

SELECTIVE MUTISM IN ELEMENTARY STUDENTS

M.A. Thesis

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ABSTRACT

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Selective mutism is defined as “the consistent failure to speak in specific social situations despite the ability to speak in other settings” (American Psychiatric Association, 1994 as cited in Zelenko & Shaw, 2000). For many years, selective mutism was considered to be a very rare disorder amongst individuals, and little attention was given to this particular disorder. Research has recently revealed that selective mutism is more common than once believed, and for this reason, K-12 teachers need to know how to identify and assist students who suffer from it. According to the *Journal of the American Academy of Child and Adolescent Psychiatry*, seven in 1,000 children are diagnosed with selective mutism, making it more common than once believed (Cole, 2006; Frankel, 2007).

In this particular study, the researcher conducted sixteen in-depth interviews, including three parents of students with selective mutism, ten teachers who work with selectively mute students, and three psychologists who work in some capacity with the disorder. In each interview, the researcher asked questions with the intention of learning ways that teachers and parents can help children who suffer from this condition.

Collectively, the interviews revealed methods that might help teachers and parents assist children with selective mutism, including strategies that teachers can utilize to provide an optimal learning environment for these students, strategies that parents can implement that will benefit their child at home, and treatment plans available for individuals with selective mutism.

TABLE OF CONTENTS

CHAPTER	PAGE
1. The Problem.	1
Background of Problem.	1
Purpose and Significance of the Study.	1
Research Questions.	2
The Hypothesis.	2
2. Literature Review.	3
Introduction.	3
Definition of Selective Mutism.	3
History of Selective Mutism.	4
Symptoms of Selective Mutism.	4
Family History.	6
Social Contexts.	7
Suspected Causes of Selective Mutsim.	9
Educational Implications of Selective Mutism.	10
Treatment Approaches.	12

Limitations.	14
3. Methodology.	16
Research Design.	16
Sampling, Population, and Participants.	16
Data Collection.	19
4. Data Analysis.	20
Parent Questionnaires.	20
Teacher Questionnaires.	27
Psychologist/Specialist Questionnaires.	34
5. Summary of Findings.	42
Conclusion.	48
Limitations.	50
Recommendations for Further Study.	51
Appendix A: Consent Form-Adult.	53
Informed Consent Form.	54
References.	55

Chapter 1: The Problem

Background of Problem

Cases of individuals unable to speak in specific social situations have been documented for decades, yet little is known about the disorder that is identified as selective mutism (SM). Often, parents do not see the warning signs that their child may have SM until their child enters into school. Children with SM may behave completely normal at home, but when they enter social situations they do not speak. Students with selective mutism may suffer academically, emotionally, and socially because they cannot communicate. Teachers find themselves frustrated because they may not know how to handle a student that never speaks. Due to lack of knowledge, parents and teachers may react to a child with SM in ways that may increase anxiety that results in exacerbating this condition.

Purpose and Significance of the Study

The purpose of this study is to learn about selective mutism and how teachers can help students who suffer from this disorder. It is the researcher's belief that teachers need to strive to reach all students from various backgrounds and needs. With this belief, a teacher should desire to assist a student who does not speak, understanding that all humans have the innate need to communicate with one another. It is likely that a teacher will come across a student with some degree of selective mutism in his or her teaching career, rather extreme shyness, a form of social anxiety, or selective mutism itself. Due to the limited amount of literature available, the researcher felt compelled to study this

disorder in order to provide more information that may benefit teachers who work with students who suffer from selective mutism.

Research Question (s)

1. What techniques have teachers found helpful in working with students who are selectively mute?
2. What techniques have parents found helpful in working with their selectively mute child?
3. How can teachers and parents reduce anxiety in the classroom so that students with selective mutism can learn to the best of their ability?

The Hypothesis

Selective mutism in the academic setting is significantly affected by social anxiety and emotional distress. Teachers and parents can implement strategies to enhance or impede academic and social progress.

Chapter 2: Literature Review

Introduction

Selective mutism is a disorder that profoundly affects individuals, leaving them facing a world of silence and isolation. Although the disorder has been around for over a century, little is known about it. There is a limited amount of research available on selective mutism, and a small number of studies have been conducted to learn more about the disorder. “Textbook descriptions are often nonexistent, limited, or information is inaccurate and misleading” (Shipon-Blum, [n.d], p. 4). Despite the lack of information and knowledge about the disorder, many children are crippled by selective mutism. If left untreated, these children may face a lifetime of academic, social, and emotional distress.

Definition of Selective Mutism

Selective mutism is defined as “the persistent failure to speak in social situations (e.g., at school, with playmates) when speaking is expected, despite speaking in other situations, a disturbance that interferes with educational or occupational achievement or with social communication” (Krysanski, 2003, p.29). In order to be officially diagnosed with selective mutism, an individual must have symptoms for at least one month. In order for the condition to be diagnosed, an individual must be comfortable with the

spoken language and he or she should have had time to adjust to the new environment (Krysanski, 2003). According to the *Journal of the American Academy of Child and Adolescent Psychiatry*, seven in 1,000 children are diagnosed with selective mutism, making it more common than once believed (Cole, 2006; Frankel, 2007). Research reveals that SM may be underreported due to families living in social isolation and parents not identifying the condition because it may only occur at school (Crundwell, 2006).

History of Selective Mutism

Since the end of the nineteenth century, there have been disorders recorded in which individuals would not speak in social situations. The characteristics of selective mutism has been recorded as early as 1877 (Bergman, Piacentini, McCracken, 2002). Tramer, in 1934, identified the problem as “elective mutism” (Krysanski, 2003). Cases of individuals never speaking in social situations have been around for decades, although it has been identified by a different name. In 1994, “elective” was replaced by “selective” in an attempt to eradicate the misconception that individuals are choosing not to speak in various situations (Frankel, 2007). SM did not appear in the Diagnostic and Statistical Manual of Disorders (DSM) until 1980, and a very little amount of information can be found in pediatric literature (Joseph, 1999). Psychologists are still in the process of determining whether or not SM is a form of an anxiety disorder or if it is a distinct diagnostic disorder (Krysanski, 2003).

Symptoms of Selective Mutism

Children with SM generally have a predisposition to anxiety. The first symptoms of SM are usually noticeable around the ages of one and three, but it is often several years later before intervention occurs (Johnson & Wintgens, 2006). Dr. Elisa Shipon-Blum defines selective mutism as, “a complex childhood anxiety disorder characterized by a child’s inability to speak in select social settings” (Shipon-Blum, [n.d], p.1). Separation anxiety, frequent tantrums and crying, moodiness, inflexibility, sleep problems, parental separation issues, and extreme shyness are common symptoms these children face. According to Shipon-Blum, “It is a fear that can literally make it impossible to speak” (Shipon-Blum, [n.d], p.2).

SM is more common in girls than in boys. It usually appears during the preschool years or when a child begins school (Shaw, Zelenko, 2000). The range of ages for a child to be referred for treatment is between the ages of 6 and 11, with a mean age of 9 years (Krohn, Weckstein, & Wright 1992, in Crundwell 2006). The severity of the condition will differ from child to child. A severely affected child with selective mutism may be totally uncommunicative except for a nodding of the head, blinking of the eyes, or finger movements in response to being asked a question. Besides nonverbal ways of communicating, a severely affected child may be completely mute in various social situations.

This condition typically is associated with social phobia. Ninety percent of children with SM meet the criteria of social phobia in the Diagnostic and Statistical Manual of Disorders. Also, thirty percent of children with selective mutism have a developmental speech impairment (Cole, 2006). Children with SM generally are behaviorally inhibited in ways beyond their silence, but lack of speech may be one of the more obvious signs of a problem. For this reason, it is important to acknowledge the comorbidity that frequently occurs with this disorder.

Generally speaking, the physical appearance of children with SM will look completely normal. However, recent studies have revealed decreased excitability in the almond-shaped area of the brain called the amygdala. Other outward symptoms that are noticeable in children with SM might be blank facial expressions, difficulty with eye contact, slowness to respond, and heightened sensitivity to surroundings (Shipon-Blum, [n.d.]). Students with SM can appear to be defiant, controlling, and manipulative because of their refusal to speak. Teachers sometimes interpret the behavior of these students as oppositional behavior because of their knowledge that these students speak in other social situations (Crundwell, 2006). Somatic complaints frequent children with SM. Common physical complaints for children with SM might include nausea, vomiting, headaches, and tummy aches.

