and to better understand the combined experiences and thoughts of the respondent Intensive Interaction practitioners, we have divided this report into clearly defined conceptual themes or categories, even though the conceptual boundaries between these themes and categories may in practice often be very diffuse.

It is hoped that this study will make a useful contribution to the field in terms of enabling practitioners to more fully understand and thus usefully reflect on the fidelity of their Intensive Interaction work, and develop a clearer understanding of the issues involved in the decision making processes that underpin their Intensive Interaction practices.

*(*The 'repertoire' of a person being defined as comprising: 'the effective activities that the individual student/client uses comfortably with the available interactive partners' (Nind & Hewett, 2005, p.133))*

What is Intensive Interaction?

Developed in the 1980s, Intensive Interaction is a now widely used social communication approach that is most often used with both children and adults who have severe or profound and multiple learning difficulties and/or autism. However, the approach is now also being successfully used with other people who find social engagement difficult.

Intensive Interaction is highly responsive in nature, rather than being directive, or goal orientated. The approach focuses on using the '**Fundamentals of Communication**'[1] as a means of developing improved social communication exchanges. These Fundamentals of Communication (FoCs) are those communication skills and understandings that, in developmental terms, normally precede symbolic speech development, and include:

- developing the ability to attend to another person
- using and understanding eye contacts and facial expressions
- learning to share personal space
- using and understanding sociable physical contacts
- using vocalisations with meaning (for some, speech development)
- taking turns in exchanges of behaviour, or sequencing actions with another person
- enjoying being with another person

The Intensive Interaction approach was originally developed from research into how young infants naturally develop the highly complex and interrelated skills and understandings of human social communication; such skills and understandings naturalistically developing over time across a range of responsive and dynamic social interactions, mainly with the infant's primary care-givers. Thus frequent repetition of Intensive Interaction activities can then provide the basis for the social engagement of people with a communication or social impairment to develop in content, duration and complexity.

Who is Intensive Interaction for?

Intensive Interaction has been used successfully to meet the social communication needs of people who have, for a range of reasons, a communication and social impairment, e.g.

- people who have very severe or profound and complex learning difficulties
- people who have a diagnosis of autism
- people with multi-sensory impairments
- people who have a range of self-stimulatory or socially isolating behaviours
- people with a learning disability and challenging behaviour
- people with late stage dementia

Equally, the approach has been used successfully with people who may be highly social in many ways, but who still need to further develop their social skills in areas like:

- use and understanding of eye contacts and facial expressions
- taking turns in sequences of social behaviour
- developing and furthering vocalisations

Indeed, increasingly Intensive Interaction is used with people who have some speech and language ability, but who could still benefit from further learning and development in the area of the 'Fundamentals of Communication'.

(Note 1: Nind, M. & Hewett, D. (1994). *Access to Communication: Developing the Basics of Communication with People with Severe Learning Difficulties through Intensive Interaction*. London: David Fulton)

'Intensive Interaction practitioner decision making': the research method

The research analysis stage of this study followed the 'Template Analysis' approach (King, 1998 & 2012) to thematically analyse the qualitative data provided by the 13 practitioners regarding the decisions they made during their Intensive Interaction practice. This qualitative analysis process involved constructing an analytic template of '*a priori*' codes prior to the analysis stage, this template identifying themes highly expected to arise in the data based on the researchers' current understanding of the research subject.

A hierarchical coding system within the template was produced presenting broad themes, such as stages in the Intensive Interaction process (i.e. '*before Intensive Interaction*'), and subsequently, during the analysis stage, more specific sub-themes, for instance '*person characteristics*' and '*sensory issues*', provided more in-depth insight into the overall process.

The initial definition of a number of 'a priori' themes by the researchers informed the interview process; guiding the open questions the practitioners were asked. The template was subsequently informed by the responses gathered from interviews, with responses evidencing the initial template or generating additional themes to be accommodated within the template. Thus, this analysis was both inductive (with bottom-up theory generated by interview responses) and deductive (top-down and framed by the initial researcher hypotheses based on their current understanding of the research subject) in nature. All the practitioners' interview transcripts were then thematically re-analysed in reference to the finalised template (see Appendix 1).

The following 'findings' section of this report is based on an analytic synthesis of the most conceptually illustrative or interesting verbatim extracts taken from the practitioner's testimony. The findings aim to set out a detailed description of the processes of decision making as evidenced by the practitioners' offered views on each of the identified themes. Each sub-section of the findings is written up to illustrate the range of sometimes similar, or sometimes potentially contrasting views, offered on each of the identified themes.

The verbatim extracts used in the findings are identified by numbers indicating which practitioner gave that testimony (#1 - #13), and line identifications indicating from where in the practitioner's interview transcript the particular extract was taken (e.g. 8-10). Also, in the report findings the recipient(s) of the practitioner's Intensive Interaction practices are generally referred to as a '*person*' or '*people*' so that the report terminology can remain inclusive of the full range of people with whom Intensive Interaction is generally used.

Some transcript extracts have been truncated for brevity and clarity, and also occasionally amended where it was considered that colloquial speech or word repetitions might distract from their essential meaning; however we have endeavoured to remain true to the authenticity of the practitioners' quotes.

However, from an analysis of the whole set of transcript data, a compelling insight into the practitioners' understandings of the Intensive Interaction approach, and their often multifaceted decision making processes during their application of the approach, did emerge, as can be seen in the following study findings section.

The Intensive Interaction Study Findings

Some general issues arising

Before looking at the specific themes that emerged through the process of template analysis (as set out below), a point of interest that became apparent to the researchers was that, in terms of the practitioners' testimony on their general Intensive Interaction practices, this testimony was sometimes presented anecdotally, and then often related to practical experiences that they had had with their own specific learners or service users.

Such personalised real-life Intensive Interaction experiences were often used by the respondent practitioners to illustrate more general Intensive Interaction points or issues i.e. the practitioners often wanted to back up their more general views on Intensive Interaction with case history evidence, rather than linking their views to any generalised theory or understanding of the approach. However, such real life testimony often worked well to help ground the general findings in personalised real-life Intensive Interaction experiences.

Also the use of language by practitioners in their testimonies emerged as an issue of some interest, as it was the researcher's interpretation that some words at times may have been used interchangeably by some practitioners, but at other times with potentially slightly different meanings (e.g. 'tempo' and 'timing'). However, in the subsequent findings section we have endeavoured to assign any potentially overlapping terms as accurately as possible, given the contextual nature of their initial use. As it was the researcher's intention to stay as true to the word meanings as intended by the practitioners, a 'respondent validation' process was used to reduce any potential for misinterpretation i.e. the respondents were asked to review the findings and provide clarifying comments on their testimony (which some did).

Another area of potential difficulty for some practitioners was that Intensive Interaction is a form of activity which at times occurs intuitively (i.e. without full conscious awareness of its progress), this being an issue of particular interest to this research study.

Thus it seemed difficult at times for the practitioners to accurately represent in words some of the less concrete aspects of their Intensive Interaction engagements e.g. tempo, attunement, etc. i.e. words at times seemed a poor tool for practitioners to explain or ascribe clear meaning to their Intensive Interaction experiences (e.g. *'I was unable to explain what it was I was doing'* (#3); '… *it's hard to express'* (#7) on p.63)*;* but for the purposes of this research, words were the best medium we had.

Finally, across the findings of this study the reader will note that different practitioners sometimes express different views on the same Intensive Interaction related issues. Sometimes such views are clearly in contrast to the majority of the other practitioners who generally appear to hold the same view with respect to that issue. However, such differences of perspective appear due to the fact that different practitioners evidence sometimes quite contrasting personal life experiences, carry out different Intensive Interaction roles, and use Intensive Interaction with different groups of learners, service users or family members. However, across the entirety of their combined testimony, all the Intensive Interaction practitioners interviewed in this research study appeared to clearly share the same fundamental, core values of Intensive Interaction.

Chapter 1: Issues for Consideration … before Intensive Interaction

1.1: The person's individual characteristics

1.1.1: The issue of having background information on the person

Having some background knowledge of the person's engagement preferences (e.g. from communications with other people who know the person well), prior to using Intensive Interaction with them, was seen to have clear potential benefits. Some prior knowledge of what was already known to engage the person, sometimes actively sought out by the practitioner, was seen as advantageous in terms of the practitioner's preparedness for the Intensive Interaction session to come.

> *'I do like to have a bit of background … some awareness of their likes, dislikes, kinds of things that [they] generally do engage with in that setting, to have a few things up your sleeves as it were' (#1, 8-16)*

> *'Talk to people that know them quite well and see if there is anything that they want to share about what they like and dislike' (#6, 8-10)*

Also prior knowledge of any behavioural risks was also seen as advantageous in terms of the practitioner's preparedness, in some cases to manage any potential risk:

> *'Any risks any sort of difficult behaviour that I could expect … therefore anything I need to consider in terms of managing that risk' (#5, 14-16)*

Even looking back over the longer term at the person's historical experiences of care and control (including any potential for having been abused), and their previous experience of Intensive Interaction was seen as potentially useful information.

> *'Their history, so whether they've experienced any form of abuse, whether they've been institutionalised, their history of Intensive Interaction' (#5, 477-479)*

> *'He had a big history, a long history, of doing things that he wasn't allowed to, but also a long history of not being allowed to do things' (#11, 649-651)*

1.1.2: The issue of a person's impairments and diagnoses

Before actually engaging with the person using Intensive Interaction, the practitioners evidenced a range of considerations given to the form and degree of a person's impairments, their level of intellectual disability, and any formal diagnoses that they may have had. The practitioners talked about having to accommodate a person's impairments in a wide range of areas such as:

- impairments in their cognitive and emotional developmental levels
- aspects of social impairment due to autism
- restricted levels of giving attention to another person (attributed to a person's autistic condition)
- issues around speed of cognitive processing
- issues around the social presentations or arousal control associated with various diagnoses e.g. Angelman Syndrome

- issues of sensory processing
- impaired levels of verbal understanding
- people having a visual impairment
- difficulties due to epileptic seizure activity
- the issue of cognitive decline due to dementia

In more detail, reference was made by one practitioner to the Intensive Interaction practitioner needing to consider '*the level I need to be at*' in terms of the physical, cognitive and emotional level of the person they were engaging with.

> '*What physical level I need to be at, what sort of cognitive and emotional level as well that you need to be at in relation to engaging with that individual*' (#1, 17-19)

The level of a person's cognitive ability was seen as a limit to the types of social activity that a person could take part in; this wasn't seen as a reason not to strive to provide Intensive Interaction, but required the practitioner to *'… be a little more creative*' (#7, 284) in how they offered Intensive Interaction to the person.

Another practitioner talked about the severity of a person's intellectual disability making it potentially less likely that they could be flexible within or across interactions in terms of their social repertoire, or accommodate new or more sophisticated levels of social engagement.

> *'I think the more severe their intellectual disability the less likely they are to be able to become flexible and follow extensions'* (#8, 262-264)

The social impairments due to autism also featured in the practitioners' testimony. An awareness of the difficulty some people with autism have in direct 'face to face' engagements, and limits on their ability to share 'joint attention' was recounted by one practitioner.

> '*Some autistic students often find it very difficult to go into a face to face just with a person … certainly their level of attention, their ability to share joint attention, with me has been very limited*' (#1, 275-279)

But also, for one practitioner, it was the actual diagnosis itself that could be problematic, particular so because of the association between a diagnosis of autism and self-stimulatory activity. It was the practitioner's contention that certain behaviours might be labelled or attributed incorrectly due to assumptions being made about an autistic person's behaviours.

> *'It's really tricky because with autism you've got this label of stimming. So some of those actions can be placed under stimming … [name] she used to poke her eyes a bit and I was told "ooh she's stimming" … [but] she had really dry eyes and she had really irritable eyes, and that was missed for a long time because … you've got a diagnosis and there's an assumption that you're going to have all those things wrong because you've got that [autistic] diagnosis*' (#10, 639-655)

Concerning those recipients of Intensive Interaction with a diagnosis of autism, one practitioner apparently cautioned for a slower approach to activity engagement, giving more time to the person, presumably due to delayed or impaired cognitive processing.

> '*Just wait a minute, he probably needs time, he's got autism*' (#11, 660)

In terms of other diagnoses, people with Angelman Syndrome were identified as requiring particular consideration due to the differences they were more likely to present in terms of arousal control and social presentation.

> '*We really wanted to be sure that we were meeting that young person's needs … particularly people like Angelman's … who get very easily over aroused but love company*' (#2, 52-56)

For people with visual impairments, initiations into Intensive Interaction engagements were seen as a particular issue. With such people it was seen as advisable to work around the impairment and '*think a lot more about using the other channels that are available to you*' (#4, 323-324) in order to socially initiate with them e.g. using verbal greetings (possibly even knocking on a door!) or employing sensitive and familiar types of physical contact cues to announce a period of social interactivity.

For other people with some, albeit restricted vision, the physical positioning of the practitioner might also need particular consideration, and if necessary be adapted to '*maximise their opportunity to see you*' (#4, 322).

One health related area that had presented particular difficulty was recounted by a parent practitioner when talking about the potential effects of epileptic activity on her daughter: *'she was constantly moving, and having seizures, there's all the other things going on'* (#10, 984-985). This difficulty was also manifested in terms of reduced concentration and increased mobility about a room – these issues impacting on the potential for extended engagement.

The use of Intensive Interaction with people with dementia was raised as a particular issue. When using Intensive Interaction with people with dementia, particular adaptations might be considered if some verbal understanding was retained (which was contrasted with using Intensive Interaction with people with intellectual disabilities who never achieved any symbolic understanding). Also it was seen as useful to have some background knowledge of a person's previous life experiences and interests as considerations for potential Intensive Interaction 'topics' or activities of interest. Therefore the potential for the use of specific '*memory objects or reminiscence objects*' might be considered as a focus around which to develop the Intensive Interaction engagements.

> '*I suppose in the case of dementia I would perhaps think a little bit more about speaking to that individual with the assumption there might be more retention of verbal understanding ... so I might … find out a bit of history about the person with dementia and find out whether there was anything from their past which could inform the present interaction. So any object, memory objects, or reminiscence objects that could be used within the interaction*' (#5, 508-517)

1.1.3: The issue of a person's 'demand avoidance'

Testimonies from two practitioners indicated an issue related to excess demand being placed on individuals (outside of Intensive Interaction engagements); especially so if a person is seen to be higher functioning with respect to their language comprehension or use.

> *'Our autistic guys, because they have words and language, because they can perform tasks with great ability and they have special interests and they're very good at lots of things, there is that potential that the demand is too great' (#12, 437-440)*

This issue of demand avoidance or resistance was also highlighted by one practitioner, even within Intensive Interaction engagements. This view of the person being '*demand resistant*' was seen to have a significant impact on the kinds of interaction seen as appropriate (i.e. '*very low key*') for the person i.e. using more restrained body language.

> *'He's very demand resistant, so even sitting down to do Intensive Interaction with him, even if you're very low key and all your body language is right, even that can seem like a demand to him I think … you have to be available for him when he decides to talk to you' (#9, 28-34)*

1.1.4: The issue of a person's 'sensory profile'

Another issue associated with a person's diagnostic or personal profile was related to the accommodation of certain quite broadly defined '*sensory issues'* or '*sensory processing*' issues. Other terms also used concerning this issue included a person having a '*sensory profile*' or the person somehow inhabiting their own '*sensory world'*. There was also evidence of designated areas i.e. '*sensory rooms*', where some kind of 'sensory' work was explicitly prioritised and facilitated.

Such 'sensory' views were evidenced in testimony about certain activities being seen to successfully provide specific forms (and/or amounts) of '*sensory stimulation*' for the individual, these being seen to meet certain potentially heightened sensory needs of some people (or types of person).

> *'It's really common for them to like trampolines, so spend a long time on the trampoline; [it] might be a sensory thing that they need more sensory stimulation'* (#9, 356-358)

The proactive management of some kinds of '*sensory stimulation*' was also raised as an issue i.e. the potential for some people to become '*sensorily overloaded'* was evidenced by one practitioner, specifically in relation to young people with autism. Such a state of sensory overload was seen as being something that could militate against the use of Intensive Interaction in certain circumstances e.g. after '*a really bad trip in*'.

> *'With our young people with autism, it was always really important that we're sure that they were feeling happy … he's had a really bad trip in and he's sensorily overloaded, so that's not fair [to conduct an Intensive Interaction session]'* (#2, 29-33)

Also the tactile exploration of objects was referred to as potentially helping some people who were seen to have '*sensory issues*', possibly in a socially facilitated, graded exposure way.

> *'Having some objects is quite good, especially when you do have sensory issues because … some people have difficulty touching and feeling things, so if you allow it, that exploration, you're helping that side of things as well'* (#10, 266-270)

An individual's interest in, or exploration of objects was something that could lead to useful practitioner reflection on why certain objects or types of objects are of particular interest to an individual person; sometimes this being seen as a starting place for developing a broader interactive repertoire. An individual's use of objects or toys during Intensive Interaction was also proposed as informing some kind of informal sensory assessment, presumably as observations of a person's self-directed exploration of toys or objects could help identify their personal sensory preferences.

> *'It's been amazing for me to discover how Intensive Interaction is such a good assessment tool for sensory processing … how does this person work his or her sensory world including toys.' (#11, 445-450)*

However, one cautionary point was raised about the possibly overly prescriptive use of '*static*' individualised '*sensory profiles*', this point being that any inflexibly timetabled and predetermined sensory type activity may not always be appropriate for the person at any given time. It looks from this practitioners testimony that some 'sensory' type activity can sometimes be done to fulfil a timetabled obligation, and not necessarily seen as a means to improved social engagement.

> *'Sensory profiles are being used very often, and then prescriptions afterwards about, ten minutes trampoline for this boy, five minutes of foot massage for this girl, and [a] sensory profile isn't a bad thing, but it's quite static'* (#11, 434-438)

Finally, sensory issues were also talked about in terms of some people having identifiable sensory impairments e.g. visual or auditory impairments. The issue of sensory impairment can be a key issue for practitioners to address, as 'sensory impairment can serve to compound, exacerbate, or even cause physical, cognitive or social and behavioural problems, and so should be considered at the heart of interacting needs and developmental difficulties' (Hewett et al, 2015, p.153). Such consideration is particularly important where an accommodation of that impairment might impact directly on which potential Intensive Interaction strategies could be deemed most appropriate.

> *'If they're blind I'm not going to concentrate so much on how I present myself visually, I'm going to be thinking more about sounds and the use of touch and positioning. Likewise, if they're deaf I would consciously try more visual stuff and the use of touch'* (#5, 485-489)

From the qualitative research point of view, during the analysis stage it emerged that the term 'sensory' appeared to carry different meanings for different practitioners; sometimes it seemed to indicate some formalised 'sensory processing disorder' type issues, but also at times it seemed to be used to describe certain kinds of tactile or object focused engagement strategies. The term 'sensory' was also used in reference to auditory or visual impairments.

On this same 'sensory' terminology issue, generally across services for people with learning disabilities and/or autism, it is the authors' recent experience that the single word 'sensory' seems to be increasingly used, but perhaps increasingly less well understood as to its specific meaning i.e. in a specific instance does the term allude to a formal sensory assessment, or some presumed sensory processing impairment or disorder, or has it come to include the application of any type of sensory stimulation, and any and all responses to that sensory stimulation, for people who have not been clinically assessed.

Within this issue there seems to be a potential, through increased use of such unclear or potentially confusing terminology, to unintentionally pathologise some human behavioural responses that may be universal or perfectly appropriate to the kinds of situations, experiences and living contexts that people might encounter.

1.1.5: The bigger picture: more general views of care and the person

One issue that emerged during the analysis stage in this research was what might be described as the practitioner's conceptualisation of a '*bigger picture*'; this '*bigger picture*' being more to do with the labelling of individuals with learning disabilities. This bigger picture is something that was seen to potentially define, or even dictate, certain prioritised care practices for people with learning disabilities, with community access or more structured table-top activities often being given priority over individualised social engagement activities.

> *'You can tend to be labelled … learning disability, and they don't see the bigger picture of that one person' (#10, 626-628)*

> *'It was more compliancy than participation … it's part of that routine, that daily thing, they've got a learning disability so they have to go out' (#13, 105-115)*

Compliance within some kind of task orientated table-top activity was also identified as an expectation for children within some children's services.

> *'Historically, and particularly within children services … somebody who comes in to see you makes you do stuff… makes you actually sit down and do a task' (#1, 69-73)*

One practitioner also touched on the issue of a societal infantilisation of people with disabilities more generally (i.e. society generally projecting assumed child-like characteristics onto people with disabilities), with this presumably influencing what would ultimately be seen as appropriate activity for them to be offered or engaged by.

> *'[It's an] impression with people who maybe have got a physical disability … making them more like a child in your mind' (#11, 1080-1083)*

However, the point was strongly made by one practitioner that people with learning disabilities, even non-verbal individuals, are in effect no different in terms of what they require from communication. Also, some form of Intensive Interaction was identified by this practitioner as being universal in its use, Intensive Interaction in fact just using *'all the same skills that you've got inside you'* (excepting symbolic language).

> *'I think that I'm always trying to get that point across … Intensive Interaction isn't something different, it's just a form of communication for people who are non-verbal. So it's using all of the same skills that you've got inside you … you are doing Intensive Interaction with your friends all the time, you're just doing it without speaking with the people we support' (#7, 471-484)*

Sometimes however, successful social engagement was seen as a matter of matching up individual '*personalities*', with a practitioner in some way socially connecting better with some people. For one practitioner, this perceived ability to '*connect better*' with some people was reported as deliberately informing a process of trying to match up particular people with either themselves or other staff as practitioners who embodied certain personality types.

> *'I think some individuals may be a bit harder than others to reach and it can be something to do with personalities … if I connect better with 3 people, and not so much with 2 others, then … I'm probably going to do better work with these 3 people than trying to work with the 5 of them, and maybe leave the 2 others with other staff' (#3, 403-414)*

1.2: The Intensive Interaction Practitioner's personal characteristics

1.2.1: Levels of practitioner Intensive Interaction knowledge and experiences

When talking about a practitioner's personal characteristics, their levels of Intensive Interaction knowledge and experience were seen as an issue potentially affecting the way Intensive Interaction was practiced, either successfully or otherwise.

> *'Without the knowledge and theory underpinning the techniques and styles, you can get it [Intensive Interaction] very wrong I think'* (#12, 568-569)

General levels of direct Intensive Interaction experience were generally indicated as being important in developing good Intensive Interaction practices.

> *'The more chances you have to interact in this way with people, the more you find it just works so well'* (#6, 447-449)

As well as being an experienced practitioner, a depth of knowledge about both the developed theory and accepted techniques of Intensive Interaction was seen as important in providing the right basis on which to develop successful Intensive Interaction practices. Sometimes the subsequent expression of any well-developed Intensive Interaction '*learning*' or '*skillset*' could even become evident at an '*unconscious*' or '*intuitive*' level.

> '*It's my learning which is both theoretical, reading books, going on courses, but also experiential, and I think that's just filtered down into an unconscious level so it's become more intuitive*' (#5, 708-711)

> *'Going through the theories and exploring other people's approaches and different styles … it's allowed a skillset to develop on an unconscious level bringing all those aspects together … it's a bit like a it is a snowball effect, you have to start off with a handful of snow to be able to roll it to start off building this skillset'* (#8, 445-453)

Conversely, for one practitioner, having a lot of direct experience without a lot of underpinning '*theoretical knowledge*' was seen as potentially just as good, in terms of developing good Intensive Interaction practices. Indeed, practices based on the regular deployment of '*more unconscious*' and '*more intuitive*' actions (i.e. '*much like driving*') seemed to indicate a highly developed practitioner.

> *'I think it is conscious but it's less conscious than it was, I think of all this now having practiced very regularly has become more unconscious and more intuitive through experience much like driving'* (#5, 307-311)

> *'The practice is actually very simple, I think you could probably be a really good Intensive Interaction practitioner without so much theoretical knowledge, but with lots and lots and lots of experience of actually doing it'* (#5, 723-727)

However, one issue of particular importance concerned the use of behavioural mirroring or the echoing of vocalisations by practitioners who were not sufficiently informed or trained in the generally accepted Intensive Interaction theory and practice. Such uninformed practice was identified as possibly leading to responses that were seen as just '*copying*' or a '*mechanical kind of following a script*' rather than it being a genuinely responsive form of social communication. Such a '*mechanical kind*' of reflecting back the behaviour of a person

is directly alluded to by Clinical Psychologist Dr Ruth Berry when she asserts: "When mirroring, for example, we should not just be mechanically reproducing a client's behaviour, but we should be picking up on their emotional tone (are they excited? pleased? puzzled? frustrated?) and reflecting this back in an attempt to achieve the attunement that is demonstrated between mother and infant. In doing so, we may ultimately be able to establish a connection and a dialogue with them' (Firth et al, 2010, p.144).

Bringing some knowledge from other skill areas was also indicated as potentially useful in developing good Intensive Interaction practices; in one case an understanding and experience of a state of '*mindfulness*' (see Glossary) apparently helping practitioners to more fully or intensively focus on the person they were interacting with.

> *'I think having some experience of mindfulness really helps, because it is a meditation in a sense of being able to focus on the person, without your own stuff in your own head getting in the way'* (#8, 306-309)

The practitioner's own more general life experiences were seen to potentially impact on the development of their individual personality, their general life outlook, and therefore subsequently on the ways in which their social interactivity practices might develop.

> *'We all come with a bundle of stuff and we see the world through, that bundle … impacts on how we see the world, and how we relate to people' (#2, 850-853)*

> *'All of us develop our communication style from our experiences. So I guess all my experiences up to this point have affected the way I am as a person, so therefore the way I approach Intensive Interaction is going to have that personality somewhere'* (#6, 392-396)

Interestingly, and somewhat speculatively, a practitioner's own experiences of 'infant-caregiver' interactions (i.e. during their own infancy), was indicated by one practitioner as possibly being an influential factor in their potential to ultimately become a good, or at least competent, Intensive Interaction practitioner.

> *'Your own experience of being parented is going to affect your whole approach to doing Intensive Interaction, your approach to supporting people, your approach to communications and interactions in general … I do wonder sometimes whether some staff naturally get it, and often you get the sense that some staff, they just really struggle, and maybe they're never going to be able to do Intensive Interaction, and I wonder whether it's something in that person's history'* (#5, 563-572)

However, a person's potentially negative life experiences were also suggested as possibly being a positive in terms of them then going on to develop an empathetic understanding of the person, and their social or communication difficulties.

> *'I always felt I wasn't really listened to, I wasn't heard … I think I suffered quite a lot of that, and I think now that's definitely made me a lot more empathetic'* (#3, 461-465)

The most powerful formative experience for potential Intensive Interaction practitioners was judged by one respondent to be a personal experience of having someone with a learning disability in their own family. Such familial experience of someone with a learning disability was seen to provide a more '*natural connection*', one enacted at a more human level.

> *'I think the best staff out there are the ones who have personal experience of a family member with a learning disability… they've got that natural connection, they see the people they support as not just somebody with a diagnosis and a label, but as somebody who had a mother, or has siblings, as a valid human being because they've got that personal experience and connection of somebody in their own life'* (#5, 617-625)

Practitioners having previously experienced some language barriers of their own was also seen as being potentially helpful in terms of developing empathy to people currently experiencing communication difficulties of their own.

> *'People for whom English is not their first language … might have more empathy for people who have communication impairments, because perhaps they've had to learn language to come here, they've experienced those feelings of not fitting in'* (#5, 632-636)

Some less than ideal previous working or caring experiences were also seen as potentially helping provide the motivation for some prospective practitioners to want to work in Intensive Interaction ways.

> *'Some of our staff who have worked in long stay hospitals, sometimes they've seen what can happen, and I suppose there's a bit of guilt in all that as well, and maybe that's their hook'* (#7, 550-553)

Not all previous life experiences were seen as potentially beneficial to the development of good (i.e. responsive) Intensive Interaction practices. Indeed, there was an indicated prospect that some previous manifestations of the person in certain professional fields might inculcate some less than advantageous habits.

> *'I was a teacher before [being a parent]… so I think that was in some ways a disadvantage because I'd be used to directing and controlling'* (#9, 617-619)

The practitioner's possibly interconnected personality and life experiences were seen as a potentially significant factor in determining how, and possibly also how well, they were likely to practice Intensive Interaction with a person. It was suggested that some potential practitioners may struggle to successfully practice Intensive Interaction due to emotional or psychological issues that might affect their own sociability.

> *'There are some people who never really get it [Intensive Interaction] because they're not very socially competent to start with … people who have got serious emotional damage of their own … actually find Intensive Interaction very threatening because they actually haven't addressed their own pain'* (#2, 197-211)

> '*I think if you hold on to a lot of trauma's it's going to be difficult to engage with anybody, let alone somebody that needs extra time and patience*' (#10, 810-812)

1.2.2: The practitioner 'being a parent'

Practitioners having real-life experiences of directly enacting the '*infant-caregiver model*' (from which the underpinning theory and rationale of Intensive Interaction was developed by Dave Hewett and Melanie Nind) was seen as advantageous by many practitioners. Being able to reflectively draw on experiences of having interacted in a '*playful, fun, non-verbal*

way' with their own infants was seen as beneficial in developing transferrable interactive skills, whilst also providing useful developmental parallels that would indicate how such engagements and connections could or should operate.

> *'I think the underpinning knowledge of the infant-care giver [model], is extremely valuable in a way of understanding Intensive Interaction'* (#13, 1079-1081)

> *'Mums [and] dads tend to be good interaction partners. They tend to have the skills to pause a little more than some of our younger support assistants who are kind of perhaps more task driven … perhaps also from seeing the developments from within their own infants, children, there's some kind of natural measure as to the level our children are working at'* (#12, 422-430)

Indeed, parenting style was seen by one practitioner as a predictor, good and bad, of a person's potential to be a good, or not so good, Intensive Interaction practitioner.

> *'I think perhaps for the good enough parents, it's going to help them to be a good enough Intensive Interaction practitioner … them being a parent of a child not in a very skilful way, I think it's making it even more unlikely that they're going to be able to be a good Intensive Interaction practitioner'* (#5, 580-586)

Having a baby whilst being an Intensive Interaction practitioner was identified as giving some new, albeit limited, insights into the Intensive Interaction practice for some.

> *'I've heard quite a lot that practitioners who've just had a baby … they would often say "oh wow yes I can really see now the connection and I pick up on a lot more of the non-verbal since I've had my child" … but I don't think otherwise having children or not having children makes a massive difference'* (#3, 491-499)

However, this was not always reported as being advantageous. For some, previous parenting experiences may have the effect of creating unrealistic expectations for some people, if comparisons are made for people with special needs to those with neuro-typical developmental patterns.

> *'Sometimes it could even be seen as a disadvantage … that those individual's in their experience of that sort of neuro-typical pattern of development see that "oh well, we have this, we have this, oh they're going to move on to talking next"'* (#1, 951-956)

However for other practitioners, any direct relationship between parental experiences and Intensive Interaction competences could not always be identified.

> *'I think there are people who've been parents … who find Intensive Interaction not as easy as you might expect. And then there are other people who've perhaps had less experience of being a caregiver for an infant and yet they click to Intensive Interaction with no problems' (#6, 404-410)*

> *'I have met lots of people who don't have children and they're fantastic in communicating with people … it really all comes down to us as an individual … it's about the skill of the person, not about whether you're a parent or anything like that'* (#10, 762-795)

Interestingly there was an identified potential issue for some types of parenting to be too controlling or outcome focused i.e. trying '*to force the child to do something'*, this running counter to the responsive and taskless nature of Intensive Interaction which '… should be carried forward in a 'taskless' way … that is, the outcome of the interaction should not be seen as an important consideration; success should be seen in terms on the level of involvement in the process achieved by the person with a social or communicative impairment' (Firth & Barber, 2011, p.13).

> *'Life experiences for people with parents perhaps … is around getting the child to do stuff, with the idea that once you get the child to do stuff, your child will be happy'* (#11, 1129-1133)

There were two identifiably different parent- practitioner groupings which emerged from the practitioner's testimony. One group, reported on above, included those parent-practitioners who were using Intensive Interaction with children who weren't their own. The other group were those who used the approach with their own children, for whom a number of different issues seemed to arise.

