

## **Selective Mutism: A Case Study of a 10 Year Old Korean Boy and Applicable Play Therapy Techniques**

By Norma Leben, LCSW, ACSW, RPT-S, CPT-Professor  
Executive Director, Morning Glory Treatment Center for Children

### *313.23 Selective Mutism (formerly Elective Mutism)*

- 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 one month (not limited to the first month of school).
- D. The failure to speak is not due to a 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.

-- *Diagnostic Criteria from DSM IV*, American Psychiatric Association, July 1997, p. 76-77.

### **Social History**

C., a 10-year old Korean male born in Korea, moved to California when he was age three and enrolled in private kindergarten. His parents noticed significant delay in speech and language. In 2000, C. was tested and diagnosed as having Autism (no VIQ score, PIQ was 89). His school placed him in an Special Education English Language Development program. However, his parents disagreed and chose to place him in a regular class, which made the problem worse. In 2004, his family moved to Austin, Texas when he was eight. His parents arranged for another psychological testing and his diagnosis was changed to PDD/Autism. In 2005, his current school did more testing and updated his diagnosis to be Selective Mutism and Emotional Disturbance.

C. was undergoing Sensory Integration therapy prior to working with me. For nine weeks, he had Occupational Therapy 30 minutes/week. Speech therapy was attempted, but discontinued because he refused to talk. C. has command of basic math facts, superior spelling ability, and can read at grade level.

C's parents talk to him in Korean and English at home. C's Korean father works as a computer engineer with a major semi-conductor company. He speaks English with a heavy accent at a mellow pace. Mother is a homemaker, speaks very limited English, and smiles frequently, but father reports her crying every night because she does not know how to teach C.

Culturally, C., as a Korean first-born son, was allowed to take it easy and did not have to do any chores. He was not taught any independent living skills. Parents are over-protective and cater to him. He has little exposure to the concept of cause-and-effect. For example, I asked him "How is rice cooked?" His answer was "By staring at it."

C. has a 5 years-old younger sister who was born in California and speaks English fluently, even though has difficulty pronouncing the "s" ("th") sound (e.g. 'she' will be pronounced as "thuee). She is cute and has an average body build. She is self-motivated and is prompt in following instructions. She is dressed fashionably.

### **Presenting Problems of This Case**

- Speaks rarely at school, church, and outside the home. He only points or gestures to peers without speaking. However, C. speaks English at home.
- Sometimes afraid to be alone and still sleeps with parents at age 10.
- Sulks, whines, and "negotiates" excessively at home.
- Underweight and often eats very little.
- Flat affect and avoids eye contact.
- Awkward gross motor skills and jerking head movements.
- Aversion to touching things and washing hands.
- Mumbles through clenched teeth and sucks his lips until they are chapped.
- Acts fearful and nervous and hums when anxious.
- At school, he has trouble communicating his needs resulting in wetting his pants. He was also afraid to go to the bathroom down the hall by himself. His teacher also said C. wets himself to protest having to complete work during recess or being sent to the Principal's office.
- He can sit/stand passively for lengthy amount of time watching others work/play. His father observed that he is withdrawn and not interested in anything.
- He does not initiate interactions with others, but may join simple chase games when invited. He does not have friends because he does not know how to make friends.
- In school, he passively resists doing coloring and cutting.
- Easily distracted by sound.
- Inattentive and can't concentrate.
- Repeated second grade.
- Does not follow teacher's instructions, slow moving, lacks energy, and needs constant prompting to complete a task.
- Highly dependent on others for work and normal school routine.
- Has difficulty writing composition.
- Has difficulty in math reasoning (word problems)
- Has difficulty pronouncing the "L" sound
- Mom stays daily in classroom to make sure he gets supplies on his desk and prompts him to follow his teachers' instructions. She also hand-feeds him in the cafeteria for "eating too slow," which causes teasing from peers.
- Father says he has to show up at C's P.E. class or C. would not do as teacher asks.
- School referred parents to me with a strong recommendation to start counseling.

