



## THE **INTENSIVE INTERACTION** NEWSLETTER

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### BRIEF POINTS

#### The Scottish Intensive Interaction Conference 2011

*'Conversations without words'*

The Royal Hotel,  
Bridge of Allen,  
near Stirling

Friday 7th October 2011

This one day 'national' conference will have a number of well known and multi-disciplinary Intensive Interaction speakers, including Dave Hewett and others, who will give a range of presentations on I.I. and its practical application.

If you wish to register your interest, or get more information on the conference, then please contact Helen Beltran at

[Helen.Beltran@nhs.net](mailto:Helen.Beltran@nhs.net) or

Tel: 01475 499053/499054

#### an 'easy-read' guide to Intensive Interaction?

It has recently been pointed out that some care and support staff in UK services do not have English as their first language, and therefore some I.I. concepts might be difficult to communicate via the literature as it currently stands.

Therefore before writing our own (no point re-inventing the wheel etc), we were wondering if anyone had already produced an 'easy-read' guide to Intensive Interaction?

So if you have please contact:

Jules McKim at

[jules.mckim@ridgeway.nhs.uk](mailto:jules.mckim@ridgeway.nhs.uk) or

Graham Firth at

[graham.firth@nhs.net](mailto:graham.firth@nhs.net)

as we would like to copy it see a copy.

## Intensive Interaction Conference 2011 *'Using Intensive Interaction across the Lifespan'*

Tuesday 21 June 2011

### The Oxford Centre

333 Banbury Road, Oxford OX2 7PL

This year's conference is hosted by the **Oxfordshire Learning Disability NHS Trust (Ridgeway Partnership)** in association with the **Andrew Sims Centre, Leeds Partnerships NHS Foundation Trust.**

The 2011 UK Intensive Interaction conference will be chaired by conference veteran **Cath Irvine**, and has as its general theme:

#### *'Using Intensive Interaction across a Lifespan'*

This year's keynote address, *'Adventures in Positive Risk-Taking: Intensive Interaction and Creativity'* will be given by Intensive Interaction originator and author **Melanie Nind**, now Professor of Education at the University of Southampton

This keynote address will explore the practical application of some theoretical concepts associated with risk, thus encouraging people to think more creatively about their work using Intensive Interaction.

The conference will also include a range of practitioner accounts and workshops that give particular emphasis to how Intensive Interaction can be sustained across a person's lifespan, with ideas and examples of strategies used to keep the approach going over the longer-term in different settings and services.



The Oxford Centre, in Oxford!

This year you can now book a place at the conference 'online' using a credit or debit card via the **Andrew Sims Centre** website (unfortunately this service is only available for full priced professional delegates), as well as the normal method of returning a completed application form to the address indicated on the form.

For more information on the conference, a venue map or to book your place, please contact the **Andrew Sims Centre** via their website at:

<http://www.andrewsimscentre.nhs.uk/events/event.htm?conf=246>

by email at:

[andrewsimscentre.lpft@nhs.net](mailto:andrewsimscentre.lpft@nhs.net)

or just use a phone to call:

**0113 305 5638**

'Quote of the Month'

*'The single biggest problem with communication is the illusion that it has taken place'*

**George Bernard Shaw (1856-1950)**



## Intensive Interaction DownUnder2

Australasian Conference, Adelaide, March 4/5 2011

'A Delegate's View' by Rosemary Gallagher

I was delighted to recently attend the second Australian Conference on Intensive Interaction, held in Adelaide, South Australia on the 4<sup>th</sup> and 5<sup>th</sup> of March. Having been part of the committee which organised the inaugural conference in 2008, I was eager to discover the similarities and differences which the intervening three year period would establish.

For a start, the setting was delightful – a modern well-equipped Education Development Centre a short, comfortable tram ride from the Central Business District of Adelaide, and the perfect weather conditions certainly buoyed the spirits from the outset. It was very pleasing to note from the program that the delegates had come from far and wide across the country and nearly 20 of the 160 delegates had flown in from New Zealand. Although the vast majority were I.I. practitioners, it was very heartening to note that there were also those representing school or centre leadership and the Ministry of Education.

