

SELECTIVE MUTISM IN CHILDREN

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Abstract

A child's refusal to speak due to the selective mutism can have many negative impacts, one area is academics because of their inability to participate with verbal communication. A large issue is that many teachers do not have a full understanding of selective mutism, which may hinder the support that is made available to the child as the age of onset often occurs around the child's entrance to school. The current study surveys education professors at Southern New Hampshire University in order to collect data on teachers experience with selective mutism and anxiety disorders in children. The results support previous findings that there is a lack of awareness about the disorder and many teachers are not prepared to work with children that have selective mutism.

Introduction

Selective mutism (Wong, 2010)

- childhood anxiety disorder
- classified by child's lack of speech in certain context
- often normal speech in home, and around parents and siblings.
- Not due to:
 - an organic inability rooted in language ability;
 - another communication disorder, such as stuttering; or
 - a concurrent diagnosis of pervasive development disorder, schizophrenia, or other psychotic disorder (American Psychiatric Association, 2000).

Selective mutism is most often diagnosed during a child's first entrance to school, which make teachers an important part in providing an intervention to help the child overcome the disorder (Wong, 2010).

One of the challenges of diagnosing selective mutism in children is that many of the characteristics are similar to those of other disorders, such as social phobia and avoidant disorder (Vecchio, & Kearney, 2005).

However, past studies have found many teachers have a lack of knowledge about selective mutism which leads to misconceptions that the child is stubborn, unsociable, defiant, or just shy.

These false beliefs can be troubling as they may lead to the teacher trying to pressure the child to talk or even punishing them if they continue the refusal to speak (Black, & Uhde, 1995).

Pressuring the child to talk only adds additional anxiety and worsens the problem (Hardwood, 2011).

For the present studied it was hypothesized that when surveying teachers they would have limited knowledge and experience on working with children with selective mutism and anxiety disorders. A lack of knowledge would leave teachers feeling unprepared to work with these students in the classroom.

Method

Participants

- 5 professors in the School of Education at Southern New Hampshire University
- All of the participants have experience working with elementary school children.
- Recruited through an email sent out to all education faculty.

Materials

Participants received Qualtrics online surveys through email. The survey was comprised of sixteen multiple choice and short answer questions, which asked teachers about their knowledge on selective mutism and other childhood anxiety disorders and whether or not they felt prepared to work with these children in the classroom.

Procedures

- Education faculty at SNHU received an email explaining the current study on teachers knowledge on selective mutism and childhood anxiety disorders.
- Included in the email was a link and after agreeing to an inform consent, participants were then directed to the anonymous survey.

Discussion

The results from this study support the hypothesis that teachers have limited knowledge on selective mutism. Also found was that although many teachers have developed some strategies to help reduce anxiety in the classroom, some still do not feel prepared to work with students with selective mutism or other childhood anxiety disorders.

The majority of the teachers stated if offered they would attend training and informational sessions on selective mutism. This suggests that it would be beneficial to create programs that would educate teachers about selective mutism and help them develop techniques to work with the child in the classroom. An important part of these trainings would be providing teachers with contacts for support, as well as creating collaboration between the teacher, parents, and a psychologist, in order to develop a team that is working toward the same goal with the child.

