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Walden University

College of Education and Human Sciences

This is to certify that the doctoral study by

Jessica Denise Huffman

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2025

Abstract

Experiences of Early Childhood Professionals Regarding Selective Mutism

by

Jessica Denise Huffman

MA, Walden University, 2014

BS, Mount Olive College, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

November 2025

Abstract

The problem that was addressed through this study is that the experiences of early childhood professionals (ECPs) working with children with selective mutism are unknown. Grounded in Bronfenbrenner's ecological theory of child development, the purpose of this basic qualitative study was to explore the experiences of ECPs working with children with selective mutism. Data were collected through semistructured interviews with 12 ECPs who support children with selective mutism in several districts in southern California. Through open coding, the following themes emerged: ECPs noted (a) limited knowledge about selective mutism; (b) supporting children who have selective mutism is both enjoyable and challenging; (c) the need for teaching resources specific to selective mutism; (d) a desire for collegiate instruction specific to selective mutism; (e) a need for employer provided professional development specific to selective mutism; and (f) that selective mutism is common. The implications for positive social change are that school district administrators may become more informed about selective mutism and the experiences of ECPs teaching children with this condition. This increased understanding may lead to more targeted interventions tailored to the specific needs of individuals with selective mutism, which may ultimately lead to improved early learning and developmental outcomes for children with selective mutism.

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Dedication

I would like to dedicate this dissertation to my husband, Ron, my daughters, Savanna, Sarah, Julia, and Jayme. They have been extremely patient and supportive during this process. Without them, I would have undoubtedly given up multiple times. Their encouragement has enabled me to persevere and complete this dissertation. To my husband Ron, thank you for your support, your patience, and your willingness to provide me with time to work on this dissertation. Savanna, thank you for telling me that I can do anything. Lastly, I would like to dedicate this dissertation to the memory of my late father Oscar Hines, I have worked hard every day of my life to make him proud. His love for me has guided me throughout this journey.

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I would like to thank my husband, Ron, for always encouraging me to keep going when, and for supporting me through this endeavor. Without him, this process undoubtedly would have been more difficult. Ron has wiped away my tears, cooked dinner, and prevented me from breaking my laptop many times.

To my amazing girls, everything that I do is for them. My thoughts of them encourage me to persevere through this journey. I hope that through my completion of this process, they will see that all their dreams can come true with hard work.

Lastly, I would like to acknowledge my chair, Dr. Grace Lappin. I truly appreciate the constructive feedback, support, and guidance that I have received throughout this journey. Thank you for challenging me to become a true researcher and always encouraging me.

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Chapter 1: Introduction to the Study

Selective mutism has been defined as a low-incidence condition in which an individual speaks in a preferred social environment but refuses to talk in certain social situations (White et al., 2022). Although it was once considered rare, the occurrence of selective mutism in young children increased from 1% to 2% (Rodrigues et al., 2023), indicating the need to explore the perspectives of early childhood professionals regarding selective mutism. Additionally, research stated that selective mutism impacts more girls than boys, with a 3:2 ratio (Wakamatsu, 2022). Additionally, selective mutism is an anxiety disorder that is still poorly understood by research (Golub et al., 2021). Selective mutism is often misdiagnosed in school settings, although it has been identified as a social anxiety disorder in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (Hess et al., 2018). Untreated selective mutism has long-term adverse effects that include academic and social skill deficits (Shorer et al., 2023). But due to the limited research on selective mutism, it is unknown what knowledge early education professionals possess, and the short- and long-term outcomes of the condition cannot be accurately measured (Koskela et al., 2023). Thus, selective mutism is underdiagnosed and understudied (Schwenck et al., 2022), supporting the need for the current study.

The purpose of the current study was to explore what experiences early childhood professionals have working with children with selective mutism. Examining the experiences of early childhood teachers helped understand what some early educators know about working with young children with selective mutism. The potential for social change includes modifications in college curricula to include courses that educate

professionals about selective mutism. Additionally, there is a need for in-service professional development on selective mutism. The data collected demonstrated a significant need for further research into selective mutism in young children and effective instructional practices for those children. Chapter 1 of this study includes the background information, the problem statement, the purpose of the study, research questions, the conceptual framework, nature of the study, assumptions, scope and delimitations, limitations of the study, significance of the study, and a summary, which concludes the chapter and previews Chapter 2.

Background

Current research concluded that selective mutism is an understudied topic, with limited knowledge of its epidemiological occurrences (Melfsin et al., 2022; Muris & Ollendick, 2021). Additionally, teachers and school staff have little to no knowledge about selective mutism (White & Bond, 2022). Current data suggest that selective mutism most often appears in the school setting, which necessitates teachers' extensive involvement and coordination with intervention (Shorer et al., 2023). Educators, families, and school psychologists play a crucial role in both identifying and providing interventions for selective mutism during the preschool years, preventing further avoidance behaviors that could result from the condition (White & Bond, 2022). The onset of selective mutism is usually between the ages of 2.7-4.2 years of age (Steffenburg et al., 2018). Additionally, the symptoms of selective mutism must be present for at least a month to be identified (Steffeburg et al., 2018). Without proper identification and intervention during the early childhood years, children with selective mutism may

become difficult to treat and have poorer outcomes later in life (Longobardi et al., 2019). The onset of selective mutism typically presents in children during the preschool ages, and they usually do not get referred for treatment until the ages of 6.5-9, significantly impacting treatment due to the delay in diagnosis (Driessen et al., 2019).

