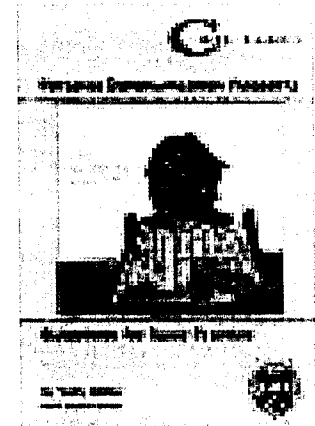


'Clinical Intervention Toolkit'

Name of Intervention: Personal Communication Passports

Suggested intervention for: Adults with Profound and Multiple LDs primarily, but appropriate for all levels of disability.



Personal Communication Passports are working documents that display non-confidential information about an individual. They come in all different shapes and sizes and what is put in them will depend on all the people involved. They are written in the first person as though the AWLD has written it themselves. All statements must be positive i.e. rather than saying '*I hit and kick people*' the behaviour is explained and reported positively '*My own personal space is important, if you get too close I may move you back with my hands or feet... don't say you haven't been warned!*'

Criteria for introducing the intervention:

- When an individual is unable to express information about themselves.
- If the person is in the process of transition
- When an individual has many carers or when they access a lot of different services

Personal Communication Passports continued....

Therapeutic Process:

How the passports are produced will depend on a number of contributing factors

- ☐ How able the AWLD is ~ are they able to comment on what is included?, can they choose which photographs and pictures are included in the final document?
- ☐ The resources available within the service users environment e.g. computers, digital cameras, symbol systems etc.

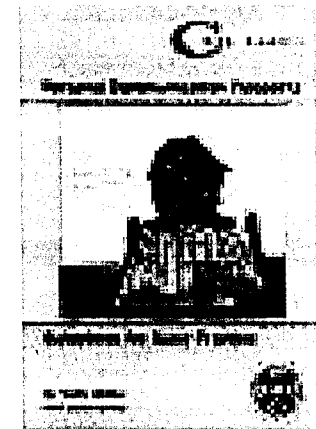
1. Firstly the relevant information needs to be gathered from all the main environments via questionnaire or 1:1 interviews
2. Then the presentation of the passport needs to be discussed and designed
3. Visual information will need to be collected from magazines, 'Google images', photographs, drawings etc
4. Then the first draft needs to be produced for circulation and commenting
5. When the final copy is produced it should be laminated and saved onto a disc or a memory stick so that it can be regularly updated and developed.

Addition Information:

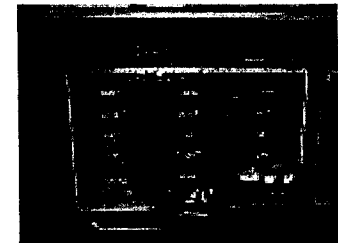
Sally Miller from the CALL centre (who originally came up with the idea of communication passports) has a fantastic website where you can download a passport template:

<http://www.communicationpassports.org.uk/index.html>

REMEMBER As you will produce your passports in PowerPoint they can be used interactively to enable AWLD's of all abilities to present their passports either independently or with support and the use of switches (this can be both great fun and hugely empowering!)



'Clinical Intervention Toolkit'



Name of Intervention: **Objects of Reference**

Suggested intervention for: Adults with PMLD or severe LDs.

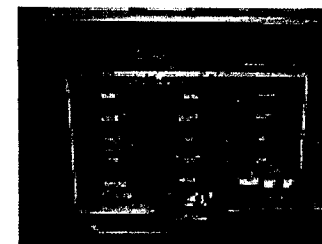
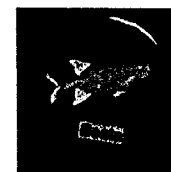
Objects of reference are objects that have special meanings assigned to them. It involves the use of objects as a means of communication. Objects, just like words, signs and symbols, can be made to represent those things about which we all communicate: activities, events, people, ideas, and so on. Just like words, signs and symbols, they have to be chosen with care. They can be used in the following ways:

