The Miller Method

Cognitive Therapy Intervention (CTI) for Children with Autism

By Rebecca Sperber, M.S., M.F.T.

In 1999, I found myself bound for the East Coast to attend my first autism conference. My son, Benny, had been diagnosed in 1997 when he was three years old. I am a psychotherapist by profession, specializing in cognitive/behavioral therapy for individuals having a variety of diagnoses. I knew little about autism, but was determined to learn and learn fast.


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I had thought about ways to apply the strategies and concepts of cognitive therapy with my son and had come up with some ideas that made sense to me. My ideas included: 1) having curiosity about his behavior, not judgment, 2) keeping journals about his behaviors regarding their frequency and intensity, 3) making guesses at what he might be thinking and feeling to explain his behavior, and 4) working with the behaviors in ways that challenged him to have to think about actions he was taking.

My ideas had me wondering more about what he was thinking, if he was thinking, why he might be thinking in a certain way, and what his behavior told me about the workings of his mind. Instead of being primarily focused on changing or stopping his behaviors and seeing him as an example of how an autistic person should be taught to behave, I began analyzing his behavior to learn more about "him."

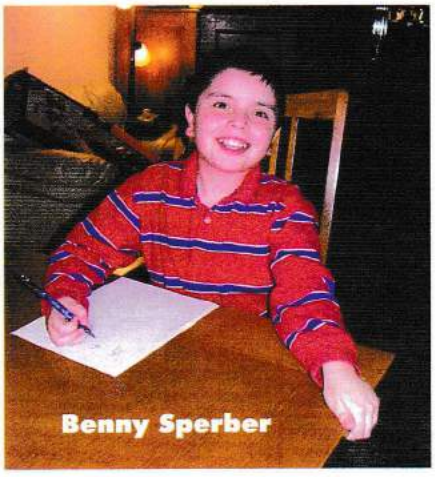
At the Interdisciplinary Counsel on Developmental and Learning Disorders conference that year, the speaker that had the most impact on my emotions and thinking about how to help Benny was Dr. Simon Baron-Cohen from Cambridge, England. He spoke about his work on the Theory of Mind, which speaks to the severe impairment that many people with autism have in the area of being able to understand the workings of the mind - that a mind thinks, understands the feelings and thoughts of the self and others, and that it can anticipate and infer about people and situations.

What he was talking about worried me the most about my son and his future. More than whether Benny would ever speak or learn to sit quietly in his chair at school, was the worry about whether he would ever adequately understand about the human aspect of being a person and engaging in relationships, in order to have a normal, happy, successful and safe life.

When I returned from that first conference, I was both overwhelmed with the challenges that were ahead, and empowered with information that would help me monitor and assess the quality of the interventions I would use to help Benny. I couldn't wait to share information with teachers and therapists about how important it was to understand whether a child with autism was showing any signs of really comprehending the meaning of information being presented or the relationships he was engaged in. I hoped the teachers and therapists

would tailor their interventions to address this severe deficit so my son would have a chance to go beyond just storing new information, and instead be able to understand how he could use the information to connect or communicate more effectively.

I experienced great disappointment that year with the educational interventions he was receiving in the Los Angeles school system and with the specialized therapies, which included speech, occupational and behavioral therapies. When I tried to impart what I had learned about the cognitive issue with children who had autism, I was met with resistance from many school level professionals working with Benny. They were, in my opinion, functioning within their own comfort zones of familiar interventions and seemed to believe it was more important to focus on behavior and not cognition. What kept recycling in my mind were thoughts about how the therapeutic strategies being used with him did not account for how profoundly the cognitive deficit was affecting his ability to truly achieve functional learning. What confirmed for me that he was not advancing cognitively was that: 1) he was not doing more on his own initiative, 2) he was not expanding on or creatively changing anything that he was taught to do a certain way, 3) he was not relating to people in any kind of an emotional or intellectual way and 4) he showed no signs of being aware of or thinking about the past or the future.


Benny Sperber

In the year 2000, I was once again bound for the ICDL conference put on yearly by Dr. Stanley Greenspan and his colleagues. But this time I was looking for something specific, something I knew was missing from any of the interventions that my son was receiving. This was the year that the ICDL organization published its guidelines for educators, medical professionals and therapists working with children with autism and other developmental disorders. The word that stuck in my mind was the word "cognitive." I had to find an approach that would focus on the development of the mind to think more and in ways that would help with mood stabilization, initiative, creativity, socialization and cognitive functioning.

I purchased the 800-page ICDL guidelines the first day of the conference and spent the first night in my hotel room in Virginia looking for answers to the puzzle of cognitive development in children with autism. At 1:00 a.m. I came to chapter 19, entitled *The Miller Method: A Cognitive, Developmental Systems Approach to Working with Children with Autism* by Dr. Arnold Miller. Bingo! There was the word I was looking for; now would this chapter deliver?

THE MILLER METHOD

The Miller Method did deliver what I was looking for. It was an approach that had been used for over 40 years at Dr. Arnold Miller's school, the Learning and Cognitive Development Center in Boston, as well as in many East Coast school districts, in Europe and Israel. It was a cognitive, developmental systems approach that had clear strategies, was backed by solid theory, and had specific defined goals.

The method is cognitive because it deals with the manner in which children organize their behavior, develop concepts of time and space, problem solve, and form relationships with people. It is developmental because it deals with the ability of children to shift from action stages of functioning to communication and representation of reality through various symbolic forms. It is a systems approach because it views the formation and use of systems as indispensable to the entire array of human performance (Miller and Miller, ICDL Clinical Practice Guidelines, 2000).

