The Montessori "Secret"
by Monica Sullivan Smith

The Absorbent Mind and the Sensitive Periods; the Stages of Development and the Human Tendencies; the Child as the Teacher, the Adult as a Guide and Education as an Aid to Life: all are recognized as some of the most basic principles applied in the Montessori prepared environment. When we hear the word "Montessori" most of us think of such things as the pink tower, the perfectly prepared practical life exercises, the ellipse (for walking on the line), and golden bead materials. We are so quick to equate "Montessori" with *THE* prepared environment. In reality, Montessori developmental principles are true of *every* child, at all times, no matter what environment he is in. Dr. Montessori's own work, which was not confined to a particular space, materials, or to children working only with a trained teacher, should give us inspiration for expanding our horizons.

As Montessori educators, we have not just our ability to prepare our Montessori environments and devote our lives to what we believe to be the best educational approach in the world, but also wonderful "secrets" about children that the general public can apply in their own work with children. It does not take a great deal of effort to help others understand, for example, the manifestations of sensitive periods, or the characteristics of the stages of development. By working with other professionals, those trained in Montessori can help others learn to observe children through "Montessori eyes" and respond to their needs more effectively.

Such is the mission of *The Montessori Intervention Programs (MIP)*, a not-for-profit organization founded by myself, an alum of the Maria Montessori Training Organization, and Dr. John Erhart, physician and child psychiatrist. The MIP consultants appreciate and apply the Montessori philosophy of responding to individuals according to the natural laws of human development. Montessori principles and practices are applied as indicated by the needs of each individual in the particular circumstances presented by the organization that has requested help. An example of our work is our Prelude to Inclusion approach for children with Autism Spectrum Disorders.

Asperger Syndrome (AS) is a pervasive developmental disorder with many aspects of autism. Those who have AS have difficulties in social interaction: children are sometimes described as being "loners". There are restrictive and repetitive patterns of interest, behaviors and activities: children are perceived as "odd". There are difficulties with language pragmatics: they are extremely literal, to the point of failing to communicate effectively. A strong need for order exists: they cannot comfortably tolerate changes and transitions. There is poor motor coordination, with clumsy, difficult writing skills. They have difficulty with abstract concepts, which creates problems with learning

In response to the request for assistance with a group of adolescents with AS, we became consultants to the Board of Cooperative Education Services (BOCES), an organization in New York State for educating children who have special needs. Our first step was to learn about the children and understand the effects of Asperger Syndrome on their

development and their spirit. We met the children and parents individually, spoke with the teachers and specialists in Autism, and conferred with the staff identified for the new program. We sought to learn and appreciate how the various aspects of Asperger Syndrome had manifested for each child. We then considered the adults, both family and teaching staff. Months before the start of the school year, meetings were held to understand how adults viewed these children and how they defined their role in working with them.

Dr. Erhart and I met with each family, learning about each of the children, hearing what the family has experienced, and assessing the traditional school setting. We sought to better understand how these had affected the children. We were able to identify their strengths and interests, as well as learn about the family and school systems.

Some of the stories from family members indicated many adults seemed to lack an understanding of developmental principles. For example, in response to the extreme need for order, adults would disregard this need. They felt that forcing unexplained and unplanned changes to the students' routine would be a solution for the "problem" behavior. It was an *"He needs to get over it"* attitude. Social skill development was attempted via "lessons" which were usually 30-minute planned meetings that did not promote practical or efficient applications for the child. There were essentially no opportunities for spontaneous social skill development, in the moment. Restrictive patterns of interest were seen as pathologic, rather than as a tool in the child's interaction with the environment and subsequent motivation. A heightened need for sensorial stimulation was also seen as pathologic, whereas Montessori understood it as a key to future abstraction. The adults did not appreciate the child's difficulties with language pragmatics. The children were active and some were "clumsy". There was an expectation that they should sit still, stay in their place and not move. An active child would often be reminded to stop moving and slow down, despite the activity not really interfering with his functioning overall.

We determined that these particular children were, in some ways, still manifesting characteristics of the first plane of development. They show an extreme need for order, a heightened need for sensorial stimulation; language is taken literally, nuances and innuendoes are not understood; motor coordination is not fully developed, and they have difficulty in sitting still, actually having a need for much movement. Children with AS find it difficult to understand abstract concepts, are unable to act appropriately in social situations; they will work beside, but not with, another person. Imitation of others and high attentiveness to minute details are also exhibited.

With a clear task at hand, the formation of a consultation team was recommended. In addition to Dr. Erhart *(the Psychiatrist)* and myself *(the Educateur sans Frontiere),* the team for CaSS included autism specialists, social workers, and a psychologist. Family participation and input was also actively sought. A program was then created that would respond to each child's needs. The BOCES organization adopted the proposal and named it the "Communication and Social Skills" (CaSS) program. We suggested a core mission statement which would be the unifying theme in applying fundamental Montessori

principles for this group of children with AS: *The Mission of the CaSS Program for the children with Asperger's Syndrome is to honor the unique individuality of the child, and assist him in his self construction via a responsive environment, with the child as the "teacher" and the adult as his guide.*

The adults were taught about the illness, and its unique manifestation in *each* child. The teachers and other staff were taught to act as guides. The environment was modified to be more welcoming, and to give the children a sense of order from which to explore. A cleanly and neat classroom was recommended. Special care was taken to help each child learn about himself, the impact of AS in his life and his important role in his school, family and community. Family meetings were ongoing throughout the school year.

The initial response from the children was positive and occurred within the first six weeks. The children appeared more relaxed. They formed friendships, some for the first time. They were actually *happy*: an extraordinary, joyous surprise for the parents. The children began to make decisions and try new things for the first time. They began to have the curiosity to explore, asked to visit another class, and invited another class over for lunch. Children with very restrictive dietary interests explored new foods. They have an enhanced sense of self. Some children, previously reclusive, enthusiastically planned school day trips based on interest. Behavioral medications were decreased: in one case, medications were discontinued. Problems such as bedwetting and aggression ceased. Parents became more relaxed and happy as well. Socialization and participation in activities outside school became common.

What the BOCES organization was ready for, and what we implemented the first year, were some of the most basic Montessori principles. I believe that there is much that every adult who is involved with children can learn from Montessori. These are things that can change a child's life dramatically. In this case, we offered a view of children with AS from a Montessori perspective. We made preliminary suggestions that we thought would be accepted by the other professionals involved, and could be implemented immediately. No Montessori trained teacher was in the classroom, not one piece of specially prepared material existed; children were taught through the standard educational system. The primary, driving change was in the understanding of the child from his perspective, and the defining of the role of the adult.

Believing that the answer lies within the child, respecting the uniqueness of each individual, and responding to their immediate and most urgent needs were ideas that helped create a safe environment where children developed a greater sense of themselves and feel free to be who they are. Since Montessori principles are based upon what naturally occurs in every developing person, they can be understood and practiced in all types of environments by any adults who are aware of them. We, the Montessori community, need to share our "secret."