Being a parent, or more specifically in this study being a mother to a person with whom you practice Intensive Interaction obviously gives the parent-practitioner certain advantages. These practice related advantages include having much more extended experiences with and knowledge of their own child; including their detailed life history, their potential health issues and a greater intuitive understanding of their behaviours.

> '*It's completely different for a parent because … I've been there from the beginning. So I'm more likely to know where things have come from, why he's reacted in that way to certain things, because something happened to him when he was two, or that kind of thing'* (#9, 517-525)

> *'In terms of being a mum you tend to have more of an instinct maybe … maybe being a mum that's given me an advantage because sometimes I can tell when there's something else going on that's not a communication problem, it could be like a physical problem, like pain'* (#10, 621-631)

In contrast to time-limited Intensive Interaction engagements with non-family members (who are generally free from any parental level attachments), being a parent-practitioner was identified with more wide-ranging and unrelenting parental worries about the '*big picture*' and the potential future life chances for their child.

> *'There's just emotional baggage there really … I find it easier to work with other kids. It's just nice; you go in, and you have a nice exchange and you finish and you feel good … but with your own child it doesn't end like that, and you're more worried about the big picture, who they are and where they're going'* (#9, 562-567)

Sometimes there was an identified potential for a practitioner parent to wish to maximise the outcomes for their child, with them potentially '*doing too much*' (i.e. becoming too active in the Intensive Interaction process); such natural over-eagerness being seen as potentially, if inadvertently, creating problems in their Intensive Interaction practice.

> *'I can see that his mum is so eager, she's been wanting this so much for the interaction, so she is sort of doing too much.'* (#11, 1230-1232)

This issue of striving *'to do too much'*, or conversely trying to resist an urge to do too much, with your own child when using Intensive Interaction was restated by a parent-practitioner.

> *'Maybe it's because I'm his mum … so my personality is always to do too much, so I always have to hold back, and always have to worry about doing too much'* (#9, 122-125)

Interestingly a reverse experiential learning experience was also suggested i.e. that experiences of Intensive Interaction had the potential to improve parenting (and not just the other way around).

> *'I think Intensive Interaction helps parents be better parents and I think there are people who haven't had experience of parenting who are equally able to learn the techniques'* (#4, 373-382)

1.2.3: The practitioner's support and confidence levels

Although all the practitioners in this research endeavour were experienced and highly trained in Intensive Interaction (they had all previously completed the Intensive Interaction Institute Intensive Interaction Coordinators course over a 14 month period), some practitioners reflected on the levels of confidence to practice Intensive Interaction that they had, or had developed over time.

Over the short term, being stressed, tired or having '*a busy brain'* were issues that could temporarily affect a practitioner's confidence in the moments before actually engaging in Intensive Interaction i.e. if the practitioner was feeling that they were not in the right '*frame of mind*', they may need to actively put other thoughts to one side to focus more fully on the Intensive Interaction.

> *'If I've got a busy brain then that is even more of an issue, if I've got a rushed visit I know I got to go in there and do some Intensive Interaction, or have a go at it, then I've got to go on and do something else'* (#5, 96-101)

> *'My mood, my frame of mind, it's very important, if you are feeling stressed yourself it's about … taking a breath and perhaps putting that aside before going ahead. Just trying to remove all the pressures or other thoughts in my mind*' (#10, 7-11)

Being nervous about working with a new person was something that clearly still affected one practitioner, even though they were a very experienced Intensive Interaction practitioner. However, acknowledging this potential emotional response (presumably through repeated experiences) seemed to help.

> *'I'd still be very nervous when I meet someone new. I will worry that it will go wrong or I won't be able to do it or something, but then you know that's part of it. And then when it does go well, then you feel great'* (#9, 725-728)

One parent practitioner gave some powerful testimony that engagements with professionals, after the diagnosis of her child, had a deleterious effect on her confidence to interact naturally with her own child, instead prioritising a parental focus on functional learning above interactive social engagement and nurture.

> *'What you tend to get is a diagnosis. You're told "oh my goodness that's really terrible". You don't know what to do, and then what you were doing before which was being natural, being like a parent, you then tend to change it because you're suddenly told "oh you need to teach them how to do this" and it's about doing things like thinking about getting a spoon and eating that, or getting a toy and putting it in a box'* (#10, 938-945)

This parent practitioner also related how it is '*very easy to lose your confidence*' due to the multiple demands that are placed on a parent. She also admitted to a particular nervousness when going into a school environment (to talk about Intensive Interaction) worrying that she might be judged by the school staff less favourably than a visiting professional.

> *'So I think it's more probably the confidence thing, but sometimes when I've got into a school I wonder "am I just a mum", I do tend to still think of myself as just a mum and I think that they're going to look at me and think "ooh she doesn't know what she's doing"'* (#10, 714-718)

However, the adoption of Intensive Interaction, and attending the Intensive Interaction coordinators training, was seen by the same parent practitioner (who gave the two quotes above) as a very positive experience in raising her confidence, not only to practice Intensive Interaction, but in the fulfilment of her parental role.

> *'The training has been hugely beneficial to me. Even in making me feel more confident as a parent … because listening to what Intensive Interaction is based upon, that it's based upon that natural parenting style'* (#10, 915-919)

For one practitioner, their confidence to practice Intensive Interaction increased through the process of sharing their practices with others.

> *'When I first started out Intensive Interaction was something that [I] was a little bit less confident … less confident about how I was going ahead with it. But the more you do, the more confident you get, the more you share, the more confident you get'* (#6, 514-518)

Higher levels of confidence were seen to be important particularly when working with people who might present as complex or challenging in some ways.

> *'Somebody … seems to have quite high arousal levels all the time, so he's constantly on the move, he's constantly tapping his head which can tip over into self-injurious behaviour … I think it's only the really confident staff who know him very well that can actually do the Intensive Interaction [with him]'* (#5, 341-348)

A lack of confidence was identified by practitioners in other practitioners or colleagues with whom they might professionally interact, support or even mentor. Such staff were sometimes identified as requiring additional support and guidance; preferably early on in their Intensive Interaction practice development, to work more effectively with Intensive Interaction.

> *'She [staff member] said "well we're doing Intensive Interaction for ages, and we're not going anywhere with it, it's not going anywhere." She wanted I guess, just a bit of support really on where she was going with him'* (#1, 711-715)

> *'We can support teachers to be more proactive in interactions if we can sort the communication stuff out and as early as possible'* (#12, 396-398)

However, one practitioner thought that having other experienced practitioners offer short term Intensive Interaction training or support could inadvertently bring external pressures (e.g. to conform to their specific 'rules' about Intensive Interaction). Any external support (sometimes identified as coming from Intensive Interaction '*experts*') could potentially undermine a practitioner's confidence and view of themselves as competent practitioners.

> *'I suppose the view of other people coming in to do Intensive Interaction that have particular rules, is that sometimes staff can perceive them as the experts that are gonna come in, show us what to do, and then walk'* (#1, 879-882)

Some practitioners seemed to have more issues with regards to their confidence to openly practice Intensive Interaction when working with people with language understanding. Also a sense of awkwardness (possibly associated with low levels of confidence) was identified for some practitioners when openly using non-symbolic sounds (i.e. echoing such sounds back to a person) as a basis for their social engagement, this apparently being exacerbated when watched, and potentially judged, by others.

> *'It's a lot more difficult for me to be with people with speech. So I think it's about accepting your strength'* (#3, 433-435)

> *'If a vocalisation isn't words or some standard typical sounds, people can feel awkward, especially in the company of another adult'* (#11, 97-98)

1.2.4: Practitioners' views on 'cultural rules' and gender issues

A generally perceived culture or differing societal or family 'rules' were indicated by some practitioners to be potentially powerful inhibitors to certain Intensive Interaction practices. The very nature of what is seen as appropriate care was indicated as a potential difficulty in judging how to respond to children at different ages. Such specific or age related '*cultural rules*' were seen to define whether certain care practices (e.g. using nurturing or consoling touch) were seen as appropriate or not, at differing times or in differing contexts.

> *'So when you see somebody handling a baby and touching them and cuddling them … you do stuff without being condemned, without judgements … it's all classed as okay, and then as we grow up all these cultural rules start to set in, and then you have some families that when a kid falls over go "don't fuss him or he'll cry more". Then you'll have other families that'll just scoop them up and cuddle them'* (#2, 831-840)

A certain unconscious '*parent-child dynamic'* was identified as defining some adult care service cultures, potentially affecting staff's views on their roles and responsibilities for enabling individual development for adult service users.

> *'These are adults, they're not children … you're enabling, you're not parenting … unconsciously there is often a sort of a mother-child dynamic or a parent-child dynamic going on in support services unfortunately*' (#5, 610-614)

More broadly, a non-English first language and/or home culture of an individual person or their supporting staff member was seen to be potentially further complicating factors, especially so with encultured views on issues such as proximity and eye contact.

> *'There might be other, more complicated cultural issues around how somebody with a disability is supported in their own country of origin that further complicate that dynamic'* (#5, 639-642)

> *'[We've] got people who speak English as a second language, culturally, proximity, all these things, eye contact [are] different for different cultures'* (#7, 561-564)

The issue of potential gender differences in the application of Intensive Interaction practices was also raised, with one practitioner (a female) providing testimony of a male member of staff working in a more physically dynamic way which contrasted with other, female staff member's Intensive Interaction practices.

> *'We have one person working with him, and he's the only male who's ever worked with him, and he was very physical with him, and their sessions looked very different to everyone else's … he was picking him up a lot and swinging him around a lot and that was really nice for [him]'* (#9, 331-336)

However, using more robust physical activity within Intensive Interaction was seen by one practitioner as an area of potentially difficulty for some practitioners with respect to worries about how it might be viewed or perceived very negatively by others.

> *'I can remember a member of staff saying to me "if I clap back with him like that, and I hit his hands as hard as he's hitting mine, then people will think that's abuse, that's a safe guarding issue because I'm slapping him"'* (#1, 782-786)

1.2.5: Intensive Interaction Practitioners having pre-set plans, agendas or targets

Although Intensive Interaction is generally defined as a 'responsive', 'in the moment', 'person led' approach where the 'outcomes are emergent over time as a result of the … repetitive cumulative process of the activities' (Hewett, 2015, p.273), for some practitioners it would seem that some level of forethought or prior planning is entered into ahead of actually engaging with the person.

Indeed this prior formulation of some strategies is seen as useful as part of a cyclical reflective process. Sometimes prior planning or reflection might include some general plans to build on the perceived successes of previous engagements i.e. to revisited strategies known to work from previous sessions.

> *'I'd always put a plan in action of what I was gonna do next. And it would only be going on, "I'll try what worked the last time"'* (#13, 414-416)

Generally, knowing a person well from previous shared Intensive Interaction experiences, or at least developing an understanding of their general interactive preferences (or '*favourite activities*') can also allow the practitioner to have '*a few things up your sleeves*' in terms of some pre-planned strategies thought most likely to effectively engage the person.

> *'What [are] their favourite activities … so some ideas about what might work if I'm going to do Intensive interaction with that person'* (#5, 18-20)

> *'I used to think of it almost like a filing system … these are the things he likes that I can pull out and use and these are the things he doesn't like'* (#9, 223-226)

Indeed, it would seem that a reflective practitioner feedback loop, sometimes informed by memory of prior sessions with an individual, and sometimes informed by watching video of such sessions, can help develop, refine, or adapt certain Intensive Interaction strategies to improve the fit of the Intensive Interaction practices to the individual.

> *'When you've got it on video … you start to think about it, and reflect on, and maybe plan more of 'I might do that differently''* (#13, 879-881)

However, a practitioner developing a pre-set agenda, or shifting the control away from the person by bringing something unrelated to the person's previously evidenced repertoire into the Intensive Interaction, was seen as potentially problematic in terms of keeping the person successfully attentive and engaged.

> *'With the introduction of an agenda … the Intensive Interaction was gone completely and the control had completely shifted … his attention to those activities was much shorter, and she actually said he gets bored really easy … because all of a sudden, she brought in an agenda, she brought in a game … so therefore we lost that responsiveness from her part'* (#1, 375-388)

Indeed, as is set out in the Intensive Interaction literature (Firth et al, 2010, p.58): 'Just 'being with' someone can only happen if we put to one side any agenda of physical care, behaviour modification or educational development, enabling us to share moments with people in a way that is truly non-directive'. Actively reminding oneself of the open, responsive and non-directive agenda of Intensive Interaction was a technique indicated by one practitioner.

> *'I would try to actually just remind myself that we're not trying to get anywhere'* (#11, 8-9)

Indeed, some professional ways of working with people that enact predetermined, externally defined activities conforming to pre-set targets (i.e. to measure a person's performance) were seen by one practitioner (a parent) as setting up the person '*to fail'*.

> *'An educational psychologist came in with some really intricate, complicated contraption where she's got to put a ball and work it through a maze … and somebody comes there and they say "red, blue, where's the red one?" and it all becomes a test, and your kid is set up to fail'* (#10, 953-966)

However, practitioners not having any predetermined agenda or plan did not mean that they didn't consciously think about some potential issues in ways that would inform the form or nature of an interaction. Having some predetermined *'boundaries'* which might address an individual's potential for over-arousal or challenging behaviour could help inform an Intensive Interaction session in terms of any physical proximity or the activity tempo.

> *'I wouldn't put myself at risk ... so I might not get too close to somebody who had well known documented high level sort of aggressive behaviour'* (#5, 489-499)

> *'People … who get very easily over aroused … you have to understand how to create boundaries to stop them being over aroused'* (#2, 54-57)

> *'It's a conscious process … it's about just holding back and assessing the situation before you go into work with that individual person … and making our behaviour as simple as possible'* (#12, 52-56)

Although practitioners generally claimed that they did not go into an Intensive Interaction engagement with any set agenda or predetermined plan ['*with this gentleman … I have no particular expectations'* (#13, 142-144)], some did allude to developing some generalised expectation of a person's interactive potential. This idea of an identified interactive potential, based on the '*foundations'* already created, was perceived as a guide to the types of Intensive Interaction seen as realistic and appropriate for an individual.

> *'You can see where the person can go … you can start to see we're building the foundations of where it could go for the individual'* (#13, 40-44)

As with having expectations for what are appropriate forms of Intensive Interaction to engage with different individuals, one practitioner thought that having '*neuro-typical expectations of performance*' would not be helpful, presumably for people with autism who would not respond socially in ways seen in non-autistic individuals.

> *'Having a neuro-typical expectation of performance outcome isn't going to be helpful'* (#1, 998-999)

Such expectations being placed on people with autism, especially those who had high levels of cognitive ability and language comprehension, could prove counter-productive if these expectations led to excessive 'demand' being placed on them to perform at higher levels outside of their special interests.

> *'Our autistic guys, because they have words and language, because they can perform tasks with great ability, and they have special interests, and they're very good at lots of things, there is that potential that the demand is too great'* (#12, 437-440)

1.3: Service or family level issues affecting Intensive Interaction

1.3.1: Environmental and 'other staff' issues

Although in theory '*Intensive Interaction can happen anywhere, anytime, anyplace*' (Firth & Barber, 2011, p.51) the practitioners gave varying testimony concerning the effects that '*the environment*' around a person can potentially have on the success or otherwise of an Intensive Interaction engagement. Sometimes an environment can be '*available, interesting, open'* (#11) and thus supportive of an Intensive Interaction engagement; at times the environment can even provide some stimulating elements that can contribute to an engagement e.g. via an environmental 'joint-focus*' or as the basis of some running 'environmental commentary*'(*see Glossary).

A process of actively assessing an environment was suggested; this assessment process being focused on working out how best to initiate a session of Intensive Interaction within the given environment, with issues such as the practitioner's and/or person's positioning, the environmental location, or the use of environmental '*materials*' being considered.

> *'You're assessing that, and the context and the environment around them to think about the best way and position to initiate your interaction with them'* (#1, 148-151)

> *'Start thinking about 'how does the environment look' … meaning it shouldn't do too much, but it should be available, interesting, open … basic things that are around, materials and areas, access to the outdoors'* (#11, 288-305)

The kind of environment in which Intensive Interaction is undertaken was seen to have an impact on the kinds of interactions deemed likely to develop e.g. some environments being more visually stimulating (or potentially distracting from one-to-one engagements), and some environments more supportive of individually focused and lower arousal or slower tempo Intensive Interaction.

> *'The interaction was much busier because his eyes were all over the place looking at other people coming and going, and that became part of the interaction. Whereas when we were in the sensory room, it was much slower, more measured because it was just him and I, without any distractions*' (#5, 140-144)

However, as set out by Hewett et al (2015, p.275), perhaps this issue of a suitable Intensive Interaction environment should be seen as a more dynamic and longer-term issue to address: 'One-to-one work does not always imply leaving the room, although a quiet area may be beneficial during the early stages of establishing a connection with learners who are easily distracted, anxious or difficult to reach. However, if the aim is to establish Intensive Interaction as occurring regularly and frequently enough to achieve progress, then it is essential that the majority of Intensive Interaction activities takes place within the normal, regular daily routine and situation'(p.275).

One parent practitioner thought that doing Intensive Interaction in a less '*formal'* home environment was easier as individualised resource items (i.e. toys) would be more readily available, and the person (the practitioner's own daughter) would be more relaxed.

> *'It's easier in the sense that home is not formal compared to school … it's easier to play at home where all their toys are, and they're more relaxed here'* (#9, 553-555)

Creating an environment with sufficient space where a person can feel that they have the freedom to move around in, not feel blocked or intimidated, and even *'walk away'*, can be important in giving them control and choice as to whether to engage or not.

> *'You don't block them in. So they're not in a space where I'm intimidating you, here and in your space. It's got to be so that they can freely turn their back on you, walk away'* (#2, 901-904)

However for one practitioner, a Speech and Language Therapist, some environments could potentially be '*too difficult'* or '*too stimulating'* for a learner to engage within. In such circumstances consideration would be given to moving to another place to see if that improved the prospects for Intensive Interaction.

> *'There are some situations I think that are too difficult for somebody to interact, and if the environment around them is too stimulating and they're getting high levels of arousal, so I might actually try and change the place … just to see if that makes a difference*' (#6, 287-291)

Certain sensory elements within an environment were identified as potentially having negative consequences for some people. One identified element that needed a managed response was control over the type of lighting.

> *'One young man, it was really massive for him to control light. So he was fine with daylight but [with] electric light it was very tiring and very stressful … that meant that we spent 2 hours with him in the dark with only some fairy lights on'* (#2, 513-519)

On this issue, Occupational Therapist Jane Horwood (Zeedyk, Ed, 2008 p.167) usefully explains that: 'Visual, auditory, olfactory, tactile and movement/vestibular sensations within a specific environment can have a positive or negative impact upon an individual's sensory organisation. The colour of the room, the background noise, the floor covering, the surrounding scents and odours, the opportunities to move or not, all have a sensory impact'.

Another environmental issue (or constraint) was that of having to consider the presence of other people during Intensive Interaction; this meaning that issues of noise distractions or even other people's potential safety might require some thought.

> *'They can get too physical or a bit frantic, so the behaviour just kind of needs to calm down so they're safe in their environment, especially if I'm doing kind of group work and there's more than one child in the room'* (#8, 194-198)

In adult residential services the daily structured and 'task-oriented' routine i.e. of having many other things needing to be done, was also seen as potentially distracting from the practitioner's full focus on any Intensive Interaction.

> *'There is structure to the day … you could be in a really brilliant Intensive Interaction with somebody, but in the back of your mind you've got to go and do the laundry, because they still need clothes to wear, that can disrupt an Intensive Interaction'* (#7, 116-126)

Doing Intensive Interaction in a controllable and consistent home environment was seen as advantageous, specifically so in the longer-term relationships developed by parent-

practitioners, although time pressures were acknowledged as a potential issue that needed some structured pre-planning.

> *'A huge advantage of doing Intensive Interaction the way I do it at home is that it's then consistent … I try and take on people who work long term with him … but it doesn't matter anyway if they come and go because I'm always here, where as in school you can't guarantee that at all, you can't guarantee any consistency like that'* (#9, 577-584)

> *'This is a home, so it's more to do with if I had the free [time] … in the early days I would try and have set times, otherwise it wouldn't get done.*' (#9, 7-14)

Having service level or systemic pressures of limited time, and a perceived pressure to successfully perform for an audience of colleagues or other staff (whether supportive of Intensive Interaction or not), was seen as potentially making any episode of Intensive Interaction practice more pressurised.

> *'All of the other things that might be happening behind the scenes are often the pressures that push that agenda a little bit. So the time pressure that you might have or the fact you've got the entire unit standing, watching over you… those kind of things do bring the performance pressure onto you'* (#1, 897-904)

> *'Working in partnership with the staff team... if they're not on board … I think it's very demoralising and devaluing for the staff*' (#13, 31-37)

Having other staff in the environment where the practitioner is trying to engage with the person can sometimes be problematic, especially if staff try to prompt some kind of response from the person. Keeping a staff team '*on-board*', whilst also exploring Intensive Interaction with a person, was identified as being an important issue in developing a sustainable and purposeful relationship with them.

> *'Meet the person where they are, and also meet staff team where they are, so if the staff team are sort of running around and prompting the person to interact with me at that stage I wouldn't necessarily intervene and say "please don't do that", because it's also about making a relationship with the staff team … I need to get them on board and I don't want to be forcing them to do something that is not gonna be sustainable'* (#5, 74-85)

1.3.2: Family issues effecting Intensive Interaction, including the 'medical model'

Additional considerations were identified as being present for practitioners working with families; it was seen as important to establish a relationship with the support network around a person, as well as developing a relationship with the person. A practitioner familiarising themselves with the family and the person's support network, was suggested as an important starting point, with such familiarisation helping ensure all those interacting with the person have sufficient understanding of the aims and strategies being used.

> *'Maybe how a family member perceives it [Intensive Interaction], or they can be uncomfortable, I'd explain to them first'* (#7, 9-11)

How family members appear to be coping with a diagnosis or the disabilities of a family member was also indicated as a potential consideration. Practitioners indicated the pressures on parents and families, and how such pressures may affect their approach to Intensive Interaction, or even their expectations of their family member's future.

> *'The emotional state and well-being of parents as well, have they come to terms with their child with special needs? What is home life like? They tend to be fairly stressed out parents' (#12, 409-412)*

> *'It's just hard to parent a child with autism. So the parents can be just exhausted or stressed or anxious and often worried about their future … I think none of that helps with being light-hearted and playful [with Intensive Interaction]' (#9, 545-549)*

Such pressures were suggested by one practitioner, a mother, to negatively impact her relationship with her child, potentially indicating that these pressures may make familial relationships *'become unnatural'*. External positive encouragement and support for families was seen as lacking, but much needed due to pressures placed on families.

> *'I needed somebody saying "carry on doing what you're doing mum, being a mum, being natural", but it becomes unnatural when you have a child with a disability'* (#10, 975-977)

Significantly, this issue was previously reflected on by Speech and Language Therapist Cath Irvine (Firth et al, 2010) who stated that: 'I believe the introduction of Intensive Interaction to parents and carers should be done with the utmost humility and co-operation. Had we listened to parents more thoroughly, had we not disempowered them in the face of our 'expertise', we may have been in a position to embrace what is now called Intensive Interaction many years ago' (p.43).

A depersonalising 'medical model' of disability (i.e. viewing someone in terms of their impairments, and how their impairments may be '*fixed*' or '*compensated for*') was raised as a perspective potentially held by some professionals. This view was seen as potentially causing upset for the families if they saw their child *'being talked about as an object'* and not as an individual person, thus providing another external pressure for families to cope with. This medical approach was also suggested to support the use of more goal-directed approaches, which do not fit well with the Intensive Interaction rationale and practices.

> *'In [a] special needs context … it's probably quite a medical model. So it means lots of meetings … a lot of negative or very objective, distant focus on your child … the child is being talked about as an object … and again this "we need to get him somewhere" approach or "he's got this disability and we need to compensate for it"'* (#11, 1162-1173)

One practitioner discussed how the aims and methods of Intensive Interaction were not defined by a medical perspective, but instead identified '*fairness*' of Intensive Interaction making it the most ethical approach to interacting with individuals with learning disabilities.

> *'Looking at people with disabilities … we're looking at them through medical optic. So I was very much drawn by what I saw was fairness and this [Intensive Interaction] is the ethically right thing to do, no medical assault'* (#11, 1528-1532)

Chapter 2: Issues for Consideration … when initiating Intensive Interaction

2.1: Gaining the person's attention for Intensive Interaction

The way in which a practitioner might initially gain the attention of a person, prior to starting any Intensive Interaction, was an issue that seemed to highlight three particular methods. For one practitioner, even before contemplating any initial Intensive Interaction, being self-aware and then ultimately somehow becoming psychologically prepared for the forthcoming period of Intensive Interaction was deemed important.

> *'The first thing I do when I get into a room would be not to be too much, because I'm trying to focus on the person, but I might need to focus on myself a bit first. So if I come into a room and discover I'm not quite at ease, I'll try to become at ease before I become available to the person, because I don't want to be too much for that person'* (#11, 32-37)

Initially some form of quiet observation whist sharing '*physical space'* was deemed to be the starting point.

> *'I would tend to just sit and observe, not do too much. So initially, I suppose, I would just share the physical space with that person'* (#5, 23-25)

Just being '*in a certain proximity'* with someone was sometimes seen to be enough to recruit the attention of a person and thus create an opportunity for them to initiate an interaction.

> *'I could have walked by the person and … they've reached their hand to you, or looked in your direction. So you might already be in a certain proximity, so then they'll have initiated it anyway'* (#7, 32-35)

This use of proximity to signal a practitioner's interest and availability for Intensive Interaction was a strategy that was seen to need a sensitive and exploratory approach to avoid rushing into a person's personal space in a way that might potentially end up '*bombarding*' them. Therefore being quiet, and then gradually moving towards a person, sensitively checking on the nature of their feedback was said to work best in some circumstances.

Secondly, as well as being physically close to the person, and also *'down to their eye contact level'* the offer of some kind of physical contact was seen as a means of signalling the practitioner's interest and availability for Intensive Interaction.

> *'I generally tend to go in non-verbally … physical offers of interaction or contact, so I'll offer the outstretch of my palms, outstretch my hands towards that individual, to get down to their eye contact level, and be looking to try and engage with them in face-to-face contact'* (#1, 52-61)

According to the Intensive Interaction literature, physical contact is an important, and sometimes under-used means of social inclusion: 'We can use physical contact as a means of sociable communication, and this can be an effective means of promoting mutual trust and sociability. Giving and receiving physical contact can provide a powerful signal of inclusion, and equally the denial of it can provide a powerful signal of the opposite, social exclusion' (Firth et al, 2010, p.28).

Thirdly, acts of initiation tended to be reported as being based on gaining the person's attention by using some form of mirroring or reflecting back of the person's current behaviour, including mirroring the person's vocalisations.

> *'At first, the way I tend to do it is I would imitate quite similarly to what the person does. Also because I want the person to grow their awareness of I'm doing what they're doing'* (#3, 152-154)

> *'When you're looking for a way in, when you're not sure what's going on and maybe trying things out to start with, or when you're trying to get a conversation going, then yeah I'd be more likely to try and mimic exactly'* (#9, 461-464)

> *'In very early interactions I would probably tend to keep it more similar to what they're doing and because you're trying to gauge how much they're recognising you're there'* (#4, 170-172)

2.2: Initiating Intensive Interaction engagements

If and when a practitioner initially gained the person's attention, it was deemed important for the practitioner to present themselves in an approachable and encouraging manner, more specifically by deploying '*the available look**' (*see Glossary).

> *'You've got to be friendly and approachable it's encouraging the individuals to actually want to interact with us as well, we've got to be offering the available look'* (#12, 57-59)

This idea of having, and clearly showing, an open and receptive 'sense of presence' was also seen to allow the time necessary for the person to take the lead and initiate the Intensive Interaction engagement.

> *'Just be open and receptive, just waiting for [the person] to take the lead'* (#10, 41-42)

> *'Ultimately the most respectful way to actually engage with an individual is to actually offer yourself available for an interaction if they chose to engage back'* (#1, 79-82)

Sitting back and waiting for a person to initiate with their own behaviour was seen as potentially drawing the person's attention to the fact that the practitioner is there to interact with them; this process of patient waiting actually resulting in improved levels of interest and aroused engagement on the part of the person.

> *'Waiting, and often that would lead to somebody becoming more engaged, more animated, less flat, just because they gain an interest in the fact that you're there'* (#4, 233-236)

An initial '*tuning in*' phase of Intensive Interaction was identified and described as a period of quiet and reflective inactivity during which the practitioner observes the actions of the person before deciding on which, if any, response is to be made to develop some level of sociable connection with them.

> *'Holding back, waiting, watching, observing, tuning in and then responding to the things that the person does … gauging whether they are interested in that or whether it seems to kind of add to the sense of … connection between us'* (#4, 23-27)

> '*I'd still go in quite gently … I am tuning in to any possible possibility for an interaction even in that sort of low arousal state, that would still create some sort of interaction even if it was very, very small and very low key'* (#6, 278-281)

This idea of somehow being able to *'tune in*' to the person was a recurrent theme in the testimony of the practitioners in terms of defining how best to initially approach a person for the purpose of Intensive Interaction.

> *'It is tuning in … searching for things to respond to what the interests of the individual are. And it's seeking those things that are actually going to provide the opportunity for us to offer some sort of response'* (#12, 42-47)

Indeed, this idea of '*slowing down and tuning in*' was proposed as a defining feature of the Intensive Interaction session itself.

> *'Part of what I would call the Intensive Interaction session is that process of slowing down and tuning in'* (#5, 125-126)

In these initial, and sometimes slow and tentative stages of an Intensive Interaction engagement, it should be noted that the observation of a potential social partner is also a two-way process, with the person also trying to '*read'* the intentions and actions of the Intensive Interaction practitioner.

> *'You're trying to read them; they're trying to read you*' (#2, 135-138)

An unwillingness or inability of some people to tune in to a person with a communication or social impairment (or other people more generally across society) was seen as a central difficulty in creating equitable social engagements.

> *'The biggest setback for her is that people outside don't tune in to people generally … they just don't know how to be with somebody who's got a communication problem'* (#10, 672-675)

Interestingly, one practitioner contested the notion that the practitioner is the person who initiates an Intensive Interaction engagement; instead they saw themselves as taking the role of the responsive social partner, tuning into the person '*where they're at*'.

> *'Well I don't start, they start, because I will choose to respond to certain behaviours that I feel really conducive to having a chit chat really, so I wouldn't say I'm initiating, I'm responding and I let them initiate … again tuning in emotionally and see where they're at, and take it from there'* (#3, 48-56)

The practitioners also talked about giving some consideration to a person's personal characteristics or potential for challenging behaviour in the initiating stages of any Intensive Interaction. Such personal characteristics indicated included: issue of sensory processing or defensiveness, their levels of language use and/or comprehension, and the aforementioned potential for challenging behaviour. Careful consideration of these issues can help define what are seen as appropriate, and also possibly safe, strategies to offer individual people.

> *'He was very tactile defensive, so I had to find routes in'* (#13, 349-350)

> *'Approach the person non-verbally to start with, depending on how much their carers think they understand language'* (#6, 27-30)

> *'It's the observation period and really taking a look at the individual themselves whether it be that they're presenting with any sort of challenging behaviour or communicative behaviours … really carefully assessing that individual'* (#12, 3-7)

> *'I tend to interact verbally first and gradually increase my proximity and physical mirroring with them … depending on whether or not they've got challenging behaviour*' (#8, 17-21)

During this stage of initiating Intensive Interaction the issue of a person showing particularly strong object orientations or attachments also emerged. One practitioner thought that sometimes starting '*without any toys or anything for them to engage with'* might possibly prompt a state of over-arousal or anxiety, and another thought that certain presumably familiar items might provide an emotional '*safety net'* for a particular person.

