

# **ACT - ASSESSING COMMUNICATION TOGETHER**

**A SYSTEMATIC APPROACH TO  
ASSESSING AND DEVELOPING  
EARLY COMMUNICATION SKILLS IN CHILDREN  
AND ADULTS WITH MULTI-SENSORY IMPAIRMENTS**

**MANUAL**

**BY**

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**ACT - Assessing Communications Together**

**by**

**Helen Bradley, M.A., M.Sc.**

**MHNA Publications 1991**

# **ACT - ASSESSING COMMUNICATION TOGETHER**

## **- A SYSTEMATIC APPROACH TO ADDRESSING AND DEVELOPING EARLY COMMUNICATION SKILLS IN CHILDREN AND ADULTS WITH MULTI-SENSORY IMPAIRMENTS**

### **INTRODUCTION**

#### **WHAT IS ACT?**

ACT is an assessment approach that makes use of the observations and knowledge of carers who know the multi-sensory impaired person well. Existing assessment information is systematically shared, deficits in information are highlighted and intervention strategies are decided upon as a natural part of the process.

#### **WHAT SORT OF PERSON COULD BE ASSESSED USING ACT?**

ACT is designed for use with multi-sensory impaired children and adults who are at an early stage in communication development (ie who have no, or very little formal communication skills.)

ACT is not a checklist, nor is it prescriptive about intervention. It is a method of choosing functionally useful communication strategies. It is therefore useful and acceptable for both adults and children with multi-sensory impairments who could show a range of handicapping conditions.

For example:

- a) No useful vision or hearing.
- b) Some useful vision, and no useful hearing.
- c) Some useful hearing and no useful vision.
- d) Degrees of visual and hearing loss in combination.
- e) Any of the above combined with severe or profound learning difficulties.
- f) Any of the above combined with a range of physical handicaps.

### **WHO COULD USE ACT?**

ACT is designed to be used by people who know the multi-sensory impaired client well. The co-ordinator should have attended a day's training course on the use of ACT.

Members of the groups could include: family members, involved carers, professionals with relevant specialist skills eg Psychology, Speech Therapy, Occupational Therapy or Physiotherapy.

### **PREPARATION FOR USING ACT**

1. The Co-ordinator should have attended a day's training course.
2. The Co-ordinator should invite members to meet. It is useful to send out either copies of the assessment for people to read in advance, or a list of key areas to be discussed (eg vision, hearing, physical development, communication skills, social relationships, lifestyle and activities) so people can attend the meeting prepared and bringing relevant information.

### **HOW LONG WILL THE ASSESSMENT TAKE?**

Leave about one and a half hours to be able to discuss all areas comfortably.

### **ADDITIONAL MATERIALS**

1. Each section of ACT is backed by additional references to help in assessment and intervention. The Co-ordinator should be familiar with these references.
2. Two copies of Completed Assessments are included for reference.
3. Each pack contains blank ACT sheets. There is no restriction on photocopying these sheets.

## **SECTION A**

### **BACKGROUND INFORMATION**

This section is designed to highlight information from a number of areas that will have relevance to the nature of the communication programme required.

The two case studies provide illustrations of relevant information. It is useful to refer to completed example sheets after reading the guidance notes on each section.

### **VISION**

Information should be sought on any useful vision, history of visual loss, prognosis of condition, optimal conditions for using vision, and any visual aids required. Only brief information needs to be recorded with the implications of the information for communication clearly stated.

### **HEARING**

Information should be sought on hearing loss, history of loss, prognosis, optimal conditions for hearing, any aids required and their use and maintenance. Implications of this information for communication should be clearly stated.

### **PHYSICAL HANDICAPS**

Information on the physical development of the multi-sensory impaired person should be sought, especially optimal positioning for movement, and the sort of movements it is possible for the person to make. Again implications for communication should be stated.

### **RELATIONSHIPS**

Learning to communicate is a social skill and especially in the early stages optimal communication may be restricted to one or two special people. It is important to identify who the multi-sensory impaired person is motivated to communicate with so that these people can be closely involved in the programme. If the person has no close relationships this may need to be tackled as a priority.

### **TOUCH**

Touch is the basis of relationships and communication. If the multi-sensory impaired person finds it difficult to accept touch, a communication programme based round this area will be needed. If they enjoy touch this may be an area that can be extended for leisure purposes.

### **METHODS OF COMMUNICATION:**

#### **SIGNS/SIGNALS/GESTURES/OBJECTS AND PICTURES**

These sections are designed to explore the methods which the person uses, or could potentially use to communicate.

At the end of Section 1, the Co-ordinator should summarize the main implications for intervention and check that everyone is in agreement.

## **SECTION B**

### **SOCIAL NEEDS**

This section explores the social needs of the multi-sensory impaired person. Sections include: personal identity, personal possessions, and social greetings. In each section it is likely that different people may use different methods. These should be noted, and then ideas to increase consistency should be discussed.

The section finishes with the opportunity to summarize possible interventions.

## **SECTION C**

### **ACTIVITIES AND ROUTINES**

The most useful communication assessments and interventions are firmly centred around the multi-sensory impaired person's lifestyle and interests. This section is designed to allow carers to take an objective look at their client's lifestyle and the things which are most important for them to understand and express. In particular, the choices that a person needs to make, and their ability to control important events are examined. Routines and methods of helping the multi-sensory impaired person to anticipate and participate are examined.

## **SECTION D**

### **CORE SIGNALS AND SIGNS**

There are certain areas of communication that are essential for day-to-day living. ACT suggests some areas where it is essential to have an agreed form of communication (eg wait, finished, look, listen, etc), others may be added.

