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The role of educational institutions in supporting children and adolescents with selective mutism

Rola placówek oświatowych we wspieraniu dzieci i młodzieży z mutyzmem wybiórczym

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Abstract

Selective mutism is an anxiety disorder that is increasingly common in the preschool and early childhood population. There is a constant search for effective therapeutic, educational intervention approaches for children experiencing anxiety who cannot communicate freely in non-familial and, especially, educational settings. This paper therefore emphasises the role that educational institutions play or should play in this regard, especially in the areas of prevention, diagnosis, as well as support in relation to the social and emotional well-being and mental health of children and adolescents. The paper characterises the specificity of selective mutism. The diagnostic specifiers and aetiological factors are discussed. Potential difficulties in working with children with selective mutism, as well as forms of therapeutic and behavioural interventions that can be implemented in educational institutions are also discussed. The main conclusion of this study is that teachers, in cooperation with specialists working in schools, have a good insight and a broader view of the possibility to help students who experience anxiety in social relationships. They can support children and also their families in acquiring communication competences in the school environment, learning new adaptive skills and coping with difficult situations. This seems particularly important in a context where, unfortunately, reported research findings indicate that mental health indicators for children and adolescents are deteriorating very rapidly and the number of children in need of psychological and psychiatric support is steadily increasing.

Keywords: selective mutism, anxiety disorders, child and adolescent mental health

Streszczenie

Mutyzm wybiórczy należy do zaburzeń o podłożu lękowym i jest coraz częściej identyfikowany w populacji dzieci w wieku przedszkolnym i wczesnoszkolnym. Nieustannie poszukuje się interwencji terapeutycznych efektywnych w pracy z dziećmi doświadczającymi lęku i niemogącymi swobodnie komunikować się w środowisku edukacyjnym. W niniejszej pracy zaakcentowano rolę, jaką odgrywają tu placówki oświatowe, zwłaszcza w zakresie profilaktyki, diagnozy i wsparcia w obszarze dobrostanu społecznego i emocjonalnego oraz zdrowia psychicznego dzieci i młodzieży. Zaprezentowano specyfikę mutyzmu wybiórczego i przybliżono trudności mogące towarzyszyć pracy z osobami, które zmagają się z omawianym zaburzeniem. Przedstawiono też formy oddziaływań terapeutycznych w nurcie behawioralnym możliwe do wdrożenia w placówkach oświatowych. Głównym wnioskiem sformułowanym w artykule jest to, że nauczyciele we współpracy ze specjalistami zatrudnionymi w szkołach mają dobry wgląd i szersze spojrzenie na możliwość pomocy uczniom, którzy doświadczają lęku w relacjach społecznych. Mogą wzmacniać dzieci w procesie nabywania kompetencji komunikacyjnych w środowisku szkolnym, opanowywania nowych umiejętności i radzenia sobie z sytuacjami trudnymi oraz wspierać rodziny uczniów.

Słowa kluczowe: mutyzm wybiórczy, zaburzenia lękowe, zdrowie psychiczne dzieci i młodzieży

INTRODUCTION

Mental health of children and adolescents has recently received a lot of attention in public and scientific debates. Resilience is a resource that schools can and should instill in young people for life. Currently, a strong emphasis is put on the role that educational institutions play in various areas of prevention, diagnosis and support of social and emotional well-being and mental health of children and adolescents (Cox and McDonald, 2020).

However, research findings indicate rapid deterioration of the mental health of children and adolescents and a steady increase in the number of young people requiring psychological and psychiatric care. A nationwide research in Poland has shown students as experiencing loneliness, extremely low self-esteem and a sense of agency. It is worth mentioning that the above data is associated with good or very good financial status (Dębski and Flis, 2023; Raport Rzecznika Praw Dziecka, 2021; Sajkowska and Szredzińska, 2022).

The most common diagnoses in the discussed population include internalising disorders (anxiety disorders in particular) and developmental disorders (mainly speech and language disorders) (Raport Rzecznika Praw Dziecka, 2021; Sajkowska and Szredzińska, 2022). It therefore seems that special care and support should be provided to students with selective mutism (SM), who, due to the specificity of their functioning, have special educational needs and are often ignored by psychologists, teachers and form teachers. The situation of people with SM is sometimes misinterpreted as not requiring intervention. School specialists (pedagogues, psychologists) and teachers often perceive SM children as excessively shy, sensitive or even rebellious. As a result, students and parents often find it difficult to access professional diagnosis and help.