> *'Going in without anything, that's without any toys or anything for them to engage with, almost sets them too high to be able to engage with to start off with. They can become just sort of quite anxious about the whole scenario'* (#1, 279-285)

> *'He was keen for us to get started without any objects, just the two of us. But it didn't work because [name] indicated that she did want something, a ball, and maybe that's a safety net for her'* (#10, 209-213)

Once the attention, and hopefully interest of the person was recruited by the practitioner, other strategies were variously used to further develop and then hopefully sustain a period of Intensive Interaction. These tended to be based on known favourite activities or through engagements centred on known object orientations or preferences.

> *'If at that point they're more interested in an object than you as a person, then there's no reason why that can't be a good way of initiating the contact and starting to develop the relationship'* (#4, 98-101)

> *'I'll start with that [use of bubble-wrap], because the staff team who work with him told me he really loved this'* (#13, 281-283)

The idea that a highly favoured object or activity (e.g. *'looking through books together'* or playing with '*bubbles at the sink')* could be deployed as some kind of initially calming, but ultimately sociable joint-focus starting point for Intensive Interaction was also noted.

> *'So to initiate an interaction with him, we would do bubbles at the sink. And that just focused him enough to become calm, and then you would join the activity and enjoy that activity … he would naturally want to go in that relationship with you'* (#2, 79-84)

> *'He's actually wanting to come to engage and share looking through books together. So there's a number of things that particularly over the last few weeks that his mother's reported he's starting to do … now he's starting to bring books to her for her to share with him'* (#1, 312-317)

Such initiation of Intensive Interaction was believed to generally become easier with repeated engagements. This was thought to be because the practitioner can find it easier to '*tune into*' the person and their interactive '*style'*, this becoming a more intuitive thought process requiring less potentially distracting conscious thinking.

> *'You will tune into their style much more quickly than perhaps you might do at the beginning, because you just don't see those things because you're still sort of thinking'* (#1, 1124-1127)

Even when the practitioner uses all their patience, experience and well-developed skills to start the process of Intensive Interaction, expectations for any level of observable progress can sometimes be long-term. Finding some initial '*gateway*' or shared starting point can sometimes be an extended process that can stretch over many sessions.

> *'It took a while actually, for things to get going, even after the sixteen months … I saw a gateway … for it to properly progress outwards'* (#13, 170-174).

Chapter 3: Issues for Consideration … During Intensive Interaction

3.1: During Intensive Interaction: decisions made via a conscious thinking process

3.1.1: Observing and interpreting a person's behaviour and feedback

After the initiation period of an Intensive Interaction engagement there continues to be a process of observation of the person's general behaviour; this observation being focused on the identification and interpretation of the person's feedback on the interaction. Within these observations the practitioner will look for feedback via the person's fundamental communication (e.g. via their facial expressions, their body language and posture, their vocalisations, including their breathing patterns, etc) this being seen as indicative of their level of readiness to socially engage.

> *'You do have to be very tuned in and very observant … however they're signalling to you … and sort of watch out for every aspect of them, their breathing, their physical tone, not just their facial expressions'* (#1, 128-134)

> *'I'd take that time to just observe what he's doing and his facial expressions'* (#13, 231-233)

From these on-going observations, not just during the initiation stage, practitioners try to make continuous and '*at the moment*' judgements as to the person's emotional state, and whether this would be supportive of a continuation or even a further development of the Intensive Interaction process.

> *'Observe the person; see where they're at, what is their emotional state at the moment? '… and just assessing all the time, and if I see that person is flinching a bit, and is not feeling quite comfortable with me, then I'll step back. So just about assessing all the time'* (#3, 372-377)

The practitioner's skills at observing the behaviours of the person are also reported to develop over time i.e. with greater experience. Such improvement in the capabilities of observation was attributed to their being no pressure on the practitioner to be the active agent in the interaction. With time it was also believed that practitioners became more skilled at *'tuning into' a* person's particular interactive '*style',* possibly as a practitioner's observational competences developed.

> *'A lot of the time what people discover is "oh my god, how wide is his repertoire already", "oh he likes that kind of game"; or "he's sensitive to that"... They discover all sorts of things when they have no pressure themselves to do anything'* (#11, 84-87)

> *'You become a better observer and therefore more skilled at tuning into the particular subtleties of that individual's style'* (#1, 1120-1122)

Such observations of the person's fundamental communication presentations were used by the practitioner to make judgements on the emotional state of the person, and their general readiness or otherwise, to engage. This observation and interpretation process was seen to form the basis on which the practitioner framed their responsiveness.

> *'Watch them where they normally would be to start with and to see how they come across'* (#6, 14-15)

> *'Listening to what they say as in … what emotions they might be trying to communicate'* (#4, 269-271)

> *'It's the observation period and really taking a look at the individual themselves, whether it be that they're presenting with any sort of challenging behaviour or communicative behaviours … really carefully assessing that individual'* (#12, 3-7)

However, if the practitioner gets this observation and interpretation process in some way wrong, and draws inaccurate conclusions, then there is potential for misinterpreting or missing aspects of the person's communication. If this were to be the case then it could lead to the person exhibiting certain behaviours unsupportive of the Intensive Interaction process.

> *'We've had that where I've not quite understood what she's trying to communicate to me; perhaps she's grabbed my hair or something because I missed that'* (#10, 420-422)

3.1.2: Engaging a person 'on their own terms' with Intensive Interactions

As Intensive Interaction is a responsive, person-centred approach in which the person themselves defines how an interaction develops, practitioners must adapt themselves to suit that individual's style of communication, and interact with them on their own terms.

Practitioners highlighted the importance of letting an interaction run *'in accordance and in the direction'* of the person; as part of the interactive '*journeying together'*, so long as the person remains both the lead in, and the focus of the interaction, a successful engagement can subsequently be developed.

> *'I think as long as you're being person-centred, and you go in accordance and in the direction of the person, then you're going in the right way'* (#13, 859-861)

> *'Life's about exploring … and journeying together, and as long as we say that it's them that's at the centre of it, and not a curriculum and our agenda, then it will go well'* (#2, 377-380)

The pace or tempo of any interaction was also believed to be best led by the person, with the practitioner adjusting their own natural interactive tempo to align with that of the person, doing this so that they feel comfortable in *'that moment*'.

> *'You can be the most exciting thing in the room, but only if you adjust your pace and your style and everything to suit that individual's needs, at that moment, in that session'* (#1, 445-448)

By giving the person control over the initiation and timings of an interaction, the person is thus seen to be interacting because they actively want to, this voluntary engagement hopefully generating a feeling of control, empowerment and ultimately pleasure.

> *'If you can find a nice and gentle way in so these people are quite ready to interact … they get the hang of the fact that 'oh, I control something' … 'it's pleasant for me''* (#11, 770-773)

> '*Sometimes you feel like the person is very much switched off… but the more you wait, the more you will empower them to initiate and the more … their arousal level is likely to increase'* (#3, 223-229)

When following the person's lead, it was suggested that the practitioner may be able to gauge when the person is not feeling well enough to continue with any Intensive Interaction. If this were judged to be the case the practitioner may then somehow acknowledge the person's negative emotional or physical state and adjust their expectations accordingly.

> *'There are some times when you think … their pain is overriding their ability to interact at this point. So I might be sympathetic to their pain and try and reflect that to them, but not necessarily expecting an interaction from it'* (#6, 364-369)

Ideally the length of an Intensive Interaction session should be led by the person's continued willingness to interact, not by any set timetable or schedule. It was also suggested by one practitioner (a teacher) that the person (a child in this case) may also have control over who they wish to interact with.

> *'I never dictated to support staff who they were working with, for how long or anything … it was totally child centred and child led'* (#2, 117-119)

One practitioner indicated an unfortunate tendency of some staff to '*overdo*' the level or form of active initiation in an attempt to more positively interact with the person, with this tendency to too actively prompt potentially defining many historical interactions with the person.

> *'There's going to be a tendency … that the staff will probably overdo it, trying to get the person to interact and engage, and that might be part of that person's history, that they've had a lifetime of being prompted and poked and pushed and pulled and high fived and all that sort of stuff'* (#5, 377-381)

However it was more often the case that a practitioner themselves would '*hold back'* their own behaviour during engagements in order to allow the person to lead. The practitioner holding back their own actions explicitly allowing enough time and space for the person to offer their own potentially interactive behaviours, to which the practitioner can then in turn, subsequently respond.

> *'It's about holding back my behaviour, because it's not about my behaviour, it's about that person that I'm there to help'* (#10, 785-787)

> *'Hold back our own behaviour so that [you're] providing the opportunity for the individual to act on their environment, to offer something to the world, to which we can then respond'* (#12, 68-71)

One practitioner also suggested that their approach to interacting with an unfamiliar person is the same as their approach to interacting with someone already known to them, as any interaction should always be based on allowing the person to lead the activity.

> *'They drive the interaction, I don't drive the interaction, so I think I would approach it the same for both* [familiar and unfamiliar person]' (#7, 15-17)

However one practitioner did acknowledge that they might sometimes take a lead in an engagement, but only did so in order to actively support a person to control their arousal levels. The use of touch was indicated as being useful in this process.

> *'I may have to kind of lead in the sense that I may have used touch for instance to help an individual to get their arousal level down … there are times where I think "okay this person doesn't actually know how to help themselves here" and perhaps if I use touch to help them, and a lot of the time it works'* (#3, 262-269)

The actual form of an interaction was suggested to be initially focussed around a behaviour or activity that the person is known to find enjoyable and/or engaging. Building an interaction, sometimes indirectly, around something that the person likes to do (even as a form of solo or self-stimulatory activity) was suggested as a '*place to start off'* in order to then develop further interactivity.

> *'It's vital that they've got access to things that they can suit themselves with, entertain themselves with … so it shouldn't be face to face interaction is the goal or the target, yes we wish for that to be accessible to the person, but sometimes what the person needs is just playing'* (#11, 356-360)

> *'If that's their conversation, if that's what they've got to say, then you need to at least have some kind of mutual place to start off with. Yes, the conversation can move on … but at least you have to have a starting point together*' (#1, 805-809)

> *'I don't exactly know why he likes something, I just go with it. So this morning when he was shouting 'go to the shack' or something, I don't even know what that means or what it's from, but he thought that was hilarious, so we just say it back and laugh with him'* (#9, 507-510)

The issue of the person's interactive behaviours '*being accommodated*' by practitioners, rather than the person having '*to accommodate*' others, was one that echoed the view that practitioners engage with their people 'on their terms'.

> *'How pleasant is that for people to be accommodated to instead of having to accommodate'* (#11, 572-574)

The thoughtful creation of an accommodating '*yes environment*' was seen as one way of enabling a process of exploration. Also sometimes adapting aspects of the physical environment in which any Intensive Interaction takes place could improve the outcomes for the person e.g. by making them feel calmer and more ready to engage.

> '*Thought around the environment you create for the person, can it be a so called 'yes environment' when you don't have to say "no" all of the time'* (#11, 640-645)

> *'We even had like a big spinning dish that two adults could sit in … that could just calm him down … we just found that worked with him'* (#2, 91-98)

Developing an appropriate and accommodating social environment through Intensive Interaction was contrasted by one practitioner, a teacher who clearly questioned the value of more controlling and task-orientated teaching strategies i.e. those that might make a learner superficially 'look' as if they were engaging in some kind of normalised classroom activity.

'*Why should he touch paint if he can't stand the feeling of gloopy materials? … but if we make him, and 3 people force him onto the table, and pin him there for 30 seconds, we will get him to look like a real child*' (#2, 990-994)

3.1.3: Being responsive to the person

During Intensive Interaction a practitioner needs to signal their own social availability, and also be sociably responsive to a person, and their behaviour, in ways that will acknowledge any associated communicative intent on the person's part. A practitioner may thus reflect back, imitate or somehow join in with a person's current behaviour (a movement or vocalisation), and do so in a way that helps the person realise that the practitioner is offering to sociably interact directly with them.

'Joining in with what they're doing as a way of them realising that you're there … what you're doing is in response to something they're doing' (#4, 62-65)

'It will always grow from something they have done, or what they've vocalised, what body movement … I would always work with something that's an extension or what somebody already does' (#13, 791-798)

The absence of any sociable response to a person's potentially communicative behavioural repertoire was seen as giving them a negative message about their social worth.

'If that's their conversation, by not joining in with that conversation, it's like saying "well I don't really want to be with you!"' (#1, 790-792)

'To not respond to it is like ignoring him' (#9, 258-259)

Mirroring and/or echoing aspects of a person's behavioural repertoire is suggested as a way to acknowledge what the person is doing, whilst also giving them a response that can help them develop an awareness of the social availability of another person.

'*Looking at his hands and maybe if he opens his hands a bit I would open my hands a bit'* (#11, 484-485)

'The very fact that I'm doing the same as them, it sort of helps you enter their world of communication because they respond to 'ooh you like doing this too' sort of thing, so yeah it can initiate an interaction' (#7, 188-192)

By more consciously identifying and responding to certain behaviours (i.e. those seen as potentially more communicative), the practitioner can provide the person with affirming '*feedback*' that is meaningful to them, and thus develop the socially communicative significance of those behaviours.

'You can make that link between 'you did something and that was significant for me, I noticed that', in terms of making an association between a particular movement or particular activity for that individual that could then move on to be something communicative … provide that individual feedback on the things that they're doing so that they can understand all of their activity has potentially a communicative purpose … affirming to them that the movement that they did, the behaviour that they did … it signalled something to me, [and] I understood what it was' (#1, 543-572)

> *'They'll be talking to themselves like a little script or something really quiet, and then if you pick up on it and show that you're saying it they'll get louder, and they enjoy that'* (#9, 262-264)

Additionally, a practitioner responding to a person through their own behaviour (e.g. sounds) can have the intent to acknowledge, and also to somehow comment on, how the person currently feels, and to share in their emotions with them.

> *'I sometimes use sounds to reflect back how I think the person's feeling or to make it almost like a comment'* (#6, 188-190)

It was also suggested that a practitioner may consciously acknowledge and/or reflect back some specific behaviours that they may wish to promote, and not reflect back some other behaviours that they may wish to see be reduced or in some way modified e.g. focusing their responses on behaviours that might potentially be communicative, but not on those that might be seen as potentially challenging.

> *'Sometimes its modifying behaviour, so there might be some behaviours I don't particularly want to help them increase, so it's like focusing them on the ones that are either less challenging or are more communicative'* (#8, 141-144)

However an ethical issue was also raised that if a practitioner did not respond to certain behaviours that are deemed as less desirable, this could be seen as not acknowledging of a person's attempts to communicate something. It was therefore suggested that a practitioner may still acknowledge a person's behaviour as being potentially communicative, but not in a way that might be reinforcing or encouraging of that undesirable behaviour (i.e. because it is in some way potentially unhygienic or dangerous).

> *'I interact with a young person who spits quite a bit and plays with his spittle and I don't do that, I sort of make a sound a bit like 'puh-puh' with my lips just to sort of reflect what he's doing but not actually join in with the play that he's doing with his saliva … sometimes it's good to show that you're not comfortable with something by not doing it, so it's almost giving that message across 'well actually I don't enjoy that because I'm not doing it''* (#6, 217-239)

> *'If I can consider it a not desirable behaviour I wouldn't follow it … he'll chew cables and sellotape and things like that. So I would somehow ask him not to do that, to spit it out or something, but I think that's still a response … so I do respond to them but not in a way that encourages them'* (#9, 301-322)

There were identified decisions to be made by the practitioner about being selective when responding to a person's full range of behaviours i.e. practitioners shouldn't respond to '*every single little thing'* the person does; to which specific behaviours, and to what degree, a practitioner should respond were decisions the practitioner needed to make, depending on the circumstances.

> *'There's no point in it just going in and imitating every sound you hear … but if it's part and parcel of their normal rhythms, that it's often a good way to be on the same page and to come from the same place, and it gets you into their rhythms and their whole communication pattern'* (#1, 761-773)

> *'I wouldn't say that I respond to every single little thing that she does because again I think I would find that quite annoying if somebody was imitating every single movement you do'* (#10, 367-371)

There was also an identified potential for a practitioner to miss communicative signals from the person if they were to indiscriminately respond to everything; instead a practitioner should *'sensitively imitate'* or only respond to those behaviours that are deemed to hold some communicative value or intent, or behaviours that, if responded to, may maximise the person's opportunity for social participation e.g. a practitioner may decide not to respond to a person's involuntary movements as they will not carry any communicative intent.

> *'It's trying to work out … which actions are actually going to be of interest and actually going to engage or be interactive for the other person'* (#6, 253-255)

> *'Say he has quite a lot of ticks, jerky movements, and I would never follow those because they've involuntary they're not where his mind is focused … I think it's about working out where his mind is, what he's thinking about'* (#9, 271-279)

When responding to a person's behaviours, it was suggested that a practitioner should not exactly copy the behaviour, but instead might acknowledge something that the person has done and respond in a noticeably similar or related way e.g. a practitioner may reflect back a person's vocalisations, but with a calmer, quieter tone if there is a potential for over arousal. This provides the person with acknowledgement of any communicative intent, but in a more measured manner.

> *'Sometimes [it] isn't about copying it's always about responses, and those responses might be joining in, but joining in doesn't mean doing the same … if you hear a sound like 'erghhh' [harsh, frustrated tone] you might not say' erghhh' [harsh, frustrated tone] you might say 'ergh' [softer, quieter tone] a little less intense to say 'yeah I got what you were saying, yes this is frustrating''* (#11, 574-690)

> '*I just respond back positively, I might not even respond back with the same movement as her, I might just respond back with a vocalisation or just a little head movement that I've just acknowledged that, or a smile'* (#10, 374-377)

> *'What I used to do is copy his noises but calmer. So it's like acknowledging what he's saying, but calming it down'* (#9, 413-416)

A potential issue of a '*robotic'* copying of a person's behaviours was raised. Such a mechanical type of copying was suggested to get a practitioner 'stuck' in a routine of copying just what they see, and not adding anything new or of themselves to the interaction. It was suggested that a practitioner should add *'a little bit of your own personality'* or *'some sort of variety'* that would still acknowledge what the person was trying to communicate, but would also add a more social and emotional element to the response.

> *'I think that's a real issue in Intensive Interaction that often staff misinterpret it as copying, and get very stuck on just doing what the person's doing … and forget that actually it's okay to add a little bit of your own personality, your own sort of natural emotional responses to what the person's doing'* (#5, 252-257)

> *'Not necessarily mimicking back exactly the same thing they're doing, and not being robotic in the way that you're responding. So adding some sort of variety is a way of*

> *showing them you understand what they've done or said, rather than just copying'* (#4, 154-158)

Joining in with and mirroring a person's behaviours was also suggested to be the basis for a potential expansion of their communicative repertoire e.g. increased eye-contact, more varied vocalisations and initiated turn-taking.

> *'He had a particular lip-smacking sound … when I got that right … he stopped and attended to me. Gradually that then built into eye-contact and exchanges of that sound'* (#1, 750-754)

> *'When their vocalisations are echoed back to them, there tends to be that moment of pause and then all of a sudden something different comes out, something new, something constructive like their own thoughts'* (#12, 336-339)

A practitioner sometimes creatively responding to a person's behaviour may thus become the start of a *'your turn, my turn'* interactive sequence, with the person being an equal and active participant, and with the potential for a more extended interaction. However, sometimes a simultaneous straight copy of their behaviour can also be successful.

> *'Offer a response in a different channel I think is the way I think if you go along with the [hand] flap, but it doesn't necessarily have to be the copying. Same tempo, pace yeah, and it's that connection of striking up a non-verbal conversation, turn-taking my turn, your turn, my turn, your turn'* (#12, 213-219)

> *'It can vary between being responsive to create a turn-taking conversation, to joining in with them doing whatever it is that they're doing, at the same time* (#4, 67-69)

It was suggested that a practitioner's decision making on how to respond to a person's behaviour may be seen as a process of trialling of a range of creative responses in order to see how their response is perceived (positively or not) by them.

> *'I would be creative in the way I respond to the person, and use imitation, and see how they respond to that, and then take it from there'* (#3, 21-23)

The use of a trialling mirroring and/or 'joining in' strategy with a person's exploration or sensory manipulation of an object was also described. A practitioner may mirror what a person is doing with an object, and then see whether they then want to extend their object play to in some way involve the practitioner.

> *'She has particular things that she likes to pick up and play with … sometimes I might use some of those objects myself, sometimes I might just watch what she's doing and respond to her movements and then she might then invite me to play, like throw a ball to me'* (#10, 156-160)

Finally, it was highlighted that a practitioner's role should not just be that of an 'entertainer', someone who is just there to make a person smile or laugh. Instead practitioners should be responsive communication partners; sometimes just 'being with' a person and responding to their more subtle and possibly even subdued behaviours is just as appropriate.

> *'You're wired to think you've got to make people smile and laugh … whereas really sometimes people just accept you and want to be with you, that's fantastic. So it*

> *sometimes takes you a while for yourself to get to know that, this person being quiet doesn't mean he's bored by me, or she's bored by me or whatever, this person being quiet sat with me that's as intense as it can possibly get'* (#7, 641-647)

> *'Just keeping it natural, I'm not suddenly becoming some drama queen or becoming excited, it might just be 'ohh hi* [name]*', just a general greeting as much as you do with anyone else within the family'* (#10, 52-56)

3.1.4: Practitioners looking to be 'stage-appropriate', not 'age-appropriate'

The issue of providing people with developmentally pertinent social interactivity was seen by some practitioners to run counter to previously accepted '*normalisation**' philosophies or '*age appropriate**' ways of working (*see Glossary) that targeted a person's chronological age as the defining issue in determining how to work with or support a person. Instead, being '*stage appropriate*' in ways that promote a more '*fundamental*' or '*natural style*' of learning and development was seen to be the right way to conceptualise developmentally informed and 'person-centred' ways of being socially responsive.

> *'Throw any kind of normalisation stuff or age appropriate stuff … then you're going to join that individual where they are, at that moment, in that time, on that day'* (#1, 1021-1024)

> *'We just ignore that age appropriate thing, and we just find out 'is it stage-appropriate?' …does it meet this person's needs? Do they find it fun?'* (#2, 874-876)

Such thinking about age appropriateness as compared to developmentally pertinent social interactivity is mirrored in the Intensive Interaction literature. Samuel and Maggs (1998) summed up the situation for one woman living in a residential service for people with learning disabilities in the 1990s: 'She, along with all the other clients had previously been denied opportunities to play because the policy of age appropriateness had become a tyranny' (p.122). For some staff, 'introducing permission to be playful [had] been like turning on a switch' (p.143).

However, taking a more positive view of this issue in 2010, Cath Irvine (in Firth et al, 2010, p.193-194) stated that: 'Fortunately we are now in an era where developmental approaches are more acceptable and age-appropriate practices and expectations have been re-examined in the light of person-centred practices. This does not mean we can now return to treating people like children. It means we treat people with the respect and dignity of a fellow human being and part of this respect is to communicate and interact with them on a level they can understand and participate in'.

3.1.5: Placing no expectations or demands on the person

In order to engage with people in a non-demanding manner, any focus on externally predetermined agendas, or expectations of performance, was rejected by the practitioners. The general rational of their approach was described as *'not having to get anybody anywhere',* with practitioners rejecting the idea of being directed or bounded by any external agendas, time pressures or defined goals.

> *'We shouldn't really be in the game of 'well things are going a bit slow here, so I need to speed it up', because as soon as you start to do that, you bring in an agenda, and*

> *very, very quickly you lose a lot of the elements of what Intensive Interaction is all about … so you end up with an individual that is being asked to perform rather than engage on an equal partnership'* (#1, 260-271)

> *'This is the time of the week where I don't have to get anybody anywhere, and this is also the time … where he doesn't have to be gotten anywhere'* (#11, 272-274)

Testimony concerning the accepting and non-demanding nature of Intensive Interaction was proposed by the practitioners. It was stated that Intensive Interaction may at times actually benefit from the practitioner *'actively being still and waiting'*, so that interactions start with the person, and remain '*in their court'*.

> *'There's a lot of moments where you will be actively being still and waiting for, and judging the tempo, which'll be in their court'* (#13, 637-639)

> *'Just sitting on the floor when no actual interaction is going on, except you accepting the person in the room'* (#11, 1302-1303)

> *'I would just decide that that's where they're at. I'd offer them opportunities, but I wouldn't try to do something to them'* (#8, 186-188)

Another benefit of the accepting and non-demanding nature of Intensive Interaction was believed to be the potential for an associated reduction in the frequency of challenging behaviour. The absence of demands being placed on a person was believed to reduce the potential antecedents that could trigger some challenging behaviours; thus resulting in a reduced likelihood of a person being challenging.

> *'Even if the person is the most challenging person you can meet … I'm not going to ask them anything, I'm not going to try to make them do anything, then the likelihood of them being challenging is very small'* (#3, 388-392)

Such a putative reduction in the levels of challenging behaviour displayed by some people is supported by Cath Irvine (Firth et al, 2010) who states that: 'Many of the possible reasons for challenging behaviour... are resolved through the levels of attention and acknowledgement that Intensive Interaction brings to an individual … the focus on individual, respectful and equal interactions does often appear to have an effect on the levels and intensity of difficult behaviours displayed by some individuals'(p.41).

The potential introduction of some form of demand to perform was also identified as a negative experience for the person (and also their parent). Any externally imposed and predetermined activity agenda and/or expectation was believed to be '*setting them up to fail*', as such demands may be too great or unrealistic for that individual.

> *'To do specific tests and doing specific skills … you're not going to pass the test and so you fail, and then it just becomes this constant thing where you're constantly trying to prove that your child can do … they're looking at this person like 'well they don't know anything, they don't understand, they can't learn'. That's not true, but it's understanding how can you make that learning happen [rather] than just testing somebody'* (#10, 987-1008)

The ability of practitioners to avoid prioritising an activity or learning agenda was suggested as requiring some conscious effort. The importance of practitioners reminding themselves

about the person-centred nature of Intensive Interaction, and resisting the urge to allow their own agenda, and their own professionally defined goals, to take over was highlighted. The agenda-led nature of some professionally defined roles and programmes was also identified.

> *'You've always got to be conscious of why you're doing what you're doing, because it is very easy to let your own needs take over sometimes, and again that's one of those things that you've really got to educate people in because, if they start thinking in a very linear fashion about well 'I want this skill' or 'I want this skill,' before you know it you've changed the agenda, and it's not Intensive Interaction'* (#2, 536-544)

> *'The tendency for a lot of us in this line of work, before we came across Intensive Interaction, was to be doing, doing, doing and to try and stimulate and prompt and almost entertain people. So Intensive Interaction is slightly … counter our own career histories in this line of work'* (#5, 34-39)

> *'When you do a full time behavioural programme, you've constantly got goals for your child, so it makes you think of your child in that way, like 'he's not doing this yet', 'he's got to learn that' and 'he won't be alright until he's mastered this thing,' and it makes you very goal driven with them and also kind of not accepting of where they are at present, because they've always got one more thing to achieve for you'* (#9, 767-773)

3.1.6: Intensive Interaction timings, rhythm and tempo

The timings and tempo of a practitioner's interactivity during an Intensive Interaction episode are said to be guided by, and adjusted to, the person's own behavioural and/or interactive timings and tempo. Practitioners report adapting their own timings and tempo so that they become *'very individual to the person'* they are interacting with.

> *'How I judge the tempo … it's everything about the person's body language … the tempo of the interaction for somebody who's really distressed, it can be really fast and really quick at first … and then for other people it can just be the movement of their little finger … it can be little slight glances and it can be a really slow tempo. So it's just really very individual to the person'* (#7, 103-113)

> *'The tempo that's right for that person is the tempo they're at, and so therefore the tempo of the Intensive Interaction should flow at the pace at which they're capable'* (#1, 253-256)

The tempo or pace of an interaction could also be said to be guided and changed by how the person is responding in the current moment. One practitioner compared the pace of an Intensive Interaction to any other type of conversation, with variably paced '*waves'* depending on how the current interaction is flowing.

> *'Sometimes it goes in waves. So sometimes you can start off either very, very together and very interactive or not very interactive, but then the opposite will happen, so you can get really interactive and then it gets to the point where I suppose it's like having any conversation, you sort of talk about what you have to say … then if you've talked about that, so then you have a little bit of a rest, or a bit of a slow down to the pace'* (#6, 120-126)

Joining in with, or somehow reflecting back the physical tempo and activity rhythm of a person was suggested to be the basis of how to *'bring people together in a communicative way'* i.e. a practitioner will mirror or reflect back, in some form, the rhythm presented by the person's behaviours or vocalisations.

> *'Tempo is important, because that's what we look to mirror, any tempo coming from the individual ... so rhythm comes in a lot with all our people that we support, and it can … bring people together, in a communicative way'* (#13, 702-715)

> *'I pick up on rhythms. If it's a verbal child, and there's a pattern, then I would pick up on that pattern somehow. So if the child's sitting on my knee, I might bounce them up and down with the rhythm of what they say … I pick up on rhythm of things and do those in other ways'* (#9, 239-245)

The apparent arousal levels of a person were seen as highly significant when deciding how to pitch the tempo and timings of an Intensive Interaction. The process of mirroring or reflecting back a person's behaviour was said to be affected if a behaviour was seen as somehow indicative of their current arousal state. Thus a practitioner may decide to not reflect back a certain rhythm or behaviour if that was thought to show the person becoming emotionally over-aroused. Also a practitioner may decide to proactively slow down their own interactive tempo in order to prevent the person from escalating their arousal state; this may still be seen as joining in with the person's timings and tempo, but in a measured manner that can help that individual regain control over their own arousal or emotional state.

> *'I tend to kind of slow things down for them, and when they start to pick up the pace, I tend to not match it but … slow it down with them because they seem to need that support'* (#8, 49-52)

> *'It's just recognising… getting to know that individual so well to know when's the right time to really expand on the Intensive Interaction, but also when the right time is also to start bringing it back down, and going slower and quieter'* (#13, 653-658)

> *'If I have somebody who is walking and their walking is quite peaceful … then I may join in with that and feel okay about it, and be [at] the same tempo and pace as them. However if they're walking quite fanatically because they're anxious, then I may still decide to join in with this behaviour, but then my tempo will be quite different, I will try to join in a way to soothe them rather than join in at the same level, because that would only feed into their anxiety'* (#3, 60-69)

Similarly to slowing down the tempo of an interaction to support the person's arousal control, it was also suggested that practitioners should at times take breaks, in order to give the person sufficient time in which to rest and/or process the interaction. It was also seen as particularly important to have times when the practitioner deliberately waits until the person is ready to continue, or else they may not be in the right emotional or arousal state to positively gain from an Intensive Interaction.

> *'You've got to give them that time, and if you don't give them that time then they're not able to get into any kind of length of a burst of activity at all'* (#1, 644-646)

> *'Sometimes you get the feeling that the person isn't quite done, or haven't quite processed what he/she did themselves. So it needs to be like the breaks in music, it needs to settle for the person'* (#11, 193-201)

> *'The person I'm with will need to rest or they need just time to allow those things that have happened in their interaction to sink into themselves'* (#6, 127-129)

Pausing and waiting for the person to offer something to the interaction may potentially give them the time they need to be refreshed and be ready to again take up an active role within the interaction. As one practitioner noted, this is not '*not doing anything*', but is rather a process of actively waiting for the person to take control of the timing and tempo of the interaction, in their own preferred way.

> *'There'd be a lot of pauses with [name] and myself, but they were the times, I'd call it being actively still, where I'm not saying I'm not doing anything, but I am very much on the ball waiting for something'* (#13, 331-334)

In terms of how important the deliberate use of active or '*on the ball'* pausing is during interactions, this issue is addressed in the more theoretical literature, which identifies the role of pausing in the infant-caregiver interactional model, where: '*Chunks of behaviour are interspersed with pauses, which serve to regulate the timing of the interactions and allow for maternal adjustment and evaluation*' (Stern et al., 1977 in Nind & Hewett, 2005).

Indeed, it was seen as important for practitioners to be careful not to push on for something, or to drive an interaction forward. Instead the practitioner should hold themselves back to a degree that allows the person to determine the *'right speed'* for the interaction, even if that means there are points when very little activity is seen to happen.