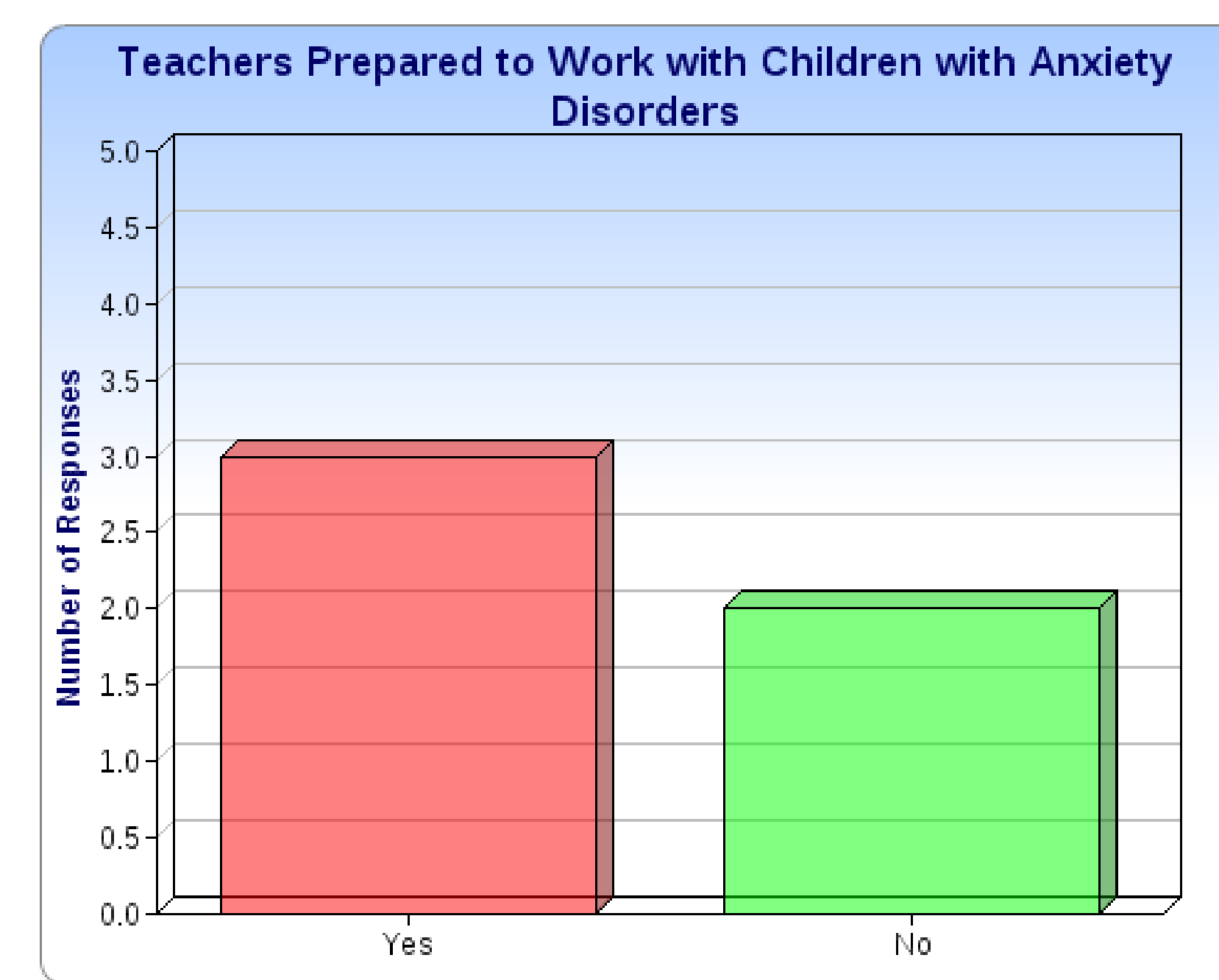
There are many different types of approaches use in the treatment of selective mutism and it is important to determine which treatment is most appropriate for each child. Behavioral observation is an approach used that is very individualized and seeks to determine the child's current functioning and what behaviors need to be changed. The first step in this type of intervention is to collect as much information as possible about the child, often beginning with interviewing parents and teachers. It is important to also make observations of the child in a variety of setting, such as home, classroom, and playground. A characteristic of selective mutism is that the child will have normal speech in certain situations and lack of speech in others, so an important first step it to identify these areas and gain an understanding of the places where the child either does or does not speak (Shriver, Segool & Gortmaker, 2011).

Once the child's speaking behaviors have been identified teachers play an important role by using strategies to increases the child's speech at school. An example of this is creating arrangements for the child to be seated next to a peer that they feel most comfortable with and paring them up to work on tasks together. Paring a child with peers increases the opportunity for non-verbal interactions which may develop into verbal ones, as well as provides the child with social support and opportunities to build friendships (Crundwell, 2006).