- As a 'bridge' to more complex forms of communication such as sign, symbol or word.
- To help develop awareness and understanding of the environment, for example by signalling what is about to happen.
- As an aid to memory
- As a means of timetabling or sequencing the activities of the day or week
- To help people make choices about the activities they wish to do

Criteria for introducing the intervention:

- For those who do not respond to signs, symbols or photographs therefore those at an object level of symbolic development.
- For those who have difficulties understanding what is happening in their environment.
- To support both severe expressive and receptive communication difficulties.

Objects of Reference continued....



Therapeutic Process:

Objects of reference can be used both **expressively** and **receptively**.

Initially you will need to establish **what type of objects** to use. To do this you may want to spend some time observing the individual within their daily routine (see Observation Checklist for guidance)

Once the meaningful, motivating and frequently used objects have been identified they then need to be introduced and used in a consistent approach to help the individual understand the 'special meaning' of the objects. This process can take considerable time. Once the first set of objects of reference have been fully established then the repertoire of objects can be gradually increased.

When an individual understands the 'special meaning' of the objects they can be used expressively e.g. in offering two objects and ask which one they want, or selecting the appropriate objects in response to a question e.g. 'What did you do this morning?'

Additionally, the objects can be used in a 3D visual timetable to support the individuals understanding of what is happening during a certain timeframe.

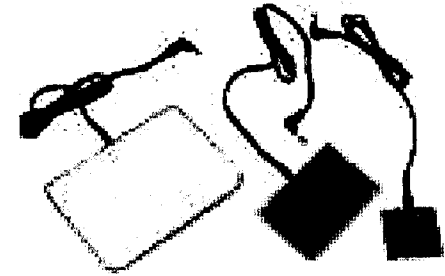
Additional Information

Ockelford, A. (2002) Objects of Reference. London: RNIB
Park, K (2002) Objects of Reference in Practice and Theory. London: Sense (tel 020 7272 7774)
<http://callcentre.education.ed.ac.uk/downloads/quickguides/aac/objectsproblems>

REMEMBER

You may need to consider their sensory skills and be aware of individuals that may be tactile defensive!

‘Clinical Intervention Toolkit’



Name of Intervention: **Switch use (cause and effect)**

Suggested intervention for: Adults with Profound and Multiple LDs particularly non-verbal individuals with physical difficulties

Switch use is all to do with a persons ‘access’. This maybe access to communication or it maybe access to their environment. When an individual has severe physical difficulties that restricts their ability to speak and move they need ‘a way in’. Switches come in all different shapes and sizes. Some switches can be activated by different parts of the body whether it be a hand movement or the blink of an eye. Some switches require a gentle brush to activate them and others require you to constantly hold them with a firm grip.

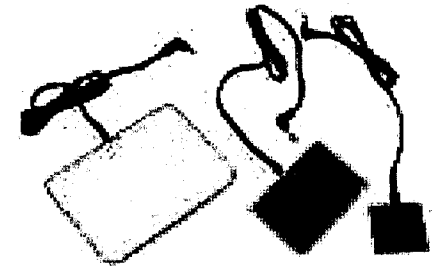
Criteria for introducing the intervention:

- When an individual’s opportunity to communicate and control their environment is severely impaired by their sensory and/or physical difficulties.
- If the individual has no effective communication system coupled with a physical difficulty that would impair other AAC options e.g. severe quadriplegic cerebral palsy would impair an individuals ability to use Makaton or turn the pages and point to a symbol in a communication book.
- If the individual is at a pre-intentional or intentional pre-verbal level of communication

Switch use (cause and effect) continued....

Therapeutic Process:

Ideally, the introduction of switches should be a **multidisciplinary approach**, however it is not easy to find an Occupational Therapist or a Physiotherapist who has specialist skills in switching. But advice should be sought re: mounting issues, access and in high frequency switch use situations 'repetitive strain injury'.