Family History

Family background is an important element to consider when evaluating students who potentially have SM. A percentage of children with SM come from immigrant and bilingual families. According to research, SM is at least three times higher in immigrant language minority children (Toppelberg, Tabors, Coggins, Lum, & Burger, 2005). Further, children reared in a foreign country during formative language development exhibited a higher prevalence of SM. Research indicates that these students are often prone to anxiety, and the stress of learning another language increases the probability of mutism (Shipon-Blum, [n.d]).

An interesting aspect of SM when identifying individuals that suffer from this disorder is that it will often run in families. As early as 1934, Tramer noted that family shyness was a common trait in his three cases of mutism. (cited in Standart & Le Couteur, 2003). In 1975, Brown and Loyd commented that fifty-one percent of children who did not speak at school had at least one shy parent, and thirty-two percent had siblings with some form of speech avoidance. (cited in Standart & Le Couteur, 2003). In 1997, Steinhausen and Adamek noted that there was frequently a combination of an emotional disorder and/or developmental delay in families of children with SM (Standart and Le Couteur, 2003). Despite controversy up until the late 1980's, there does not seem to be a connection between physical or emotional abuse in children with SM. However, there has been difficulty obtaining scientific literature and proof because it is difficult to gain information from these children (Cole, 2007).

Social Contexts

Identifying selective mutism in children may be difficult because these children often speak at home, and they may appear to only be shy in public. Often, the full extent of the condition is not magnified until the child begins school, at which time many teachers still attribute silence to shyness. In a recent study, the onset of SM occurred during or before preschool in seventy-nine percent of the children. However, research reveals the average time it takes for evaluation and intervention to occur is four or more years after the child is diagnosed (Schwartz & Shipon-Blum, 2005).

Parents may need help accepting and understanding that their child is selectively mute. It may be very confusing for parents, at first, because their child may be completely normal and conversational at home. Anxiety may run in the family, also leaving the child with less ability to cope with his or her own issues. Evaluating how the parents view their child's SM may be helpful in understanding from where the child is coming and how parents are interacting with their child. If a parent of a child with SM views the behavior as oppositional, the child will have even greater difficulty overcoming the disorder. If the parents acknowledge and understand that SM is rooted from anxiety and fear, they will be a greater source of alleviating social discomfort. Because selective mutism is not a widely understood disorder, parents may not be educated in how to treat their child. This may create even greater anxiety and confusion for the anxiety-ridden child.

School is a very difficult place for students with SM because, unlike adults, they do not have the option to avoid places that increase anxiety. Children with SM do not choose not to speak in select settings, but they are unable to speak in certain settings, especially in settings where they are expected to speak.

Teachers play a critical role in identifying students with selective mutism. It is important for teachers to be knowledgeable in regards to this disorder because it may be the first place the symptoms appear. Teachers who are aware of the disorder can assist students in receiving necessary intervention. “Teachers who are knowledgeable about SM are able to intervene earlier. They are key in reversing the current practice in many school settings of just watching, waiting, and hoping that these children will grow out of their shyness and selective silence” (Bergman et al. as cited in Crundwell, 2006, p.50). Identifying this disorder in the early stages is critical for the children to fully recover. Within the school environment, it would be likely that a teacher would refer a student that is suspected to have SM to a speech-language pathologist, school counselor, or psychologist.

Suspected Causes of Selective Mutism

Research yields conflicting results in relation to the suspected causes of selective mutism. Psychodynamic theorists view selective mutism as a way for a child to express unresolved conflict. Behavioral theorists view SM as the result of negatively reinforced

learning patterns. Many other researchers view SM as a variation of social phobia (Krysanski, 2003). Despite the various etiological explanations, research has revealed some frequent characteristics in these children.

There is a higher percentage of students who come from immigrant families and have anxiety that runs in the family, but the actual cause of the condition is debated. It has been speculated that the strange and unpredictable environment and loss of familiarity exacerbates anxiety in immigrant children resulting in mutism for those already prone to the disorder. “Theories of causation include immigrant family background, significant early childhood trauma, injury that affects the mouth, and possible family secrets. Anxiety is presumed to be an underlying feature” (Lesser-Katz, 1986; Black & Uhde, 1995, as cited in Giddan, Ross, Sechler, Becker, 1995). Research consistently reveals that children with SM have a genetic predisposition to anxiety (Shipon-Blum, [n.d.]). A close look at family background will also provide valuable information in diagnosing children with selective mutism because various characteristics in the family may serve as risk factors. Marital discord and parents with a mental disorder put a child at greater risk for developing this disorder because there may not be an adequate amount of support for a child who may be prone to anxiety (Elizur and Perednik, 2003; Elizur & Minuchin, 1989, as cited in Shipon-Blum, 2005). “The families of children with SM often are characterized by marital discord, lack of verbal communication, social isolation and over-involvement of one parent, often withdrawal of

the other (Zelenko & Shaw, 2000, p. 560). Parents of children with SM may also report a history of anxiety or panic related disorders in their families. “SM in children has also been linked to stressful life events, and studies have reported these children often experience a stressful event prior to the onset of the SM disorder” (Steinhausen & Juzi 1996, in Crundwell 2006, p. 50). Thirty-one percent of a sample of children with SM had experienced a stressful life event before the onset of SM. (Steinhausen & Juzi 1996, in Crundwell 2006). Some of these stressful life events may include abuse, death of a loved one, divorce, moving, or a life-threatening experience (Dow et al., 1995 in Krynski 2003). Other studies claim that there is no evidence to support the fact that neglect, trauma, or abuse is a cause of this disorder (Shipon-Blum, [n.d]).

Educational Implications of SM

The impact of SM on academic skill development has revealed conflicting results. However, there have been some studies conducted in an attempt to uncover the academic ramifications of students with SM. “Bergman et al. (2002) reported that in comparison to control children, teachers rated children with SM as deficient in academic and overall functioning.” (as cited in Crundwell, p.4, 2006) According to the study, one third of children with SM performed below grade level (Crundwell, 2006). Because of the inability to interact verbally, these students are impaired in the academic setting. One of the primary strategies that teachers use to assess knowledge is through verbal skills. These children are unable to provide feedback limiting teachers to identify weaknesses

and gaps in understanding. However, other studies have revealed that the math and reading scores of children with SM did not differ from controls (Cunningham, McHolm, Boyle, & Patel, 2004).

Despite differing results in the realm of academic implications, the social implications of SM can be devastating. The growth and development of social skills are inhibited because these children are often shy. “The results indicated that children with SM were less likely to join groups, introduce themselves, start conversations, or invite friends to their houses. These deficits increase the likelihood that children with SM will have further problems with social interactions with their peers because they lack the necessary practice and refinement of these skills” (Crundwell, 2006, p. 50). Teachers can assist these students by helping them with their social skills and acknowledging that they are not unsociable.

Because symptoms of SM often show up in the classroom, information is available to assist teachers in working with these students. Dr. Shipon Blum, president and director of the Selective Mutism Anxiety Research and Treatment Center, provides helpful information to parents of children with SM as well as teachers who work with these children.

First of all, parents of children with SM are encouraged to contact the child’s school to make sure the staff is educated about SM and how it relates to the specific child. Parents are encouraged to take part in the selection of the child’s teacher, and they

are encouraged to schedule a meeting with school staff to discuss the needs of their child. Parents are also encouraged to plan play dates with peers that their child can interact with at school. Other ways that parents can help their child feel more comfortable would be to take the child to the school during hours in which there are no people in order to get comfortable in the environment, meet the child's teacher before school, and have the teacher over to the child's home. (Shipon-Blum, [n.d]).

Teachers are encouraged never to pressure a student with SM to talk. The goal for a teacher should be to alleviate anxiety in the student. "Social comfort is the precursor to communication" (Shipon-Blum, [n.d.], p. 5). A teacher should empathize with the student by acknowledging that speaking is difficult for them. A teacher might also consider talking to other classmates, explaining to classmates that a student with SM is not being rude or unfriendly. Other helpful techniques for a teacher to get to know students with SM is to correspond by e-mail, allow the student to be in the classroom without other students while the teacher is working in order for the student to become more comfortable, and spend time with the parents in hopes that they will alleviate anxiety. A teacher should track improvement within the school because progress in children with SM can be slow, and this may be helpful in determining what is working for the student.

Treatment Approaches

A formal diagnosis of SM can only be made by physicians, psychiatrists, or psychologists. Teachers and other school personnel are not in a position to diagnose a child with SM but they can certainly direct students to professionals for evaluation. The diagnosis of children with SM can be challenging because parents often do not see the symptoms until their child attends school. However, research reveals that the earlier intervention occurs the more likely a child will recover from this disorder. “Findings indicate that the earlier a child is treated with SM, the quicker the response to treatment, and the better the overall prognosis. If a child remains mute for many years, his or her behavior can become a conditioned response where the child literally becomes accustomed to not speaking as a way of life ” (Shipon-Blum, n.d., p.2).