> *'You might think at the time 'oh come on, we need to move forward', but you mustn't, because [of] the beauty of going at exactly the right speed'* (#2, 239-242)

> *'One of my very favourite videos of staff is for about 10 minutes [when] very little happens in the Intensive Interaction, but it was just so warm and kind and everything you would want to see in care'* (#7, 391-394)

The practitioners also indicated a potential conscious control over their timings and tempo of an interaction, learning to match the tempo of the interactivity to the person. Alluding to a tendency to '*be fast*' or to '*do too much*', practitioners should consciously '*shut up*', '*hold back*' and slow themselves down to match the tempo of the person.

> '*So my personality is always to do too much, so I always have to hold back and always have to worry about doing too much*' (#9, 123-125)

> '*I've learnt to listen more and learnt to shut up basically. I've learnt to give her time and not fill in the gaps*' (#10, 884-887)

> '*If you go too fast and try and do things too quickly then that spoils the interaction … I make sure I'm not going too quickly or going too slowly*' (#6, 83-88)

This process of the practitioner consciously limiting themselves and their own activity was suggested as useful in enabling more effective ongoing observation, and in the moment gauging of the person's potential actions.

> *'I always just trying to keep a level underneath, so that I can continually tune into her and also gauge what way is this going to go'* (#10, 70-72)

> *'I think the key is if you just do that little bit less, it gives you an opportunity to keep reading all of those signals because, as I say, I might miss them. I could get up and start getting really excited and jump around the room with her, and then that might take my mind off the observations'* (#10, 383-387)

The deliberate use of holding back the practitioner's own actions within a period of Intensive Interaction was also seen as useful in promoting increased levels of a person's attention and anticipation within Intensive Interaction. This technique of '*bringing in a little tease'* was also seen as a useful way of positively building the person's levels of excitement.

> *'Engage in activities that involve us getting into turn taking bursts and exchanges of behaviour, sharing joint attention, and interactivity together'* (#1, 308-311)

> *'Responding back to her positively, maybe just you know a little game, like you're bringing in a little tease, I think a lot of it is about the pausing, you're building up the excitement, by 'ooh' getting excited'* (#10, 98-101)

3.1.7: The frequency of Intensive Interaction 'sessions' or engagements

Views on the most advantageous frequency and duration of Intensive Interaction sessions with a person were quite widely offered. Generally it was thought that Intensive Interaction sessions or engagements should be offered as often, and as much, as possible, but always being led by the individual needs and capacity of the person.

> *'We had to go for very tiny 30 seconds and he was exhausted … you think, 'oh well, I'll start here and we'll have 2 minutes Intensive Interaction, and then we'll get 3, and then I'll try this'. But it wasn't like that for him'* (#2, 466-479)

However, not all the practitioners were comfortable in seeing Intensive Interaction in sessional terms. For some there was no start or end to Intensive Interaction, and no matter how brief, it was seen as part of a continuous process of applying certain Intensive Interaction techniques across different times and in different circumstances.

> *'I don't really see Intensive Interaction as a session that has to have a start, a middle and an end. I see it as a set of techniques, and if you're employing those techniques all the time then an interaction as such may be very brief and might not look like a session'* (#4, 111-115)

> *'You can interact through Intensive Interaction in any situation, doesn't have to be the setup of a session. I think quite often objects or activities come into that and you can still interact in that way through any activity that the person is doing'* (#6, 151-155)

This 'non-sessional' view of Intensive Interaction was strongly reiterated by one practitioner, who saw Intensive Interaction simply as '*part of everyday communication*', and not something that is done in separation (in place or time) from everything else.

> *'Intensive Interaction is communication, it's not something you have to go off and do as a session, it's just part of everyday communication'* (#7, 140-142)

For one parent practitioner, the idea of a sessional approach to the use of Intensive Interaction contrasted with her view of the approach being a natural thing that is used

'*throughout the day*' as part of the '*family routine'* i.e. in a non-timetabled home environment, including during functional care task completion.

> *'It's different for me, so it's not timetabled in, I don't have a time slot so it tends to ebb and flow all throughout the day … the more you use it just as a natural thing rather than a sit down session … use it throughout the day like when you're getting washed and dressed and when you're eating'* (#10, 830-847)

Another parent practitioner alluded to different sorts of 'blurred' sessional boundaries in the home (i.e. in terms of the initiating and ending of Intensive Interaction) when compared with the way in which a professional might conceive of and use the approach.

> '*The thought of initiating is much less clear than with a professional, in your home it is just always me and him, so the thought that you initiate something and then end it seems a bit strange because we're together before the initiation and together after it's finished … it's much more of a blurred thing when it begins and ends'* (#9, 56-65)

3.1.8: Being 'unsure', learning from experience, and getting things wrong

Within an Intensive Interaction, practitioners alluded to the feeling of sometimes being 'unsure' on what they were doing, and about where an interaction may go. In the absence of a '*magic wand'*, practitioners have to trial their approach and '*see where we go*' as they do not have any predetermined answers in how to build a successful interaction.

> *'I don't have a magic wand any more than you have, yes I'll go in and engage with him, but we'll see where we go, I'm not going to have all the answers'* (#1, 872-874)

Throughout a social interaction, trialling different approaches (or even different interactive environments) and varying a practitioner's practice was indicated to be part of this trial and error process of establishing '*what works and what doesn't work'*. Practitioners are therefore '*guided by responses'* from the person, either positive or negative, in order to give them ideas of what might be useful to trial.

> *'I just wanted to try in a different environment, just to see how it goes, so we did a lot in here'* (#13, 488-489)

> *'I suppose I'd been guided by responses, I might initially be a bit more varied in what I try, just to see what works and what doesn't work'* (#5, 443-445)

> *'Try using that object or joining in with them, just hanging around, get another object the same and play with them alongside trying different things like that'* (#4, 120-122)

One practitioner explained a difficult scenario when they trialled Intensive Interaction with a person who did not want them to share in their personal space. But when the practitioner thought about an alternative approach to the situation i.e. moving her positioning, she found a new approach which then enabled the interaction to progress.

> *'So when I went in … spent time with him again … and what I said to him was 'tell you what' … 'why don't I go and sit over there, so you stay here' … and he went 'yeah, yeah''* (#13, 210-216)

Thus a level of improvisation is required from a practitioner; they sometimes have to generate new variations, new ideas and new potential strategies to trial based on the perceived responses from the person. These new variations, ideas and strategies can then be added to the interactive repertoire if found to be successful.

> *'I thought I'd try it and see if it works. And it did work and she liked it … because she did respond and she enjoyed it … I can then add it in just as an extra movement … I think a lot of it is improvisation to be honest'* (#10, 307- 320)

This trial and error approach by practitioners thus has two outcomes: success - with a potential for it being added to the interactive repertoire, or failure. However when certain things don't appear to work within an Intensive Interaction, there may be reasons for this, such as it not being the right time within the development of an interaction; in such a case a practitioner may consider re-trialling their new strategy at another time.

> *'If it didn't work, you've tried it, sometimes you've got to think it might not be the time, as well you can always pop it at the back and consciously think about maybe reintroducing it, you just don't know. Sometimes things work, sometimes they don't'* (#13, 839-846)

However the practitioners highlighted the importance in being prepared for trialled approaches to go wrong sometimes, and that this is a natural process of fathoming the potential development for an enjoyable repertoire between interactive partners.

> *'It's being open to all of it, and if it fails it doesn't matter, we tried … we can try again in another 6 months, next week, tomorrow'* (#2, 359-363)

> *'We would start with Intensive Interaction, and not knowing whether it will definitely work or won't work, we're just looking for emerging outcomes'* (#7, 64-67)

> *'I think it's that thing about being prepared to go anywhere with it, so having an open mind to 'this could go anywhere, or anyway, and it might not go well, it might go really well', but that's just the way it's going to be'* (#6, 76-79)

Within the Intensive Interaction approach this 'trial and error' and learning from experience approach can be seen as an on-going process, eventually building a mutually recognised interactive repertoire between two people based on past successful experiences.

> *'Each time you just need to keep pushing a little bit further to fit those suggestions and see if they take off, if they don't great, it doesn't matter we'll keep practicing and rehearsing'* (#12, 315-317)

> *'If I try something and it works, then that adds to the repertoire'* (#10, 321-322)

> *'As you get to know a child you know this worked and that didn't work, and so you don't keep doing the things that didn't work'* (#9, 94-96)

Also a practitioner's experience within other Intensive Interactions may also be used to inform potential approaches to trial with other people.

> *'I'm going to try that … it worked with so and so, [so] I'm gonna try that today'* (#2, 352-353)

It was suggested by one practitioner that from the process of learning through experience of *'doing everything'*, a practitioner may gain insight into the types of things that are generally meaningful to that person. Therefore the practitioner will then gradually focus in on the types of things that are likely to be meaningful for the person.

> *'It's trial and error, you start off doing everything and then gradually less is more. You gradually reduce back the things that actually are meaningful … to the things that actually the person would show a response to'* (#1, 495-506)

3.1.9: Using the 'Fundamentals of Communication'… singly or together

There was a great deal of practitioner testimony on their use of the 'Fundamentals of Communication' (Nind & Hewett, 2001, p. 5) within Intensive Interaction engagements. For some people with learning disabilities and/or autism their use and understanding of these 'Fundamentals of Communication' is delayed or impaired, and Intensive Interaction focuses on their use to enable and improve the social inclusion of these people.

Such use of the 'Fundamentals of Communication' within Intensive Interaction engagements was seen as enabling further social and communicative development, something which universally *'applies to every human being'*.

> *'The Fundamentals of Communication apply to every human being … in the cases of the people with learning disabilities who we support, that they*[Fundamentals of Communication] *need to be started … because we build up on that'* (#13, 1222-1227)

Paying attention to particular aspects of a person's 'Fundamentals of Communication' e.g. their facial expressions, can also clearly communicate how the individual is feeling at any given time, this helping inform a practitioner's moment-by-moment decision-making within the Intensive Interaction process.

> *'I think facial expressions … sometimes if it's like an excitement thing you can see she's still quite happy … other times if she's a bit more frustrated, the intensity changes and then you've got to be really careful and just try and help her deal with whatever is going on for her'* (#10, 436-442)

It was seen that the use of many of the 'Fundamentals of Communication' were interrelated and often used concurrently in some form e.g. positive facial expressions and a cheerful tone of voice may naturally happen in unison. Thus a practitioner should be *'sensitive to all aspects of their non-verbal language'* and not be just looking at one aspect e.g. eye contact, as a signal of a person's readiness to engage.

> *'You need to be very sensitive to all aspects of their non-verbal language, their body language, posture, movement, breathing. All of those kind of things are really important, because that individual may not just automatically give you eye contact and face contact and signal that they are ready to engage'* (#1, 140-145)

> *'You're using a light, bright tone with a smile on your face'* (#1, 670-671)

Therefore the 'Fundamentals of Communication' can be used, by both interactive partners, to indicate a readiness and willingness to engage in social interaction. For instance, a practitioner could use both positioning and eye contact to initiate a social engagement.

> *'Get down to their eye contact level, and be looking to try and engage with them in face to face contact'* (#1, 59-61)

Also a practitioner's use of positively intoned vocalisations could be seen as indicative of a wish to engage with the person, which may in turn encourage them to engage, or make them aware of the opportunity to engage back with the practitioner.

> *'So you might vocalise with a very similar sound but with added delight or with a sort of questioning intonation which might gently encourage or stimulate the person to do more'* (#5, 257-259)

The ability to indicate an intention to change the tempo of an engagement, take a break from it or disengage, can also be achieved through the use of the 'Fundamentals of Communication', by both the practitioner and the person, such as the use of positioning, posture, movement and eye contact.

> *'Slightly turn to one side, slightly withdraw and certainly lower my posture in terms of my head, shoulders, eyes, things like that, just to offer that cue of things are going to come back down for a bit'* (#1, 174-179)

> *'Rise from the sofa, walk around the room, and then just sit down again with us. Or later on he would just turn his whole torso away and later on he would actually just turn his face or head away or just look down'* (#11, 1335-1338)

It was suggested that Intensive Interaction Practitioners consider how they present themselves to the person through their own use of their 'Fundamentals of Communication' in terms of their breathing, eye contact, positioning and vocal tone, especially so with people who may show some challenging behaviours.

> *'I consider my breathing … the softness of my eyes … especially with people with autism to not use too much, so find a good place to sit'* (#11, 18-22)

> *'Keep it kind of quiet but also I think it's important to have some sort of happy tone in it, relaxed tone in it … kids with autism I think, will pick up on any kind of sadness or boredom or anything negative in your voice which will shut them down more I think, so it has to be that kind of light hearted thing to it'* (#9, 452-456)

> *'If somebody that I don't know very well, and they may have some behaviours that are challenging, then I would think of my positioning very differently … I will make sure that I feel safe myself before I get closer to the person and I take my time to get to know them, and take it from there really*' (#3, 350-356)

It was similarly suggested that the practitioner's considered use of proximity and positioning can be helpful when considering the control of the person's arousal levels.

> *'It's important when it gets really exciting that you have … an opportunity to make a bit of space … it just acts as an extra length where you can either step back or move, change your position'* (#10, 489-500)

> *'So if the person is really anxious or really having a bad time, you can still be with them and you can still use the principles of Intensive Interaction. Maybe it means that you're going to be 6 foot away from them but you're still with them'* (#3, 209-212)

The importance of the practitioner adapting themselves and their use of the 'Fundamentals of Communication' to suit the needs of the person was indicated. The use of positioning, physical contact and tone of voice were thought to be important to consider in tailoring any Intensive Interaction to the individual person.

> *'I like the idea of offering touch, and I think that's part of being available, so positioning yourself somewhere where the person can reach you if they want'* (#5, 324-327)

> *'I tend to try and get lower than they are, to give them a sense of 'they're in charge of the situation'… and not get too close to start with I guess, to sit close but not too close, so they're aware that I'm there, but not necessarily straight with trying to interact with them'* (#6, 30-36)

> *'What I try and gauge first is my proximity to the person, their spaces, how comfortable they are, how close I can get, as in some people you could be sitting across the room from them, other people you could be lying on the bean bed next to them'* (#7, 21-24)

> *'For one person it might be really good that you touch them because they really like touch … or it could be that that person is very stressed at the moment and actually touch would be a really stupid thing to do … so you just got to be aware that for one person touch is a really good way of doing Intensive Interaction, you can be really huggy, and for another no'* (#2, 390-405)

> *'I try to put interest and engagement, and to a certain extent excitement, into my tone of voice, but … I've met some people with profound learning disabilities who seem to like a lower tone of voice'* (#5, 431-441)

Some testimony also indicated that a practitioner could vary their use of the 'Fundamentals of Communication' in order to provide interest and/or comfort to an individual person e.g. by varying their vocal intonation so that it is *'not monotone, so you've got a bit of colour in your language'* (#10, 551-552). The issue of the variation of vocal intonation also included some contrasting testimony on the use of 'motherese' i.e. a particular dramatized or exaggerated vocal tone pattern a mother or parent may use with a young infant. It was suggested that some individuals with learning disabilities may potentially respond better to such a 'motherese' variation of tone, but that others don't.

> *'The tone of my voice, probably a bit like when you're speaking to a baby… it's a positive tone of voice, it's a friendly tone of voice, and I guess it's an inquisitive tone of voice'* (#10, 522-540)

> *'So it is the motherese stuff it is musicality and tone of voice and changing the intonations as well'* (#12, 325-327)

> *'I don't like the idea of baby talk or using any tone that to me feels a little bit as if I could be infantilising … some people might argue this idea of motherese, the playful*

> *sing song tone of voice, can be quite engaging … I think I've met quite a few people for whom that's not the case'* (#5, 433-440)

Further testimony related to a practitioner's use of vocalisations and tone and suggested that it may be used in a way which echoes conversational patterns.

> *'When they get that sense of 'okay this is what's happening'. Then I'm quite likely to add some little changes like intonation perhaps or the length of the sounds I'm making will be different … because we're having a conversation and having a conversation is you saying something and I respond to you with words, but different words'* (#3, 155-161)

> *'Responding in an appropriate way in pretty much the same way you do in a spoken conversation using your tone of voice to convey that you've heard what the person said, that you understand what they're saying and usually to convey some sort of understanding or empathy'* (#4, 274-278)

This use of vocalisation and tone was also indicated to convey some level of meaning or emotional understanding, in the same way as in a verbal conversation. It was additionally implied that a person may even come to learn that the practitioner's tone of voice can be indicative of some generalised meaning i.e. it is the end of a session.

> *'There's something intimate about using your voice and I think for some people it's a sort of measurement of how open they are on that day. On some days they use their voice a lot, and that's actually the case when they're more accessible to interactions'* (#11, 970-974)

> *'If you're relaxed then you're feeling happy and you're feeling calm about what you're doing and you've come into the interaction in the right way, then your tone of voice reflects that'* (#2, 703-724)

> *'Likely they'll understand the tone of the voice, and over time they will learn to associate that you're saying these words in this tone of voice with the session coming to an end'* (#4, 424-426)

It was suggested that during Intensive Interaction a practitioner will reflect back a person's use of their 'Fundamentals of Communication', even at the level of just echoing someone's breathing patterns or following their visual focus, in order to somehow connect with them, and in some way join in with what they were doing.

> *'Usually it's their tone I would be responding to. So if someone's happy or just in an average mood … then I would just use the same tempo, the same tone of voice, the same sound as the person I'm supporting'* (#7, 487-491)

> *'With this boy I did listen a lot to his breathing, I did look a lot at where he was looking and I did repeat some of it'* (#11, 478-480)

However, it was suggested that a practitioner may not always echo back a person's vocalisations in the same way as expressed. Instead they may sometimes change the form of their vocal response to meet a specific purpose e.g. to try to effect the volume of the person's vocalisations, or to test for any possible elaboration in the interactive repertoire.

> *'[A] particular young person has been very loud … I would tend to vocalise in a similar way but the volume, I'd turn the volume down and reflect it back, but not in quite the same volume to try and be a balance to what they've done*' (#6, 224-227)

> *'He wouldn't breathe deeply at all and I think that would make him dizzy … so I would try to join in with his breathing, but go a lot slower and more like trying to help him use a more soothing kind of breathing'* (#3, 251-256)

> *'They're saying words that are very repetitive, I will change the pace and the tone of my voice to offer them an extension in a way or a variation to see if they want to pick up on that'* (#8, 235-238)

> *'I started to use Intensive Interaction, but using her vocalisations, but in a like a ballad … I changed her vocalisations into music, and sing'* (#13, 558-560)

Presenting an opportunity for a person to participate in a non-demanding, joint-focus activity around some objects was also seen to be an effective way to initiate and develop improved social interaction.

> *'I just scattered some pieces of paper on the table and I starting tearing them up myself without directing him, and he joined in'* (#5, 171-173)

> *'If somebody loves keys, and will only focus on their keys and not look at me, then I will get myself a set of keys and I will start reflecting their actions'* (#7, 184-219)

A use of deliberate variation in a practitioner's responses was also indicated in the use of objects or toys in some joint-focus activity i.e. by changing the types of objects or toys used; this may create extra interest and thus lead to more sustained periods of social interactivity.

> *'By bringing in toys that are different than the toys he has, and are of interest, he's found a way to come over and sit and share prolonged periods of joint attention with me'* (#1, 303-307)

However, some testimony was offered indicating a view that even though objects may be useful in terms of promoting joint-focus activity, they may also distract from the use of the other 'Fundamentals of Communication' within a social interaction e.g. physical contact or eye contact. It was further suggested that the physical interaction and eye contact between two people helped them to connect more, in contrast to interaction through objects.

> *'I think we have interactions that are more grabby, more physical, if there isn't something [object] there'* (#10, 176-178)

> *'Sometimes it [joint-focus use of an object] stops me having that eye contact you're looking for, and things like that, sort of getting the feeling that you're close to the person'* (#7, 215-217)

Ultimately the main goal of Intensive Interaction, and a key 'Fundamental of Communication', is to be able to enjoy having social interactions with another person.

> *'As time went on I was able to notice that his smile came a lot more … then I'll go: "I can see that smile coming"… so in one way I used his facial expressions back at him, so I describe them, and what I'd put to it would be that "I can see that big beautiful*

smile, now you're making me smile, I'm smiling too", and that would have a bigger, bigger smile with it' (#13, 329-344)

'Following things with their eyes, and you also follow, and you share their joy and point and things like that can help' (#7, 237-239)

'They [parents doing Intensive Interaction with their children] say that their child loves that if you join in with the television program.' (#9, 194-195)

3.1.10: Engaging in a process of reflection during Intensive Interaction

During Intensive Interaction, whilst in the process of actually interacting with a person, a practitioner may at various times have particular questioning or contemplative thoughts concerning their observations or immediate practice. These periods of reflection may break the unconscious flow of thoughts or intuitively enabled actions, but are seen as helpful.

'During an interaction I certainly do have reflections … I'm not like an enlightened being where I can just switch my thoughts off' (#11, 117-119)

'I remember clearly standing there that moment and thinking … it's very powerful to get these kinds of realisation during an interaction, and then of course getting back to the interaction … I think it helps in a sense to have these thoughts' (#11, 139-147)

This conscious reflective process that takes place during the practice of Intensive Interaction was identified as being effortful, or even exhausting, but was seen to become potentially more intuitive, and hopefully therefore less consciously cognitively demanding, with extended practice.

'It's hard to do, you've got to think very consciously and it can be very exhausting sometimes to do. So, I think the ability to be able to reflect on what you've seen, and how you've been, is the thing that I guess I've got more practiced at' (#1, 1234-1238)

Many of the practitioners highlighted the necessity of simultaneous thinking and acting in a mutually supporting manner i.e. actions informing reflection, and reflection informing actions. Practitioners alluded to this informative thinking process running concurrent with their currently enacted practice; when thoughts are brought to mind which may help them consciously choose certain interactive responses that can help sustain, and possibly further develop, a current interaction.

'It's simultaneous when I'm doing … I think 'I'm doing this because I want to join in with you on that action, but I don't want to do it exactly the way you're doing it'" (#6, 210-213)

Trying to think more flexibly and creatively about the present interactive situation was seen as being a multifaceted cognitive process that can help a practitioner decide on how best to offer more empathic, attuned but educationally pertinent responses to the person.

'Always got to be a thinking process, and that is the hard bit of Intensive Interaction that it is a thinking process all the time. It has to be flexible, it has to be creative, there has to be clarity, there has to be compassion, there has to be education' (#2, 626-629)

These accompanying reflective thoughts may be specifically based on, or related to a practitioner's previous experiences i.e. bringing previous social communication practices and learning reflectively to bear on the current situation.

> *'It's your brain being extremely intelligent and it has learnt loads of things about social communication and how to be with people … you've learnt all that stuff already'* (#2, 191-193)

A more conscious contemplatory process of practitioners asking themselves questions was also suggested to be helpful when reflecting in the moment on how to move forward with an interaction, especially so if it seems in some way to be problematic. This process of a practitioner continually asking themselves questions during an interaction may also help to produce ideas for expansion on a current repertoire.

> *'You've got to keep questioning, you've got to keep questioning yourself, you can't just go into a mode where you're just imitating, it's learning. You've got to keep learning and questioning 'ooh I wonder why' … 'I wonder if I can maybe help this to get her away from that''* (#10, 646-650)

> *'You could just be in the middle of it … and it doesn't seem to be moving on … 'ooh if I pick this up what will happen?''* (#7, 308-312)

This consciously reflective process can ask a practitioner questions e.g. on pacing and tempo, but it can also be used to think again about the current interactive responses being used, and potentially reinforce the practitioner's confidence in these.

> *'People who do Intensive Interaction … also ask themselves questions 'why is this working?' 'Why am I doing this?' 'Is this appropriate?' 'Are we going too fast?' 'Are we going too slow?' 'Is this boring?' 'No it's not boring, it's the most appropriate thing we should do''* (#2, 690-698)

The use of pauses during interactions, when the practitioner holds themselves back and waits for the person to initiate an interactive engagement, was identified as a time when conscious reflection can be enacted.

> *'With some people there's time within the interaction to have those conscious thoughts as well … you have that pause time to think about what you are going to do in response, and if you've got the pace right'* (#4, 189-193)

Some reflective thoughts might not be viewed as immediately useful, but instead considered potentially worthwhile to be trialled at a later, more appropriate time (and therefore to be stored for later use '*at the back'* of the mind).

> *'Sometimes you've got to think it might not be the time … you can always pop it at the back and consciously think about maybe reintroducing it'* (#13, 840-845)

One practitioner also indicated the importance of making sure that an interaction was generally acceptable for both parties, both the person and the practitioner. Thus a practitioner may reflect on how the current situation makes them feel, with issues of their own comfort and emotional regulation being highlighted.

> *'There's nowhere in Intensive Interaction where I think you should go along with anything that isn't okay for you … never to think 'that's what you need to being doing' because it gets you off track, because then you can't feel that sort of calm in yourself'* (#11, 710-717)

Indeed, a practitioner being consciously aware of their own thoughts and feelings from a 'mindfulness standpoint' was also indicated as being useful by one practitioner. In terms of Intensive Interaction this 'mindfulness standpoint' could help inform a practitioner about their own negative emotional responses, and thus help reduce the potential for these emotional responses to adversely impact on their Intensive Interaction practice.

> *'Be aware of my own thought processes from a mindfulness standpoint, so just watch if I have feelings of impatience arise, or notice if I've got thoughts of I've got to be doing something, just watch those rise up and then just let them pass'* (#5, 47-50)

3.1.11: The use of objects, including technological objects, within an Intensive Interaction

The use of objects or toys, including some electronic devices, within an Intensive Interaction was indicated as having some potential benefits, as well as some potential drawbacks. It was suggested that the key to the involvement of objects within an interaction is based on a consideration of how much a person may need or benefit from having the object present, balanced with a consideration of how much the presence of an object may divert a person from the interaction with the practitioner. This consideration of the use of certain objects might at times be influenced by the identified needs and diagnoses of an individual.

> *'You have to really build up a picture, particularly with autistic children, about how much they need the props [objects] to keep them calm, but how much they can actually miss out on opportunities because they become very inflexible in their thinking'* (#2, 316-319)

> *'[He] has learnt an awful lot from watching things, and he's probably learnt more from DVD's and things than he has from people, he's more relaxed with them. But obviously if you want a child to be more sociable and mix with the world, you've got to get them away from the screens … it's a dilemma really'* (#9, 162-167)

For some people a personal object or toy may provide them with some form of comfort or familiarity, and having a familiar object involved within the Intensive Interaction can help support and develop an interactive repertoire. Any attempt at taking any such significant object away from the person was seen as potentially problematic.

> *'There are occasions where you do probably need the toys … especially if it is something that is part of their repertoire, part of what they do, and it's familiar'* (#13,739-741)

> *'You try to take away things from the person that they find important or significant; I find that that can just make it quite tricky'* (#10, 174-176)

It was further suggested that a person's engagement with a certain object, in one case an electronic tablet, enabled the practitioner to learn important information about the person's interests through the way they used that object.

> *'It actually helps people around the person to know them, because you get to see their interests, because they can choose so much'* [on an IPad/tablet] (#11, 416-418)

Furthermore, a person's current use of an object could be seen as indicative of their potential wish for social engagement at any particular time.

> *'If the person is completely engrossed in an object … then they might be saying 'actually I don't want to interact with you at that time anyway''* (#4, 104-107)

One practitioner expressed their trust in the Intensive Interaction process, such that a person will look for social interaction when they are ready to do so, with any strong attachment to an object eventually waning as the social engagement develops.

> *'I tend to trust the process, sometimes it can seem as though they're being very distracted by an object but usually, I find that that wears off, and I become more interesting again … I just trust the process and they come back usually'* (#8, 67-74)

Object use was also suggested as a source of sensory stimulation for a person, or as a focus of some interest within otherwise boring or under-stimulating environments.

> *'So quite boring environments and … under stimulating isn't recognised, that people can be bored to death and don't know what to do. So that's the first thing I think about, toys or materials, it needs to be available'* (#11, 313-317)

Certain objects were suggested to provide a person with different types of stimulation such as visual or tactile stimulation. Such stimulation was seen as something that should be enacted together with the person, increasing their ability to engage comfortably and enjoyably in social interactivity.

> *'So we introduced a sensory object … following things with their eyes, and you also follow and you share their joy and point and things like that can help' (*#7, 235-237)

> *'I worked with a child once who had a need for touch he really wanted physical contact, however he was very sensitive to it … so I did use a pillow to give him the pressure and help him with his anxieties … by doing that slowly but surely he managed to desensitise a bit and later on he didn't even need that pillow anymore and he was able to then have a hug'* (#3, 107-117)

However it was also suggested that the use of '*sensory objects*' can be a balancing act; it may at times be comforting for the person, whilst at other times it may cause them to become overstimulated.

> *'Sensory objects can really help them to regulate their behaviour and stay in a zone where they feel as though they want to communicate ... it depends on … whether or not it's overstimulating or whether or not it's kind of calming and helps them to regulate'* (#8, 79-88)

The need for some people *'to be busy with their hands'*, specifically people with autism, but including practitioners as well, was highlighted by one practitioner. Such manual exploration of objects (e.g. twiddley objects) was seen for some people as a potentially useful process of anxiety self-management.

> *'Some people need to be busy with their hands, with other parts of their body, and that's staff as well as people. So it can ease the people's anxiety I think, but certainly for somebody with autism, if it's a sort of twiddley object, that's a very necessary thing for that person'* (#5, 229-234)

The planned presence or strategic placement of some objects can be useful to provide people with the potential to initiate well practiced social repertoires. This may be very personalised and individual to the specific people within the interaction, and their relationship as communication partners.

> *'I've known her since she was 19, she loves to play peekaboo, so I would always make sure there was a flag on the floor, or a big piece of cloth or so because I know she may well use that to initiate play'* (#7, 160-163)

An additional benefit of object use was its potential as a kind of '*boundary'* object, one that can help re-direct the focus of an Intensive Interaction. One practitioner, a mother, explained how an object can help create a diversion from unwanted behaviours e.g. hair pulling and unwanted physical contact.

> *'I might initiate with toys because sometimes if I feel like she is going to get up and land on me … I'm going to get my hair pulled. I might bring something in between us so it, in a sense, it gives us a little boundary as well … and gives her another direction in a sense; 'okay I'm not just going to go and grab mum's hair now, I've got this sensory ball'* (#10, 228-239)

There were some reservations expressed about the use of objects within Intensive Interactions, especially technological objects (e.g. computers), as these were seen as potentially becoming a distraction from, or a barrier to direct person-to-person interactions.

> *'I've often heard them say, particularly with my students with autism, 'oh we've had a wonderful Intensive Interaction session over the computer', and I've thought, 'no you haven't'. In my experience, children with autism will sit on the computer, they are entirely encased in the computer, and actually they're not going to do anything with you at all. You may well be sat beside them, and that's okay, that's different, but it's not Intensive Interaction'* (#1, 346-354)

> *'People are putting too much weight on what do you do with technology and not really getting anywhere when it comes to … the social communication of how you use that technology'* (#11, 1101-1106)

Fears were raised that the practitioner might have to compete with an object (e.g. a sensory toy) for the attention of the person, or that some practitioners may use the attentional draw of the object too much, and in some way socially 'hide' behind the object, reducing the social aspect of the interaction.

> *'It's if we're having to compete the whole time with a sensory toy, an item … if you don't need them, don't use them. We've got all the skills and all the interests within us as human beings'* (#12, 189-201)

> *'It [use of objects] can also be a barrier to supporting a two-way communication … because some people hide behind the objects and then just use that rather than actually bringing two people together, and actually seeing yourself as the tool'* (#13,

Another potential risk identified with the use of objects was that practitioners could become reliant on them; practitioners perhaps subsequently becoming less confident when interacting without objects and toys.

> *'A bag of toys that you're armed with and you go in with … sometimes [its] a bit dangerous, because they can become a bit of a crutch that actually you feel you can't go into an interaction without them'* (#1, 436-440)

Thus some practitioners suggested that overall, they preferred to not take objects with them, and just rely on themselves, and whatever is in the immediate environment, as the focus and a source of interaction. The introduction of an object was muted as potentially being appropriate later on in the Intensive Interaction process, but only after initially working through just presenting themselves as the social focus.

