

Visualizing Therapy: Construction of an Instructional Set

This session discusses how to approach an instructional visual rehab session, both how to sequence things and how to engage the child and ensure participation. As is key with all Learning and Vision Therapy activities, the therapist must ensure the child can succeed at a steady level, perhaps each 7 or 8 times out of ten attempts for example. It is of no use to allow the child to succeed each time, or to find an activity so simple as to be boring. The child must be engaged and challenged, and this means either ensuring the activity is always possibly out of reach, or when the activity becomes redundant, moving to something else. The therapist must allow for flexibility in the sequencing and duration of activities during the session, and between sessions. Remain open to the possibility that something the child didn't like the last time might be more palatable at the next session.

It is impossible to provide any sort of detail regarding therapy in such a brief introductory program. Only samples and general directions will be provided. In general, regularity and predictability are preferred over surprise. The child must be involved in planning at each step, though they should never maintain control. Practice 'choices within limits' where you, the therapist, create perhaps two or three options for what to do next, next week, or how to load an activity. Don't deliberate too much or dwell on the fact that there's a choice to be made, simply make the choice quickly and move on.

Development of an instructional set for training must build fine motor and visuospatial skills and awareness from the ground up, and this means gross motor development. These activities tend to energize children and can prevent them from participating in more cognitive activities. With this in mind, the therapeutic session (never referred to as 'therapy' with the child), should begin with quieter activities, and create tension and anticipation as the session advances, ending with more energetic activities. Starting slow also allows the child to succeed and develop confidence to attempt more complicated motor tasks later on.

Sequencing should follow this general path for a particular session:

1. **Set-up** — Self-awareness / self-control activities such as yoga and meditation.
2. **Fine Visual Motor Integration (Fine VMI)** — activities where the child is sitting and using the hands to manipulate objects, do puzzles, build, stack, trace, and so on.
3. **3R's — Reading / Writing / Math**
4. **Gross VMI** — Activities where the hands and arms are involved in a standing or sitting position, and the feet can be involved if in a sitting position. These are intermediate motor movements and not of a primarily cognitive nature.
5. **Gross-Motor / Balance** — These activities are performed in a primarily a prone or standing position. The child may be ambulating, balancing, or moving the limbs in a coordinated fashion. These are the most physically active and demanding tasks involving the greatest levels of excitement generally.

When first starting therapy, allow for perhaps 20–30 minutes, then try to extend this to 45–60 minutes. Depending on the state of training, you might wish to do more activities from one area versus another, but this should be discussed with the attending doctor.

Resist the temptation to jump to ‘fun’ activities, and reinforce the notion that an activity can be valuable in many ways, even if it is not the preferred activity. Try to finish sessions by reviewing what was done and what will be done the next time. Encourage the child to voice this.

The time spent on any area will vary according to the child and to the state of development. Never dwell on an activity if the child is proficient, unless they wish to do the activity for enjoyment in which case they should be allowed, but not at the expense of other training. Your 3-month plan should show a shift in focus from gross motor and balance to fine motor control and more advanced reading-related activities. Regardless of the stage of development, each lesson should follow the general intent of the sequence laid out above. Always maintain the ‘Set-up’ portion of the sequence.

Notes on Loading

Loading and unloading are simple to comprehend, but sometime tricky to implement. An important goal of Learning Therapy is to ensure

1. The child can succeed with the activity most of the time.
2. The level of difficulty remains constant.

In practice this means that we must adjust the difficulty level to render a task easier if needed to allow the child to succeed, or to increase the difficulty in order to maintain a sufficient level of stress to promote learning and automaticity, and to keep things interesting. The way this is done depends on the activity and the desired outcomes of training. It should never be assumed that one type of ‘load’ will apply equally well in another context. A metronome, for example, is an extremely valuable tool in many activities. It is effective in motor skills training and for visual-auditory integration development. It is invaluable in maintaining a pace, and sometimes a slower pace is more difficult than a fast past. Many activities can be loaded with a metronome, and in some cases, using a metronome can be catastrophically useless. When in doubt, ask a local provider. Activities in the eLVT library are often accompanied with notes on loading / unloading.