

Addressing Selective Mutism in the Classroom

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Abstract

Classroom teachers play a pivotal role in the early identification and treatment of students with selective mutism. In order to successfully identify students and to collaborate effectively with a professional team, classroom teachers must educate themselves on the intricacies of this anxiety-based disorder. Students with selective mutism remain unidentified when classroom teachers are unaware of the presenting symptoms, available treatments, and proactive classroom-based interventions. In fact, without an adequate understanding of selective mutism, teachers could unknowingly be supporting mutism behaviours in the classroom. Teachers can be the first to connect students and their families with necessary support; but only if they are aware of the complexities of selective mutism.

As members of a collaborative team of professionals, classroom teachers are key players in the early identification and treatment of students with selective mutism. Limited research exists that stresses the significance of the symbiotic relationship between clinical based interventions and compatible teacher supports in the classroom. There are a number of responsibilities that teachers should embrace when working with students with selective mutism. First, teachers must be well versed in the presenting behaviours of selective mutism in order to refer students confidently for further testing. In fact, without proper knowledge, teachers may be inadvertently working against the researched interventions by supporting a student's defining selective mutism behaviours. In addition to extending their knowledge on presenting behaviours, teachers must be knowledgeable on the different types of therapies used to treat selective mutism. If teachers know about therapy options and their general goals, they can collaborate with professionals and generalize objectives in the classroom. Finally, teachers must stay up-to-date on classroom-based interventions for selective mutism in order to provide adequate support in the absence of professional recommendations. When students are experiencing selective mutism behaviours, their social growth, development, and safety are compromised; therefore, it is the responsibility of teachers to apply their knowledge when necessary. Classroom teachers work as part of a multidisciplinary team, and they need to see themselves as a linchpin when it comes to early identification, knowledge of treatment options, and application of supports in the classroom for students with selective mutism.

The role that classroom teachers play in identifying early behaviours consistent with selective mutism is a critical first step in the diagnosis and early intervention process. In order to provide adequate classroom support for students with selective mutism, teachers should take responsibility for educating themselves on the intricacies of this complex disorder. The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders identifies selective mutism as an anxiety disorder diagnosed when "children . . . do not initiate speech or reciprocally respond when spoken to by others" (American Psychiatric Association, 2013, p. 195). Students diagnosed with selective mutism have a tendency to communicate verbally "in comfortable situations such as at home or with friends" (Howard, 2011, p. 73). Although children with selective mutism may feel comfortable speaking in their own homes, they often display radically different social behaviours in any environment where they are not comfortable. School is a common example of this type of uncomfortable environment, however not speaking at school puts these students at risk "because often they do not communicate with teachers regarding their academic or personal needs" (American Psychiatric Association, 2013, p. 196). Students may feel comfortable talking to their parents and friends at home, therefore school might be the first environment wherein selective mutism behaviours are presenting themselves. In many cases, classroom teachers are the first to notice a pattern of behaviours (Martinez et al., 2015).

Classroom teachers who are cognizant of the presenting behaviours of selective mutism are more likely to take action in providing early intervention and support for their students.

The most notable behaviour that a classroom teacher should be aware of is a “persistent refusal to talk in one or more social situations” (Giddan, Ross, Sechler, & Becker, 1997, p. 128). Examples of this include refusal to speak when called on in class, inconsistency when communicating with adults and peers, and refusal to speak in groups. These behaviours sound relatively straight-forward in theory; however, they are not always easy to identify. Selective mutism does not present the same from one child to the next. One student with selective mutism may appear shy, withdrawn, and anxious, while another student may appear defiant or rebellious. There are, however, defining characteristics that are consistent indicators of selective mutism. In order for speech refusal to be characterized as selective mutism, it must continue for longer than four weeks, hinder academic achievement, be a barrier for the development of social relationships and not be attributed to additional language learning or a specific communication disorders (Giddan et al., 1997). As an important aside, the month of speech refusal can not be calculated during “the first month of school because many children may be shy and afraid to speak” at the beginning of the school year (Hung, Spencer, & Dronamraju, 2012, p. 222). The role of classroom teachers to be proactive in identifying selective mutism behaviours is critical because selective mutism behaviours can strengthen over time and without intervention. With each occurrence of social interaction that strengthens mutism behaviours, selective mutism becomes more difficult to treat. If classroom teachers are aware of these various defining behaviours, they will be more likely to refer students appropriately for further testing and enhance the chance of responding to early intervention strategies.

Teachers who increase their understanding of treatment options for selective mutism are more likely to support therapy approaches in their classrooms. If teachers are aware of the intricacies of treatment, then they will be able to make supportive choices in their classrooms and will not involuntarily support mutism behaviours. Teachers support the prescribed clinical therapy approaches by following a firm set of professional recommendations and also by generalizing therapy goals in their day-to-day interactions with their students (Mitchell & Kratochwill, 2013). Teachers are critical players in delivering therapy recommendations in the classroom and providing observations to the governing clinical professional. Therefore, any additional knowledge that teachers acquire about treatment options will serve to focus their efforts in the classroom in ways that are congruent with the therapy goals.

Teachers should understand that selective mutism treatments are rooted in the researched idea “that social anxiety is a key feature of many cases of selective mutism (Kearney, 2010, p. 52). Social anxiety is a much broader anxiety disorder that is characterized by intense fears and distress related to social situations. More specifically, social anxiety is caused by an “intense fear of being embarrassed or evaluated negatively by others” (Canadian Mental Health Association, 2016, “Social anxiety disorder,” para. 1). The cognitions and behaviours associated with social anxiety can be described as falling on a spectrum that ranges from mild shyness to extreme fear of socialization. Individuals with social anxiety may still regularly communicate to others, but likely experience discomfort when doing so. Social anxiety becomes more specifically selective mutism when social anxiety symptoms are so extreme that they include communication avoidance and refusal to speak (Martinez et al, 2015). Since selective mutism and social anxiety are closely connected, the treatment for selective mutism is meant to address the fundamental anxiety that underlies mutism behaviours. In other words, professionals treat selective mutism the same way that they treat anxiety because selective mutism is an extreme form of social anxiety.