The big 'draw-card' at this event was the return of Graham Firth as the Key Note Speaker. Graham had inspired those of us who attended the inaugural conference, and it was by popular demand that he was invited to return. In contrast to the previous conference where we were establishing a professional network and building momentum, this time the focus was to '*Explore the Plateau*' and to share ways and means of maintaining a culture of Intensive Interaction within our diverse settings. Graham's opening address set the scene by drawing our attention to the components of 'the plateau', observing its features and component parts and opening our eyes to the opportunities and benefits that the plateau presents to the practitioner.

Over the two days, delegates were treated to a wide variety of presentations, some speakers sharing their research and findings and others intriguing delegates with stories of their growth and development as I.I. practitioners and/or school co-ordinators. I personally found the following presentations of particular interest:

- Kieron Hubrick's 'secret confessions' of an Intensive Interaction co-ordinator, where his account of moving from classroom practitioner to holistic facilitator at Carlson School in New Zealand was amusing, insightful and downright inspirational, and
- The account from the team and Clifford Park Special School in the regional town of Toowoomba in Queensland, where they used the money from the bursary awarded to them after the inaugural conference to great advantage. They held a two-day workshop at the school for participants from rural and remote schools within a 400 km radius of Toowoomba. (It may interest the reader to know that Toowoomba was one of the areas of Queensland badly affected by the floods, yet the team from Clifford Park overcame any challenges to meet their commitments at the conference.)

There were many more presentations worthy of highlighting - as delegates we were spoilt for choice. As sessions ran concurrently, it was impossible to attend them all; however I'm confident to say that the key note address on both the Friday and the Saturday, and the forum with Graham, Dr Mark Barber and Dr Keith McVilly as the panel, would all have ranked as outstanding by those who attended.

The conference finished on a high note, with a general feeling of great accomplishment. From a delegate's perspective, the organisation of the conference was highly professional with no observable hitches. The catering was exceptional, and the sponsors' stands on display during the breaks added a thoroughly worthwhile dimension to the conference itself. The impromptu celebratory functions that took place after the close of the conference were many and varied, and were a clear demonstration of the bonds formed professionally over the previous two days.

The bench mark is high – Melbourne will have to 'pull out all stops' to meet the standard when it hosts the next conference in 2014!

*Rosemary Gallagher*

Principal (retired)  
Bayside Special Developmental School  
Melbourne, Vic. Australia



Dr Mark Barber closes the conference with an open invitation to come back together again in 2014.



## INTENSIVE INTERACTION AND POSITIVE PSYCHOLOGY

*A review exploring the links between positive psychology and Intensive Interaction*

By Jana Sandford

In the book '*Understanding Intensive Interaction: Context and Concepts for Professionals and Families*' Berry (2010) points to the connections between the emphasis of Intensive Interaction upon building fulfilling relationships and positive psychology's emphasis upon the importance of relationships in promoting optimal functioning. Berry sees Intensive Interaction as consistent with the positive psychology framework, especially in the shared emphasis on practitioners observing and assessing a person with intellectual disabilities in terms of their interactive capabilities and "strengths", and the production of a "Strengths and Needs Plan" (p. 133 & 168). This is concerned with building on a client's existing repertoire of skills and looks to develop areas where a person's skills are less evident but potentially available within a responsive social environment. Berry emphasises that this positive approach can help to counter the tendency to see people with a learning disability only in terms of deficits.

Harding and Berry (2009) present Intensive Interaction as consistent with humanistic psychology, attachment theory and positive psychology, as all these approaches share a belief that positive human relationships are crucial to our sense of self-worth, our ability to realise our potential and our psychological well-being. In Harding and Berry's view, Intensive Interaction has the potential to become a therapeutic intervention for people who experience difficulty in the use of words to express their emotions and who struggle with social interactions.

Important in the background of these discussions is the work of Seligman (2002) who proposed three roads to happiness. Firstly, the "pleasant life" - positive emotions based on sensory pleasures or momentary emotions. Secondly the "good life", Peterson and Seligman (2004), - achieved through the application of a number of virtues and strengths: wisdom and knowledge, courage, humanity, justice, temperance and transcendence. Along this road, people use their strengths and personal talents each day, working, playing and relating to others. Thirdly, the "meaningful life" is achieved when a person's strengths are used in the service of something larger than the individual. Seligman suggested 'flow' as another road to happiness.

