

## EXAMPLES OF PEDAGOGICAL FACILITIES IN A HOSPITAL SCHOOL:

*The Escale School* – Brussels <sup>1</sup>

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In this chapter, I would like to present examples of adaptation of an hospital school according to the institutional context.

These situations reflect different facets of our practice at L'Ecole Escale. Like mainstream schools, we must adapt our education provision. A major difficulty is that when the hospital plans to change or is forced to evolve, we were not informed until late in general and with a sort of obligation to respond immediately. However, in the education system, we can't put an end to the collaboration we have with a member of the team as in the private sector (broadly defined) and the training process in education has neither the flexibility and responsiveness necessary.

Therefore, it is of great importance to anticipate and watch what happens elsewhere so that we best incorporate all levels of the hospital

### **A) Pedagogical facilities in the Center for Psychiatry for Adolescents “Parhélie” and in the “Therapeutic Center for Adolescents”** <sup>2</sup>

#### 1. Introduction

We would like to remind you here of one particularity of the work of hospital teachers: the fact that they are, by definition, operating in a context that is not designed for their function. Whereas in a school everything is thought of to make the teacher's work possible (the premises, the work hours, the bells that announce the beginning and end of classes, the schedules, the chalkboards, etc.), in a hospital everything is not necessarily designed to provide a place for the teacher. This requires the school and the teams of teachers to create a framework (a space, a place, a time, a choice of method...) within the hospital context in such a manner as to make teaching work possible. To create this teaching facility in a hospital context, the teachers establish ongoing coordination with the care-giving staff in such a manner as to most appropriately respond to the teaching needs of hospitalized children and adolescents. It is therefore one of the specifics of any school in a hospital: we must first of all create the conditions for the teacher to operate, and to evaluate it in an ongoing manner.

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<sup>1</sup> Lieutenant C., México – oct. 2008 - Primer Diplomado en Pedagogía Hospitalaria - Modulo 1: La Pedagogía Hospitalaria. Contexto internacional – 2: Dispositivos Pedagógicos -

<sup>2</sup> Authors: Dominique Brodtkom, analytical psychotherapist and professor of French, teacher identified with the "new teaching," currently at the Escale School at Parhélie and Valérie Martin, mathematician and psychologist, teacher at the Escale School at CThA and at Entrelieus.

The Escale School is present, as you no doubt know, in several different hospital departments. We both work in a psychiatric department with whom the school has a partnership. It involves two institutions that receive adolescents and identify with psychoanalytic theories. We have organized the hospital school there in a very different manner, we shall now present to you each of these two situations.

We will see that the positions that we have taken are related to our understanding of the problems raised by the young people that we encounter. They are also related to the settings of the two respective institutions, to their philosophies and their ways of working.

We do not believe that one choice is better than the other. We don't believe that there is a single way to set up a school in a hospital and that it is valid for all types of departments and with all pathologies. But it is important not to neglect this question because it is far from being neutral; it touches on the relevance of the presence of schools within hospitals and to the importance of maintaining teaching work with young hospitalized patients, when it is adapted to the special setting in which it is offered.

During the course of this first chapter, we shall first of all describe each of the two facilities that we have put in place there where we work. We will emphasize their almost opposite natures. We will then explain to you why we made each of the choices that we did. We will then offer you a theory to understand what makes a facility operative.

## 2. Description of the Two Facilities

### **The Names:**

The Center for Psychiatry for Adolescents (or "Parh lie")

*The Therapeutic Center for Adolescents (or "the CThA")*

*Note: Everything concerning this center will be shown in italics.*

### **The Reference to the School:**

At Parh lie: The school is called the school, the young people are the students, and the location is the classroom.

At CThA: *We use the word school very little; instead we say that the young people participate in learning activities (we even use the nickname "peda") at the "peda" location with the "peda" team.*

### **The Position of the Teachers:**

At Parh lie: The teachers are external to the therapeutic staff. They do not participate in clinical meetings.

*The teachers are integrated into the therapeutic staff. They participate in staff meetings, including clinical meetings.*

### **The Premises:**

At Parh lie: The premises assigned to the school are used only by the school. It is a little like an embassy within the psychiatric establishment. If we had been able to increase the

budget for the construction work enough, we would have made it necessary to exit the building in order to "go to school" by building an exterior door.

