Active Learning Principles

Developed by Kate Hurst,
Texas School for the Blind & Visually Impaired
in collaboration with Patty Obrzut, MS, OT,
Penrickton Center for Blind Children

This powerpoint covers the following topics:
Participants will be able to:
1. Share basic information about Active Learning with someone else
2. Identify the role of play in learning

It will take approximately 45-60 minutes to present.
As you introduce the session, encourage participants to go to the Active Learning Space website on their phone, tablet or computer. The url is www.activelearningspace.org
Learning Objectives

Participants will be able to:

1. Share basic information about Active Learning with another individual
2. Identify the role of play in learning
Active Learning: Social and Emotional Development

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Section 3
Communicating with the Learner

Social and Emotional Development
This is a 2 minute video from Sentis on Emotions and the Brain. It is found at https://www.youtube.com/watch?v=xNY0AAUuTH3g

This short video gives a very basic explanation about how the brain and emotions are tied together. It explains how specific chemicals are sent through the body trigger pleasure or danger. It also discusses how emotions can hijack the brain and prevent use from behaving rationally.

**Ask participants these questions:**

Do you think students with significant disabilities have different neurochemical responses to perceived pleasure or danger?
If we are motivated by pleasurable experiences to participate, what should we be mindful of with our students with significant disabilities?
If just recalling a stressful experience can trigger a stress response, what does that suggest for our students with significant disabilities?
Social and Emotional Development

From birth, children rapidly develop their abilities to experience and express different emotions, as well as their capacity to cope with and manage a variety of feelings. The development of these capabilities occurs at the same time as a wide range of highly visible skills in mobility (motor control), thinking (cognition), and communication (language). Yet, emotional development often receives relatively less recognition as a core emerging capacity in the early childhood years. The foundations of social competence that are developed in the first five years are linked to emotional well-being and affect a child’s later ability to functionally adapt in school and to form successful relationships throughout life.

From Children’s Emotional Development Is Built into the Architecture of Their Brains a paper developed by the Center for the Developing Child, Harvard University

This is a quote from a paper produced by the Center for the Developing Child. It underlies the importance of addressing not only the cognitive, motor and communication skills of children, but also the social and emotional skills.

Students with significant disabilities, especially those with additional sensory motor challenges, are at very high risk for passivity, extreme stress responses, and behavioral challenge as a result of their sensory losses and the challenges they face in bonding and attaching. Many spend extended periods in hospital removed from their primary caregivers. They experience what might seem to them to be painful and intrusive touch from others. They have a very rough start to life for the most part.

Their parents may be dealing with depression as a result of having a child born with these significant disabilities. Most families are faced with high stress in dealing with insurance, medical issues, challenges to work and their own careers, strained marital relations and more. They may not be able to or have an understanding how to connect with their child who is likely not to show typical response patterns to their efforts to connect and comfort. This increases the risk the children face in their social and emotional development.

Even when the child is identified for early intervention services immediately, many of the professionals do not know how to help the parents with these challenges. They address the immediate challenges of finding resources for the family that focus on
medical challenges and things focused on cognitive and motor development.
Take about 5 minutes to discuss these questions as a group.

Do you agree with Harvard?
Do you think social and emotional development are core capacities for students with significant disabilities?
Do you focus on this with your students?
How do you work on these skills?
All humans are social beings, but for many children with significant disabilities, social development is delayed in the same way other areas of development are delayed. Because social interactions provide richness and meaning as well as support and safety for all individuals, it is important that social and emotional development are not overlooked in our educational focus for these individuals.
These individuals are often extremely dependent on others for support in multiple areas of their life. Helping develop skills in these two areas are critical, but how do we know where to begin? How do we determine the social and emotional developmental level of these individuals?

Are You Blind? provides the most information about social and emotional development and how an Active Learning approach helps to address these areas. This is where Dr. Nielsen introduces her Five Phases of Educational Treatment. The phases will be discussed in depth later on but should be mentioned at this point.