Importantly, many children with SM will develop symptoms of other anxiety disorders (social anxiety in particular) in the future. Even after the most severe symptoms of SM have resolved, children show behavioural inhibition, experience difficulty with social interactions and anxiety. Mutism also often coexists with other anxiety disorders (social or separation anxiety disorder, specific phobias) and is associated with impaired social functioning, inability to initiate and engage in social interactions (World Health Organization, 2019), especially if the child is left without appropriate support in the environment in which SM is most fully manifested, i.e. in kindergarten or school.

SELECTIVE MUTISM – SPECIFICITY AND AETIOLOGY OF THE DISORDER

Selective mutism is a relatively complex anxiety disorder that typically affects preschool and primary school children. Symptoms usually develop between 3 and 6 years of age and the diagnosis is reached between the ages of 5 and 8 years, usually after the child starts school (Sharp et al., 2007).

Children with SM find themselves unable to speak in certain social situations (usually perceived by them as uncomfortable, most often in educational institutions) despite having the ability to speak and showing articulation activity under more comfortable circumstances.

Precise data on the incidence of SM in the paediatric population are lacking, but it is assumed to be 0.03–0.76% in Western European countries, Israel and the United States (Bergman et al., 2002; Elizur and Perednik, 2003; Ford et al., 1998; Kopp and Gillberg, 1997 – as cited in: Bystrzanowska, 2018), and up to 1.9% in Finland (Kumpulainen et al., 1998 – as cited in: Bystrzanowska, 2018). Therefore, it can be concluded that although the prevalence rates are relatively low (although they seem to be underestimated due to the still insufficient knowledge and the coexistence of mutism with other disorders), SM has a multidimensional impact on the functioning of the affected individuals and poses a serious threat to the mental health and well-being of students (Langdon and Starr, 2019).

According to the International Statistical Classification of Diseases and Related Health Problems, 11th Revision (ICD-11), the following criteria must be met to diagnose SM:

- It is possible to confirm that the lack of speaking occurs in certain settings (usually in the school environment), while in other situations (usually in the family environment) the child is able to communicate without obstacles.
- The period of verbal inactivity must exceed a month (excluding the first month of the child's functioning in a new kindergarten or school).
- The symptoms cannot be explained by any other developmental disorder.
- The child does not speak, but knows and understands the language.
- Speech selectivity is so severe that it makes it difficult to achieve educational success (World Health Organization, 2019).

It is worth noting that SM is a childhood disorder, which means that in most cases the symptoms develop before the age of 5 years. However, the disorder may also manifest after starting school, when the child experiences increased pressure for verbal activity in situations related to social exposure (World Health Organization, 2019).

The aetiology of SM is attempted to be explained in the context of many scientific theories. This is important as the knowledge of potential triggering and maintaining factors present in a given case allows for designing an individual form of educational and therapeutic interaction. The aim of this study is not to discuss theories explaining the causes of SM, but only to indicate factors that may have an impact on the development of the disorder, especially since no clear theory explaining the aetiopathogenesis of SM has been proposed so far (Kos, 2020b, p. 161).

Both DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) (American Psychiatric Association, 2022) and ICD-11 point to anxiety as the cause of SM. Most likely, genetic factors are also involved as SM is diagnosed in

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children whose parent(s) (or previous generations) experienced anxiety disorders. However, the available data do not allow to determine whether social anxiety is a cause or a consequence of SM in children (Starke and Subellok, 2015).
A literature review has shown that the aetiology of SM is explained in the context of social phobia or social anxiety. It has also been suggested that SM may develop in response to trauma. Some authors link SM with neurological and audiological deficits, while others explain the disorder in the context of family systems. Therefore, the literature points to biological, genetic and socio-cultural factors (e.g. Bystrzanowska, 2018; Holka-Pokorska et al., 2018; Kos, 2020b).

