Selective mutism: a case study of a seven year old Latino male

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Selective Mutism: A Case Study of a Seven Year Old Latino Male

A Special Project
submitted to the Faculty of the
San Jose State University
College of Social Work
in partial fulfillment of
the Master's in Social Work Degree

by

Danielle Long

April 27, 1998

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I. Introduction

Selective mutism is a DSM IV classified disorder which generally afflicts elementary school children and is extremely rare. This project was a single subject case study on a seven year old bilingual, Latino male with selective mutism. The subject attends Calabasas Elementary School in Freedom, CA, which is in the Pajaro Valley Unified School District. He does not speak in the school setting but does speak at home. This researcher provided the subject with services through Kid's Korner, which is part of the Pajaro Valley Prevention and Student Assistance Program. This elementary school based program provides services to children identified as having emotional problems which interfere with their intellectual, social, and emotional growth.

The goal of this study was for the subject to speak to this researcher. This behavior was then to be generalized to the classroom setting. The method of intervention was behavior modification utilizing positive reinforcements and a multidimensional approach. The subject's teacher and family were involved in the intervention.
II. Context of Services

Pajaro Valley Prevention and Student Assistance (PVPSA) is a non-profit, community based agency that serves the student population within the Pajaro Valley Unified School District. The program was incorporated as an autonomous agency in 1991. PVPSA provides counseling, education, and prevention services to students, staff, parents, and the community within the school district. The goal of the program is to decrease drug and alcohol abuse amongst students, decrease the drop out rate, decrease gang involvement, guide students to better emotional health, and provide the tools necessary to meet these goals. In addition, the program provides education and support to parents to enable them to recognize chemical abuse and strengthen their parenting skills.

PVPSA is comprised of many programs which serve the elementary school, junior high, and high school student populations. The research for this study was conducted at the elementary school level with the Kid's Korner program. Kid's Korner at Calabasas Elementary School serves children from kindergarten through sixth grade. Currently, this researcher carries a caseload of thirty eight students. This number varies based on the number of referrals over the course of the academic year.

Services through Kid's Korner are provided by master's level interns working towards licensing as Marriage, Family, and Child Counselors or Clinical Social Workers. All interns are
supervised by licensed staff through individual and group supervision. Each elementary school is staffed with one Kid's Korner counselor and carries a caseload of approximately thirty to thirty five students.

Individual as well as group counseling are provided through Kid's Korner, based on the needs of the child. Kid's Korner counselors utilize the modes of art and play therapy with participants in the program as expressing feelings is a difficult process for children. Children are often unable to articulate their feelings about situations in their lives. However, children use art and play as outlets to express feelings. One of the essential goals of therapy is healthy expression of feelings to allow students to improve their emotional health. Participation in Kid's Korner is the choice of the child and is never forced. Kid's Korner offers a safe and nurturing environment which allows children to explore their feelings. The program operates under the assumption that all children have strengths which must be identified and developed.

Students are referred to Kid's Korner by school staff, parents, or themselves. Referral forms must be completed by school staff, usually the teacher, based on observations that the student may be experiencing emotional or interpersonal issues, or a difficult family situation. Information on behaviors that are being exhibited, such as social withdrawal, difficulty concentrating, persistent absenteeism, sudden behavior changes, signs of neglect or abuse, constant health problems, anxiety, family issues, etc. are noted on the referral
form. In addition, beginning January, 1998, teachers must inform parents when a child is referred to give them the opportunity to refuse to participate in the screening process. Administrative referrals may be made if a student is caught using or under the influence of drugs or alcohol on the school premises or suspended for violence against another student. In cases such as this, parent consent is not necessary as participation in the Kid's Korner program is mandatory.

If the parent does not object, the Kid's Korner counselor initially "screens" the student in order to gather information to determine whether participation in Kid's Korner would be beneficial for the child. During this process, rapport between the student and counselor is established. Confidentiality and mandated reporting are explained in age appropriate language. Upon completing the screening process, a parental consent form is sent home with the child. In addition, the counselor may refer the student to a private agency or community agency, based on the needs of the child and family. The student is not seen again until the counselor receives a signed consent form from the parents.

Reports are gathered from school staff, parents, and outside agencies to assess the effectiveness of the program on the growth and progress of students. In addition, outcome studies are conducted using focus groups to assess the success of PVPSA. Statistical reports are gathered from community agencies such as law enforcement and child welfare agencies. Qualitative as well as quantitative information is collected in
the assessment process to discern the affects of the program on the behavior and activities of the students and families served. Furthermore, the program director meets twice a year with each school site administrator to review and evaluate the program. Evaluation forms are sent to school staff and parents whose children participated in Kid's Korner. These forms invite comments concerning the effectiveness of the program and suggestions for improvement. The comments and suggestions are taken into consideration when planning for program modifications.
III. Target Population

The subject for this study is a seven year bilingual, Latino male. For purposes of this project, he will be called Antonio, which is not his real name. Antonio is the oldest of two boys. He is currently in first grade at Calabasas elementary school in Freedom, California. This researcher interviewed Antonio's mother for a psychosocial history, consulted with his kindergarten and first grade teachers, and reviewed his cumulative file at school. The following is information that was gathered through these resources. Antonio was born at Watsonville Community Hospital in Watsonville, California on December 12, 1990. According to Antonio's mother, he weighed eight pounds, eight ounces and she was in labor in the hospital for one hour before giving birth. The pregnancy and birth were both normal without complications. However, Antonio's mother reported that his head was "too big" and the doctor had to use forceps to assist with the birth.

