Implementing Adaptive Interaction in everyday care

Adaptive Interaction (AI) is a non-verbal communication tool for interacting with people with dementia who can no longer speak. **Maggie Ellis** and **Arlene Astell** share their experience of implementing AI into daily care

Adaptive Interaction (AI) is based on non-verbal channels of communication including eye gaze, facial expressions, movements, and touch. The initial stage of AI involves connecting with the individual who cannot speak, followed by uncovering their unique non-verbal communication repertoire, on which future interactions are based (Ellis & Astell 2019b).

Building on our initial case study (Ellis & Astell 2008) and later small group study (Ellis & Astell 2017), we developed a program to equip caregivers with AI skills. Our first feasibility study in a long-term care home (Astell & Ellis 2011) with a small group of staff and residents with dementia allowed us to explore practical and organisational issues in implementing AI. From this experience and subsequent research we have developed a range of approaches to equip caregivers with AI skills, available to family and formal caregivers in care homes, hospitals and community settings.

To inform dementia care, this brief summary of our work with caregivers and people with dementia who cannot speak is illustrated with quotations from caregivers and family members.

Groundwork

Whilst non-verbal behaviour makes up about 55% of any face-to-face communication, with words only accounting for 7% (Mehrabian 1971), often people do not feel comfortable being asked to communicate only non-verbally. It is therefore important to provide clear explanations about the purpose of AI, the rationale for this approach and illustrations of how it works. We do this before training starts and it is an integral component of AI training.

Once people start to understand AI, we are often asked if interacting non-verbally with an adult might be infantilising. Infantilisation – patronising and speaking down to an individual, such as calling a person with dementia 'a naughty boy' – is

Author Maggie Ellis (right) connects with Nancy using Adaptive Interaction

one of Kitwood's (1990) Personal Detractors. We are acutely aware of the negative impact of Personal Detractors on people with dementia, particularly those who can no longer speak, and we address these concerns directly. Our response is that people with dementia are attempting to maintain their place in the social world, using the communication means available to them. In this way AI builds on Kitwood's own observations that:

"In the course of dementia, a person will try to use whatever resources he or she still has available. If some of the more sophisticated means of action have dwindled away, it may be necessary to fall back on ways that are more basic, and more deeply learned; some of these were learned in early childhood" (1997 p75).

In our training we contextualise this by exploring and explaining the role of non-

verbal behaviour in communication across the life course (Ellis & Astell 2018).

Facilitators of AI

Delivering training in long-term care and specialist hospital care settings has highlighted to us a number of facilitators for incorporating AI principles into everyday practice.

Contents and experience
The first major facilitator is the contents and experience of AI training itself. Feedback from staff highlights the impact of the hands-on process whereby participants practice each aspect of AI as it is introduced to them:

"I found that Adaptive Interaction brought something out of the clients that was hidden. Even if it was only blinking an eye, it was

Maggie and Jim: AI in action

blinking an eye in response to something that we had done. Before, we wouldn't recognise it but with the training we realised that it was a response to us" (activities coordinator).

It is important to emphasise that whilst AI is based on the non-verbal fundamentals of communication, it is not as simple as just instructing caregivers to interact non-verbally. We use video-recording to empower caregivers to review their non-verbal interactions and reflect both on what works and what doesn't, but also on how they feel during the interactions. Early on we had an experience where a staff member had missed a training session but wanted to complete the homework of a short video recording of them interacting with their partner with dementia. Based on their colleagues mentioning imitation, the staff member proceeded to record an interaction which veered very close to mimicry, which is of course another Personal Detractor (Kitwood 1997) and definitely not part of AI.

In their reflection on AI, one member of staff pointed out:

"We take communication for granted and even though some of the residents can't communicate verbally we take for granted that they understand (speech). When we use non-verbal communication, we can see that they pay more attention and the focus is on you and them. It makes you think a bit more when you're communicating. It's beneficial for ourselves and the clients" (Registered Nurse).

Seeing is believing
The second major facilitator is staff witnessing the impact of using AI (ie, 'seeing is believing'). Before embarking on AI training many staff are sceptical about

non-verbal communication and about the potential of communicating with people with dementia who cannot speak. This is quickly dispelled once they start practicing AI skills:

"Taking a step back and watching the residents' body language – I couldn't believe the difference it made!" (care assistant).

Reaction of families
The third major facilitator is the reaction of families to AI being implemented in the care routine. Families of people with dementia who can no longer speak have particular concerns that their relatives are not ignored and that care staff can connect with them. The introduction of AI provides reassurance to them and validation to staff that they are doing something valuable and worthwhile:

"Even when the family members came in, he responded to them. I'd been telling them what I'd been doing so they were doing the same and they were getting a response. The family members saw something in their loved one that they hadn't seen for many years" (activities coordinator).

Challenges to AI
Although the training is well-received and staff see the benefits once they start using it, there are a number of environmental and organisational factors that influence the passage of AI into everyday care.

Leadership
Unsurprisingly, leadership is critical. Staff who receive AI skills training need the support of their managers to implement these into care routines and establish reflective practice. This support is important for reinforcing the value of AI

but also for combatting scepticism and negative perceptions of non-verbal communication held by untrained members of staff who might query the importance of AI in their caregiving role. In response we require that at least one senior member of staff participates in AI training to facilitate planning and implementation in their care settings.

Time
There is also the perennial issue of time, with staff expressing the view that they do not have time to use AI. This reflects a perception that AI is a specific activity to be undertaken once other tasks have been completed. We therefore emphasise throughout that AI is a means of communication to be used in *all* interactions with non-verbal individuals, in the same way that sign language is used with people who cannot hear.

Potential of AI
AI is both a mindset and a toolkit for any caregivers, including family members, wishing to interact with people with dementia who can no longer speak. Being non-verbal, AI cuts across language and cultural barriers to enable caregivers to connect with people who had previously spoken different languages (Zhivka *et al* 2017). We have also found impact with individuals with visual impairment alongside cognitive impairment, even when there is residual speech, as non-verbal means may provide more control for the individual. For example, we worked with a blind man with dementia who was able to use sound and touch to engage in AI.

We are always happy to respond to queries and specific communication challenges that individual caregivers or organisations are facing. Alongside our training courses, we have produced a book, *Adaptive Interaction For Dementia: How To Communicate Without Speech* (Jessica Kingsley Publishers 2018) which explains the history of AI and the steps involved in carrying it out, illustrated with representative cases. Additionally, videos of AI in action can be found on our website, Astellis: https://www.astellis.co.uk.

We find it fitting to end this article with a quote from a family member, as they are the ones who can benefit hugely from using AI when visiting their loved ones. The following quote is taken from an email to Maggie after a woman tried AI for the first time with her mother:

"If you asked me to describe the approach I would liken it to fishing. You watch for bubbles to come to the surface and then when you see them you cast your line and reel your fish in. I think I would have missed the signs if you

hadn't told me that they might be very subtle. The first was just a gentle rubbing together of her finger and thumb, then we moved on to head rubbing, finishing with a bit of lip licking! But once I was able to connect with her it was like she couldn't communicate enough. One afternoon she was yawning her head off whilst maintaining eye contact and squeezing my hand. It really was like she didn't want it to end. At one point I leant in and gave her a big hug. She put her arm up and hugged me back as well as kissed my cheek". ◼

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