THE SCHOOL ENVIRONMENT AS A SETTING FOR THERAPEUTIC AND EDUCATIONAL IMPACT ON CHILDREN WITH SELECTIVE MUTISM

A study on society's mental health and its determinants (EZOP II) has shown that internalising disorders (mainly anxiety and phobias) may affect 7.3% of the Polish population of children and adolescents aged 7–17 years, and that developmental disorders, including speech and language disorders, are the most common diagnosis (Sajkowska and Szredzińska, 2022).
The report prepared at the request of the Ombudsman for Children (Raport Rzecznika Praw Dziecka, 2021) has shown that general dissatisfaction with life, which is related to the lack of happiness, joy and serenity (to the extent that it threatens mental health), affects 17% of boys and 14% of girls attending 2nd grade of primary school (the trend continues in later years – in the 6th grade of primary school and the 2nd grade of high school and technical school, dissatisfaction was reported by 11% of boys and 15% of girls).
The "Młode głowy" [Young Heads] study (2023) has shown that 65.9% of students would like to have more self-respect, 58.4% feel useless, 46% have extremely low self-esteem, and 31.6% do not like themselves. About 81.9% of the respondents find it difficult to cope with everyday stress, and one in three children find no reason to live (8.8% of participants reported a suicide attempt) (Dębski and Flis, 2023).
Only 62% of Polish students declare satisfaction with life compared to a mean of 67% for the Organization for Economic Cooperation and Development (OECD) countries (Sitek and Ostrowska, 2020, p. 241).
It seems that school is a space where all children, especially those with special educational needs and selective mutism, should have a chance to reinforce their sense of security, build self-esteem and learn to initiate and maintain relationships with their peers. This becomes particularly important in the context of working with SM students. It is school, i.e. an environment where the symptoms of SM are most evident, where therapeutic and educational interactions should be implemented. Otherwise, they are not effective.
The Programme for International Student Assessment (PISA), a study coordinated by the OECD, has shown that although Polish students score high in knowledge tests, they are not happy and do not feel attached to their school (Sitek and Ostrowska, 2018, p. 252). It seems that the Polish educational system (primarily the specificity of social experiences and relationships in the school setting) may intensify stress and anxiety, and as a result may not be conducive to the mental well-being of children, especially those with SM. However, schools can and should play an important role in recognising and meeting the needs of children with SM, and act as the main coordinator of the support provided to them. Creating the possibility of better coping with SM at school and improving mental health of children require a slightly different distribution of emphasis – shifting part of the educators' attention from purely intellectual to the social and emotional development of the student. What is needed at this point is an empathetic approach, teachers' understanding of the needs of an SM child, and the involvement of parents as key stakeholders in the process of therapeutic and educational interaction.

THE SPECIFICITY OF PSYCHOLOGICAL AND PEDAGOGICAL SUPPORT FOR STUDENTS WITH SELECTIVE MUTISM, CONSIDERING DIFFERENT DEVELOPMENTAL AND EDUCATIONAL NEEDS IN EDUCATIONAL INSTITUTIONS

Educational institutions play a multidimensional role in supporting children with SM. Teachers and specialists employed in schools can provide such support in three dimensions, i.e. (1) self-improvement and educating others, (2) identifying, planning and coordinating support for students at school, (3) creating conditions that will allow for optimal development in the teacher, peers – SM student – student's parents triad (White and Bond, 2022).
Understanding the disorder by teachers and other school staff is key to supporting SM children in the school setting. Therefore, teachers should expand their knowledge and that of other school workers, as well as students and parents about the specificity of SM. The entire school community should participate in this educational process, because therapeutic and educational interactions directed at an SM child must be implemented in the broadly understood school environment.
School specialists (psychologist, pedagogue) and teachers are able to quickly notice the difficulties experienced by an SM child, recognise the individual psychophysical capabilities or developmental and educational needs of the student in the course of everyday didactic and educational work. This allows for optimal, effective psychological and pedagogical support at school. Identification of early symptoms of the disorder by teachers helps avoid delays in planning and implementing educational and therapeutic interventions.
It is also necessary to involve teachers in planning work with an SM student (in terms of forms and ways of providing assistance or types of necessary adjustments). Coherent

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and comprehensive actions usually bring the most optimal outcomes. It is important to offer an SM student direct support at school, for example by creating conditions that will be conducive to individual work with the child, identifying and meeting their needs, or adapting working methods and requirements.

Each teacher, as a person who is in constant contact with an SM child, is responsible for creating conditions for meeting the educational needs resulting from the specificity of the disorder. Teachers play a decisive role in the process of upbringing and education at school, are able to quickly identify the student's difficulties and help them in the most optimal way. The educator acts in the natural conditions of children's functioning. The student–teacher–peer relationship is the basic system in which help can be provided to an SM child at school. It is extremely important that the student receives support from the teacher so that it will allow them to discover their own potential and overcome the difficulties and limitations associated with the disorder.

