

Spotlight Internationale

The Miller Method at the Alia Center for Early Intervention in the Kingdom of Bahrain

Three years ago, Rania Alkhalifa, director of the Alia Center for Early Intervention in the Kingdom of Bahrain, came to the United States to explore different approaches that might add to the effectiveness of her program for children on the autism spectrum. After seeing the Miller Method® approach in action in Boston, Massachusetts, she sought to find a way to bring that program to her Center in Bahrain. After a year, she was able to set up a videoconferencing arrangement between the Language and Cognitive Development Center (now in Newton, Massachusetts), and the Alia Center for Early Intervention. Subsequently, Dr. Arnold Miller, co-creator, along with his late wife, of the Miller Method®, spent four hours each week both training the Alia staff in this approach, and guiding / overseeing their work with the children at the Center. Now, more than two years later, there are five certified Miller Method® specialists working at the Alia Center. Below, Ms. Alkhalifa describes the effect of the program on some of her most challenging children.

Director Rania Alkhalifa: What I found most appealing about the Miller Method® (MM) approach is its use of different strategies (including elevation) to help children on the autism spectrum focus on body organization, social interaction, communication, and representation issues in various settings. In addition, many of the children at our Center engage in repetitive behaviors and rituals, so we were pleased to learn how to build on these rituals in order to help these children turn them into organized, functional behaviors or *systems* (as they are referred to in MM terminology) that involve various interactions with people. We found that this strategy allowed the children to combine their systems in new and exciting ways and enabled them to communicate, problem solve, and engage in social and communicative interactions with the world around them. Below I describe a few children that benefited dramatically from this approach:

Adam is a five year old delightful young boy with autism. He enjoys long, narrow objects such as pencils and sticks. He also enjoys looking at and turning the wheels of small toy cars.

Adam had been at Alia for one year before we changed his intervention program. Although previously he had made some progress using ABA, we were not able to help him develop his communication using this approach.

We began using the Miller Method® with Adam a year ago, and within a month we got the first functional communicative word from him. His therapy program involved placing him on the elevated square for a minimum of one 30-minute session each day. He would engage in and repeat certain activities on the board using sign language as well as vocal instruction. The repetition and functional use of the signs helped him to make the connections needed to successfully communicate with us regarding what he needed or wanted. By using repetition and periodic interruption of his systems (which he still was required to complete) he learned how to communicate with us.


Aziz, a nine year old boy with autism, entered the Alia Center in December 2004. Aziz had great difficulty with transitions and the generalization of concepts. He was restricted or *captured* (in MM terminology) by his daily routines and rituals. Once we introduced the MM methodology, we were able to slowly but surely increase his level of tolerance to change. By expanding his rituals/systems one step at a time [carefully introducing disorder into the systems that captured him], Aziz was able to adapt and learn to cope with our demands. Another technique that helped Aziz was that of slowly transitioning him from the use of objects to pictures, for generalization purposes. The MM uses slow transition to new objects so that students who have difficulties with generalization can learn to tolerate “stretching” their reality systems. We found that Aziz’s ability to cope with different life situations improved dramatically by using this technique. Although still non verbal, Aziz is able to express himself by giving instruction or asking for simple needs using manual signs.

Ashwin, another child with autism in our program was extremely encapsulated in his own world—trapped by his need for sensory stimulation. Ashwin made no eye contact and

was extremely hyperactive, making it difficult to gain his attention. According to the MM categorization system, he was classified as a child with system-forming disorder, meaning that he did not engage in repetitive or ritual behaviors but was, instead, quite scattered.

We introduced simple functional systems for Ashwin, such as giving an object on request. At one time we repeated this system—throughout the day for him. Within two months he was able to respond to this system by giving requested objects to anyone who would ask for them. We found that narrating what Ashwin was doing while he was doing it, and using a lot of repetition opened the door for him. In addition, since the Miller Method® addresses body coordination and movement while teaching “behaviors” or systems,

Ashwin’s need for constant movement was met. Today—with the help of the MM’s elevated structures and its manual sign and spoken language program—Ashwin is able to follow simple sign instruction and to do what is requested of him with a number of objects.

Even though no method can meet all of the needs of all children on the spectrum, it is clear to me that the Miller Method® is able to move many previously unresponsive children toward greater awareness of themselves, their surroundings, and other people, and further, that it can also move them toward functional communication. 

Editor’s Note: Articles by Dr. Arnold Miller have appeared in the fall 2006, spring, 2007, and fall 2008 issues of ASQ.

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Additional information on the Miller Method® may be obtained by contacting Dr. Arnold Miller at ArnMill@aol.com or by logging on to the following websites:

www.millermethod.org;

www.cognitivedesigns.com;

or millerinsandiego.org