

The Active Learning Newsletter

Tips and Techniques, News and Stories of Active Learning

"Every One Can Learn"

A Free Service of *LilliWorks Active Learning Foundation*

www.lilliworks.com

The *Active Learning Newsletter (ALN)* is a periodic electronic magazine – an e-zine devoted to the education and promotion of Active Learning (AL) - the approach to enhanced learning for those with severe or multiple disabilities as developed by noted educator Dr. Lilli Nielsen of Denmark. The *ALN* is published as a free service of LilliWorks. We are committed to AL education and to make Dr. Nielsen's specially designed equipment available to all who can benefit.



Dr. Lilli Nielsen

The *ALN* is an open forum for the growing community of Active Learning practitioners including parents, educators and therapists. Submissions from all are invited!

Active Learning to be adopted by mainstream America we must share our success. In Michigan, Texas, Illinois, Alaska, Mississippi, New Jersey, Iowa, Minnesota, Florida and California (see the LilliWorks website), there are many AL practices and practitioners. If you practice Active Learning, let us know! Please send a paragraph and a photo.

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Second Issue

MORE ACTIVE LEARNING

Welcome to the second issue of *ALN*! In this issue we continue to introduce various aspects of Active Learning, and focus on **practical suggestions** for using this equipment. If you are new to Active Learning, we would like to suggest that you review the First Issue of *ALN*, which has introductory AL material (on our website).

AN ACTIVE LEARNING SEASON

In this issue, we also cover a very busy fall for Active Learning. You will find an article summarizing Dr. Nielsen's U.S. tour with her **successful seminars** in Taylor (near Detroit), MI and San Francisco, CA. An open Active Learning playgroup in Alameda, CA featured Dr. Nielsen and had surprisingly large turnout.

CENTER OF EXCELLENCE

There is a special reason for Lilli's seminar to be in Taylor, MI, where she has lectured a number of times. **The Penrickton Center for Blind Children** is there. With the state of the art of Active Learning in the U.S. being led by two dedicated practitioners, Penrickton's current population of 26 resident kids and full-time staff demonstrate to all of us how well Active Learning can work.

CALL FOR EVIDENCE

The time has come for the **word to spread** about this effective approach. To do this we need *your words* – therapists', parents' and educators' true stories regarding AL. In order for

1. News

LilliWorks Has Active Learning Equipment Available

Lilliworks makes Dr. Lilli Nielsen's Active Learning Equipment available.

- **Resonance Boards**, - **Essef Boards**, - **Little Rooms**,
- **Support Benches**, - **HOPSA Dresses** and,
- **Multifunction Tables** may be ordered now.

Dr. Nielsen's new Modular Scratch Boards and the new Square Hammock available soon. Lilli's "R - Perceptualizing Aids" video is also available – IN STOCK!

LilliWorks Website has NEW FEATURES

Check out www.lilliWorks.com for the new **Active Learning Forum**, where you can ask your AL questions of the new *LilliWorks AL Advisory Board* (including Dr. Nielsen) and share your tips. Also, in the Forum we will soon have an exciting **Sample Active Learning IEP**.

Lilli Nielsen 2001 US Tour Success!

Dr. Nielsen visited the US in November 2001, giving full 3-day seminars in Detroit and San Francisco to over 80 and 140 attendees. By all accounts, the seminars were highly successful, with special educators, therapists and parents all well represented and satisfied with Dr. Nielsen's unique presentations. For more, see the *Feature Story*.

Active Learning and LilliWorks in the News

See the newspaper article on Active Learning on our website.

LilliWorks becoming Non-Profit Corporation

LilliWorks is converting to a California non-profit corporation. We have always been dedicated to providing Dr. Lilli Nielsen's approved equipment and education regarding Active Learning—it's not about the money. Now the government will know about that.

Dr. Nielsen Releases Statement

Dr. Nielsen terminated an agreement with Colleen and Keith Austin (now Lilliput) on March 25, 1998, and established a licensing agreement with Rand Wrobel (doing business as LilliWorks) on July 1, 2001.