Emphasis is placed on the five phases as being techniques for the adult to use in adult-child interactions. The behaviors that describe the child help to guide the adult in using the various treatments appropriately. One article that provides a “Reader’s Digest” version of the five phases can be found at https://www.tsbvi.edu/five-phases-of-educational-treatment-used-in-active-learning-based-on-excerpts-from-are-you-blind-by-dr-lilli-nielsen-2. The article is included in the manual if you want to share it with your participants.
Share this video with your participants before going further. If you are utilizing a flipped learning approach you may want to have the view this prior to participating the video conference.

https://library.tsbvi.edu/Player/15192 - The video runs about 10 minutes.
In the video you just saw, Patty shared the Core Features of Emotional Development Content (National Scientific Council on the Developing Child 2004):

• ability to identify and understand one's own feelings,
• accurately read and comprehend emotional states in others,
• manage strong emotions and their expression in constructive manner,
• regulate one's own behavior,
• develop empathy for others,
• establish and maintain relationships.

Have the group share their thoughts on 1 or more these questions:
Do you think this is something we should be working on with our students? Is it important for adult outcomes?
How are you doing this with your students who have significant disabilities?
If you aren’t addressing social and emotional development, what is preventing you from this focus?
How do you think we might teach social and emotional skills through touch when students have vision and/or hearing loss?
In Active Learning the areas of social and emotional development are addressed primarily by the adults using specific educational treatments or techniques. These are called the Five Phases of Educational Treatment. We will not get into these in depth right now, but we will learn more about them as we go along. For now, you just need to be clear that in Active Learning we utilize the 5 phases of Offering, Imitation, Interaction, Sharing the Work and Consequences to support the social and emotional development of our students.

Other experts in the field such as Dr. Jan van Dijk use similar approaches though they are not as neatly categorized and defined. Both Nielsen and van Dijk recognized, before they had the science to back them, that these children are a high risk for stress and trauma because of their unique disability. They both emphasize the importance of bonding, following the child’s lead, slowing our pace, using alternative forms of communication, limiting the number of individuals the learner has to interact with at first, and taking time from the beginning to establish trust.
For this activity you will need to share the Social and Emotional Development Comparison chart found in the supplement handouts with your participants.

Working in pairs have them review the contents and see if they can estimate their student’s social and emotional developmental age.

As a group discuss the results:
Why do they think their student is at the age? Give example(s) of the behavior that leads them to think this.
A massive anxiety cannot be removed just by someone telling you to not be afraid of whatever it is you're afraid of. People are afraid of spiders, water, and many other things. Children with special needs also are subject to fears and anxiety. Many of them are in continual stress due to sensory deficits. Our insistence that they not be afraid only leads to resistance and behavioral challenges.

Their anxieties cannot be removed by demands or requests to not be afraid or upset. If they're anxious about a toy that vibrates, new situations or new people, for example, our insistence only leads to their resistance and perhaps even behavioral challenges.
The person or persons who push you to do something you are afraid to do, can become the enemy or perhaps someone we actively try to avoid. We have to become mindful of these fears and anxieties and provide support to help the child step out of his or her comfort zone.
Here are some very basic tips to use when interacting with these children:

- Take time with the child to develop a trusting relationship utilizing the treatments of Offering and Imitation described by Dr. Nielsen in the Five Phases of Educational Treatment.
- Make sure the child can control his participation with the object or in the activity. For example, be able to remove hands if something feels icky, walk away from you if he is feeling overwhelmed, reject that activity for today.
- Be a good playmate and play at the child's emotional level.

You may want to share the article, Job One for Educators: Becoming a Good Playmate, found in the supplemental handouts or on the Active Learning Space at <http://www.tsbvi.edu/project-services/203-resources/2152-job-one-for-educators-becoming-a-good-playmate>

You may also want to remind participants that they should NEVER grab a child’s hand! Demonstrate the hand-under-hand technique.
Let’s see what Patty Obrutz has to say about Social and Emotional Development.

