

First Published in P.M.L.D. LINK Spring 2001

Affective Communication Assessment: An Owners Manual

Dr. Mark Barber

Since the Affective Communication Assessment [Coupe, Barton, Barber, Collins, Levy & Murphy 1985] or ACA was published, our understanding of how social encounters can support affective communication has matured, enabling the contributions of the less skilled communicative partner to be involved in meaningful turn-taking or burst-pause interactions. The practice of Intensive Interaction [Hewett & Nind 1994] has provided an excellent awareness of social encounters around which, the reactions of the intellectually disabled communicative partner, can be the central and shaping factor of the encounter.

Pre intentional behaviour however, is just that, communication without intention. The learner is unaware of the communicative nature of his/her behaviour and is reacting without intention ie responding to internal states. The communicative partner provides a responsive context for the behaviours, giving the interaction the *appearance* of intentionality. The skill of the special educator or therapist, is to react to these affective responses, or, expressions of internal states, in such a way that the learner becomes aware of the significance of their behaviour. Through reacting responsively and by providing social consequences to the behaviours, we can assist our clients to recognise that they are able to generate consequences and initiate sequences of events that are more interesting and motivating than the internal or sensory events that they can provide for themselves.

The ACA is still a useful tool to enable practitioners involved with people who have profound and multiple learning disabilities to recognise how their clients react to experiences. By responding to the behaviours we see in association with positive and negative preferences, as if these repertoires were intentionally communicative, the learner is placed at the fulcrum of the exchange. Their reactions dictating how the exchange progresses.

This 'Owners Manual' explains and illustrates the use of the ACA.

1. The Affective Communication Assessment is a practical tool that enables users to pinpoint what a person 'looks like' when they like something, or dislike, reject or want it.
2. The Assessment provides information which can contribute to the development of both more successful social interactions and more successful interventions.
3. It has already be said that it is often difficult to understand or 'read' the reactions of people who have multiple and profound disabilities, as they frequently experience involuntary or uncontrolled movements, or move in idiosyncratic patterns. The ACA sheets help to structure the manner in which an observer first, watches the reactions of a client, and then, decides whether the client has enjoyed the encounter or not.
4. The idea of the assessment is three fold
 - to gain a resource of encounters that the client enjoys and will communicate about
 - to accumulate information about how the client reacts to experiences, so that inferences about whether they enjoy, want, reject or refuse specific encounters may be made.
 - Once this information is amassed, inferences about whether they like, reject, want or dislike further, new encounters may be made
5. Before the paper exercise begins however, it is useful to go to the client's parents or carers, significant people in their life and others who know the client well, to find out what the client likes or responds to. These people will often know specific positive or negative preferences [eg particular drinks, tastes or sounds] that the client has. These people might also be able to tell you how they feel that the client expresses their likes and dislikes.
6. While the ACA a principled assessment, it is not necessarily an objective assessment. When clusters or 'repertoires' of behaviours thought to infer pleasure [eg the person smiles, looks to you and then vocalises] occur consistently when a client is given a taste of buttered toast, it is considered fairly safe to assume that, when the client consistently reacts in this way when given a segment of chocolate, they like the chocolate too. When long standing or significant people in the clients life advise you that eg 'Frank likes sweet tea but hates sweet coffee' it is worthwhile

including these two items in the presentations to be included in the assessment as they provide a 'metre' against which other reactions can be compared.