### **Observations at First Meeting**

- Client looks to either parent before talking and doing anything. Both parents encourage him verbally.
- He has weak fingers and does not use his thumbs. (This explains his resistance to writing, coloring, drawing, and cutting with scissors. I gave him a triangular pen for better grip and penmanship.
- Needs to use the bathroom every half hour as excuse to withdraw from new games C. does not want to wash his hands after using the bathroom. When encouraged, would only wash a few fingers.
- When sitting together, the younger sister frequently helped C. physically with tasks but C. was rude to her and never apologizes.
- Limited self-awareness - he thought he was one meter tall, we measured him and he is actually 52"
- He refused a honey bun because he thought a bee is inside just like the one printed on the wrapper!

## **Pertinent Information Discovered During Therapy**

In C's California first grade, four Korean students, two from his class and their older brothers, bullied C. after school. These students surrounded him and blocked his way to meet his mother who was waiting just outside the school building. He did not report this incident to any school staff nor his parents because he did not have the vocabulary to explain what happened or describe those boys. This trauma may be related to his resolute unwillingness to speak at school.

## **Treatment Plan Implemented**

### *Supplies and tools introduced:*

- ◆ Smiley System for Compliance and Responsibility Training for Children (a token economy system) published by Morning Glory Treatment Center for Children
- ◆ A timer (to develop a sense of timing - e.g. 5 minutes, 10 minutes, 15 minutes)
- ◆ Feelings Wheel Game published by Morning Glory Treatment Center for Children
- ◆ A 12" teddy bear to keep him company and tells his troubles to at bedtime.
- ◆ A tape recorder for him to tape his voice while he was reading aloud and to playback subliminal sentences at bedtime (see attached p. 6).

### *Parent Education:*

- ◆ Encourage more physical touch and massage his hands daily. (demonstration)
- ◆ Verbally prepare him before every trip outside of home for the setting, people, and program or special event.
- ◆ Move him back to his room within two weeks after the first therapy session.
- ◆ Introduced the *Smiley System*, a token economy system to reinforce desirable behaviors with allowance and short, fun trips or privileges.
- ◆ Propose consultation with a child psychiatrist who subsequently prescribed Zoloft and later changed to Prozac.
- ◆ Instead of catering to him, they are encouraged to have age-appropriate expectations of self-help skills, give him honest feedback on his appearance and schoolwork.

### *Coordinate with School Counselor:*

- ◆ Establish a School-Home Communication Book. (See attached check list)
- ◆ Phone consultation to share observations and treatment plan.
- ◆ Every day the teacher puts a post-it note on the upper right corner of his desk and put a color dot there whenever an audible word or answer is heard from C. This note will go home with him to redeem for Smileys (rate varies to make this game interesting.)

### *Establish Structure and Routines at Home:*

- ◆ Set a weekly schedule with specified routines. The morning routine includes waking up, changing clothes, washing his face, brushing his teeth, combing his hair, breakfast, picking up after himself, and a bowel movement before going to school.
- ◆ Set homework routines.
- ◆ Set exercise routine to build flexibility, develop muscles, and expand his lungs.
- ◆ Recommend weight lifting with cans of soup. His father also adds variety by taking C. to school playscape and the gym at the community recreation center.
- ◆ Set daily chores. Folding laundry, setting the table, taking out trash, and other age appropriate chores. Parents are committed to teach each chore 21 times.
- ◆ Set shower routine. Learn to take a shower independently.

- ◆ Wash hands in the bathroom after urination and bowel movements.
- ◆ Set meal routine. Setting or clearing table. Eating appropriate size portions.
- ◆ Learning names of foods such as fish, meat, and fruit/vegetables.
- ◆ Drink more water at least six cups per day, preferably with a straw and blowing bubbles as fun way to prolong his breath.
- ◆ Bedtime routine. Parents read to him, listen to him read, and he can also read by himself. After lights out, playback his own recorded subliminal tapes of affirmations.
- ◆ Set a weekly date to invite a friend home to play. (Parents tried this twice.)
- ◆ Summer Program: Parents will plan and organize intensive training of independent living skills, recreation skills, social skills, and one-hour per day for English or math practice.
- ◆ Winter Program or Spring Break: Parents will plan a shorter version of Summer Program.