Typically, a teacher will be the first person to notice a child with selective mutism. Teachers need to be aware of the condition so that they can direct the child to appropriate intervention. In most situations, a teacher will direct the child to the school SLP (speech-language pathologist) who would counsel parents for a referral to a child psychotherapist. A psychotherapist will obtain a detailed account of the development, family, and medical history of the child and family. Various psychological evaluations may be administered to the child suspected of selective mutism, as well as interviews and formal observation of the child. However, it is important to remember during the evaluation process that the child may be silent to some degree, which brings challenges to diagnosing the individual. (Giddan, Ross, Sechler, & Becker, 1995)

There are various treatments available for children with SM. A popular treatment for this disorder is cognitive-behavior therapy. Children correct their behavior by turning anxious fears and worries into positive thoughts. This approach utilizes systematic desensitization, positive reinforcement, modeling, fading, and guided imagery.

Pharmacotherapy is also used for children with severe selective mutism, or a combination of both approaches may be applied. Serotonin reuptake inhibitors (SSRIs) such as Fluoxetine, Paroxetine, Sertraline, and Citalopram are some of the medications that are frequently used to treat children with SM (Schwartz, Richard & Shipon-Blum, Elisa, 2005). Shipon-Blum, a renowned author and specialist of the disorder, focuses on lowering anxiety, increasing self-esteem, and increasing confidence in social settings when creating individualized treatment plans for children. Shipon-Blum says, “We have to build them up inside before we even talk about talking. I need to give them back control within themselves” (Cole, 2006, p.2). Frequent socialization, school involvement, family involvement, and parental acceptance are other avenues of treatment Shipon-Blum uses for children suffering from selective mutism.

When children are diagnosed quickly and treated early for selective mutism, the outcome is often favorable. However, according to literature, despite systematic improvement these children are at risk for social phobia in young adulthood and many will continue to suffer a speech development disorder (Steinhausen, Wachter, Laimbock, Metzke, 2006).

Limitations

Information differs in relation to selective mutism because little is known about the disorder. Until recently, SM was thought to be a rare disorder but current studies reveal that it may be more common than once believed. Only two community-based prevalence studies had been published prior to 1997 (Bergman, Piacentini, & McCracken, 2002). A small amount of information has appeared in pediatric literature. In four major pediatric textbooks, only one makes any reference to selective mutism. The American pediatric journal has never published any article on selective mutism (Joseph, 1999). Thus, one discovers that there is only a small amount of information available about the disorder.

Psychologists need to determine whether or not selective mutism is a variation of a social phobia or a distinct diagnostic syndrome. As far as treatment, doctors still have not determined the long-term effects and side effects of medication, making it difficult for parents who have children with SM. The best treatment options for children with selective mutism are still debated because studies lack the ability to generalize information. Additional research is needed because many studies lack control groups, objective academic measures, objective findings, and the sample sizes tend to be very small. Information found in textbooks may be inaccurate, limited in statistics, and misleading (Shipon-Blum, [n.d.]). Older children that are used in many studies may overestimate problems among children with SM because they may have persistent

mutism, where many children may begin speaking sometime in the early school years (Cunningham, McHolm, Boyle, & Patel, 2004). The outcome of studies is limited because some of the students examined may have comorbid anxiety disorders, making it difficult to account for symptoms only rooting from SM. Also, many studies that have been conducted have not taken place in the United States, where the national culture, school age, immigration, and other factors may differ and impact results.

Information in regards to the causes of selective mutism also varies. While there seems to be some consistency in common characteristics of students with SM, the topic is still highly debated.

Chapter 3: Methodology

Research Design

The researcher conducted a pilot study in an K-8th grade school located in Southern California. The majority of the students is Asian and come from middle to high socioeconomic backgrounds. The researcher chose to interview a cluster of parents who have children with selective mutism, as well as several teachers who have worked with selectively mute students. The researcher also interviewed three psychologists/specialists in the area who work with individuals who are selectively mute. The researcher did not interview any students with SM because she felt that it would cause a great amount of stress to anxiety-prone students. The researcher contacted all parents of selectively mute

children at the school to participate in the interview process. A handful of teachers were selected who were willing to participate in an interview and who interacted with selectively mute students. Because selective mutism is somewhat rare, the researcher contacted all of the parents who have a student with selective mutism, as well as all the teachers at the school who have worked with these particular students. For this reason, it was not difficult to narrow the scope of the study because finding participants was very difficult.

Sampling, Population, and Participants

The first group of participants the researcher used for this study was the parents of students with selective mutism. Child participant #1 is a fifth grade female. She is the oldest child in her family, and she has two younger brothers. She is Armenian, and she spent a year on a mission trip to her home country while she was in the third grade. She has a basic understanding of the Armenian language. She spent a year in an Armenian speaking school, and her mother supplemented the materials by helping her at home.

Child participant #2 is a Chinese female, in the sixth grade. She is the youngest in the family, with a 14-year-old sister and a 18-year-old brother. Chinese is spoken in the home.

Child participant #3 is a Chinese female, in the seventh grade. Her father works for the county. Her mother is a homemaker. She is the oldest in the family, and she has a younger sister who is 11 years old, and a younger brother who is 9 years old.

Child participant #4 is a Chinese female, in the eighth grade. Her father is a doctor and her mother does not work. She is the oldest in the family, with a younger brother who is in the fifth grade. Child participant #4 will be referred to in the paper, but there was no information from her parents as they chose not to participate in the study. However, many teachers will refer to child participant #4 as they have worked closely with this student. She attends Chinese school on Saturdays and she is involved in the orchestra at school.

The second group of participants, which is comprised of teachers, come from a private school, in Southern California. Most of the teachers are credentialed in Elementary Education. The school is located in a suburban area, which is populated by a large number of Asians and Hispanics. The population of the school is comprised mainly of Asians, followed by Caucasians, Hispanics, and other groups. The teachers who were selected to participate in the study teach fourth grade, fifth grade, sixth grade, seventh grade, or eighth grade. A specialty art teacher was also interviewed as he works with students with selective mutism.

The third group of participants is psychologists in the area. Psychologist participant #1 is a child psychologist. She has heard of selective mutism, but she has not had a lot of experience with clients who have this disorder.

Psychologist participant #2 specializes in social anxiety in children and adults. She is a licensed psychologist in the State of California. Though she has heard of

selective mutism, she also readily admitted that she knows little about the disorder. She believes she has worked with individuals with some degree of selective mutism, but she said some cases were not officially diagnosed.

Psychologist participant #3 is a clinical pediatric psychologist working in the areas of child, adolescent, and family therapy/development delays. She has over 24 years of experience in her field. Her practice is divided into two categories: one category includes working with children, adolescents, and families in crisis, and the other half of her practice specializes in working with children and their families impacted by special disorders, such as selective mutism, Asperger's syndrome, autism, and developmental delays. Psychologist participant #3 has worked with multiple cases of individuals with selective mutism. Many individuals in the Southern California area are directed toward this psychologist because of the few specialists who work specifically with selective mutism.

Data Collection

In order to complete this study, the researcher attempted to interview as many individuals associated in some way to selective mutism. The researcher contacted parents, teachers, specialists, and therapists to participate in the study. The researcher contacted the participants either by speaking to them in person, by phone, or by mail to

set up a time for an interview. Several participants opted to complete a questionnaire as time did not allow him/her the availability to meet for an extended period of time. The researcher completed several interviews either in person or by phone. The researcher also felt, because of the sensitivity of the topic, many parents felt uncomfortable to feel exposed to personal interaction. After reinforcing the concept that all information would be kept confidential, one parent continued to express her concern that her daughter's name be kept anonymous on the thesis, indicating sensitivity was high in relation to the thesis. The majority of the questions asked on the thesis were qualitative in nature, resulting in a broad range of answers to personal circumstances.

Chapter 4: Data Analysis

The data analysis sections includes sixteen in-depth interviews. The sixteen interviews include three parent interviews, ten teacher interviews, and three psychologist or specialist interviews.

Parent Questionnaire

As mentioned above, the parents that participated in this study were selected from a cluster of students with selective mutism that attended a private school in Southern California. Four sets of parents were contacted to participate in the study, and three sets of parents agreed to participate.

1. Where was your child born?

All of the participants of the study were born in Southern California. Child participant #1 was born in Pasadena, California. Child participant #2 was born in Los Angeles, California. Child participant #3 was born in Pasadena, California.