Antonio is the oldest of two children. According to his mother, he began talking when he was approximately two years of age and began walking when he was eight months old. His brother, who is a kindergartner at Calabasas, was born when he was one year of age. Antonio poked and pinched his newborn brother and was caught urinating on his face.

Antonio attended pre-school for approximately two weeks when he was four years of age. His mother came to pick him up and found him crying in the sandbox. The teacher informed his
mother that he had been crying all day. She chose to not have him return to pre-school. According to Antonio's mother, he stopped crying entirely shortly after this incident and has not, to her knowledge, cried since. She reported "He doesn't even cry when he falls off his bike." He began kindergarten at five years of age. According to his cumulative records, he did not speak to his classmates or teacher the entire year. However, he was able to complete kindergarten and was promoted to first grade as he did not fall behind academically.

Antonio lives with his mother, father, and younger brother. The family lives in a small house on the property of Antonio's paternal grandparents and aunt. Antonio's aunt is sixteen years of age and attends Aptos High School. She also did not speak in elementary school and attended Calabasas. Antonio's mother was born in Mexico and immigrated to the United States when she married Antonio's father, approximately nine years ago. She does not have a family support system in the United States as her family lives in Mexico. She has one brother in Los Angeles, but rarely sees or speaks to him. Antonio's father was born in California and grew up in Watsonville.

According to Antonio's parents, he speaks normally at home and does not have a speech impediment, although he is reportedly shy around people he does not know. When he is mad or sad, he goes into his room, lays on the bed, and is isolative. Sometimes, he will yell at his parents or brother when he is upset.
Antonio's parents report that their marital relationship is strained, but they are working on this. However, they refused this researcher's referral to the Parent's Center and Family Services. According to his mother, she was considering divorce in October 1997, but does not know where she would go. She reported that she informed Antonio of her plans to divorce his father and he "begged" her not to leave. In addition, she reported that her husband forces her to isolate as he does not allow her to have friends or go out without his permission. She reported that he pressures Antonio to talk and primarily gives him negative attention, making statements such as "Why can't you try to be more like your brother?" In addition, Antonio's father reported that Antonio's homework is sloppy, he fights with his brother, and "does not try hard enough in school."

According to Antonio's cumulative files, he participated in most activities in kindergarten, but did not speak out loud. He received satisfactory grades in kindergarten with an "N" (needs improvement) in skipping (part of large muscle coordination assessment), increasing in speaking vocabulary, and hearing variations in sounds. According to the Kindergarten Title I Identification Checklist, Antonio has poor speaking skills, does not paint and draw with confidence, cannot answer inferential questions about a story, song, or poem, is unable to clap syllables, cannot derive meaning from context, is not able to draw a picture that shows comprehension of a story or experience, cannot count objects one to ten, and cannot identify
circle, square, rectangle, or triangle. These are indicators that Antonio is in need of Title I Services.

Antonio was tested for English proficiency in 1996 and was found to have limited English language skills. Thus, the school recommended that he be placed in a bilingual instruction class. However, Antonio's father signed a "Bilingual Education Classroom Program Withdrawal Option Form" to request that he be placed in an English only classroom. Spanish was the first language that Antonio learned and, according to the Home Language Survey, is the language that he most frequently uses at home. Antonio was tested for English language proficiency in May 1997 and was placed in Level III English, which is speech emergence. However, in February 1998, he was tested again and placed in Level II, early production English. This may be due to the fact that responses must be verbalized and Antonio is completely non-verbal at school.

Antonio was referred to this researcher by his first grade teacher for shy and withdrawn behavior and failure to speak in class. The teacher wrote, on the referral form, "He may be smart, but how can I tell? He never talks in class." In addition, he does not communicate verbally to his peers in class or on the playground. However, he does complete his school work and is identified to be of normal intelligence by his teacher. His language and verbal skills may not be within normal range for his age as he does not speak. Thus, these areas cannot currently be assessed. Upon completing an assessment of Antonio
and consulting with the DSM IV, this researcher has given him a diagnosis of Selective Mutism.

Prior to meeting with the subject, this researcher consulted with the teacher for input and information on the child. The teacher reported that the subject has not spoken in class and has not been observed speaking to his peers. The teacher expressed concern and requested that he receive services from Kid's Korner.
Selective mutism, formerly called elective mutism, is classified as an Axis I diagnosis in the DSM IV. Axis I diagnoses are clinical disorders and/or other conditions that severely impact ones functioning and may be a focus of clinical attention (APA, 1994, pg. 38). Selective Mutism (SM), code 313.23, is defined in the DSM IV as:

"A. Consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.

B. The disturbance interferes with educational or occupational achievement or with social communication.

C. The duration of the disturbance is at least 1 month (not limited to the first month of school).

D. The failure to speak is not due to lack of knowledge of, or comfort with, the spoken language required in the social situation.

