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Topic: "Educateurs Sans Frontières"

Some Interesting Experiences of Montessorians around the World

Yukie Sato and Takako Fukatsu, Japan

"Pioneer Non-Classroom Montessori Experiences of Aid to Children in Cambodian Refugee Communities in Thailand"

Tribute To Rebecca Ault, USA

"Training Support to a Family-Style Orphanage in Romania for HIV Children"

Pierre Bastide, France

"Three Decades of Montessori Experience in a Psycho-Pedagogic Institute for Children with Psychological Problems"

Dr. John Erhart and Monica Smith, USA

"Montessori Intervention Programme with Mentally Ill Children and Youth"

John:

In my work as a child psychiatrist, I have treated children with a wide range of emotional and developmental disabilities. As I looked for more effective and empathic ways to help children in need, I was intrigued by Montessori. Mrs. Smith began my introduction to the works of Montessori: she would frequently give me a chapter or text to read. While for years, the mental health profession has encouraged and promoted child-centered approaches, Montessori began saying this 100 years ago. Long before it was in vogue, Montessori appreciated the importance of the bio-psycho-social understanding of the child.

Monica

About the time Dr. Erhart and I decided to work together to advocate for better care and understanding of children with mental and emotional illnesses, I learned about Renilde Montessori's new endeavor, Educateurs sans Frontieres. Her vision of EsF was the embodiment of much of what I had come to believe while witnessing what children were experiencing in most of the traditional schools and the medical clinics for children: that the public would benefit greatly from knowing about basic Montessori principles. Renilde Montessori said, "When Montessori principles are applied in the wider context of society, their possibilities are vast and all encompassing. They can be of incalculable help to parents, social workers, child-care workers, family counselors, in short to any person involved with the developing human being." I was immediately attracted to Educateurs sans Frontieres.

John

Mrs. Smith was one of the participants at the first EsF assembly. During the six-week assembly, I traveled to Citta de Castello, and Mrs. Smith and I presented to the group. We had discussed ways to blend Montessori principles and practices with mental health therapeutics to help children and adults with emotional and developmental disabilities. We both felt that there

was a tremendous need. We sought advice and help from respected professionals in our community, which included the fields of Montessori, law, medicine, psychology, and social work., as well as family representation. In 2000, The Montessori Intervention Programs, a non-for-profit agency, was incorporated in New York State. Recently, we were granted tax exemption status by the United States Internal Revenue Service.

Monica

There are many Montessori principles that are particularly applicable to the Vision of The Montessori Intervention Programs: Hope for the Future, the relationship between Education and Peace; the belief that every child has the Right to Develop to his Fullest Potential. The Universal Laws of Human Development, and the Tendencies of Man. The Need for Purposeful Work. The realization of the Impact of the Environment. The intertwining of Freedom and Discipline. Respect for the Child. The Role of the Adult as a Guide. The Child is Our Teacher. (to name a few.)

John

As we analyzed the various needs both within and outside of our local community, we separated the task into two areas. The first was designated as Early Intervention, which is represented by individuals with conditions and illnesses that could possibly be eliminated or greatly reduced through effective and timely early identification and response. An example of this would be the case of the child with Autism. Despite the serious natural course of the illness, early intervention could lead to the child manifesting fewer or less severe symptoms of the disorder. The second area of need was designated as Prevention. There are some conditions and illnesses that, with attention and action, may be actually prevented. An illness such as Post Traumatic Stress Disorder, as an outcome of the child's experience in a war environment, may be avoided through community education, parental awareness and the establishment of a safe environment that responds to the child's needs.

Monica

Some of our current projects include: working with a group of Mental Health Professionals, in discussing how to use Montessori Principles in their daily practice; establishing a program for a group of mentally handicapped adults with severe language deficits and who are currently lacking the opportunity for purposeful work; and finally, a project for helping a local public education agency establish a class for adolescents with Asperger's Syndrome.

John

Through my work with the Board of Cooperative Education Services in our New York State community, I became aware of several children with a form of autism who were in need. These children had been in various educational settings, and despite their many strengths, were having considerable difficulty in academics, peer interactions and other areas of their lives. In discussing the situations these children were facing, Mrs. Smith and I suggested a series of interventions which became known as the Communication & Social Skills (CaSS) Program. The condition these children have is known as Asperger's Syndrome, which is a pervasive developmental disorder, with many aspects of Autism. While there is no clinically significant delay in language or cognitive functioning, these children manifest many difficulties in social interaction, and display restrictive, repetitive and stereotypic patterns of interest, behaviors, and activities. Despite many previous attempts to help by educators and mental health professionals, these children were suffering and not reaching their full potential. In addition, some children were the targets of hostile peers and inflexible adults. Medications, which can be minimally effective in this condition, were widely being used. The educational approaches

tended to focus on the deficits. Molding the child's behaviors was attempted via behavioral management techniques.