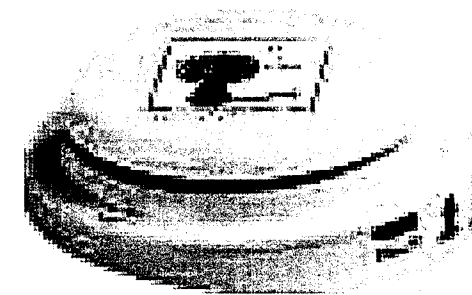


1. First stage is to identify motivating activities/objects that can be attached to a switch
2. Once a number of motivators have been established the right switch and access point needs to be assessed. You can make use of the departmental switch assessment kits and the expert knowledge of Nicky Clark or some of the AAC company's (i.e. Inclusive Technology) will come out and do a complementary switch assessment.
- 3a. Once all of the equipment is in place, aims for the switch use and a timetable for switch opportunity should be identified.
- 3b. **Cause and effect** skills will need to be developed i.e. does the individual fully understand that by activating the switch they have control over the object/activity and therefore will activate the switch intentionally? You may need to work through a process of full hand-over-hand support to occasional prompts.
4. Once cause and effect has been establish for a range of activities/object in different environments then **independent spontaneous use** should be established. At this point you will need to consider appropriate options for switch access and mounting issues.

REMEMBER

Establishing reliable and independent switch use can be the foundation to other AAC options.

'Clinical Intervention Toolkit'



Name of Intervention: Single Message switches

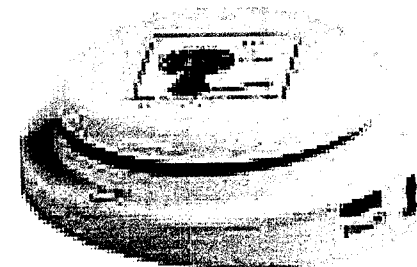
Suggested intervention for: Adults with Profound and Multiple or Severe LDs particularly non-verbal individuals with some intentional communication skills

Single Message switches are the next stage on from using switches to activate activities or objects. In using single message switches you are developing the communicative intent of using a switch. In doing so the complexity of the goals and process to achieve them increases. You are supporting an individual to develop their intentional communication at a (augmented/alternative) verbal level. This intervention focuses on the understanding of language and the social use of language at an early developmental level.

Criteria for introducing the intervention:

- If an individual has no effective communication system and they are at an early intentional non-verbal level of communication.
- If the individual has a very limited understanding of spoken language
- If the individual has very early social communication skills i.e. mutual gaze and shared attention is limited

Single Message switches continued....



Therapeutic Process:

The message that you programme into the switch will depend on the individuals existing level of understanding of spoken language and what single messages are important for them to express.

1. Initially, start with single core words such as 'more', 'finished', 'start', 'stop', 'help' etc. These single words can then be used in a full range activities e.g. 'more' could be used during music session, sensory activities, snack time etc.
2. Following the use of single core messages one can focus on developing early social communication or discrimination skills (choice). This decision should be discussed with the individuals carer's and it should be based on what would have the most impact.
 - 3a. Early Social Communication skills ~ appropriate social messages should identified e.g. 'hello, nice to see you', 'catch you later' or 'that's really cool!' etc. The switches should be then used within context and consistently to support the understanding of the communicative nature of the message e.g. whenever anyone walks away or leaves the individuals bedroom they activate 'catch you later!'
 - 3b. Discrimination Skills (choice) ~ at this point you will be working with two or more switches. It is important to assess the individuals symbolic development as you will need to decide whether to attach an object, a photograph, a symbol or the written word to the switch. Initially you would start with a highly preferred choice and a non-motivator as you will be able to predict which switch they are likely to press. Once reliability has been established at this stage then you can move on to offer two or more highly preferred choices.