E. The disturbance is not better accounted for by a Communication Disorder (e.g., stuttering) and does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder" (APA, 1994, pg. 76-77).

According to the literature reviewed, SM is a rare disorder. SM tends to come to the attention of educators when children begin school. Brown and Lloyd (1975) found that 42 out of 6,072 kindergarten children were not speaking after the first week of school and Fundudis et. al. (1979) discovered that 2 out of 3,300 children were reportedly diagnosed with selective mutism by the age of seven. Previous research on this topic
indicates that SM occurs in less than .8 per 1,000 of the population (Cline & Baldwin, 1994). Golwyn and Weinstock (1990) found that SM occurs in less than 1% of all mental health referrals. Kopp and Gillberg (1997) found that SM occurs in 89 in 10,000 children, which is more common than suggested by earlier studies.

The subject in this study was brought to this researcher's attention when he was in first grade. At this time he was 6.8 years of age, which corroborates with the research findings that SM is often discovered by the age of seven (Fundudis, et. al., 1979). The subject's kindergarten teacher noted that he did not speak, but assumed that he was shy. When his first grade teacher referred him to Kid's Korner, she indicated on the referral form that he is shy, withdrawn, and does not speak in class.

Selective mutism appears to have a higher frequency rate in girls (Kolvin and Fundudis, 1981; Wilkins, 1985; and Black and Uhde, 1995) and is not correlated with any social class (Steinhausen and Juzi, 1996). Steinhausen and Juzi (1996) found a correlation between selective mutism and immigrant children. In addition, other researchers have obtained similar results (Bradley and Sloman, 1975; Kolvin and Fundudis, 1981; Sluzki, C.F., 1983; Lesser-Katz, 1986). However, the findings in this area are inconclusive as other researchers have not found a preponderance of SM in immigrant children (Hesselman, 1983). The subject of this study is Latino; his mother is from Mexico. He is bilingual and speaks both Spanish and English at home.
Steinhausen and Juzi (1996) analyzed one-hundred children diagnosed with SM and found that a correlation exists between this disorder and risk factors during pregnancy, pre-morbid speech and language disorder, and behavioral abnormalities during infancy and preschool age. Forty-three percent of the sample had complicated deliveries, 20% had an articulation disorder, and 28% had expressive language disorder.

Relationship problems occurred in 40% of the sample, separation anxiety in 30%, sleep disorders in 27%, and eating disorders in 21%. Defiance/aggression occurred in only 5% of the sample and hyperactivity in 1% (pg. 609). Furthermore, Steinhausen and Juzi (1996) did not find a statistically significant correlation between traumatic events (such as physical abuse, falling into a river, a frightening experience with animals) and onset of SM. In fact, trauma as the event at onset occurred in only 8% of the sample, loss of a significant person occurred in 16%, acute intrafamilial crisis occurred in 8%, onset of disease in a family member occurred in 7%, and onset of disease in the subject occurred in 2% (pg. 610).

Steinhausen and Juzi (1996) analyzed personality features and the social context of the mutism and found that 85% of the children in the sample were affected by shyness and 66% were affected by anxiety (pg. 610). This coincides with the research findings of Black and Uhde (1995) that SM appears to be a representing symptom of social anxiety rather than a distinct diagnostic entity. In a study conducted with thirty children diagnosed with SM, Black and Uhde discovered no evidence of a
causal relationship between traumatic experiences and onset of Selective Mutism. The subject in this study was brought to the attention of this researcher because of excessive shyness, social withdraw, and failure to speak in class. In addition, his mother reported that he is extremely shy around strangers.

Forty-two percent of the sample in Steinhausen and Juzi's (1996) study experienced enuresis (17%) or encopresis (25%) (pg. 610). Eighty-nine percent of the children were mute in school settings, 89% were mute in front of strangers, 42% were mute around children in general, 34% around specific children, 13% around family members, 11% around their father, 4% around their mother, and 2% around siblings (pg. 610).

According to the literature reviewed, behavior modification is the preferred method of treatment for selective mutism. This form of treatment focuses on reducing anxieties about talking and providing positive reinforcements for speaking. Additionally, a multidisciplinary approach, utilizing parents and a team of school staff (speech therapist, psychologist, teachers) who develop an individualized service plan can be an effective method of treatment (Powell & Dalley, 1995; Masten, et. al., 1996; Schill, et. al. 1996; Giddan, et. al., 1997). Medication, such as Fluoxetine and Phenelzine have also been used in treating selective mutism (Golwyn & Weinstock, 1990; Dummit, et. al., 1996). This author applied behavioral treatment along with a multidisciplinary approach as the method of intervention for this study.
Masten, et. al. (1996) conducted a case study on a selectively mute eight year old Latino boy, whose primary language at home was English, utilizing behavior modification as the method of intervention. Toy cars and M&Ms were used as reinforcements for talking during treatment. The treatment strategy included shaping and reinforcement beginning with the therapist, then with the teacher and therapist, then with the subject's best friend and the therapist, then in a group setting, and lastly in the classroom setting. The subject was informed that each time he spoke, he would be given an M&M and when he responded ten times, he could choose a toy car. During the beginning stages of the intervention, the subject received reinforcement for moving his lips, as part of the shaping procedure. Treatment with the subject went on for three years. This method of treatment proved to be successful as he earned four cars during the third session and by the third year of treatment, the subject spoke in an audible tone of voice and answered questions in the school setting, but rarely asked questions (pg. 58-59).