*At CThA: There is an area for teaching activities. It is found within the premises of the Center, but the space is not used exclusively by the teachers, and sometimes they have to occupy premises other than these.*

**The Times:**

At Parh lie: The rhythm of the school schedule is copied exactly on the school calendar in Belgium: school year from September 1 to June 30 with 4 major vacations of one or two weeks during the school year. The school is closed outside of these times.

*At CThA: The frequency of the teaching workshops is not the same as the standard school schedule since the institution offers other physical or creativity-based activities led by the educators. It is therefore a less sustained rhythm than when the young person attends a school, but this is no doubt the case for most young hospitalized students (including those at Parh lie).*

**The Stage Design, the Rituals:**

At Parh lie: The "stage design" concept for the school attempts to provide more resemblance with the school and with the scholarly framework: a different way of addressing the teachers: Madam; a bell signals the start of school activities; the schoolmasters wear school smocks; there is a schedule for the entire year; recreation with distribution of a school snack; each student has a locker for his school materials, provided at the beginning of the year by the parents, a workbook, a notebook, a bench and a chair. On the other hand, the teachers are always accompanied by a caregiver from the staff during class times.

*At CThA: Each day follows the same ritual. There are two meetings; one in the early morning and the other in the early afternoon. They gather the young people and adults and their purpose is to define the activities of each for the morning and for the afternoon. The meeting, which is led by the teachers, takes place on their premises and it is the team (teachers and the CThA housemaster) that decides what each young person will do as an activity, which is not the case when the educators lead such a meeting. They allow the students to choose what they are going to do from among several options. We note that there is the same plan of activities proposed by the teachers and by the caregiver team even if there are some elements that distinguish the teachers' operations from the rest of the team.*

3. What are the reasons for such a difference?

At Parh lie: The students at Parh lie enrolled in the hospital school are between 12 and 18 years of age. They present all the major psychotic disorders and easily half of them suffer from autism. Sometimes, the Psychiatry Center is basically their only living space. Some young people even spend weekends and vacations at Parh lie. On average they stay there for three years before being redirected.

These hospitalized young people are in a different temporality:

Most of them have only had one or two years of nursery school and from there were directed into various psychiatric centers, and held apart from any form of schooling. A few sometimes had the beginnings of normal or specialized school curricula before presenting behavioral disorders that were incompatible with the organization of a classroom. The greater part of these adolescents will no doubt never experience school during their education. They can spend only a maximum of three years with us by an agreement with the Ministry of Health and at the end of this period will most often be directed to a "sister" institution.

And they also present a major difficulties at the level of symbolic function, and more than any others need very clear benchmarks (this is what we have also learned from "autistic writers" who speak to us of their functioning), and find some soothing in the rigidity of the hours, instructions and well-defined spaces. It is for this reason that we install the closest possible framework to that of an "ordinary" school. An organization that in no way resembles the workshops set up at the institution. Everything is different, even the way of addressing them or interacting. The school provides tools to answer the questions that may arise elsewhere but in the classroom, and the developing of answers will also take place on the outside.

At the school nothing is "interpreted" or "analyzed." If a student comes from outside with a question in school, they will be treated in a "neutral" manner: dictionary, research on the theme, without adding any affect... Then, strengthened by this new knowledge, the young person can return there where the question arose.

And this framework will contribute to providing a small respite and the possibility of finding a place in some way within a "knowledge" approach over the long term.

The little bit of flexibility of this school located at Parhélie also has to do with the institutional context: in the beginning, only a small part of the staff, supported by a therapy manager favored the school project. Another part of the staff was opposed to it. The radical nature of their position meant that the school could no longer be questioned but in some way required, so it was similar to what school really is in that the project was no longer debatable.

*At CThA: The young people who stay at CThA are between 14 and 20 years old and present pathologies that concern adolescence. In general, they had no particular problems during their childhood. They began to have problems during their adolescence and have most often have stopped going to school at the time that they were admitted to the institution. In general, they have no problems with language learning. They spend between 3 and 9 months in the institution. After their stay, they are often able to assign themselves a project and carry it out. In general, they return to school. They manifest their illness by symptoms such as social isolation, addiction to games, auto mutilation, eating disorders, suicidal behavior, etc.*

*A first element of response as concerns the Therapeutic Center for Adolescence is that we have chosen not to directly offer traditional school work. We don't give classes like in school. If we had opted for this type of work, it is clear that we would have created a*

framework that resembled that of a school as much as possible, as we did at Parh lie. But this is not the case. We developed specific tools for adolescents **at the outset**. We work in group and individual workshops based on alternative schooling according to the Freinet<sup>3</sup> theory of schooling. The workshops are in writing, theater, art history, philosophy, world discovery and current events. There is also what my colleague, Francois Destryker, will present to you during this Congress: the Journal workshop.