2. What is your child's school history?

Two of the three participants with selective mutism attended preschool between the ages of three and four. Child participant #1 attended a private school from pre-school through 2nd grade, and in 3rd grade she went to Armenia where she attended the local school. Child participant #2 and #3 attended the school they are currently at, beginning in first grade. It should be noted that child participant #3 began her school experience at a public school, where she had a very poor experience. In kindergarten, her teacher

would punish the student by sitting out of the room for long periods of time if she refused to speak.

3. What are some activities that your child enjoys doing?

Child participant #1 enjoys reading and drawing. She plays piano and loves to play with her dolls and playmobiles. She is also very adventurous, and she loves trying new things. Child participant #2 enjoys playing video games, listening to music, and singing in her home. Child participant #3 enjoys playing on the computer, using e-mail, art, television, and reading.

4. How many siblings does your child have? How old?

All of the participants have siblings. Child participant #1 is the oldest child, and she has a five-year-old and seven-year-old brother. Child participant #2 is the youngest child of the family, and she has a fourteen-year-old sister, and eighteen-year-old brother. Child participant #3 is the oldest child in the family, and she has a nine-year-old brother and eleven-year-old sister.

5. Is your child involved in extracurricular activities outside of the school setting?

Child participant #1 was involved in chess masters at school, and she takes piano lessons. Child participant #2 is not currently involved in any extracurricular activities, but she has participated in Chinese language study, hip hop, and Hawaiian dancing. Child participant #4 is not involved in any extracurricular activities outside of the school setting.

6. At what age did you notice your child not speaking in a social setting?

In two of the three parent participants, the parents noticed their child not speaking in kindergarten, at the age of five. In both cases, the parent participants mentioned that it was assumed that their child was just “very shy.” In both cases, the parent participants mentioned that the situation became worse as their child progressed in grade levels. In one of the children, the parents noticed their child exhibiting symptoms in preschool.

7. Are there social settings that your child will speak in outside of the home?

Two of the three child participants will speak in social settings outside of the home. Child participant #1 will speak at church and at friends or family member’s homes. Child participant #2 will speak in outside settings if she is around family members. Child participant #3 will only speak to her immediate family, aunts, uncle, and cousin.

8. Does your child express anxiety in regards to school? If so, in what ways does he/she express his/her emotions?

In one of the three parent participants, the parent indicated that their child does not express anxiety in regards to school, except for typical issues with doing her homework. Her parent indicated that her daughter likes school, but she just will not speak. In two of the three participants, the parents indicated that their child does not express anxiety about school unless she is in a situation where she is expected to speak. Child participant #1 will show the typical range of emotions exhibited by individuals with selective mutism. When she is at school, she will sometimes bite her finger nails,

expressing anxiety. The other two participants do not express any emotions of happiness, sadness, or even anxiety aside from not speaking. In child participant #2, her mother stated that “she keeps her emotions inside, and she tries not to show it outwardly, but inwardly she may be laughing away.”

9. *What has been helpful in putting your child at ease in a social setting?*

All three parent participants indicated that if their child is not forced to speak, they will become comfortable in a social setting. Parent participant #1 also mentioned that it is important to give her daughter space. Parent participant #3 acknowledged that she and her spouse did not put their daughter in enough social settings due to a busy schedule.

10. *Will your child speak with peers outside of the school setting? For example, if your child has a friend over to his/her home?*

All three parent participants had a different answer when it came to whether or not their child would speak in a social setting. Child participant #1 will relate to certain classmates at school in a whisper, however, this took much time and effort. Parent participant #1 set her daughter up with two classmates from school. Step-by-step, they were able to get her to speak out loud. First, their daughter was expected to nod, then wave, then whisper, and she finally said two words out loud. At the end of the year, child participant #1 was speaking to both girls. She will whisper to these girls at school, but she won't speak out loud to them in a social setting. In two of the child participants, the

children would speak to specific playmates outside of the school setting, but if the children were at school, they would no longer speak.

11. How would you advise a teacher to put your child at ease in the classroom?

Parent participant #1 indicated that a teacher should use alternate methods like nodding or writing to communicate. Parent participant #1 has also made great efforts to have her daughter meet each teacher before the first day of school. Parent participant #2 indicated that the school has put her daughter at ease in the classroom because they seem to understand what a SM child needs, and they feel like the school has made accommodations for her daughter. Parent participant #3 encouraged teachers not to treat her daughter like she has a handicap, but to encourage and praise her to ease anxiety. Parent participant #3 also said, “when she is happy, laughing, and playing, she forgets that she has SM symptoms.”

12. *What strategies does your child’s current teacher do that is helpful for your child?*

According to parent participant #1, the teacher gradually gets the child to communicate, in hopes of building up to speaking. The current goal is for the student to say “hello” and “goodbye” in an audible whisper. Parent participant #2 articulated that it has been helpful for the child’s teacher to be clear in what she wants from the student. According to parent participant #2, her daughter will try to do anything if there are no students watching her. Parent participant #2 also articulated how much she appreciates feedback from the teacher in how her daughter is progressing. Parent participant #3

reiterated the lack of understanding out there amongst teachers, doctors, and counselors in relation to selective mutism. The researcher sensed a feeling of frustration, as parent participant #3 acknowledges that it is a tough situation, with little medical research.

13. If you could advise your child's teacher, what would you like to see the teacher do differently in order to help your child?

Two of the three parent participants expressed that the school and teachers are doing a wonderful job with their daughters. All three parent participants mentioned the need for prayer from teachers and staff. They also mentioned that frequent communication has been very helpful. Parent participant #3 encouraged teachers to remember that "love is the key. Caring and loving can change anyone's mind and heart. Be like Jesus, have compassion, laying hands and praying will help a child with a weakness to respond to the loving and caring words from the Bible."

14. Do you seek support services at school, or outside of the school, to assist your child with selective mutism?

Although the school does not have an onsite school psychologist, the parents of children with selective mutism have been sent to selective mutism conferences. Two of the three parent participants have sought help outside of the school through therapy and counseling. In both situations, the parent participants mentioned that therapy did little to help their daughter with the disorder. Parent participant #2 expressed frustration that any counselor her daughter has seen has had little knowledge of selective mutism, and doctors have just recommended medication to treat the anxiety symptoms. Parent participant #2 also mentioned that all of the counselors her daughter has seen have viewed her as

strong-willed, refusing to speak, extremely shy, or mistreated. Also, parent participant #2 mentioned that her insurance will not cover any payment outside of her insurance plan, limiting options available for her daughter. Parent participant #1 feels like her daughter has improved in the school setting, and therefore, she has not sought private therapy. However, she mentioned that she would be open to finding a Christian therapist for her daughter, and would accept help from me if I had ideas of resources.

15. Is there anything else you'd like to tell me?

Two of the three parent participants had something else they wanted to tell the researcher. Parent participant #2 shared that she feels that her daughter has improved. She explained that if her daughter wants something bad enough, she (mother) can get her to talk. For example, her daughter wanted something from the store. Her mother encouraged her to call the store. To help with this process, her mother wrote her a script. At first, her daughter was reluctant to make the phone call, but she eventually decided on her own to call. Her mother was very proud of her. Her mom has set up a reward system for speaking. For example, the daughter receives points towards something her daughter likes if she says "hello," "thank you," or answers a question. However, her mom said that so far, her daughter is only speaking to strangers outside of the school setting. Her daughter recently told her that she will talk when she is in high school. Her mother said,

“If she herself believes that, then I believe it will come to pass. God made her special, and when she’s ready she’ll be ready to talk.”

Parent participant #3 thanked the researcher for her willingness and desire to study selective mutism and its impact on students in the classroom setting. The parent participant reiterated that it will be helpful to families. He also said that because of the lack of awareness of selective mutism, many people are unaware of what selective mutism is. Parent participant #3 reiterated that *love* is the key to working with these students. He again thanked me for the time and effort I am putting into my research.

Teacher Questionnaires

The following text describes responses to questions that were asked to elementary education teachers in relationship to students with selective mutism. The teachers were selected from a private school in Southern California. The researcher contacted all of the teachers at the school who had come into contact with selectively mute students.

1. Tell me what you know about selective mutism in students.

Five of the eight teacher participants interviewed answered that it is an anxiety disorder where an individual will not speak in certain settings. Two of the eight participants answered that these individuals do not talk and they do not express emotions. One of the eight teacher participants indicated that it was a childhood disorder.