The concept of flow was developed by Csikszentmihalyi through his studies of the creative process. Flow can be described as the moments when we 'lose track of time' through being engaged and absorbed in working on a task at the right level of challenge to our skills. For Csikszentmihalyi (1988) '*the universal precondition of flow is that a person should perceive that there is something for them to do and that they are capable of doing it. Optimal experience requires a balance between the challenges perceived in a given situation and the skills a person brings to it. [...] To remain in flow, one must increase the complexity of the activity by developing new skills and taking on new challenges. [...] People describe flow as a process of discovering something new. [...] Flow typically occurs in clearly structured activities in which the level of challenges and skills can be varied and controlled.*' (p. 30-31)

Linking the fields of positive psychology and learning disabilities, Dykens (2006) published the first review exploring the relationship between positive internal states of people with learning disabilities and the emerging science of positive psychology. Dykens suggested that future research and practice could be based on positive internal states, including happiness, contentment, hope, engagement and the strengths of people with learning disabilities. Dykens showed how aspects of positive psychology could be applied to research and practice in the field of learning disabilities.

Dykens summarised the concepts and approaches of positive psychology. Contrary to the usual focus on 'what is wrong with people', positive psychology asks questions about what contributes to people being happy, thriving and doing well. Dykens briefly describes the major movements in learning disabilities research and practice and reviews how those contribute to happiness. The Quality-of-Life Movement's examination of internal satisfaction has the potential to influence the study of happiness in people with



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learning disabilities. Where the Dual Diagnosis Movement focused on identifying and improving negative behaviours and symptoms, Dykens emphasises the importance of examining the well-being of people with learning disabilities, how they might become hopeful, grateful, engaged and happy. The Personality-Motivation movement linked research on intrinsic and mastery motivation, which could lead to a deepened understanding of issues of well-being and happiness. Family Research focused on families with children with learning disabilities revealed that the '*stress-and-coping model*' (perceiving that families are stressed and are coping as best as they can) fits better than a psychopathology model (with the assumption that families are psychopathological). Family research found many positive aspects, including some families' descriptions of positive transformations for themselves and their family, views that having a child with learning disability is not easy, but leads to a fuller and richer life. Positive psychology might be able to contribute to explanations and further research assessing the full range of effects associated with having a family member with a learning disability.

Dykens' contribution, linking positive psychology and learning disabilities research and practice, includes a number of questions and suggestions for further research directions, e.g. to explore to what extent people with learning disabilities show flow, engagement, and strengths. In Dykens' view, flow holds much promise in thinking about interventions and motivation. Dykens suggests that if people with learning disabilities were provided with opportunities that invite flow, then growth and happiness might result. The first step is to identify where, when, how often and under what conditions flow occurs. Dykens invites positive psychologists to work together with researchers and practitioners in learning disabilities in order to evaluate the happiness and well-being of people with learning disabilities, who are often excluded from mainstream studies. Dykens suggests that such collaboration might lead to valuable research findings related to positive emotions, engagements, strengths and virtues. Dykens identified that, regardless of their aetiology, positive emotions, flow and strengths exist in people with learning disabilities and suggested the need to develop novel tools to explore the self-perspectives of people with learning disabilities on their own happiness. Dykens asks questions relating to the "meaningful life", positive psychology's path to happiness for people with learning disabilities. Dykens challenges positive psychologists and Learning Disability researchers to explore what combination of intellect, heart, soul, and strength are necessary to leading a meaningful life and to evaluate the happiness and well-being of people with learning disabilities. Dykens suggests that such collaboration might lead to valuable research findings related to positive emotions, engagements, strengths and virtues.

In conclusion, a review of the above literature suggests that positive psychology can offer a number of valuable insights and questions that could usefully be explored in relation to Intensive Interaction, most especially the concept of flow and the emphasis on strengths.

By **Jana B. Sandford**, MSc, volunteer at the Intensive Interaction project, Leeds

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## **Intensive Interaction for people with dementia: A new approach to communication?**

**By Dr Maggie Ellis & Dr Arlene Astell**

### **Introduction**

Dementia is a neurodegenerative illness that largely affects older people and impacts on all areas of life, most noticeably the ability to communicate. Many people living in nursing homes have dementia that has progressed to the point where they can no longer walk or talk and as such spend their days alone in their rooms. At advanced stages of the illness, people with dementia may be completely unable to communicate verbally. Without speech, communication between persons with dementia and family and formal caregivers becomes very difficult. Humans rely so heavily on speech as a 'sign of emotional connection' (Duffy, 1999) that faced with a person who cannot speak caregivers and family members might question if there is any point trying to communicate at all. As a result many people with dementia experience only very minimal social interactions and these typically occur during care tasks.