> '*But when I was first doing Intensive Interaction, for someone who I don't know that well I wouldn't necessarily have anything around me or anything there for the first time because that could distract the person away from me as such, I want myself to be more interesting than the objects around them'* (#7, 163-168)

> *'It's useful to get the techniques together and sorted first before you start to introduce objects … at some point in their development having an object as part of an interaction could be the right way'* (#4, 131-140)

In a case when an object is already a familiar part of an interaction, a practitioner may deliberately attempt to draw a person's attention away from the object and onto themselves as a communication partner. This potentially could be through the introduction of another object similar to the one the person has, and used in a mirroring way to draw the person's attention to the practitioner doing the same thing as them. Alternatively a practitioner may also use some kind of acknowledging verbal commentary about how the person is engaging with the object, in an attempt to widen the person's attention to include the practitioner.

> *'If the person has something with them, I may decide to perhaps have something similar if I think this will be conducive to have a positive interaction, or to make them interested in me, and then kind of open a way in'* (#3, 94-98)

> *'She sits with her iPad and again that can be quite solitary … but I find that just when she looks up, just responding to her communications so it might be 'ooh', having an interest in what she's doing so that you keep just keep that level of acknowledgement as well'* (#10, 161-167)

Joint-focus activities developed around the use of objects i.e. when attention to an object is sequenced with attention given to a communication partner can be a successful way to build an Intensive Interaction engagement. Such joint-focus activity should be done by the practitioner sensitively joining in with the object focused activity of the person, but not in a way that might take the lead or undermine the person's sense of control.

> *'Building a tower block … they did it together, they did it interactively, and it was very much led by him'* (#1, 362-365)

However, it was noted that social interactions focused around the use of objects can become too rigidly defined by the generally accepted or standard use of any such object. This may

create a focus on the correct use of the object, and not on the object's creative potential as a focus for social communication.

> *'They can they can be quite a problem in a sense because a toy or an object has a way that it's played with. If it's a rattle it should be shaken, if it's a guitar it should be strummed, and if a client or person doesn't do it in the standard way I think there's a risk that staff will then try and take over and get them to use it in the standard way'* (#5, 193-200)

3.1.12: Retaining or reclaiming a person's attention within Intensive Interactions

Within an Intensive Interaction a practitioner may adopt certain techniques to retain or regain a person's attention. If a person's attention is thought to be waning a practitioner may extend their actions, or add additional actions to an interaction, in order to promote interest and maintain attention within the interaction.

> *'That can be quite valid to add things in just to kind of keep the engagement going. Just back and forth the same copying, turn-taking might become a bit boring. If you sense the person's engagement dwindling you might just ramp it up, maybe repeat the tapping, five times when they've done it three times for instance just to see if you can extend that person's interest'* (#5, 262-268)

> *'There are some young people where your interaction has to have a bit more energy to it to be able to bring their arousal and interest up, because they haven't got high levels of arousal'* (#6, 260-263)

The varied use of the practitioner's tone of voice could also be used to keep or reclaim the person's attention. A '*rising intonation'* used by practitioner was believed to make the person more readily '*look up and engage'* in turn-taking sequences.

> *'I've found that tone can be the thing that actually makes them look up and engage with you because they're actually 'ooh there's somebody there I recognise', that's something of interest rather than just lots of talking in their ear, that kind of rising intonation suggests a question which suggests it's your turn'* (#1, 696-701)

Also the use of favourable objects was suggested as an approach to gaining and maintaining a person's attention during an interaction.

> *'[use an object] if that's what helps them to maintain their attention on something'* (#4, 97-98)

The avoidance or blocking out of environmental distractions was also seen as important in keeping or maintaining a person's attention. One practitioner expressed how a sensory room setting hindered social interaction opportunities, diverting the person's attention away from their social communication partner.

> *'If you're in the sensory [room]… it can be very hard for them to tune in different channels. So if they're tuned in with the lights, then they can't really be with you in other ways. So that can really hinder the interaction and the ability to attune to another person'* (#3, 123-130)

It was also indicated that a practitioner should not try to define the outcome for an interaction, and thus the choice of whether the person wants to interact or not must remain within their control. A person's inattention to the practitioner may be indicative of a lack of desire to engage in social interaction at that time, or there may be some other physical reason, and this should be respected.

> *'That ability for that young person to sustain and maintain the interaction beyond a couple of turns, it needs to stay with that individual … as soon as the adult steps in and tries to introduce some kind of task or performance outcome for the activity, then that completely gets lost'* (#1, 390-400)

> *'So I think it's just encouraging her, say 'come on we can do this, we've got something really fun to do' … invite her … with something exciting or engage her… but if it doesn't work then there's possibly something else going on, so she might need a painkiller or something like that'* (#10, 448-456)

3.1.13: The use of language within an Intensive Interaction

The use of language within an Intensive Interaction engagement could be said to be dependent on: the person themselves, the practitioner themselves, or the relationship between the two communication partners. Generally a practitioner might use symbolic language within an interaction if to them it feels natural and right to do so.

> *'I think it feels good, it feels respectful, in a way so I might say "alright [name], how are you doing today?" Even if you don't understand, that feels natural and that's adding my own natural way of being with somebody to the interaction'* (#5, 464-470)

It was suggested that a practitioner would decide on the level of any use of symbolic language within an Intensive Interaction engagement (i.e. using language only within a defined level of simplicity/complexity), based on their previously developed knowledge of the person's level of language understanding.

> *'Whenever I'd go into the room I'd say: "Hi [name], its [name], I've come to spend time with you" and I use to go something like "is that okay?" because he can speak simple language, and understands simple language'* (#13, 180-184)

The use of some symbolic language with some people was also said to be supported by a practitioner's deliberate use of varied vocal intonation e.g. a person may not evidence much symbolic understanding, but may be thought to be able to garner some understanding of the nature of the communication from the vocal tone used by the practitioner.

> *'I wouldn't not use words with someone because one, we can't assume they don't understand anyway, they might, but two, they could gauge the expressiveness anyway [from] the tone of voice'* (#4, 430-433)

The use of language by a practitioner was also suggested to be considered more important, e.g. for the purposes of initiation, when a person had other communicative or sensory impairments that might make communication more difficult (i.e. visual impairments).

> *'I would initiate with his visual impairments, I would always initiate an interaction* [with speech] … *so that he acknowledges who is here' (#13, 314-316)*

Using language as a greeting when initiating an interaction (and saying 'thank you' or 'goodbye' at the end) was suggested as something that was quite common, even when it was believed that the person didn't understand the symbolic nature of the language used. A respectful attribution of language understanding to the person was also indicated.

> *'I tend to not use very much language … especially with somebody who hasn't got language, perhaps the little bit of language I would often use, and I would say to the person "well thank you for this time" or "thank you for the chat"'* (#3, 527-531)

> *'It's just treating that individual like they understand … like 'oh I've got to go now, it's really nice to meet you"* (#10, 865-866)

However, it was also suggested that a practitioner might use too much language during an interaction; and that with too much language *'it's very easy for that to slip into something that's not Intensive Interaction'.* This potential over use of language (e.g. as part of a 'running commentary' on the person's actions) was identified as happening with practitioners with less experience or confidence.

> *'People who perhaps are less experienced in Intensive Interaction feel like they need to talk, feel like they need to say something, feel like they need to give a running commentary, to everything that that individual's doing … it's very easy for that to slip into something that's not Intensive Interaction'* (#1, 553-559)

The use of a symbolic language by practitioners more broadly (e.g. by verbally commenting on the actions of the person) was suggested to be a technique in which social interaction, and the communicative competence of the person, can be further developed. A deliberate use of a modelled cross-over between echoes of the person's vocalisations and symbolic word responses by the practitioner was also suggested as a technique used to potentiality support a person's language development.

> *'So if it's a child which their language is developing, they respond well to it, then I'll add a few words or comments to it … it just seems to be natural sometimes to add things in, it feels like part of the natural process of interacting … and give them an opportunity to extend if they want to'* (#8, 106-115)

> *'Some of the vocalisations I might just change into words or maybe emphasise them as a word; try and maybe get her to think about that … just every now and then it's nice just to give her an opportunity to see if she's interested in that, to see if I can get her to do bigger movements around language'* (#10, 327-336)

Modelled or matched symbolic responses to a person's echolalia (i.e. repetition of the heard speech of others) was seen as potentially aiding their language development, hence highlighting the potential benefit of a practitioner using language with a person within Intensive Interaction.

> *'She did have a vocalisation "googa", now she's repeating back 'good girl' that she's probably heard her parents saying for years and years and years. The staff are convinced that it's getting closer and closer and closer to 'good girl'"* (#5, 270-274)

A practitioner using language to ask a person questions was suggested to potentially promote their further participation within social interactions. Questions focused on a person's

interests or previous experiences could be used to develop a joint-focus activity, in turn aiding the extension of an interactive repertoire.

> *'Apparently [name] liked going to theatre, big musicals, and I can remember just saying "have you been to see [name]" … "do you know any songs?" … he just started to sing 'Polly put the kettle on', and then we sang along together, and it was really, big grins, really happy'* (#13, 492-499)

The use of language by one practitioner, a parent, was suggested to help the practitioner respond to a person's emotions. The way in which a practitioner presented their language use (e.g. using tone and/or tempo to make it *'a little bit calmer'*) was seen as helpful in responding to, and emotionally scaffolding the person.

> *'If he was upset he would be saying something … so you could say that in a way that acknowledges that he's upset, but is a little bit calmer to show that you're with him, but you're also kind of like a guiding force'* (#9, 421-426)

3.2: During Intensive Interaction: decisions made via intuitive thinking processes

3.2.1: Attunement and/or using intuition within an Intensive Interaction

Intuition is a form of cognitive processing that does not involve conscious awareness. It can be described in terms of our unconscious ability to know what to do in a given situation without seemingly having to think about it - it being a natural '*feeling'* that, when analysed after the event, can often turn out to offer an effective in the moment decision.

A lack of conscious deliberation during such intuitive and unconscious decision making during their at times spontaneous enactment of Intensive Interaction made it hard for some practitioners to explain why they did what they did.

> *'I think it's intuitive, so it's hard to express'* (#7, 346-347)

> *'I felt like 'yeah, that's it, I was doing it' but then I was unable to explain what it was I was doing'* (#3, 580-582)

> *'I think it can have a lot of properties that maybe we'll never find out why we do stuff, but it just comes naturally … and with that flow and it's spontaneity'* (#13, 579-583)

Other evidence of the involvement of such intuitive decision making during Intensive Interaction came in the form of practitioner reports about '*feeling right*' or having '*a sense of feeling'* about the direction that an Intensive Interaction engagement is going, or about choosing a certain *'thing to do'* with a person.

> *'I sometimes I just get a sense of feeling that it's just the right thing to do … whether it's just instinctual … it's like a synchronising harmony, you're in tune with each other and there's no other reason but it's just right'* (#13, 538-588)

Some practitioners identified an unconscious state of '*flow*' (see Glossary) when describing the matched form and tempo of their responsiveness during periods of successfully enacting Intensive Interaction. Some practitioners suggested that it is difficult to explain the decisions they make during the most successful periods of Intensive Interaction because, at such times the interactivity follows an unconscious interactive flow. Such a fluid interactive state is described as '*feeling right*' at an unconscious or even bodily level, rather than it being rationalised through conscious deliberation.

> *'You know when it's going really well because it just it flows, and almost like a song, it has like verses and choruses'* (#2, 236-239)

> *'I certainly don't have words for that thing of rhythm and tempo, but there is some feeling of it, just feeling right … that's not a conscious process for me, it's like a bodily feeling'* (#11, 185-189)

As well as the idea of the practitioner using an intuitive cognitive process to determine in '*that moment'* how best to move forward during an Intensive Interaction, the idea of a practitioner becoming somehow mutually attuned or connected to a person '*in the here and now*' was also indicated.

> *'It's striking of a connection and again it's feeling … it's attuning into that one, that moment in the here and now'* (#12, 346-348)

Attunement is described as being the psychological state of being mutually aware and connected to another person's emotional needs and moods. When a practitioner is attuned to another individual, often after extended Intensive Interaction experiences, they claim to have a better '*feeling'* for how to react and sociably respond to the other person. In such an attuned state they claim to be able to unconsciously determine and then enact the responses that are more appropriate and matched to that individual.

> *'I think quite often if you're tuned in enough, that's what just happens [you match the person's pace] because you're tuned into that person'* (#6, 107-109)

> *'I wouldn't kind of consciously say 'right I'm now working with someone that is like this or like that' it just happens in the moment, it's a feeling'* (#8, 298-300)

Familiarity with a person was seen to make this unconscious process of attunement easier.

> *'When it's somebody I'm familiar with I think it's less about standing back and observing, and more about tuning in to them'* (#4, 35-37)

This intuitive or attuned processing was suggested to help a practitioner decide when it may be appropriate to somehow change or even extend the current repertoire within an interaction e.g. a practitioner may introduce something new to an interaction if they have an intuitive feeling that, in that moment, it is right.

> *'I think if you feel like it's going really well, and I just feel like it's right for me sometimes [to introduce something new]'* (#2, 367-368)

It was further suggested by one practitioner that the '*natural'* nature of Intensive Interaction fitted well with their personal characteristics.

> *'The way that I supported him was natural in the way that I go, as the person I am'* (#13, 101-103)

The practitioners emphasised the role of such intuitive, unconscious decision-making '*in the moment*', and further suggested that when practitioners make '*judgements in the moment'* they should be fully focussed on what is happening at that time, and not what's happened before or what might come after. As an interaction develops, it was also indicated that the practitioner may become less conscious of their decision making as they follow the natural flow of the current interactivity.

> *'More often than not it's not a conscious process; and I don't think it can be too much of a conscious process otherwise you're not in the moment'* (#3, 179-183)

> *'Not taking what's happened before and letting that go and just being here for this time, at this point and what the interaction ends up being is what the interaction ends up being'* (#6, 476-478)

> *'I don't think it's really conscious. I think it's really looking at flow of that interaction and it's what feels right and what feels natural'* (#10, 398-401)

> *'It becomes less conscious in a way because it becomes the flow of your conversation'* (#2, 599-600)

This idea that the practitioner should simply '*go with the flow*' of whatever feels right for the current Intensive Interaction, was often alluded to; such a process of '*going with the flow and not thinking too much'* allowing the interaction to be led by the person.

> *'I think it's about going with the flow and not thinking too much about it but again just always kind of feeling the person and going with them'(#3, 86-88)*

> *'Meeting the person where I find them and just sort of going with the flow really, not wanting to make it too pressured, not wanting to do too much'* (#5, 70-72)

However a note of caution was raised if a practitioner was to always just '*go with the flow*' and respond in an intuitive manner, this being that they may miss some communication signals from the person. Hence there was a clear benefit identified in a mixture of both unconscious intuition and conscious decision making (based on effective observations of the person) as and when judged to be most appropriate by the practitioner.

> *'I think when you just become natural and go with the flow … you can just get caught up in the rhythm … and just enjoying each other's company, which is nice. But sometimes you miss the communication signals'* (#10, 127-131)

It was also implied that over time, and with extended experience, an Intensive Interaction practitioner may become more skilled at intuitively tuning in to the person.

> *'You're already tuning in while responding instead of you know tune in, respond, tune in respond'* (#11, 1431-1432)

> *'You tune in to very subtle behaviours in peoples face, and tone, and posture and breathing, and you tune into those much more readily'* (#1, 1112-1118)

Also with greater Intensive Interaction practice and experience a practitioner's confidence in their intuitive decision making, made evident through their '*feelings'* during an interaction, was said to improve, therefore requiring less conscious checking of themselves.

> *'I've learnt that if it feels good, if that interaction feels good for me and it looks like it feels good for him, then it's doing him a lot of good. I don't have to think 'oh he's getting eye contact from this' or 'he's learning that' whereas probably in the early days I would have'* (#9, 785-789)

3.2.2: Enjoyment, Empathy and Emotions within an Intensive Interaction

One of the central and defining principles of Intensive Interaction is the '*the creation of mutual pleasure and interactive games, being together with the purpose of enjoying each other*' (Nind, 1996). This central principle was believed to be intuitively and naturally developed by both communication partners during an Intensive Interaction, and was evidenced in the fun, laughter and giggles shared together.

> *'I think people quite enjoy and join in with laughter and giggles and things like that, that's quite intuitive for all of us'* (#7, 461-462)

> *'The natural side is sometimes when I'm having fun to be honest, when it's just a lot of fun and you might add something about that, or have a little bit of banter or laughter … kind of an exclamation of fun'* (#8, 127-132)

Indeed, according to the Intensive Interaction literature: 'This is effectively what the interactions are all about; the primary motivation is for the two participants to 'interest and delight one another'' (Nind & Hewett, 2005, p.21).

The deliberate development by the practitioner of a playful and hopefully fun interactive repertoire with the person was identified. This fun and playful repertoire was enacted, and even at times deliberately enhanced, by the practitioner providing a pleasurable, and sometimes potentially exaggerated and spiralling social response to an identified behaviour of the person.

> *'If he smiles I do a bigger smile, if he does a little laugh, I do a bigger laugh … it works, I think that … builds on the fun'* (#9, 112-116)

> *'And I'd hear him giggling, and I'd go "I can hear you!" then I'd go "are you hiding from me!?" and he would giggle even more'* (#13, 461-463)

A developmental aspect of extended engagement in Intensive Interaction was reported for a person, this being evidenced in terms of an improved ability to play and be playful.

> *'What he's really developed over the years is playfulness and the ability to play'* (#9, 481-482)

Such a development in a person's playfulness (i.e. their motivation to want to play), and their ability to enact any such sociable play, being particularly important as outcomes of Intensive Interaction in themselves. According to emeritus professor of speech pathology James Macdonald: '*Social play is the first step in communicating and means two persons acting together with no goal other than to be together*' (Macdonald, 2004).

Joint-focus object use was also suggested as a potential way to create opportunities for playfulness e.g. by the practitioner joining in with a person's object focused activity, doing so in an Intensive Interaction way that expands the activity from solitary play to an enjoyable joint-focus activity e.g. by adding a playful commentary to the object based activity.

> *'I might have joined in with an activity they're already doing with an object … but using the same sort of idea of the playfulness of Intensive Interaction and the 'oohh', the facial expressions, and all of those aspects of interacting … when we've had a toy or we've had an object, it has created a playfulness and a fun situation … it just makes it a different sort of interaction'* (#6, 145-168)

However an enjoyable interaction does not need to be 'obvious play', or a vibrant game-like interaction. Pleasurable interactions in a more calm and relaxed manner, where the practitioner and the person can just enjoy spending time '*being with*' each other, should be considered as equally 'Intensive Interaction', and therefore as equally valuable.

> *'Sometimes it's rough and tumble play, sometimes just lying next to each other on the sofa and just relaxing, and that's Intensive Interaction as well'* (#11, 881-883)

> *'Sometimes someone just really wants your company, just simply being with another person is … Intensive Interaction at its most intense when you can simply enjoy being with another person and saying nothing, it can't really get any more intense than that'* (#7, 628-632)

Ultimately the development of a valued relationship with another person should be seen as a key outcome of Intensive Interaction, possibly for some people, the most important outcome.

As noted in the Intensive Interaction literature: 'It is important to be happy and to enjoy interactions and it is equally important that the person you are working with is aware that you are enjoying it … It is vitally important for all of our emotional wellbeing and sense of self that we learn that we are liked; good to be with; and that being social is good' (Firth & Barber, 2011, p.42).

> *'The most important thing is that you establish a relationship with that young person, and say 'I value you' and 'I value my time with you''* (#2, 306-309)

> *'Getting to know somebody that well, that they're able to … seek you out because they love spending that time, and the fact you were spending that time valuing them'* (#13, 624-628)

Such relationship development, and the associated issue of psychological attachment, can be profoundly important for some people, as according to Clinical Psychologist Dr Ruth Berry: 'A positive attachment relationship is vital for emotional and social development and for the service user to have a positive view of him or herself. Without such a relationship, the service user is likely to experience a negative self-view, and social and emotional problems in later life' (Firth et al, 2010, p.92).

The mutual pleasure developed during Intensive Interaction isn't only seen as important when the person is '*in a good place*'. The importance of a practitioner unconditionally '*being there'* for the person, even in '*really difficult times,'* was also indicated.

> *'We talk about mutual enjoyment, it doesn't mean that the person has to be in a good place all the time, but it's about being there with them. Even if they're going through really difficult times it's about sharing that with them and just being there'* (#3, 213-217)

One practitioner identified a difficulty, specifically for some parents, in potentially finding ways to develop mutual enjoyment. This difficulty seemed to be associated with some practitioners (in this case parents) being preoccupied with, or understandably distracted by, the identified difficulties and barriers to interaction.

> *'Finding a way that you can actually enjoy each other's company rather than thinking 'oh god I hate this', because I hear a lot of parents say 'why me?''* (#10, 815-817)

The emotional state of the person '*on the day'* was seen to be an important factor in potentially defining the form or progress of an Intensive Interaction engagement i.e. it probably won't be an appropriate time for a playful session of Intensive Interaction if the person isn't in the mood '*to be talking to people',* although a more low-key 'being with' type interaction might still be acceptable and equally appropriate.

> *'A lot of Intensive Interaction depends on how people are on the day as well. And then sometimes they … don't want to be talking to people, and how you feel and all… we're looking at the emotional side as well as the functional side'* (#13, 846-855)

It was suggested that a practitioner may use their Fundamentals of Communication to support a person through an emotionally difficult period e.g. using an empathetic tone of voice to communicate a concerned understanding and support.

> *'Using your tone of voice … to convey some sort of understanding or empathy'* (#4, 275-278)

> *'It's more being empathising with her, I'll go "aww", and she'll start to cry, start to wail, and I think, by empathising with that emotion, again in a familiar way to her vocalisations … it's a responsive approach to what you're observing'* (#13, 942-949)

> *'People who are struggling with their emotions, some of the sounds that they're making are quite painful or distressed sounds. I wouldn't usually make those sounds back, I'd try and make it more sympathetic … I would reflect it in making what I perceive to be a more sympathetic sound … I would try and make a sound that was expressing support'* (#7, 323-335)

3.3: During Intensive Interaction: moving between conscious and unconscious thinking

3.3.1: Encountering difficult or unexpected developments during interactions

During Intensive Interaction it was suggested that a practitioner may experience both conscious and unconscious decision making, and reflective thinking processes dependent on a number of factors such as: the particular person and their behavioural repertoire, the specific time and place of the interaction, the relationship between practitioner and the person, the person's potential for challenging behaviours, any object use, etc.

Upon encountering difficult or unexpected interactive developments, or particular behaviours of the person, a practitioner may feel the need to start to more consciously think about how best to positively move forward in such a situation. Before responding in certain difficult or unexpected scenarios a practitioner may therefore choose to pause, and *'step back'* from continuing to engage in an unconscious and more naturally intuitive manner. The Intensive Interaction practitioner may then have to consciously think about how best to proceed, and may at times note a transition from being in the 'flow' of an attuned interaction to being in a more consciously aware state of reflective decision making.

> *'With things like that, I might step back a bit now and think, or I might not try to do that at all … things like that I had to really think about and how I was gonna go forward with it'* (#13, 453-457)

> *'I think that's more of a conscious decision* [to try introduce an object/ something new to the interaction] *because I've usually tried other ways in first'* (#7, 196-197)

A practitioner's levels of experience and confidence were believed to affect how much conscious thinking was needed during an Intensive Interaction engagement; the more practice and prior experience a practitioner had the less they would switch to be in a more consciously aware state. Also a contributing factor in this conscious vs. unconscious decision making issue was a practitioner's levels of familiarity with a person e.g. when meeting a person for the first time a more conscious thinking state was enacted.

> *'Certainly more conscious … in the beginning … I thought more about how I'm going to respond and maybe I thought more about getting it right, as if there was a right answer that you could figure out before you did it'* (#11, 1422-1437)

> *'Initially I was much more consciously thinking okay pause, pause, pause, but I think it's become more effortless now and less conscious'* (#5, 39-41)

> *'If it's somebody that I'm meeting for the first time, I think it perhaps is a little bit more conscious'* (#1, 893-897)

Also ending an Intensive Interaction session was indicated as requiring a transition from a more unconsciously intuitive interactive flow to a more conscious awareness of any current time constraints and the necessity to disengage from the person.

> *'It's more hard when you're the one who's got to end it, and I suppose you're sort of disengaging from being as intuitive while you're thinking about 'I've got to end this session''* (#7, 607-610)

It was additionally suggested that a switch to a more conscious thinking state may be appropriate for a practitioner to monitor the amount of input they may naturally wish to provide during an Intensive Interaction engagement. In one case it was identified that a natural enactment of too much *'mumsiness'* would need to be consciously controlled, as excessive practitioner input may not be helpful to the person at that time.

> *'The natural kind of mumsiness tends to be 'ooh you're all right – there, there' and it ends up with lots of language and throwing lots of input to the person … when actually [they] probably need very little, and less is more, and just switch off and allow them to actually work through those emotions themselves'* (#12, 101-108)

However, it was also suggested that the switch to conscious thinking from a more unconscious and intuitive state may at times interrupt the natural flow of interaction. One practitioner explained that sometimes a practitioner may be in a naturally and unconsciously developing Intensive Interaction engagement, but then they may feel more conscious thoughts breaking through, which in turn may make the practitioner more self-aware, and therefore *'out of the moment'* and less focussed on the person.

> *'It's going beautifully, look how well it's going', and then I start to show signs that I'm uncomfortable … I need to do something … my eyes are starting to now not be focused on [name], I'm starting to look around … I swallow … I need to do something and so I'm out of the moment'* (#13, 515-522)

Hence a dynamic process of switching between unconscious and conscious thinking states seems to describe the cognitive processing of a reflective practitioner. Sometimes there is a benefit in being attuned to the person, and going with the flow of an unconsciously enacted engagement, but this can at times be disrupted by conscious thoughts seeping through. But at other times conscious thoughts may be productive in helping a practitioner guide the interaction in an appropriate manner. However, finding an ideal balance between the two thinking states can be difficult.

> *'The more instinctive it becomes the more you'll let go of consciously following the [Intensive Interaction] rules. But then when you let go of consciously following the rules, sometimes I'll go back to the original of doing too much again'* (#9, 737-740)

> *'I think a lot of it is natural, but you do have an element of consciousness, because you have to be conscious, because even for me I can still miss things'* (#10, 113-116)

A practitioner may at certain times move between these conscious and unconscious thinking states, the unconscious state being used more for more 'naturally' developed or 'non-verbal' communications. If however, a practitioner is working particularly hard at trying to connect with a person, then their thinking may need to become conscious and be related to previous learning about the specific techniques that go to make up the overall Intensive Interaction approach, or about the behaviour or individual characteristics of the person.

> *'There's aspects of tuning in that are unconscious because they're using non-verbal communications which aren't things that we use consciously in everyday communications, but then there is an element of it that you are doing consciously, because you're particularly intensively trying to get a connection … you've got that checklist in your head of things that you're doing, technique, but using that checklist you're also drawing on your natural ability to be a communicator '* (#4, 40-84)

> *'The way that I supported him was naturally in the way that I go as the person I am, but also, what you learn from your colleagues that have been with you'* (#13, 101-104)

How aware practitioners are of the occurrence or nature of this movement between different thinking states is a moot point; as evidenced by one practitioner, it is very difficult to explain the workings of one's own mind as it dynamically moves between a conscious and unconscious thinking state, as a lot of this happens outside of our own conscious awareness or control.

> *'I think it's a conscious awareness rather than a conscious decision, and a conscious awareness of an unconscious decision, can you have one of those? Ha ha?'* (#8, 276-280)

However, with some more formal or prescribed learning and training (i.e. as part of the Intensive Interaction Coordinators course) it would appear that practitioners can become more aware of, and thus more able to explain, their own unconscious thinking processes.

> *'It's always been very natural for me to do that* [be intuitively responsive] *… I have learnt to be able to explain it and to talk about it. But it doesn't change the fact that it's not so much a conscious process, but because I had to learn to explain it, it's a bit more in my consciousness now than it used to be'* (#3, 28-32)

A process of retrospective reflection on Intensive Interaction practices and decision making was indicated as essential by one practitioner, this being necessary in order for a practitioner to clarify why they did what they did, and also decide whether this was effective practice or not, in order to positively inform a practitioner's future practice.

> *'You have to reflect, and you have to be consciously aware of what you're doing. There's instinct and there's naturalness and flow, but with your own behaviour, with my behaviour I have to be conscious. Even if it's after … if I think 'do you know what, that went a bit wrong, what happened, what did I do that for?''* (#10, 899-904)

One practitioner also indicated a more unconscious or intuitive experiential learning process where a practitioner may learn something new (e.g. a successful technique or a particular way of responding to the person) without consciously knowing that they have actually assimilated this knowledge into their current understanding.

> *'So you just bring things to that* [process of engagement] *that you've somehow learnt without necessarily knowing you've learnt it, if that makes sense'* (#6, 53-55)

3.3.2: Helping the person manage their arousal levels

During Intensive Interaction there are times when a practitioner has to consider, and then to some degree calibrate, the level or intensity of their sociable responses depending on the person's currently presented arousal state. At times, an increased level of intensity or pace may further support a person's engagement, but at other times the use of a reduced or controlled pace or intensity may be considered in order to avoid an interaction that could, for some people, be overstimulating and thus challenging for them to experience.

> *'Just trying to constantly gauge how she is, if she's getting over excited. We certainly get excited, have fun and have a dance and everything, but I think I always just try to*

> *be a slight level underneath her level of excitement, but I can go either way to help her de-escalate or even become a little bit more excited to get her engaged. It's very much about tuning in and reading the signals'* (#10, 74-81)

Thus a practitioner could be seen to alter or modulate the way they respond (through quietening and slowing the pace of their responses), or alter their use of the Fundamentals of Communication (e.g. via less intense eye contact, less proximate positioning, a more closed posture, quieter or less frequent vocalisations, etc.) in order to avoid increased arousal. At such times the practitioner will hope to bring the arousal levels of the person into a more manageable *'even keel'* where the practitioner feels the person will be more comfortable and more able to continue to socially engage.

> *'You're almost reflecting what they're doing but reflecting it in a less strong way, a more gentle way, that can actually help to bring the arousal level to an even keel'* (#6, 299-301)

> *'I found that decreasing my proximity, having a little bit of distance and not matching them physically, but matching them verbally, the handful of children that have quite severe challenging behaviour … that seems to support them best'* (#8, 24-27)

> *'You're watching as you go along really, to look for certain physical arousal … if I see that happening, then I will perhaps slightly turn to one side, slightly withdraw and certainly lower my posture in terms of my head, shoulders, eyes … just to sort of offer that cue of things are going to come back down for a bit now, and generally just take the intensity of the input that I might be offering back down'* (#1, 168-180)

Such a process of proactively managing an Intensive Interaction engagement to avoid a person's overstimulation and any subsequent raised levels of anxiety or distress might also reduce the potential for these raised arousal states to tip over into self-injurious or even at times potentially aggressive behaviours.

> *'If I work with somebody who's extremely anxious or is not in a good place I will try to think of how can I help the person to kind of get back to a better level for them and how can I help them to regulate their emotions'* (#3, 240-244)

> *'They do seem to enjoy Intensive Interaction but their actions become faster and faster and faster until they become dysregulated and overexcited, and although they seem to be initiating they also seem to have some distress about their own inability to pace it. I tend to kind of slow things down for them'* (#8, 45-50)

> *'In terms of managing more challenging situations, bites and kicks and our anxious pupils, it is working in the opposite fashion … gently guiding them down and trying to reduce all sorts of input'* (#12, 359-363)

> *'If it's tipping over into self-harming, self-injurious behaviour or destructive or antisocial or aggressive behaviour … backing off or reducing the responses definitely, I think that's part of the practice'* (#5, 400-404)

When responding to, or in some way interacting with people who can potential engage in self-injurious behaviour, Firth & Barber (2011, p.75) offer the following advice: "The actual or potential self-injurious behaviour is not directly mirrored, but some related aspect of the behaviour, such as its rhythm, is reflected back in another way, for example via an

associated rhythmical vocalisation or even a gentle clapping out of the behaviour's rhythmic pattern. It is preferably done at a slower and even gently decreasing tempo, so that any acknowledgement of the offered communication results in a decrease of tempo and vigour of the original behaviour enacted by the person themselves."

