

The Efforts Of Teachers In Addressing Selective Mutism Disorder In Children (A Qualitative Descriptive Study at Lembayung Kindergarten, Bengkulu City)

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Abstract

The purpose of this research is to examine the efforts of teachers in addressing selective mutism disorders in children at TK Lembayung, Bengkulu City. The type of research used in this study is descriptive qualitative research. The methods of data collection used are interviews, observations, and documentation. The data sources are the teachers and the principal of TK Lembayung in Bengkulu City, as well as documentation in the form of photographs taken during interviews with the teachers and principal. The data reduction involved recording the results of the interviews with the teachers and principal, coding the data according to the information provided by the informants, data display involved explaining the results of the interviews with the teachers and principal, and data verification involved rethinking the interview results, reviewing field notes, reconsidering observation data, and findings in the field in order to draw conclusions from the research conducted. The results of this study describe the efforts of teachers in addressing disturbances.

Key Words: *Teacher Efforts, Selective Mutism.*

Introduction

Teachers are multi-role professionals. They are not only experts in teaching, learning managers, researchers, and practitioners, but they also act as counselors (Susetyo, 2021). This role is especially evident for kindergarten teachers who, by definition, are solo fighters who must play all of these roles. Teachers are expected to assist all students in fulfilling their intellectual, emotional, and social-personal needs to actualize their developmental tasks, which include personal-social, academic/educational, and career aspects in accordance with the demands of the environment (Barus & Hastuti, 2020).

The individual case taken in this thesis is the handling of a selective case that occurred in a child at Lembayung Kindergarten in Bengkulu City. This case is presented as a personal-social case experienced by the child because it is often overlooked by teachers and other adults due to symptoms that are frequently dismissed as non-problems. In fact, selective issues in children, if not handled properly, will lead to difficulties in academic, emotional, and social domains, such as: the development of anxiety, depression, experiencing anxiety disorders, low self-

confidence and self-esteem, withdrawal, refusing to go to school, poor academic performance, and underachievement (Herbert, 2022). Therefore, it is important for teachers to gain a deeper understanding of this unique case and the various dynamics of its handling.

A child experiences an inability to speak in certain situations where they are expected to talk. However, they have no communication problems when at home and with family members. According to the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), a child who continuously fails to speak in specific social situations where they are expected to speak (for example, at school), but consistently speaks in other social situations (for example, at home with family members), may be indicated as having selective mutism (APA, 2022).

Sometimes, the symptoms of Selective Mutism (SM) are indeed difficult to recognize because of their situational nature. A child may very well speak fluently at home but not in other situations. From the perspective of the parents, they do not feel that their child has a problem because the child can speak fluently at home.

Parents often find it hard to detect SM symptoms in their child, as the child does not show symptoms in front of them. Moreover, sometimes parents believe that the issue of SM will resolve itself as the child grows into adulthood. This assumption results in the SM disorder in children not being addressed. In fact, research shows that if children with SM are not properly treated, there is a possibility of adverse effects on the child in the future (Herbet, 2022).

In its implementation, the intervention is carried out in stages, considering the level of anxiety in the child that manifests in behavior characterized by being silent without making any sound when expected to speak. Due to this issue, the researcher is interested in writing a thesis titled 'Teachers' Efforts in Overcoming Selective Mutism Disorders in Children.'

Theoretical Review

The efforts of teachers are an endeavor undertaken by teachers in the learning process to achieve the desired goals. This research emphasizes how teachers achieve these goals, specifically addressing the issue of selective mutism in children.

According to Saori (2014), the types of teacher efforts that can be made to assist a child's development are:

1. Preventive efforts
2. Developmental efforts
3. Healing efforts (curative)

In general, there are three tasks of teachers as a profession, namely educating, teaching, and training. Educating means passing on and developing life values, teaching means passing on and developing knowledge, and training means developing skills for students' lives. To carry out their duties and responsibilities, a teacher is required to possess certain abilities and competencies as part of teacher professionalism (Rahni, 2020).

Children with selective mutism sometimes use nonverbal communication when interacting socially (for example, humming, pointing, writing). Nevertheless, some of them still have a desire to engage in social activities that do not require verbal communication. For instance, participating in a school play by taking on a role that does not require speaking ability. Generally, children express their desires and feelings to others through communication, whether it is verbal or nonverbal communication. However,

there are some children who have difficulty conveying their wishes to others, especially to people outside their immediate family.