Signed,

Dr. Lilli Nielsen

2. Feature Story

A Busy Active Learning Fall

By Rand Wrobel

The fall of 2001, especially November, was a time packed with Active Learning events in the US. All various disciplines, teachers, home counselors, therapists and parents gathered to hear Dr. Lilli Nielsen speak. We came to share thoughts and to see her equipment. The momentum of the growing number (now in the hundreds) of practitioners is increasingly accelerating the learning momentum of hundreds of kids and older learners.

This theme in both seminars gave evidence of its own that Active Learning works. The sounds of the crowds of interested and excited parents and professionals culminated in a standing ovation at the end of the SF seminar.

A Visit to Penrickton

One place the energy has gathered a critical mass of Active Learning expertise is The Penrickton Center for Blind Children. Almost certainly the largest and most advanced practice of Active Learning in the US, Penrickton Center hosts Dr. Nielsen's seminars in the Detroit area, trains Active Learning constantly, and educates everyone about Active Learning in the course of their million-dollar a year fundraising activities (see www.Penrickton.com).

As part of the seminar we got a special tour of the Penrickton Center. The Center is a moderate size modern building in the southern Detroit suburb of Taylor. Their recent \$2 million remodel doubled their previous space.

From the new, as yet lightly decorated meeting room, Patty Obrzut, OTR, the Assistant Director (and a charter member of the *LilliWorks Active Learning Advisor Board*), explained the basics of Penrickton Center, originally founded by 3 families, two of which had with blind children. Penrickton Center is entirely funded by private donations ranging from the Lions Clubs to a group of "enterprising" Star Trekkies who do Trek marathons. The facility offers full-time residential care for currently 26 (up to 33) children who are blind with at least one other

disability from ages 1 to 12 years. A daycare program is also offered to children ages 1-6 years. Children ages 3-12 are eligible to attend public school. Parents are welcome at all times. Remarkably, there is no cost to families at all.

Walking past Executive Director Kurt Sebalý's office, there is the bedroom area, all newly built containing custom designs by the staff at Penrickton Center. There are full size changing areas, custom tub configurations, and a full staff area for the overnight personnel. The bedrooms are fully appointed with colorful murals.

The heart of Penrickton Center is the playroom. Large, at 50' square, it is full of Active Learning equipment, being used by the children. As we stood in the middle of the playroom, Patty described what each of the 20-some children were doing. So-and-so was in the Little Room, glad to have it back after it being used at the seminar. Another was exploring textured mats on the floor. Others were using Lilli's HOPSA Dress, Support Bench and Resonance Board.

If the heart of Penrickton Center is the Playroom, its bloodstream is made of the toys from the Toy Room. Truly a state-of-art practice, every toy and bin are labeled. Every toy has a place. If you want a tactile toy, or one that comes apart, or a noisy toy, you and the mobile learners can easily find them. One young lady searched for the perfect toy as Patty assisted her. She was 12 years old and developmentally delayed, and signed quite effectively. Choosy.

Penrickton Center's Little Room tops (Plexiglas with the hanging toys) are dedicated each to an individual learner and labeled to ensure that each always get the equipment adapted to him or her (it also reduces the sharing of germs). The child care staff receive Active Learning training on an ongoing basis.



For those of us who may have felt that we were isolated pioneers struggling to get across the concepts, Penrickton Center is a true Center of Excellence, having high quality Active Learning practiced, matter-of-factly, for so many at once. One day we hope there may be many such rooms where challenged learners can play independently in tuned rich environments and conquer challenges of their own choosing.

Penrickton Center has an open door policy and invites visitors. You can visit anytime Monday through Friday, 8:30 a.m. to 4:30 p.m. No appointment is necessary. Contact them at (734) 946-7500, Fax: (734) 946-6707, E-Mail: mail@penrickton.com, Mailing Address: 26530 Eureka Road Taylor, MI 48180

San Francisco Ovations

The San Francisco Dr. Nielsen lecture was held in the Coates Auditorium on the campus of the University of California San Francisco Medical Center. Attended by roughly 150 therapists, educators and parents, it was hosted by the Association of Pediatric Therapists (APT), and many thanks to Paula Rainey and Laura Goderez of APT, UCSF Medical Center- Pediatric Rehabilitation Department, The DeRoche's, La Familia, Black Boxes/BBI, and the Blind Babies Foundation (BBF).