Monica

Many children with Asperger's attending traditional schools are faced daily with unnecessary hardships. They are put in forced social situations, such as gym, which give them further experiences of failure and humiliation. They are placed in a school environment with multi-class changes, several new teachers, and many new peers, creating more anxiety and desire to withdraw. When concentration does occur, it is not allowed to develop because of interruptions from teachers or school bells. Their impaired ability for abstraction is not truly recognized, for does their schooling not only lack concrete learning opportunities, but also expects them to be successful in classes such as general algebra; the child is then given poor grades for not learning the course content.

John.

The individual with Asperger's Syndrome can display many traits, which traditionally have been viewed as a deficit or a symptom. For example, they are often described as having much difficulty with even a minor change in their routines. Focused interests and repetitive patterns can be described as being obsessive. Difficulties in understanding the many forms of non-verbal communication (for example, eye contact and facial expressions) are often identified. While there is language development, it is noted that the individual with Asperger's has much difficulty with the pragmatics of communication. Clumsiness is not uncommon. Often, these children are described as having attention deficit. Socialization challenges are often noted as a key deficit in the syndrome.

Monica

Dr. Erhart has just described the way a person with Asperger's manifests the human tendencies of order, exactness, communication, language, motor coordination, concentration, gregariousness, abstraction. Lets take the camera lens further in and choose one tendency, ORDER.

Monica

Those of us who have studied Montessori understand the human tendency towards order, and know that if the child has no major obstacles to his development, he will pass through his sensitive period for order by 6 years of age. In this case, however, there is a major obstacle: Asperger's Syndrome. The adolescent is still greatly dependent on extreme order in his environment. But WE see it as his TOOL: he is using it to deal with a world that is still chaotic.

For all of us, order is a natural tendency. It provides a point of reference from which to further explore. It provides security, a sense of safety, and comfort. It aids efficiency. For the child who is sensitive to order, we know that an orderly external environment is necessary for self-construction; that the child is constructing his intellect; that an establishment of internal order will aid in meeting new challenges.

So, in the Montessori application of the Cass Program, we will provide order in the environment. We will utilize the tendency as a strength. We know it serves as an orientation tool, and we will help the child use it as a base from which he can explore and master new experiences.

John

Utilizing this Asperger's Syndrome trait (Order) as a strength, the recommended interventions include providing a pronounced sense of order in the child's environment. Rather than

identifying the trait as a deficit, and striving to control or eliminate it, the tendency is used as a tool. We recommend consistency between the understanding and approaches used at home and in school. We encourage the child's environment to be neat, orderly and inviting. For example, we recommend that the child bring items from home, some key belongings, which will facilitate him being comfortable in the new setting. Changes are introduced one at a time, with all changes being titrated with forethought.

Monica

When presenting our approach, we emphasize the need to focus on (1) the child, (2) the role of the adults, and (3) the prepared environment. This is how we Conceptualize it, Design it and Implement it.

John

The first step is to understand the child, his situations, his strengths and needs. We recommend the child's assessment, in addition to observation, include psychological, psychiatric and neuropsychiatric evaluations. A solid assessment of the family system is important. The second step is to consider the many adults in the child's life: in the home, school and community settings. Preparation for the role of the adults is fundamental, and this involves teachers, assistants, parents and even siblings. Parent education and support will begin six weeks before the start of the school year. Ongoing instruction for the school staff and parent meetings throughout the year are planned. Modifications to the environment include both the home and school. Each child will be "welcomed," and the environmental will reflect the needs of the specific group of children.

The CaSS program is the first project Mrs. Smith and I are implementing through the Montessori Intervention Programs. We often return to Renilde Montessori's vision for EsF as a guide for our work. As she said, "Montessori principles...can be of incalculable help to parents, social workers, child-care workers, family counselors, in short to any person involved with the developing human being; they can be and have been applied with children undergoing lengthy hospitalization, maladjusted children, physically impaired children, children victims of violence, children abandoned, children at risk."

Monica

In all of our considerations in The Montessori Intervention Programs, we will observe and learn about each child in order to understand his individual needs, so we can discover what we need to do to help others guide him in his development, with one difficulty at a time.