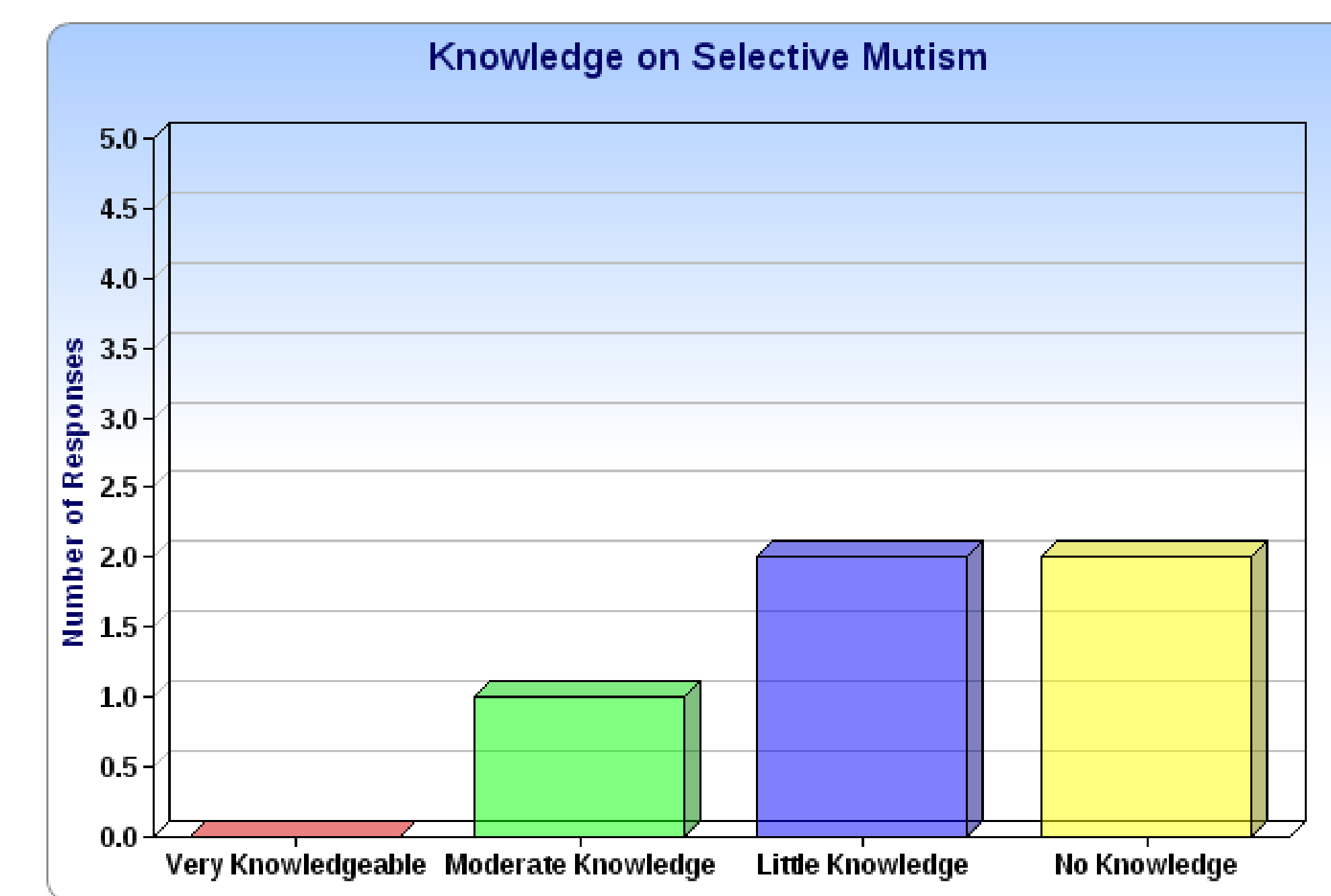
A limitation to this study was the small amount of participants. To gain a better understanding of teachers knowledge on selective mutism it would have been beneficial to have a larger number of teachers fill out the survey. However, the results still indicate that more awareness needs to be brought to the disorder.