Additional Information

Useful websites for ideas on how to use a BIGmack or another single message switch:

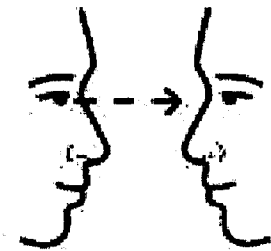
<http://www.ace-north.org.uk/pages/resources/documents/IdeasforsinglemessageVOCA>

http://callcentre.education.ed.ac.uk/downloads/pdf_courses/bigmack_ideas

REMEMBER

That choice can be a complex skill to develop and it will require careful planning. However, once achieved it opens up many opportunities

'Clinical Intervention Toolkit'



Name of Intervention: **Intensive Interaction**

Suggested intervention for: Adults with Profound/Multiple or Severe LDs particularly individuals with Autism or those who are 'difficult to reach'

Intensive Interaction helps to build closer, trusting relationships, as well as encouraging the development of fundamental communication skills (such as understanding eye-contact, turn-taking, personal space etc.). It is especially aimed at those people who are difficult to reach, have profound and multiple disabilities and those who have an autistic spectrum disorder. A basic principle of Intensive Interaction is to respond to the non-verbal signals intentionally or unintentionally initiated by the other person. It allows that person to take the lead in interactions and it relies on good awareness of the communicative partner's own body language and responses.

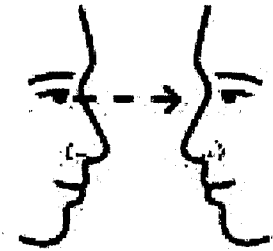
Criteria for introducing the intervention:

- For individuals at a 'pre-intentional' stage of development
- For individuals who have particular difficulty engaging with others and who seem unaware or disinterested in what is going on around them.
- In situations where carer's are finding it difficult to build a rapport with individuals with complex needs

Intensive Interaction continued....

Therapeutic Process:

Although Intensive Interaction can be used as a complete therapy package in itself, principles and techniques should be used in part when building new relationships with AWLDs e.g. on an initial visit you may see someone sat down enjoying some sensory exploration. One of the first things you could do is sit close to them and start to imitate what they are doing whether it be a movement or a vocalisation.



For a more formal use of Intensive Interaction:

1. Begin in a place where the person is most comfortable, relaxed and secure.
2. Start by initially making some subjective observations - taking note of what the person does; what interests and occupies them (see Pre-Intensive Interaction Observation Sheet)
3. A basic principle of Intensive Interaction is to respond to non-verbal signals.
It is important to respond instantly to signals of negativity. If the person does something which you interpret as 'Go away', or 'I don't like that', you need to go or stop the activity immediately.
4. As a communicative partner you must learn to 'tune-in' to their subtle body language, noises, behaviour and lifestyle. Once you tune yourself into the unique way the person sends signals the next step is to respond in a way that works for them.
5. The main feedback you are looking for is any sign of interest or engagement.
6. There may be behaviours you don't wish to respond to - stick to what you find comfortable.

Additional Information

Please refer to the 'Introduction To Intensive Interaction' by Jo Kent (April 2006)

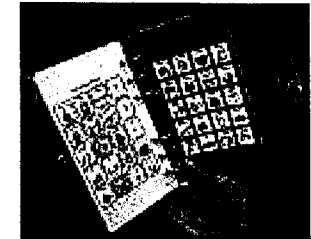
For additional reading ~ 'Access to Communication' Nind & Hewett (1994)

REMEMBER

Don't overload the person and that video recording can be a very helpful technique to monitor change

'Clinical Intervention Toolkit'

Name of Intervention: **Low tech Communication Systems**



Suggested intervention for: Adults with moderate or severe LDs who may be non-verbal or whom may have some speech that is not intelligible or reliable