Giddan, et. al. (1997) used response initiation with a multidisciplinary intervention team as the primary targeted treatment approach in a study on an eight year old selectively mute female. The intervention included positive reinforcements for speaking. This approach was utilized by the school psychologist, teacher, and speech-language pathologist. During the second year of treatment, the therapist arranged to meet with the subject for whatever length of time it took her to
speak. After four hours, the subject whispered "I want to go home" and called her mother from the therapist's office, asking to be picked up. The subject was rewarded by her teacher for speaking in class. The speech therapist used positive reinforcement when the subject would articulate into a tape recorder and listen to the recording in the presence of the speech therapist. Consequently, the subject began speaking in the school setting, as well as in social settings, by the second year of treatment (pg. 130-131).

Powell and Dalley (1995) recommend educating the adults involved with the child on selective mutism. Thus, the adults will have a common understanding of the child's behavior and can work collaboratively in treating the SM. In a case study conducted by the above researchers, treatment was conducted over a six month period with a six year old female diagnosed with SM. A reinforcement list was developed by the subject's mother and kindergarten teacher. The reinforcements included verbal praise, individual time with her mother, and candy or small toys. In addition to positive reinforcements, shaping and desensitization were employed by having the subject's mother talk with her in the classroom after school. Once the subject began speaking, she was introduced to speaking in a classroom setting on a gradual basis to encourage generalization of speech to new situations and people. This form of treatment proved to be effective in that she was talking consistently at the conclusion of the six month intervention period. A six month
follow up was conducted and the subject was talking openly to her teacher and peers (pg. 120-121).

For purposes of this study, this researcher utilized behavioral modification with positive reinforcements, art and play therapy, and a multidimensional approach as the methods of intervention. The intervention included referring to the above studies.
V. Design of the Evaluation Study

This study focused on the treatment of a seven year old, first grade, boy with selective mutism, utilizing positive reinforcements as a form of behavior modification. The desired outcome for this study was for the subject to speak in the classroom setting to his teachers and peers. The subject of the study, his parents, and this researcher agreed on the reinforcements for the intervention. The reinforcements included verbal praise for nonverbal communication and material reinforcements for verbal communication. Nonverbal communication includes gesturing, pointing, nodding or shaking the head in response to questions, mouthing words, and drawing or writing in response to questions. Verbal communication includes any form of vocalization, including whispering. However, whispering elicited a more minimal reward than vocalizing. The subject was to receive a toy for every ten whispered responses during one session. Once he began to vocalize, he was to receive more substantial reinforcements. If the subject began to speak more freely, he would have received intermittent reinforcements for talking (Powell & Dalley, 1995; Masten, et. al., 1996; Giddan, et. al. 1997).

Weekly sessions with the subject included art and play therapy. In addition, the subject was asked open ended questions to encourage a verbal response. If the subject chose not to respond verbally, he was asked to mouth responses. If he
refused to respond in this manner, he was asked to draw his response.

This researcher kept track of responses in a log during each session with the subject. In addition, the subject's responses were rated each session on a scale of 0-7 as follows:

0) Subject did not respond verbally or nonverbally during session. Eye contact was not made with researcher.

1) Subject responded minimally; 1-2 nonverbal responses were observed. Eye contact was made 1-2 times with researcher.

2) Subject responded freely in a nonverbal manner, using gestures, nodding/shaking head, and drawing as a form of communicating.

3) All of the criteria for #2 were met. Additionally, subject responded by mouthing at least one word during session.

4) All of the criteria for #3 were met. Additionally, subject whispered at least one word.

5) All of the criteria for #4 were met. Additionally, subject responded verbally at least once during session.

6) Subject responded to questions verbally.

7) Criteria were met for #6. Additionally, subject initiated communication.

In addition to this researcher rating the subject's verbal and non-verbal communication, his teacher was provided with a rating sheet. The subject's verbal and non-verbal responses were rated weekly by the teacher as follows on a scale of 0-7:

0) Subject did not respond verbally or nonverbally during class. Subject was not observed interacting with peers.

1) Subject responded minimally; 1-2 nonverbal responses were observed in the classroom with either peers or teacher.

2) Subject responded freely in a nonverbal manner, using gestures, nodding/shaking head, and drawing/writing as a form of communicating. Subject was observed interacting non-verbally with peers.

3) All of the criteria for #2 were met. Additionally, subject
responded by mouthing at least one word during class.

4) All of the criteria for #3 were met. Additionally, subject whispered at least one word.

5) All of the criteria for #4 were met. Additionally, subject responded verbally at least once during class.

6) Subject responded to questions verbally.

7) Criteria were met for #6. Additionally, subject initiated communication.