In effect, our theory at the outset regarding these young people is that they are not receptive to the teaching offered in secondary schools. **Their ability to question has broken down**. It is however necessary that they question themselves in order to learn. We believe that they are having a great deal of difficulty experiencing the changes caused by their puberty, which requires them to leave their childhood.

There is therefore work that is inherent to this period, which consists, among other things, of experiencing a loss of their status as a child. The adolescence will therefore go in search of his identity, the one to which he will direct his adult life. All of this will be accompanied by a new relationship with his knowledge, which the adolescent will use as support during his search, to try to understand the world that surrounds him and to find his direction. For some, who are more fragile, this questioning will be experienced as threatening and this loss as impossible to go beyond. It is then that they will freeze in a fallback attitude of inhibition of thought and of paralysis. This is what we call "breakdown of questioning."

Their fragility momentarily prevents them from being able to learn and building new knowledge. The therapeutic work offered to them seeks to allow them to announce themselves and to position themselves as the subject, the actor in their own life. This requires this facility inspired by institutional psychotherapy where each place is an occasion to speak out. The teaching space in this context is in close relation with the community and therapeutic areas, since it concerns reconciling the young person with a desire to learn. And that this is not unconnected with what is going on with him elsewhere, and his identity building in particular. This is also the reason why the teachers participate in the clinical considerations, and the teaching work is integrated with the entire therapeutic facility.

#### 4. Our Theory: Why both of these facilities are operative?

In conclusion, we have made a summary table which covers the most significant elements of both situations presented. We then would like to offer a theory on why both these facilities, which are so different, are operative.

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<sup>3</sup> C lestin Freinet (1896-1966) French educator, he invented an alternative schooling based on innovative techniques: course plan, producing private school textbooks, publishing, individualized work, investigations and conferences, creative expression workshops, and educational correspondence.

|                                   | <b>Parh lie</b>  | <b><i>The Therapeutic Center for Adolescents</i></b>   |
|-----------------------------------|--|--|
| Type of Hospital Department       | Psychiatry center for adolescents  | <i>Juvenile Psychiatry Department</i>  |
|                                   | 11 young people between 12 and 18 years old who present autistic and psychotic illnesses, some in residence, others in daycare. Three young people attend school outside. Stays of about three years   | <i>14 young people between 14 and 20 years old who present major psychological illnesses requiring residential treatment. Stay of between 3 and 9 months</i>                             |
| Location of the teaching facility | Outside of the therapeutic facility  | <i>Inside the therapeutic facility</i>   |
| Position of the educators         | Are not integrated into the therapeutic staff, do not attend clinical meetings but are required to attend theoretical seminar.   | <i>Are integrated into the therapeutic staff and attend clinical meetings</i>  |
| Reference to the school           | The school is called the school. One among others on the outside. We speak of class times, school schedule.  | <i>When we speak of school, it is to mean the outside school, the purpose of their leaving. During their stay, we speak of "learning workshops"</i>                                      |
| Why this facility?                | It was implemented according to two criteria:<br>A theory on this type of approach to referring to the type of school registration for these young people who are most often excluded from schooling, and the facilities of the institution. | <i>It was implemented according to two criteria:<br/>A theory on the type of schoolwork to be developed with these young people upon leaving, and the facilities of the institution.</i> |

In both cases, the facilities have been developed and created in close association with the hospital institution. At each place they have been considered to be very significant elements of the teachers' interaction. They continue to be the subject of ongoing work. This means that at both of these institutions a great deal of consideration is granted to this one question of the context, because it is an important notion for their common reference point: the psychoanalysis. In both cases, the subject to be heard from is at the center of the clinic.

