



Designing for Children

- With focus on 'Play + Learn'

Overcoming Selective Mutism: Play Now...Talk Later!

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Abstract: If left untreated, Selective mutism (SM) can manifest into adulthood while negatively impacting a person's academic and social developments. Since Selective Mutism (SM) typically emerges when children begin school, it is important for educators to be familiar with the characteristics of SM to carry out early intervention to prevent the mutism behaviour from becoming entrenched. The purposes of this paper are: 1) to provide educators with an overview of SM to help identify children with SM; 2) to incorporate play and fun activities that are non-anxiety provoking to allow these children to communicate inside the classroom; and 3) to provide educators with classroom accommodation strategies so that these children's silent voices can be "heard".

Key words: *Selective mutism, play therapy, classroom accommodation, intervention strategies, academic and social development.*

1. Introduction

Selective Mutism (SM) is an anxiety-related condition affecting mostly younger children who are capable of speaking but consistently fail to do so in social situations. Due to the discrepancy of the child speaking at home but not in social situations, many children with SM are not identified. Typically, parents are unaware of their child's mutism behaviour until a teacher reported the concern. As well, many physicians and health care professionals are unfamiliar with this condition; many children with SM are misdiagnosed as being excessively shy or viewed as too defiant to speak (Schwartz, Freedy, & Sheridan, 2006). Consequently, lag time from the child being identified as having SM to receiving proper treatment can be as long as four years (Sharp, Sherman, & Gross, 2006). By that time, the mutism behaviour has become entrenched and is very resistant to treatment. If left untreated, SM can have a negative impact on a child's life. Experts consider SM as an impairing condition that interferes with both educational and socialization achievement (e.g., Manassis, Fung, Tannock, Sloman, Fiksenbaum, & McInnes, 2003) and self-esteem, (e.g., McInnes & Manassis, 2005) and have demonstrated that this impairment condition

can persist into adulthood (Remschmidt, Poller, Herpertz-Dahlmann, Henninghausen, & Gutenbrunner, 2001). Therefore, early intervention of SM is of paramount importance.

1.1 How does SM Occur?

Etiology of selective Mutism is believed to be multi-factorial including factors such as biological (family history of SM, neurodevelopmental immaturity), behavioural (the mutism behaviour is a learned adjustment to cope with anxiety-provoking situations and is reinforced overtime), psychological (unable to cope with traumatic events such as school admission and separation from parents), and others (immigration and adaptation, stress during acquisition of a second language) (Bork, 2008). As such, a promising SM intervention needs to address its multi-faceted factors by employing a combination of techniques such as behavioural, CBT, play therapy, parent training, and case management support involving educators with a crossover to psychopharmacology when appropriate, as suggested with the treatment of anxiety disorders in children (Labellarte, Ginsburg, J., Walkup, J., & Riddle 1999).

1.2 How to Identify Children with SM

To identify children with SM, clinicians and educators can refer to the Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV-TR), which defined SM's characteristics as:

- Consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school), despite speaking in other situations.
- The disturbance interferes with educational or occupational achievement or with social communication.
- The duration of the disturbance is at least one month (not limited to the first month of school).
- The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in a social situation.
- The disturbance is not better accounted for by a Communication Disorder (e.g., stuttering) and does not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder. (American Psychiatric Association, 2000).

Many children with SM also exhibit other behaviour traits such as blushing, fidgeting, avoiding eye contact, anxiety, excessive shyness, exhibiting social withdrawal when speech

is expected, and or appearing to be frozen in a spot when spoken to or asked to answer a question. In addition, these children avoid activities that require speaking (i.e., classroom discussion, show and tell), and communicate through the use of body gestures. Many younger children may have frequent classroom accidents as they are unable to ask to go to the bathroom. Since most normally developing children older than 3 years will make eye contact, and even a shy child, who may be slow to warm up to the teacher, will eventually communicate (Schwartz & Shipon-Blum, 2005), teachers can identify children who are persistently mute from those who are simply shy.

2. Educator's Role in SM Intervention

2.1 Why Educators?

Because children with SM predominantly fail to speak at school, SM intervention is important to be carried inside the school to target symptoms at "its source". For this reason, informed educators play an important role in the SM intervention. Specifically, classroom teachers who are familiar with SM not only can help identify the child with SM, they can also help create a learning environment that is less anxiety provoking to allow the child the chance to practice audible articulation inside the classroom. Furthermore, classroom teachers can pay close attention to the child's progress on a daily basis, and to modify intervention strategies as needed.

