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NEWSLETTER

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PREFACE

Dear Readers,

After having talked about some disorders and difficulties prevalent in children, we bring to you one of the commonly misdiagnosed childhood disorders. You must have come across children who have problems communicating at one or more social settings. We often consider such kids as shy and are sure that they will get better with time. But the child may be suffering from Selective Mutism, a disorder characterized by a persistent failure to speak in certain social situations. These children are able to speak and communicate in settings where they are comfortable, secure, and relaxed. More than 90% of children with Selective Mutism also have social phobia or social anxiety.

We as professionals and teachers will often tell a parent, the child is just shy, or they will outgrow their silence. Others may interpret the mutism as a means of being oppositional and defiant, manipulative or controlling. For most children who are truly affected by Selective Mutism, this is completely wrong and inappropriate! As teachers and parents, it is important for us to understand that such children do not speak because they are unable to do that. In this article, we have tried to provide you with an insight about selective mutism, its symptoms, causes, difficulties such children face on a daily basis and how we can deal with such children and try to help them function better in their day to day life.

- Amitabh Mohan
Editor-in-Chief

Inside this issue:

Breaking the silence

Dealing with selective mutism

This is Riya. She has selective mutism. She looks like most other girls but one might notice things about her which is a bit different from others.

She is shy and does not like to talk to people she does not know. She usually starts talking when she feels more comfortable. However, she might not talk at certain times, no matter what. It is often frustrating for her as well as others. Selective mutism or as many people call it SM is a complex childhood anxiety disorder characterized by a child's inability to speak and communicate effectively in select social settings, such as school, when he or she meets people for the first time, or with relatives they do not meet quite often and so on. It usually starts during childhood and, left untreated, can persist into adulthood. Children and adolescents with selective mutism have an actual FEAR of speaking and of social interactions where there is an expectation to speak and communicate. Selective mutism is more common in girls and children who are learning a second language, such as those who've recently migrated from their country of birth.

Signs of Selective Mutism: Selective mutism usually starts in early childhood, between the ages of two and four. It's often first noticed when the child starts to interact with people outside their family, such as when they begin nursery or school. The main warning sign is the marked contrast in the child's ability to engage with different people, characterised by a sudden stillness and frozen facial expression when they're expected to talk to someone who's outside their comfort zone. Typically, children with the disorder are silent during stressful situations, whereas some may verbalize almost inaudibly single-syllable words. Despite an increased risk for delayed speech and language acquisition in children with selective Mutism, children with this disorder are fully capable of speaking competently when not in a socially anxiety-producing situation. Some children with the disorder will communicate with eye contact or non-verbal gestures but not verbally when at school.

Continued

WORD POWER

TRYPOPHOBIA

TRYPOPHOBIA is the term used to describe irrational fear of clusters of small holes or bumps.

Believed by some scientists that it's in our genes to dislike tightly packed shapes, other experts claim that it is learned behaviour.

Just like treating other phobias, curing irrational fear often isn't easy.

Cognitive behaviour therapy can be used to help sufferers change their unproductive thought patterns.

This allows them to distinguish that their intense fear is in their imagination.

Other treatment that is taken on by trypophobics includes behaviour therapy, counselling and hypnosis.

DO THE IMAGES BELOW AFFECT YOU?

Children with selective mutism exhibit the following behaviours:
- Being freely verbal and even gregarious at home but consistent failure to speak in specific social situations (e.g. school, when meeting relatives) in which there is an expectation for speaking, despite speaking in other situations.
- Not speaking gets in the way of school, work, or friendships.
- Looks frozen or paralyzed or even angry when asked questions by strangers or when s/he feels uncomfortable.
- This behaviour lasts for at least 1 month. This does not include the first month of school because children may be shy and not talk right away.
- Failure to speak is not due to lack of knowledge about or comfort with the spoken language.
- This disturbance is not due to any other communication disorder.

Other symptoms of selective mutism can include the following:
- Children may exhibit excessive shyness in certain situations.
- As a result, they might face social isolation.
- There is always a fear of embarrassment in front of a group.
- They appear clinging to caregivers
- They might also act stubborn or aggressive, having temper tantrums when they get home from school, or getting angry when questioned by parents
- Oppositional behaviour is quite common in children with selective mutism.

More confident children with selective mutism can use gestures to communicate – for example, they may nod for "yes" or shake their head for "no". But more severely affected children tend to avoid any form of communication – spoken, written or gestured. Some children may manage to respond with a word or two, or they may speak in an altered voice, such as a whisper.

What causes selective mutism?

There are several risk factors for selective mutism, all of which play a key role in the development of the disorder. These factors include a family history of anxiety, speech issues, language problems, and a tendency to avoid unfamiliar settings.