Chaer (2015:151) states that children suffering from this mutism disorder do not want to speak at all; some of them can still be considered mute, meaning they intentionally do not want to speak. In fact, mutism means that the child does not want to communicate verbally, but they also cannot communicate visually or through gestures, such as with movements and so on. Selective mutism is a communication disorder usually found in children who choose not to speak in certain situations or with certain people, even though they are capable of doing so. For example, a child does not want to speak at school or in the school environment with teachers, school friends, or people around them. However, if they are at home or with friends, they talk a lot. This disorder generally begins before the child turns five years old but is only realized when the child starts school.

The characteristics of a child experiencing selective mutism are always failing to speak in certain situations, for example, when the child is in public or in front of their class, they do not want to communicate or say even one word. This symptom lasts for at least a month after starting school and is not due to the initial adjustment period of entering school when the child is still not used to it. This speech disorder is not because the child does not master the material or is uncomfortable meeting friends, nor is it due to speech issues (e.g., stuttering). Additionally, sufferers of this condition are not considered to have a mental disorder. However, in the international guidelines on mental disorders, it is mentioned that children with selective mutism often also experience anxiety disorders, are very shy, fear their peers or others, fear social environments, and children suffering from this condition prefer to withdraw.

In this case, it is stated that the main trigger for the emergence of selective mutism is high social anxiety. Other contributing factors include trauma, acute anxiety, and even social phobia. Some studies have also found that children suspected of having selective mutism have a very low percentage of showing speech disorders or language delays. This indicates that speech disorders or language delays are not the causal factors of selective mutism. The inability to speak in selective mutism cannot be equated with shyness and cannot be categorized into other types of disorders such as hearing

impairment, aphasia, schizophrenia, or autism. Nevertheless, the behavioral traits evident in selective mutism are often confusing to some people, which is why this disorder still receives very little appropriate response or treatment. They are often overlooked or considered as a complex psychological disturbance. This causes children with selective mutism to often be placed in special classes when they are in educational environments.

The efforts made by teachers and parents in addressing Selective Mutism in research involve how teachers and parents handle and manage children with Selective Mutism. Based on the results of observations and interviews conducted by the researcher in the field, four indicators of efforts that can be made are as follows (Masholeh, 2020): 1. Providing advice to the child and motivation to the parents. 2. Teachers are more selective in choosing questions for the child. 3. Conducting intensive approaches with the child. 4. Frequently inviting or introducing the child to new environments.

Methods

The type of research used in this study is descriptive qualitative research. The data collection methods used are interviews, observations, and documentation. The sources of data are teachers and the principal at TK Lembayung in Bengkulu City, and documentation in the form of photos taken during the interviews with the teachers and principal. The data reduction involves recording the results of interviews with the teachers and principal, coding the data according to the information provided by the informants, displaying the data involves explaining the results of the interviews with the teachers and principal, and data verification involves rethinking the interview results, reviewing field notes, reconsidering observation data, and findings in the field, in order to draw conclusions from the results of the research conducted.

Results and Discussion

The researcher will describe the research data per indicator about teachers' efforts to overcome selective mutism in children at TK Lembayung, Bengkulu City, which includes the scope of: (1) Providing advice to children and motivation to parents. (2) Teachers being more selective in choosing questions for children. (3) Conducting intensive approaches with children. (4) Introducing children to a new environment.

Selective mutism is a condition when a person suddenly becomes unable to speak in certain situations, such as in front of a large audience or with people they rarely meet. This condition is generally related to anxiety disorders in children. Selective mutism can occur in anyone, but is most commonly experienced by children aged 2 to 4 years. This anxiety disorder is usually first identified when a child begins to interact with people outside their family, such as when starting kindergarten or school.

The factors causing Selective Mutism disorders in this study are derived from both internal and external sources of the child. Based on observations and interviews, four factors causing Selective Mutism in children were found, namely: 1) a great sense of shame and lack of self-confidence that makes the child unwilling to speak. 2) the child rarely plays outside the home environment. 3) teachers provide little appreciation when the child does speak. 4) parents prohibit the child from playing outside. The efforts made by teachers and parents to address Selective Mutism in the study are the ways teachers and parents handle and manage children with Selective Mutism.

Based on the results of observations and interviews conducted by the researcher at Lembayung Kindergarten in Bengkulu City during the fieldwork, six efforts were identified that can be made as follows: 1) Giving advice to children and motivation to parents. 2) Providing appreciation when children are communicative. 3) Teachers being more selective in choosing questions for children. 4) Consulting with children's parents regularly. 5) Conducting an intensive approach with children. 6) Frequently inviting or introducing children to new environments.

Conclusion

Based on the results of the analysis and discussion in the previous chapter, the researcher concludes that in the TK Lembayung unit in Bengkulu City, Bengkulu Province, the characteristics of Selective Mutism in children are as follows: 1) At school, the child tends to be silent, even refusing to speak, while at home the child can speak freely, 2) The child prefers to use sign language when in an environment outside the home, 3) The child prefers to respond to questions from someone outside their home only in certain situations, 4) The child will speak at school if given encouragement and advice, 5) The child chooses friends to play with and does not easily make friends.