Demonstration equipment was available to try during breaks. Real time Spanish translation was provided via wireless headsets to some families. Thanks to Judith Berlowitz, the interpreter.

Interest was high as Lilli introduced the fundamentals of Active Learning, and remained so through the 3 days. There were emotional moments when parents realized what they and their

well-meaning therapists had been doing previously went in the wrong direction.

Smashing Play

Taking advantage of having some extra Lilli time, LilliWorks held an open playgroup for Active Learning with Dr. Nielsen in attendance. We were a little overwhelmed by the great number of families and therapists that came to use the equipment and get a little advice from Dr. Nielsen. Some 20 or so families squeezed into a small house with a lot of the floor space taken up by a Little Room, Resonance Board, two Support Benches, a hanging hammock, a HOPSA Dress, oh and the Esfef Board on a stand. Whew!



PlayGroup Photos By Rebecca Allswang

We felt a little sorry for the kids using the equipment because the hubbub of all these adults introduced a lot of background noise, limiting their auditory feedback from their own actions.

It was a busy and unusual session for Dr. Nielsen. Accustomed to having a dedicated time of an hour or more for a single consult, the playgroup was a bit of concurrent chaos, with kids switching in and out of equipment constantly. Dr. Nielsen gave what advice she could upon immediate observation of the dozens of child/equipment pairings occurring throughout in the afternoon.



PlayGroup Photos By Rebecca Allswang

As crowded as it was, most parents felt it was beneficial to get the chance for Dr. Nielsen to observe and advise, even if for a few minutes. Everyone we spoke to learned something new. We were fortunate to have Lilli with us. There was no substitute for the trained eye of 35 years of experience in adding insight into our Active Learning practices.

3. Theory

“On the Essential Qualities of Dr. Nielsen-Approved Equipment”, or “She Has Never Seen A Good Copy”

By Rand Wrobel



One of the first problems that confronts a parent, educator or therapist when beginning to implement Active Learning is getting the equipment. This has been a big problem in the past, and the natural response has been to make one's own Active Learning equipment, however that turns out.

It was the problem of obtaining quality Dr. Nielsen-approved equipment that prompted LilliWorks to be formed. It was our experience as parents that convinced us that crude approximations of what Lilli had spent years designing were not acceptable, and may do more harm than good.

The equipment is not all the same, and the ability of a home craftsman to fashion the essential qualities into them varies radically as well. Both Resonance Boards and Esfef Boards are easy enough to make, if you have the right materials (Please use LilliWorks' Approved Plans &

Springs). Little Rooms, on the other hand, are actually very difficult to make properly. Anyone can assemble some kind frame or box- if it was that easy it would have been done long before Lilli, and you'd be able to buy them at Toys R Us.

I had a 'discussion' at our IEP meeting with our IEP team. The best analogy I could make is that if you think that some crude approximation of a Little Room will do, then go live in a tent – that's a crude approximation of a home. We saw a night-to-day difference when our daughter got in a real Little Room – much more tolerant, interested and active. We saw dramatic improvement also when we more properly 'tuned' the objects in the Room.

In working with Dr. Nielsen, I have been lucky enough to gain some perspective on the important aspects of the equipment. I will be happy with a domestically-manufactured Little Room when Dr. Nielsen approves it. Until then, the Little Room imported from Germany has the design she spent 8 years perfecting. The properly made Little Room provides resonance to echo properly, the right ratio of space for air, the right weight (yes, it is important), and other elements not to be found in copies.