## **SECTION E**

### **IMPLEMENTING THE PROGRAMME**

#### **Making Priorities**

By this point in the assessment many good ideas and possibilities for intervention will have been highlighted. However, the extent to which interventions can be introduced will be governed by existing circumstances. As consistency is vital to the success of the intervention it will probably be necessary to decide upon priorities. It is preferable to start in a small way with interventions that everyone feels happy and confident about managing.

#### **The Practicalities of Intervention**

It is important to leave time to look at practicalities, and foresee any problems as far as possible. For example, the best ways of distributing information, organising staff training, and monitoring the programme need to be agreed.

NAME: ..... DATE OF MEETING: .....  
D.O.B: ..... PRESENT AT MEETING: .....  
ADDRESS: .....  
.....  
PROGRAMME TO BE REVIEWED ON: .....

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**ACT - ASSESSING COMMUNICATION TOGETHER FOR YOUNG  
PEOPLE WITH MULTIPLE HANDICAPS AND SENSORY IMPAIRMENTS**

**A. BACKGROUND INFORMATION**

**1. VISION**

**Any additional information needed:**

**Effects on communication programme:**

**2. HEARING**

**Any additional information needed:**

**Effects on communication programme:**

**3. PHYSICAL HANDICAPS**

**Any additional information needed:**

Effects on communication programme:

4. RELATIONSHIPS

List the most important people in \*\* life.

5. TOUCH

Does accept and enjoy touch?

6. METHODS OF COMMUNICATION

(a) Does \_\_\_\_\_ respond to any signals, gestures or signs?  
If Yes, give examples.

b) Does \_\_\_\_\_ use any signals, gestures or signs to  
communicate? If Yes, give examples.

(c) Does \_\_\_\_\_ understand the use of everyday objects?  
If Yes, name some examples.

(d) Does \_\_\_\_\_ ever use objects to communicate?  
If Yes, give examples.

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\*\* Please insert the name of the person being assessed.

(e) Does \_\_\_\_\_ respond to any pictures or photo's?  
If Yes, give examples.

(f) Does \_\_\_\_\_ use pictures to communicate?  
If Yes, give examples.

(g) Does \_\_\_\_\_ respond to any speech?  
If so, give examples.

(h) Does \_\_\_\_\_ use any vocalisations or speech to  
communicate? If so, give examples.

7. SUMMARISE THE EFFECT OF THIS INFORMATION ON ANY  
COMMUNICATION PROGRAMME TO BE DEVELOPED

B. SOCIAL COMMUNICATION

1. Does \_\_\_\_\_ respond to his/her name? (spoken, signed or as a  
"name object")

If Yes - note how this is done?

If No - could a naming programme be started? If necessary agree the method to be used.

2. Does \_\_\_\_\_ identify his/her personal possessions?

If Yes, note which and how.

If No, could this area be programmed? If necessary agree the method to be used.

3. See 1.4 important people.

For each person

(a) Does \_\_\_\_\_ recognise them?

(b) Does \_\_\_\_\_ respond to his/her name? (spoken, signed or as a "name object").

(c) Does \_\_\_\_\_ ask for them?

If Yes, note the person and the methods used?

If No, could this area be programmed? If necessary, agree the method to be used.

4. How do people say hello to \_\_\_\_\_?

If necessary, agree the method to be used.

5. How does \_\_\_\_\_ say hello to people?

If necessary, agree the method to be used.

6. How do people say goodbye to \_\_\_\_\_?

If necessary, agree the method to be used.

7. How does \_\_\_\_\_ say goodbye?

If necessary, agree the method to be used.

8. How does \_\_\_\_\_ ask for attention or affection?

If necessary, agree the method to be used.

9. How does \_\_\_\_\_ ask people to leave him/her alone?

If necessary, agree the method to be used.

10. SUMMARY OF ACTION

C. ACTIVITIES AND ROUTINES

1. Personal Needs

(a) Eating

How does \_\_\_\_\_ ask for food/show hunger?

How do carers offer food?

If necessary, agree the method to be used.

(b) **Drinking**

How does \_\_\_\_\_ ask for a drink/show thirst?

How do carers offer a drink?

If necessary, agree the method to be used.

(c) **Toilet**

How does \_\_\_\_\_ ask for the toilet?

How do carers offer the toilet?

If necessary, agree the method to be used.

2. **Likes and Dislikes**

(a) **What are \_\_\_\_\_ favourite foods?**

(b) **What are \_\_\_\_\_ least favourite foods?**

(c) What are \_\_\_\_\_ favourite drinks?

(d) What are \_\_\_\_\_ least favourite drinks?

(e) What are \_\_\_\_\_ favourite activities?

(f) What are \_\_\_\_\_ least favourite activities?

Choose one or more of the above

a How do carers offer the item or activity?

b How does \_\_\_\_\_ show s/he wants the item or activity?

If necessary, agree the methods to be used.

Item or activity	Method for carers to offer or signify this	Method for to request this

**3. Choices**

(a) What choices does \_\_\_\_\_ make at the moment?  
(e.g. food, drink, clothes, activities, people to spend time with?)

(b) If necessary, agree choices to be introduced and the method to be used.

**4. Asking for more.**

(a) How does \_\_\_\_\_ ask for 'more'?

(b) How do carers offer/signify 'more'?

If necessary, agree the method to be used.

5. Asking for less

(a) How does \_\_\_\_\_ ask for an activity to finish?

(b) How do carers signify the finish of an activity?

If necessary, agree the method to be used.

6. **MAIN EVENTS**

List the main events in \_\_\_\_\_ week (exclude any already covered). For each, agree a method of letting \_\_\_\_\_ know the event is about to happen and a method to help him/her to ask for the event.