2. What has been your experience in working with participant? (#1,#2, #3,...)

Two of the teacher's who have worked with child participant #1 indicated that she has a mild form of selective mutism, and that there has been great progress in the two years she has been at the school. All of the teachers indicated there is lack of eye contact, and lack of expression in their selectively mute students. Two of the teachers mentioned that two of the students will cover their mouth if they want to smile. All of the teacher participants who have worked with child participant #3 indicated that this child has never spoken a word, and literally does not express emotion. The teacher participants mentioned that in working with the students, each child manifested symptoms in different ways. One of the teacher participants mentioned that it takes a long time to develop a relationship with any of these students.

3. What strategies have you found helpful in working with students who are selectively mute?

Four of the eight teacher participants that were interviewed mentioned the importance of goal setting in working with these students. Several teacher participants mentioned that communicating through some written form is incredibly helpful in working with these students. Also, any oral presentations might be modified, such as presenting on a video tape recorded at home, presenting during times when students are not in the room, and giving plenty of time to prepare for a presentation. Several of the teachers also mentioned that nonverbal gestures are helpful in class, such as a nod of the

head, wave of the hand, or on-going journal. Two of the eight teachers mentioned that assigning a friend to the student to help them communicate has been effective.

4. Did the school provide support services to assist working with selectively mute students either inside or outside of the school setting?

All of the teachers indicated that the school was willing to send them to a selective mutism conference. A few years back, the school had a specialist come talk to the staff on selective mutism. The school has also provided funds to purchase materials to help educate the staff.

5. If you could advise the parent(s) of a selectively mute child, what advice would you give in assisting their child in the classroom?

Several teacher participants that were interviewed indicated that it is important that the parents be totally supportive of the teacher. It would also be helpful for parents to reinforce goals and boundaries that are being set in the classroom. One teacher participant indicated that she thinks the parents should sit in the classroom, by their child, until the student speaks. Two of the seven teacher participants interviewed said that it is important for the parents to get help outside of the classroom, and to intervene early in the process.

6. How can parents help their child with selective mutism?

Three of the seven teacher participants mentioned that parents should encourage their child, and provide opportunities for their son or daughter to grow. Two teacher participants reiterated the need for parents to seek outside help for their child. One teacher felt that parents should try medication to help their child alleviate anxiety.

Another teacher mentioned that parents should work at home on reinforcing the behaviors expected at school. Another teacher encouraged parents to discuss selective mutism at home and invite the teacher to dinners in the home to help the student feel comfortable with the authority figure. She also felt it necessary to allow for natural consequences. Finally, one teacher encouraged parents to spend time in prayer for their child. He felt that prayer might help alleviate anxiety that their child is experiencing, and that the parents should ask the Lord for wisdom and discernment in helping their child.

7. Did you observe anxiety in this student in the school setting? If so, in what ways?

All of the teacher participants mentioned that they observed symptoms of anxiety, such as lack of eye contact, biting of finger nails, nervousness when spoken to, tardiness to class, and lack of speech. While each student portrayed anxiety in a unique way, each student had their own way of expressing it. One student actually covers her ears when it is noisy. Another student will wander around the school, and arrive to class late. It has been difficult for teachers to differentiate between defiance and severe anxiety.

8. Did you notice this student express emotion?

According to all of the teacher participants, child participant #1 will smile on occasion. Child participant #2 shows little emotion, but on rare occasions, she would put her head down and laugh silently into her hand if she felt something was funny. Several teachers mentioned they have seen little to no emotion from child participant #3. One teacher mentioned that “she always has a sad look on her face.”

9. What have you found helpful in putting a student with selective mutism at ease in the classroom?

Two of the seven teacher participants mentioned that humor has been helpful in working with these students. One of the teachers mentioned that training is essential for teachers in order that they might not misread these students. Other teachers mentioned the importance of not treating these students differently, other than not calling on them to answer a question or read in front of the class. They are treated as part of the class and participate in group assignments and presentations, even if it is just standing up front with the group. One teacher mentioned that he makes sure that no one teases students with selective mutism.

10. What modifications have you made for students with selective mutism?

All of the teacher participants have made accommodations for students with selective mutism when an oral report was required. Depending on the severity of the case, the students would be expected to give an oral report during lunch or after school, or video tape the presentation at home. The teachers also mentioned that it has been helpful to discuss oral presentations far before the due date so that these students have more time to prepare. In some cases, the teachers have allowed the student to answer questions in a journal. This has been a great way for the teacher and student to engage in ongoing communication. One teacher mentioned that she will have a student with selective mutism point to an answer, or use nonverbal gestures to communicate.

11. How did this student perform academically? Did you feel that the child's selective mutism affected his/her academic performance?

All of the teacher participants indicated that these student performed very well academically. In fact, the majority mentioned they were above average. One teacher observed that the students she has taught with selective mutism have been perfectionistic and completed assignments very meticulously. Another teacher indicated that the students with selective mutism are bright, but she has deep concern over their academic and social well being of these students in high school. The art teacher mentioned that all four of his selectively mute students excel in the area of art. He has found them to be very creative and meticulous in their art work.

12. Did you observe the student interacting with peers? If so, in what ways?

Child participant #1 will interact with peers. She has three friends and she will whisper and gesture in order to communicate. Outside of the school setting, she will actually speak a few words to her friends. Child participant #2 does not interact with peers. Child participant #3 will nod her head if a peer tries to speak to her, but she has little response. Child participant #4 will write notes to her peers, or e-mail them. She will speak in a soft whisper to choice peers.

13. What have you found helpful in working with parents who have a child with selective mutism?

Two of the teachers indicated that they had little interaction with the parents. Several of the teachers mentioned the importance of good communication with the parents. One teacher mentioned the importance of sharing what strategies are being

utilized in the classroom. Two of the seven teachers interviewed mentioned that parents need to be encouraged to attend conferences and become educated in selective mutism.

One teacher mentioned that a reward system might be helpful, and that parents can reward their child for progress he/she is making in the classroom.

14. What have been your greatest successes as a teacher in working with students who are selectively mute?

The various teacher participants interviewed each had unique experiences with the students with selective mutism. One teacher indicated that a great success for her was when child participant #2 would lean in for a hug towards the end of the school year. This same teacher observed that child participant #1 made great strides throughout the school year, and that perhaps this particular student does not have a severe case of selective mutism.

Another teacher told me a story about one of the SM students, child participant #4. One day at school the science teacher commented that she liked the student's sweatshirt. Obviously, the student did not respond but the teacher thought nothing of that. A few days later, the teacher received a gift. The gift was a sweatshirt, like that of the student's, in a box. The teacher felt this was a great success in that it meant that the student was responding to her. Another great success, was that she got this student to recite some short memorized pieces during times in which the other students were not in the classroom.

One teacher responded that she observed small victories, such as the student speaking louder to her as the year progressed. She also observed more confidence from this student, which she viewed as a great success.

The art teacher responded that after class, child participant #4 will verbally communicate with him. She used to write him notes, but he no longer allows her to communicate that way. He also mentioned that he enjoys making her smile, for it is quite a challenge, but well worth it when he is successful.

The English, junior high teacher, enjoyed journaling with child participant #4. She was able to ask her deep questions, and they were able to communicate on a deeper level. By the end of the year, the student would speak to her if no other students were present.

It is interesting to note that four teacher participants felt that they have not experienced success with these students. One teacher responded, “I don’t feel there have been any successes...it’s frustrating to work with these students. It’s easy to ignore them and forget they’re there. I didn’t see progress in any of the three students I worked with. They complied with my requests to do signals, but they never went beyond what I asked.”

15. Is there anything else you’d like to tell me?

One teacher commented that she finds it interesting that three of the four students with selective mutism are of the same ethnicity. In two of the cases, she felt that it is a

control or anger issue. She also observed that child participant #3 always seems to have “the saddest look on her face.” She commented that child participant #2 doesn’t seem to care about having friends, avoids her peers, and never participates in group activities.

Another teacher mentioned that these kids need a lot of love. A fifth grade teacher mentioned that her student’s father was very shy through elementary school. I found this interesting because in my research it has been suggested that there is a genetic link to selective mutism. (Standart and Le Couteur, 2003) This teacher also discussed how God made speech and while it is easy to ignore these students, all human beings have an innate need for interaction. For this reason, it is important that teachers make an effort to interact with these students even if they do not respond.

The art teacher indicated that all of the students with selective mutism excel in art.

Psychologists/Specialists Questionnaire

The psychologists interviewed for this thesis were selected based on availability and some form of personal connection. The researcher met one of the psychologists at a conference and contacted her later about her thesis project. Another psychologist works directly with one of the selectively mute students at the school in which the researcher works. The third psychologist is a family friend. Each psychologist differs in their specialty but has worked in some way with anxiety and/or selective mutism.

