

A Psychological Intervention for Selective Mutism

Karen Ford

Fiona Ong

Rebecca Rice

Janice Steele



Aims:

- To generate interest to form a working party
- To raise awareness of what selective mutism means to different people
- To enhance confidence in working with this population
- To share a work in progress and to invite reflection



Discussion...

- What is your experience of selective mutism?
- What questions do you have right now about selective mutism?



Some information...

- Essential diagnostic features: a persistent failure to speak in specific social situations (e.g. to teachers at school) when speaking is expected, despite speaking in other situations
- a disturbance that interferes with educational or occupational achievement or with social communication



Diagnosis...

- Symptoms must last at least a month, excluding the first month of school
- must not be diagnosed if child's failure to speak is a lack of knowledge of, or comfort with, the spoken language required in the social situation
- not diagnosed if the disturbance is better accounted for by embarrassment related to having a communication disorder



Characteristics...

- Children often use gestures, nodding, pulling, pushing, or monosyllabic utterances
- associated features may include: excessive shyness, fear of social embarrassment, social isolation and withdrawal, clinging, compulsive traits, negativism, temper tantrums and controlling or oppositional behaviour

» *Dow, Sonies, Scheib, Moss, Leonard, 1995*



Incidence of selective mutism...

- Lloyd & Browne, 1975
 - 1 in 100 reception class (1 percent) could be described as selectively mute during the first 8 weeks of starting school, after 2 terms, rate had decreased to 1 in 1,200 children (0.08 percent)
- Kopp and Gillberg, 1997
 - 18 in 10,000 children



History...

- 1877, Kussmaul named a disorder where individuals would not speak in certain situations, despite ability, *aphasia voluntaria*
- 1934, Tramer used term *elective mutism*
- DSM-IV, *selective mutism* adopted, implying non-speaking in select situations



Various explanations...

- Psychodynamic view (Giddan et al, 1997)
 - a manifestation of unresolved conflict
 - a way to cope with anger or anxiety or to achieve the goal of punishing the parent
- Currently losing popularity for more empirically sound behavioural theories*



Explanations...

■ Behavioural theorists:

- ‘a learned response in which the refusal to speak is a method of manipulating the environment’ (Porjes, 1992)
- mutism exists because of an interaction between the child and the child’s environment
- silence is functional and environment maintains this way of interacting
- child’s behaviour is adaptive, not pathological (Powell & Dalley, 1995)



Another explanation...

- Black & Uhde (1995)
 - SM is a variant of social phobia
 - excessive social anxiety a universal characteristic
 - the most extreme end of the spectrum of childhood speech inhibition and social anxiety



Assessment...

- Should include a comprehensive evaluation to rule out any other explanations for the disturbance of language use
- and to assess for any comorbid factors
- also, past treatment and their effectiveness



Assessment...

- Interviews with parents to assess symptom history (onset, neurological difficulties, atypical speech and language difficulties)
- Where and to whom child already speaks



Treatment...

- Many children appear to be resistant to treatment (Kolvin & Fundadis, 1981)- children with SM are often negatively reinforced for their behaviour by the withdrawal of repeated requests for them to speak. Children reinforced for their non-verbal forms of communication
- The longer the mutism exists, the more often it is reinforced and the harder it is to extinguish



Success rate for psychodynamic...

- Wergeland (1980)
 - period of intervention lasted from 8 months to 4 years
- Lumb & Wolff (1988)
 - interventions lasted many months, using highly qualified personnel in clinic or hospital settings
- Lazarus et al, 1983
 - outcomes, long and short term were disappointing



Behavioural intervention...

- Majority of successful treatments in the literature have involved *behaviour therapy techniques* (reinforcement, stimulus fading, token procedures, shaping or prompting, contingency management, self-modeling, response initiation procedures (Giddan et al, 1997))



Should we intervene?

■ Porjes, 1992

- essential to begin intervention as soon as identified - chances of positive outcome greater when child is younger since there has been less time for receiving reinforcement for the non-verbal behaviour; secondly, longer the child does not speak at school, the greater the probability of other academic problems arising



Should we intervene?...

- Extremely rare for children above the age of 10 to have SM
- prognosis for intervention after this age is very poor
- Would non-intervention be more appropriate?
- Heyden, 1980
 - cases of spontaneous remission are extremely rare



Selective Mutism- a Speech and Language Perspective

- *Focussing on Selective Mutism being a psychological problem rooted in severe anxiety.*



Interventions from the Speech and Language Therapy Service

- Initial observation / discussion
- Working with school staff, advice and training
- Helping to decide and advise on appropriate interventions
- Assessment (where appropriate) to highlight any other speech and language difficulties



Children with Selective Mutism

- Speak freely only to a number of people with whom they feel comfortable
- Characterised by a marked, emotionally determined selectivity in speaking.
- Associated with social anxiety, withdrawal, sensitivity, or resistance
(Johnson and Wintgens, 2001)



Key Features

- *"Breaking down the Barriers" (Johnson and Glassberg 1992)*
- Able to speak and do speak in some situations (e.g. home), but persist in remaining silent with some other people in some other situations (e.g. school)
- Develop non-verbal strategies for communicating needs and getting own way.
- May appear shy and sensitive, but also watchful stubborn and devious.



Key Features

- Can behave in an assertive, even bold fashion, whilst still not speaking.
- May generate strong feelings of frustration and anger in the adults to whom they refuse to speak.
- Strongly resistant to traditional therapeutic strategies and classroom management strategies.
- Unusual children but not impaired. No intrinsic difficulties understanding social situations.