This researcher met with the teacher no less than twice a month to collaborate and plan interventions. The plan for the intervention was for the subject's teacher to provide him with verbal praise for communicating non-verbally and verbally in class. However, she did not provide him with material reinforcements as he is in a classroom setting with other children and the school will not allow her to do this. Thus, this researcher reviewed the rating sheets weekly and provided the subject with material reinforcements during session when appropriate.

In addition to the above, the subject's parents were asked to provide him with positive reinforcement at home based on his progress at school. This researcher collaborated with the parents at least twice a month to discuss the progress of the subject. The parents were asked to provide him with verbal praise if he vocalized responses at school. They were not asked to provide the subject with material reinforcements for two reasons:

1) The subject already speaks at home, thus material reinforcements were unnecessary; and 2) the subject received material reinforcements at school.
A comprehensive psycho-social, developmental, and behavioral abnormalities during infancy and preschool age history were taken on the subject of this study. This was accomplished through consulting with the parents of the subject and reviewing his cumulative records at school. Information that was assessed included: complications during pregnancy and/or delivery; behavioral abnormalities during infancy and childhood; delay in motor development (did the subject sit by the 10th month and walk by the 18th month of life?); delay in toilet training (was this completed by 48 months?); language and speech disorders; age at which child began to talk; age at onset of selective mutism; symptom related characteristics at age of onset; personality and behavior features; sibling rank; socioeconomic status of family; nationality. The results of this history were compared with those of Steinhausen, et. al. (1996) to determine if this researcher's findings corroborate with the 1996 study.

This intervention occurred over a period of six months, from September 1997 to March 1998. This researcher met with the subject weekly at Calabasas Elementary School. In addition, collaboration occurred at least twice a month with the subject's teacher. This researcher met with the teacher on Friday's after school. The subject attends a year round school and is "off track" from October 31, 1997 until January 5, 1998. During that time, the subject's mother brought him to Calabasas on Friday's at 10 am. This researcher did not meet with the teacher during
this time as she was on vacation. Thus, the teacher was provided with a rating sheet beginning in January.

In order to meet the goals of the intervention, treatment occurred over a period of stages. These stages were considered transition points in the intervention process. The goal was for the subject to speak during therapy with this researcher. This behavior was then to be generalized in the classroom setting with his teachers and peers. The stages were as follows:

1) Researcher will establish rapport and trust with the subject. This will be accomplished through meeting with subject informally on the playground and in the classroom and formally in weekly therapy sessions;

2) Researcher will encourage subject to talk using positive reinforcements;

3) Researcher will establish rapport and trust with the parents of the subject;

4) Researcher will allow subject to bring a friend to session if he agrees to speak in the presence of his peer;

5) Researcher will encourage subject to generalize his speaking to the classroom setting.

This project is a single-system client evaluation. The single subject design focuses on specific interventions over a period of time and includes measurable goals. Thus, the researcher is able to observe and record successes and failures of specified interventions. Weaknesses of this design include inability of the researcher to discern whether the outcomes are a direct result of the methods of intervention. The researcher must assess other factors in the subject's life, such as family interactions. The strength of this project is that the intervention was multidimensional and the researcher
collaborated with the teacher and family twice a month. Another weakness is that the goals of the project were not accomplished in the limited amount of time in which the intervention occurred. However, this study added to the limited body of research on selective mutism.

The risks to the subject by participating in this study were minimal. The mother of the subject signed a consent form which allowed him to receive services from this researcher through Kid's Korner. This researcher explained confidentiality to the family and to the subject. In addition, the name of the subject or individual family members were not used in the study. The subject was not forced to participate in the study and was able to drop out of treatment at any time.

The results were analyzed based on monthly log sheets turned in by the teacher and weekly logs completed by this researcher. In addition, the history of the subject, which was obtained by the parents of the subject, were analyzed and compared with the results obtained by Steinhausen, et. al. (1996). The intervention would have been deemed successful and the goal would have been met if the subject was speaking in the classroom setting to his teacher and peers.
VI. Results

This researcher met with the subject of this study a total of twenty times from September 26, 1997 through March 20, 1998. In addition, the teacher was consulted with on a total of thirteen occasions and the family was consulted with a total of thirteen times. This researcher also consulted with the speech therapist, Children's Mental Health in Watsonville, and Antonio's aunt's third grade teacher at Calabasas. The goal of this study, for the subject to speak in the classroom setting, was not accomplished. A variety of interventions were utilized, including behavior modification, art and play therapy, and a multidisciplinary approach.

The highest that Antonio scored on the rating sheet with this researcher was four out of seven (see Appendix A) and the lowest was zero. In order to achieve a four, whispering a word was required. Thus, Antonio whispered one word a total of four out of twenty sessions, or 20%. He received a zero once, during the first session. Antonio scored one point a total six out of twenty sessions, or 30%. Two points were received two out of twenty sessions, or 10%, and three points were received four times out of twenty, or 20%. Antonio was not rated three times as this researcher met with him in the classroom and he refused to come to Kid's Korner. He received his lowest scores after the winter break. Antonio went to Mexico over the holiday break with his family and did not meet with this researcher for a period of one month.
The breakdown of his scores are as follows:

0) 9/26/97
1) 12/5/97; 1/15/98; 2/4/98; 2/11/98; 2/26/98; 3/12/98
2) 10/14/97; 3/20/97
3) 10/10/97; 10/23/97; 12/11/97; 1/22/98
4) 10/16/97; 11/13/97; 11/14/97; 1/29/98

This researcher was unable to assess scores on three occasions, 2/2; 2/18; and 2/25 as Antonio refused to come to Kid's Korner. When this researcher arrived at Antonio's class, he shook his head "no" when approached by this researcher or his teacher about coming to Kid's Korner. In addition, he did not make eye contact with this researcher.