<b>Event</b>	<b>Method for carers to offer or signify the event</b>	<b>Method for to ask for the event</b>

**D. CORE SIGNS**

**For each of the following, plus any others that are appropriate, agree methods of communication.**

	<b>Method for carers to signify this</b>	<b>Method for to express this.</b>
Yes/O.K.		
No		
Good/Well done		
Wait		
Look		
Listen		
Stand Up		
Sit Down		
Walk		
List any others		

## **IMPLEMENTING THE PROGRAMME**

### **1. Make priority decisions**

**Which parts of the communication programme could be implemented right away?**

**Who will write up and monitor the programme?**

### **2. List any problems which may undermine the programme. Also list any ideas to problem solve.**

<b>Problems</b>	<b>Positive suggestions</b>

NAME: ....Trisha Smith..... DATE OF MEETING: .....  
D.O.B: .....09.09.60..... PRESENT AT MEETING: .....  
ADDRESS: .4 Acacia Avenue.....  
.....Cardiff.....  
PROGRAMME TO BE REVIEWED ON: .....

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**ACT - ASSESSING COMMUNICATION TOGETHER FOR YOUNG PEOPLE WITH MULTIPLE HANDICAPS AND SENSORY IMPAIRMENTS**

**A. BACKGROUND INFORMATION**

**1. VISION**

*Trisha was born with no useful vision, possibly she sees very bright lights.*

**Any additional information needed:**

*None.*

**Effects on communication programme:**

*Trisha is dependent on everyone giving her tactile information.*

**2. HEARING**

*Trisha was born with a profound hearing loss. She has had a series of audiological assessments. No aids have ever been prescribed.*

**Any additional information needed:**

*None.*

**Effects on communication programme:**

*Trisha still needs to be talked to by staff but she will need some form of augmentative communication.*

**3. PHYSICAL HANDICAPS**

*None.*

**Any additional information needed:**

*None.*

### Effects on communication programme:

*Trisha's hands are very agile. Physically Trisha could make signs and fingerspell. Signs would need adapting to make them tactile. Any fingerspelling would need to be using the 'deaf-blind' method. We could use signs from the Link Dictionary.*

#### 4. RELATIONSHIPS

List the most important people in Trisha's life.

*Trisha's mother, Julie, visits Trisha two or three times a year.*

*Helen - Trisha's key worker.*

#### 5. TOUCH

Does Trisha accept and enjoy touch?

*Yes - very much.*

#### 6. METHODS OF COMMUNICATION

- (a) Does Trisha respond to any signals, gestures or signs? If Yes, give examples.

*Trisha understands some body signals from her time in hospital. She understands that holding her stomach means food or drink, a tap on the nose means no.*

- b) Does Trisha use any signals, gestures or signs to communicate? If Yes, give examples.

*Trisha touches her stomach if hungry or thirsty.*

- (c) Does Trisha understand the use of everyday objects? If Yes, name some examples.

*Yes - eating utensils, clothes.*

- (d) Does Trisha ever use objects to communicate? If Yes, give examples.

*Yes - Trisha bangs her cup and plate if she wants more.*

(e) Does Trisha respond to any pictures or photo's?  
If Yes, give examples.

No.

(f) Does Trisha use pictures to communicate?  
If Yes, give examples.

No.

(g) Does Trisha respond to any speech?  
If so, give examples.

No.

(h) Does Trisha use any vocalisations or speech to communicate? If so, give examples.

*Trisha laughs if she is happy.  
She cries if she is in pain.*

7. SUMMARISE THE EFFECT OF THIS INFORMATION ON ANY COMMUNICATION PROGRAMME TO BE DEVELOPED

*Trisha needs hand-over-hand signing and gesture, coupled with speech. She would be helped by objects being used systematically with signs.*

B. SOCIAL COMMUNICATION

1. Does Trisha respond to his/her name? (spoken, signed or as a "name object")

**If Yes - note how this is done?**

*No - we do not use any method for naming Trisha - apart from verbally and she cannot hear this.*

If No - could a naming programme be started? If necessary agree the method to be used.

*Trisha likes to feel objects. She could have a special object or texture to mean "Trisha". Later we could introduce a fingerspelt T.*

2. Does Trisha identify his/her personal possessions?

If Yes, note which and how.

*No, Trisha shows no recognition of her own possessions.*

If No, could this area be programmed? If necessary agree the method to be used.

*Attach name object to key possessions.*

3. See 1.4 important people.

For each person

(a) Does Trisha recognise them?

(b) Does Trisha respond to his/her name? (spoken, signed or as a "name object").

(c) Does Trisha ask for them?

If Yes, note the person and the methods used?

*Mother - Trisha enjoys her mother's cuddles, but has no way of knowing her name or asking for her.*

*Helen - Trisha smiles when Helen touches her - Trisha seems to recognise her - she tries to feel in Helen's pockets. Trisha has no way of asking for Helen.*

If No, could this area be programmed? If necessary, agree the method to be used.