By knowing the person well better judgements can be made about when to increase the pace or intensity of responsiveness to '*expand on the Intensive Interaction*' or when they are '*smiling or laughing or happy';* but also the practitioner will know when to be '*more low key'* so as not to overly bombard or overstimulate the person.

> *'So if he's kind of stressed or anxious or if he's got barrier's up then I'd try to be even more low key than he is, not less communicative but less intrusive, say less things and do less things. And if he's smiling or laughing or happy or shouting I think I try to do one more, just kind of go up a notch and it seems to kind of enhance his happiness and his mood'* (#9, 103-108)

> *'You got to get to know that individual so well to know when's the right time to really expand on the Intensive Interaction, but also when the right time is also to start bringing it back down, and going slower and quieter, and reach that level so it's not all bombardment'* (#13, 655-660)

Interestingly, the potential for an over-enthusiastic practitioner to inadvertently bombard a person during an Intensive Interaction engagement is recognised and directly addressed in the Intensive Interaction literature: 'It is understandable that in our enthusiasm to use our behaviour naturally, to have mutual pleasure and give fun, we end up bombarding the person with our own behaviour. The main point of the interaction is to give the person space, time and opportunity to develop their own behaviour' (Nind & Hewett, 2005, p.87).

Moreover, one practitioner seems to suggest that just the sight of a familiar practitioner, and the expectation of some Intensive Interaction, can help a person to regulate their own arousal levels.

> *'I actually think that sometimes if you work often enough with a child … the person starts to become the cue for being in the right place for being regulated. So seeing the person and starting to do Intensive Interaction can actually help to put them in that regulated place'* (#8, 178-182)

Somehow finding a way to manage a dynamic person led engagement that provides the right level of stimulation for the person can be a balancing act of providing them with sufficient *'sense of control'*, without creating a social context in which they could potentially become overstimulated.

> *'You need to be just far away enough for them not to be overstimulated and have a sense of control, you need to be near enough for people to have a sense of control as well'* (#11, 931-934)

> *'They are very edgy and stressed and over loaded young people and they need you to create the most calming, safe, but not boring environment possible and that is a fine balancing act that you carry out'* (#2, 576-579)

A practitioner may have to 'tune in' to the person at a more emotional level in order to more accurately gauge their current arousal state. Based on a continuous, attuned assessment,

combined at times with conscious reflections on elements of the person's feedback ('*reading the signals')*, the practitioner may need to '*change things'* i.e. to somehow moderate or reduce the level of their interactivity to below that of the person in order to help them keep control of their arousal levels or emotional state.

> *'You would use techniques of tuning in to monitor those, to think about where that person's at … it's only really if they're getting into a place where they're a little bit out of control in their emotional state of their arousal that you might want to change things or move things on'* (#4, 207-214)

> *'You're tuning in emotionally with a person … because it may not always be as obvious … some people may be smiling and rocking and if you just think of the sign 'oh they're happy', but actually their smile doesn't always mean that they are in a good place. So you have to really consciously think of 'okay what does this mean' and take the time to assess where they're at before you respond to them'* (#3, 75-83)

From knowing the person and their potential for a '*heightened state of arousal'*, a practitioner will constantly assess their current arousal state and may thus be able to anticipate whether or when an arousal change in the person is likely. The use of such continuous assessment can help the practitioner respond appropriately, and in a timely fashion, in order to avoid a challenging experience or incidence for the person.

> *'"But they're having a good time, why did you stop?" and I said "we have to stop because if it had gone on just a moment bit too longer, it would have got too challenging for the individual'"* (#13, 647-650)

> *'If you have a bit of history about an individual that doesn't regulate themselves well it's not hugely advisable to get them up to 10,000 feet and rising, for them to not be able to manage that … they might engage in behaviours that challenge, or even self-harming behaviour, because they actually can't handle the heightened state of arousal'* (#1, 160-167)

Also a practitioner's post-incidence reflection on any challenging situations was indicated as being important to inform their future interactive approach when dealing with such situations. Sometimes that post-incidence reflection may point to the practitioner responding (or doing) '*too much'* i.e. not moderating their approach sufficiently to avoid a person from getting into an over-aroused state.

> *'If something like that happens [i.e. the person becoming over aroused] you have to take a step back then and think 'what could I have done better?'… you do probably look at where you are, and whether you've done too much'* (#13, 968-975)

The potential for a person to very quickly change from one emotional state to another was also noted, and it was also suggested that a practitioner should be alert to this possibility and always ready to respond if and when it happens.

> *'The person might go down, but that doesn't mean they won't go up in a bit, and when they go up ten seconds after you thought it was over be ready to be there again'* (#11, 828-832)

> *'We all have different emotions … they can be happy as anything one minute and sad or tired or unwell or whatever [the next]'* (#7, 417-421)

For some people a very low level of arousal may be where they are most naturally comfortable, and thus an interaction with them should still be attuned, but pitched in a quieter and more subtle manner.

> *'I think arousal regulating is a massive issue with people who have got very low levels of arousal … but really tune in and just let it be''* (#11, 736-740)

Alternatively, it was suggested that carefully structured experiences of higher arousal states for some people may be developmentally beneficial i.e. for them to experience the *'unexplored territory'* of higher arousal within Intensive Interaction engagements.

> *'So many people are so used to being quiet and I think it's a great, great relief and sometimes a sort of unexplored territory for parents and for members of staff that high levels of arousal isn't a bad thing, and actually it's an access to massive development'* (#11, 902-907)

> *'We are wanting to encourage autonomy, we are wanting to get our individuals noisy, we are wanting to get them babbling … it is a conscious approach to actually ensuring that they are ready to experience those arousal levels … and enabling them to access those feelings and thoughts but in a safe way'* (#12, 276-286)

It was also suggested that it can be positive for a person to access and actively explore both low and high arousal states; a practitioner may take on an important role in helping a person '*learn to feel'* and *'explore the whole spectrum of arousal levels'*. Indeed experiencing a variety of arousal states within a '*scaffolded'* (see Glossary) engagement was suggested as potentially helping some people learn to better regulate their own arousal levels.

> *'Part of Intensive Interaction is to experience the high and lows of emotional arousal so that somebody can learn to feel those states by sharing them with somebody else and learn to cope with both the excitement and the anxiety related kind of emotional states'* (#4, 252-257)

> *'It's about exploring the whole spectrum of arousal levels … I think that's worthy of exploration and necessary for exploration with a skilled practitioner, partner, person to explore that with and be sort of guided and assisted'* (#5, 411-416)

> *'It's really important for individuals to learn how to regulate themselves … to know they can get up to a certain height and can come back down themselves and manage that themselves, scaffolded by the partner that they're with to give them that sensation of that whole cycle'* (#1, 182-190)

A note of caution was voiced about a practitioner supporting the person's experiences of higher arousal states. A slow and graded exposure to such elevated arousal states was suggested in order to gradually build the person's confidence, and prevent them from entering an arousal state in which they feel anxious or uncomfortable; with any such negative emotional exposure potentially becoming a barrier to future interactivity.

> *'It could be that they don't want to be aroused because they don't know what it is. So perhaps you do start at one end of the sofa and they're at the other. You could take months being that far apart but slowly, hopefully you build their confidence that you can move in and start to build it up'* (#2, 445-451)

> *'I would still be quite gentle with it to be honest, because I think every reason their arousal level is not high at that point, or is low … to go in too strongly might still might just create a barrier as opposed to an interaction'* (#6, 272-276)

It was also indicated that practitioners should reflect on the potential influence of the environment surrounding the person during an Intensive Interaction engagement to better understand their current arousal state, as some environmental factors (possibly physical or sociable) could contribute to any over or under stimulation.

> *'I would wonder why is that person displaying low arousal levels? Is the environment under stimulating for them? And likewise high arousal levels, is the environment over stimulating for them?'* (#5, 362-365)

One practitioner indicated that control of the physical environment, or stimuli within the environment (e.g. objects), can help to manage the person's arousal levels and thus maximise their ability to focus on the Intensive Interaction.

> *'We would do bubbles at the sink, and that just focused him enough to become calm … or to sit him at a table so again things like a boundary of the table and a chair, we weren't blocking him in or anything, but we were creating an opportunistic sort of situation that would maximise his ability to focus'* (#2, 80-88)

In other circumstances, it was noted that a practitioner may have to put advance measures in place in order to manage the potential for a person to exhibit any previously seen difficult to manage behaviours, specifically for some people, sexualised behaviours.

> *'Some people can get sexually aroused … so I think the member of staff who is supporting someone with Intensive Interaction, especially if it was one-to-one, as in when they're doing personal care and anything like that, they would need to know if there was any specific things that would sexually arouse the person'* (#7, 433-441)

> *'I have to be aware if there's anything sexual going on for them and obviously I can't interact with them at that stage. So sometimes I stand at the door, with the door open and then go back in and interact with them once that's stopped'* (#8, 160-165)

3.3.3: Establishing and developing a shared and familiar interactive repertoire

According to Nind & Hewett (2005, p.133): 'Intensive Interaction involves a great deal of repetition of activities … Repetition provides familiarity, comfort, security, predictability and a sensation of understanding, power and control. Most Intensive Interaction sessions probably comprise more repetition of known activities than new things. However, the repetition also therefore provides a secure base for the exploration of new ideas, in particular, for the learner to experiment with growing and fascinating powers of social cause and effect'.

Therefore, during Intensive Interaction the practitioner looks to enact interactions or roles with an interaction that are based on the repetition of '*things that are familiar'* (including interactions based around familiar resource objects) and as such are already known and understood by, and are known to be '*comfortable'* for the person. Thus a familiar and mutually recognisable '*repertoire*' of activities can be established.

> *'It's about using things that are familiar to everybody. We all are comfortable with familiar things, and that's where we support Intensive Interaction, it's knowing the*

> *familiar, whether that be all the Fundamentals of Communications … or to each other'* (#13, 598-602)

> *'With somebody that I know I probably will have a repertoire of activities or things that I already know the person is likely to respond to or feel comfortable with'* (#3, 13-15)

> *'It's just often that the activities been built up over time and I've been given my role, sometimes I've been told … when he says that, I know I have to answer with this'* (#9, 208-210)

Such mutual familiarity with a shared interactive repertoire can make the initiation of a period of Intensive Interaction easier for both parties in an interaction by offering mutually recognisable '*conversation starters'*.

> *'If it's a person who you're having an ongoing long term relationship … you slip into your communication easier because you've learnt the opening signs already and you know more about them and if they're going to hug you, you know where that hugs gonna come from, and how hard it's going to be'* (#2, 138-144)

> *'Have things that you have done previously as conversation starters, it's not to say that's the way the interaction will go for the whole session but sometimes it can be a way to get the conversation started with something that's familiar'* (#1, 35-40)

Within an overall strategy that looks to follow a frequent repetition of a familiar interactive repertoire, the practitioner may also look to deliberately develop further familiarity across certain aspects of an interaction e.g. use of hand signals or a particular vocal tone for consistently signalling an imminent disengagement.

> *'I would have a plan …"I'm going to go now" and then I'd hold my hand there, and then he'd take my hand. He knew then that that was the closing, so it's just finding a familiar pattern with everybody'* (#13, 1145-1151)

> *'Using their name perhaps in a tone of voice will perhaps give the person a sense of even if they don't understand the words the sense that something's coming to an end. And I think if that's consistently practiced over time again it might become something that does actually work'* (#5, 676-680)

Obviously extended familiarity with the person helps the practitioner to build a firm knowledge base of such a shared interactive repertoire, one that is known to more likely to be a positive social experience for them.

> *'For those you do know quite well, you can go in armed in your mind with things that you know that individual is going to enjoy particularly, and is going to have a good time with'* (#1, 23-26)

However, a simple and unreflective repetition of a shared repertoire with a person the practitioner knows well was indicated as making the practitioner potentially less observant and responsive to the person's behaviours, due to a potential unobservant over familiarity.

> *'When working with people that we know … it can be a slight hindrance in a sense because we perhaps think we know more about the individual than [someone] going in with fresh eyes'* (#12, 23-29)

Another note of caution was advanced by one practitioner that doing Intensive Interaction '*over and over again*' with someone could lead to some level of potential boredom (presumably this potentially being the case on either side of an interactive dyad), so there may be occasions when the practitioner may deliberately look to introduce something new into the interactive repertoire. Getting a good '*balance'* between the familiar and predictable aspects of a repertoire, with some degree of novel content should be considered.

> *'Someone can get sick of you doing Intensive Interaction with them over and over again, so we introduced a sensory object'* (#7, 233-235)

> *'You can walk in the room and … you can see someone's face sort of drop as though 'oh no not again.'… So you've got to think of something different then, too much of anything, its balance isn't it … soon as they see your face they think 'ooh this is the one who is going to start reflecting my actions', then it's a certainty then, it can be a little bit boring'* (#7, 260-265)

> *'Some people get a little bit frustrated after a long while of doing it, so you have to sort of think of something else'* (#7, 254-256)

Indeed, trying to consciously avoid just unreflectively and serially rehearsing the same familiar repertoire just '*because it's happened before'* was seen as the right thing to do; instead at least offering '*something new every day*' (thus avoiding the potential to become metaphorically *'stuck in rut'*) was also indicated as generally being good practice. Indeed it was also identified that if a series of responses from the practitioner were always exactly the same, then this wouldn't accord with genuine social responsiveness.

> *'If you've worked with somebody for a while, you can get into a thing of expecting what's going to happen, because it's happened before … so sometimes I consciously say to myself let those other experiences go and keep my focus on here and now'* (#6, 109-116)

> *'We all need to try different things … we should try something new every day, don't get stuck in a rut'* (#2, 344-346)

> *'If we keep responding to the person exactly the same way we're never actually giving them a real response'* (#3, 162-164)

Conversely, and from a positive perspective, for support staff who are starting to use Intensive Interaction strategies with their person, even when they have known them well, a new interactive repertoire can be observed and developed due to a change in the staff's interactive presentation.

> *'So they've kind of got to know them … and applying the strategies and techniques of Intensive Interaction, that's where it's interesting because they're seeing different responses from the pupils who they know already quite well'* (#12, 33-39)

A person's interactive repertoire was not seen as static in its scope or nature, and indeed a practitioner actively looking to develop opportunities to interact in ways that might potentially, albeit gradually, broaden out a person's interactive repertoire was suggested. However such broadening out of a shared and well-rehearsed repertoire was best achieved from a secure and shared familiarity with the currently developed repertoire.

> *'Because we have that repertoire of activities and that relationship, he knows what to expect. So now I can make a little change of intonation here and there and he'll get it and he'll actually find it funny and then that kind of extends and builds a bit on our interaction and takes it a bit further' (#3, 309-313)*

At certain times, especially if things have gone well across a well-rehearsed and familiar interaction (especially over an extended period of time) it was suggested that this could potentially be the right time to offer '*something else*' or '*different things'* to help extend a person's interactive repertoire.

> *'I might think it's gone really well, that person looks really happy, they initiated the Intensive Interaction … are happy throughout, they let me know when they wanted to end, but nothing else much changed, then maybe I would think about using something else*' (#7, 292-296)

> *'I think if I'm with a child and we've got a really good rapport, and it's very repetitive and I feel as though they could manage to extend, and it's a very conscious decision of using a strategy to support them extending'* (#8, 122-125)

> *'But then over time or you can see that yeah actually they've already got that, they kind of get that, so then you start to gently try out different things'* (#4, 176-178)

Sometimes a deliberate broadening of an interactive repertoire can be attempted outside of the classic Intensive Interaction scenario e.g. even within functional task completion such as during a 'hand-over-hand' functional task completion.

> *'Physical contact I could get, because it's hand over hand, again functional, so I'd be holding his hand … I'm really close to him and I can touch his back and say "there's that smile" … it just broadens everything so much'* (#13, 394-398)

Such a process of repertoire development was well illustrated by one practitioner, where a spiralling effect was seen by the practitioner getting one element of the interaction right for the person, and this then building into a well-rehearsed '*conversation starter'.*

> *'He had a particular lip-smacking sound … when I got that right he stopped, didn't give me eye contact, but stopped and attended to me. Gradually that then built into eye-contact and exchanges of that sound, and then got to the point actually whenever I approached him, he made that sound, and that was used very, very deliberately as … our conversation starter.'* (#1, 750-757)

What was seen as a '*natural process'* of repertoire extension or '*spiralling'* was generally supported by the practitioner offering '*slightly amended'* responses from those previously offered e.g. responses that based on a '*slightly changed'* mirroring of a person's vocalisations, movements or activity.

> *'[name] might just be like 'eeee eeee eeee eeee' but I might come in and just do like an 'eee eee eee eee' [higher pitched]. I change the intonation a lot and actually that's really helped to increase her vocalisations'* (#10, 555-559)

> *'They're saying words that are very repetitive, I will change the pace and the tone of my voice to offer them an extension in a way, or a variation, to see if they want to pick up on that'* (#8, 235-238)

> *'So I'd use the movement they've done but in a different way, sort of slightly amended, slightly changed from what they do, but it's still sort of mirroring what they're doing'* (#6, 195-198)

> *'It just seems to be natural sometimes to add things in, it feels like part of the natural process of interacting and sometimes just to help them become more flexible and give them an opportunity to extend if they want to'* (#8, 110-115)

> *'I guess I do add in additional ones, for example if we're dancing I do tend to do a lot of her moves but then maybe I might put in like a little spin or something just to give her a sensation of turning around … adding in not too much, but just every now and then … kind of building, building and building.'* (#10, 284-303)

Indeed, sometimes any such repertoire extension seemed to come as a spontaneous development from the person themselves.

> *'There was times when we moved along, it was gonna go back and forth, but he suddenly started to do a new thing'* (#13, 429-431)

Looking for opportunities to offer subtle variations, or seemingly naturally occurring developments from the standard or current repertoire was reported as a consciously considered means to repertoire development. This might include using familiar patterns of sounds or movements, but reflected back to the person in another way. The manner of the use of certain toys by the person might also offer scope for repertoire development.

> *'I wanted to reflect the movement and pace of his activity through other things in terms of using a clap, or a tap on his leg, or a tap on his tray to reflect that activity. So I wanted to share with his pace and activity and movement, but not necessarily using the same parts of my body'* (#1, 477-482)

> *'Be interested in the way they're using toys of course, what toys are they are using. And that might give you a better idea, so you start out with something crude, you might provide these things but then discover actually 'that would be a good idea'… and then to follow the way they're interacting with toys'* (#11, 327-334)

Repertoire development was also indicated to have happened in one case through the use of *'different'* toys i.e. by conscious organising for novel sensory toys to be available to someone who found direct sharing of personal space difficult.

> *'By bringing in toys, sensory toys particularly, that are different than the toys he has, and are of interest, he's found a way to come over and sit and share prolonged periods of joint attention with me.*' (#1, 303-311)

Interestingly, the ability of a person to accept deviations from the familiar and thus expected interactive repertoire was indicated by one practitioner (a parent) to cumulatively build over time i.e. via graded exposure to some carefully calibrated (i.e. not too much) variations from the usual and expected shared interactive repertoire.

> *'And then I can vary, he's getting more and more flexible, so I cannot say it exactly like I'm meant to sometimes, it depends on his mood'* (#9, 212-214)

However a note of caution is sounded in the Intensive Interaction literature about a drive by a practitioner to look for excessive variation in the interactive repertoire (Firth & Barber, 2011, p.74): 'There are times when you can use a creative variation [of a mutually developed and recognisable interaction strategy], but being overly creative with the purpose of demonstrating your own ability as an imaginative interactor *is to miss the point of attempting to engage with the person in the first place.* Any wish to be creative should always be tempered by the need to negotiate a joint acceptance of any new variation used…'

This is followed by some more advice to practitioners: 'If you do feel that it is the right time to try something 'a bit different', initially do so tentatively, base it on good and continuing observations of the person's behaviour, but occasionally be open to more intuitive moments of responding' (Firth & Barber, 2011, p.81).

Chapter 4: Issues for Consideration … Ending Intensive Interaction

4.1: The Intensive Interaction practitioner disengaging from engagements

Although ideally Intensive Interaction engagements have no predetermined timescales, they do at some point have to be allowed to come to a natural end or be ended by the actions of one or other of the participants. The actual point or timing of any such social disengagement may come about through the conscious choice of the person or the practitioner, or it may be due to issues external to the Intensive Interaction engagement e.g. any practitioner time constraints or predetermined scheduling of other activities for the person.

At times the practitioner may consciously decide to bring an engagement to a close because they perceive that the person is no longer able, for a number of possible reasons (e.g. variations in the person's arousal levels, too far up or down), to retain their focus on the current interaction.

> *'It's close observation and looking at facial expressions and … you get to understand and know when somebody's switched off … it's just being able to understand and know who you're supporting and when enough's enough'* (#13, 1115-1123)

> *'You just know because you're that tuned in to the person, after a few minutes you really are that tuned in, that you sense when they want it to end'* (#7, 604-606)

The practitioner getting some aspect of their Intensive Interaction practice in some way wrong for the person e.g. being too close in proximity or overly extending the duration of the Intensive Interaction session, can be a reason to disengage if the person's negative feedback is correctly interpreted.

> *'Not reading what the other person was saying which was 'go away I don't want to be with you at the moment, I know I need space'… but couldn't articulate that'* (#2, 733-737)

Sometimes a session of Intensive Interaction is sensed by the practitioner to be winding down and thus ending naturally, as and when the person seems to have had enough.

> *'We go for an hour, but it can be less than an hour, it can be more than an hour absolutely consciously don't say "right, that's it, it's done"… if it's going really well it'll continue well, and just cease naturally and quieten down'* (#13, 1126-1131)

> *'It might be a session that has to end at a certain time … one child might seem as though they've had enough and move away and then I'd just move on to another child … it's either the time or the child's needs have finished '* (#8, 329-337)

The practitioner being closely observant of the subtle feedback signals from people in wheelchairs was noted as being particularly important, presumably because they often can't physically remove themselves from an interaction and are therefore more reliant on the practitioner disengaging at an appropriate time.

> *'If a person's ambulant and we know that they get up and walk away when they've had enough of something … If you're doing Intensive Interaction with somebody who's in a wheelchair, in a way you've got a kind of trapped, and they can't move themselves, you've got a trapped audience and I think it's very easy to overstay your*

> *welcome. Being tuned in to subtle signs of whether they're enjoying it or not enjoying it becomes really important for wheelchair users … reading those subtle signs of enjoyment, engagement, etc'* (#5, 537-555)

If the practitioner has to disengage themselves before the person signals their own wish to disengage e.g. due to unavoidable time constraints, then they may use reducing aspects of the Fundamentals of Communication to signal this imminent ending to the person e.g. via reduced proximity, presenting with a less open or socially available posture, more intermittent eye contact, a quieter vocal tone and/or more extended breathing patterns i.e. gradually becoming less socially available and/or less responsive.

> *'Slow down my interactions and responses to the person. I tend to move away quite gradually, but physically move away from the person. Then be quiet but physically in the same vicinity and then just move away'* (#6, 432-435)

> *'Try and perhaps put a bit of physical distance between myself, change my posture, lower my tone, maybe break eye contact more frequently and actually signal the fact that the interaction is coming to an end … and then very deliberately move away, that indicated the interaction had finished'* (#1, 1077-1084)

Sometimes this gradual tailing off of the practitioner's general responsiveness may be accompanied by an overt verbal statement that the session is ending, or for those people who have some concept of time, some sort of defined countdown provided as an indication that the session is about to finish.

> *'Slowing down responses and starting to disengage but probably telling the person as well … breaking the responsiveness of them leading and me responding by me starting to tell them it's time to finish now'* (#4, 418-422)

> *'I will actually say to them two minutes and then the session will finish, and I will gradually become out of sync with them and that's a very conscious thing or drop my connection with them, allow us to separate'* (#8, 365-369)

This gradual nature of any such practitioner instigated disengagement was well illustrated by one practitioner who allowed time for the person, especially if they became highly excited or aroused, to more fully process the impending end of the Intensive Interaction session.

> *'I would make it clear that it's coming to an end, but I also try not to stop it very abruptly … I will keep interacting with them for another few minutes, and then again kind of reiterate so they get time to process that it's time to finish … if we're having a really playful activity and the person is really enjoying it and really into it I will try to bring their arousal level down and bring the activity to an end. But again very slowly, and yeah, not be abrupt, and make it as easy as possible for them*' (#3, 544-559)

Having such a well-considered disengagement strategy or routine mirrors a similar theme taken from the Intensive Interaction literature (Firth & Barber, 2011): **'**For some people who struggle to voluntarily disengage, serious consideration might be necessary for the development of a 'final game' or deliberate disengagement strategy employing what will, it is hoped, in time, become a recognisable 'last activity' that deliberately signals the end of an Intensive Interaction session. Such a 'last activity' should almost certainly be a more

leisurely paced activity, one that is deliberately designed to reduce the joint arousal levels and social attunement of both participants' (p.111).

Gradually trailing off an interaction was seen to have an added benefit of '*double checking'* that the person has had enough i.e. allowing time for the person to re-engage if they were just needing a short break from an interaction, but didn't want to completely end the session.

> *'I like the idea of double checking … so I might get the signals that the person's had enough but I wouldn't necessarily run off and leave them then. I like to just sit back and just wait because they might re-initiate.'* (#5 '645-655)

One area of concern articulated by one practitioner was that sometimes a session may be prematurely ended by the practitioner due to external issues constraining the time available for an interaction.

> *'Sometimes, time constraints on anybody's day means that you have to finish an interaction before perhaps you're both ready to do that'* (#6, 422-427)

> *'I think often I am guilty of finishing too soon, because there's always something else to go on to. Sometimes, and I'm very aware of this, and think oh I've got a great piece of video I'll stop here which is shameful to say'* (#5, 645-649)

However, as one parent practitioner indicated, sometimes '*life gets in the way'* and sometimes sessions are interrupted for unexpected reasons. Such unplanned and uncontrolled disengagements can at times be difficult for a person to cope with.

> *'If it's interrupted he doesn't like it, it's horrible, like the phone or if someone's at the door, life gets in the way sometimes'* (#9, 675-677)

The ending of an Intensive Interaction session may not always be signalled to the person as a complete disengagement, it could instead be present as a change in the form or focus of the interaction, refocusing their attention onto the next stimulating activity.

> *'A change of some sort to signify that actually we're moving on to something different now'* (#12, 479-481)

> *'Making sure that they've got something to go onto as well; so that's sort of part of it I suppose, what are they going to do next, so they're not just left high and dry and wondering what's happening'* (#5, 692-695)

Also, sometimes the person will just naturally find interest in another activity or object and transfer their attention out from the Intensive Interaction and on to that available activity or object, leaving an ideal space for the practitioner to gently disengage.

> *'She's maybe starts to get interested in something else and I just gently back off'* (#10, 840-842)

This transition doesn't have to be to a different type of activity. It can actually be between communication partners for the person i.e. passing the focus of the interaction onto another Intensive Interaction practitioner who can then take on the engagement.

> *'If you know you're going to be leaving in ten minutes … if there is another person in the room, I would try to lead the interaction to that person so that they'll already be interacting with them'* (#11, 1364-1374)

> *'If somebody else has come in to move in to the person's space, I might gradually move back and allow that person to come in to introduce themselves and take over'* (#6, 438-442)

This less intensive and gradually tailing off period of an Intensive Interaction session can also be usefully deployed by the practitioner.

> *'I think having a cup of tea together is a lovely way of finishing the session … I like also filling in a session sheet whilst I'm still sat with the person, that aids my memory in terms of I've got the person there almost as an object of reference to remind me what happened in that last half an hour. But then also I'm still with them, but I'm not focusing on them in that Intensive Interaction style so much'* (#5, 680-687)

The sometimes difficult issue of deliberately timing a disengagement so that the session will end with the person still enjoying the session, and still having a positive orientation towards any future Intensive Interaction and the practitioner, was also highlighted.

> *'So even if it was a brief interaction, try and finish on a positive … the alternative is finishing when they've had more than enough, so that would therefore finish on a negative, and getting that absolutely perfect point sometimes is really difficult'* (#5, 524-664)

4.2: The person disengaging from engagements

With Intensive Interaction being a person led process, ideally it would be the person themselves who would indicate when they have had enough Intensive Interaction. Sometimes the person can clearly signal when they have had enough social engagement at the current time by reorienting their physical positioning away from the practitioner; and if they are ambulant, they can simply get up and walk away.

> *'That person acts like they've had enough; so they could have turned away from you, push away from you, completely disengage sort of thing'* (#7, 604-606)

> *'When he'd had enough he'd got up and walked and went back to his room… and at that time I did definitely end the session'* (#13, 474-478)

Sometimes the signals of a wish to disengage from the person are a bit more subtle; and may even become more subtle still if such signals of disinterest or disengagement are appropriately decoded and responded to.

> *'Someone can disengage with their eyes and visibly you can see that they've just kind of had enough'* (#4, 411-412)

> *'He would just turn his whole torso away and later on he would actually just turn his face or head away or just look down'* (#11, 1335-1338)

Indeed, the person developing effective signals of disinterest or wished for disengagement was seen by one practitioner as a positive skill to be learned (and responded to) as part of the Intensive Interaction process.

> *'Your interaction might only last a few seconds and those few seconds might be them saying I don't want to interact with you at the moment which is an important part of them learning to be a communicator'* (#4, 108-111)

If the interactive presentation of the person changes in such a way as to somehow signal that they have had enough of the Intensive Interaction and thus wish to disengage, the practitioner may still choose to check that this is the case by remaining socially available (but maybe not quite as near) to see if they will re-initiate.

> *'If that individual moves on, if they become a bit restless or seem to disengage from you, or choose to move away from you, you can still make yourself available, you can still offer yourself, but if that individual doesn't really engage with you, or rejects you, then you've got to accept that'* (#1, 1042-1046)

Chapter 5: Issues for Consideration … After Intensive Interaction

5.1: Intensive Interaction improves the levels of social inclusion for the person

'*Generally, Intensive Interaction has been seen as an approach for providing people with experiences of being socially included and emotionally connected. It also provides people with opportunities to practice and develop the necessary skills to be social, and thus learn about being a social agent in the company of other people*' (Firth & Barber, 2011, p.14).

For the practitioners in this study, one of the main outcomes of the approach was indicated as being the general sense of, or wish for social communication and connection that it facilitated for people; this being associated with an improved use and understanding of the fundamentals of communication within such social interactivity.

> *'I've seen quite dramatic changes in him, just in the last three, four weeks, in terms of being able to and having a desire to want to share attention with another person; and I think all the really good communication skills like sharing eye contact and smiles and giggles and all of that kind of stuff, there's little traces of it beginning to come through, but I think that will come through more and more'* (#1, 321-330)

An increase in the amount of initiation by the person was also perceived as a potential outcome of their increased familiarity to Intensive Interaction and to the practitioner.

> *'When you've done it with some children before, there will be some children who are pleased to see you, so they'll initiate'* (#9, 90-92)

Such a sense of improved social connection and inclusion could over time, for certain people, translate into a perceived reduction in the frequency of challenging behaviour as new skills in giving attention and arousal control are experientially learned.

> *'She was more attentive, she listened, she stopped her… because she use to do a lot of challenging behaviour … all her self-stimulatory behaviours kind of stopped … and it was silence, but attentive silence and listening'* (#13, 564-569)

> *'They've got to learn to regulate and modulate during interaction, and because that learning happens as a part of that process; that learning is emergent as you go along and you can't learn just because you're been told it, you got to learn it because you've been involved in that process where the whole process has had the opportunity to go through the full cycle'* (#1, 197-205)

Addressing the issue of behavioural changes, Nind & Hewett (2005, p.166) state that: 'It is our understanding that the person's behaviour changes because s/he has learned new ways of relating to the environment and to the people within it … the changes in behaviour come out of the developments in trust, relationship and social and communication abilities.'