This is why, when we have had occasion to have exchanges regarding our practices, we have been impressed by the difference in the respective positions of the teachers within the institutions where we work, but we were in an agreement on the fact that it is work that is a proper part of creating a learning facility within a psychiatric institution.

This is what we would like to share with you today. And we thank you.

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## **B) The Education System at *La Clinique La Ramée*<sup>4</sup>**

*La Ramée* treats individuals with neuropsychiatric or medical/psychological disorders who stay at the clinic for short- or medium-term periods lasting anywhere from a few weeks to a year or longer. The average stay is around three months.

**It has an adolescent and young adult unit** that more generally addresses **juvenile pathologies** (eating disorders, delirious episodes, serious depression and others) and offers specialised supervision (by educators, the *Ecole Escale* and a dietician). The large-scale objective of the project is to help young people make the best use of their resources in order to function in the world around them and to prevent social isolation, while treating the disorder as effectively as possible.

In September 2006, the *Ecole Escale* was asked to provide educational services to these adolescents. Three teachers were subsequently hired, based on their respective training, to cover the broadest possible range of subjects. As a result, a science and math teacher, a humanities teacher and a language teacher form the team of *Ecole Escale* educators at *La Ramée*. The structure established at the outset reflected the requests of the treatment staff, whose approach was to clearly differentiate the treatment space from the academic space, and the care providers from the teachers.

In reference to the criteria summarised in the paper “*Teaching Facilities and Psychiatric Institutions*,” comparing the project at *Centre Parhélie* to the one pursued at *Centre Thérapeutique pour Adolescents*, the following characteristics were implemented in the system established at *Clinique La Ramée*.

### **Reference to a “school”:**

The school is referred to as a “school,” the young people are called “students” and the teachers are called “teachers.” The reference to a scholastic environment is therefore completely explicit; in this respect, one could say that the same choice was made here as was made for *Parhélie*.

### **Role of the teachers:**

Also like at *Parhélie*, the teachers are not part of the treatment staff and do not attend the clinical meetings. However, the teachers do receive regular notices informing them of each student’s situation. Consequently, there is a significant nuance as compared to what happens at *Parhélie*, where the teachers do not receive this information.

*La Ramée* had initially asked the teachers to use the formal manner of addressing their students, using the French word “vous.” The care providers strongly insist on addressing their patients as “vous” to maintain the social “distance” that this formal language provides. However, the teachers were unable to follow this instruction, which is contrary to their habits and their usual school culture. The treatment staff accepted this difference, which offers the advantage of maintaining a clear distinction, in the mind of the young person, between a treatment provider (or caregiver) and a teacher.

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<sup>4</sup> Authors: Valérie Martin, mathematician and psychologist, teacher at *Ecole Escale* at “*L’Entrelieus*” in collaboration with Bernadette Lambert, science and mathematics teacher at *Ecole Escale* at *Clinique La Ramée*.

**Premises:**

*La Ramée* allocated space to the school that is dedicated exclusively to school-related activities. Since September 2008, this space has been located in a separate house, but its garden adjoins that of the clinic. This space is external; the young people must “leave” the place where they are hospitalised and cross these gardens to “go” to school.

**Time:**

The pace of the work is based on the school day, although it is not as long. Like in any hospital, the patients require other types of care. As a result, their time is divided among treatment sessions, group classes, individual lessons and group educational activities:

- a) **Treatment sessions** are organised and held only by the treatment staff.
- b) **Group classes**, for which only the teachers are responsible, are divided into two groups according to the education level the young person has currently reached. Thus, the two levels offered are the second and third levels of secondary education.<sup>5</sup>
- c) **Individual lessons**, also supervised by the teachers, are intended to keep each student working on his or her academic program.

d) **Educational activities** are supervised jointly by the treatment staff and the teachers and can be replaced, in part, with an activity that is more appropriate for the young person’s profile and pathology.

An educational activity is an activity through which the young person gains knowledge and skills through intellectual investigations as in a group class, but the activity involves a more concrete, more creative approach at one point during the activity, which leads to an “object.”

Example: The young people at *La Ramée* participate in a project to maintain and redevelop an orchard at a nature reserve in Walloon Brabant. Their visit to the nature reserve takes place at the same time as the orchard’s apple harvest, from which a company will be bottling the juice.

