

# 1. A manual for Rapport-based Communication mentoring

Matthew Laurie

4th June 2019

## Why this manual

This manual is designed to help practitioners and organisations to develop a community of practice around Intensive Interaction and other approaches that are based on rapport-based communication. The purpose of the manual is to introduce a straightforward evidence base and 3-step practice that can be easily understood and put into practice by practitioners working in all roles and with different levels of education. The language and terminology for the practice is designed to be as inclusive as possible so that as many practitioners as possible can benefit and the approach can be embedded as widely as possible.

## Developing a community of practice

Etienne Wenger (1998) defines a community of practice as a group of people who share a common challenge and interact regularly to solve the challenge through the development of a practice. In a special school for example, this could be a group of teachers and teaching assistants who are all struggling communicate with the children they support. Through this shared challenge, the group of practitioners identify with each other, discuss how to solve the challenge and come up with ideas and strategies as to how to proceed.

Developing a community practice means to facilitate the cohesion of the group and the development of the practice. Etienne Wenger (1998) identifies a number of indicators for a community of practice which include the presence of a 'jargon' for the practice. Existing jargon for intensive interaction includes terms such as 'tuning in' (sensitively adapting to the child's needs, behaviour and interests), 'imputing intentionality' (assuming that a child using their behaviour to communicate even if this is not certain) and 'contingent responding' (joining in with or copying what a person is doing).

In my work developing Intensive Interaction provision across services, I have found the need for a more straightforward language for the practice that is easy to remember and understand. This manual therefore introduces a clear and concise practice for the following three purposes:

1. To help new starters to quickly understand and do the practice
2. To help more experienced practitioner to understand their existing practice
3. To help more experienced practitioners to communicate the practice to others

## Rapport-based Communication

I have called this practice Rapport-based Communication. I have used this name for the sake of clarity - finding rapport is the purpose of the approach and the evidence base is present in order to define rapport. I understand that the finding of rapport is a principle that is common to a number of person-centred approaches to social inclusion including Intensive Interaction, Musical Interaction and participatory arts practice and naming this common principle helps practitioners discuss the practice and understand how these approaches relate to each other.

A further indicator of a community of practice described by Etienne Wenger (1998) is that the members of the community are involved in the development of the practice. The choice of terminology, development of tools and understanding about benefits for staff results from my interactions with staff from many services across the UK. This wider community have been directly and indirectly involved in the informal validation of the language introduced in this manual as I have tested out the material in my training sessions, eventually finding a model for the practice that many services are continuing to use to develop and transmit the practice. A further validation is that the language is now being cited by other practitioners.

## 2. How to use this manual

This process described in this manual is designed to help existing practitioners to mentor a less experienced practitioner. The manual includes the key concepts to be understood by a practitioner, a session record form and questionnaires to help understand the impact of the process. The manual can also be used by a single practitioner to learn the practice by themselves.

### Contents

Page 1	Overview
Page 2	How to use the manual + Session description
Page 3	Key concepts
Page 4	Session record
Page 5	Pre - training questionnaire
Page 6	Post - training questionnaire
Page 7	References + Appendix: Recording Rapport

### Process

The experienced practitioner leads 3 sessions, each 20-30 minutes long.

There should be a period of time between each session during which the trainee practices what they have learnt. This period should be no less than 3 days and no more than 10 days. Once per week works well.

The suggested content of each session is as follows:

- Session 1** Complete the pre-training questionnaire (**page 5**)  
Explain the context (**page 3.a**)  
Model the practice (video the interaction if possible)  
Explain how the 3C's and 3 ingredients featured in the interaction (**page 3.a / 3.b**)  
Complete the session reflection (**page 4**)
- Session 2** Recap the context, 3C's and 3 ingredients of rapport (**page 3**)  
Model the practice (video the interaction if possible)  
Trainee has a go (video the interaction if possible)  
Explain how the 3C's and 3 ingredients featured in the interaction (**page 3.b / 3.c**)  
Complete the session reflection
- Session 3** Recap the overview, 3C's and 3 ingredients of rapport  
Trainee has a go (video the interaction if possible)  
Explain how the 3C's and 3 ingredients featured in the interaction (**page 3.b / 3.c**)  
Complete the session reflection  
Complete post-training questionnaire

### 3. Key concepts to explain

#### a. Context

Interacting with people who are at an early stage of communication development requires an approach to interaction that is based on how a parent or care-giver would interact with an infant. Due to a learning disability or autism the person has learnt less about how to share attention, share space, give/receive touch, take turns and understand body language, facial expressions, eye contact and vocalisations. This lower level of social understanding results in the child having higher levels of need for attention, consistency, touch, structure, choice, control, affection, support, acceptance, empathy, respect, equality, inclusion and participation.