2.2 How can Teachers Help?

It is important to understand that children with SM do not consciously choose to remain silent, and that their inability to speak is due to the high level of anxiety they experience. Consequently, teachers must help children with SM feel more comfortable by creating a less anxiety provoking learning environment that fosters speech. The following pointers can be helpful:

- Never pressure or bribe a child to speak, give her time to conquer her fears slowly.
- Provide the child with alternative means (i.e., written notes, pictures) so that she can convey her needs.
- Sit the child with someone she is comfortable with, in an area of the classroom that she feels most at ease (details in 3.1).
- Avoid asking questions that she is unable to respond to through alternative means.
- Use alternative methods to assess the child's reading ability (details in 3.3).
- Avoid putting the child on the spot or center of attention; most children with SM do not wish to be noticed.

- Avoid speaking to the child face-to-face, and do not insist on making eye contact initially.
- Implement non-anxiety provoking yet fun activities (see section 4) so the child will be more likely to join in.
- If the child has another sibling attending the same school, provide plenty of opportunity for the siblings to spend time together so the child can practice audible speech inside the school.
- Invite immediate family members inside the classroom (perhaps act as a “teacher’s helper”) to converse with the child inside the classroom regularly.
- Provide the child with plenty of practice opportunities to build up confidence.
- When the child speaks for the first time, do not show extreme excitement. Depending on the child, some welcome kind words and rewards, others may feel more anxious with such attention. It is best to pretend nothing unusual happened and carry on the conversation to ensure the child feels that there is no turning back.
- Although SM is treatable, sometimes it may take several years, so be patient and communicate with the child’s next grade teacher.

3 Classroom Accommodations

The likelihood of a child with SM engaging in an activity depends on factors such as the child’s mutism severity, location, privacy, people, activity, gender, audience numbers, risk of failure, and the expectation of response (Bork, 2008). Therefore, it is pertinent that these factors be identified prior to planning classroom accommodations. Since the child is unable to speak, parents can provide a list of the child’s favorite activities, classmates s/he likes best, and where the child feels most private inside the classroom/school. Teachers, on the other hand, can make keen observations to determine the child’s mutism severity so that adjustments can be made to tailor the child’s anxiety level.

3.1 Seating arrangements

Once the factors that influence the child’s speech are identified, classroom seating arrangements can be made. Sitting the child with a quiet classmate or someone s/he is comfortable with, in a “private” area can create communication opportunities (whispering, passing notes). Depending on the classroom layout, this area is typically located farthest away from the teacher, blackboard, classroom doors, and least visible to other students.

3.2 Alternative Means of Communication

Due to the fact that children with SM are unable to speak, basic alternative means of communication for younger children should include pre-written notes or pictures of a bathroom, yes, and no. Depending on the child's mutism severity, audio-recorders and walkie-talkies can also be extremely useful.

3.3 Reading Assessments

There are several ways to assess a child's reading ability:

- Let the child sort plastic letters in alphabetical order to test her alphabet ability.
- To test the child's phonological awareness:
 - Let the child sort pictures into rhyming groups.
 - Let the child use check boxes to indicate whether two words sound the same.
 - Ask the child to sort pictures with the same initial sound, and use those pictures to surround that initial.
- If reading or picture-naming is required, invite the parent to administer the assessment in school, so that the teacher can directly observe and hear the child's reading ability.
- If the child is unable to read to her parent at school, provide the parent with detailed instructions, and record the child reading at home with an audio-recorder.

4. Engage the Child through Play

The therapeutic power of play in children's emotional development is undeniable. For this reason, play therapy is widely used by health care professionals who work with young children. Play therapy also plays an important role in SM intervention as it "offered the children a safe environment requiring no pressure to speak, and...allowed the children to actively communicate without words, in a comfortable setting" (Sloan, 2007, p. 99).

While classroom teachers are not equipped to formally facilitate play therapy for children with SM, they can introduce play so these children can participate in classroom activities to enhance their sense of competence while decreasing anxiety. One case study has documented a teacher using class games that required talking and successfully distracted a child with SM to speak (Jackson et al., 2005); another parent reported her child accidentally yelled out an answer while playing Kadoo with her classmates (personal communication, 2005).