Low tech communication systems can be battery powered aids or more traditional paper based communication books, charts or key rings. With this type of intervention you are likely to be using symbolic information (only if the person is at that level of symbolic development). There are a number of different types of symbol systems e.g. Makaton symbols, Wigit symbols, Boardmaker symbols, Rebus symbols etc. Any type of low tech communication system should be personally designed to meet an individuals needs. Standard charts or books should be avoided

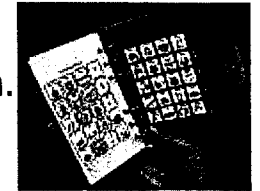
Criteria for introducing the intervention:

- For individuals who are intentionally communicating at a non-verbal level/unreliable verbal level
- For individuals who initiate communication but are unable to successfully convey their message
- For individuals who have some spoken language but who are limited by severe articulation difficulties and/or who have a severe language delay/disorder
- For individuals who have basic switch skills to activate a low tech aid or those who have the fine motor skills to directly access

Low tech communication systems continued....

Therapeutic Process:

1. Initially it is important to get to know the individual and find out what types of things they like to communicate about and what opportunities they have for communication. Try to find out their personality traits e.g. if they've got a good sense of humour or if they are an outrageous flirt as this will help you to programme meaningful messages into their communication aid.
2. Gather information from all key environments re: topics of conversation and specific vocabulary... but remember try and get the individuals opinion where possible (Talking Mats can be a useful tool!)
3. Consider what format is going to work for the individual e.g. number of messages, portability, size of symbols, categorisation (dependent on semantic understanding) even to what the front cover should look like (smart filofax or pink fluffy features!)
4. When the communication system has been devised, you then need to consider the introduction and development of functional use of the aid.



Additional Information

There are various different levels competence to consider when introducing any form of AAC:

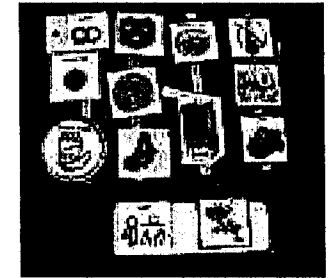
Linguistic competence (the impact of AAC on an individual's natural speech production, the development and use of picture based communication systems, and the relationship between spoken language and the "language" of AAC systems)

Operational competence (e.g. technical operation of AAC systems, motor development and control, cognitive factors like awareness and memory, and sensory-perceptual development)

Social competence. (ability to conduct conversations and use the messages appropriately)

Strategic competence (Examine operational, linguistic, and social constraints faced by AAC users and learn about adaptive skills that allow users to make the most of what they can do)

'Clinical Intervention Toolkit'



Name of Intervention: **Picture Exchange Communication System (PECS)**

Suggested intervention for: Adults with moderate or severe LDs particularly for those with Autism or those who do not initiate communication with others

PECS is an AAC system that involves the exchange of a picture to communicate a basic need, want or desire. PECS uses a strict systematic approach that is based on the principles of behavioural psychology i.e. we learn to do things through reinforcement. PECS focuses on the exchange of a picture which is reinforced by receiving the highly motivating item and the use of social praise.

Criteria for introducing the intervention:

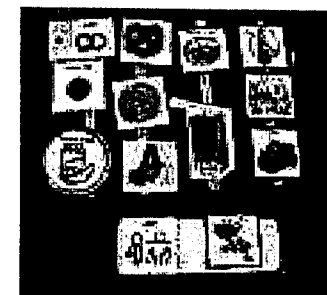
- For individuals in need of an AAC system but who do not initiate communication, particularly those with Autism or those on the Autistic spectrum.
- To start PECS the individual does not need to have any discrimination skills, and therefore may be a good option for those who have been unsuccessful with other AAC systems.
- For those who have a good support network and carers committed to the development of the individual's communication system.

PECS continued....

Therapeutic Process:

To successfully implement PECS you must have some training in PECS, as doing it the wrong way can be detrimental to reliability and the functional use of PECS.