### **Age Appropriate Expectations Introduced to Parents**

#### *Behaviors*

- ◆ Eye contact when speaking with others (prompt with specific gesture)
- ◆ Expect client to act his age and do his part and in the family and help out with chores..
- ◆ Client must ask for what he wants. Parents stop catering to him (reading his mind).
- ◆ Ask him to repeat and speak clearly whenever he mumbles.

#### *Rewards (using Smiley System) for working on target behaviors:*

- ◆ Learning and practicing Independent Living skills, especially on weekends and during long holidays.
- ◆ Using social skills learned e.g. in greeting others in the morning , saying "excuse me" when he sneezes or apologizing when he makes a mistake.
- ◆ Participating in board games, e.g. playing the Feelings Wheel Game
- ◆ Making good CHOICES and decisions.
- ◆ Saying complete sentences.
- ◆ Asking parents appropriate questions at least 3 times per day.
- ◆ Playful interactions with his sister and/or friends.
- ◆ Hearty laughs and smiles to exercise facial muscles.
- ◆ Using any feeling word.
- ◆ Completing homework within an hour.
- ◆ Cooperation in Bladder Expansion Exercise and follow-through with logical consequences when he wets himself.
- ◆ Consequences for not completing class work at school.

## Therapy Sessions Content

Checking-In: "What's better?" Parents report their progress at home using Daily Behavior Expectations Check List reports , routines, and level achieved with Bladder Expansion Exercise.

### *Games Played with the Family:*

- ◆ Fraction board, geometric puzzle, alphabet puzzle.
- ◆ Slippery arm (C. only allowed Slippery Hand)
- ◆ Bean picture
- ◆ Alphabets Association game

### *Playing Structured Games: (See my book Directive Group Play Therapy, MGTCC, Texas 2001)*

- ◆ Bigger, Smaller, the Same game
- ◆ Domino game (and naming of pattern created)
- ◆ Yarn picture game
- ◆ Card story
- ◆ Talking Ball
- ◆ Straw picture
- ◆ Tissue paper game
- ◆ Carpet sample game
- ◆ One-word, Two-word story
- ◆ Story books with sound
- ◆ Word stems (e.g." la, le, li, lo, lu, or "all, ell, ill, oll, ull")

### *Board Games:*

- ◆ Candyland
- ◆ Feelings Wheel Game

### *Teaching:*

- ◆ Nutrition. Types and variety of food, meats, fruit, vegetables, and healthy snacks.
- ◆ Math. The 1 to 12 multiplication facts without tears.
- ◆ Social Skills. Role-playing with a full-length mirror, e .g., greetings
- ◆ Assertiveness training especially dealing with bullies at school

### *Free Play (when conference time is needed with parents)*

- ◆ Lego blocks

### *Homework for Parents*

- ◆ Hand massage and jaw massage when C. talks with clinched teeth.
- ◆ Bladder Expansion Exercise right after school.
- ◆ Have children practice alphabet with *The ABC Musical Bear*. ( Bear on loan)
- ◆ Watch one video section of *Hooked on Phonics*. (video on loan)
- ◆ The whole family reads aloud together. (Each person read a different book!)
- ◆ One round of practice with *Dressy Bessy Teaching Doll* for fine motor skills training.
- ◆ Practice with mirror. Five-minutes of smiling with *Smiling Posters with Korean faces which I made special by cutting such faces from various magazines*.
- ◆ At bedtime listen to his subliminal tape messages recorded with his own voice (front and back) one time.(See page 6). Parents will help flip tape after front side is played.
- ◆ Play Feelings Wheel Game at least once every weekend.

## Selective Mutism - Subliminal Sentences

(to be recorded by child and played back nightly for him at bedtime for as long as necessary)

SCHOOL	IMPROVE SELF-ESTEEM
1. This is a safe school.	1. I am capable and wonderful.
2. No harm will happen to me.	2. My body is powerful.
3. I know my teachers.	3. I can change to be happier.
4. I know where the bathrooms are.	4. I believe in myself.
5. I can walk to the bathroom	5. I can do it by myself.