Share this 3 minute video with your participants. If you are using a flipped learning approach you may want them to view this video before participating in the video conference or study group.

https://library.tsbvi.edu/Player/15194 – approximately 3 minutes
Emotional development is an area that is often over-looked in addressing the needs of an individual with visual impairments and significant additional disabilities. We base programming on physical and intellectual development. A child with higher level skills in intellectual and physical versus social and emotional areas, may have behavioral challenges. Not addressing social and emotional development can derail learning in all areas.
Share this video with your participants. You may ask individuals to review this video before you meet in a flipped learning situation. https://library.tsbvi.edu/Player/15185 - approximately 5 minutes long

This video looks at the problems that often result because we perceive the child’s emotional and social level matches intellectual or physical development, such as gross motor or fine motor development. So because the child is 10 years old, we assume that they are emotionally developed at a 10 year-old level when in fact they maybe at a 3 month old level.

We need to focus on the emotional level to help reduce the gap between intellectual and emotional.
Divide participants into pairs or small groups. Give your participants approximately 2 minutes to discuss. See if any of them can share an example.

Visit with your shoulder partner and share any example you have of a student whose physical, cognitive, or sensory development is higher than their emotional development. What types of behaviors can they identify that might indicate the child’s “emotional age”? How has the gap between intellectual and emotional development disrupted learning for the student?
Self-identity develops over time for all humans beginning at birth. It relates to understanding what is "you" versus all other things and people in the world. Having that sense of who you are is critical to children with significant special needs and ties into our ability to relate socially and emotionally to others.
Social and Emotional Development

Let’s hear what Patty Obrzut has to share about **Self-Identity**.

Share this video with your participants if you are doing flipped learning have them review it in advance of meeting.

[https://library.tsbvi.edu/Player/15191](https://library.tsbvi.edu/Player/15191) - approximately 5 minutes
Divide the participants into pairs or small groups and have them respond to these questions. Share some with the larger group after they finish.

This activity is approximately 3 minutes.

Self-Identity is the child's ability to perceive him/herself as distinguished from the outside world.

Have your participants discuss this question with their shoulder partner and then share as time allows with the larger group.

What things do you do to help promote self-identity with your student?

Other points to share include:

You might want to remind them that not only a focus of the standard social studies curriculum but also of the Expanded Core Curriculum for students with visual impairments and DeafBlindness.

Children need to develop a sense of "this is mine" & "that is yours." For example, their cubby versus Sally's cubby, their versus your chair. Using labels and tactual markers may help to some degree, but at this level perhaps not enough.
When you play have duplicates of what the child is playing with and imitate what he is doing. Later see if he will imitate you. This is the Phase 3 imitation treatment that Dr. Nielsen discusses. Help the child know what you are doing that they may not be able to see by letting them touch your hands as you play with the toy or feel your face as you drink or eat.

Staff can facilitate self-identity by using words like "I," "you," and "we," so that a child can establish their own self-identity.

It is also important for learner’s who are DeafBlind to have name signs or identifying symbols for themselves and others. Otherwise they will not understand that they have a name and other people have names or identifiers as well. Be sure to help parents create these if they have not and use those names with the child.
Depending on the amount of time you have and the format you choose, you may want to share this video from Perkins by Dr. Jan van Dijk.
http://www.perkinselearning.org/videos/webcast/role-emotional-brain It runs about 36 minutes.

You can also share the article, Job One for Educators: Becoming a Good Playmate which is included in your materials or can be found online.

You may want to have the groups split up and have some watch Dr. van Dijk and other read the article. Then have them report back to the larger group about what they learned.

If you do not have time to review these, encourage them to make time on their own to review them.
Developmentally Appropriate Activity

This video is designed to show you what happens when a typical 2-year-old child is presented with tasks that are at a developmental level that is far above her functioning level.

Share this video and then discuss briefly. https://library.tsbvi.edu/Player/15188 – approximately 7 minutes.
Divide participants into pairs or small groups and ask them to respond to these questions, or you may choose to do this as one large group.

What behaviors do they see the child doing when asked to do something she is not developmentally ready to do?
She tries to refuse the activity, at first politely then with more determination as Aunt Cindy insists.
She becomes puzzled at first that Cindy has forgotten how to be a good playmate, then more and more frustrated.