The first session that Antonio whispered a word was on October 16th. During this session, his teacher sent him to Kid's Korner with his reading book. This researcher pointed to words and Antonio mouthed them. Antonio was asked to draw a picture of a house, tree, and person. He drew the house and tree in purple crayon, leaning to the right, and the person in black, leaning to the left. When asked by this researcher to who the person is, Antonio whispered "my brother." He was asked to tell a story about the picture and asked to use his voice, whisper, or mouth responses. When he refused, he was asked a series of yes/no questions about the drawing. This researcher has two feeling charts, one in Spanish and one in English, on the wall with pictures of various faces expressing different feelings. When asked how his brother is feeling, he pointed to
"happy" and "mad." When asked if he is in the house, he nodded "yes."

On November 13th, this researcher met with Antonio at his home. He whispered "Oliver" when this researcher asked him the name of his dog. This researcher also met with Antonio's mother. She reported that, although he is shy, he talks at home. On November 14th, he whispered the name of his kindergarten teacher. In an attempt to understand Antonio's choice to not speak in school and to rule out any traumatic events that may have occurred, this researcher asked him to draw a picture of something he remembers about kindergarten. He drew what appeared to be a flower and pointed to the "frightened" face when asked how he felt about this object that he drew. This researcher and Antonio went to his old classroom in an attempt to discern the nature of the object. However, Antonio shook his head that it is no longer in the classroom. On January 29, Antonio whispered the word "he" from his reading book which his teacher sent with him to session.

Antonio received the following scores from his teacher (see Appendix B):

1) 15.38%
2) 38.53%
3) 46.15%

Antonio was scored a total of thirteen times by his teacher. He was not scored by her during Thanksgiving break or winter break. Antonio's teacher noticed an increase in him mouthing words after the winter break. However, she also observed an increase
in defiant behavior, such as refusal to participate in class work, difficulty getting along with peers (pushing of classmates observed on several occasions), and not completing assignments.

Calabasas Elementary School is on a year round schedule. Thus, there are four different "tracks," each of which go on vacation at different times. Antonio was "off track" from the Monday following Thanksgiving until the first week in January. During this time, his mother brought him to Kid's Korner until he and his family went on vacation to Mexico in December. His last session prior to leaving for Mexico was December 11th, the day before his seventh birthday. He was in Mexico for two and a half weeks and was seen by this researcher after vacation, on January 15th. During this session, Antonio's affect was blunted; he did not make eye contact with this researcher. He appeared sad and became teary at one point during session, however he did not cry. When asked how he is feeling, he pointed to the "ecstatic" face on the feeling chart. This researcher asked how he thinks each family member is feeling today. Each face that he pointed to represented "happiness." However, the first face that he pointed to for his father was "horrified," but he quickly changed to "ecstatic," which is what he chose for himself.

In addition to meeting with Antonio's teacher, this researcher met with the speech therapist on two occasions. She reported that her hypothesis is that Antonio was placed in an all English classroom setting before he was ready. According to the speech therapist, he appears to understand Spanish better.
than English and may be "embarrassed" to speak for fear of being made fun of by the English speaking children. Ms. Norena (not her real name) reported that she is not seeing Antonio on a consistent basis as he does not speak. Thus, she cannot provide him with services. However, she reported that she taught him to mouth words and encourages him to speak when he feels ready.

Ms. Norena informed this researcher that she believes Antonio's father puts too much pressure on him to talk at school. He went to observe Antonio in a group speech session and put a great deal of pressure on Antonio to speak. Ms. Norena reported that, for the first time in her twenty year career as a speech therapist, she asked him to either quietly observe or leave. She has never asked a parent to leave and stated that Antonio's father was putting an unreasonable amount of pressure on him.

In addition to meeting with Antonio, his teacher, and speech therapist, this researcher consulted with Antonio's parents either in person or by phone on twelve occasions. This researcher met with his father twice; every other interaction was with his mother. On February 27, Antonio's father came in to meet with this researcher. Originally, Mr. and Mrs. Lopez were scheduled to come in together, but Mr. Lopez reported that Mrs. Lopez may be running late. Mr. Lopez was very soft spoken and covered his mouth with his hand while speaking. He made very little eye contact with this researcher. When discussing Antonio, every comment that he made was negative. He stated that Antonio is sloppy with his homework, instigates fights with his younger brother, does not talk at school, etc. He stated,
"I tell him all the time to talk at school. He just doesn't listen."