The framework Dr. Miller was working within constructed an intervention that would identify and fill in the developmental lags that a child with autism had, and from those gains could increase their potential for continued developmental gains.

The main goals of the Miller Method are to:

- Assess the child's capacity to interact with people and objects, adapt to change, and learn from experience.
- Build the child's awareness of his own body as it relates to objects and people.
- Guide children from closed, disconnected or scattered ways of being into functional, social and communicative exchanges.
- Provide the necessary transitions from concrete to more abstract, symbolic functioning.

APPLICATION OF THE CORE ASPECTS OF THE MILLER METHOD

The basic building block of the Miller Method is the action system. Dr. Miller refers to an action system as any organized behavior with an object or event that the child produces. Examples of such systems can be the flicking on and off of lights, or more complicated systems like stacking blocks and knocking them down. The systems can be functional or seem meaningless, but to the Miller Method, any action that the child produces is an opportunity to teach body awareness, communication, and functional relations with objects and people. The method disagrees with the behavioral approach, where the focus is more on changing or eliminating behavior that may seem meaningless to others in order to suit the expectations of school, therapy or society. The Miller Method is more concerned about teaching the child about themselves and their environment by accepting what their instincts, perceptions, and behaviors are at the present, and teaching them how to systematically transform them to become more functional, without the notion that they are doing anything the

"wrong" way.

This has to be done with respect for the developmental capacity of the child. In other words, the method expects professionals working with autistic children to have a humanistic respect for the child, meaning that they understand the disorder and how it can manifest itself in a child. Professionals are expected to understand that the child is doing the best they can, and that they need structure, patience, and strategies that make sense to them in order to be helped.

CORE STRATEGIES OF THE MILLER METHOD

The Miller Method consistently uses the following strategies in treatment in order to reach its goals:

The establishing and the exploitation of whole or part systems where the child can be taught body awareness, awareness of the relationship between himself, people and objects, and about the functioning of his sensory and motor systems.

Interruption, or putting yourself into the system and interrupting its normal flow. This strategy is focused on eliciting emotional responses and language from the child in order to resume the desired activity. Examples of interruption might be removing a needed object to complete the system, or putting your hand over the object until the child communicates, in some way, a desire to complete the system.

Expansion, or building on a system by adding people, objects, and functions to it. This strategy is aimed at promoting problem solving and executive functioning (cognitive development), decreasing ritualized patterns, and promoting socialization. Expansion should not be attempted until a child clearly understands how the already established system works. For example, if you start out having the child pour water into a cup and drink it, you can expand that system by adding another cup and another person, and moving the location of the pouring system. Once he understands what the pitcher and the glass are for, and what he is supposed to do with them, he should be cognitively challenged to understand that he can also pour more than one glass, at different locations for others as well as himself.

Signing (sign language) and narration (describing what the child is doing) are used to help the child relate the manual signs to his own actions, as well as teach him another form of communication with others. This awareness of having influence on getting what he wants or needs through communication also fosters the development of "inner speech" or self talk, which is crucial to the development of functional language. It also teaches the child syntax, or how things fit together, which encourages both cognitive and language development.

The use of elevation, which involves engaging a child in an action system while elevated approximately 2-4 feet off the ground on platforms. This technique aims at increasing body awareness, eye contact, and the ability to focus on an activity.

The "Mucking up" strategy aims to change the child's environment to increase scanning, problem solving, and to discourage the tendency for sameness and repetition. Feeding into the autistic child's tendency to keep things the same does not help the child adjust to the normal variations that occur in the real world. Preparing him or her for the unpredictable, by rearranging the furniture or changing where things are put, prepares the child for the unpredictability of the real world. This strategy also helps reduce tantrums and ritualized behavior, because the child becomes able to anticipate and adjust to change.

I called Dr. Miller after reading about his method, and began sending him video of my son and conducting telephone consultations with him. I began to learn how to apply the method and my initial goals of eliminating ritualized behavior and tantrums were achieved within the first six months. Benny also learned to read manual signing and used signs to make requests of us. After six months, I took the Miller Method work a step further and began doing weekly video conferencing with Dr. Miller. Within a year, my son began problem solving more situations on his own (trying to figure out how to use a new toy on his own), or asking for help through some form of signing or spoken language and telling us what he wanted us to do ("I need help, open please."). He also learned to sight read simple words and sentences through Dr. Miller's reading program. We then knew that he was capable of symbolic functioning and representation. By being able to put words together and understand their meaning, we learned that he had the potential to use language to a greater degree than we had ever thought.

Before finding the Miller Method, no educational intervention had ever enabled us to see Benny's potential. There is still a long road ahead for him and us, but the road is now filled with more hope and empowerment than ever before.

The importance of addressing the autistic child's need for cognitive development should remain in the forefront in the minds of all parents and advocates. As basic cognitive therapy purports, understanding how we think and why we think that way holds the key to understanding yourself, accepting yourself, and understanding how to change in order to operate in more functional and successful ways. If we can help autistic children to notice and pay attention to their thoughts, they will have a better chance at developing more self-awareness and identity, which will greatly deepen their interactions with people.

I have established a local assessment and resource center for the Miller Method in Los Angeles, called the Los Angeles Miller Method Resource Center. For more information you can contact me at:

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