*Helen could carry a name object - preferably something she could keep in her pocket.*

4. How do people say hello to Trisha?

*No special method.*

**If necessary, agree the method to be used.**

*Everyone should use a "hello" sign hand-over-hand.*

5. How does Trisha say hello to people?

*She touches people.*

**If necessary, agree the method to be used.**

*Help Trisha make the "hello" sign hand-over-hand.  
Later we can fade prompts.*

6. How do people say goodbye to Trisha?

*People just say goodbye at the moment.*

**If necessary, agree the method to be used.**

*Everyone could shake Trisha's wrist to say goodbye.*

7. How does Trisha say goodbye?

*Trisha does not do anything.*

**If necessary, agree the method to be used.**

*We could prompt Trisha to shake her wrist to say goodbye.*

8. How does Trisha ask for attention or affection?

*Trisha wanders round until she finds someone and tries to sit on them.*

**If necessary, agree the method to be used.**

*Sign "hello" and encourage Trisha to sit next to you instead.*

9. How does Trisha ask people to leave him/her alone?

*Trisha pinches hard.*

**If necessary, agree the method to be used.**

*Get Trisha's hand and make an adapted "finish" sign when she is about to pinch, then leave her if it is possible to do so.*

10. SUMMARY OF ACTION

Possible Actions

*Name object for Trisha*

*Name object for Helen*

Hand-over-hand Signs

*For - Hello*

*Goodbye*

*Leave me alone*

C. ACTIVITIES AND ROUTINES

1. Personal Needs

(a) Eating

How does Trisha ask for food/show hunger?

*She touches her stomach.*

How do carers offer food?

*We get her to touch the food.*

**If necessary, agree the method to be used.**

*If Trisha touches her stomach check if she wants food. Sign "eat" hand-over-hand and offer food. If she rejects this she may be thirsty. Always prompt "eat" sign before giving food.*

**(b) Drinking**

**How does Trisha ask for a drink/show thirst?**

*She touches her stomach.*

**How do carers offer a drink?**

*We get her to touch the cup.*

**If necessary, agree the method to be used.**

*If Trisha touches her stomach check if she wants a drink. Sign "drink" hand-over-hand and offer a drink. If she rejects this she may be hungry.*

**(c) Toilet**

**How does Trisha ask for the toilet?**

*Trisha does not ask, she goes if taken or is wet.*

**How do carers offer the toilet?**

*We just take her.*

**If necessary, agree the method to be used.**

*Sign toilet hand-over-hand before taking Trisha to the toilet.*

**2. Likes and Dislikes**

**(a) What are Trisha's favourite foods?**

*All milk chocolates.*

**(b) What are Trisha's least favourite foods?**

*Sweetcorn, peas.*

(c) What are Trisha's favourite drinks?

*All hot sweet drinks, eg tea, coffee, chocolate, dry white wine.*

(d) What are Trisha's least favourite drinks?

*Cold drinks - except wine.*

(e) What are Trisha's favourite activities?

*Swimming, massage, foot spa.*

(f) What are Trisha's least favourite activities?

*Nothing - unless she is in a bad mood then she won't do anything!*

**Choose one or more of the above**

a How do carers offer the item or activity?

Chocolates - *we just hand them to her.*

Swimming - *we give her her costume to hold.*

b How does Trisha show s/he wants the item or activity?

Chocolates - *she eats them and smiles.*

Swimming - *Trisha does not ask to go swimming.*

If necessary, agree the methods to be used.

Item or activity	Method for carers to offer or signify this	Method for Trisha to request this
<i>Chocolates</i>	<i>Let Trisha touch the sweet. Sign "sweet" hand-over-hand before giving sweet.</i>	<i>Let Trisha touch the sweet. Just before she takes it, make the sign.</i>
<i>Swimming</i>	<i>Let Trisha hold her costume. Mime splashing.</i>	<i>Help Trisha to mime splashing.</i>
<i>Foot Spa</i>	<i>Signal this by taking Trisha's hands and rubbing her ankles.</i>	<i>Again help her touch the spa then, make the signal.</i>
<i>Massage</i>	<i>Let Trisha smell the oils then take her hands and mime rubbing.</i>	<i>Give Trisha the oil to smell. See if she smiles if so, make the mime.</i>

**3. Choices**

- (a) **What choices does Trisha make at the moment? (e.g. food, drink, clothes, activities, people to spend time with?)**

*None - we try to give her things she likes.*

- (b) **If necessary, agree choices to be introduced and the method to be used.**

*A hot drink and a cold drink to taste, Help Trisha to tap the hot drink before she takes it to her mouth.*

**4. Asking for more.**

- (a) **How does Trisha ask for 'more'?**

*She reaches out, or gets upset.*

(b) How do carers offer/signify 'more'?

*We give her more, or prompt her to carry on with an activity.*

**If necessary, agree the method to be used.**

*Make the "more" sign hand-over-hand with Trisha. make a point of pausing during some activities (eg Trampolining), sign "more" then continue.*

5. Asking for less

(a) How does Trisha ask for an activity to finish?

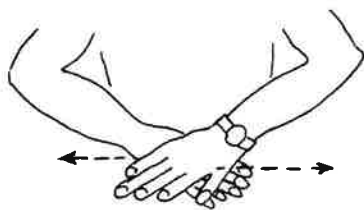
*She gets upset and pinches, or pushes equipment.*

(b) How do carers signify the finish of an activity?

*We help Trisha feel the equipment has gone.*

**If necessary, agree the method to be used.**

*We need to use a hand-over-hand "finished" sign. The B.S.L. one is too difficult - use this adaption.*



*Hands together - backs uppermost  
- sweep hands outwards.*

6. **MAIN EVENTS**

List the main events in *Trisha's* week (exclude any already covered). For each, agree a method of letting *Trisha* know the event is about to happen and a method to help him/her to ask for the event.

<b>Event</b>	<b>Method for carers to offer or signify the event</b>	<b>Method for <i>Trisha</i> to ask for the event</b>
<i>Riding</i>	<i>Give Trisha her hat to hold.</i>	<i>Help Trisha to hold the hat.</i>
<i>Time to wash</i>	<i>Let Trisha smell the soap. Make sign.</i>	<i>Help Trisha make the sign and carry the soap.</i>
<i>Bedtime</i>	<i>Sign "sleep" hand-over-hand when Trisha puts her night-dress on and again when you kiss her goodnight in bed.</i>	<i>Help Trisha make the sign.</i>
<i>Trampolining</i>	<i>Adapted sign for jump.</i>	<i>Help Trisha make the sign.</i>

**D. CORE SIGNS**

For each of the following, plus any others that are appropriate, agree methods of communication.