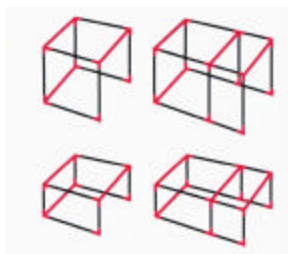
Dr. Nielsen says she has never seen a good copy of a Little Room. What usually happens is the unfortunate syndrome of poor results leading to not using Active Learning, "Oh, we tried that...". Is that what we want for our children and older learners? Don't let cost prevent you from getting the proper equipment. Let LilliWorks know – we'll try to help. There may be alternative funding.

We at LilliWorks are not supplying the equipment to get rich – we are converting the company to a non-profit. We are happy to supply plans and kits for the equipment that we can at very reasonable prices. We constantly work to make equipment more available and to lower the cost (want to help?). But we cannot compromise the essential qualities the Dr. Nielsen has identified.

4. Technique

10 STEPS FOR USING THE LITTLE ROOM

By Dr. Lilli Nielsen



1. Before exposing a learner to the Little Room read the book "**Space and Self**". Available at Vision Associates. [website: www.visionkits.com]
2. Provide the learner with an **original Little Room**.
3. Assemble the Little Room in the **size that will fill the learner's need**.
4. Equip the Little Room according to the **learner's level of development, size of hands, ability to move arms, hands, fingers, mouth, and legs/feet**. Also, equip the Little Room so that the learner has opportunity to "work" on the next step of learning.

5. **Observe the learner**. If he does not move at all for more than 45 minutes, the equipment should be changed. Maybe the size should be changed too.
6. If the learner fell asleep after having been active for shorter or longer time the sleep could be of an assimilational nature, that is that the learner is performing a perceptual process in his brain. To be sure not to interrupt such a process it is important to allow the learner to complete the process by **allowing him to "sleep"** while still in the Little Room and without any interference or disturbance by talking to him or touching him. If the sleep has been an associational sleep the learner will most often wake up after 10 to 15 minutes and immediately become more active than ever.
7. Refrain from pushing a learner into the Little Room. Rather push slowly or **lower the Little Room over the learner**. Also, refrain from dragging the learner out of the Little Room. Rather remove the Little Room followed by talking to the learner about what he has just been doing.
8. Perform a **proper assessment** of the learner's abilities, so that the Little Room can be equipped according to the learner's need. Use the Functional Scheme - Level 0-48 month. Available at Vision Associates.
9. Since the Little Room is developed to facilitate the learner's achievement of **early spatial relations and early object concept** it would be fruitful to **study** available books and articles dealing with these subjects.
10. **Change the equipment** of the Little Room when the learner has become less active or obviously is habituated to the items. **Refrain from removing the object** the learner has chosen as his **transition object**.

Editor's Notes:

- I can personally emphasize the importance of using a Dr. Nielsen-approved Little Room. We saw a dramatic qualitative difference compared to copies: night vs. day. Get the **REAL THING** with 8 years of design testing and 35 years of experience behind it.
- Use single height for infants and learners who cannot sit. If intolerant to laying on their back, we have used a double height room with child seated in a recline baby rocking chair.
- If you haven't selected a number of hanging objects to start with (read *Space and Self*), hang 12 or so objects to begin with and position according to learners' needs. Adjustments can be made as the learner and you use the room. Make sure the objects hang independent of each other, not strung together.
- Hang with (1/4") elastic inside clear (3/8") vinyl tubing, ~2-4 inches for single height, 5-8 inches for double height.
- "Transition Object" refers to the object a learner selects as the primary or reference object. Learners tend to touch this object more often and use it to transition to other objects.

5. TIPS

Active Eating: Let The Eater Eat

One Instance of Active Learning Applied to Eating

By Rand Wrobel

With Lilli's recent seminar, we gained fresh appreciation for the need for the learner to be the active one in their life – in all the experiences possible. This gave us some impetus to try to improve our feeding style from our more or less traditional spoon feeding to our 4 year-old daughter.

