

Montessori Therapy is coming to America

A new role to support students with more diverse needs



LARAGENE WILLIAMS

How quickly the world can turn sideways. In 1990 when my second son was born. That sweet, beautiful boy had some trouble. From the beginning there were signs of sensory dysfunction and by one year we knew that he was having issues with his development. By two years we were clear that his speech was not developing properly. He would be four or five before the developmental pediatrician finally diagnosed him with global apraxia of speech, dyslexia, and ADHD. The motor planning and sensory dysfunction was affecting all areas of his development and learning.

As renowned Montessori inclusion trainer, Prof. Joachim Dattke expresses it, I would “need help climbing out of the valley of tears” again and again and again. We were thankful to have been referred to a small and nurturing Montessori environment. And for the next six years, we were grateful for what he gained in this environment, where we were constantly adjusting, and observing and experimenting with each new understanding to meet my son in his world. For this wildly enthusiastic boy there was a healthy spirit of joy between struggles, hopeful moments, and hard, tearful exhausting days, at times, for all involved.

It was there in that little Montessori setting, that I knew I had found



Barbara Luborsky and Catherine Massie, Co-Directors of Montessori Medical Partnerships for Inclusion (MMPI)

the work that I could spend the rest of my life committed to. In 2004 I traveled to New York for the Montessori 3-6 courses. When it was time to do my practicum, I chose a position at a large public charter Montessori school, where my son continued in primary through his seventh year.

Unfortunately, as it is for many children with significant learning and behavioral challenges, it was not recommended that he move on to the Montessori elementary level. It was believed that traditional public schools

offered a more therapeutic intervention. I continued at the charter school while my son, who was supposed to be receiving therapeutic services, instead spent five traumatic years in several different self-contained, special education classrooms without any progress.

Finally, with state funds made available to homeschool, I left my classroom and came home with my son, then 12. We began again, right where he left off in Montessori, at home, piecing

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together Montessori material and method with a mixture of Orton-Gillingham tutors, medical therapists, and inclusive community activities such as social dance, music, meditation, physical fitness, gardening, sewing, even a chicken coop.

It was during this time that I became acquainted with the work of the Montessori Medical Partnership for Inclusion and the Helbrugge Inclusive Montessori model. Something wonderful was beginning to shift. Now my son is 23 and employed part time, as new frontiers in inclusive Montessori education are just opening in the United States.

he is, understand his needs, and see his potential emerge in response to the adapted, modified material and additional lessons and materials we present. This was Dr. Montessori's intent to meet the child in whatever way possible. She never meant to leave them behind.

The hope is that we are shifting our perspective as Montessorians to see that inclusion can deepen our understanding of human development and what Montessori called an "aid to Life". Inclusive practice means bringing more information and support to guides, lessening fears and anxieties associated with the efforts needed, and helping to

Aktion Sonnenschein, where children of various abilities worked side by side, it became clear that additional assistants would be needed and that individuals with special training would be able to help in the adaptation of Montessori materials in very specific ways to meet the needs of the child. So arose a new field of study: Montessori Therapy as a multidimensional functional complex therapy.

Catherine Massie and Barbara Luborsky, Co-Directors of Montessori Medical Partnerships for Inclusion (MMPI) have worked to bring Helbrugge's Montessori Inclusion model to the U.S. Now they are working on a Montessori Therapy initiative, to scale-up Inclusive Montessori education to serve children with more diverse and complex developmental needs like my son's. Through their worldwide network of Montessori Inclusion advocates, MMPI has received incredible excitement for the Montessori Therapy in English training. Catherine has been in communication with the Montessori Therapy training organization in Germany since 2020, working to bring this course to American Montessorians and other English-speakers.

The 2023-2025 Training Course will be presented online for the first time and will include two in-person summer trips to Germany for practical, hands-on work. The course lecturers come from a wide range of specialties in developmental medicine, social pediatric developmental rehabilitation, developmental psychology, and neuropsychology, and include experts and therapists that specialize in ADHD, trauma, speech and language disorders, sensor-motor disorders, autism, dementia, inclusion pedagogy and nutrition. The online modules, practical modules, and independent case study work together provide 750 hours of theory and practice over two

A new occupation, Montessori Therapist, will exist in the U.S.

The Helbrugge model, described in *MontessoriPublic* in 2019 ("Montessori inclusion training in Milwaukee"), and in 2021 ("Medical partnership for inclusion returns online"), is a Montessori-inspired approach to inclusion developed in Germany in the 1970s to support inclusion of children with disabilities into Montessori environments. It supports early detection and critical interventions in the Montessori setting, and direct support of families, who play a key role applying interventions in the home, through the activities of daily life

Dr. Montessori herself began her work in the Orthophrenic school for children who had been institutionalized or abandoned, observing their development in response to materials and methods that she had borrowed from Seguin and created herself. We now need to re-adapt the lessons and materials in our albums with the aid of current developmental sciences and informed observation of the child. Only then can we see the child where

create interdisciplinary teams that can wrap around that child as they move through the Montessori environments on to adulthood, revealing their true personality and defining independence as it relates to them.

Do not forget the children that work in the midst of children with disabilities, who are finding opportunities to lead, teach and guide and become patient and understanding cohorts. The collaboration and peer mentorship Montessori built into her work is alive in this inclusive environment. It benefits all children in their social and emotional growth, making them more resilient, empathic leaders in their new communities. What could happen in our diverse adult communities when we model the kind of inclusion we hope to see in the world within the walls of the Casa, from the beginning?

The role of Montessori Therapist arose from Helbrugge's work—a person trained to aid social integration and inclusion at all ages in a Montessori setting. In the first Integrated School,

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years. Students will graduate in Germany with a Montessori Therapy diploma. The Montessori Therapist will be trained to work with children and young adults with varied and multiple disabilities, their families, and caregivers—both independently and in an Inclusive Montessori setting. Help is on the way!

And so, there will exist a new Occupation in the US. The Montessori Therapists through this training will be able to provide an independent form of therapy through a Montessori lens that supports the child's inclusion within the family, the school, and the community. They will be specifically trained to support the social integration and development of the child or young adult in the Inclusive Montessori setting, including the ability to make adaptations to Montessori lessons and materials or integrating therapeutic materials into the Montessori environment. They will provide valuable support to interdisciplinary teams that include parents and family, medical professionals, therapists, and special educators, administration, and support staff that can serve as a

life-long support to individuals with various neurological differences, developmental disabilities, and learning disabilities. The Montessori Therapy is a Lifespan therapy and even provides an orientation to aiding the lives of our elderly community members, including those with dementia.

How happy I am to have found myself serendipitously alongside pioneers of an emerging movement toward Inclusion in the Montessori Environment in the United States and around the world—a movement that seeks to return even more deeply to Montessori's philosophy and method that originated from her work with differently abled children. Soon, children with development disabilities and neurological differences, much like those that initially inspired Montessori's work and method, and like my son, will be able to return to the Montessori environment to learn and develop alongside their peers in an environment perfectly suited for every child but with the support of specifically trained Montessori Therapists. If you are interested in this work, you can find out more at Montessori4Inclusion.org. Join Us or

Follow Us to a more inclusive Montessori future, where peaceful inclusive communities are created!

Laragene Williams is an artist, a mother, a Montessori early childhood educator, and an advocate for Inclusive Montessori settings and the children that will be served by them.

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