However, the loss of speech does not mean that the ability and desire to communicate are also absent in individuals with dementia (Ellis & Astell, 2004). Kitwood (1997) argued that when people with dementia lose the ability to speak, they might attempt communication via more basic and deeply learned methods. For example, individuals with advanced dementia may rely heavily on fundamental communication skills, such as facial expressions, eye gaze, gestures, sounds and laughter. These behaviours emerge early in life and are the precursors to speech. Once speech develops these non-verbal behaviours tend to support speech-based interactions, but they can also be used independently to open up communication for people who cannot speak; as in Intensive Interaction (Hewett, 1996).

### **Intensive Interaction for dementia**

To investigate the potential of Intensive Interaction for people who have lost speech through progressive dementia we first conducted a single case study (Ellis & Astell, 2008). We worked with Edie, an 81-year old lady with dementia who had lived in a nursing home for three years. When we met Edie she could not speak, was no longer mobile and spent most of the day in bed in her room. Using the principles of Intensive Interaction we uncovered Edie's communication repertoire, which comprised sounds, movements, eye gaze and facial expressions. She was able to turn take, initiate and imitate her communication partner (first author: M.E.; Ellis & Astell, 2008). During Intensive Interaction, Edie and M.E. engaged in a nonverbal 'dialogue' that saw them both smiling, laughing and exchanging head rubs.

This single interaction suggested that Intensive Interaction has potential for opening up channels of communication for caregivers and people living with advanced dementia who can no longer speak. Building on our initial work with Edie, we applied this approach to a further four people whose dementia had reached an advanced stage. Although there was a marked variability between the individuals in terms of the level of their illness, the use of Intensive Interaction revealed that each person had a unique repertoire of nonverbal behaviours. These included eye gaze, movements, sounds and facial expressions. Each person also engaged in turn-taking, imitation of the communication partner and initiation of communication.

From this we concluded that Intensive Interaction undoubtedly has something to offer to the challenging task of communicating with people whose dementia has progressed to a point where they can no longer communicate through speech. This is important for caregivers who can feel that a person is 'lost' when they can no longer speak. By demonstrating that people without speech still have an urge to communicate (Astell & Ellis, 2006) we hoped that this would provide reassurance and encouragement to caregivers that they can still communicate with the people they care for. However, we were aware that training staff to engage in



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By Dr Maggie Ellis & Dr Arlene Astell

this type of communication would be challenging.

### Training staff to use Intensive Interaction with people with advanced dementia

In the next part of our research we explored the development of Intensive Interaction as a communication technique for people with advanced dementia and their caregivers in a dementia care setting. Working with a small group of staff in a nursing home specialising in dementia care we attempted to teach the basics of Intensive Interaction to caregivers and equip them with the confidence and ability to start using it.

We devised four teaching sessions to provide the staff participants with both insight and understanding of the principles of Intensive Interaction. This included information about the fundamentals of communication, the development of communication in humans and the use of verbal and nonverbal communication. The teaching sessions also covered the basic principles of Intensive Interaction and the role of imitation in initiating and supporting communication. This was recognised as a particularly sensitive issue, which has to be properly introduced and explained to avoid the possibility of it being used insensitively or inappropriately.

In each session we used a mixture of theory combined with examples of putting it into practice to ensure the teaching was as helpful as possible for the staff. In between each session the staff were given a specific task to practice each week to enable them to gain direct hands-on experience of using Intensive Interaction and address some of their concerns about how to use it.

The follow-up session was intended to gain feedback from the staff both on the training and their progress following the end of the four weeks of formal instruction. In terms of the teaching all three staff participants said that they had enjoyed the course and wished that it had been longer. They also felt more equipped to identify communication behaviours in people with advanced dementia and to know how to respond to them. For example one of the participants said, "I think it's worked really well. You do it without realising you're actually doing it."

### In conclusion

The findings from this research showed that people with advanced dementia retain both the desire and ability to communicate. Furthermore, we have shown that each individual's communicative repertoire was revealed by using the principles of Intensive Interaction and that care staff of people with dementia can be trained to use this approach. As such we are currently developing the findings from this project into a training pack for caregivers to use Intensive Interaction for people with dementia, which we hope will be of interest to the care industry and wider community.