Miranda has spastic quadriplegia (severe cerebral palsy) and occasionally babbles, has very limited head control and cannot handle objects. She has always been orally fed and has a good gag reflex. We do not represent the following approach as The Active Learning way for all learners - each is different. Please adapt/apply suggestions herein to the learner's needs (and check the *AL Forum*).

The first step we took was almost accidental. We clinked the spoon down on top of the little bowl that holds her ketogenic meal. Even though the spoon was plastic, the pyrex bowl had enough sound that she alerted to it. We also got her attention by placing the loaded spoon above the bowl. This applies the Active Learning auditory-primacy rule.

This was evidently enough concentration of food stimulus to get her to track it and actually try to get her mouth onto it. This was an Active Learning-style breakthrough for her, where she became the active one. No longer were we holding her head up, enticing her to open her mouth, and shoveling the food in. Now we hold the spoon and bowl still, and she seeks it out, though needs some help to get it from the spoon into her mouth.

The next thing that worked to make her the eater instead of the fed one, was to simply place her in a positioning chair with a firm waist belt, and to place the warm food in a bowl in front of her on a tray. By minimally adjusting her to have her hips well paced, holding the bowl steady, and minimizing other input, Miranda eventually began to lower her head and SEEK the bowl. We used a headband to hold back her hair, which otherwise would have gotten food in it everywhere.

So the current method for Miranda to actively eat is mostly SPOON-FREE and as follows:

- 1) **Position** in chair with tray horizontal and firm belt.

Allow her to freely manipulate the bowl, but prevent spilling when necessary.

- 2) Place warm food **right in front** of her on the tray. Eventually she targets the bowl and leans down to get her mouth on it. Stabilize the bowl. The critical necessity here is that **she seek the food**. Let her get her face in the bowl. Then action moves to the lip of the bowl as you pile food up as near the lip as possible.



- 3) **Raise** the bowl by holding firm or placing it a slightly larger bowl, or on top of an overturned bowl (plastic recommended). At times, load a spoon and place it on top of the bowl to get food onto the mouth.
- 4) Keep the bowl **stabilized but increasingly higher** and at an angle with the food piled into an elongated pile in the middle, almost spilling out. It should eventually be 1 to 4 inches from her mouth when her head is up.
- 5) At this stage, she can actually **get substantial food into her mouth** by the adult facilitating by simply angling the bowl even further as she picks her head up, such that some food is scraped by the front teeth (not the ideal long term practice).



In practice, as soon as Miranda got in the groove, she would cycle every few seconds for another bite. With this girl it was 0 or 90 MPH. While it took several minutes for her first substantial bite, it was only because SHE wanted and sought it. The bowl would be empty, if we kept up, in a minute or two.



6. Stories/Case Studies

Resonance Board Surprises

By Paula Rainey, OTR

As a pediatric occupational therapist I have occasion to offer families instruction in using equipment developed by Dr Lilli Nielsen. The resonance board, a simple birch board is constructed to amplify sounds. Play on the resonance board can open the door for a child to respond in surprising ways. I will tell you about two children and the day each one tried the resonance board for the first time. We saw lovely results.

Frances was 6 years old when we put her on the resonance board one day. She has significant physical disability arising from cerebral palsy and had received therapies since infancy. Frances is essentially dependent with all her self care. She is able to use whole arm movements to swipe at objects, she wears glasses and has had some improvement in her visual perception over time. Frances is always happy to be held, and insists on being part of the conversation, complaining by crying if mother has long conversations with others. She is not rolling over and does not move about in bed. She can side sit with help.

The day we thought to try Frances on the resonance board. We placed her in the center of the board with a hula hoop and some strings of beads. There she was sprawled out stiffly, arms out to either side. Almost immediately Frances started to laugh! The hula hoop had a single bead inside and when Frances moved an arm or a leg, the bead shifted and produced a wonderful sound! We could see her listening, paying attention to where the bead was traveling, then after the bead had stopped, she would move again and break out with a peal of laughter to hear

the bead again. Eventually Frances thought to bump a foot down on the board. This was very interesting, she tried again and experimented in many different ways, often returning to one of her earlier games. She was happily engaged for a long time, practicing timing small movements, learning about her body, learning about the hoop, listening.