Since teachers have the best knowledge about the school reality, they should plan and implement adequate forms of support for SM students. The entire process runs most effectively and generates the least stress for the child when it is implemented in cooperation with the parents. Parents can act as experts, people with the most extensive knowledge about the specifics of SM. However, they can also inadvertently contribute to SM. The role of school is therefore also to provide workshops and training for parents who do not understand what SM is. Working in the student/parent/teacher triad to create optimal conditions for the child's development is of key importance, especially since there is evidence that parents play a key role in the context of long-term treatment outcomes (White and Bond, 2022).

Educational (school) psychologists seem to be the best prepared to support teachers working with SM students and their parents (Conn and Coyne, 2014; White and Bond, 2022). They can also help plan an individualised behavioural intervention, which, if implemented in the setting where the symptoms of SM manifest, is the most optimal form of support, as evidenced in literature.

The therapeutic process most often involves three complementary and intertwining paradigms: behavioural, cognitive-developmental, and psychodynamic. In Poland, behavioural interventions are most commonly implemented and best described in the literature (Bystrzanowska, 2018; Johnson and Wintgens, 2016; Kos, 2020a).

Behavioural therapy is typically a multi-method approach that should take into account the specificity of the child's functioning in a broader context. It is worth assessing the quality of the student's social interactions, communication needs, ability to make friends, motivation to create social relationships and the level of inhibition in expressing emotions (Kos, 2020a).

Based on literature analysis, it can be concluded that three behavioural techniques eliminating SM symptoms are best known and described in Poland: desensitisation, stimulus extinction and modelling.

The sliding-in technique, which can be successfully implemented in schools, is a type of behavioural therapy. It is an interaction based on a counter-conditioning mechanism. In the process of desensitisation, the child gradually learns to accept the anxiety-provoking stimulus and, over time, regains the ability to speak. The work consists in regular exposure to the stimulus that initially causes anxiety, with gradual increase in the communication load. Without exerting pressure, we create a setting where the child can become verbally active, get used to situations that generate fear and inability to speak, emotional rigidity, tension, and anxiety. It is optimal when this takes place in an educational environment and when parents are initially actively involved. In Poland, the sliding-in technique was developed and popularised by Maria Bystrzanowska (Bystrzanowska, 2018; Johnson and Wintgens, 2016; Kos, 2020a).

In addition to the above-mentioned interventions, the literature offers many other methods to foster the development of communication that school personnel can use to support SM children.

These include creating safe zones/islands in the classroom (areas with reduced verbal demands), using visual timetables and establishing procedures in graphic form (White and Bond, 2022), creating a safe atmosphere, following the principle of gradually increasing the communication load, extending the waiting time for a response, using audio/video recordings in the communication process (Bystrzanowska, 2018; Kovac and Furr, 2019), and finally implementing elements of music therapy at school. Triggering emotions and activating feelings with the use of elements of music therapy helps initiate verbal and non-verbal communication, as well as facilitates building interpersonal relationships (Kos, 2022).

CONCLUSIONS

Early identification of mental health needs in children and adolescents often depends on the knowledge, understanding, and even intuition of teachers and other school specialists, which is particularly important in the context of cognitive, emotional and social development opportunities for children with SM. If not managed properly, selective mutism can lead to a number of negative consequences, such as social anxiety disorder, depression or suicidal thoughts (Chavira et al., 2007).

At this point, the cooperation of parents, teachers, school psychologists and speech therapists seems to be of key importance. It is worth mentioning that due to the ongoing debate on the limits of the roles played by individual specialists in the field of therapeutic and educational intervention among SM children, mutism is diagnosed with a delay, which translates into late implementation of specialist support and therapy.

Literature analysis also indicates that cooperation with parents, sharing experience and knowledge, and developing parent–teacher communication play a key role in the

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therapeutic process in SM. The need for such cooperation should be emphasised, as it is known that parents of children with SM often experience symptoms of anxiety themselves (including social anxiety), and this may be one of the reasons why they sometimes inadvertently amplify the symptoms of SM in the child (White and Bond, 2022).
Educational institutions play an important role in changing the perspective on teaching and raising children with special educational needs – from thinking in terms of "what is needed", "what it should be like" to "what should/can be done" in the context of the emotional well-being of the youngest children. Teachers have good insight and a broader view of how to help students who experience anxiety in social relationships. They can support children and also their families in acquiring communication competences in the school environment, learning new adaptive skills and coping with difficult situations.

Conflict of interest

The author reports no financial or personal relationships with other individuals or organisations that could adversely affect the content of the publication and claim ownership of this publication.

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