1. Tell me what you know about selective mutism in individuals.

Psychologist participant #1 articulated that children with the disorder speak and understand the language but are severely withdrawn in certain situations and at those times fail to speak. Psychologist participant #2 indicated that it is not a physical problem, but rather anxiety and fear causes the individuals not to speak in certain situations. Psychologist participant #3 replied that it is an extreme form of social anxiety. She believes, as with many other professionals, that there is a genetic component and, often, the individual will have one or two parents that are extremely shy. Psychologist participant #3 also indicated that the earlier the intervention, the better chance that the individual with selective mutism will recover from the disorder. She also believes that it will not go away without treatment, unless it is a very mild case. In her experience in working with these individuals, she has found that there is much greater success when she treats young children.

2. What has been your experience in working with children with selective mutism?

Psychologist participant #1 has found that the child has usually experienced some unusual event in the home or elsewhere in the environment that may have created fear and anxiety. At other times there seems to be no known cause and effect relationship for the problem. Psychologist participant #2 indicated that she has worked with few cases of individuals with selective mutism. While she has worked with extremely shy clients, she has not worked with any individuals officially diagnosed with selective mutism. She reiterated that it is very rare, but she does have some older clients that do not speak in

certain settings. She also mentioned that it is a social phobia. Psychologist participant #3 has worked with a plethora of individuals with selective mutism as she is a specialist in the area. For this reason, while it is a rare disorder, she receives clients from all over Southern California. She utilizes a developmental, relational approach called floor time. She does not believe in utilizing a medicinal approach, unless it is a very severe case. The reason that she does not encourage the use of medicine is because she believes the side effects can be altering to personality and growth.

3. What strategies have you found helpful in working with individuals who are selectively mute?

Psychologist participant #1 approaches selective mutism as a severe anxiety disorder in her treatment. Avoiding any direct requests or directions for talking is important. Avoiding any direct requests or directions for talking is important. Initiating a reward system if the child utters even one word sometimes is effective. Psychologist participant #2 focuses on developing relationships so that a trusting relationship is built. Participant #2 also commented that diverting one's attention from the therapist is very helpful in putting a child at ease. In small children, she will play with playdough, draw, play a game, or do other activities that will hopefully put the child at ease. She also has children express themselves through drawing, and cutting pictures from magazines. She feels strongly that it is important not to push the individuals to speak, but she will wait until patients are ready to answer questions. Psychologist participant #3 utilizes a

developmental relationship called “floor time.” This is a very hands-on approach where she uses animals, toys, games, and even the kitchen to develop a relationship with her clients. She also encourages full parent participation as it has proven to be more successful with their help. On a side note, she mentioned that she believes there is a cultural component to selective mutism that can increase the level of resistance in receiving help.

4. If you could advise the parent(s) of a selectively mute child, what advice would you give in assisting their child in the classroom or school setting?

Psychologist participant #1 encourages parents to meet with the classroom teacher, before the start of the school year, and develop a strategy for allowing the child to speak gradually in the classroom setting. This plan should include as much positive feedback as possible. Psychologist participant #2 encourages parents not to shame or humiliate their child because he/she is not speaking. She believes that it is appropriate for parents to gently push their child to speak. She also encourages parents to provide opportunities for their child to be pushed outside of their comfort zone. Psychologist participant #2 stated that many of her clients, who have severe forms of social anxiety, have experienced deep shame and humiliation. Psychologist participant #3 encourages parents to make every effort to meet with teachers, and school staff before the school year to make sure all individuals working with their child are informed about selective mutism. She also suggested having the teacher create a lunch buddy system for the student with selective mutism, to prevent isolation.

5. How can parents help their child with selective mutism?

Psychologist participant #1 suggests that parents help their child by providing comfortable environments and accompanying and reassuring the child in new situations. Psychologist participant #2 encourages parents to educate themselves as much as possible about selective mutism and social anxiety. Psychologist participant #3 encourages early intervention, educating parents, and not berating their child for his/her selective mutism.

6. Do you typically observe anxiety in these individuals? If so, in what ways?

Psychologist participant #1 observes that these individuals lack spontaneity and have great difficulty engaging in play with others. Psychologist participant #2 has observed common behaviors of nail biting, foot tapping, leg shaking, and even not seeming to pay attention. In adults, she has observed that they can be perceived as “snotty,” when in actuality they are suffering from extreme anxiety. Psychologist participant #3 also observed typical symptoms of anxiety—not talking, poor eye contact, lack of social connection, and other anxious gestures.

7. What are some strategies you utilize to treat individuals with selective mutism? What have you found to be particularly effective?

Psychologist participant #1 spends time playing one-on-one games and she allows the child to play freely. She feels that this is an effective strategy to reduce anxiety. Psychologist participant #2 tries to get people to do things outside their comfort zone. She places great emphasis on relaxation techniques such as breathing exercises. She is

very conservative when it comes to medicinal use. She feels that medicine should be used as a last resort as there are many unknown side effects. If patients come in already on medication, she will not alter methods if it is working for the patient. However, as mentioned before, she tries to avoid the use of medicine for children and adults.

Psychologist participant #3 shares the same view on the use of medication as participant #2.

8. What have you found helpful in working with parents who have a child with selective mutism?

Psychologist participant #1 assists parents in reducing stress levels at home, such as busy schedules and distractibility in caring for the child's siblings. Also, it is helpful to encourage parents to observe situations carefully in the home environment that seem to trigger anxiety in the child. Psychologist participant #2 spends time educating parents about anxiety as it is a reaction to fear. She feels that communication with parents is essential and she eventually hopes to pull them into reinforce therapy. Psychologist participant #3 also desires that parents will spend time in therapy in order to help their child. She actually meets with the parents specifically to coach the parent. The parents are heavily involved in the therapy process. This therapist has observed there is a higher rate of marital discourse and lack of support, making therapy for both the child and parents essential to success.

Psychologist participant #1 works with parents and ultimately refers their child to a psychiatrist for a medication consultation. Psychologist participant #2 focuses on

educating parents about selective mutism and what anxiety is about. According to her, parents need to understand that anxiety is a reaction to fear. An abundance of communication is essential in order to eventually pull them into reinforce therapy.

9. What have been your greatest successes as a psychologist in working with individuals who are selectively mute?

Psychologist participant #1 has been successful at lowering the anxiety level of her patients. Ultimately, this increases verbal communication in a social environment. Psychologist participant #2 has seen marked improvement with the use of medicine and therapy. She has not had a lot of experience specifically with selective mutism, but she has worked a lot with a youngsters with anxiety disorders. Psychologist participant #3 replied, "I get them to talk. That is my greatest success as a psychologist."

10. What recommendations would you give to teachers who work with students with selective mutism?

Psychologist participant #1 recommends that teachers encourage parents to identify triggers for the child's anxiety and share them with the teacher. Also, a weekly behavioral therapy program with rewards for small steps in school are sometimes effective. Psychologist participant #2 recognizes that for some parents accepting that their child has selective mutism may be very difficult. She encourages teachers to be very empathetic of the situation, and acknowledge that some parents may take time to accept it. She also recommends that teachers highly encourage parents to get therapy for the child. The earlier the intervention, the better. Participant #3 encourages teachers to educate themselves about selective mutism by attending conferences and reading

literature about the disorder. She also feels that teachers should receive more training in special disorders. Many teachers view children that do not talk as willful, which can cause further damage in the healing process. Also, it is important for teachers to remember that he/she cannot force the child to speak. She encourages teachers to watch for symptoms of students with selective mutism, as teachers can be the first vanguard in getting students help. These students will appear to be “more than quiet,” and selective mutism should be flagged down by the age of five.

11. Is there anything else you'd like to tell me?

Psychologist participant #1 mentioned that she has not had a great deal of experience with selectively mute children, but she has worked with a number of youngsters with anxiety disorders. Psychologist participant #2 shared that there is low cost clinics and therapy that is provided on a sliding scale for low income families. This information was helpful as one participant in my study mentioned that her insurance has not covered therapy for her daughter. She recommended finding a therapist who can speak the language, if English is a second language to a family. This is important because she believes that there will be cultural barriers that will need to be addressed. Psychologist participant #3 commented that there are wonderful resources on the internet for parents, teachers, specialists, and others interested in finding out more on selective mutism. She mentioned that Elisa Shipon-Blum is an amazing specialist who has a website dedicated to selective mutism. She became interested in this disorder when her daughter was diagnosed with it. Psychologist participant #3 shared that various

specialists and therapists utilize different approaches to treat selective mutism, whether behavioral, cognitive behavioral, or a medicinal approach

Chapter 5: Summary of Findings

During the literature review process, the researcher discovered that some literature available about selective mutism appeared inconsistent. Some inconsistencies found in literature that the researcher noted were the root causes of selective mutism, academic implications of the disorder, and strategies that teachers should or should not be utilizing in the classroom. For example, some literature indicated that teachers should set goals for their students, and other research indicated that goals would pressure students and would result in greater anxiety for the individual. Some of the inconsistencies found in literature is probably due to the fact that more studies need to be completed on selective mutism to provide a comprehensive body of research. While the researcher discovered that some of the information found in literature appeared inconsistent, there were also some strong correlations between findings in literature and what was found in this study.