- 7 Before embarking on the assessment it is also worthwhile to either
- **Find someone to help you to do the assessment**; it is very difficult to give the presentations as well as observing and recording the client's reactions, or,
 - **Use a video** so that the observation sheet can be 'scored' at a later date, and , more importantly you can watch specific 'difficult to gauge' reactions a number of times if you need to
- 8 The first part of the process of assessment uses the Observation Sheet. Along the left hand side is a vertical list of descriptors which you will use as reference points to record the physical and/or vocal responses which you observe. It is worthwhile becoming familiar with the order of these before embarking on an assessment so that time is not wasted looking for the correct square to mark on the sheet, when you should be looking at the person being observed. At the bottom of the sheet are spaces open for you to record your interpretation of the client's behaviour eg 'strong like', 'interested', 'not like', or 'neutral', that is, how you thought the client felt about the presentation.
- 9 The ACA is an assessment that is based on observing client's physical reactions, repertoires and responses [or **affective** reactions] to experiences. The observer is looking for consistent patterns of reactions so that inferences can be made about whether an encounter or presentation is enjoyed or rejected. These presentations should involve as broad a range of experiences as is possible, including for example:
- Tastes – 'known' preferred tastes, sweet, savoury, moist and crumbly foods [NB ensure which consistencies of food are appropriate for the client with Speech and Language Therapist, or parents/carers]
- Sounds, significant sounds in the persons life ; parent/carer voices, family pet noises, sounds from the person's life – home sounds, school bell, or the voice of a bus escort, lunchtime worker or friend, preferred TV themes, types of music, unusual sounds and, in addition to any idiosyncratic preferences that the person is amused/engaged by [eg sneezing or laughter] if possible, the persons own vocal sounds.

Aromas can be particularly significant for people with visual and/or hearing disabilities. The routinely worn perfume or scent of a significant person in the clients life, or the smell of coffee or a particular food might arouse the client or produce a positive reaction of recognition.

Reactions to Touch can often be strong and defensive from visually disabled clients. You should be very careful that the client is not startled or surprised by any type of touch or tactile presentation [eg hand massage, hair brushing, a fan blowing air across the face etc]

9 Using video or an assistant to record or 'code' the client's reactions, the 'presenter' should work with the client, spacing the presentations so that the response from one presentation does not influence the next. If the client can still sense the taste of a previous [eg strawberries] presentation while receiving the next one [eg marmite], the tastes may clash promoting a reaction to the two tastes rather than to the specific presentation. It is important to give the client time and not to bore or confuse them. The ACA need not be done as a specific contact session, if the observer is well organised, some parts of it can be carried out during the clients day [eg lunchtime, bedtime] that is appropriate to the presentation. The later, Identification Sheet will enable the user to ensure that it was the specific presentation rather than the context of the presentation was the source of the reaction. That said, it is frequently valuable to give some presentations one after the other, as, whether the person is prepared or eager to accept a second taste of yoghurt is an indicator of whether they enjoyed it the first time. It is also important to know whether they are anticipating or 'reading' events going on around them, as this is vital to informing the style of interaction in the final stage of the ACA

10 You might use up to 10 Observation sheets, there is no correct number. You will know that you have enough when you find that you can recognise the telltale clusters of behaviours that consistently happen in relation to positive and negative preference and are thus, able to infer whether the client enjoys or dislikes an encounter or experience. When you look at the Observation sheet you will probably notice that the client uses some movements more than others – ie some rows are used more than others, and that some types of response are more vigorous, involving more movement than others ie some columns are more full than others. If you look at this

information you will hopefully note that some regular patterns of behaviour correspond to regularly inferred likes, or dislikes. Your interpretation of 'Strong like' might correspond to the regular appearance of localisation/search behaviours or increases in hand or body movement. At the same time, what you interpreted as 'strong dislike' might correspond with increased head movements away from the presenter, the closing of eyes or mouth and increased mouth activity. Look for regularities between the involved body movements and the interpretation of the client's behaviour.

11 The next, Identification sheet is designed for you to test your observations. The presentations that promoted the strongest or most consistent reactions can be presented again in more controlled surroundings. This process allows you to confirm that the responses observed were made in reaction to the actual presentation and not the person doing the presenting, or the manner in which it was presented.

12 The Identification sheet is different from the Observation sheet in that there are no descriptors. It is recognised that the descriptors might not be specific enough to cover all types of reaction and these spaces were left open so that descriptors might be 'tightened up' to fit the client's reactions better [eg Hands/'finger activity' on the Observation Sheet might be split into Hands/ 'fingers straight/fist made/repeated pattern of movement', on the Identification Sheet.

13 When you are sure that you have identified some consistent indicators of how your client reacts with pleasure or displeasure and you have identified a number of encounters or types of encounter that your client consistently reacts to, you can safely say that you have begun to get a fix on how the person you have observed, communicates affectively.

