

Teaching to Children's Reality

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Recently, I had a delightful experience while working with a handsome, 4-year-old boy with autism who had limited verbal ability, and who groaned, cried, and hung onto his mother or therapist whenever demands were made of him. But all of this changed when he watched, wide-eyed, as we pulled the legs – one at a time – off of a couple of plastic chairs. We then gave him a hammer and helped him hammer each chair leg back into

its proper place. When the legs were installed we had him sit on the chair – now, for him, a chair that had legs which supported it. We did the same thing with a table. The table offered an opportunity for new learning, because the table legs had to be screwed into their sockets—like a light bulb—not hammered into place, as was the case with the chairs.

of the table legs. Then, when he began to scribble on the paper that had been placed on the table, the table collapsed. We again marveled at the unreliability of

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Boy fixing table. Photo used by permission of child's parents.

Then, we sought to “exploit” the table and chairs for interaction. When the boy wasn't looking, one of us removed one chair leg just before he sat on the chair. When he and the chair tumbled over, we expressed dismay, handed him a hammer, and suggested that he fix the chair—which he promptly did. While he was fixing the chair, one of us stealthily unscrewed one

certain furniture, gave him the table leg, and watched as he—without complaint—screwed it in and then seated himself at the repaired table. Just then, his six-year-old sister—a co-conspirator—sat on her chair and with a dramatic cry of distress, tumbled to the ground just as her brother had done earlier. She then plaintively asked her brother (as she handed him the chair leg) if he would please fix her chair. He took the chair leg and very competently hammered it into place for his sister who thanked him with a big hug.

Through this whole table-chair episode, there was no crying or whining. The boy behaved very much like a little workman

and seemed to take pride in his ability to fix the broken things. Judging from his behavior, we felt that his experience with the table and chairs not only created a new awareness of these objects, but also that his work with them created, in him, a new sense of competence.

How Things Work

Teaching children with autism how things work is an important, but often neglected part of their education. Does this mean that we should have curriculum units designed to address the working of door knobs, multi-turn jars, inclined planes, and broken tables and chairs? Should they also address how various hooks hold objects and how door fasteners work? And should they include how to push over a stool to get an out-of-reach object on a shelf? Yes, of course! Such curricular units address the children's needs in the "here and now" where they live. The ability of special children to cope *outside* of the classroom, depends on their ability to solve such problems and to behave in a resourceful, flexible manner. In Miller Method® programs, efforts are made to prepare the children to cope with both orderly as well as disorderly aspects of reality.

Coping in Everyday Life

Coping in everyday life requires both discrimination and flexibility. If a stranger offers a hand to a child we do not want the child to compliantly accept the hand simply because it was offered. We want the child to discriminate between hands offered by special caregivers and those offered by strangers. Beyond this, we want the child to be able to cope with change. Some children with autism are

compliant as long as the requests made of them follow a familiar, predictable course. However, an unexpected change in the familiar routine can trigger a catastrophic response. This may occur when mother changes from long- to short-sleeved dresses, takes a slightly different route to the store, or even when a new child comes into the classroom. To help the child cope with these everyday changes, we leave the child's usual orderly routine by introducing *carefully-gauged disorder* into their lives.

Order and Disorder

We feel that, used properly, the introduction of both ordered and disordered routines (or *systems* as they are called in our method) help children to make important progress in coping with change or disruption in their lives. For many children with autism developing daily routines in therapy and school sessions are important because they guide these "over-preoccupied" or "scattered" children into a broader reality, while establishing a bond between them and their therapists and teachers. However, if these routines continue unchanged for too long, they can limit the children's potential for new learning, exploration, and development, as well as interfere with their ability to cope with new places or people. To help the children learn to cope, Miller Method® therapists, teachers, and parents carefully introduce different amounts of change into their daily routines.



Learning to work cooperatively. Photo used by permission of Crossroads School, Westfield, New Jersey.

Careful Introduction of Disorder

One way of doing this is by regularly changing the usual location of tables and chairs, thus varying the seating arrangement in the classroom. Another way is by interrupting an overly-preoccupied child and helping him/her move to another activity and then return to the first activity—a procedure that we refer to in our theory as *multi-spheres*. Another way of introducing disorder


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is to set up a "messed-up" classroom. In this scenario, the children walk into their once-familiar classroom only to find everything topsy-turvy. Tables and chairs are turned upside down. Crumpled paper as well as cups,

saucers, bottles, and kitchen utensils are strewn across the floor, interspersed with blocks and other toys. Everything is in complete disarray! Teachers (who created the mess after the children had gone home the day before) express dismay to the children, saying, "Oh my, look at this terrible mess. We have to fix it!" Then, as the children "struggle" to right an overturned table, the teachers turn to different children and say, "Help me pick up the table!" or "Help me clean up this mess!"

We find that gains from such dramatic disruption show themselves in a number of ways. First, the children seem to behave more competently as they use their bodies to lift and push

fairly heavy things into their proper places. Second, they become more aware of the layout of the room and knowledgeable about where different things go as they put blocks and toys back onto their shelves. We believe that this activity not only helps to expand the children's awareness of their immediate surroundings, but also fosters the development of receptive language in an appropriate context, since children are able to hear the teachers narrate what they (the children) are doing while they are actually doing it. Equally important, as shown in the photo of the child helping his therapist restore a disrupted Elevated Square (page 13), the children begin to resolve one of the

critical challenges for individuals with autism. They learn to work cooperatively with others. 

Additional Information on the Miller Method

Cook, C.E. (1998) The Miller Method: A case study illustrating use of the approach with children with autism in an interdisciplinary setting. *Journal of Developmental and Learning Disorders*, Vol 2, No 2, pp. 231-264.

Miller, A. & Miller, E. E. (1973) Cognitive-developmental training with elevated boards and sign language. *Journal of Autism and Childhood Schizophrenia*, 3, pp. 65-85.

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Miller, A. & Eller-Miller, E. (1989), *From Ritual to Repertoire: A Cognitive-Developmental Systems Approach with Disordered Children*. Wiley and Sons, New York (Illustrated).

BIO

Dr. Arnold Miller received his doctorate in clinical psychology from Clark University in 1959. He is Executive Director of the Language and Cognitive Development Center in Newton, Massachusetts, and Affiliate Professor of Psychology at Clark University. Over the last 40 years, he and his wife (deceased) developed the Miller Method® (www.millermethod.org) now in use in schools and clinics in this and other countries. In 1989 they published *From Ritual to Repertoire*, and in 2000 they published a chapter on their work in *ICDL Clinical Practices Guidelines*. Recently, Dr. Miller has developed the *Miller Diagnostic Survey* (available on his website) to provide parents with a means of having their children evaluated via the internet. Dr. Miller's new book, *The Miller Method: Developing the Capacities of Children on the Autism Spectrum* is scheduled for publication by Jessica Kingsley Publishers in early 2007.



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