*All these seem relevant for Trisha - we could use them all.*

	<b>Method for carers to signify this</b>	<b>Method for Trisha to express this.</b>
<i>Yes/O.K.</i>	<i>Use sign hand-over-hand.</i>	<i>For all the following help Trisha to make the sign in appropriate situations.</i>
<i>No</i>	<i>Use link sign hand-over-hand in combination with nose tap.</i>	<i>"</i>
<i>Good/Well done</i>	<i>Use link sign.</i>	<i>"</i>
<i>Wait</i>	<i>Use adapted sign. Press palms of hands together.</i>	<i>"</i>
<i>Look</i>	<i>N/A</i>	<i>N/A</i>
<i>Listen</i>	<i>N/A</i>	<i>N/A</i>
<i>Stand Up</i>	<i>Use sign.</i>	
<i>Sit Down</i>	<i>Use sign.</i>	
<i>Walk</i>	<i>Walk your fingers on Trisha's hand (the usual sign is too difficult).</i>	<i>If Trisha stands by the door, she may want a walk. If you can, make the sign and have a short walk</i>

## IMPLEMENTING THE PROGRAMME

### 1. Make priority decisions

**Which parts of the communication programme could be implemented right away?**

*Let's start with the signs for hello, goodbye, more, finished, food, drink, no, and walk, plus name objects for Helen and Trisha.*

**Who will write up and monitor the programme?**

*Helen.*

### 2. List any problems which may undermine the programme. Also list any ideas to problem solve.

<b>Problems</b>	<b>Positive suggestions</b>
<i>Everyone needs to sign so some staff training and support needs to be organised.</i>	<i>Helen will make up a list of the signs with pictures and illustrations.</i>  <i>We could use the next 2 Staff Meetings to practice them.</i>  <i>We could spend some time practising the signs under blind-fold.</i>

NAME: .....Donald Jones..... DATE OF MEETING: .....  
D.O.B: .....10.10.65..... PRESENT AT MEETING: .....  
ADDRESS: .....  
.....  
PROGRAMME TO BE REVIEWED ON: .....

**ACT - ASSESSING COMMUNICATION TOGETHER FOR YOUNG  
PEOPLE WITH MULTIPLE HANDICAPS AND SENSORY IMPAIRMENTS**

**A. BACKGROUND INFORMATION**

**1. VISION**

*Donald was born with bilateral cataracts. His vision in his left eye deteriorated badly between 16 and 18 years. He sees only light in his left eye. He has poor acuity in his right eye but can reach for bright objects 6 inches away.*

**Any additional information needed:**

*Can we expect any further deterioration in Donald's sight?*

**Effects on communication programme:**

*Communication will need to be tactile (hand-over-hand).*

**2. HEARING**

*Donald has a profound hearing loss. His only response is to very loud classical music.*

**Any additional information needed:**

*None.*

**Effects on communication programme:**

*It is still important to talk to Donald, but he will need some additional forms of communication.*

**3. PHYSICAL HANDICAPS**

*Cerebral palsy affecting legs and left arm.*

**Any additional information needed:**

*None.*

**Effects on communication programme:**

*Only right arm has enough movement for signs. When moving Donald has to concentrate on his balance. Sit him down if you want to communicate anything to him. Donald hates his fingers moved so signs will need to be gross. He does not like to hold anything for very long.*

**4. RELATIONSHIPS**

**List the most important people in Donald's life.**

*Mother - June*

*Key worker - Kevin*

**5. TOUCH**

**Does Donald accept and enjoy touch?**

*If he is in a good mood, he likes a cuddle and his head massaged.*

**6. METHODS OF COMMUNICATION**

**(a) Does Donald respond to any signals, gestures or signs? If Yes, give examples.**

*No.*

**(b) Does Donald use any signals, gestures or signs to communicate? If Yes, give examples.**

*He waves his right hand if he wants more (part of a searching movement).*

**(c) Does Donald understand the use of everyday objects? If Yes, name some examples.**

*Cup, spoon.*

**(d) Does Donald ever use objects to communicate? If Yes, give examples.**

*No.*

(e) Does Donald respond to any pictures or photo's?  
If Yes, give examples.

No.

(f) Does Donald use pictures to communicate?  
If Yes, give examples.

No.

(g) Does Donald respond to any speech?  
If so, give examples.

No.

(h) Does Donald use any vocalisations or speech to communicate? If so, give examples.

*Laughs.*

*Moans and cries if angry or annoyed.*

7. SUMMARISE THE EFFECT OF THIS INFORMATION ON ANY COMMUNICATION PROGRAMME TO BE DEVELOPED

*Donald will need tactile signs, using his right hand. Two handed signs will need adapting. We can use the Makaton vocabulary as a guide. Objects will be an important part of his programme.*

B. SOCIAL COMMUNICATION

1. Does Donald respond to his/her name? (spoken, signed or as a "name object")

If Yes - note how this is done?

No - he does not respond to his name verbally. We don't use any other method.

If No - could a naming programme be started? If necessary agree the method to be used.

*We could attach a name object to Donald's possessions. He likes hard, knobbly things.*

2. Does Donald identify his/her personal possessions?

If Yes, note which and how.

*No - he shows no recognition of his own things - except perhaps his light rod.*

If No, could this area be programmed? If necessary agree the method to be used.

*We could start putting a name object on key possessions.*

3. See 1.4 important people.

For each person

(a) Does Donald recognise them?