Warmly join in with what the person is doing using 100% of your attention. We do this to find rapport, develop relationship and simply to enjoy being in each other's company. The more this happens, the more the child will learn about communication and how to be with other people. Staff find that this approach brings more job satisfaction, reduces stress and helps in understanding the child.

#### b. 3 ingredients of rapport

Rapport is the central principle of Intensive Interaction and other person-centred approaches social inclusion. Finding rapport is the first step whether the practitioner works in a short breaks unit and will see a person only once, or whether they work in a school with a focus on sustained work to develop fundamental communication skills. Moments of rapport are often described by staff as a moment that made them feel like "this is why I came to work". The three ingredients of rapport are:

1. Mutual social attention
2. Non-verbal co-ordination (doing things at the same time)
3. Mutual pleasure and positivity

Phoebe Caldwell (2008) indirectly refers to these ingredients when she describes Intensive Interaction as:

"an approach that uses **body language** to establish **attention** and **emotional engagement**"

#### c. 3 C's to find rapport

To find rapport practitioners need to know what to do. The 3C's are a concrete 3 step process to find rapport and relationship. The purpose of the 3C's is to offer a straightforward way to understand the practice that is easy to communicate to other practitioners.

<b>C (See) the OFFER</b>	Observe the child and list potential offers
<b>Copy the OFFER</b>	Join in with what the child is doing by mirroring and reciprocating
<b>Celebrate the OFFER</b>	Use facial expressions, body language and tone of voice to subtly communicate warmth and positivity

An OFFER is any unprompted behaviour that the child does.

# 4.

# Session Record

<b>Project Worker:</b>	<b>Trainee:</b>	<b>Child:</b>	<b>Class:</b>
<b>Date:</b>	<b>Time:</b>	<b>Location:</b>	<b>Duration:</b>
<p><b>What OFFERS did you see?</b>  <i>Think about body language, facial expressions, gestures, vocalisations, positioning, eye level.</i></p>			
<p><b>How did you copy (or join in) with these OFFERS?</b>  <i>Did you mirror everything or choose specific offers to copy? Did you mirror offers or reciprocate using your voice or body?</i></p>			
<p><b>How did you celebrate the OFFERS?</b>  <i>How did you bring warmth and positivity to the interaction using facial expressions, tone of voice and body position?</i></p>			
<p><b>Explain what happened with reference to the three ingredients of rapport.</b></p>			

**Record the interaction by circling the level of social attention, involvement and wellbeing**

	<b>Social Attention</b>	<b>Involvement</b>	<b>Wellbeing</b>
1	Self-absorbed, little or no social attention	Little or no activity	Extremely low
2	Frequently interrupted social attention	Frequently interrupted activity	Low
3	Mainly social attention at routine level	Mainly continuous activity at routine level	Moderate
4	Near continuous attention, tuned in	Near continuous activity, moments of flow	High
5	Continuous social attention and empathy	Continuous activity with sustained flow	Extremely High

## 5. Pre-training Questionnaire

Please read the following statements and circle the appropriate answer.

1. I am confident in my understanding about how communication skills are learnt in early childhood?

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

2. I am confident in my understanding about how and why a child at an early stage of communication development will have a higher level of social needs?

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

3. I am confident in how to meet these needs through positive social interaction

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

4. I am able to discuss the children's communication needs with other staff and work as part of the team to meet these needs?

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

5. I know what Intensive Interaction is and how to do it

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

Please use the following table to circle on level in each column to describe what typically happens when you interact with the child you have chosen.