The onset of selective mutism in all of the participants appeared consistent with literature in that the symptoms for all four children studied became apparent in preschool or kindergarten. Parents did not necessarily notice that their child behaved differently

until he/she was placed into a social setting, such as a school environment. This is normal as most parents report that their child will behave completely normal at home, outside of a social setting. In a school setting, the parents and teachers may initially think the child is extremely shy, but as time progresses it became more apparent that there was a problem beyond mere shyness.

In all four cases of students with selective mutism, there was a sizable lapse between suspecting the disorder and actually receiving outside help. According to literature, early intervention is uncommon because it takes several years before parents and teachers identify the severity of the situation (Johnson & Wintgens, 2006).

According to research, the most common range of ages for referral is between the ages of 6 and 11, with an average age of 9 years (Krohn, Weckstein, & Wright 1992, in Crundwell 2006). In this study of four children, it took a few years before any of the parents sought outside help for their child, which is consistent with literature.

Unfortunately, in two of the child participants, it seems that the recovery process may be more difficult as intervention was very late. Literature reveals that there is less success in child participants who do not receive help in the early years of school.

In all four cases, the individuals were female. Literature revealed that there is a higher number of girls than boys who suffer from this disorder (Shaw, Zenenko, 2000). Also, the severity of the disorder varied in the four child participants studied. The symptoms of individuals with selective mutism vary, with some selectively mute

individuals who are able to speak in a whisper to specific individuals and who are willing to show some facial expression, to other individuals who show no facial expression, and will not utter a word. In this study, three participants were willing to gesture, smile, or whisper a few words to teachers, while one of the four participants has never spoken in the seven years she has attended the school.

According to research, SM is at least three times higher in immigrant language minority children. The researcher found it interesting that three of the four children were Asian, and one student was Armenian. The Asian students all came from bilingual families, and the literature indicates a higher percentage of students with SM come from bilingual families (Toppelberg, Tabors, Coggins, Lum, & Burger, 2005). Another interesting discovery was that the Armenian student spent a year of her life in a foreign country. Perhaps the stress of learning another language and being already prone to anxiety exacerbated social anxiety. “There is a higher prevalence of children with SM who spent time in a foreign country during language development. Research has indicated that these students are often prone to anxiety, and the stress of learning another language increases the probability of mutism” (Shipon-Blum, [n.d.], p. 2).

As far as family history, the researcher found it difficult to access much information from parents during the interview process because of sensitive nature of this study. However, the researcher was able to piece together information during the process of interviewing teachers of the students. One teacher mentioned that the student’s father

was very shy in school, and perhaps even exhibited symptoms of selective mutism.

Studies reveal that there is often a genetic link in individuals with selective mutism. It is common to identify social anxiety that runs in families (Standart and Le Couteur, 2003).

In the other students with selective mutism, the researcher has had the opportunity to work with the siblings of these students. The researcher observed that, while the siblings did not necessarily exhibit signs of selective mutism, there was shyness in the siblings observed. The researcher chose not to ask questions about possible marital discord, death of family members, incidence of trauma, etc. so as to be sensitive to family privacy, but some research has indicated there may be a link to various family situations and a higher percentage of children with selective mutism.

In two of the four child participants, the children are not involved in extracurricular activities. One parent participant indicated the reason his daughter is not involved in extracurricular activities is because of busy schedules. Another parent of a different child indicated that her daughter was previously involved in extracurricular activities, but is currently not involved in anything outside of the school setting. In the third individual studied, the parents have made great efforts to involve their daughter in a myriad of activities. Studies reveal that there is greater success when parents gently push their child beyond their comfort zone by placing them in social situations. In this case, the child who is making great strides is being gently pushed by her parents by participating in play dates, attending church activities, and playing the piano. Progress

such as whispering to friends, or even vocalizing in an audible voice a single word has been observed in the context of these extracurricular activities.

There were also consistent findings between literature and this study in interviewing and discussing various topics with teachers, and learning about the children's school history. The lack of awareness in teachers about selective mutism was apparent, particularly in the experience of child participant #3. As mentioned earlier in the study, the teacher punished the student for not talking, by sitting her outside of the classroom for long periods of time. It is difficult to know what kind of psychological impact this had on the student, but based on findings in literature, shame is not a suitable way to treat a student with SM. Obviously, this teacher viewed the student as willful, and did not realize that the student was not choosing to be silent, but was succumbing to an extreme response to social anxiety. It is unfortunate to hear this was the case with child participant #3. Again, the researcher was reminded that many teachers have absolutely no idea what selective mutism is, yet they may have a student exhibiting symptoms. The researcher was reminded in this particular case, that there is an urgency to raise awareness of this disorder as it is very easy to view these children as obstinate and willful.

All of the teachers that the researcher interviewed knew a minimal amount about selective mutism, because they have experienced it first hand in a cluster of students at their school. However, the researcher sensed a great deal of frustration in speaking to the

teachers, in the sense that they often felt helpless in assisting their selectively mute students. Despite attending a conference on selective mutism, many teachers still expressed frustration and felt inadequate when dealing with this type of student. Several of the teachers explained that they have tried various strategies, but they do not necessarily feel that anything has been successful. Part of the reason that teachers may not feel successful in working with students who have selective mutism might be because they feel uneducated about the disorder. Another reason for such frustration may be that even under the best of circumstances, teachers may have difficulty acknowledging that there is no quick cure for this disorder, and time may be the best healer.

The academic performance of the four students evaluated is inconsistent with literature. Literature reveals that one-third of individuals with selective mutism perform below grade level. (Cole, 2007) In the cases of the child participants evaluated, the teachers noted that all four individuals perform above grade level. However, they did not participate in oral presentations and group projects, which is part of grade level expectation. Despite satisfactory performance academically, these students struggled socially, which is consistent with literature. In three of the four participants, the students did not make efforts to make friends with peers, and they seemed to prefer isolation. Crundwell states, “The results indicated that children with SM were less likely to join groups, introduce themselves, start conversations, or invite friends to their houses” (Shipon-Blum, [n.d.] p.50). Despite three of the four child participants preferring

isolation, one of the participants has made great strides in making friends and communicating in nonverbal ways. This was the child participant that is involved in extracurricular activities, and she also appears to have a less severe case of this disorder.

The psychologists interviewed for this study had varying opinions on the best treatment options for individuals with selective mutism. Two of the three psychologists avoid the use of medication with children at all costs. One of the psychologists does believe that medication is helpful in alleviating anxiety. Because of the lack of concrete evidence regarding what is effective with these young children, the psychologists varying treatment plans are consistent with literature in that specialists are still trying to find the best ways to help these individuals. Also, the teachers' frustration in not knowing how to help these individuals is consistent with literature in that there is a great need for further studies to be conducted in the area of selective mutism. (Joseph, 1999) Sadly, several of the parents indicated that they do not know how to help their child. After trying several psychologists, meeting with teachers, attending conferences, and reading books, many of the parents still did not know what to do next to help their child.