What do they think would happen if Cindy continued to insist she do the tasks?
She might have had a meltdown.
She might have thrown the play items.
She might have run or tried to run away.
We frequently hear things said about students with significant disabilities, “he’s got the skills to do this….he just is being stubborn” or “he is being non-compliant”. Often seen as “behavioral issues” is our students, especially those who are older and have more physical skills, are actually problems resulting from not offering them developmentally appropriate activities.

There attempts to reject an activity or a person may actually be a result of our approach to them. They do not have confidence in themselves and may experience extreme stress when pushed to do something they don’t feel confident to do or to do it for someone they don’t know or trust.
Pose this question to your participants in a large group. Have a brief discussion about typical response to mismatch. Can they think of an example of asking a child to do something that is beyond their ability to do because of their developmental level.
When stressed, bored, or sleepy most humans will engage in some type of behavior meant to calm themselves or rev themselves up. It is how we regulate our biobehavioral states. These can become part of our self-identity. We will not give up these behaviors until we decide to give them up.
Have participants spend time with their shoulder partner discussing these questions. Ask several of them to share afterwards. This activity should take about 2-3 minutes.

What things do you do to calm yourself or rev yourself up?
Smoke
Rock
Walk

Do you exhibit repetitive behaviors that don’t serve an obvious purpose?
Twisting hair
Shaking leg

What do you do when you are overly excited?
Jump for joy
Scream

What do you do when you are falling asleep in a meeting?
Check text and emails
Fidget in my chair
Drink water
We often refer to similar behaviors in individuals with significant disabilities as "self-stimulation", "stereotypical behavior", or "blindisms". (See [Looking at Self-Stimulation in Pursuit of Leisure: or I'm Okay, You Have a Mannerism](#))

Often times they occur from lack of access to sensory information except what can be found in the individuals own body.
It is not uncommon to see these behaviors occur with children who have significant additional disabilities.

Some of these behaviors are viewed as problem behaviors, and in fact can become that when the individual persists in these behaviors to the exclusion of other activity. These behaviors can become self-injurious and put the child at risk.

So what can we do?
Stereotyped Behavior or Self-Stimulation

Dr. Nielsen addressed this concern and Patty Obrzet discusses this issue in the following videos, Stereotypical Behaviors and Self-Stimulation.

Share Stereotypical Behaviors
https://library.tsbvi.edu/Player/15193 – approximately 2 minutes

Share Self-Stimulation
https://library.tsbvi.edu/Player/15189 - approximately 2 minutes
These behaviors may tell us a lot about what sensory information the learner has access to and enjoys.

When we are considering the student’s Pathways to Learning and Likes/Dislikes we need to pay attention the stereotypical behaviors and self-stimulation.

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When we are considering the student’s Pathways to Learning and Likes/Dislikes we need to pay attention the stereotypical behaviors and self-stimulation.
Stereotypical Behavior or Self-Stimulation

Basic Strategies
- Offer activities or objects that might provide stimulation
- Don’t try to stop instead distract or re-direct with a highly motivating activity or environment
- Accept that sometimes the child may need to engage in behavior to help self-regulate

Basic Strategies
Offer activities or objects that might provide stimulation - If the individual is demonstrating a lot of stereotypical or self-stimulatory behaviors trying incorporating them into a more purposeful activity. For example, Rocking – rock in a rocking chair, Rubbing Spit – finger painting with lotion or food, Mouthing or Biting Hand – activity glove.

Don’t try to stop instead distract or re-direct with a highly motivating activity or environment
Make sure not to try to stop the behavior; it will likely only get worse or evolve into a more problematic behavior. Engage the child with activity and objects. Provide the sensory stimulation the individual lacks.

Accept that sometimes the child may need to engage in behavior to help self-regulate
Accept the fact that sometimes the learner may need to engage in the behavior to help self-regulate. You may need to let the child engage in the behavior for a very short time then try again to help him find an interest in some other activity. We all need to do that sometimes.
Credits

This content was developed by Texas School for the Blind & Visually Impaired Outreach Program and may not be used without their express permission.

This content is based on the Active Learning Space website, collaboratively developed by Penrickton Center for Blind, Perkins School for the Blind and Texas School for the Blind and Visually Impaired. Special contributions of content and images of Active Learning instruction comes from Narbethong State Special School in Australia.

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