4.1 Involve Play inside the Classroom

Research demonstrates that not only are the majority of children with SM shy, they are also withdrawn (Kumpulainen et al., 1998). This is not surprising, as children with SM are unable to communicate or raise their hands to participate in classroom activities that require speaking. Consequently, to truly engage students with SM inside the classroom, teachers are encouraged to involve play activities that avoid “direct” involvement of speech yet allow the opportunity for spontaneous speech during play. Since the majority of children with SM are found in younger grades and in pre-school, the following activities are age appropriate:

Table 1. Learning activities that involve play to help engage children with Selective Mutism

Activity/Play	Rational/Benefit
1. Play that involves puppets	Children have vivid imaginations. Some children with SM may lose themselves during play and believe that the puppets are speaking, not themselves! For those who are extremely anxious, pair them with a partner in case they fail to make a sound and are put on the spot. The gentlest way to carry this out is to involve the child as a silent character, and gradually move on.
2. Imitate animal sounds	Perfect way to engage a child to learn names and spelling of animals. Although children with SM are unable to speak, many of them will make funny sounds and laugh out loud. If the child is unable to repeat words, try to induce play and have the class imitate animal sounds (bark, roar...etc).
3. Blindfold the teacher	The teacher is usually the most anxiety-provoking figure inside the classroom. The reason behind this remains unclear however, besides being larger in size, it is safe to assume that the anxiety associated with the teacher may be caused by the fact that the teacher has expectations of her students (including the expectation of speech), and that she is usually facing her students (making eye contact). Therefore, blindfolding the teacher during a learning activity may actually entice a child with SM to engage in speaking opportunities.
4. Turn off the light	Children with SM are afraid of being heard or seen speaking. Turning off the light in a bright room (in a safe place and ensuring every child is alright with this) and teaching them new words can be fun. For instance, inside a dark room, the teacher (who turns her back to her students) yells, “lets bring some light to this room, lets spell light L-I-G-H-T”. Once the students repeat the spelling, a tiny little light illuminates. Then the teacher can move on to “candle” “oil lamp”, “sun”, “star” ...etc
5. Blindfold everyone	Same rational as 3 and 4. The idea is to create multiple opportunities for the child to practice to hear his/her own voice inside school. The child will eventually realize it is fun to take part in activities, and believe in her ability to do so

Table 1. Learning activities that involve play to help engage children with Selective Mutism
(Continued)

Activity/Play	Rational/Benefit
6. Yelling competition	Divide the class into 2 groups and start a yelling competition. Once it's a game and everyone is involved (so no one is paying attention to the child with SM), the child may loosen up and take part. If the child is too anxious, start with yelling some nonsense, and gradually move onto actual words, songs, answers, and so on. Do not face or look at the child initially.
7. Sign language	Teach everyone inside the classroom some basic sign language and use it on a daily basis and for games. On a daily basis, encourage students to use sign language to ask to go the washroom. As well, sign language such as "right" or "wrong", "good" or "bad" can be also be very helpful. An important note - do not make it obvious that the sign language (or other activities) are specifically implemented for the child with SM.
8. Hide and seek	This is a great way for everyone to learn how to count numbers from 1 to 100. Encourage everyone to take part in counting while hiding.
9. Go Fish and others	Another good way for children to learn their numbers while requiring minimal speech. Card games like Go Fish and other board games (Kadoo, Monopoly, Twister) are fun and educational.

Depending on the geographical location and customs, many traditional games can also be incorporated into learning activities. In Canada for instance, many young children enjoy playing "I spy" and "Telephone". These activities can have tremendous educational value and will not only engage children with SM, but other students as well. With a little creativity, the sky is the limit when incorporating play into learning activities.

6. Conclusions

Although informed teachers are not trained professionally to facilitate or manage intervention for children with SM, they can make a dramatic impact helping these children overcome their fear of speaking on a daily basis. The principle behind a successful intervention is to make learning fun by incorporating play. The goal is to decrease anxiety associated with learning, to engage the child inside the classroom, and to maximize his/her academic and social experiences inside school. Once a non-threatening learning environment is created, and the child with SM is not constantly anxious about speaking, s/he will feel more relaxed and thus increase the likelihood of spontaneous elicitation of speech.

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