The factors that cause Selective Mutism disorders in children are as follows:

- 1) A very high sense of shame and lack of self-confidence that makes the child unwilling to speak.
- 2) The child rarely plays outside the home environment.
- 3) Teachers give appreciation when the child is willing to talk.
- 4) Parents' actions that forbid the child from playing outside and speaking with new acquaintances.

Based on the research results, here are the things that need to be considered in the efforts that teachers can take to address Selective Mutism in children: 1) providing support to the child and motivation to the parents. 2) giving appreciation to the child when the child is willing to speak. 3) Teachers should be more selective in choosing questions for the child. 4) communicating with parents regularly. 5) conducting intensive approaches with the child. 6) increasing the intensity of introducing the child to new environments.

References

American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorder 4th Ed. Washington DC: American Psychiatric Association.

Anggraheni (2016). Improving Psychosocial Maturity in Children with Selective Mutism. *Psikovidya Journal* Vol.20 No. 1 April 2016. Muhammadiyah University of Malang

Barus, G. & Hastuti, S. (2020), Collection of Personal Development Modules: Implementation Tools

Camposano, L. (2011). Silent Suffering Children with selective mutism. The Professional Counselor. <https://doi.org/10.15241/lc.1.1.46>.

Chaer (2015). Psycholinguistics Theoretical Study. Jakarta: Rineka Cipta

Dinardinata, A. (2020). Report on Professional Work Practice in the Field of Education. Unpublished: Faculty of Psychology UGM.

Erawati, E., & Juherna, E. (2020). Selective Mutism Disorders in Early Childhood. *Early Childhood Journal*, 1(2), 44-50.

Herbert, M. (2022). *Clinical Child and Adolescent Psychology from Theory to Practice 3rd Ed.* West Sussex: John Wiley & Sons. Ltd.

Huda, A.N. (2022). Friend circle training to improve the communication skills of children with selective mutism. Thesis. Faculty of Psychology, UGM.

Jackson, M.F., Allen, R.S., Boothe, A. B., Nava. M.I., & Coates, A. (2022).

-
- Innovative analyses and interventions in the treatment of selective mutism. *Clinical Case Studies*, 4, 81-112.
- Kearney, C.A. (2021). *Helping Children with Selective Mutism and Their Parents: A Guide For School Based Professionals*. Oxford: Oxford University press
- Kristensen, H. (2022). Selective mutism. In Rey JM (ed), IACAPAP e-textbook of child and adolescent mental health. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions.
- Masholeh¹, Ahmad Tibyanul, and Tri Erniawati. (2020) "Selective Mutism Disorder in Children in Kindergarten.
- Martin, G. dan Pear, J. (2020). *Behavior Modification: What It IS and How to Do it*. New Jersey: Prentice Hall International, Inc.
- McHolm, A.E., Cunningham, C.E., & Vanier, M.K. (2021). *Helping your child with selective mutism: Practical steps to overcome a fear of speaking*. Oakland, California: New Harbinger Publications, Inc.
- Roe, V. (2023). Silent voices listening to some young people with selective mutism and their parents. Benita Rae Smith and Alice Sluckin (Eds.). *Tackling selective mutism: A guide for professionals and parents*. London and Philadelphia: Jessica Kingsley Publishers.
- Satori, Djam'an. Dk. 2014. *Teaching Profession*. South Tangerang. Open University.
- Sluckin, A. & Smith, R. (2020). *Introducing selective mutism and an overview of approaches*. Benita Rae Smith and Alice Sluckin (Eds.). *Tackling selective mutism: A guide for professionals and parents*. London and Philadelphia: Jessica Kingsley Publishers.
- Susetyo, Y.F. (2021). *The Secret to Success in Becoming a Student Motivator*. Yogyakarta: Pinus.
- Syahid, Aah Ahmad, Asep Herry Hernawan, and Laksmi Dewi. " Analysis of Digital Competencies of Elementary School Teachers. *Basicedu Journal*. 6.3 (2022): 4600-4611.
- Law on Teachers and Lecturers, Law of the Republic of Indonesia No. 14 of 2005, (Jakarta: Sinar Grafika, 2010), p. 3
- Usman (2016). *Tindakan Classroom Intervention to Reduce Selective Mutism Behavior in KB/TK Students in Surabaya*. *Andragogi Journal*. Volume 10, No. 1, June 2016

Wijayanti (2014). Improving Communication Skills in Children with Selective Mutism Through the Training 'We Are All Friends'. Thesis, Faculty of Psychology, Gadjah Mada University.