Based on the information provided by Mr. Lopez, this researcher noticed that he was focused on the negative aspects of Antonio and was giving him a great deal of negative attention, thus reinforcing these behaviors. This researcher encouraged Mr. Lopez to offer Antonio positive reinforcements when he exhibits behaviors that Mr. Lopez views as positive and ignore negative behaviors. In addition, this researcher encouraged Mr. Lopez to praise Antonio when he speaks outside of the home. However, Mr. Lopez and Mrs. Lopez both reported, on subsequent contacts, that they did not try this with Antonio.

Mrs. Lopez arrived after approximately forty five minutes, just as Mr. Lopez was leaving. Antonio's mother was very soft spoken, and seemed somewhat guarded. However, on February 27, she was more open than on previous contacts and disclosed that she and her husband have been experiencing marital problems that may be affecting Antonio. The family lives in a small two bedroom cottage. According to Mrs. Lopez, Antonio hears his parents arguing. She reported that she has told Antonio on several occasions that she is going to "leave his father." Antonio becomes upset and "begs" his mother not to leave. Mrs. Lopez reports that her husband does not allow her to have friends and calls her at work constantly to "check up" on her. She stated that she would divorce him, but does not have a support system in the U.S. other than her husband's family.
This researcher provided her with referrals to the Parent's Center and Family Services Association for counseling.
VII. Discussion

According to the research, more time is needed in the treatment of children with Selective Mutism than was available for this researcher. In a study conducted by Masten, et. al. (1996) on an eight year old Latino boy, treatment continued over a period of three years. Giddan, et. al. (1997) continued treatment with a selectively mute eight year girl over a two year time period. Thus, treatment of selective mutism generally occurs over an extensive period of time. However, this researcher had a limited amount of time to work with the subject.

Rapport took approximately two months to establish with Antonio. This researcher attempted to meet with Antonio on several occasions prior to the first session. Rapport was established through observing and acknowledging Antonio on the playground prior to meeting with him at Kid's Korner. Antonio appeared to be making progress prior to the holiday break. However, when this researcher returned from break, Antonio affect was sad, flat and he made minimal eye contact. His parents reported that the only change that he experienced was the trip to Mexico. Rapport between Antonio and this researcher decreased dramatically upon returning from break. Antonio did not respond to positive reinforcements during treatment. In fact, he refused material reinforcements on the occasions that he whispered a word.
Research on selective mutism indicates that behavior modification utilizing positive reinforcements is the preferred method of intervention when treating children with SM (Powell & Dalley, 1995; Masten, et. al., 1996; Schill, et. al. 1996; Giddan, et. al., 1997). However, this method of treatment did not facilitate therapeutic change in the subject of this study. Antonio did not respond to material reinforcements during therapy. According to the literature reviewed, the onset of selective mutism is not usually correlated with a traumatic event (Steinhausen & Juzi, 1996). However, research has indicated that a correlation exists between selective mutism and children from immigrant and/or monolingual families (Bradley and Sloman; 1975; Kolvin and Fundudis, 1981; Sluzki, C.F., 1983; Lesser-Katz, 1986; Steinhausen & Juzi, 1996). In addition, selective mutism is associated with anxiety (Black & Uhde, 1995; Steinhausen & Juzi, 1996). Thus, Antonio may have chosen to become mute as a method of dealing with the stress at home and difficulties with understanding English in the classroom. The combination of these two stressors may have caused Antonio to shut down. Antonio may fear rejection by his English speaking peers. Thus, he has chosen not to speak in the school setting.

This researcher met with Antonio's aunt's third grade teacher. She reported that Alicia (not her real name), who is now seventeen, refused to speak at school. However, she began to talk at the end of the year. This researcher requested permission from the family to meet with Alicia. However, Mr. and Mrs. Lopez reported that the family does not discuss
Alicia's refusal to speak in elementary school because she becomes "upset." Thus, this researcher was unable to gather potentially useful insight into the cause and treatment of Antonio.

According to his teacher, Antonio's classmates compensate for his refusal to speak in class and "speak for him." For example, if Antonio's teacher asks him a question in class, his classmates will answer for him. His teacher reported that she discourages this in an attempt to encourage Antonio to respond. However, his peers continue to enable him. In addition, his teacher is enabling and accommodating him in his choice to not speak in the school setting.

Antonio's refusal to speak in class can be viewed as a form of defiance as he is able to speak, yet refuses. In cases of children behaving in a verbally defiant manner, consequences for the behavior are experienced and limits are set. However, refusal to speak in the classroom seems to be a socially acceptable method of defiance in children. Consequences are not experienced for the behavior of refusing to speak. Perhaps Antonio is experiencing difficulties at home or with communicating in the dominant language at school. However, if he were acting out verbally or physically, his behavior would not be accommodated. Rather, the teacher, principal, and school would come up with a plan to change the behavior. Antonio's refusal to speak went unnoticed for over a year until he was referred to this researcher. Rather than expressing concern for
this behavior, his school records indicated that he is "quiet," "well behaved," and "a pleasure to teach."

This researcher contacted Children's Mental Health in Watsonville for information that may be of benefit to Antonio and his family. However, the clinician that this researcher consulted was unable to offer any insight into the disorder. In addition, she explained that Antonio is not able to receive services through Children's Mental Health as he is not in jeopardy of being placed out of home due to his behavior. She was unable to provide a referral to a professional who may be equipped to treat Selective Mutism.