PECS begins with teaching someone to exchange a picture of a desired item with a communicator, who immediately honours the request. **Verbal prompts are not used.** PECS goes on to teach discrimination of symbols and then puts them all together in simple "sentences." Individuals are also taught to comment and answer direct questions. There are 6 phases of PECS but it is not expected that all PECS users will develop through all of the phases.



Additional Information

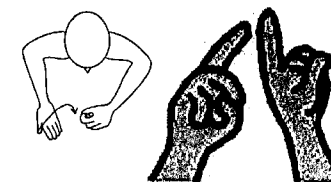
Refer to the PECS leaflet produced by Clare Mander
The official website: <http://www.pecs.org.uk/html/pecs.asp>
The PECS manual has a lot of useful information

REMEMBER

PECS requires long term commitment from the care group and there will be training needs for both the generic therapists and care groups.

'Clinical Intervention Toolkit'

MAKATON



Name of Intervention: **Makaton (signing system)**

Suggested intervention for: Adults with mild, moderate or severe LDs who are non-verbal or who need to augment their spoken language. They will also need to have the fine motor skills to physically produce the signs.

Makaton is a signing system that was specifically designed for people with LDs. Makaton signing is less abstract than other signing systems such as British Sign Language and is therefore easier for people with LDs to understand. There are two groups of vocabularies the most commonly used one being the 'Core Vocabulary of basic concepts essential to everyday life'.

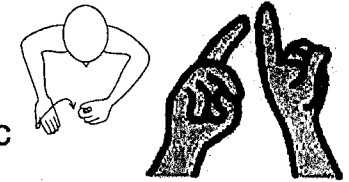
Criteria for introducing the intervention:

- If the individual requires an alternative or augmentative method of communication and Makaton is more appropriate than other AAC options e.g. already a signing environment, the individual naturally uses a lot of gestures, if the person has a severe hearing impairment and portability issues (signing can easily go everywhere with them!)
- If the use of Makaton supports an individual's understanding of spoken language i.e. the use of a total communication approach.

Makaton continued....



Therapeutic Process:



To assess someone's level of Makaton or to introduce Makaton you will need some basic training. As a starting point it would be a good idea to learn the signs for general greetings and your assessment materials e.g. the signs for all the objects in your Dysphasia screening kit.

1. Initially you need to establish what signs they understand and what signs they are using expressively, this is your baseline.
2. Then you need to identify which sign are relevant to their daily living
3. Then the sign need to be taught within functional activities e.g. if you are teaching the vocabulary around sandwiches have a practical session where you make sandwiches, sabotage the activity by hiding a key ingredient and encourage them to sign for what is missing, encourage them to sign a choice of filling etc.
4. Work alongside key people so that the newly acquired skills can be transferred to other situations e.g. next time they go to a café encourage the person to sign what sandwich they want.

Additional Information

Makaton can be used alongside other AAC approaches to promote a total communication environment and maximise an individuals understanding.

See the 'Basic Makaton Sign' handout for guidance on a few key signs

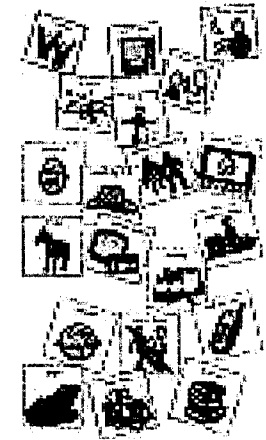
REMEMBER

Whenever signing is used it's important to 'talk and sign at the same time!'

‘Clinical Intervention Toolkit’

Name of Intervention: **Visual Support (accessible information)**

Suggested intervention for: All AWLD



Visual Support (accessible information) is an essential part of any therapeutic intervention with AWLD. Approximately 50% of AWLD will have difficulties understanding spoken and written information. Therefore, any information should be conveyed to them in an accessible or ‘easy read’ form. This will require using simple language and visual information alongside the written word to support the meaning. Again the type of visual support you use will in part relate to the individuals symbolic development and the resources available.