Genetic factors: Most children with the condition are genetically predisposed to anxiety disorder. They show signs of severe anxiety, including tantrums and crying, separation anxiety, moodiness, sleep issues, and shyness right from infancy. These children have severe inhibitions, which make them more prone to anxiety.

Sensory Disorders: Such children might be sensitive to light, sound, touch, smell, and taste. This can sometimes make children misinterpret social and environmental cues, thus leading to anxiety and frustration. The child thus starts shutting down and withdrawing from such situations.

Speech Problems: Speech or language abnormalities are seen in about 25% of children with selective mutism. Others may experience minor learning disabilities and shyness. These disabilities add to the child's stress and make the child insecure in fearful situations where they are expected to speak.

Influence of Language: Some kids with selective mutism are part of a multilingual family or were exposed to new languages in childhood or have lived in a foreign country. In these children, there is this added stress of speaking multiple languages, which causes a sense of insecurity gradually leading to higher anxiety levels and thus mutism.

Parental Interaction: Maternal overprotection and anxiety disorders in parents may exacerbate interactions that unwittingly reinforce selective Mutism behaviours. Some children seem predisposed to selective Mutism after early emotional or physical trauma; thus, some clinicians refer to the phenomenon as traumatic Mutism rather than selective Mutism.

Strategies for teachers for handling children with selective mutism:

• The first thing one can do to decrease anxiety in a child with selective mutism is to first remove all direct pressure to speak. This helps create a warm, trusting relationship with the child. The child should not be asked any questions at all. Instead, connection with the child can be made by describing and commenting on things observed. For example, "What a beautiful pencil bag it is! I love the Disney characters printed on it." Using humour can be a great way of connecting and decreasing anxiety.

• Eye contact can be avoided during the first days of school until the child has started to get familiar with the school and classroom setup.

• Wait 5 seconds: When we ask a question, we often don't give kids enough time to respond. Waiting five seconds without repeating the question or letting anyone answer for a child is a good rule of thumb. It also helps kids learn to tolerate their anxiety.

• When a child answers your questions, repeat back what you heard them stay in a statement and (not question) form. This will ensure other children around hear what the child has said. It reinforces the experience of being heard.

• The child can be seated to the side in the classroom, not in the front or centre. Have a friend or an outgoing student sit next to the child with selective mutism. The peer's parents can be requested if possible to arrange time outside of school for the two to develop a friendship.

• The other students can be made aware about the child's condition when s/he is not in the room. Support the children in befriending and helping her, but ask them not to overreact when s/he speaks.

• Provide very specific praise for talking. Let them know exactly what you like about what they did. This will make it more likely that they will do it again! For example, if the child answers "Blue" then respond by saying, "Blue. Thank you for telling me that".

• Questions that prompt verbal response can be asked. Instead of asking questions that can be answered with a yes or no—or, more often, nodding or shaking her head— question that is more likely to prompt a verbal response can be asked. Try giving kids choices ("Would you like a puppy sticker or a star sticker?") or asking more open-ended questions ("What should we play next?").

• The child should not be forced to speak. Encourage the student to use nonverbal communication by nodding, pointing, or using cards. Let her know that she can speak to you through this medium as well.

• As children are practicing to speak, certain accommodations can be allowed which will help them get their basic needs met without reinforcing a pattern of asking a question and getting a nonverbal response. These children should be allowed to use the bathroom or get water with a predetermined signal (e.g., showing specific cards for specific needs).

• Be a sports-caster: Do a play-by-play recap of what the child is doing: "You're drawing a flower" or "I see you're pointing to the picture in the book." This helps convey interest in what the child is doing and is a good technique to connect even when s/he is being nonverbal.

• A regular class schedule can be kept which clearly explains classroom activities. If a change in schedule occurs, the child can be talked to about it to reduce anxiety and fear of the unknown.

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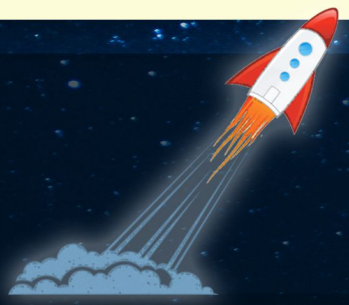
• Group activities can be planned to prompt participation of the child in class activities. Avoid moving the child from group to group.

• Advice from the school counsellor must be sought whenever needed in order to make modifications and accommodations to activities and assignments. The counsellor should be updated about the progress of the child.

The school is often addressed as a second home for children and teachers can play a very crucial part in the lives of their students. As Gorden Neufeld says, children learn best when they like their teacher and they think that their teacher likes them. The same applies for selective mutism which has its roots in anxiety and will get better with practice. Thus, teachers must stay positive while the child acts brave and fights their fears with their support!



Dreamers are Believers
Believers are Achievers

- Amitabh Mohan

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For Teachers: Psychological, Motivational, Pedagogical etc.
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