Results

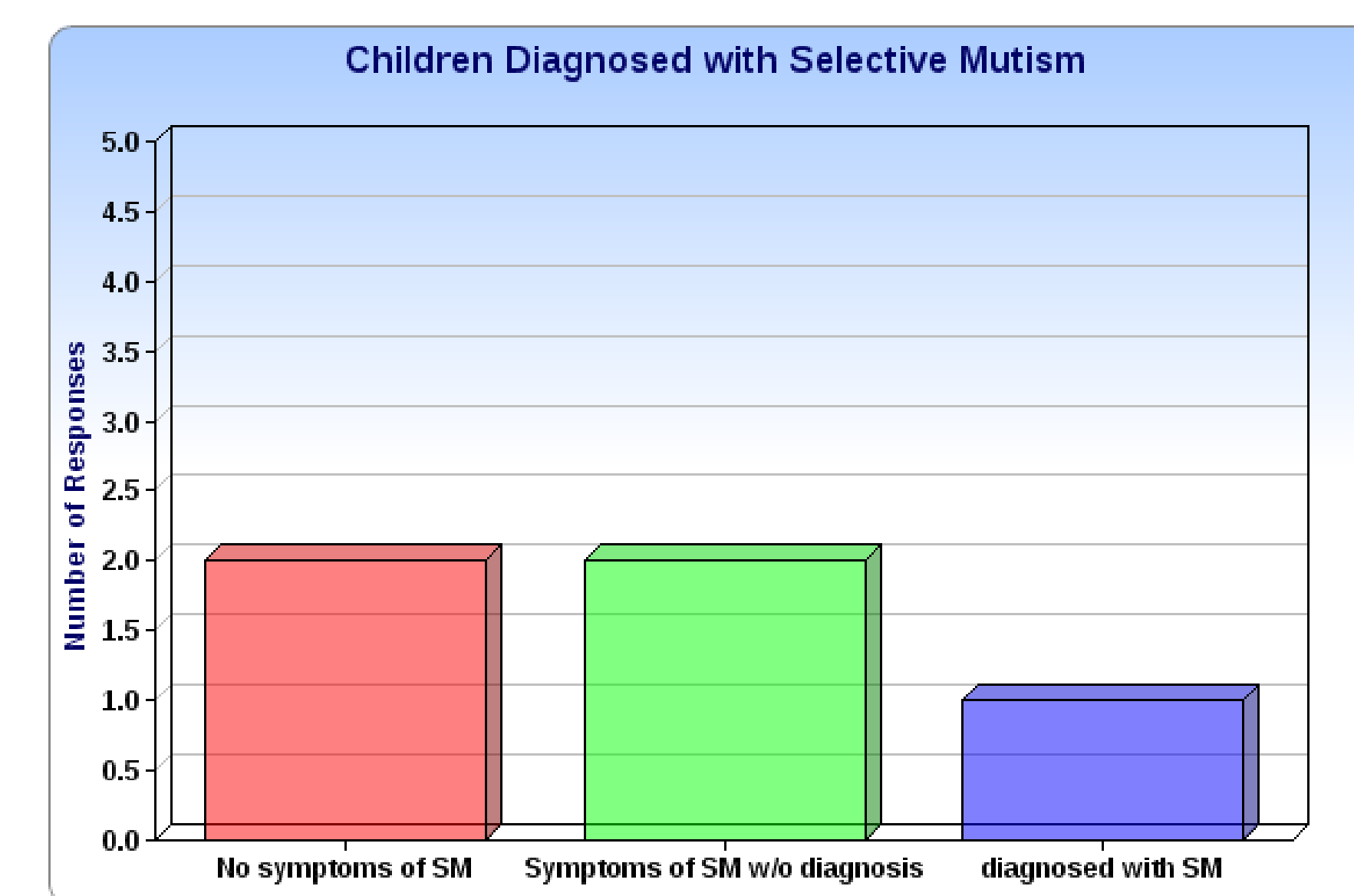
- All of the participants reported having a child diagnosed with an anxiety disorder in their classroom.