I learned later that the same evening Frances played on the hardwood floor at home for more than 45 minutes while mother prepared dinner! She had not been on a hard surface before that mother could remember. Everyone was thrilled!

Marie is a little 1-1/2 year old baby with lots of serious medical conditions. She was accustomed to sleeping. When I met Marie I wondered if she slept to shut out the world. I had been told that she was irritable, had many seizures, and only liked to eat. It was hard for Marie to move not only because of some limited motor problems but also because she was extremely heavy. She was blind, not motivated to move, and spent her days in an infant seat or in her bed. She had essentially no experience on the floor.

On meeting Marie we thought to put her on the resonance board in the hope that she would appreciate a new environment, and maybe show me some of her abilities. On the board I had placed an assortment of toys (a long string of beads, some metal measuring cups, an aluminum pie pan, wooden blocks, hula hoop, heavy wire coil, ribbed hose (like a vacuum cleaner hose) that makes a wonderful vibration when it moves, etc.

Very quickly, Marie was hooked. Every movement she made brought interesting auditory feedback. Instead of shutting down she stayed awake. Not only was Marie engaged and happy, she showed us her ability to soothe herself. At those moments when Marie realized that she was playing independently she would stop and begin to cry. I coached mother to reply and let Marie know that she was OK and playing beautifully. With that verbal reassurance, Marie was able to resume her learning. She repeated her explorations, reached out to find interesting items with hands or feet, slid toys along the surface, and occasionally brought interesting items to her mouth for careful investigation. There she was on her back, brushing her feet together, rounding her hips up off the surface, shifting her weight ever so slightly from one side to the other.

This opportunity was a good introduction to a child that under ordinary circumstances might have left me with very different impression of her abilities. Mother's comments were instructive also. Mother related that Marie liked therapy! Previous therapy experiences had seen a passive, sleeping child or one that was crying, nothing in between. Mother had the idea to try some of the same games at home, she understood the importance of quietly sitting alongside Marie as she played, watching that toys that are terribly interesting to feel with the mouth did not become a safety hazard. We

were off to a good start! Marie was teaching us about active learning.

HAVE YOU GOT A STORY OR CASE STUDY?

Share your experience! Case studies, stories and letters welcomed and needed. Send your paragraph or article with a photo to info@lilliworks.com

Classifieds

Classified Ads Available (limited listings per month) – FREE.

WANTED: VOLUNTEERS to make LilliWorks kits into finished Resonance Boards and Esfef Boards for needy families and deserving programs. Esfef Board Springs and Plans are only \$30. Cut Wood Esfef Board Kits are \$130 (save \$155). Also Resonance Board and Esfef Board Stand plans are only \$5 each. Contact –Rand Wrobel at LilliWorks.

WANTED: Needy Families and Deserving Programs to receive volunteer-built kits/from plans for Esfef Boards, Resonance Boards and Esfef Board Stands. Contact Rand Wrobel at LilliWorks.

WANTED: Info on grants or other funding you have used.

SPONSOR A PLAYGROUP IN YOUR AREA!



LilliWorks Announcements

- **Equipment Available:** See LilliWorks equipment (including video) availability and pricing. See www.lilliworks.com for information
- Check out the new **Active Learning Forum (an electronic bulletin)** to post your AL questions and suggestions at www.lilliworks.com/ALForum/default.asp. Search right away or register to post messages.
- **Sample Active Learning IEP** in the **Active Learning Forum** soon. Submit yours!
- **Discount Program** Available: For low income households (and Schools Districts call for special pricing on Little Rooms). Call for more information. Tax return required for families.
- **Active Learning PlayGroups**, Northern California, Last Saturdays of the Month, 12-3pm at the Wrobel's, 535 Palace Ct. Alameda, CA. All interested in Active Learning invited including children and older learners. Equipment will be available for play. (510) 522-1340.

- END -