



***“Jenny Doesn’t Talk in Class”  
Supporting Reluctant Speakers in the Classroom***

**Did you know that...**

- **Selective Mutism is a DSM diagnosis- in the absence of a diagnosis having been formally made, the term “reluctant speaker” should be used.**
- Selective Mutism is not a speech and language disorder. Rather, it is often considered a form of social anxiety, with possible genetic roots.
- Symptoms usually begin to appear during toddler years as shyness, and as a sporadic reluctance to speak despite being able to do so.
- The reluctance becomes more evident once the child begins school. Despite speaking comfortably and fluently at home, they will show reluctance to speak in certain situations.
- Nonverbal indicators of a reluctant speaker may be as follows: Avoiding eye contact, gesturing and pointing, and avoiding activities where speaking is required.
- Early intervention is key, and teachers should be encouraged to bring these students forward. Even for junior kindergarten or ESL students, it is not advisable to take a ‘wait and see’ approach. Reluctance to speak may affect students’ academic achievement and social development.

**School- Based Resources**

- If you have a reluctant speaker in your class, bring them forward to a school support team meeting.
- School based support staff (social worker, speech-language pathologist, psychologist, teacher, administration) will work as a team in conjunction with the family and other community resources.
- Different intervention approaches may be recommended. These may include individual sessions with the student, or consultation with the family and with the classroom teacher.
- Suggested websites: [www.social-anxiety.com](http://www.social-anxiety.com) and [www.selectivemutism.org](http://www.selectivemutism.org)
- **Classroom strategies on reverse.**

**Community- Based Resources**

- Further support and diagnostic services may be available through the agencies listed below:
- The Hospital for Sick Children, Anxiety Disorders Program 416-813-6582
- Hamilton Health Sciences Corporation, Selective Mutes Program, 905-521-2100, x74382.
- Trillium Health Centre, Child and Adolescent Mental Health, 905-451-4655.
- CAMH: Centre for Addiction and Mental Health, 416-535-8501, x6248.
- George Hull Centre for Children and Families, 416-622-8833.

## SUGGESTIONS FOR WORKING WITH RELUCTANT SPEAKERS

- ❖ Create an **atmosphere** that is friendly, **relaxed** and welcoming.
- ❖ Ensure that the **child feels accepted**, and that you are not frustrated about him/her not talking.
- ❖ Try to engage the child in **make believe situations** (i.e. *puppets, dolls, telephones*) to determine whether he/she will speak in a less stressful environment.
- ❖ Use a lot of **self-talk** (*describing what you are doing*) and **parallel talk** (*describing what the student is doing*), comment without any expectation of response but pause to offer time for a response:  
    *I think that \_\_\_\_\_*  
    *I wonder \_\_\_\_\_*
- ❖ Encourage the student to **interact with peers**. Pair him/her up with students who he/she may have shown an interest in (*perhaps mentioned to parents or played with outside of school*).
- ❖ **Do not allow students to talk for the child**. It is **essential** not to develop the pattern of being known as the child who can't talk. If anyone says '*\_\_\_\_\_ can't talk*', immediately say that he/she **can** talk but is choosing not to now.
- ❖ **Whole class activities** (i.e. *singing in unison, counting*) encourage verbalization without putting attention on the student. You may reinforce this (i.e. '*I loved how you were singing along*').
- ❖ Expect and encourage verbal participation. However, while treating the child the same as others you may **modify the expectation**. For example, at attendance, call the child's name, wait for response. If there is no verbal response, accept a hand up or wave, rather than the verbal response. If you get no response, simply move on to the next student.
- ❖ The **larger the group**, the **less likely** the child is **to respond**. Given this hierarchy of difficulty, slowly build up the expectation. Initially encourage talking when you are alone with the child, then with one friend, then two etc.
- ❖ Within the **larger groups**, encourage **non-verbal participation** such as putting up days of week, weather chart etc.
- ❖ When beginning to get **verbal responses**, do not expect that the progress will be quick. When asking a question, initially ensure that the response required is **short and easy** (i.e. *yes / no question; having choice of response provided*).
- ❖ Encourage the child to **participate in activities** where he/she can feel **successful** but language is not required (i.e. *passing out material, bringing messages to office*).
- ❖ If the child speaks in class, even whispering, acknowledge it (i.e. '*I'm so happy you told us about \_\_\_\_\_*'), but discourage the peers from making too much of a fuss (*'I can't believe he talked!'*)