

No Touch, No Connection – No Learning!

iTeach and ITV are two new ways to use technology in school and therapy based settings. “iTeach” refers to the use of computer devices to teach children, also termed “Virtual Teaching”. Increased use of TeachMate, ClassMate and XO computer devices as replacements for teachers is rapidly becoming the norm in both the US and Canada <http://www.fastcompany.com/magazine/144>.

“ITV” is a term applied to the use of satellite TV linkage of occupational, physical and speech and language therapists to remote locations for the purpose of assessment and treatment of children.

I was recently speaking in Oklahoma to a group of therapists who informed me of this new and rapidly growing practice. One therapist reported she was concerned regarding poor results yet continued use of this method, being told by the school system that “It’s better than nothing”!



While many of these technologies could eventually prove to be beneficial for some children, it appears as if many school systems are throwing the baby out with the bathwater, and charging ahead without adequate research to support their technological choices. The illusion that technology will “fix” all the children with developmental problems and learning difficulties is not only short-sighted, but may result in more significant behavior management problems down the road. Reflecting on what research and time has shown to be effective and useful techniques to facilitate attention and learning, might be wise. Putting the “breaks” on the Technology Train to allow for research to catch up, would likely benefit all children.

Separating children from human touch and connection through increased use of technology has already had a profound effect on child behavior and mental health. Children now watch an average 8 hours per day of technology (Kaiser Foundation 2010) resulting in 30% entering the schools developmentally delayed (P. Kershaw 2009). Charlotte Waddell reported in 2007 that 14.3% of Canadian children have a diagnosed mental illness. It has been theorized by many child psychiatrists and neurologists (P. Breggin 2009, F. Baughman 2009) that the underlying causal factor in all mental illness is dysfunctional attachment between the child and primary parent(s). Autism and ADHD incidence (both consider disorders of attachment) are now at 2% and 10% respectively, and are escalating yearly (CDC/NIMH 2009). These statistics are important to consider by educators, as any time children with attachment disorders spend connected to a device, is time spent disconnected from humanity, and could result in a worsening of their disorder.

Human touch and connection are biological needs, without which humans die. In the late 60’s, Ashley Montagu a physiology researcher from France discovered that infants in orphanages who received touch and human connection survived, whereas those who were deprived, died. Dr. Montagu began his life study of human touch and connection, and went on to author his famous book “Touching – The Human Significance of the Skin”. Dr. Monagu’s research determined that children who were exposed to “adequate touch” were calm and relaxed, and children who were touch deprived demonstrated anxiety and depression. Tactile input and human connection are both power tools when it comes to helping children feel safe and secure in school based settings, both salient predictors of attention and learning.

We live in world that seems to have forgotten the need for touch and human connection. In fact, many educators have recently banned touch from schools settings, enacting “No Touch” polices. While these policies are well meaning, and presumably put in place to protect children from what might be termed “inappropriate” or “sexual” forms of touch, removing all touch from children who have attachment disorders or difficulty learning could be disadvantageous (to say the least).

While one can certainly follow this line of reasoning, I wonder if indeed there is adequate evidence to back “No Touch” policy initiatives. Are children actually safer from inappropriate or sexual touch in schools who prohibit all forms of touch? Would it not be prudent to explore the idea that possibly prohibiting all touch with a “No Touch” policy might leave children more vulnerable, because they wouldn’t understand the difference between touch that is appropriate and touch that isn’t?

In my workshops I teach a form of appropriate touch termed “Deep Pressure Touch” (DPT) that I recommend combining with attachment techniques. Protocol for this procedure requires the educator or therapist first make an “I see” or “I hear” observation of the child, which helps the child to feel seen or heard. The educator or therapist then asks the child permission to give them a “shoulder squeeze”. The educator positions themselves well off to the side of the child, and administers a sustained squeezing motion of both shoulders, while pressing their forearm across the child’s back. The child can at any time move out of this position. The shoulder squeeze has proven to be exceedingly relaxing for children, and works to ground hyper and charged energy states.

As many children are currently already falling off the Technology Train, I suggest trying a few appropriate touch and human connection techniques prior to engaging children in increasing amounts of disconnection from humanity. Empathy requires human connection. With increasing problems with child aggression in school-based settings ([Vancouver Sun March 27, 2010](#)), causing harm to teachers and students alike, trying a little appropriate touch and human connection are certainly more humane than locking children in seclusion rooms or restraining them with medication.

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(Reprinted from Zone’in Programs, Inc., April 2010 newsletter. Go to www.zonein.ca)