SAFE SCHOOL	PERSONAL EXPRESSION
1. I feel safe and supported by my teachers.	1. I can understand what others say.
2. I am smart to learn new things.	2. I can talk and express myself.
3. I am courageous to have fun with my classmates.	3. When I talk I can be funny.
4. I know how to take turn in playing games.	4. I can share my feelings with others.
5. I am O.K.	5. My parents are proud and happy to hear me talk to others.

PERSONAL STRENGTH	ANSWERING QUESTIONS
1. I have capable fingers and hands.	1. I answer questions to show I understand others.
2. I have strong legs and spine.	2. I answer questions politely.
3. I have a voice to express myself.	3. I am smart, I can answer most questions.
4. My lungs support my voice to talk.	4. I ask questions when I need help or more information.
5. I can eat lunch in 20 minutes to regain my strength.	5. Asking questions help me understand better.
6. I can do homework and chores to earn good things in life.	

PERSONAL BELIEFS	MANNERS
1. I am more courageous today than yesterday	1. I look people in the eyes.
2. I am huggable and lovable.	2. I greet others with a kind look and a smile.
3. I am proud of myself.	3. I can see kindness from other people's eyes.
4. I am smart I can handle teasers.	4. I show respect to teachers by doing and handing in my work.
5. I believe I can succeed.	5. I hand in my daily homework to teachers with both hands.

I LOVE MYSELF	SELF-CONFIDENCE
1. I love myself and others love me.	1. I am 10 and smart and strong.
2. I love all parts of my body.	2. I love to learn.
3. my lips and face move easily for me.	3. I am capable to do things for myself.
4. I laugh and play every day.	4. I am full of confidence.
5. I am capable at home and at school.	5. I do better and better every day.

REDUCING FEAR	FRIENDS	COURAGE TO TALK
1. I breathe deeply.	1. I like to laugh and play every day.	1. I am 10 and I have a voice.
2. I love fresh air in my lungs.	2. I am honest and love to share.	2. I can talk with my voice. 6
3. Breathing brings courage to my heart.	3. I open up for friendship.	3. I can tell others what I need or want.
4. I feel calm and peaceful.	4. I feel comfortable when I speak.	4. Others like me better when I talk.
5. I am happy and relaxed.	5. I let others know when I enjoy spending time with them.	5. I can use my voice to make friends.
6. All is well with me.		

## **Progress Made With Help of Therapy**

(December 2005 to July 2006: 21 sessions totaling 49.5 hours plus phone calls)

- ◆ C. moved back to his bed with the teddy bear I gave him. With my suggestion, he named it Jonathan after his first friend he made in school.
- ◆ No more hand-feeding by mother at home or at school.
- ◆ Father just dropped him off daily at school and stopped going to his P.E. Class After 5 months of therapy, C. can use his thumbs and both hands simultaneously.
- ◆ For remainder of 3<sup>rd</sup> grade, mother moved from sitting right beside him to the back of the classroom. With my suggestion, C. was moved to the front row.
- ◆ Mother gradually decreased her time staying in the classroom from a whole day to only long enough to put his supplies on his desk. Starting with the 4<sup>th</sup> grade, his dad dropped him off daily and C. runs his start-up routines of getting a chair and putting his supplies on his desk.
- ◆ C. improved his bladder control from 30 minutes to 1 hour and 50 minutes during therapy sessions. The quantity increased from 4 oz. to 14 oz. At school, he stopped wetting himself four weeks after the B>E> exercise and is no longer afraid to go to the bathroom by himself
- ◆ C gained four pounds in the first month of therapy and he grew two inches later.
- ◆ C. reports feeling happier with medication.
- ◆ After two months of therapy C. learned to take a shower by himself and after laundry help return clean clothes to his chest of drawers.
- ◆ C. uses longer and longer phrases and participates in all games during therapy
- ◆ C. speaks up more in his small group at school and is more active in playground.
- ◆ C. responds faster to questions directed to him and makes decisions faster.
- ◆ C. is motivated by the Smiley System tokens to try new activities and tasks.
- ◆ Father reports that C. uses his triangular pen daily and finishes homework in less time.
- ◆ C. proficiently learned the 1 to 12 multiplication facts
- ◆ Doing chores developed his sense of responsibility and self-confidence. He also learned about cause-and-effect.
- ◆ C. learned more words for expression through listening to the subliminal tapes
- ◆ Improved parent/teacher communication and cooperation by means of the School Home Communication Book. The teacher is more sensitive to C's need to use the bathroom more frequently than other students.
- ◆ C. loves receiving pictures of soaring eagles as prizes (he used to like penguins)!