**Dr Maggie Ellis & Dr Arlene Astell**

School of Psychology  
University of St. Andrews

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### References:

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# More Intensive Interaction news and developments

## The Complex Learning Difficulties and Disabilities Research Project Developing meaningful pathways to personalised learning

In November 2009, the SSAT (Specialist Schools and Academies Trust) appointed a research team to work on a Department for Education-funded project to develop new teaching strategies for children with CLDD (complex learning difficulties and disabilities) and develop 'a resource 'tool box' to support educators of children with complex needs'. According to their press release, the research team '... looked at schools in the UK and overseas, carried out a survey of latest research into trends in disabilities and special needs and developed practical teaching guides'.

The research questions included: 'What are the resources required to deliver effective and innovative educational models' and 'In what ways can the quality of the child's experience as a learner be improved?' Further information related to the project is available at the SSAT's Complex Learning Difficulties and Disabilities Project website: <http://complexld.ssatrust.org.uk>.

Project Director Barry Carpenter stated that: "There is a vast amount of promising practice going on in schools at the moment and we saw amazing commitment, insights and expertise among many teachers". The Project recommendations include:

*'We recommend that the new modules of training in special educational needs and disabilities, and specifically Complex Learning Difficulties and Disabilities, commissioned by the Training and Development Agency for Schools, are systematically introduced across schools'*

*'We recommend that the Specialist Schools and Academies Trust's Complex Needs booklets are used to aid and stimulate debate and discussion'.*

To read the full recommendations go to: <https://www.ssatrust.org.uk/SiteCollectionDocuments/CLDD%20project%20recommendations.pdf>

However, reading through all the material currently available it as yet remains unclear as to how, or even if, Intensive Interaction, as an effective, well defined, well evidenced and widely used approach to the teaching and learning of just such a group of children is to be involved in the process of realising all these stated aims.

Some thoughts on using Intensive Interaction set out in poetry:

### TO HEAR YOUR VOICE

How I long to hear your voice  
Speak words to understand  
Release you from the solitary place  
To enjoy the Promised Land.

Enable you to view the world  
So different as before  
Give you sole protection  
And freedom to explore.

Have fun in shared moments  
Build trust and empathy  
Smile, laugh, feel comfort  
Expressions by you and me.

I'll take your lead whenever  
Be available when you need  
Owl your every moments  
So you can now succeed.

The fundamentals we communicate  
Has enriched your life and mind  
It's given you an opening  
That at first we couldn't find.

Your eyes expression and body  
Give us every little cue  
It tells us that you're talking  
Some day that may be true.

To continue this way forward  
Build a library that you know  
Enhance your thoughts and feelings  
Learn new things as you grow.

by **Helen Griffiths,**

Senior Educational Support Officer,  
Isle of Man

Therefore for Intensive Interaction practitioners and advocates, it might well be timely to go to the SSAT CLDD 'Think Pieces' site (<http://blog.ssatrust.org.uk/thinkpiece>) and 'record your thoughts about educating students with complex learning difficulties and disabilities'.

Alternatively you could write for clarification on the CLDD team's view of Intensive Interaction to:

**Prof. Barry Carpenter,**

CLDD Project Director, Specialist Schools and Academies Trust  
Wolverhampton Office, Technology House, Glaisher Drive, Wolverhampton Science Park,  
Wolverhampton West Midlands, WV10 9RU

### Mencap Publications: 2010

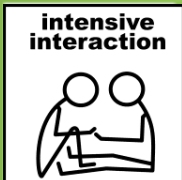
#### Communication and people with the most complex needs: *what works and why this is essential*

In this Mencap report, commissioned in partnership with the Department of Health, and reported on in the last issue of the Intensive Interaction Newsletter (No. 34), on page 10 there is a section on the evaluation of the different approaches to communication for people with the most complex needs. The paragraph on Intensive Interaction states:

*There is a growing body of formal evaluations of Intensive Interaction (for example Cameron and Bell, 2001; Elgie and Maguire, 2001; Leaning and Watson, 2006; Samuel et al 2008), though these tend to be relatively small- scale studies.*

This is partially true (certainly the 'growing body' is still growing), but it tends to suggest a smaller number of published research studies and evaluations carried out over a shorter time span than is actually the case – it doesn't include any publications prior to 2001 when the first paper, Watson, J. & Knight, C. (1991) 'An Evaluation of Intensive Interactive Teaching with Pupils with Very Severe Learning Difficulties', *Child Language Teaching and Therapy*, 7 (3), p. 310-25) was published in 1991, and it doesn't include the seminal studies published by Melanie Nind (1996) and Mary Kelleth (2000-2005).