14 The ACA Summary or Intervention Sheet provides a grid in which the 'presentation' is written. In the following space the 'Affective Communication' or your interpretation of the behaviours you saw, is written. In the next square there is a space for the descriptors or consistent behaviours to be looked for. Lastly there is a square to describe the adult's response to the clients behaviour. The grid now describes a context in which your client responds to an experience, which is acknowledged and acted on:

15 **Using the data from the ACA**

Everyone reacts to the events that they experience. If we like something we react in one way, if we don't we tend to act in another different way. These reactions are not an attempt to tell those around us that we like or dislike an experience, we are simply reacting. Even so, our physical reactions are visible to others and so, inferences about our 'state' can be made by those observing us. This is unintentional communication. However unintentional, if the reaction is acknowledged by those around us, our reaction can be said to have been communicative, or, because of the responses of others to the reaction, placed in a communicative context. Eg

Presentation:John is given a taste of marmite on toast

Affective communication He likes it / wants it

Repertoire of behaviours His tongue activity increases, his mouth closes as he chews, his head moves from side to side and he makes vocal/nasal sounds. His hand movement increases, although his fingers relax from their typical fist position. When he has swallowed, he smiles and his head returns to the mid line again

Adult Interaction John is offered another piece of toast

Results John's behaviours have indicated to the carer that he likes the snack on offer. His continued relaxed posture has indicated that he might like some more. This has resulted in carers offering more

- 16 When Chantelle, a 15 year old with a visual disability and PMLD is given a drink of orange juice, her left hand rises toward the cup and she opens her lips to allow some liquid in, does so and then takes her mouth from the cup, swallows and turns her head to the direction from which the cup came and stills. This is interpreted as her liking the drink. She is offered another mouthful, which she takes in a similar way.
- 17 If however she is given a drink of milk, her left hand rises toward the cup and she opens her lips to allow some liquid in, does so and then drops her hand

into her lap, and opens her mouth to allow the liquid to escape from her mouth. Her mouth then closes and she stills.

- 18 At this point, we can assume that Chantelle did not like the milk [which she allowed to leak from her mouth] as the observation sheet showed that when she drinks something she does like, she swallows it all. Additionally when she enjoys a drink, her hand lifts toward the cup and sometimes touches it, and having had a pleasant taste, she orients her head to the direction from which the drink came. Whereas in the case of milk we do not get these positive indications.
- 19 When you find a presentation that the client does not like, it is often useful to contrast it with one that they do like to highlight the communicative process and turn a reaction into a communicative diad:
- 20 If Chantelle is given a number of consecutive mouthfuls of a drink that she likes [eg orange juice], she will respond in a similar way to each of them. If she is then given a taste of milk, her behaviours will change to those associated with the taste not being liked. Within this context, if the presentation is then changed back to the orange juice, Chantelle's reaction will have been placed in a communicative context, and she will have experienced the affect of her behaviour. She will have effectively stated a preference. Her experience of the encounter is one of having exerted control over the presentation of something she did not like, changing it back to her preferred experience.
- 21 The ACA data then, gives a structure to the observations we make when trying to decide whether someone is showing a positive or negative preference for an event or experience. Once we can safely recognise the behaviours that seem to indicate want or not want, like or dislike, we know what responses or repertoires to look for from the person during novel encounters. The data also provides a resource of information about the clients likes and dislikes that can be used to structure social interactions so that the client's responses are reacted to in a predictable and consistent manner.
- 22 By placing the actions of the client at the centre of the interaction, we are creating the circumstances where the behaviours of the client shape the actions of those around them. By creating circumstances in which expressions

of preference are acknowledged and acted on throughout the clients day increases the chances that the client will ultimately associate their own actions with the changes that follow. This leads to the client beginning to control their environment through social means.

References

Barber.M, [2000] Skills, Rules, Knowledge and Three Mile Island. Accounting for failure to learn among individuals with profound and multiple learning disabilities. Un-published PhD Thesis. Manchester Metropolitan University

Coupe,J., Barton,L., Barber,M., Collins,L., Levy,D., & Murphy,D. [1985] Affective Communication Assessment. Manchester Education.

Nind,M., & Hewett,D [1994] Access to Communication: Developing the Basics of Communication with People with Severe Learning Difficulties Through Intensive Interaction. London: David Fulton