In some of the educational activities, we will use the photographs taken by the young people on that day to create the bottle label, a brochure and an advertising poster to sell the juice, and create a computer-formatted news article complete with graphics. The creation of these different “objects” imparts a variety of lessons, including analysis tools and advertisement design (with explanations from a publicist), the study of the ecosystems that exist in this or other nature reserves, their biotope, biocenosis, the notion of biodiversity and the dangers that threaten it, how to use computer imaging software, a brief market study with sales and profits calculations, and others.

The young person’s participation in the entirety of this program is discussed with him or her and the teachers and therapists in order to meet his or her needs most appropriately and respond to any difficulties encountered at the time. Once this schedule of weekly activities

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<sup>5</sup> In Belgium, there are three levels (lasting two years each) of secondary education continuing until the end of the mandatory education period (age 18).

has been established, it constitutes a sort of contract between the young person and his or her teachers and therapists.

**Atmosphere and rituals:**

The teachers develop their activities in reference to what happens at the school while working with the class, and they adapt to the specific situation in which they find themselves, in a psychiatric hospital environment. This requires them to be more flexible with respect to the students and their difficulties, and sometimes their attendance and attention difficulties.

Consequently, special teaching methods are necessary for these small groups of students, and their active participation is often solicited. Class sessions based on a theme or a more concrete project that calls upon outside speakers can sometimes help to re-involve these young people in an activity and/or learning project.

**Comments on this system:**

Here we see that, from the outset, special emphasis has been placed on a clear differentiation between the spheres of education and treatment. The locations, times and teams are separate. Yet, the importance accorded to the school in this psychiatric context is indicative of a significant desire to establish a connection and a common point between the two spheres. As a result, the teachers are partners in developing the overall services offered to the patients. There are instances where the teachers and care providers work together and there is an exchange of ideas in which both sides participate. It is also interesting to note that in September 2008, the treatment staff suggested having activity times that were directed jointly by the teachers and care providers. This represents a significant change in this system and a tendency toward increasing these intermediary areas or “intersections” between the spheres and toward entering a common ground where the two approaches exist side by side.

This change in the system and the questions raised by the differentiation and the common aspects of both approaches confirm the commentary presented in the paper entitled “*Teaching Facilities and Psychiatric Institutions.*” It shows the importance of this aspect of the work for a team of educators teaching in a hospital. Establishing this kind of system does not come easily; it requires a collaborative effort with the treatment staff and the work must be continually re-evaluated.

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### **C) The Education System at the Kapp<sup>6</sup>**

(Paediatric Psychiatry Outpatient Clinic at the *Cliniques Universitaires St-Luc*)

The Kapp operates primarily as an outpatient clinic, but a few children (4 to 5 out of the 25 treated at the clinic) may be hospitalised full-time. They “sleep” in the paediatric unit of the *Cliniques*, where an educational therapist is responsible for them after 5 p.m. About half of the children remain at the clinic long-term, i.e. one to two years (psychotic children and young autistic children). The other situations are “medium-term” (e.g. psychosomatic disorders, anorexia, behaviour disorders or phobias), emergency cases (abuse) or “observational/action checkups” (diagnostic and therapeutic development over a stay lasting 4 to 5 weeks in particularly complex situations when outpatient or residential treatment has reached a deadlock.<sup>7</sup>

Within this department, it is important for the entire staff, as varied as it is, to operate on a common basis, which is to think of the treatment plan as institutional psychotherapy, or in other words they must think of every activity, every workshop, every moment of the day, as having a therapeutic dimension.<sup>8</sup>

It is important to point out that the teacher is not a therapist but a professional participating in the therapeutic role in coordination with the other care providers, such as the speech therapist, nurse, social workers, doctors and psychologists, as well as the children/young people in the department.

The educational workshop is considered to be one therapeutic activity among others (such as artistic expression, video, sports, psychomotor skills and storytelling); the approach therefore does not strictly follow the academic curriculum. However, the activities offered do refer to the “*Programme Intégré*” [Integrated Curriculum], the “*Programme d’études du conseil de l’enseignement des communes et des provinces*” [Curriculum of Study of the Council for Education of the Towns and Provinces], and the “*Programme Intégré : une porte d’entrée pour l’enseignement spécialisé*” [Integrated Curriculum: A Gateway to Specialised Education]<sup>9</sup> and include personal development, knowledge appropriation, skill acquisition, mastering one’s environment, and education in civil responsibility.

