

Mutism anxiety speak



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Introduction

Selective Mutism is a childhood anxiety disorder. Children who suffer from selective mutism are unable to speak in most social situations even though there is no physical source for their failure to speak. The best treatment for selective mutism begins with a team approach including the child, family, teachers, and therapist. The following offers insight into recognizing selective mutism and ways to help a child with selective mutism.

Definition of Selective Mutism

Selective Mutism, formerly referred to as Elective Mutism refers to a child developmentally able to speak, but who fails to speak in most social situations. The change of wording from Elective to Selective is to represent that the child is not choosing to remain silent but is unable to speak even when they want to. It is considered to be a childhood anxiety disorder with some of the following characteristics. A child with selective mutism fails to speak in a social setting where speech is expected (such as school), when they have the ability to speak in other settings. The failure to speak persists for over one month, not including the first month of school. The failure to speak is not related to any developmental delays. The child does not suffer from another disorder such as stuttering which would make speaking uncomfortable (selectivemutism. org).

Rate of Children with Selective Mutism

There is no firm research on the prevalence of children with selective mutism. An older study (date unknown) had the figure at 1 in 1000. A study from 2002 in *The Journal of the American Academy of Child and Adolescent Psychiatry* showed an increase to 7 in 1000 (wikipedia. com).

Selectively Mute Child: Defiant or Anxious?

It can often be frustrating for a teacher to teach a child with selective mutism if they are not familiar with the characteristics of a child with selective mutism. If the child is able to communicate outside of the classroom but is unwilling or unable to do so in the classroom it is often thought that the child is being defiant towards the teacher. If the teacher is not aware of selective mutism and knows that the child speaks at home but refuses to speak at school it can lead to frustration and anger. Although this may be a common reaction, teachers who work with children with selective mutism should know that this is not defiance or a way of controlling or manipulating the classroom or teacher. Selective mutism is an anxiety disorder which makes the child unable to speak in some social settings, generally most often occurring at school (Crundwell, R. Jan/Feb 2006).

Recognizing a problem

Parents are often unaware of any problem as their child speaks to them and are often quite verbal at home. They may have noticed that their child does not speak to people outside of immediate family members, but will often attribute this to shyness. Classroom teachers play an important role of identifying a student who may suffer from selective mutism and making a referral for assessment. Children as young as preschoolers can show signs of selective mutism. Generally it becomes more problematic for children once they begin their early elementary education as their inability to speak interferes with a teacher's ability to teach them (Crundwell, R. Jan/Feb 2006).

Beginning Treatment

When a teacher suspects a child might have selective mutism they should prepare an IEP and bring in resources to help the child. This will be a team effort between child, parent, teacher and school counselor. The earlier intervention begins, the more effective the treatment has a chance of being. They longer a child suffers from selective mutism with no intervention, the more they rely on alternative ways of communication without overcoming their anxiety with speaking in larger social situations (Crundwell, R. Jan/Feb 2006).

Treatment Steps

The first goal as treatment begins is not for the child to begin speaking but to help the child with their anxiety. The team must find ways of reducing the child's anxiety so that they may begin to feel comfortable in social settings. The second part begins with educating the parents on how to help their child. This includes not pressuring or enabling their child in their speech, to encourage social communication within the child's comfort level and maintain structure and consistency at home. The teacher's responsibility is much like the parents. The child should not be pressured to speak but should still be given opportunities in small and large groups within the classroom. To not enable a child in their inability to speak but to relieve the pressure of speaking in class and to find ways to make sure that the child can communicate their needs to the teacher.

Finally, the child should be in treatment with a therapist within the school to help them overcome the anxiety they feel in this situation. Without direct help in overcoming anxiety in this setting, the child's education could suffer.

An effective technique is referred to as Stimulus fading (wikipedia. com). With this technique a child is taken to an area where they are comfortable away from other children. It could start in the library or in the classroom before school has begun. The goal is to increase not only their comfort zone to include the classroom or school they attend but to increase their comfort zone to include peers and teachers. To that end the process begins by slowly increasing or sliding in new people into the comfort zone of the child (selectivemutismcenter. org).

Betsy and Mr. Locke

Betsy and Mr. Locke give an example of how a child can overcome selective mutism with the use of Stimulus fading. Betsy was a third grader in Mr. Locke's classroom who at nine Betsy was formally diagnosed with selective mutism. Betsy didn't turn 9 and then suddenly stop talking, but had suffered many years with teachers who did not understand what she was going thru. Betsy's parents first realized she might go a little further than her three older sibling's shyness when at 18 months she stopped speaking to anyone outside of her immediate family. In her prekindergarten class Betsy did not speak to any of the other children causing her teacher to label her as antisocial. After many meetings between her parents and teachers it was decided that she should see a speech therapist who could help determine if she had a speech impediment that made her embarrassed to speak.

Betsy spent years seeing her speech therapist and attending school without speaking. This continued through kindergarten, first and second grades without anyone identifying selective mutism in Betsy. In third grade Betsy meet Mr. Locke. He recognized her mutism in class and began to think of

ways to help her. His first step was to give her a dry erase board to help her answer questions in class. He also began Stimulus fading by meeting with Betsy and her father daily an hour before school began. Betsy, who is able to read aloud at home, came in an hour before school and sat at her desk. She raised her book to cover her face and read to her father.

Mr. Locke sat at the opposite end of the room at his desk behind a newspaper and sat quietly listening. This was an imaginative solution to help Betsy bring her comfort level from home into her classroom and it enabled Mr. Locke to better know her reading level. When Betsy began to show progress in her comfort level at school, her father asked her one night to pretend he was Mr. Locke and to say hello to him. Betsy took some deep breaths and whispered " hi", she then told her father she was scared.

While the next day Betsy was unable to speak to Mr. Locke within a month she was whispering sentences. Mr. Locke suggested that they take her interactions to the next level by having Betsy eat lunch with her classmates. It began with eating lunch with one classmate and about every other week Betsy would extend an invitation to a new classmate to join them. The end of the school year was approaching and Mr. Locke asked Betsy if she would like to speak to the class before school was out. They arrived at a special signal that Betsy could give Mr. Locke if she was ready. She never gave Mr. Locke that signal and he never pressured her to speak in class.

Betsy continued to communicate more in the classroom as the years went on. Her parents continued to support her by taking care to have play dates over the summer months with classmates and by speaking to her teachers

well before the school year began. While Betsy had high marks in class she was still placed with the slower paced groups and she remained shy. Betsy requested to be placed in smaller groups where she was more comfortable and she excelled academically. Betsy is now in tenth grade and is preparing to move into upper science division classes. Betsy remains a quiet student but is able to speak in class and feels that her selective mutism is in the past (Pennamacoor, C. April 2007).

Conclusion

While selective mutism may only affect a small portion of the population, its effect on a child is profound. The better educated a teacher is about selective mutism, the better they will be able to help a child began what can be a long journey. As this childhood disorder is often first noticed by a teacher instead of a parent, teachers must remain sensitive to parents and children when discussing this. Remember not to pressure a child or punish them academically because they are unable to communicate. Be creative and find a way to reach your student.

Reference:

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