The cumulative building of tolerance and trust, as well as the use of a broader variety of more subtle signalling by the person when sometimes wishing for a temporary pause or break from an interaction (rather than just enacting a total disengagement) was also seen as a gradually developing outcome of engagement in the Intensive Interaction process.

> *'In the beginning when he ended interactions, that would be getting up from the sofa when we'd sat down together, go out into the atrium yard outside and close the door … and then he would start going out into the atrium without closing the door. Then he would start to not go out, but just to rise from the sofa, walk around the room, and then just sit down again with us. Or later on he would just turn his whole torso away, and later on he would actually just turn his face or head away or just look down and later on he started regulating the interaction with eye contact. So it went from "no thank you to all of it", to "no thank you for a while", to "no thank you right now but now I'm ready again", to "not that much but maybe more of that", so he's started to more and more finally show to us what he liked and didn't like'* (#11, 1327-1342)

The gradual development of new social communication behaviours were seen to emerge for the person with extended engagement in Intensive Interaction; such developmental progression i.e. someone enacting new socially interactive behaviours, was sometimes seen to be a cumulative and gradual process, but sometimes new expressive communicative behaviours appeared quite suddenly.

> *'It took about a year before I could do that with him, and I didn't do that because I had been working with him for so long, but because developmentally he had reached a point where he was able to get that'* (#3, 319-322)

> *'It [Intensive Interaction] started producing new behaviours, I was again unsure where they were coming … a different way of expressing himself'* (#13, 445-450)

This development of new understandings of the social communications of others by people, with extended use of Intensive Interaction, was also identified in an improved '*ability to play'* for one person.

> *'What he's really developed over the years is playfulness and the ability to play so I think it's a lot to do with voice, and there are sort of human cues and play cues in our voices and I think he's learnt those'* (#9, 481-484)

5.2: Outcomes for the practitioner after Intensive Interaction sessions

As well as a range of positive social and communicative outcomes being identified for the people with whom Intensive Interaction is used, the outcomes and post session processes for the practitioner were also evidenced in their testimony.

One particularly strong theme that emerged in the study was the importance of a conscious, 'after the event' reflective process. In such a reflective process practice related issues raised for the practitioner during particular Intensive Interaction engagements were reflectively considered so that improved practices could be developed in subsequent sessions i.e. good Intensive Interaction practitioners are not people who just intuitively or unthinkingly apply a set series of procedures or protocols; the process of developing suitable Intensive Interaction practices needs to be a consciously reflective process.

> *'You've got to be reflective; you've got to because that's how to make things move on in the right way'* (#13, 870-872)

> *'I was keen, I was eager I wanted to make a difference to people's lives, I wanted to make people happy, I wanted to share that message, but I was in too much of a rush for it to happen. I was never going to get there without reflecting'* (#7, 672-676)

> *'I think I go naturally with it, but I suppose after the interaction in the kind of record keeping stage … when reflecting on what happened and what worked, it will become more conscious then'* (#5, 450-452)

Such a reflective process enables the practitioner to continue to develop their practice with experience, by a process of reflecting on that experience.

> *'It's really nice to see over time how I've developed, and how I've changed and I'm still changing and developing and that's really quite interesting to see'* (#3, 617-620)

However the skills necessary to be '*reflective'* are not always immediately available to all practitioners as an inherent personal characteristic. Helping other practitioners to engage in a reflective process was indicated as being useful for individual practitioners in developing their own internal reflective practices.

> *'It is something that from teaching other's I realise that it does take quite a long time to develop those skills, in terms of actually being at that kind of internally reflective kind of person'* (#1, 1240-1243)

A reflective practitioner was identified by one practitioner as someone who is able to accept that things sometimes don't go well during a session, but that they are then able to move forward by accepting their own '*bad decisions',* and presumably through a subsequent reflective process then becoming less likely to make similar bad decisions in the future.

> *'But you need to swallow your own bad decisions or your regret or something else that happened'* (#11, 856-858)

A collaborative reflective process was identified by one practitioner, with the reflection on providing access to Intensive Interaction for one person being framed around asking questions about things that went *'really well'*, and things that '*didn't go really well'*.

> *'It was discussed; we would as a staff always pick up on 'that went really well' or 'that didn't go really well' … that was all thought out in order to enable that young person to communicate'* (#2, 291-297)

There might be times when some post-incident reflection was seen as necessary to identify what could have been done differently if a person had shown a negative reaction during a session of Intensive Interaction. However, such reflectivity should not take the form of '*negative'* self-criticism, but should instead be based on learning from the experience to make it less likely to happen again e.g. by not doing 'too much' with a person who is likely to become over aroused in some way.

> *'If something like that [the person becoming over aroused/ distressed] happens you have to take a step back then, and think 'what could I have done better?' Never put it in a negative, but 'what could I have done better?' … look at where you are and whether you've done too much'* (#13, 968-975)

5.3: The use of recordings to help inform Intensive Interaction practices

The use of certain recoding regimens, more specifically the use of video recordings, was indicated as helping practitioners usefully reflect on their own practices.

> *'When you've got it on video or you're just beginning, naturally you start to think about it, and reflect on, and maybe plan more of 'I might do that differently''* (#13, 879-881)

Indeed, the use of supportive and reflective feedback based on the collaborative viewing of a number of practitioners' video-recorded sessions was an integral part of the Intensive Interaction Coordinators course (facilitated by the Intensive Interaction Institute and one that all the practitioners in this study had completed).

> *'I think using videos as a tool for reflective practice has informed me and obviously on the coordinators course as well, discussion with other coordinators, looking at their videos the tutors and I recognise often less is more sort of thing'* (#7, 620-624)

> *'Because we get to see dozens and dozens of people practicing, so you've got much more in your sort of tool bag to refer to and different people's experiences … different ideas about how scenarios go and different bits of people's practice that you like and can try to emulate it'* (#4, 478-482)

The use of videos was also identified as being useful to look back at certain aspects of a practitioner's practice that they might want to focus their reflective thinking around; again the reflective process was balanced between reflecting on what could be done differently or better whilst also identifying current good aspects of practice.

> *'I need to be videoed, and then we need to look at that video and say 'you were looking', '[you were] getting too much in their face', 'you really missed an opportunity there' don't you think, but 'you did this well', and 'this was good, and 'this was good, and 'this was good''* (#2, 1033-1037)

> *'I would have to look through videos because I know that I vary this [speed of responses] a lot, and I think sometimes I got to get it right at least, but not all the time'* (#11, 209-211)

Reviewing video recordings of their own practice helped practitioners consciously reflect on aspects of their practices they may have unconsciously or intuitively enacted at the time, and were therefore potentially unaware of doing.

> *'Most of the time it's not conscious, but because I take quite a lot of videos of my practice anyway, I often realise it afterwards when I've watched the video back and think 'ooh, okay here I've done that, that's quite interesting''* (#3, 176-179)

> *'I think one of the best ways is through video … because you might think 'ooh I didn't realise that I do that''* (#10, 895-899)

Another important potential outcome of capturing video-recordings of a person's Intensive Interaction sessions was that of it being helpful in sustaining the developed social engagement practices of the person, even if they go through major staff team changes or service transition (these being an unfortunate but potentially recurrent feature of some people's lives in care).

> *'Make sure in the name of sustainability that videos are done, that something goes into the person's care plan. So there's something that's going to be there for that person in the long haul … and should survive drastic staffing changes*' (#5, 754-759)

5.4: The role of supported reflection in developing improved Intensive Interaction practices

The importance of supportive and collaborative reflection on video-recordings, rather than reflection just being seen as an individual process, was highlighted by a number of practitioners; again evidence of this collective reflective process being framed around the practitioners' own positive experiences on the Intensive Interaction Coordinators course, where colleagues (some very experienced in Intensive Interaction) were able to ask questions and suggest alternative strategies.

> *'It wasn't until I'd gone back to the coordinators course and we had to look at some of the video and I said 'this is becoming a bit of a problem, because he's telling me to go away' … 'and I'm not getting anywhere' … it's through the colleagues … they suggested, 'well I wonder if he's actually telling you to go away, or is that his only way of …[saying] he actually doesn't want me to sit next to him''* (#13, 193-206)

> *'Spending time with other people that do Intensive Interaction … watching videos with other people that are much more experienced than you, and also people who have the same level … it's about having meaningful conversations around what you're seeing … and having other people ask'* (#11, 1463-1475)

For one practitioner extensive experiential learning, supported by a mentoring style of practice development around the practitioner's own Intensive Interaction '*style*' was seen as potentially more useful in developing good practice than via looking to develop a deeper understanding of the general theory underpinning the approach.

> *'I think you could probably be a really good Intensive Interaction practitioner without so much theoretical knowledge, but with lots and lots and lots of experience of actually doing it and doing it well and getting feedback and mentoring around your style'* (#5, 723-728)

The interesting idea that '*nobody's an expert'* in Intensive Interaction was raised; it was clearly stated that all practitioners can benefit from supportive feedback provided by their colleagues, framed around reflectively watching video of their Intensive Interaction practices.

> *'Anybody only gets that [natural Intensive Interaction tempo] through reflection and looking at the videos … nobody's an expert, we all need each other's eyes to support each other'* (#2, 243-245)

Sometimes sharing reflective thoughts with colleagues can provide a practitioner with added confidence in the practices currently being used; sometimes such issues being framed around a matter of individual or subjective perception (rather than concrete observation).

> *'I can remember a member of staff saying to me 'if I clap back with him like that, and I hit his hands as hard as he's hitting mine, then people will think that's abuse, that's a safe guarding issue because I'm slapping him.' But, but that was her perception'* (#1, 782-786)

The process of providing reflective support and feedback to other practitioners (i.e. using a mentoring style of support) was actually seen as useful to the practitioner giving the support in terms of their confidence in and knowledge of Intensive Interaction, and not just of benefit for the novice practitioners receiving the support.

> *'Talking to other people who are learning about Intensive Interaction themselves and putting it into place, I think that's taught me a lot about what it's about and why it* works' (#6, 449-452)

> *'The more I'm able to explain it the more I feel that there is value to it … it made me more confident because if somebody challenges me on what I'm doing I can easily say 'well the reason I'm pausing here, I'm waiting I'm not doing anything' is because and then I can argue the effects of my technique on the person'* (#3, 589-602)

Through articulating comments and questions during reflection on the video records of a practitioner, a more conscious and analytic thinking process can be applied to practice development with individual people.

> *'Well it forces you to be very reflective, and to it forces you to be very analytical about what you're seeing. Looking at both what's happening for the person, but also the practitioner's practice in a lot of detail, and to be able to articulate that so through that process you're fine tuning your own understanding and therefore your ability to use techniques as well'* (#4, 488-494)

Rather than pointing practitioner's to offer more or different kinds of Intensive Interaction strategies, sometimes the reflective process can point the practitioner to be happy with what they are currently doing, or not doing i.e. '*pausing*' and not doing '*too much*'.

> *'Minimalism has got to be key; it's that I can gain those responses but I was perhaps always wanting to drive interactions on a little bit more … and not accepting that actually it's okay just to rehearse this stuff, just to stay where we are for a bit'* (#12, 504-508)

> *'I think I'm less directive; I'm more used to pausing and not doing too much … I think previously I wasn't clear, it sort of felt that I wasn't working hard enough … So I think that's the main change actually, and trying to do it more frequently with the person; so frequency, but also slowness, stillness'* (#5, 698-704)

Not only does engagement in an extended reflective process enable practitioners to better identify more appropriate Intensive Interaction practices for individual people, but their ability to be flexible within and across sessions of Intensive Interaction, and realise when things have gone wrong, was also identified as being enhanced.

> *'I think whilst I have more experience in doing it and have many more I suppose anecdotes it doesn't mean that I'm any better at it per se. I do know what I should be doing, but that's not to say that I would necessarily do it all of the time, but I think I can reflect on it and realise when things have gone wrong'* (#1, 1208-1214)

> *'It's about what you do and how you are able to adjust your communicative and interactive style in order to be with that individual at that moment in that time'* (#1, 1222-1224)

Learning the practices and principles of Intensive Interaction was identified by one practitioner as '*massively'* challenging of their prior views on the very nature of the teaching and learning process, but most specifically on the '*organised and structured'* nature of 'traditional learning'.

> *'I've been on a massively steep learning curve because Intensive Interaction started to take me away from traditional learning … and massively challenged my views as a teacher; because a teacher is a person who's in control and stands at the front, and it's all organised and structured and there will be a lot of paper involved …. so it blew all of that out of the water, and yeah, I'm a very different teacher'* (#2, 975-1018)

Indeed, a practitioner learning the practices and principles of Intensive Interaction was identified as being like a one-way journey i.e. there being no return from an increasingly natural or intuitive enactment of Intensive Interaction practices.

> *'Once you've learnt Intensive Interaction it's difficult to know how not to use it … so it's just gonna happen naturally'* (#4, 333-337)

Certain aspects of the practitioners practice were specifically identified as being improved with greater cumulative experience and reflection, these being: more acute observation, greater confidence and flexibility in using a broader range of social responses with the person, being able to adjust their interactive style to fit the individual, and also being able to tune in to the person and slow down the general nature of their responsiveness.

> *'It's become easier to slow down; probably more tuned … more able to sort of pick up on lots of signs and signals … more confident with being able to respond using similar things to what they're doing, and probably more confident with using a variety of ways of responding to things that they're doing'* (#4, 444-449)

However, as well as experiential learning and reflection on the practices of Intensive Interaction, for some practitioners continued learning about the theoretical underpinnings and research evidence supporting Intensive Interaction was also seen as important.

> *'I come from a place where I felt quite natural at doing it at first I didn't realise the whole research and the whole everything that's behind it, that underpins all the principles of Intensive Interaction. So I think learning about where Intensive Interaction comes from really and the whole psychology around it and the whole parent to infant interaction research, and it's like 'wow there's masses around it!''* (#3, 655-661)

> *'I'm still learning though, because I still find things to read about Intensive Interaction and think 'ooh yeah that explains [it]' or 'that makes your understanding deeper about why this is working', and that's it's really important to carrying on doing'* (#6, 452-456)

5.5: Finally: some wider implications of practicing Intensive Interaction

Not only was Intensive Interaction identified as a means of socially engaging with, and supporting the social communication development of people with learning disabilities and autism, but the practices and principles of Intensive Interaction were also seen to have some indirect '*wider implications'*.

> *'So I suppose in some sense it's become one of the ways that we use to communicate with people with perhaps PMLD and severe learning disabilities and autism, and now I see it as this set of techniques and an approach that's got a much wider application than that'* (#4, 511-515)

The understandings and insights brought about by the general principles and practices of Intensive Interaction was identified by one practitioner (a teacher) as subsequently coming to inform all other aspects of their teaching role.

> *'I think just the whole idea of being led by the person … and tuning in to them, and in every situation now that I work … I try and bring this understanding that I've got through learning about Intensive Interaction in everything I do'* (#6, 462-466)

The collective development of Intensive Interaction across a staff team also helped promote a more open and more supportive relationships between practitioners. This collaborative way of working was more specifically identified as enabling the development of an Intensive Interaction 'community of practice' i.e. a collaborative, supportive and self-sustaining group of people who share a common set of professional goals and practices.

> *'It becomes a very supportive environment because then actually I ended up hugging my staff more, we would cry on each other as staff ; it created an opportunity for a much more open relationship and that was an affirming relationship'* (#2, 1043-1048)

> *'It's got to come from the top down, it's got to come from senior leadership, it's got to come from our teachers when building that community of Intensive Interaction Practitioners'* (#12, 532-542)

As previously stated, a practitioner learning the practices and principles of Intensive Interaction was identified as being on a journey in terms of developing their care or teaching practices, but for some practitioners it seems to have informed their everyday social practices, and even their attitudinal thinking more generally i.e. their '*way of being'*, even in their normal, daily life.

> *'[Intensive Interaction] - it's part of me, it's part of my life … I can't think back to when it's not been part of my life, because it is a way of life … I use it with everybody who I communicate with'* (#13, 1160-1163)

> *'Intensive Interaction has affected how I think about everything else … it's a way of being and it's an attitude, so it involves a change of attitude and obviously the longer you do that the more it becomes part of you. So you almost become more of an Intensive Interaction person … I think actually it affects the way I feel about other people, I think I'm much nicer because of it, much more accepting of people generally I think'* (#9, 709-719)

Chapter 6: Some discussion about practitioner decision making

6.1: Some background on human cognitive or 'decision making' processes

As with all human thinking, the cognitive or 'decision making' process that is generated in the mind of a person practicing Intensive Interaction, or when addressing a related Intensive Interaction issue, can be carried out either consciously or unconsciously i.e. sometimes a practitioner will be actively aware of an articulated decision making process going on in their minds, but at other times they will not be aware of any such cognitive processing.

A 'dual process theory' of cognition can perhaps provide us with a useful (although almost certainly over-simplified) theoretical description of how our thinking, as Intensive Interaction practitioners, can accommodate two seemingly separate processes, depending on the context in which any particular decision making is carried out:

1. An intuitive, unconscious and seemingly automatic thinking or decision making process, sometimes called '*System 1 Processing'* (Evans, 2003; Stanovich & West, 2000).
2. A conscious, internally articulated and controlled thinking or decision making process, sometimes called '*System 2 Processing*' (Evans, 2003; Stanovich & West, 2000).

Although in reality there are almost certainly 'grey areas' in-between these two 'defined' cognitive systems i.e. conscious and unconscious cognition are not mutually excluding states. Indeed for some cognitive theorists, a conscious thought may actually be just the articulation of unconscious processing, such that we may feel as though a thought or decision was consciously arrived at, whilst in reality it is the consequent realisation of an already resolved unconscious cognitive process.

However, for the sake of clarity in this study, we will use this 'dual process theory' of cognition as the basis for some discussion and drawing conclusions (as seen below). Within such a 'dual process theory' of cognition, 'intuitive' thinking is defined as the unconscious cognitive processing that relies on 'in the moment' processing, this seemingly hidden from our conscious mind. Such intuitive thinking works via a number of well-developed (over time) cognitive shortcuts which enable us to unconsciously process and make decisions whilst simultaneously applying those same decisions in our actions. When we do become aware of it, such intuitive thinking happens when we are immersed in, and mentally attuned to, a familiar contextualised situation.

Conscious thinking or reflective decision making is a more analytical cognitive process, where any pros and cons of an issue are internally articulated and more explicitly weighed up; with more time spent in thinking through a specific situation. Such conscious thinking tends to occur non-synchronously with the application of any given actions, and can be seeded by some unfamiliar contextually relevant issue that cannot be addressed easily and quickly and thus intuitively (i.e. via pre-encoded cognitive shortcuts).

Interestingly, when thinking about Intensive Interaction practice development, consciously articulated and reflective cognitive processes have generally been evidenced to be more liable to revision and adaptation after the accommodation of new information (i.e. new learning), and to change more quickly. Conversely, intuitive cognitive processes are usually seen to be less amenable to modification, and to take longer to change, as they depend on the unconscious functioning of various cognitive shortcuts and encoded biases (these shortcuts and biases developed through more generalised experiential and encultured learning over extended periods of time).

6.2: The processing framework for practitioner decision making

As can be seen from the developed analytic template (see Appendix 1) a number of broad categories emerged in this study during the transcript analysis of the practitioners' testimony. When talking about their decision making processes when applying the general principles of Intensive Interaction, they identified specific periods when:

1. **The decision making being generally described as 'conscious' and/or 'reflective' in nature:**

   Such 'conscious' and/or 'reflective' considerations being given by the practitioners to a number of practice related issues, these differing in their form or focus depending on whether such 'reflective' considerations take place:

   - Before, or in preparation to socially engage with a person.
   - When trying to initiate a period of Intensive Interaction with a person.
   - During the main period of an Intensive Interaction 'session' i.e. 'reflecting in action'
   - Approaching an end of, or at the point of disengagement from, a period of Intensive Interaction with a person.
   - After disengaging from a period of Intensive Interaction, with the form of any generally conscious post-engagement reflections being dependant on whether these reflections were conducted individually (e.g. whilst writing up post-session notes or reports), or if the reflective process was in some way structured and supported by colleagues/peers (e.g. as part of a video reflection process).

2. **The decision making being generally described as 'intuitive' or 'unconscious' in nature:**

   Such *'intuitive'* or *'unconscious'* decision making was identified when practitioners stated that they were *'attuned'*, or *'tuned-in'* to, or interactively *'going with the flow'* with a person during a sustained period of Intensive Interaction, with such an attuned state being manifest in some form of interactivity that was intuitively harmonised in both form and tempo.

   With some practitioners such a state of optimal emotional and interactive attunement was reported to be built relatively quickly and relatively easily, whilst with other people, such an attuned state could take longer to attain, and be less securely developed.

3. **The decision making process being described as moving between 'intuitive' and 'conscious' decision making:**

   Any apparent movement between the two different processing states of conscious or intuitive decision making was seen to be triggered as and when certain practice related issues arose, or were perceived as significant *'in the moment'* by the practitioner.

From an attuned and intuitive *'going with the flow'* state of engagement, practitioners reported at times becoming more conscious or consciously reflective in their thinking as a period of Intensive Interaction for some reason moved out of a state of predictable *'flow'*. Such transference out from a state of intuitive thinking to more conscious decision making being triggered by, or associated with:

- Encountering difficult interactive scenarios or unexpected developments during a period of Intensive Interaction.

- Perceived changes (or changes that are deemed imminent) in the person's levels of interest, arousal or behaviour (including some behaviours that could be deemed potentially challenging).
- *'Moving on*' in some developmentally progressive way (actual and current by the person, or as desired by the practitioner) from the repetition of a familiar and mutually understood interactive repertoire.

Again, according to the practitioner testimony, any movement from conscious decision making into a state of more intuitive or unconscious practicing of Intensive Interaction seemingly takes place when a process of emotional attunement and interactive *'flow'* is successfully developed between the practitioner and a person i.e. when the nature of the interactivity settles into a mutually recognised repertoire and was therefore reassuringly familiar and predictable, thus requiring little or no conscious thought to carry out.

Interestingly, but perhaps not surprisingly, on a cognitive processing spectrum from mainly conscious to mainly intuitive, it would appear that practitioners new to Intensive Interaction initially enact engagements at a more conscious level, whereas experienced and confident practitioners will tend to become generally more intuitive in their thinking (and less self-aware) during their engagements.

The change from one cognitive state to another seems to be associated with the degree or amount of cognitive resources required by the practitioner to address the perceived issue that is, or is about to arise within the period of the Intensive Interaction engagement. A cognitive model that might help us understand this change in the nature of the cognitive processing is one called The Generic Error Modelling System (Reason, 1990). This GEMS model was developed following research into human error, and it examines human cognitive processing when people are faced with the need for decision making in complex and dynamic (and sometimes risky) situations.

The GEMS model is based on there being three potential levels of cognitive involvement – and as thus to some degree challenges a simplistic or hard edged conscious versus unconscious division in cognitive processing i.e. in the GEMS model there is a graded level of conscious involvement in decision making, this depending on the relative nature of the decisions to be made. The three potential levels of cognitive involvement in the GEMS model are: the skill based mode, rule based mode, and knowledge based mode.

- The 'skill based' mode requires the least conscious attention, mainly utilising an unconscious or intuitive response within a well understood situation (e.g. once you are experienced at riding a bike, you can ride without much, if any conscious thought).
- The 'rule based' mode requires more need for attention (and more conscious application) than the skill based mode, and at this level we are able to move forward using some already understood rules related to the given situation (i.e. "I already know how to respond to this situation based on my previous experience, so I can apply the same rules again").
- The 'knowledge based' mode requires the most conscious cognitive efforts in order to analytically think about something, and then articulate and apply other, less immediately accessible knowledge to address a particular issue (i.e. "what other relevant information do I know that can help me in this situation that I haven't encountered before?").

The level of conscious cognitive effort we apply to a task is related to the nature of 'in the moment' decisions we have to make. If a situation is familiar we will apply our intuitively expressed skills to the task in front of us, and at times of some not too difficult change (or imminent change) we might apply a known and well-practiced 'rule' to get us back to where we want to be. However if we are faced with a novel situation, one where we don't have any applicable pre-set rules or intuitively enacted skills available to use, we must then apply some more consciously articulated knowledge to the decisions, in order to keep some level of control over the unfolding experience.

6.3: Intuitive and conscious decision making across different temporal stages

Such previously defined decision making, both intuitive and conscious, also generally fell into a sequence of five (not necessarily distinct) time related stages. These temporal stages fitted within the perceived progression of any period of Intensive Interaction, and were commonly defined by practitioners as:

1. **Before engaging with the person:** when conscious consideration might be given by the practitioner to issues such as:
    - The person's personal history (including any known and relevant family or home issues), their personal and/or physical characteristics, and/or any known diagnostic factors e.g. Autism or Angelman's syndrome.
    - Any potential behavioural, sensory (impairment or integration) or demand avoidance issues known to be relevant to the person.
    - Any potential issues related to the physical environmental.
    - Any potential issues related to the social environment, including other people, other staff members or other professionals who may be present.
    - The practitioner's levels of confidence in their own Intensive Interaction practices, both generally and in specific relation to engaging with the current person.
    - The practitioner's own social, therapeutic or educational '*agenda*' or expectations of, or for, any outcomes of the upcoming period of Intensive Interaction, either in the short term, or more cumulatively over the longer term.
2. **When initiating or attempting to initiate Intensive Interaction with the person:** when conscious consideration is given by the practitioner to issues such as:
    - Placing no initial expectations or perceivable demands on the person to actually engage at any level, or in any particular form, of Intensive Interaction.
    - Offering their social availability to, and then hopefully gaining the attention of the person, and doing so in ways that might generate some motivation or wish to engage in Intensive Interaction on the part of the person.
    - Initiating Intensive Interaction in a way that can maximise the potential for a period of social engagement and reciprocity with the person.
3. **During a period of Intensive Interaction with the person:** when intuitive and 'attuned' responses might be made, or conscious consideration given by the practitioner to issues including:

- Interpreting the person's behaviour (and/or feedback) in terms of their willingness or otherwise to continue to engage in Intensive Interaction.
- Engaging the person '*on their own terms*' and presenting any Intensive Interaction to the person in developmentally '*stage appropriate*' ways.
- Being responsive to the person and finding, and then attempting to further develop, a shared and hopefully familiar '*interactive repertoire*'.
- Developing a mutually agreeable tempo or rhythm within the interaction, and using well-judged timings (including the deliberate use of pauses in the practitioner's activity) to maximise the potential for continued social engagement.
- Developing a shared sense of '*attunement*' during Intensive Interaction.
- Using the '*Fundamentals of Communication*' (Hewett & Nind, see page 5) either individually or in some dynamic and supportive combination, in ways that maximise the potential for reciprocal social engagement.
- Using naturally occurring variations found within a person's '*interactive repertoire*' to support the development of their individual social practices and understanding.
- Developing shared enjoyment, emotional expression (possibly including the expressions of empathy) during Intensive Interaction.
- Using specific or more general types of objects or toys (sensory or electronic) to help develop a '*joint focus*', or in some way help create a mutually recognised activity structure within which to enact an Intensive Interaction engagement.
- Using language, or a person's levels of language comprehension, to add another channel of social communication to an Intensive Interaction engagement.
- Structuring the interactivity in a way to help the person manage their arousal levels during Intensive Interaction engagements.

4. **When disengaging with the person:** when conscious consideration is given by the practitioner to issues such as:
   - The person choosing, or indicating through their behaviour or their levels of perceived attention, that they themselves wish to end the Intensive Interaction engagement and thus socially disengage.
   - The practitioner (or service) having a set schedule or timetable that limits the time available for a specific Intensive Interaction engagement or session with a person.
   - The practitioner using gradual reductions in their social responsiveness and availability e.g. by reducing their levels of available eye contact, their vocalisations, movements and/or proximity, etc, to allow the engagement to progressively tail off to the point of a seemingly natural disengagement.

5. **After Intensive Interaction with the person:** as well as the practitioner cumulatively building a better general understanding of both Intensive Interaction as an approach, and using Intensive Interaction with the specific person, more conscious reflective consideration might be given to issues including:
   - Reflecting '*after the event*' on the success(es) or otherwise of the Intensive Interaction engagement developed with the person.

- Reflecting '*after the event*' on the appropriate frequency and/or duration of Intensive Interaction engagements with the particular person.
- Reflecting '*after the event*' with the active support of colleagues or peers on the nature and outcomes of the Intensive Interaction (for both the practitioner and person), possibly supported by a structured analysis of any video recordings.
- Creating a record of the Intensive Interaction session in some format that usefully highlights the nature and outcomes of the Intensive Interaction.
- Reflecting on other, more general cultural or social issues raised by engaging in Intensive Interaction with the person.

As can be seen across the 'Findings' section of this report, many of the issues that emerged from our Intensive Interaction practitioners' testimony did not always stand conceptually apart, many issues being represented in a number of the defined categories and temporal stages. It is only for the purposes of conceptual clarity that they are set apart in this report.

The reality of Intensive Interaction practice is that many of the issues raised in this study can be relevant singly or together, and thus usefully considered and reflected on at different times over the course of an Intensive Interaction engagement.

Indeed, conscious and structured reflection on many of the issues highlighted by experienced practitioners in this study can only help develop other, less experienced practitioners to develop their Intensive Interaction practices more quickly and more adroitly.

Such conscious and structured reflection on the skills, rules (more normally referred to as Intensive Interaction principles) and knowledge of Intensive Interaction could most usefully be carried out with the support of a peer or colleague, so that a cycle of experiential and reflective learning can be built around the use of Intensive Interaction with individual learners or service users.

Chapter 7: The main conclusions drawn from this study

How can the findings of this study be used to inform the most effective practice development of more novice practitioners?

It would appear from the testimony of the practitioners in this study that their understanding and consequent enactment of their own practices, and the mutually recognised interactive repertoire that is co-constructed with each particular person, will evolve through a cycle of:

1. **Some pre-engagement considerations**: focusing on aspects of the practitioners' learning or care '*agenda*' and expectations, possibly with some proactive environmental preparation (including any required changes to the social environment).
2. **Some '*trial and error*' experiential learning**: during each engagement (including at the initiation and disengagement phases), this often being based on the practitioner's '*in the moment*' decision making (often intuitively but at times consciously considered) that elects to follow or offer particular variations on any established interactive repertoire.

   Such '*in the moment*' decisions being concurrently reflected on *'in action'* by the practitioner in the light of the person's perceived feedback responses to their interactive offer, either positively so, or otherwise.
3. **Some post-engagement conscious reflection**: conducted either individually or collaboratively, sometimes involving informal or more structured reflective processes, and focused on either individual practice or developing a greater understanding of broader and thus more general Intensive Interaction principles, or both.

Indeed, as set out in the findings, a practitioner's reflective capability is reported to become more effective and gain greater acuity (and can even become more intuitive in its nature) with both extended Intensive Interaction experience, and engagement in a structured and supportive reflective process.

Supporting a novice practitioner's reflection is certainly something that should be started as early as possible in their practice development journey, so that useful insights on even the most basic Intensive Interaction practices can be developed. As renowned educational psychologist Jerome Bruner points out *'... unless certain basic skills are mastered, later more elaborate ones become increasingly out of reach'* (1966, p29).

Concept construction and development for novice practitioners can potentially (i.e. in theory) be seen to involve two cognitive structural processes – the first being knowledge 'assimilation' (Piaget, 1971) where an emergent concept (e.g. what Intensive Interaction actually is as a social communication approach) is seen to fit alongside already developed concepts, theories or ideas – this allowing novice practitioners to use any current knowledge to support and inform the process of Intensive Interaction concept development.

In such an assimilation model of concept development the use of analogy might be employed (e.g. Intensive Interaction is like a '*shared language*' or a '*conversation without words*'), but also it might be that the Intensive Interaction approach is seen to correspond to some aspects of an already understood and establish psychological or educational theories e.g. '*Infant-caregiver'* interaction models, '*Person-centredness', Positive Psychology* or *Developmental Models of Communication*.