Conclusion

The hypothesis that the researcher based her thesis on is the following: selective mutism in the academic setting is significantly affected by social anxiety and emotional distress. Teachers and parents can implement strategies to enhance or impede academic and social progress. As predicted in the researcher's hypothesis, social anxiety plays a

significant role in selective mutism. While researchers do not necessarily know the immediate causation of the disorder, they do know that selective mutism is exacerbated by social anxiety. Teachers and parents do play a significant role in either enhancing or impeding academic and social progress, as was indicated in this study and reinforced in literature. (Shipon-Blum, 2006)

Teachers are vital to identifying selective mutism in their students. The reason that teachers hold so much responsibility is because they are often the first people to be able to identify the disorder. Because many children do not exhibit symptoms of selective mutism in their home environments, teachers are often the first to see symptoms that appear in the classroom or social setting. When a teacher suspects a child has selective mutism, he/she should avoid using shame or humiliation in the hopes of getting a child to speak. In fact, Shipon-Blum recommends that a teacher not pressure a student to talk because this may cause further anxiety. There are other ways that teachers can assist students with selective mutism. Teachers might try various methods of communication, such as e-mailing the student, journaling back and forth, meeting with the student and his or her family outside of the classroom environment, and making modifications for oral presentations. (Shipon-Blum, 2006)

Parents are also critical in the process of helping their child with selective mutism. First of all, parents need to get intervention for their child if selective mutism is suspected. Studies reveal that there is a better prognosis for individuals who receive

earlier intervention. Parents also need to be cautious to avoid shaming their child for having selective mutism. Shame and humiliation is not an appropriate means to respond to a child with this disorder. Shame and humiliation may further aggravate the condition, as a child will not receive the support that he or she needs. Parents can also be helpful in assisting their child in the school setting. It is helpful for parents to introduce their child to his or her teacher before the start of a school year. Also, it sometimes alleviates anxiety for the parent to take the child to the school without the presence of other children. For example, a good time for parents to help acclimate their child to a new environment could be on a weekend or during an evening during which the campus is quiet and without other classmates. Parents should also be aggressive in educating themselves and others about the disorder. Finally, parents should be proactive in gently pushing their child beyond their comfort zone. Parents might arrange special play dates, sport activities, or other extracurricular activities for their child to be involved in social situations. All of these strategies have proven to be helpful in assisting individuals with selective mutism. (Shipon-Blum, [n.d])

There is a great urgency to raise awareness of selective mutism, and its impact on individuals. Dozens of times, the researcher shared with various educators about her thesis project, and the educators expressed that they had never heard of such a disorder. This lack of knowledge of selective mutism is alarming because teachers need to know how to help students that come into their classroom with special needs. The majority of

teachers want to help their students, and sadly, they may be doing great harm out of pure ignorance that disorders like selective mutism even exist. One discovers, in talking to parents who have a child with selective mutism, how heartbreaking it must be to watch their child isolate himself/herself from the outside world. These parents know that their child does not currently have the necessary tools to survive in society without verbal communication, and they want to do anything to help their child, but have no idea where to start. Teachers are left in frustration because they do not know what to do with students who will not utter a word in the classroom. And, unfortunately, out of total frustration, parents and teachers may leave these children feeling ashamed and humiliated, further exacerbating anxiety. All humans have a need to interact with the world around them. It is the researcher's hope that more studies will be completed, and more literature will be available, to help those with selective mutism. Slowly, as more people become aware of the disorder, hopefully we will find solutions to unleash the anxiety that inhibits individuals with selective mutism from interacting with the world around them.

Limitations

There were many limitations in completing this pilot study. First of all, the cluster of students evaluated came from the same school, which is not a representative, random sample. One family chose not to participate in the thesis project, also further limiting the amount of individuals the researcher was able to study. The researcher also

felt like she could not ask questions openly because of the sensitivity of the topic. For this reason, information about some aspects of family history, such as death in the family and various traumas, could not be obtained.

Recommendations for Further Study

Because few studies have been conducted on selective mutism, it appears there is great opportunity for further research to be completed. Hopefully, as society becomes more aware of the disorder, there will become greater interest in devoting the resources needed for further studies. The researcher thought it would be very interesting for a study to be completed that directly involves the individuals with selective mutism. While it is obvious that these individuals would not participate in a verbal interview due to social anxiety, perhaps he/she could answer questions using some kind of response device, or answer questions in written form.

Another area of interest would be studying the correlation between sign language and selective mutism. The researcher thought it would be interesting to look into whether or not an individual with selective mutism would feel more comfortable expressing himself or herself through sign language rather than verbal communication. Perhaps sign language could be a temporary mode of communication as the individual receives therapy and assistance in relieving anxiety. Perhaps a teacher who knows sign language could communicate with selectively mute students.

Finally, the researcher felt that a study involving adults who have recovered from selective mutism would be fascinating. Identifying anxiety triggers and asking adults to think back to their school experiences might be helpful in empathizing with students who suffer from selective mutism.

Appendix A: Consent Form- Adult

Informed Consent Form

Participant's name: _____

I authorize Jennifer Hahn of Education Department, Biola University, La Mirada, California, and/or any designated research assistants to gather information from me on the topic of students with selective mutism and how teachers can provide an optimal learning environment for these students.

I understand that the general purposes of the research is to discover effective strategies for teachers in helping students with selective mutism, that I will be asked to answer questions from a questionnaire, and that the approximate total time of my involvement will be one hour.

I am aware that I may choose not to answer any questions that I find embarrassing or offensive.

I understand that my participation is voluntary and that I may refuse to participate or discontinue my participation at any time without penalty or loss of benefits to which I am otherwise entitled.

I understand that if, after my participation, I experience any undue anxiety or stress or have questions about the research or my rights as a participant, that may have been provoked by the experience, Jennifer Hahn will be available for consultation, and will also be available to provide direction regarding medical assistance in the unlikely event of physical injury incurred during participation in the research.

Confidentiality of research results will be maintained by the researcher. My individual results will not be released without my written consent.

The potential benefits of the study is helpful information may be found to assist educators who work with students who have selective mutism.

Signature

Date

There are two copies of this consent form included. Please sign one and return it to the researcher with your responses. The other copy you may keep for your records.

Questions and comments may be addressed to Jennifer Hahn, Education Department, Biola University, 13800 Biola Ave., La Mirada, CA. 90639-0001. Phone: (562) 903-6000

References

Bergman, R. Lindsey, Piacentini, John, and James T. McCracken. (2002, February 27).

Prevalence and description of selective mutism in a school-based sample. *Journal of the American Academy of Child and Adolescent Psychiatry*. 41 (8), 938-946.

Cole, Wendy. (2007). Why Abby won't talk. *Time*, 167 (6), 1-3.

Crundwell, Marc A. (2006, January-February). Identifying and teaching children with selective mutism. *Teaching Exceptional Children*, 38, (3), 48-54.

Cunningham, Charles E, McHolm Angela, Boyle, Michael H., and Sejal Patel. (2004).

Behavioral and emotional adjustment, family functioning, academic performance,

- and social relationships in children with selective mutism. *Journal of Child Psychology and Psychiatry*. 45 (8), 1363-1372,
- Elizir, Yoel and Ruth Perednik. (2003). Prevalence and description of selective mutism in immigrant and native families: A controlled study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42 (12), 1451-1459.
- Frankel, Hannah. (2007, March 2). Seen but not heard. *Times Educational Supplement*, p. 8.
- Giddan, Jane J. and Gloria J. Ross. Selective mutism in elementary school: Multidisciplinary interventions. *Language, Speech, and Hearing Services in Schools*, 28, 127-133
- Johnson, Maggie & Alison Wintgens. (2006) Selective mutism resource manual. Retrieved July 23, 2007, <http://web.lexis-nexis.com/proxy.biola.edu/universe/document>
- Joseph, Paul R. (1999, August). Selective mutism-The child who doesn't speak at school. *Pediatrics*, 104 (2), 1-4. Retrieved on July 23, 2007, from Academic Search Premier
- Krysanski, Valerie L. (2003, January). A brief review of selective mutism literature. *The Journal of Psychology*, 137 (1), 29-40.
- Schwartz, Richard and Elisa Shipon-Blum. (2005) Shy child? Don't overlook selective mutism. *Contemporary Pediatrics*. 1-4. Available .
[www.http://www.selectivemutismcenter.org](http://www.selectivemutismcenter.org)

- Shaw, Richard and Marina Zelenko. (2000). Case study: Selective mutism in an immigrant child. *Clinical Child Psychology and Psychiatry*, 5, 555-562,
- Shipon-Blum, Elisa. (n.d.). Preparing the child with selective mutism for the upcoming school year! Available [www.http//www.selectivemutismcenter.org](http://www.selectivemutismcenter.org)
- Shipon-Blum, Elisa. (n.d.). Understanding selective mutism: A guide to helping our teachers understand. Available .
<http://selectivemutism.org/smg/HelpingOurTeachers.htm>
- Shipon-Blum, Elisa. (n.d.). “When the words just won’t come out”: Understanding selective mutism. Available .
<http://selectivemutism.org/smg/WhenWordsWontComeOut>
- Standart, Sally and Ann Le Couteur. (2003). The quiet child: A literature review of selective mutism. *Child and Adolescent Mental Health*, 8 (4, 154-160).
- Steinhausen, Hans-Christoph, Wachter, Miriam, Laimbock, Karin, and Christa Winkler . Metzke. (2006). A long-term outcome study of selective mutism in childhood. . *Journal of Child Psychology and Psychiatry*, 47 (7), 751-756
- Toppelberg, C. O., Tabors, P., Coggins, A., Lum, K., & Burger, C. (2005, June). Differential diagnosis of selective mutism in bilingual children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44 (592-595).