(b) Does Donald respond to his/her name? (spoken, signed or as a "name object").

(c) Does Donald ask for them?

If Yes, note the person and the methods used?

*Mother - Donald seems to know his mother. She always brings him Smarties and a big cuddle. Donald does not know she has a name. He does not ask for her.*

*Kevin - (Key worker). Donald seems to know Kevin - he grabs his wrist.*

If No, could this area be programmed? If necessary, agree the method to be used.

*Perhaps we could make a "mother" name object - something to do with Smarties.*

*Kevin could have a name object - perhaps a wrist band.*

4. How do people say hello to Donald?

*Lots of different methods - mostly cuddles.*

**If necessary, agree the method to be used.**

*Everyone should use a "hello" sign.*

5. How does Donald say hello to people?

*Does not - may pinch and scratch.*

**If necessary, agree the method to be used.**

*Prompt Donald to make "hello" sign.*

6. How do people say goodbye to Donald?

*Not everyone does.*

**If necessary, agree the method to be used.**

*Everyone to make hand-over-hand "goodbye" sign by shaking Donald's right wrist so hand moves up and down.*

7. How does Donald say goodbye?

*He does not.*

**If necessary, agree the method to be used.**

*Prompt right handed wrist waving.*

8. How does Donald ask for attention or affection?

*He does not.*

**If necessary, agree the method to be used.**

*Leave this for now, it's a bit advanced.*

9. How does Donald ask people to leave him/her alone?

*Donald pinches and scratches.*

**If necessary, agree the method to be used.**

*Prompt Gentle right handed push away.*

10. SUMMARY OF ACTION

Hand-over-hand Signs

*For - Hello*

*Goodbye*

*Leave me alone*

C. ACTIVITIES AND ROUTINES

1. Personal Needs

(a) Eating

How does Donald ask for food/show hunger?

*He does not.*

How do carers offer food?

*We just give him the food.*

**If necessary, agree the method to be used.**

*For sit down meals, always sign eat hand-over-hand with Donald's right hand (gross sign - hand to mouth). Help him put on his plastic apron before you guide him to the table. Sign eat when he sits at the table and again when the food comes.*

*Sign "eat" hand-over-hand before all food.*

(b) **Drinking**

**How does Donald ask for a drink/show thirst?**

*He does not.*

**How do carers offer a drink?**

*We just give him a drink.*

**If necessary, agree the method to be used.**

*Give Donald empty cup - prompt him to hold it for a moment, then give drink.*

(c) **Toilet**

**How does Donald ask for the toilet?**

*He may wriggle and look uncomfortable.*

**How do carers offer the toilet?**

*We just take him.*

**If necessary, agree the method to be used.**

*Make Makaton toilet sign, hand-over-hand.*

2. **Likes and Dislikes**

(a) **What are Donald's favourite foods?**

*Chips, sweets.*

(b) **What are Donald's least favourite foods?**

*Chewy meat.*

(c) What are Donald's favourite drinks?

*Tea with sugar.*

(d) What are Donald's least favourite drinks?

*Tea without sugar, coffee.*

(e) What are Donald's favourite activities?

*Massage, computer, foot spa.*

(f) What are Donald's least favourite activities?

*Walking.*

Choose one or more of the above

a How do carers offer the item or activity?

Computer - *we just get him to touch it then we switch it on.*

b How does Donald show s/he wants the item or activity?

Computer - *when Donald sees it light up, he gets excited and waves his hand in front of his eyes.*

If necessary, agree the methods to be used.

Item or activity	Method for carers to offer or signify this	Method for <i>Donald</i> to request this
<i>Sweets</i>	<i>Help Donald to touch the sweet, then hand-over-hand make adapted "eat" sign whole hand to mouth.</i>	<i>The same.</i>
<i>Computer</i>	<i>Sit Donald close so he can see the screen. When he waves his hand, prompt him to do it even more vigorously and at eye level.</i>	<i>The same.</i>
<i>Foot Spa</i>	<i>Take Donald's hand and rub it on his ankle.</i>	<i>The same.</i>

**3. Choices**

- (a) What choices does *Donald* make at the moment? (e.g. food, drink, clothes, activities, people to spend time with?)

*None - we try to give him things he likes.*

- (b) If necessary, agree choices to be introduced and the method to be used.

*Sometimes let Donald have a cup of coffee - if he shows he does not want it, help him to push it away. Give a preferred drink.*

**4. Asking for more.**

- (a) How does *Donald* ask for 'more'?

*He may reach out for an object that has gone.*

(b) How do carers offer/signify 'more'?

*No generally agreed method.*

**If necessary, agree the method to be used.**

*Prompt Donald to put his hand out and wave it out and back. (Later we may be able to shape this to be more like the "more" sign.)*

5. Asking for less

(a) How does Donald ask for an activity to finish?

*He gets upset and tries to scratch.*

(b) How do carers signify the finish of an activity?

*No generally agreed method.*

**If necessary, agree the method to be used.**

*We need a "finished" sign. Take Donald's right hand and sweep it down his lower, left arm.*

6. MAIN EVENTS

List the main events in *Donald's* week (exclude any already covered). For each, agree a method of letting *Donald* know the event is about to happen and a method to help him/her to ask for the event.