## **Premature Termination of Treatment**

- ◆ At the end of summer 2006 vacation, the father ended the therapy suddenly because his new job would require a lot of time. He noted that C. has made many improvements, but that he was stressed about the distance and complained about the time (45 minutes) necessary to continue with therapy. His plan was to teach a Sunday school class with his wife for C. and other children. They also initiated a weekly dinner to invite Korean couples with a child who is the same age as C. so that they can play together.
- ◆ In my professional opinion, this extremely difficult case ended prematurely because the parents expected too much too soon. C. had not been talking outside of home since he landed on U.S. Soil seven years ago. The parent's cultural pride resisted the diagnosis given. It is disheartening for any parents to have their first born to be diagnosed as autistic, especially if the psychologist did not explain the diagnosis nor offer any remedial plans. I did my best to explain his psychological reports to the parents and proposed a treatment plan. I was hopeful that some improvements could happen but unfortunately the parents believed that they could invent better solutions on their own.

## What I Have Learned From This Experience

- ◆ This is an example of collaborative effort between therapist, home, and school.
- ◆ Selective Mutism is an anxiety disorder. Even with medication, C. is panic-stricken by people and situations unknown to him.
- ◆ C can understand Korean but has chosen to speak English and refuses to speak Korean at home or to other Korean children and family friends.
- ◆ Early involvement of the whole family pays off.
- ◆ Structures and routines at home add predictability and a sense of security. This transferred to acceptance of school structure.
- ◆ Parent education requires follow-through, continuous checking, encouraging and giving credits to parent's efforts. We celebrate every little success.
- ◆ Perhaps because I'm also oriental (Chinese) helped C. to talk with me even in the first session. Playing structured games requiring only one or a few words instantly put him at ease. I am convinced that using play therapy as the media to engage his attention and reward his speaking effort is effective in lessening his anxiety. The play process has really opened him up for fun. I saw an occasional smile and higher self-esteem when after every session he could redeem his earned tokens with little toys from my Treasure Chest.
- ◆ While the parents were happy about his progress, C. was resistive to change. He resented that I was the one who was pushing him out of his comfort zone. After a projection game he told me he had created an image of a gun, which was meant for his enemy, then he pointed at me with a big smile.
- ◆ Without knowing what to say, he never reported his trauma of being bullied, not even to his parents. This deepened his anxiety about his inadequacies about speaking outside the home.
- ◆ Especially for three-year old children who are from other countries who must learn English as a second language, it is hard to express their needs and wants outside of the home. They are painfully aware of the fact they speak with a noticeable accent and are teased when they talk in class. In this case, C. may have chosen not to talk to avoid being teased and this temporary choice of not talking turned into Selective Mutism. Without talking, C's real IQ may never be truly assessed. He learns quite well just by observing.
- ◆ C. has several thinking errors that I discovered and confronted:
  - "I don't want to grow up because you will have to do hard work."
  - "If you're born without teeth, you'll have problems."
  - "I know I should do homework, but I won't do it because *nothing* will happen!" (This is the result of not having any given consequences)
- ◆ I learned first hand that Korean culture views a sliding scale fee as a type of charity that is undignified. I never anticipated finance could be an obstacle, especially because the family income was over \$100,000 a year. However, during June and July when C's father was laid-off, I respectfully offered half-price sessions so as to ease his financial burden. He was really uneasy in accepting that. In hindsight, perhaps he took my gesture of consideration indicating welfare status and therefore was reluctant to continue therapy.
- ◆ In January 2007, after five months absence, the father called asking to resume therapy with me. Despite their efforts and good intentions, C. did not further improve on his social skills and the school wanted more suggestions on behavioral management as well as home-school communication and cooperation. Father said he would look at his schedule and call for appointment. He did not call again.