The workshop is an interlude in the children’s path that enables them to find their bearings, (re)construct themselves, recharge their batteries, (re)learn to learn, and to do so in close collaboration with the various staff members.

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<sup>6</sup> Excerpt from “*Psychothérapie Institutionnelle et Atelier Scolaire : Cliniques Universitaires Saint-Luc – Service de psychiatrie infanto-juvénile, unité d’hospitalisation pédopsychiatrique « Le KaPP » 1200 – Bruxelles – Août 2008*” [Institutional Psychotherapy and Educational Workshop: *Cliniques Universitaires Saint-Luc* Department of Infant and Child Psychiatry, Paediatric Hospitalisation Unit, “KaPP” 1200 – Brussels – August 2008] – Written by Danièle Van den Broeck, Manuela Rolin, Gilles Pirlot de Corbion and Olivier Durdu, Teachers at the “*Ecole Escale*” – *Centre de jour Pédopsychiatrique (KaPP)* [Paediatric Psychiatry Outpatient Clinic] - *Cliniques Universitaires St-Luc*

<sup>7</sup> *Psychothérapie institutionnelle et formation interne* [Institutional Psychotherapy and Internal Development], Dr Ph. Kinoo and Dr E. Kpadonou, page 3.

<sup>8</sup> *Psychothérapie institutionnelle et formation interne* [Institutional Psychotherapy and Internal Development], Dr Ph. Kinoo and Dr E. Kpadonou, page 4.

<sup>9</sup> Pedagogy reference documents for mandatory education in the French-speaking community of Belgium.

Knowledge acquisition is one of the main objectives of schools offering “standard” education; in our situation, our goal is to ensure that each child can succeed according to his or her own itinerary, which is appropriate for his or her own personal background. The objective of the activities offered in the educational workshop is often the “well being” of the children. To attain this objective, it is necessary to pay particular attention to the following aspects: socialisation, autonomy, emotional security, concentration, calmness, developing guidelines for behaviour and thought, working method, language acquisition, imagination and creativity.<sup>10</sup>

The educational workshops are based on a distinct teaching method (variability of learning itineraries, rate of progress, diversity of learning methods, tools used, disparity of working methods) and direction (meet the child where he or she is, lessons based on the child’s interests and experience, as well as his or her mental perceptions and what makes him or her different from others, give the child power over his or her knowledge in order to give the child an active role in his or her learning process). It is important to note that the workshop is mandatory for all groups created by the department managers.

#### Example of one child’s path in the educational workshop

Tom suffers from a borderline pathology with a predominant personality disorder. Having been expelled from the outpatient clinic, he has re-entered the clinic after a difficult semester at school. He is terrified by the idea of speaking and of revealing something about himself to others. His imposing physique and violent past is the cause of some concern for several staff members.

On his first day of the workshop, he isolated himself from the group and refused to participate in the rituals. He nevertheless chose to take a seat in the classroom space. With his head dropped, he never spoke a word, and pushed away the work we gave him by sliding it over the edge of the bench. We always continued to speak to him, offering him different activities like we did to the other young people in the group. This situation continued for several days.

*(Listening, tolerance, establishing a friendly, calming atmosphere)*

However, our first contact occurred through a written exchange; in order to get to know one another better, we suggested writing (questions/answers) as a means of communication, and Tom accepted.

*(Communication can be a means of learning. Procedures, behaviours, attitudes, and knowledge can be learned through communication. Interpersonal communication plays a key role. The way the teacher regards the student, the teaching method the teacher uses, his or her manner of being and practical organisation considerably influence the efficacy of the communication; the social/emotional dimension comes into play. Accept the other*

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<sup>10</sup> *Projet pédagogique et philosophique de l’atelier scolaire* [Pedagogical and Philosophical Plan for Educational Workshops], Danièle Van den Broeck and Olivier Durdu.

*person with his or her experience, perceptions, and approach to embark together on the long path of learning.*

*It is through a “continuous exchange of ideas” between the teacher and the student that knowledge can be acquired. Pedagogical philosophy prompts us to broaden our perspective. In addition to the teacher-student exchange, we include the environment, subject matter being addressed and the purpose of the knowledge, which are questioned by the learner.<sup>11</sup>*

*The approach is thus expanded from active pedagogy to interactive pedagogy.*

For several days, exchanges of this kind continued. We offered him an excerpt from “The Little Prince” (the scene with the fox); he took hold of it and placed it like a treasure in his pigeonhole.