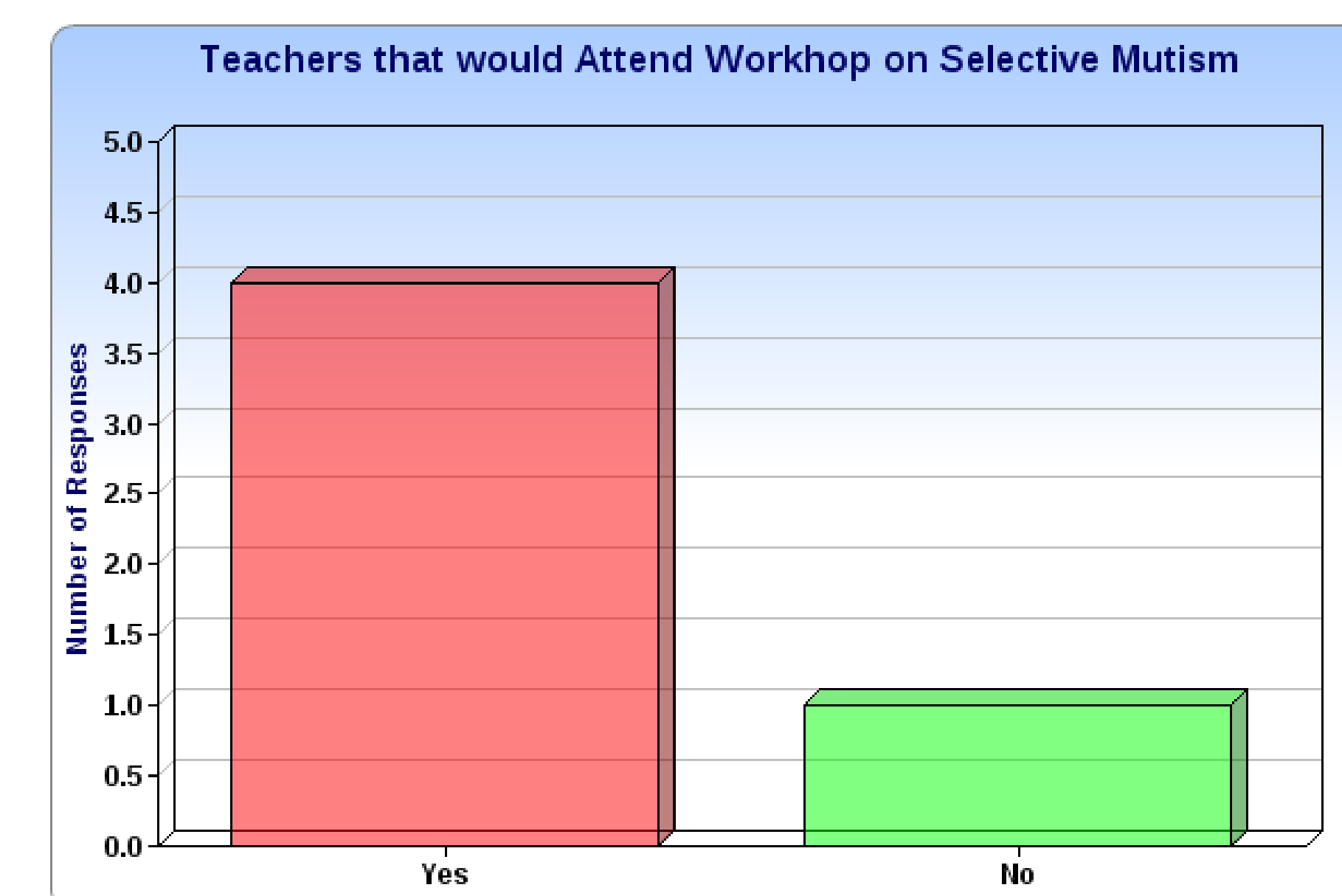
This graph shows that although all of the teachers reported having a child in the class room with an anxiety disorder, not all of them felt prepared to work with the child.



This graph represents the participants responses when asked how knowledgeable they felt about selective mutism. Two of the participants had never heard about SM, while the other three had some knowledge



This graph represents the participants' responses to if they have had any children that have shown symptoms of selective mutism in there class and whether or not it had been diagnosed.



This graph shows that the majority of the participants would attend a workshop to gain more information about selective mutism if it was offered.

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