The second cognitive process is that described as knowledge 'accommodation' (Piaget, 1971) which is a more profound structural cognitive process, this being where a person's

already established concepts and ideas are reconstructed in the light of new knowledge that challenges their current understanding (e.g. about what Intensive Interaction is as a social communication approach). Thus as a better understanding of Intensive Interaction develops, a practitioner's previously constructed concepts about other related issues is seen to change to accommodate this new, and more profound understanding e.g. the appropriateness or otherwise of any currently held ideas of 'age-appropriateness'.

From the analysis of the practitioners' testimony it appears clearly that practice development builds cumulatively in an experiential (doing it) and reflective (consciously thinking about it) cycle. What has been learned experientially and reflectively (at both an intuitive and conscious level) cyclically going on to inform the 'before', at 'the start', 'during' and at 'the end' periods of subsequent Intensive Interactions.

Such a cycle of concept construction and development (both generally and more person specifically) facilitated within an experiential learning cycle has already been well described in *Kolb's Experiential Learning Cycle* (Figure 1).

Such a constructivist model of learning does not require any abstracted 'transmission' type teaching or incremental and sequential skills analysis, but instead utilises the repeated processes of authentic immersion in *Concrete Experiences* (CE) through which the practitioner then engages in some process of *Reflective Observation* (RO).

Kolb's Experiential Learning Model describes a cyclical process of doing and learning; one where the expression of any new learning is embedded in the process of applying that new learning into the actual context in which it is learned. The simplicity of Kolb's experiential learning cycle makes it a valuable learning template that describes how a learner can be engaged in a learning process in which general knowledge can be actively recreated into contextualised and personal knowledge of the learner.

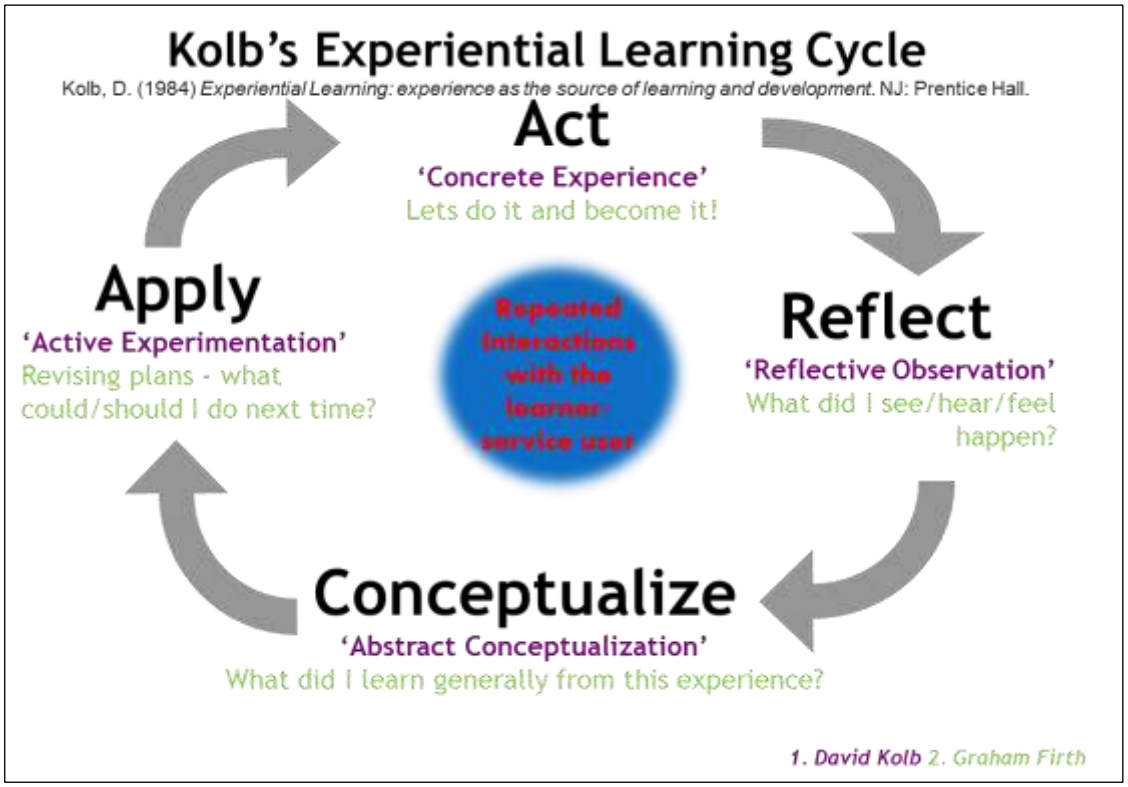

Figure 1

Experiential learning is based on a theory that has six central principles (Kolb & Kolb, 2005):

1. Learning should be seen as a process (rather than it being targeted on specified learning outcomes) … the primary goal being to engage learners in a process that maximises the potential for learning.

2. All experiential learning should be seen as 'relearning', this being facilitated by a process that 'draws out the students' beliefs and ideas about a topic so that they can be examined, tested, and integrated with new, more refined ideas'.

3. Learning requires the resolution of conflict and differences; in the process of learning the learner cyclically moving through different modes of reflection, action, feeling and thinking.

4. Learning is a holistic process that integrates thinking, feeling, observing and acting.

5. Learning is a transactional process (i.e. between the learner and a contextualised environment), with learning occurring through the assimilation of new experiences into existing concepts, and the restructuring (or accommodation) of existing concepts in the light of new experiences.

6. Learning is an individual process of creating knowledge.

Kolb's model allows us to see how, through a process of observation and structured reflections (on those observations), the formation of more generalised *Abstract Concepts* (AC) on or pertaining to Intensive Interaction, can be assimilated (or more radically accommodated) in the mind of the practitioner. Based on this new and contextually appropriate learning, the practitioner can then set out on a process of *Active Experimentation* (AE), this being applied in authentic Intensive Interaction engagements with the person in the hope of improved inclusion or learning outcomes.

In Figure 1 Kolb's original labelling of the four aspects of the experiential learning cycle have been supplemented by the author's more commonplace labelling i.e.

Concrete Experiences (CE) = 'Let's do it and become it'

Reflective Observation (RO) = 'What did I see / hear / feel happen?'

Abstract Conceptualisation (AC) = 'What did I learn generally from this experience?'

Active Experimentation (AE) = 'Revising plans –what could/should I do next time?'

The author's more everyday labelling was added to illustrate the kinds of questions that might be asked of a more novice practitioner during post-engagement reflections. Going from observations (and feelings), to generalised learning outcomes, and then to revising any general implementation planning (e.g. about the specific strategies used, or some aspect of the environment, or the interactive timings and tempo) should help create an instructive reflective framework that can help guide the novice practitioner to discover their own answers to the specific issues they face, whilst also concurrently developing their capacity for non-critical self-reflection as well.

The application of any new appropriately contextualised learning via *Active Experimentation* in the Intensive Interaction practices used with a person then leading back around to another stage of *Concrete Experiences* (CE) upon which the cycle of *Reflective Observation* (RO) and *Abstract Conceptualisation* (AC) can and does begin all over again.

It would be reasonable to suggest therefore that following such a structured experiential learning cycle can only help more novice practitioners more quickly and clearly construct and develop their concepts of what constitutes appropriate Intensive Interaction practice,

generally, and more specifically with individual people. Indeed, such a reflective process, even on a practitioner's own intuitive decision making, is already identified in the Intensive Interaction practice related literature:

'*Intuitive responding is in all probability not at all a random process, but is almost certainly well-grounded in your previous interactive experiences. If you do arrive at some novel interactive means, you should always spend some time reflecting on the activity you chose; what you thought was actually going on, and why you think it worked … Intensive Interaction is still, in the longer term, a rational process, and so you should always reflect on and further develop such moments of intuitive realisation'* (Firth & Barber, 2011, p.81).

When supporting the reflective processes of more novice practitioners, such a process should take account of where they are on their conceptual developmental journey. Using currently understood knowledge (e.g. via analogy) to help the practitioner assimilate new Intensive Interaction knowledge might well need to precede any more deeper reflections that might have to accommodate Intensive Interaction learning by challenging already developed thinking. It isn't enough for novice practitioners to just learn by themselves, by some random and therefore presumably extended process of trial and error - *'learning from experience' should really mean 'learning from reflection on experience*' (Boreham, 1987).

However, in order to effect change at the level of a practitioner's sub-conscious cognitive 'shortcuts' or 'biases' expressed at the intuitive level – then more profound accommodation of Intensive Interaction learning will be necessary. However this second 'accommodation' learning process should generally be seen to be more involved and more challenging for the novice practitioner, and longer than the first, more superficial (although equally important) assimilation process.

Without a clear process to support reflection on our experiences, we are unlikely to develop our Intensive Interaction practices, both individually and collectively, to their full potential.

> *'Anybody only gets that [improved Intensive Interaction practice] through reflection and looking at the videos and chatting about it with your staff; nobody's an expert, we all need each other's eyes to support each other'* (#2, 243-245)

Services that purport to use Intensive Interaction therefore need to create a supportive and nurturing developmental process within which novice practitioners can learn the skills, principles and knowledge required to practice good quality Intensive Interaction – and they need to do this to effectively and consistently provide the people they care for or support with genuine social inclusion and appropriate developmental opportunities to enhance their social communication and connectedness to maximum degree possible.

Indeed, as mandated by the UK the Department of Health in ***Valuing People Now: A three-year strategy for people with learning disabilities*** (2009):

"Addressing the issues for people with complex needs is really about … recognising that the very particular support needs of an individual will mean very individualised support packages, including systems for facilitating meaningful two-way communication." (p. 37)

On page 38 in the whole page section: '***Intensive Interaction: facilitating two-way communication***' they explicitly identified Intensive Interaction as a means of achieving this.

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Glossary … some useful Intensive Interaction terms.

AGE APPROPRIATENESS - According to Dave Hewett (Hewett et al, 2012, p.133) the notion of 'age appropriateness', 'in its crudest form … seems to be a viewpoint that goes something like this: '*People who have severe learning difficulties should only have experiences in line with their chronological ages*' … However, the result [of the application of such thinking about 'age appropriateness'] has often been what we and many others view as severe consequences for people who have severe learning difficulties. Occurrences such as adult voting citizens having their personal possessions taken away from them, staff refusing to give regard to their expressed desires or wishes, staff failing to communicate with a person in a way she or he can understand, staff refusing to give comfort and reassurance to a person, refusing in any way to play with a person, basically refusing to acknowledge the inner person, and so on.'

'AVAILABLE' LOOK - according to *the Intensive Interaction Handbook* (Hewett et al, 2012): 'The 'available' look … is about adopting non-threatening, relaxed, open, available body language, facial expression and sense of presence. You look, to the person, totally available and prepared to be 'enjoyably used'. One practitioner said it looks like you are ready to thoughtfully 'consult'. In fact, a person who has a good available look also looks like they are open to enjoying themselves' (p.47).

ENVIRONMENTAL COMMENTARY - can be used by an Intensive Interaction practitioner as a means of socially engaging with a person who has some level of verbal comprehension, but who, for a number of reasons, finds comprehensible expressive speech difficult to achieve. The rationale for using an *Environmental Commentary* is to create a sense of sociability around a person, with no actual demand being placed upon them to take an active role in the process – the person can remain passive, just listen and still be sociable.

An *Environmental Commentary* is created by the social partner providing a simple, suitably paced, descriptive verbal commentary on the activities of other people, or other activities, that are visible in the immediate environment around the person e.g. the 'comings and goings' of other people in the room or home environment.

FLOW - the term '***flow***' is one that is used to describe a psychological state where an individual is operating at their optimal potential in completing a given task. This psychological state was first described by psychologist Mihaly Csikszentmihalyi (1991), who described 'flow' as being '*so involved in an activity that nothing else seems to matter*' and that when achieving a 'flow' experience our attention must be *'invested in realistic goals, and when skills match the opportunities for action*' (p.6*).* To achieve a state of optimal 'flow' we must have all the necessary cognitive abilities to fully engage in such an activity, but the demand should not be too high for us to unconsciously process.

When looking to develop a state of 'flow' during Intensive Interaction, this implies that the content of an interaction must fall within the skill level and understanding of both the person and the practitioner in order for both to optimally experience the interaction. Experiencing this positive psychological 'flow' state can then provide the motivation for a participant (person or practitioner) to want to experience it all again:

'*An activity that produces such experiences [of 'flow'] is so gratifying that people are willing to do it for its own sake, with little concern for what they will get out of it'* (p71).

JOINT FOCUS/JOINT-FOCUS ACTIVITIES - are the kinds of activities when two people within an interaction focus their attention on the same activity or object, structuring their sociable engagement around that activity i.e. generally a 'doing and being together' activity. This often means that the interactions occur through intermittent eye contact, sequenced actions, intermittent physical contact or sequenced vocal interactions around some other shared experience. Such a shared experience can have various degrees of structure in its nature, and various levels of relatively passivity (e.g. just watching the world go by) or be a more physically active type of doing and being together. (Firth et al, 2010, p.25-26)

MINDFULNESS - being *'Mindful'* is seen to be the act of being fully aware of the present moment and of everything contained within that moment; only giving active attention to the current time and place, not what went before or what might come later i.e. immersing oneself in the current situation, and blocking out all other concerns not relevant to that situation.
Some people are thought to be more naturally 'mindful', but the ability to achieve such a state of 'mindfulness' can be developed through practice.

NORMALISATION - 'Normalisation' theory was designed to make the benefits of living in a open modern society available to all members of that society, including those people with learning disabilities. Nirje (1982) defined the normalisation principle as "… making available to all people with disabilities patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life or society".
According to BILD (The British Institute of Learning Disabilities): 'the Normalisation principles required that individuals with a learning disability be supported to live in ordinary houses, in ordinary sized groupings, be supported by ordinary people and to engage in ordinary activities of daily living at ordinary times of the day and week.'
(Accessed at: file:///C:/Users/firthg/Downloads/CAPBS%20Practice%20Paper%205%20Jones,%20McWade,%20Toogood%20-%208.2016.pdf)

SCAFFOLDING - according to Addison Stone 'scaffolding' is the process through which: *' the child's new understanding of how to accomplish the goal is achieved via an ongoing interaction in which the adult provides carefully calibrated assistance at the child's leading edge of competence'* (1998). A teacher's 'scaffolding' of the learner functions to provide both security and guidance within an activities' structure, and also provides a safe space where the learner is at liberty to actively explore and experiment, enabling a process in which *'not only the learning of new concepts and procedures but also genuine conceptual reorganisation results from scaffolded interactions*' (ibid).
Addison Stone (1998) identifies 3 key features of successful scaffolding as:

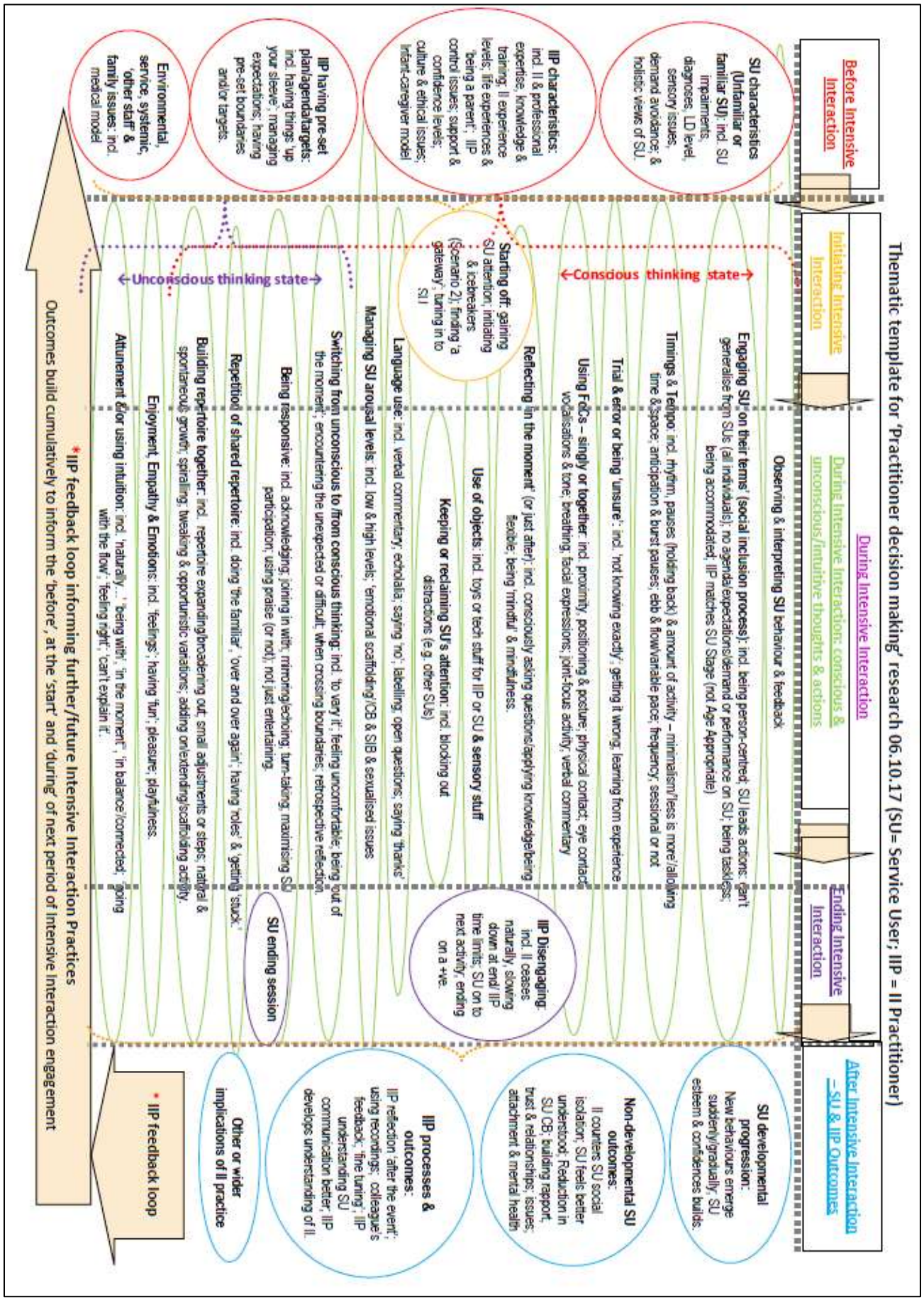
1. The encouragement of the learner's engagement in an ongoing, meaningful activity.
2. The level of support given is contingent on the learner's current level of capabilities.
3. Teacher-learner dialogue, rather than didactic training, is the vehicle for instruction.

In a further elaboration of the nature of scaffolding, Gray & MacBlain (2012) state that: '*Though 'scaffolding' offers structure to learning, it does not imply a rigid structure ... the adult is offering the child a scaffold, which will allow him to extend his knowledge and skills and, perhaps more importantly, his understanding*' (p.115).

Appendix

1. **Intensive Interaction Research Template Analysis template – 06/10/17**
2. **RESEARCH STUDY PROTOCOL**
3. **PARTICIPANT INFORMATION SHEET**
4. **CONSENT FORM**
5. **“REFLECTION OF DECISION MAKING” SEMI-STRUCTURED INTERVIEW SCHEDULE**

Appendix 1:
Intensive Interaction Research Template Analysis template – 06/10/17



Research Study Protocol: Version 4 (20/10/2015)

Project Details - Investigating the practice related decision making processes of practitioner's during Intensive Interaction – a Semi-Structured Interview Study

Research Question - What practice related decision making processes inform Intensive Interaction Practitioners when making moment-by-moment judgements on which social engagement strategies to use, and how are these strategies specifically deployed when practitioners are trying to be socially responsive to individuals with severe or profound intellectual disabilities and/ or autism?

Aim of the Study - To investigate the sometimes conscious and sometimes 'intuitive' or unconscious decision making processes of Intensive Interaction Practitioners. Specifically looking to develop a richer description of how Intensive Interaction Practitioners make judgements about developing and progressing the range or repertoire of interactive strategies used 'in the moment' with people with severe or profound learning difficulties and/or autism; how is this decision making process enacted, and what issues are manifest in formulating such decisions.

This will be an original piece of research and will make a useful contribution to the field, in terms of enabling practitioners to more fully reflect on the Intensive Interaction fidelity of their work, and by helping develop a clearer understanding on a deeper level what interactive strategies work best, and why practitioners may 'intuitively' use these, in particular instances, with particular people.

The chief investigator for this study is Graham Firth who is an Intensive Interaction Project Leader for the Leeds and York Partnership NHS Foundation Trust, who will be assisted by Megan Glyde, a 3rd year undergraduate psychology student at University of Leeds on placement with the Leeds and York Partnership NHS Foundation Trust.

Background - This research is of clinical significance as Intensive Interaction is increasingly being used with people with severe or profound intellectual disabilities and/ or autism (some exhibiting severe levels of chronic challenging behaviour) to develop and sustain communication, social and relational improvements.

Previous research into the efficacy of Intensive Interaction has been undertaken, including studies such as Watson & Fisher (1997), and Watson & Knight (1991) demonstrating the communication, social and relational benefits of Intensive Interaction.

This research is designed to fit within with the current strategy of the Leeds Intensive Interaction Project in that it will endeavour to develop a deeper understanding of the practice related decision making processes that practitioner use as they develop their social responsiveness with a range of people. A greater understanding of these practice related cognitive processes will help other staff from the Leeds Community Learning Disability Teams, and the Leeds and York Partnership NHS Foundation Trust more generally develop training and other resources to enable good quality practices be shared with greater fidelity.

Plan of the Investigation - In terms of the methodology, the research will be qualitative, comprising of semi-structured interviews such that similar themes will be discussed in each interview.

However the semi-structured nature of the interviews will still allow scope for the individual practitioner to give their own views and opinions on their own practice related cognitive processes. The interview will allow practitioners to elicit their meta-cognitive insights on their own decision making processes during Intensive Interaction. The setting will be where the practitioner's Intensive Interaction work or care practices are usually based, in an office / meeting room / home / school.

The participants selected for this study will be the non-NHS Intensive Interaction Practitioners who have successfully completed the Intensive Interaction coordinators course administered by the Intensive Interaction Institute in Great Malvern, Worcestershire.

The study will hopefully recruit 12 non-NHS participants, and participant recruitment will be via email to practitioners known to the lead investigator to have completed the Intensive Interaction coordinators course.

These participants will be sought from a group of Intensive Interaction Coordinators which includes: Speech and Language Therapists, parents, teachers, residential care staff and managers, support staff and teachers from non-NHS services across the UK.

We hope the study allows further understanding of the sometimes conscious and sometimes 'intuitive' or unconscious decision making processes which practitioners engage in whilst using Intensive Interaction.

The analysis of the qualitative data produced will be a specific type of thematic analysis, called Template Analysis (King, 1998). Data storage and protection can be confirmed due to the use of NHS password protected computers. The project will be completed by June 2016.

Expertise

Graham Firth is the Intensive Interaction Project Leader for Leeds and York Partnership NHS Foundation Trust.

Megan Glyde is a 3rd year undergraduate psychology student at the University of Leeds, who has been trained in Intensive Interaction, and has shadowed professionals using Intensive Interaction.

Ethical Issues - The participants in this study will be a number of Intensive Interaction coordinators who have used Intensive Interaction with unidentified people as part of their Intensive Interaction coordinator course requirements (and who will have subsequently used it more widely with a range of other clients/people).

Patient and Public Involvement - Service users will not be involved in this study. The study aims solely to gain informed and structured 'meta-cognitive' insight into the research participant's own conscious and unconscious decision making processes during episodes of Intensive Interaction: thus the Intensive Interaction coordinators and the investigators are the only participants in this study.

It is a possibility that a parent and/or carer may be involved, but only if they are also an Intensive Interaction practitioner who has already completed the Intensive Interaction coordinators course. Any participant who discusses their work with persons will leave those persons unidentified, and so people are not involved, viewed or known to the researchers.

Dissemination - We are hoping to inform the participants of the results that the study produces through peer review journals. The lead investigator will also produce an internal report, to allow those who wish to, view the results of the study. An article will also be submitted for publication in a suitable research and/or academic journal.

Costing Schedule - The only financial cost would be the train tickets to where the practitioners are based within England, in order to conduct the interviews.

Funding Arrangements

The financial costs will be paid for by the psychology department.

PARTICIPANT INFORMATION SHEET

Title of Project:

Investigating the practice related decision making processes of practitioner's during Intensive Interaction – a Semi-Structured Interview Study

Name of Researchers: Megan Glyde & Graham Firth (supervisor)

Purpose of and Background to the Research and Invitation

I am approaching you to take part in the study as I have been informed that you have previously used Intensive Interaction and have successfully completed the Intensive Interaction coordinators course.

The aim of this research study is to investigate the sometimes conscious and sometimes 'intuitive' decision making processes of Intensive Interaction Practitioners. Specifically, as Intensive Interaction Practitioners make judgements about developing and progressing a potential range or repertoire of interactive strategies used 'in the moment' with people with severe or profound learning difficulties and/or autism.

The method will be qualitative, comprising of semi-structured interviews such that you will reflect on your intensive interaction experiences, to elicit your meta-cognitive insights on your own decision making processes during Intensive Interaction.

What Would Taking Part Involve?

I will be conducting a semi-structured interview with you, and I hope to elicit insights into your 'in the moment' decision making processes.

Your time will be required for approximately 1 hour for the interview, and the interview will take place at a location of your choice (either at your home or work if that was satisfactory for you).

Possible Benefits or Disadvantages by Taking Part?

Possible benefits of taking part in this study include that reflecting on your practice is argued to be essential for skill development (Bennett-Levy, 2006). There are no anticipated / known disadvantages that could result from this study.

Results

Using a Template Analysis methodology (King, 2004) emerging analytic trends and themes from your transcript will be coded and categorised before any findings and conclusions are drawn. Once this has been completed findings will be relayed to all participants and may be published within a paper and a copy of this will be sent to each participant.

Further Supporting Information

As part of our method of information gathering semi-structured interviews will be recorded on a digital audio recorder, so that a full and accurate transcript can be made. Once such a transcription has been made the recordings will be kept digitally on a file for up to six years, and if you wish a copy of the transcript will be made available to you for any comments that you wish to make, direct quotations will be used from the interviews however all personal information will be anonymous. This study has been reviewed by the Research and Development department of the Leeds and York Partnership NHS Foundation Trust.

Please do ask if there is anything you do not understand or are unclear on.

My research supervisor Graham Firth (Intensive Interaction Project Leader) will be happy to answer any questions if you have any concerns about this study at any time. His contact details are as follows: Email: graham.firth@nhs.net Telephone number: XXXXXXXXXX

Thank you **Megan Glyde**

Psychology Placement Researcher

CONSENT FORM

Title of Project:

Investigating the practice related decision making processes of practitioner's during Intensive Interaction – a Semi-Structured Interview Study

Name of Researcher: Megan Glyde, Graham Firth (supervisor)

Please initial all boxes

1. I confirm that I have read and understand the participant information sheet dated **[DATE]** (version **[4]**) for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I understand that all the information collected by the Research Project will be held in the strictest confidence, and that if presented or published, no personal references will be included. ☐
4. I understand that by taking part in the Research Project I will not gain any direct or personal benefit. ☐
5. I undertand that direct quotes may be taken and published from what I say in the semi-structured interview, however all personal information will be anonymous. ☐
6. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person accepting consent.	Date	Signature

Intensive Interaction Practitioner "Reflection of Decision Making" Semi-Structured Interview Schedule

Go through information document; restate confidentiality issue & consent for interview form prior to starting interview. When answering the following questions ask the participant to think about and attempt to recall one particular session of Intensive Interaction with one particular person/service user.

Main Questions	Additional Questions	Clarifying Questions
Is there anything you would like to ask me about this research study before we start the interview?		
• What issues do you consider before initiating Intensive Interaction with the person? • Is there anything else you want to add about the initiation of Intensive Interaction?	• Does this change for people who you are familiar with or for those who you haven't met before? • Are there any techniques that you tend to try first, and if so why? • Is this a conscious process? • If it isn't a conscious process, what else is happening?	• Can you give me any examples? • Please can you expand on this?
• Can you tell me about how you judge the tempo of your Intensive Interaction in terms of responding to the person's behaviour? • Is there anything else you want to add about the tempo of Intensive Interaction?	• What factors affect the tempo of the Intensive Interaction? • Is this a conscious process? • If it isn't a conscious process, what else do you think is happening?	• Can you give me any examples? • Please can you expand on this?
• Can you tell me about any decisions you make about using any toys/sensory objects in Intensive Interaction? • Is there anything else you want to add about the use of toys/sensory objects in Intensive Interaction?	• Do you think that there are times when the addition of a toy/sensory object is helpful in engaging the people? • Why and at what time would you add a toy/ sensory object into Intensive Interaction? • Do you think that there are any times when adding a toy or sensory object might hinder Intensive Interaction?	• Can you give me any examples? • Please can you expand on this?
• Can you tell me about why you might add in additional movements, words or sound, other than the ones the person is using themselves, during Intensive Interaction? • Is there anything else you want to add about the addition of movements, words or sounds during Intensive Interaction?	• What sort of additional movements, words or sounds have you introduced? • Under what circumstances did you decide to use additional movements, words or sound? • When would you decide to introduce any additional movements, words or sound? • Which of these movements, words or sounds that you introduce seem to be particularly effective? • Is this a conscious process? • If it isn't a conscious process, what else is happening?	• Can you give me any examples? • Please can you expand on this?
• Generally, how do person's arousal levels affect Intensive Interaction? • Is there anything else you want to add about person's arousal levels and how this affects Intensive Interaction?	• If person's arousal levels are too low to engage, do you consciously try to increase this to encourage engagement in intensive interaction? • If person's arousal levels are too high to concentrate during the intensive interaction, do you consciously try to lower this to a more beneficial level? • What is the optimum arousal level of the person for Intensive Interaction to benefit them the most?	• Can you give me any examples? • Please can you expand on this

• Can you tell me about how you use the tone of your voice when speaking/making sounds to person's during Intensive Interaction? • Is there anything else you want to add about the tone of your voice during the Intensive Interaction sessions?	• Do you consciously try to mimic the tone/pitch of person's? • If you do alter the pitch/tone during the Intensive Interaction session, when and why do you do this? • If it isn't a conscious process, what else is happening?	• Can you give me any examples? • Please can you expand on this?
• Are there any about individual person issues that would make you alter your approach during Intensive Interaction? • Is there anything else you want to add about individual person issues that would alter your approach to intensive interaction?	• Is this a conscious process? • If it isn't a conscious process, what else is happening?	• Can you give me any examples? • Please can you expand on this?
• How do you think any parenting experiences can affect the approach to conducting intensive interaction? • Is there anything else about how parenting experiences affecting intensive interaction that you would like to add?	• Do you think having experience of the infant-care giver model (i.e. being a parent) may benefit someone who is new to conducting intensive interaction? • Do you think being a parent could affect how natural it feels in encouraging communication/ mirroring expressions etc.?	• Can you give me an example? • Please can you expand on this?
• Generally, how do you decide on when to finish the Intensive Interaction session? • Is there anything else you want to add about how you finish the Intensive Interaction sessions?	• Do you consciously have a time scale you try to keep to? • Does this sometimes vary, and if so why? • Do you have any conscious strategies for winding down the Intensive Interaction sessions?	• Can you give me any examples? • Please can you expand on this?
• Have you noticed any changes in how you think about and conduct Intensive Interaction over the years you have been carrying it out? • Is there anything else you want to add about how you have changed how you think about and conduct Intensive Interaction sessions over time?	• Have you consciously changed how you initiate or finish each Intensive Interaction session? • Have you altered how you consciously add in additional elements such as words, sensory objects movement, and tone of voice or into the Intensive Interaction sessions? • If it isn't a conscious process, what else do you think is happening?	• Can you give me an example? • Please can you expand on this?

Thank the practitioner, and again restate both confidentiality issue and that they can withdraw their consent for use of their transcript at any time, without giving any reason, and their testimony will then be removed from the study.