The second contact occurred during a game of dominos. He lined up a series of them on his bench and indicated with his finger that he did not want it to stop at the edge of his space, but for it to continue on to the next bench on which we were sitting. A board was used as a “bridge” so that the “construction would be stable,” and Tom made us understand that each person would have to hold the board firmly. This game of dominos lasted for several days, still without a word.

Little by little, he began speaking a few words, agreed to participate in one activity or another, and no longer remained “glued” to his chair.

As soon as we suggest that he do some “academic” work, he seems to become anxious or panicked. For him, we are planning a teaching plan (pacing him in activities, initiating work with him, talking about his successes and difficulties, giving him strategies, paths to follow, and other assistance).

*How to access knowledge to free the student*

*Three main ideas:*

- *In order to learn, there must be a plan: A theoretical contribution is not integrated unless he responds to a problem that is presented to him and he refers to a reference policy (What can this be used for?) (Refer to Tom’s interests: gardening, cooking, layout of the playground, among others).*
- *In order to learn, a mental operation must be implemented: Help to break down the knowledge in terms of structure, ask oneself what has to be done to build one’s knowledge.*
- *In order to learn, an effective strategy must be developed: Children are naturally strategic and spend a lot of energy determining what is expected of them (refer to situation-problem).*

Tom is expressing himself more and more and is even showing a sense of humour. He participates in the activities and can express his emotions.

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<sup>11</sup> See “L’enfant questionneur d’écrits” [The child who questions writings]. J. Foucambert, research by Emilia Ferreiro on the child’s reconstruction of the writing system.

- *Seeking points of support for the student provides new ways to introduce the knowledge being shared (general situation, sensory and motor functions, cognitive functions and emotions)*
- *When teaching a given lesson, determine whether there is “difficulty” (provide additional training) or whether there is “failure” (find a pedagogical alternative)*
- *Observe the student in order to gather information on the way in which he or she works best and to be able to identify the conditions for the child’s success.*

At the end of the year, in a cooking workshop (in connection with the educational workshop and the art workshop), he was the one who suggested creating a recipe, and he was the one who led the activity by giving the group instructions to successfully make a chocolate cake.

*(Principle of metacognition: This is an activity through which the learner thinks about how he or she can direct his or her own learning process and makes a connection between the means used and the results obtained. We lead the learner to think about what to learn, how to learn it and why it should be learned.)*

### **Conclusion**

The main characteristic of the educational workshop at Kapp is that it is being constantly re-evaluated by the teaching staff. The educational workshop is a facilitating approach that is set within the context of a period of time, space and project. It is a framework and not a finished product.

It sparks the imagination, thought and pedagogical inventiveness and offers multiple approaches to do this. These include the notions of research, creativity, referring to an example, working methods, evaluation, production, alternation between individual and group work around motivators, instructions and “liberating” requirements, among others.

The educational workshop as we understand it takes place in two time periods – the doing phase, followed by a phase for analysis through reflection. In other words, there is time to reflect on what has just been experienced, on how one functions, how much one has taken the liberty to deviate from the requirements, and understanding oneself and others.<sup>12</sup>

This analysis enables us to maintain the principle that “EVERYONE IS CAPABLE”  
Everyone is capable of:

- Negotiating one’s relationship to the requirements, and in a broader sense a relationship to the law
- Observing oneself in one’s own functioning
- Understanding oneself to then understand others

*“If the child perceives the classroom space as a place where there is a point of reference, a safe place that is part of his life, where questions can be answered, he will gradually take charge of his scholastic life. He will develop a taste for learning, through his involvement and initiatives...” Fernand Oury<sup>13</sup>*

<sup>12</sup> *Projet pédagogique et philosophique de l’atelier scolaire* [Pedagogical and Philosophical Plan for Educational Workshops], Danièle Vanden Broeck and Olivier Durdu.

<sup>13</sup> Primary School Teacher, [http://fr.wikipedia.org/wiki/Pédagogie\\_institutionnelle](http://fr.wikipedia.org/wiki/Pédagogie_institutionnelle)