## Daily Behavior Expectations Check List

Name of School: \_\_\_\_\_

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

**Key:** ✓ = Task/Behavior achieved ( 10 ✓ = redeem for one Smiley at home on Smiley Board)

☒ = Task incomplete/refused after three warnings (by tapping) and behavior will be practiced 21 times at home later that day supervised by parents.

<p><b>Tasks before class:</b></p> <ul style="list-style-type: none"> <li>• Morning greetings with eye contact..... _____</li> <li>• Hangs up coat..... _____</li> <li>• Gets himself a chair..... _____</li> <li>• Puts supplies on desk..... _____</li> <li>• Hangs up back pack..... _____</li> <li>• Submits homework to teacher's desk..... _____</li> <li>• ..... _____</li> </ul>		<p><b>Teacher's Comments:</b></p>
<p><b>Classroom behavior:</b></p> <ul style="list-style-type: none"> <li>• Listens and eyes on teacher..... _____</li> <li>• Follows teacher's instructions..... _____</li> <li>• Does classwork with first request ..... _____</li> <li>• Responds to teacher's questions e.g. raises hand ..... _____</li> <li>• Answers yes/no questions..... _____</li> <li>• Answers in complete sentence..... _____</li> <li>• Asks question audibly..... _____</li> <li>• Reads aloud in class (one paragraph)..... _____</li> <li>• Works together with a partner..... _____</li> <li>• Participates in assigned small group ..... _____</li> <li>• ..... _____</li> </ul>		<p>Teacher's signature _____</p>
<p><b>Playground behavior:</b></p> <ul style="list-style-type: none"> <li>• Takes turns..... _____</li> <li>• Joins in any activity..... _____</li> <li>• Stays through a whole game/activity..... _____</li> <li>• Laughs when having fun ..... _____</li> <li>• ..... _____</li> </ul>		<p><b>Parent's Response</b> to ensure that all incomplete items are practiced 21 times at home.</p>
<p><b>Practice independent living &amp; social skills:</b></p> <ul style="list-style-type: none"> <li>• Asks for permission to go to the bathroom..... _____</li> <li>• Goes to the bathroom by himself..... _____</li> <li>• States full name ..... _____</li> <li>• Makes small talks with other students..... _____</li> <li>• Helpful to peers or teachers..... _____</li> <li>• Shares tasks with his small group ..... _____</li> <li>• Says "goodbye"s at the end of the day..... _____</li> <li>• ..... _____</li> <li>• ..... _____</li> </ul>		

## References On Selective Mutism Treatment Options

Anstendig, KD (1999) Is selective mutism an anxiety disorder? *Journal of Anxiety Disorders*, 13, 417-434.

Anstendig; K (1998) Selective mutism: A review of the treatment literature by modality from 1980-1996. *Psychotherapy*, 35, 381-391.

Bergman, RL, Piacentini, J, McCracken, JT. (2002) Prevalence and description of selective mutism in a school-based sample. *Journal of the American Academy of Child and Adolescent Psychiatry*. 41 :938-946

Shipon-Blum, Elisa, (2004) Understanding selective mutism: A guide to helping our teachers understand. selective mutism group childhood anxiety network, (215) 887-5748, [www.selectivemutism.org](http://www.selectivemutism.org), - a 501(c)(3) nonprofit organization

Dow SP, Sonies BC, Scheib D, Moss SE, Leonard. HL (1995), Practical guidelines for the assessment and treatment of selective mutism. *Journal of the American Academy of Child and Adolescent Psychiatry* 34(7):836 - 846

Dummit, ES, Klein, RG, Tancer, N, Asche, B, et. al. (1997) Systematic assessment of 50 children with selective mutism. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 653-660.

Leonard H, Dow S (1995) Selective mutism, in J S March (Ed), *Anxiety Disorders in Children and Adolescents*, (pp. 235-250) New York, NY: The Guilford Press.

Rye, MS, Ullman D. The successful treatment of long-term selective mutism: A case study, *Journal of Behavior Therapy and Experimental Psychiatry* ,1999 Dec. 30(4) 313-23