Event	Method for carers to offer or signify the event	Method for <i>Donald</i> to ask for the event
<i>Mealtimes</i>	<i>Give apron. Prompt hand to touch lips.</i>	<i>Just help Donald to make the signs or gestures.</i>
<i>Computer</i>	<i>Hand waving sign.</i>	" "
<i>Toilet</i>	<i>Give pad to touch. Sign Makaton "toilet" hand-over-hand.</i>	<i>Be quick to use sign and go if Donald wriggles or looks uncomfortable.</i>
<i>Swimming.</i>	<i>Give towel. Mime one handed splash.</i>	<i>Help Donald make the sign.</i>
<i>Riding</i>	<i>Give hat to hold.</i>	<i>Help Donald hold the hat.</i>
<i>Bath</i>	<i>Help Donald to squeeze sponge. Mime rubbing body hand-over-hand.</i>	<i>Help Donald squeeze the sponge, and make the signal.</i>
<i>Sleep</i>	<i>One handed sign. Right hand to left shoulder. Prompt head down sideways onto hand.</i>	<i>Help Donald make the sign.</i>

**D. CORE SIGNS**

**For each of the following, plus any others that are appropriate, agree methods of communication.**

*All these seem relevant for Donald - we could use them all.*

	<b>Method for carers to signify this</b>	<b>Method for Donald to express this.</b>
<i>Yes/O.K.</i>	<i>All signs to be make hand-over-hand. Link sign.</i>	<i>Help Donald to make the sign.</i>
<i>No</i>	"	"
<i>Good/Well done</i>	"	"
<i>Wait</i>	<i>Push right hand onto top of right thigh.</i>	"
<i>Look</i>	<i>Touch head next to right eye.</i>	"
<i>Listen</i>	<i>Touch right hand to right ear.</i>	"
<i>Stand Up</i>	<i>Link sign - right handed only.</i>	"
<i>Sit Down</i>	<i>Carer to press Donald's shoulders gently.</i>	N/A
<i>Walk</i>	<i>Carer signs on Donald's right hand. (He won't like it).</i>	<i>Leave for now.</i>

**IMPLEMENTING THE PROGRAMME**

**1. Make priority decisions**

**Which parts of the communication programme could be implemented right away?**

*All signs and signals could start now.*

**Who will write up and monitor the programme?**

*Donald's key and co-workers.*

**2. List any problems which may undermine the programme. Also list any ideas to problem solve.**

Problems	Positive suggestions
<p><i>We need some staff signing sessions and a dictionary before we can start.</i></p> <p><i>Donald can be very awkward and resistant to handle. Some staff seem a bit afraid of him and may not want to sign.</i></p>	<p><i>Kevin will have a dictionary ready by ..... and then we will book sessions.</i></p> <p><i>Kevin to write out some tips on the correct way to approach Donald. Perhaps a short video could be made to show Kevin and Donald together.</i></p>

## A NOTE ON PROGRAMME WRITING

Once an A.C.T. assessment has been completed, the intervention still needs to be written up clearly, in the form of clear communication targets. Consistency will be easier if key people each have a copy of the targets, and if necessary a dictionary of signs and their adaptations.

### Example:

#### Target

*Frank will copy the sign "finished" when activities are over. (Use the adapted finish sign of hands sweeping outwards).*

#### Background

1. *Frank can see signs if you stand about a foot away with the light on you. Always use a "look" sign to get Frank's attention.*
2. *Always check his hearing aid. He sometimes twiddles with it and switches it off. Keep background noise as minimal as possible.*
3. *Use short sentences. Don't shout.*

#### Method

1. *When any activity is over, stand or sit in front of Frank.*
2. *Sign 'look' touching his head next to his eye gently with his hand.*
3. *Sign 'finished' and say 'we have finished now'.*
4. *If Frank does not sign, tap his hands very gently. If he still does not sign, take his hands and make the sign hand-over-hand with him.*
5. *Sign again yourself.*
6. *Always praise Frank with the "good" sign and verbally, if he copies the "finished" sign.*
7. *If Frank seems restless it may be a good time to make the sign and finish the activity. If Frank ever signs spontaneously, try and finish the activity immediately.*

## A NOTE ON ASSESSING PROGRESS

Any programme introduced needs to be regularly monitored. The intervals at which the assessment and re-assessments need to take place will be governed by the sort of progress predicted or achieved.

The levels at which progress is most usefully recorded will depend on the programme, the current organisation of programme planning, and the other demands on staff time.

Occasionally, carers might feel it necessary to record daily; otherwise every few weeks or months might be more feasible.

For an overview of progress A.C.T., assessment and progress sheets may prove useful.

**ACT ASSESSMENT AND PROGRESS SHEET**

**CODE:** Usually ..... **CLIENT:** .....

Occasionally ..... **CAREERS:** .....

**DATE ASSESSED:** ..... Red

..... Blue

..... Green

COMMUNICATION (INCLUDE SIGN, GESTURE, SYMBOLS, ETC)	DATE FIRST INTRODUCED	RESISTS	ACCEPTS PASSIVELY WITH HAND-OVER- HAND (HOH)	CO-OPERATES IN MAKING OR USING	RESPONDS APPROPR- IATELY	COPIES BACK	USES/WITH A MINIMAL REMINDERS	USES SPONT -ANEOUSLY

**ACT ASSESSMENT AND PROGRESS SHEET**

**CODE:** Usually  
Occasionally

**CLIENT:** .....

**CARERS:** .....

**DATE ASSESSED:** ..... Red  
..... Blue  
..... Green

Notes: Always use speech with Donald

COMMUNICATION (INCLUDE SIGN, GESTURE, SYMBOLS, ETC)	DATE FIRST INTRODUCED	RESISTS	ACCEPTS PASSIVELY WITH HAND-OVER- HAND (HOH)	CO-OPERATES IN MAKING OR USING	RESPONDS APPROPR- IATELY	COPIES BACK	USES/WITH A MINIMAL REMINDERS	USES SPONT -ANEOUSLY
Say Hello Say Hello Donald	Jan 1990	✓	✓	⊗	x	x	x	x
Sign Goodbye (shaking Donald's wrist)	Jan 1990		✓	x	x	x	x	x
Sign 'more' Donald puts right hand out and moves from side to side	Jan 1990		✓	✓	✓	x	x	x
Drink Hold up cup sign drink	Jan 1990		✓	✓	✓	x	x	⊗ x

## EXPLANATION OF CODING

1. **Resists**

2. **Accepts Passively**

(ie makes sign or gesture, or touches object or symbol appropriately with full physical guidance and without resisting).