If you would like to see details of the other research papers not indicated in the Mencap report please download a copy of the **Intensive Interaction Published Research Summaries Document** from the Leeds PFT NHS Trust Intensive Interaction webpage which includes summaries of 15 studies (with more studies yet to be added in the 2011 edition), and this is available at [http://www.leedspft.nhs.uk/our\\_services/ld/intensiveinteraction](http://www.leedspft.nhs.uk/our_services/ld/intensiveinteraction)



## Yet more Intensive Interaction News (including RSG contacts)

### Intensive Interaction Weekend - Down South

There was something appealing about a relatively inexpensive weekend in the countryside which would be a mixture of intensive interaction and relaxation. Having attended a few South London II forums I already had an understanding of the benefits of getting together with other people with a like minded interest in II from different walks of life. Accompanied by a colleague I set off along the M4 on the Friday afternoon, in sunshine to track down the bunk barn near Bristol. I'm still old fashioned enough to use maps and after a slight detour found the country, hillside location of 'The Old Stables' accommodation at Box Hedge Farm, which turned out to have spacious, comfortable sleeping rooms behind the facade of stable doors.



'The Old Stables' at Box Hedge Farm

Miranda-Jane McCormick had bravely organised the weekend and supplied laptop and techie resources, along with books, articles, videos and enthusiastic energy. She also very kindly did the first evenings cooking for us. We started straight away on the Friday evening introducing ourselves and talking about the area we are working in and what we are doing in II.

After a good night's sleep, discussions, brain storming and learning about II continued with a mid-morning break for essential bacon butties! From lunchtime we had a free afternoon and were able to take advantage of the country location and I along with my colleague choose to go for a walk in the sunshine. After dinner we resumed II looking at and reviewing video footage and for me this turned out to be hugely helpful and MJ's advice, knowledge and insight in this area has been very beneficial.

Sunday morning was relaxed with a rounding up of our newly gained ideas and knowledge. I left Sunday lunchtime feeling better informed, motivated, more confident in my practice and with renewed ideas to take back to colleagues and service users, hopefully for their benefit. A big thank you to MJ for organising the weekend and I hope others will feel inspired to come and join any Intensive Interaction weekends in the future.

Annette Covey, Support Worker, Adult Day Services

### Intensive Interaction Regional Support Groups (II-RSGs)

For the latest dates of the increasingly UK wide Intensive Interaction Regional Support Group meetings please go to:

<http://www.intensiveinteraction.co.uk/regional-networks/>

If you would like more information about a particular Regional Support Group, then please use the contact details given below

**Birmingham** Contact: Penny Lacey at [p.j.lacey@bham.ac.uk](mailto:p.j.lacey@bham.ac.uk)

**Buckinghamshire** Contact: Jules McKim Email: [jules.mckim@ridgeway.nhs.uk](mailto:jules.mckim@ridgeway.nhs.uk)

**Cambridge** Contact: Shelley Lockwood at [shelleylockwood@ntlworld.com](mailto:shelleylockwood@ntlworld.com)

**Derby** Contact: Julie Pehl at [Julie.Pehl@derbysmhservices.nhs.uk](mailto:Julie.Pehl@derbysmhservices.nhs.uk) or Allison Woodhead at [allison.woodhead@DerbysMHServices.nhs.uk](mailto:allison.woodhead@DerbysMHServices.nhs.uk)

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### Contact us!

p.s. The direct circulation of this *Intensive Interaction* Newsletter is now over 1200 across 4 continents! and all the back copies of this Newsletter are now available at: [www.intensiveinteraction.co.uk](http://www.intensiveinteraction.co.uk)

Do you want a copy of this Newsletter: either paper or electronic? or do you have any news or information that might interest others working in this area? If so, then please contact: **Graham Firth**, Intensive Interaction Project Leader, Leeds Partnerships NHS Trust, St Mary's Hospital, Greenhill Road, Leeds, LS12 3QE  
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p.s. why not visit our Leeds Partnerships NHS Trust Intensive Interaction webpage: [http://www.leedspft.nhs.uk/our\\_services/ld/intensiveinteraction](http://www.leedspft.nhs.uk/our_services/ld/intensiveinteraction)

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