Many types of therapies are used to treat social anxiety and selective mutism. The majority of research suggests that “cognitive behavioural therapy (CBT) is generally considered the recommended approach for selective mutism (SM)” (Oerbeck, Stein, Pripp, & Kristensen, 2015, p. 758). CBT is a type of therapy that highlights the importance of how our behaviours and our

cognitions are interconnected. In other words, our thoughts affect our behaviours and our behaviours affect our thoughts. CBT can range from intense one-on-one talk therapy sessions to real-world experience therapy. In the end, the participant will acquire a set of tools to utilize when undesired feelings or behaviours arise. The goal of CBT is to make the individual aware of the relationship between thoughts and feelings, and learn strategies to alleviate the presenting symptoms in the moment that they occur. Teachers should be well versed in the different types of CBT interventions used for students with selective mutism, and what they look like in therapy. Examples of CBT interventions include “stimulus fading, contingency management, shaping, learning theory approaches, escape-avoidance, and self-modeling techniques” (Mitchell & Kratochwill, 2013, p. 37). Treatment has a better chance of being successful when “teachers are included in the intervention process and when clinicians use an approach that is collaborative” (Mitchell & Kratochwill, 2013, p. 38). When teachers are familiar with what is involved with interventions then they become an asset to a collaborative team; teachers can generalize the treatment in their classrooms, increasing the likelihood that treatment will be effective.

Classroom teachers are a prominent members of a collaborative team working to support students with selective mutism. Whenever possible, teachers should seek the qualified consultation from any of the following professional supports. School psychologists can provide an “initial psychological assessment” to determine relevant background information, anxiety based tendencies and triggers for the student (Rye & Ullman, 1999, p. 315). Therapists provide in-school programming congruent with their overall treatment plans, and work best in collaboration with teachers wherein the team can “develop assignments that [facilitate] treatment” (Rye & Ullman, 1999, p. 322). Medical personnel can provide the school with information in regards to prescribed pharmaceutical interventions. Speech Language Pathologists can provide programming specific to their domains and expertise and “are often the professionals first consulted when a child is not talking in school” (Giddan et al., 1997, p. 127). The collaborative team approach is critical to successful treatment in students with selective mutism, and teachers should never feel alone in their quest to provide support for these students.

Students may display significant selective mutism behaviours but not have the proper support to seek professional help. When additional support is not available or desired, it is even more important for classroom teachers to understand which strategies support students because in its typical form “the academic environment accommodates to the child and unintentionally supports the behavior” (Giddan et al., 1997, p.127). Selective mutism is a type of disorder that requires specific types of supports, and claiming ignorance to how to support students with selective mutism may be the same as unintentionally strengthening mutism behaviours (Giddan et al., 1997). Each time that mutism behaviours are strengthened, it becomes more difficult for students to respond to interventions. Selective mutism behaviours are easily reinforced in the classroom without the teacher even being aware that they are doing so.

The most important fact for teachers to remember is that selective mutism is an anxiety disorder and is not an act of defiance (Shipon-Blum, 2016). If children with selective mutism are forced to speak when they are uncomfortable doing so, then their avoidance behaviours are continuously reinforced (Shipon-Blum, 2016). Any time the child is asked to speak, an anxiety response is triggered and consequently reinforced by not speaking. Teachers should put in extra effort to form a comfortable and trusting relationship with the student and parents (Shipon-Blum, 2016). If this trusting relationship exists, then the students recognize that they will not be forced into an anxiety-ridden experience at school. It is common for students who are selectively mute to find ways of communicating nonverbally, and a teacher can support nonverbal communications with the student by accepting these as suitable modes of communication (Shipon-Blum, 2016). Students with selective mutism lack sureness in their abilities to navigate social situations, so “increasing self-esteem and confidence in social settings is another integral objective” for teachers (Camposano, 2011, p. 48).

One last consideration for the classroom teacher is to “not make a ‘big deal’ over any verbalization that does occur” (Shipon-Blum, 2016, para. 21). The student may become comfortable enough to speak or may do so by accident; in either case, an over-reaction from the teacher could trigger an associated anxiety response. Professionals are still learning about selective mutism and in many cases the classroom teachers are the only available support, so it is important that the teachers are aware of how to support students displaying mutism behaviours in the absence of professional recommendations.

In conclusion, it is essential that classroom teachers educate themselves on identifying selective mutism, available treatment options, and how they can best provide support in the classroom. Because selective mutism is inconsistent across environments, teachers may be the first to see behaviours that are consistent with selective mutism. Their professional opinions could lead to early intervention and treatment of selective mutism. Although teachers would not be making any specific decision in regards to clinical therapies, if they are well versed in the available treatment options then they can generalize the goals of treatment in their classrooms. Teachers who understand what specific interventions look like will have an easier time collaborating with parents and clinicians on treatment plans and procedures. Finally, if a child does not have the support or access to resources that they need, teachers can still provide positive supports in their own classrooms if they suspect selective mutism. In fact, many of the beneficial supports for students with are selectively mute are actually considered to be beneficial for all. If the classroom teachers do not have the proper knowledge in regards to what type of supports are significant for students who are selectively mute, then they could be reinforcing these behaviours without meaning to. Therefore, in order to support students with selective mutism in a positive and holistic way, teachers can gain understanding of identifying characteristics, treatment options and proactive classroom supports.

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