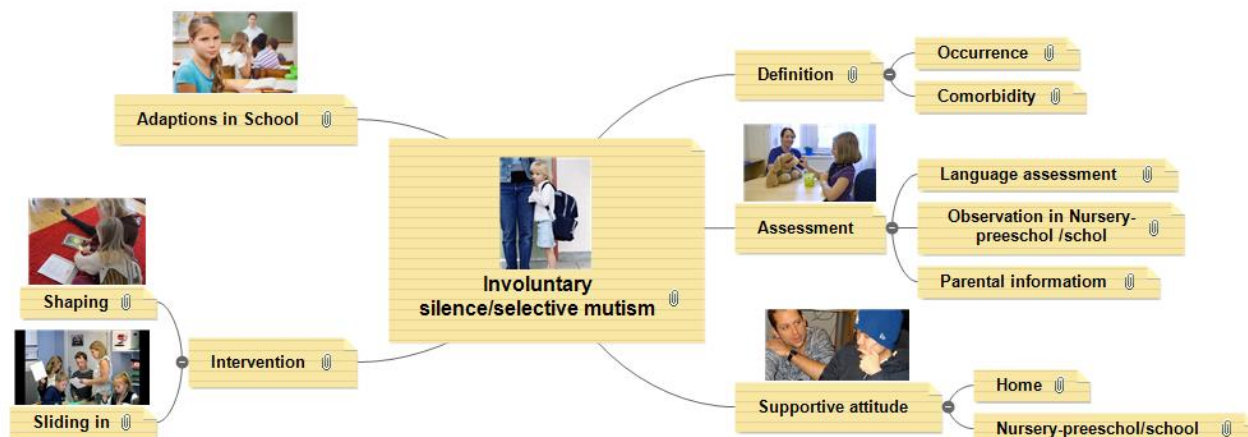


Involuntary silence/Selective mutism



1. Definition.....	2
1.1. Occurrence	2
1.2. Comorbidity	2
2. Assessment	3
2.1. Language assessment	3
2.2. Observation in Nursery-preeschol /schol	3
2.3. Parental information.....	3
3. Supportive attitude.....	3
3.1. Home	3
3.2. Nursery-preeschol/school.....	4
4. Intervention.....	4
4.1. Shaping.....	5
4.2. Sliding in	5
5. Adaptions in School.....	6



1. Definition

Selective mutism (SM) is a disorder in which a person, due to anxiety, cannot speak in specific situations or to specific people in spite of adequate language development. Selective mutism usually coexists with social anxiety. (Jemmet et al., 2014). The disorder must be persistent over time. (Longer than a few weeks in a new environment)

1.1. Occurrence

SM affects about 0,5-1% of the population (Bergman, Piacentini, & McCracken, 2002; Elizur & Perednik, 2003; Viana, Beidel, & Rabian, 2009).

1.2. Comorbidity

Factors that increases the risk for SM are heredity for shyness, language difficulties/impairment and bilingualism (Mulligan, 2012; Toppelberg et al., 2005),(Kristensen, 2000; Manassis et al., 2007; McInnes et al., 2004). SM can affect the development of social skills and language and the ability to use language in cognitive operations. (Bergman et al., 2002).

Notes:

2. Assessment



2.1. Language assessment

The SLT carries out a customary language assessment directly with the child or if the child does not speak to the SLT indirect via video with help from the parents. It is important for the SLT to get a picture of the child's capacity in language development, to rule out language impairment as the source for the child not being able to speak.

2.2. Observation in Nursery-pre school /school

The SLT may visit the school to observe the child. However, the experience shows that visiting the classroom affects the child's behaviour, and it might be better to ask the teacher to describe the child's communicative skills and problems as detailed as possible and maybe film the child in different situations. The questions asked by the assessor are: When, where, how and with whom does the child communicate most freely and the opposite, least freely.

2.3. Parental information

The parents are asked a number of questions about the child's general development, social situation, social and communicative skills (verbal and non-verbal), heredity, health, hearing, eyesight etc.

Notes:

3. Supportive attitude



3.1. Home

There are a lot of adaptations the parents and the family can do to help, but there is also a risk that the parents restrains the child's communicative development, self-esteem and verbal courage by too many adjustments. It is a good thing if the SLT can work together with a child

psychologist to help the parents to notice what is helpful, but also what might be harmful-regarding their efforts to support their child. It is important for the parents to protect the child from being over-loaded by verbal demands, but even so, an over-protective parent can increase the avoiding behaviour that the child already has.

3.2. Nursery-preschool/school

The same goes for the teacher. If the teacher adapts fully to the silent child by making arrangements so that the child never even is challenged to speak, or exposed in a communicative way, the child is in some way deported to the "Island of silence". To find functional ways for the child to accomplish the educational goals, talking or not talking, is important. If the teacher also sees the child not only as a temporary student but as a person ready to reach for the adult life, he or she needs to work with the child's communicative strategies as well.

To accomplish that, the teacher must attain knowledge of SM and also get support from a specialist. (SLT or a Child Psychologist)

Notes:

4. Intervention

In "The Selective Mutism Resource Manual" by Johnsen & Wintgens and in "Selektiv mutisme hos barn og unge, En veileder" by Kathe Lundahl, Beate Orrbeck & Hanne Kritensen and in "Selective Mutism: A Guide for Therapists, Educators, and Parents" by Dr. Aimee Kotrba, you will find a step by step guidance how to, in a systematic way work with the child with Selective Mutism.

For guidance regarding general adjustment in school environment you will find useful advises in "The Ideal Classroom setting for the selectively mute child" by Dr. Shipon-Blum.

Two concurrent techniques me and my staff at Röstkonsulten AB recommends, and also evaluated in the Swedish school system, are "Shaping" and "Sliding in". Due to national differences in school system and health care systems, it is not always possible to follow the manuals mentioned, to the letter. I.e different Agencies for Education versus Health Care in Sweden.

SLT's in Sweden, headed by myself have developed an adjustment in order to cope with the challenges described. We have for example started a National network among professionals from both systems (Teachers, Psychologists and SLT's).

In autumn 2018 a guide to the treatment of SM will be published (Publisher; Studentlitteratur förlag) written by me and my colleague, Certified Psychologist Tine Ernholt.

4.1. Shaping



In Shaping you use an already existing situation where the child is relaxed and as communicative as possible. You gradually make small changes in the situation towards more verbal challenging expectations on the child. It is important that the situation is playful and the child must trust the adult. It might be necessary to get help from the parents initially, if the child can't use her/his voice in the presence of an adult at all.

4.2. Sliding in



You use the situation mentioned above and in a step by step manner introduce more people to join the play in a pace that the child manages to tolerate. You can slide in people but also change the situations by doing the exercises in different locations.

Notes:

5. Adaptions in School



Make sure that the child feel safe in the school situation. Not only in the classroom but also at the schoolyard, the gym, the lunchroom etc.

Make sure that there is a way for the child to show if he or she needs help or contact with a parent.

Make sure that the child is offered alternative ways to express and to reach the educational goals parallel to the communication exercises.

Never stop believeing in the child- that he or she will be able to speak- and make sure the child retains faith in beeing a fully verbal student in due time.

Make sure that the child is fully accepted by classmates and you as an adult have the responsibility to insure that the child can participate in play and social activities even if beeing silent.

Notes:

Hope you will enjoy my lecture

Carina Engström
Legitimerad logoped
Röstkonsulten AB