Antonio's first language is Spanish. Language testing indicated that Antonio had limited English language skills in Kindergarten. However, he was placed in an English only classroom. His current teacher is not bilingual. According to his teacher, a bilingual aide comes in for one hour a week to work with Title I children. The children receive services from the aide in a group setting and the instruction is in English. Due to Antonio's refusal to speak, it is difficult to get an accurate assessment of his English speaking skills. His parents report that he speaks English at home. However, the "Home Language Survey" form that Antonio's father completed indicates that Antonio speaks Spanish at home, the adults at home most often speak Spanish, and the adults in the home most frequently speak Spanish to Antonio.

This research project sought to evaluate the effectiveness of behavior modification utilizing positive reinforcements and a
multidimensional approach. This mode of treatment was not effective in meeting the goal of the subject speaking in the classroom setting. However, this is not an indication that this is an ineffective mode of treatment in treating this childhood disorder. Rather, treatment must occur over a longer time period. Research on the causes and treatment of Selective Mutism is limited. Thus, this project adds to the limited body of research on the disorder. Further research on Selective Mutism is necessary in order to determine the effectiveness of behavior modification. In addition, follow-up studies would be beneficial in determining the causes and effectiveness of treatment.

One of the barriers that may have occurred in this researcher's therapeutic relationship with Antonio was language. This researcher has very limited Spanish language skills. Thus, Antonio's language of choice was not used during session. This researcher would recommend that Antonio receive services from a bilingual counselor and that Spanish be spoken during session. In addition, this researcher recommends that the school take a more active role in involving Antonio's parents in his education and the effect that his refusal to speak is having on his ability to learn. This researcher also recommends that Antonio be placed in a bilingual classroom setting to enable him to acquire better English language skills while maintaining and increasing his Spanish skills. This researcher also recommends that the Lopez family seek family counseling. Referrals to
Family Services Association and the Parent's Center were provided to the family.
References


Appendix A
Weekly progress sheet
Researcher's copy

0) Subject did not respond verbally or nonverbally during session. Eye contact was not made with researcher.

1) Subject responded minimally; 1-2 nonverbal responses were observed. Eye contact was made 1-2 times with researcher.

2) Subject responded freely in a nonverbal manner, using gestures, nodding/shaking head, and drawing as a form of communicating.

3) All of the criteria for #2 was met. Additionally, subject responded by mouthing at least one word during session.

4) All of the criteria for #3 was met. Additionally, subject whispered at least one word.

5) All of the criteria for #4 was met. Additionally, subject responded verbally at least once during session.

6) Subject responded to questions verbally.

7) Criteria was met for #6. Additionally, subject initiated communication.
Appendix B

Weekly progress sheet

Teacher's copy

0) Subject did not respond verbally or nonverbally during class. Subject was not observed interacting with peers.

1) Subject responded minimally; 1-2 nonverbal responses were observed in the classroom with either peers or teacher.

2) Subject responded freely in a nonverbal manner, using gestures, nodding/shaking head, and drawing/writing as a form of communicating. Subject was observed interacting non-verbally with peers.

3) All of the criteria for #2 was met. Additionally, subject responded by mouthing at least one word during class.

4) All of the criteria for #3 was met. Additionally, subject whispered at least one word.

5) All of the criteria for #4 was met. Additionally, subject responded verbally at least once during class.

6) Subject responded to questions verbally.

7) Criteria was met for #6. Additionally, subject initiated communication.
San José State University
College of Social Work

Field Agency's Approval of Research Project Prospectus

Instructions: This form must be completed by all students participating in university related research projects, including S.W. 298 projects. The form should be completed and submitted to the student's S.W. 298 instructor or faculty sponsor. All students are expected to advise their agencies of the content of their research projects as well as plans related to their proposed methodology, data collection, and data analysis activities. Completion of this form does not remove the obligations of students to complete other college, university, or agency research review and approval procedures/policies.

If significant changes are made in the project a new form must be completed and submitted. All S.W. 298 students must complete and submit this form prior to commencing their actual research work with data collection or clients; and in any event before the end of their first semester of study.

The field instructor's or other agency representative's signature certifies that the student has discussed and shared their plans with the agency, and that the agency is not in opposition to the project. The S.W. 298 instructor and/or other college officials should be contacted if there are any concerns, questions, or objections.

Name of Student: Danielle Long
Name of Agency: PUPS
Field Instructor's Name: Melanie Pern
F.I.'s Telephone #: 408-725-1645
SJSU Instructor's Name: Prochaska
Semester(s): E/S

Proposed Topic: Case Study of 1st Grade Male with Selective Mutism

Brief Description of Project - Timelines, Sample/Subjects, and Methodology:
Single subject design project of 7 yr. old Latino male with selective mutism using behavioral modification as the form of intervention. Positive reinforcements will be used in conjunction with the subject to speak. In addition, the research will work closely with the classroom teacher for the subject. Parents will also be involved throughout the process.

Signature of Student: [Signature] Date: 12/4/97
Signature of Field Inst./Agency Rep: Melanie Pern Date: 12/4/97
Signature of 298 Instructor/College Rep: [Signature] Date: 12/4/97