Assessment

- Observation of child
- Information from parents
- Information from School
- Child Interview
 - reassuring child
 - talking map
 - assessing stage of confident speaking



Management

- Creating the right environment
 - NO pressure
 - encouragement to interact, joint activities
 - do not insist on eye-contact
 - praise achievements
 - make sure child is not getting extra attention for silences



Addressing the Issue of Speech Anxiety

- Let the child know you understand their difficulty.
- Let the child know they are not alone
- Impress on the child that the most important thing is for them to be happy
- Explain how you are going to help



Management

■ Keyworker Role

- designated keyworker takes the main responsibility for generalising the child's speaking habits. Establishes speech with child on a 1:1 basis, then introduces child to range of settings and people



Management

■ Eliciting Speech

- Stimulus fading (the sliding-in technique)
- Shaping - elicit speech gradually through structured programme.
- Building rapport
- preparing to elicit speech
- eliciting speech



Generalising Speech

■ People

■ Settings



Acknowledgements

- Johnson and Wintgens - The Selective Mutism Resource Manual (*Speechmark*)
- Johnson and Glassberg - Breaking down the Barriers (*East Kent Community NHS Trust*)
- Advice and support from Maggie Johnson in working with children who are selectively mute



A Non-Verbal Psychological Intervention



Theory

1- Behaviourist Approach

- Belief system based upon
 - Behaviour can be reinforced.
 - Positive reinforcement involves the needs of the individual being satisfied.
 - Negative reinforcement involves avoiding the experience of an unpleasant stimulus.



Theory

2- Interactionist Approach

■ Principles involved

- Intervention involves changing the existing patterns of interaction.
- Adult/child interaction maintains mutism.
- Class teacher becomes involved in solving the problem.
- Assessment includes
 - competence and skills of child
 - content and method of interaction used by staff



Theory

3- Cognitive Dissonance

- What is it?
 - Attitude change.
 - Creating psychological discomfort.
 - An experience of inconsistent cognitions.
 - A mismatch between behaviours and thinking.
 - The greater the dissonance, the greater reduction in liking the behaviour.



The Non-Verbal Intervention

- **5 Stages:-**

- 1. Exploration of concerns raised.
- 2. Psychologist meets with relevant stakeholders.
- 3. Staff given time to visualise the proposal with reference to their non-verbal communications.
- 4. Intervention contained within classroom.
Communication is intact but different.
- 5. Once child starts talking the adult responds likewise with no reference to the fact that the child is now talking.



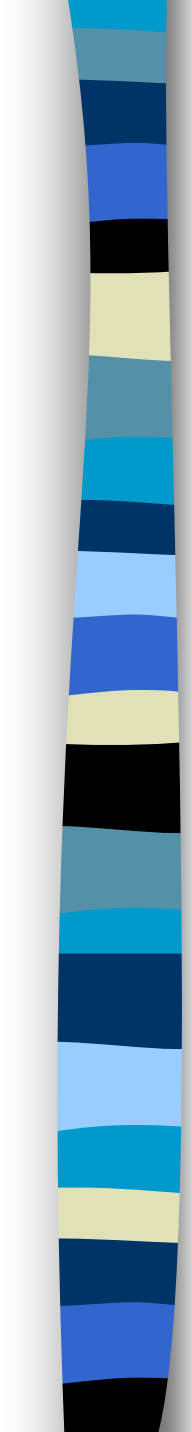
Exploration of Concerns

- School raises a concern - discussion ensues.
- Clarification on speech and language therapist's involvement past and present.
- Nature of child's mutism and previous interventions.



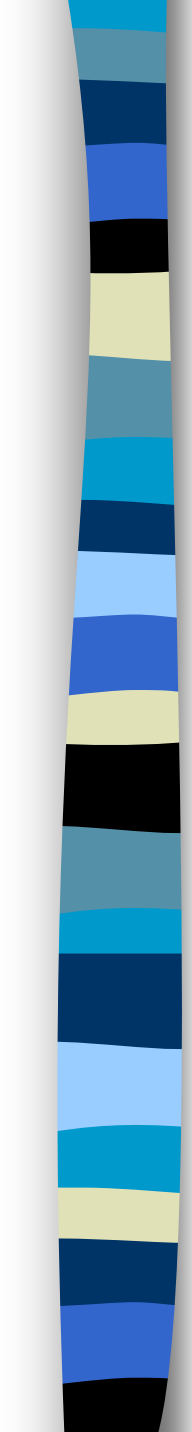
Discussion with Stakeholders

- Psychologist meets with school staff most involved to have a shared understanding of intervention and its implications.
- Psychologist meets with parents.
- Time is given for adults to consider their involvement and the implications.
- A time scale is agreed.



Visualisation of Non-Verbal Communication.

- Intervention is focused in the main classroom with the primary teaching staff.
- Containing the intervention within one place facilitates consistency and ensures psychological safety barriers for child.
- Dissonance is achieved by introducing the communication system without explanation.



Visualisation of Non-Verbal Communication.

- Staff are asked to think what their communications might look like.
 - Consider how you might communicate non-verbally with the child when
 - a) you are shown a piece of work
 - b) explain an instruction to complete a piece of work
 - c) time to go out to play, please put your coat on.



The Classroom Interaction

- Key adults withhold speech and use their chosen non-verbal communication system.
- Adult should always respond to child's attempts at communication non-verbally, such as thumbs up, smiling, nodding, shrugging of shoulders etc.
- When other children try to speak for the child, they will be told that the child must communicate directly with the adult.



Child starts talking

- As soon as the child gives language the key adult must immediately respond with language.
- Adult must respond as normally as possible and make no reference to the fact that the child is now talking.



Success rate thus far...

- 3/5 children talking within 2 weeks



A case study..

Jack's story



Next steps...