	<b>S</b> ocial Attention	<b>I</b> nvolve <del>m</del> ent	<b>W</b> ellbeing
1	Self-absorbed, little or no social attention	Little or no activity	Extremely low
2	Frequently interrupted social attention	Frequently interrupted activity	Low
3	Mainly social attention at routine level	Mainly continuous activity at routine level	Moderate
4	Near continuous attention, tuned in	Near continuous activity, moments of flow	High
5	Continuous social attention and empathy	Continuous activity with sustained flow	Extremely High

## 6. Post - training Questionnaire

Please read the following statements and circle the appropriate answer.

1. I am confident in my understanding about how communication skills are learnt in early childhood?

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

2. I am confident in my understanding about how and why a child at an early stage of communication development will have a higher level of social needs?

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

3. I am confident in how to meet these needs through positive social interaction

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

4. I am able to discuss the children's communication needs with other staff and work as part of the team to meet these needs?

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

5. I know what Intensive Interaction is and how to do it

Strongly disagree      Disagree      Not sure      Agree      Strongly agree

Please use the following table to circle on level in each column to describe what now typically happens when you interact with the child you have chosen.

	Social Attention	Involvement	Wellbeing
1	Self-absorbed, little or no social attention	Little or no activity	Extremely low
2	Frequently interrupted social attention	Frequently interrupted activity	Low
3	Mainly social attention at routine level	Mainly continuous activity at routine level	Moderate
4	Near continuous attention, tuned in	Near continuous activity, moments of flow	High
5	Continuous social attention and empathy	Continuous activity with sustained flow	Extremely High

## 7.a

## References

Wenger, E. (1998). *Communities of practice*. Cambridge: Cambridge University Press.

Horwood, J and Caldwell, P (2008) *Using Intensive Interaction and Sensory Integration: A handbook for those who support people with severe autistic spectrum disorder*: Jessica Kingsley

Laevers, F (2005) *Well-being and Involvement in Care A process-oriented Self-evaluation Instrument for Care Settings*. Research Centre for Experiential Education Leuven University.

Wenger, E., Trayner, B., and de Laat, M. (2011) *Promoting and assessing value creation in communities and networks: a conceptual framework*. Rapport 18, Ruud de Moor Centrum, Open University of the Netherlands.

## 7.b

## Recording Rapport

While working in early years and special education needs settings, the author used the Leuvan scale developed by Ferre Laevers and the Research Centre for Experiential Education at Leuven University. The scale consist of two 5-point measures, one for wellbeing and one for involvement. While the scale is usually used in early years education to understand if a child is learning, well-being indicates one is doing well emotionally, is feeling comfortable with oneself as a person. A low level of well-being signals that a child does not succeed in fulfilling his/her basic needs (Laevers 2005). A high score for involvement indicates that a person is self-motivated, satisfied, excited to explore, at the limits of his/her mental abilities and engaged in intense mental activity (Laevers 2005). These scales are reminiscent of the 6-point Mood and Engagement scales used in dementia care mapping which allow an assessment of the level of relative well or ill-being of the person living with dementia. (University of Bradford 2015).

With respect to a scale of rapport, because wellbeing is closely related to pleasure (the second ingredient of rapport) and non-verbal synchrony is describing a high level of involvement, the author suggests that, with the addition of a third 5-point scale to measure the level of social attention, the Leuvan scale can be adapted to the purpose of measuring rapport. This tool directs practitioners to the value of social interaction with a person at risk of social exclusion and helps practitioners to reflect on how to develop sessions to facilitate rapport.

## 7c.

## Learning Theory

This manual and the experiential method suggested is underpinned by the social learning theory of Etienne and Bev Wenger-Trayner. The principle of this theory is that there are 4 levels of value in social learning, immediate, potential, applied and resulting (Wenger, E., Trayner, B., and de Laat, M. 2011). In an effective training strategy should offer activities that are engaging and interesting (immediate value) which offer new ideas, strategies, principles and networking opportunities (potential value). Opportunities for the participants to put these ideas into practice must be supported (creating the applied value) which, with repetition, eventually leads to a change (resulting value). The proposed training manual concisely supports all these stages of learning.