

Medical Model for Inclusion returns online

But can it make inroads with U.S. special ed?



BY **DAVID AYER**

The provision of education for children with disabilities or special education needs in conventional U.S. public education, and in Montessori, remains a complex and contested topic, down to the use and definition of terms such as “disabilities,” “special needs,” and even “education.”

The Montessori world continues to grapple with these concepts and with finding the best approach for children who, for whatever reasons, seem to need “something more” than what works just fine for others. It’s widely known and even celebrated in Montessori that Dr. Montessori’s first work with children centered on so-called “idiot children” (then a medical classification, now having gone the way of other euphemisms become slurs) as early as 1897.

Since that time, Montessori expanded mostly into private schools, with notable exceptions to be sure, such as the 550+ public programs in the U.S. alone. In private schools, and so in the Montessori consciousness generally, it’s fair to say that the provision for children with special needs has developed somewhat differently than it has in public education. For one thing, we see fewer special needs children in private schools. Some of us recall from our training being told



Help her to do it by herself

that Montessori worked well for these children, as long as your class wasn’t unbalanced by more than one or two. Many public school teachers will outright roll their eyes at this. According to the National Center for Educational Statistics, 7 million disabled students in the U.S. make up 14% of national public school enrollment, and many teachers feel that “that only counts the ones with a diagnosis.”

Why would that be? Several possibilities come to mind. First, given the extent that health correlates with race and income, it seems plausible that there is truly a lower incidence of special needs in the richer, whiter population served by private schools. Second, private schools are not bound by the Individuals with Disabilities Education Act (IDEA) to provide a Free Appropriate Public Education (FAPE), leaving them free to exclude children under cover of, “we’re not able to meet the child’s needs” or “they just aren’t a great fit.” This may be done in all honesty and with the best of intentions, but

it still happens.

This is not to discount decades of significant work done within Montessori in this area. The Shelton School in Dallas, a private school founded in 1976, offers Montessori-based special education for “intelligent students with learning differences” as well as American Montessori Society (AMS) teacher training and inclusion courses. The Association Montessori International (AMI) offered an Inclusive Education Course for several years but does not have a current offering. Montessori Now offers consultation and professional development, and Montessori Education for Autism in the U.K. focuses specifically on that developmental disorder. A recent anthology, *Montessori Inclusion: Strategies and Stories of Support for Learners with Exceptionalities*, discussed in an interview appearing in MontessoriPublic (*Montessori Inclusion: An Interview*, Fall 2020), gathered perspectives from across the field.

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Another program, previously covered in *MontessoriPublic* (*Foundations for Montessori Inclusion*, Fall 2019) is the work of the Hellbrügge Foundation in Germany, recently shared in the U.S. by Montessori Medical Partnerships for Inclusion (MMP4I, online at Montessori4Inclusion.org). The course was presented in Milwaukee, Wisconsin, in the summer of 2019, and a reprise was planned for the summer of 2020, but the pandemic made this impossible.

The Foundation's faculty were at first reluctant to consider an online program, but they have been persuaded to reconsider. As a result, two new offerings have been announced: A three-part online course from MMPI staff, and the comprehensive Hellbrügge Foundation course focusing specifically on the elementary. The course runs online for two weeks this summer and continuing throughout 2021-22 with eight six-hour Saturday online sessions. MontessoriPublic spoke with the organizers of the course and several previous participants.

The essence of the program, according to MMP4I co-founder Catharine Massie, is "a comprehensive vision of inclusive Montessori education that connects medical, health, social and educational aspects of development for a more holistic approach." The 2019 course featured intensive lectures and presentations from physicians and specialists on the medical aspects of disabilities in the mornings, followed by explorations of adaptations and modifications of Montessori lessons and materials in the afternoon.

Participants found the medical information and holistic approach very powerful if perhaps overwhelming at times. "The part about the brain function was more challenging for me—it was definitely a lot of science, and the vocabulary was unfamiliar," one teacher said. The idea of convening a team including (for example) a pediatrician, a counselor, specialists, the



teacher, and the parents was also powerful.

But perhaps the most compelling aspects were the modifications and adaptations. Several participants reported that their training had left the strong impression that Montessori materials should never be adapted or changed, either from a pedagogical standpoint—once you start adding and changing, are you still doing Montessori?—or from a sense that the materials, emerging as they did from a 19th century special education context, were already inherently adapted for special needs. This may not be the message trainers intend to deliver, but more than one person came away with this feeling. Participants felt the course granted them permission and justification for, e.g., changing the colors on the number rods or even adding physical texture such as sandpaper, to heighten contrast for visually impaired children. The Hellbrügge Foundation has been developing these and other adaptations for decades. Reducing the number of steps in an activity, or limiting the number of pieces—both common adaptations in the non-Montessori special education world—were also revelatory suggestions for some.

And all of this raises the most vexing question for Montessorians working in the public sector: How will this and other approaches translate to the special education establishment in public schools, where interventions are often highly targeted and measured in "minutes"? On the one hand, adaptations and differentiation are already standard tools in the conventional special educator's toolbox and aren't likely to be seen as innovations. On the other hand, it's true that conventional

special ed is constrained by limited budgets and an at times narrow (or "targeted") approach. "In the U.S.," Massie said, "the therapists or medical people, such as OTs, are only allowed access to the *educational* program. This model goes way beyond that, looking at all the needs of the child and how they can be met in the educational environment." It's easy to imagine public school special educators bristling at this description, but it's a little harder to imagine a team including a doctor and a family therapist being put together for each of those millions of children qualifying for services. In the end it comes down to how holistically we as a society are willing, and able, to see the child, and what level of investment we are willing to provide.

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