3. **Co-operates in Making**

The client makes the sign or gesture, or uses the object or symbol appropriately but needs some physical guidance.

4. **Responds Appropriately/Understands**

5. **Copies Back**

The client makes the sign gesture or appropriate use of object without physical guidance but may need a slight reminder to copy.

6. The client makes the sign or gesture or uses the object or symbol without the response having been modelled. Accept a reminder to make a response.

7. The client spontaneously uses the sign, gesture, symbol or object.

The results of this assessment are a summary of the client's progress with everyday communication (as defined by their communication programme). The assessment process should also act as an encouragement for carers to seize every opportunity to create communication during day to day activities.

## APPENDIX A: RESOURCES TO USE IN CONJUNCTION WITH ACT

### VISION and HEARING

**BEST, A.E.** Steps to independence. Practical guidance on teaching people with mental and sensory handicaps. BIMH Publications. 1988.

**BRADLEY, H. & SNOW, B.** Making sense of the world. A guide for carers of mentally handicapped adults with visual and hearing impairments. SENSE. 1987.

**FITT, R. & MASON, M.** Sensory handicaps in children. NCSE Publications. 1986.

**JOSÉ, R. T. et al.** Evaluating and stimulating vision in the multiply impaired. Journal of visual impairment and blindness. January 1980.

**McINNESS, J.M. & TREFFREY, J.** Deaf-blind infants and children. Open University Press. Milton Keynes. 1982.

**NOLAN, M. & TUCKER, I.** The hearing impaired child in the family. Souvenir Press. 1984.

**NORRIS, D.** Started visual training with the deaf-blind child. Talking Sense. Vol. 32, No. 1. 1986.

**WYMAN, R.** Multiply handicapped children. Souvenir Press. 1986.

### PHYSICAL HANDICAPS

**GOLDING, R. & GOLDSMITH, L.** The caring person's guide to handling the severely multiply handicapped. Macmillan. 1986.

**JONES, L.** The Kidderminster curriculum for children and adults with profound, multiple learning difficulties. School of Psychology, University of Birmingham. 1989.

**LAW, I. H. & SUCKING, M.H.** Handling when children are profoundly handicapped. Jordanhill College of Education. 1983.

### TOUCH

**EVANS, J & THEISS-TAIT, K.** Massage: an alternative starting point. Talking Sense. Vol. 32, No. 1. Spring.

**LONGHORN, F.** A sensory curriculum for very special people. Human Horizons. 1988.

## METHODS OF COMMUNICATION

**BRADLEY, H & SNOW, B.** Making sense of the world. (Op. cit.)

**COUPE, J. & GOLDBART, J. (eds)** Communication before speech. Croom Helm. 1988.

**CLARKE, P.** Adapting signs for deaf-blind children. Talking Sense. Vol. 34, No. 1. 1988.

**EVANS, J.** Total communication with handicapped children. Talking Sense. Vol. 32, No.2. 1988.

**GORAS, B.** Speak with my hands. Handikappinstutet Institute, Sweden. Available from Sense, 311 Grays Inn Road, London. WC1.

**McINNESS, J.M. & TREFFREY, J.** Deaf-blind infants and children. (Op. cit.)

**PEASE, L.** Objects of reference. Talking Sense. Vol. 34, No. 1. 1988.

**VISSER, T.** A development programme for deaf-blind children. Talking Sense. Vol. 31, No. 2. 1985.

## SIGN DICTIONARIES

**COMMUNICATION LINK:** A dictionary of signs. Cath Smith. Beverley School for the Deaf, Middlesborough, Cleveland. 1988.

**THE LINE DRAWING ILLUSTRATIONS FOR THE REVISED MAKATON VOCABULARY.** Published by the Makaton Vocabulary Development Project, 31 Firwood Drive, Camberley, Surrey.

## ACTIVITIES AND ROUTINES/MAIN EVENTS

**CRAGG, R. & GARVEY, K.** What on? A comprehensive menu of ordinary living activities for adults. Available from 302 Station Road, Kings Heath, Birmingham. B14 7TZ.

## **APPENDIX B - GETTING HELP**

The following organisations provide resources, training courses and general information relevant to working with clients with sensory impairment.

1. **BRITISH INSTITUTE OF MENTAL HANDICAP (BIMH)**  
Wolverhampton Road, Kidderminster. DY10 3PP  
Tel: 0562 850251
  2. **THE NATIONAL DEAF CHILDREN'S SOCIETY**  
c/o 4 Church Road, Edgbaston, Birmingham.  
Tel: 021 299 9272 or 021 454 5151
  3. **SENSE - THE NATIONAL DEAF, BLIND AND RUBELLA ASSOCIATION**  
4 Church Road, Edgbaston, Birmingham.  
Tel: 021 456 1564
- or
- 311 Grays Inn Road, London. WC1  
Tel: 071 278 1005
4. **ROYAL NATIONAL INSTITUTE FOR THE BLIND (RNIB)**  
224 Portland Street, London. W1N 6AA
  5. **ROYAL NATIONAL INSTITUTE FOR THE DEAF (RNID)**  
c/o 4 Church Road, Edgbaston, Birmingham.  
Tel: 021 387 8033