Criteria for introducing the intervention:

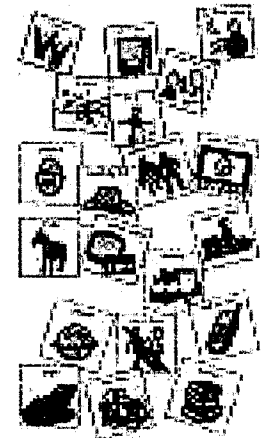
- For individuals that have problems understanding spoken or written information.
- For individuals at a pictorial level of symbolic development.

Visual Support (accessible information) continued....

Therapeutic Process:

Following your general assessment you should have established an individual's level of symbolic development and their level of comprehension for spoken and written information. From your assessment you will be able to identify specific areas in their life where they have difficulties understanding e.g. daily activities, emotions, sequencing of personal hygiene tasks, who people are in their environment and what they do etc.

Working with the carer group this information can then be presented visually in an accessible way. The use of visual support is key to a Total Communication approach.



Additional Information

Please refer to:

'Guidelines for setting up a Visual Schedule'

'SPEECH AND LANGUAGE THERAPY RECOMMENDATIONS FOR USING SYMBOLS TO ENHANCE COMMUNICATION'

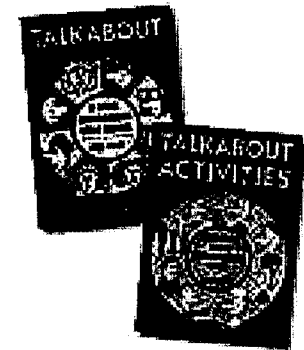
'SPEECH AND LANGUAGE THERAPY RECOMMENDATIONS FOR USING PHOTOGRAPHS TO ENHANCE COMMUNICATION'

'Speech & Language Therapy Guidelines for Using Talking Mats'
by Jo Kent (April 2006)

REMEMBER

It is important not to overload someone with too much visual information at once. Identify the key words/statements and represent those visually. It may also be important to simplify the language to make it more accessible.

'Clinical Intervention Toolkit'



Name of Intervention: **Social Communication Skills**

Suggested intervention for: Adults with moderate or high functioning LDs, particularly those having difficulties in certain social settings e.g. within day services or at their supported working placement.

Social Communication skills encompass all aspects of body language such as proximity and eye contact as well as conversation skills such as topic maintenance and conversation endings. To teach and develop an individuals social communication skills they need to have a certain level of awareness of themselves and others, this is referred to as 'Theory of Mind'.

Criteria for introducing the intervention:

- For individuals who have some functional speech or functional use of a VOCA
- For individuals who are having difficulties forming and maintaining relationship with people in their everyday life.
- For individuals who are demonstrating inappropriate or immature social communication e.g. inappropriate use of touch during conversations, limited/repetitive conversations etc.
- For individuals who have difficulty with their body language +/- conversation skills +/- assertiveness skills +/- relationships.

Social Communication Skills continued....

Therapeutic Process:

Ideally social communication skills training should be done in a group setting so that modelling and role playing can be used to support their experiential learning.

1. The first stage is to assess the individuals understanding of self and others
(see Alex Kelly's 'self-assessment rating scale' and 'interview' in the Talkabout book)
2. Then you can assess the individuals understanding of body language and conversations (again see Alex Kelly). The results from these assessments can then be plotted on a pie chart for before and after comparison.
3. Within your 1:1 or group sessions you will then focus on specific and relevant topics. A multi-modal approach is most beneficial inc. video recording and role play.
4. Following your block of therapy you can revisit the assessments and review any change.



Additional Information

See Alex Kelly's 'Talkabout' range for information on assessment, session topics, social communication activities and crib sheets.

REMEMBER

When carrying out social communication groups it is very important to establish the group rules and always have a warming-up and cooling-down activity.