One reason for referral delay and misidentification is that selective mutism can mimic anxiety disorders as well as autism spectrum disorder (Driessen et al., 2019). Because selective mutism is rare and does not have a direct link to symptoms that most other anxiety disorders have, there is a need for further research in understanding the condition (Driessen et al., 2019). This was significant because there is a gap in practice in both understanding what early childhood teachers know and what in-service or college prep training they have received regarding selective mutism in preschool children. Due to a lack of research regarding selective mutism, schools and their staff struggle to support children with selective mutism because of the lack of knowledge of the condition (White & Bond, 2022). Due to the low incidence of selective mutism, students often do not get identified when symptoms first appear in the classroom (Driessen et al., 2019). However, teachers have reported selective mutism training significantly changed the way they worked with children who had selective mutism (White & Bond, 2022). This study was needed to explore the experiences that early childhood education professionals have regarding selective mutism.

Problem Statement

The problem that was addressed through this study is that the experiences of early childhood professionals working with children with selective mutism are unknown.

Data from a previous study showed that selective mutism occurs in 0.7% to 2% of children ages 4-7 in the United States (White & Bond, 2022). But the percentages of children with selective mutism may be underrepresented. Although selective mutism onsets during the preschool years, children are not usually referred for treatment until the ages of 6.5-9 (Driessen et al., 2019). It is critical for teachers to know about selective mutism because it can influence student-teacher relationships and prohibit students from developing accurate representations as learners (Driessen et al., 2019). Selective mutism is an under-researched subject in early childhood development (Steffenburg et al., 2018).

Purpose of the Study

The purpose of this qualitative study was to explore the experiences of early childhood professionals working with children with selective mutism. On April 11, 2023, I spoke with a local school district's director of educational services, who indicated that she oversees instruction and implementation of academic programs at three elementary schools in this same district and has come across several students who may have had selective mutism. This was significant because there was a gap in practice in understanding what experiences early childhood education professionals had working with children who have selective mutism..

Research Questions

What experiences do early childhood education professionals have working with children who have selective mutism? What do early childhood education professionals know about selective mutism?

Conceptual Framework

The conceptual framework used for this study was Bronfenbrenner’s (1979) ecological theory of child development. This theory was used in this study to explain the developmental domains of young children and its role regarding the early intervention of selective mutism. Additionally, utilized in this study was Bronfenbrenner’s early childhood relationship theory (mesosystem), which focuses on the relationship of different experiences, such as family and school experiences, which are a part of the microsystem, which is the direct impactful environmental settings of the child (Bronfenbrenner, 2005). Based on the mesosystem, education professionals impact children, so it was important to learn from the experiences that they have had working with children with selective mutism (Bronfenbrenner, 2005). Additionally, according to Bronfenbrenner's theory, the macrosystem explains the cultural values and societal attitudes that people have, which contribute directly to the purpose of this study, of exploring the experiences of early childhood professionals (Bronfenbrenner, 2005). Next, the exosystem examines the indirect influences that can impact the development of a child, which also supports learning what ECPs know about selective mutism (Bronfenbrenner, 2005). Lastly, the chronosystem involves events that can impact child development, which supports examining the perspectives and knowledge that ECPs have regarding selective mutism (Bronfenbrenner, 2005).

The theory aligns with the study because selective mutism is a condition that affects young children in specific environments that they interact with daily. This theory relates to teachers’ experiences working with children with selective mutism, because the

experiences that they provide children with selective mutism can potentially have a direct or indirect impact on children through their interactions and their environment. According to Bronfenbrenner's theory, a child's primary relational experience is the child's house because it is the place where they experience familial relationships (Christensen & Malmö University, 2016).

But schools are one of the institutions that children have direct contact with through the mesosystem (Childs & Scanlon, 2022). This framework guided my development of research questions to understand the experiences that early childhood professionals have working with children who have selective mutism (Rapti et al. 2023). Using a basic qualitative study with interviews, I learned from a group of early education professionals what experiences they have had supporting young children with selective mutism.

Nature of the Study

A basic qualitative study with semi-structured interviews was utilized for this study to examine the experiences that early childhood education professionals had regarding working with children who have selective mutism. Twelve early education professionals were interviewed and were given six research questions that examined their knowledge of selective mutism and young children. Qualitative interviews are useful for exploring the perspectives of participants (Robinson, 2018). Interviews were utilized in this study (Henline-Hall, 2024) and analyzed through a narrative data analysis. In qualitative research, when using the opinions of others and their perspectives, analysis in

the form of a narrative is helpful to highlight the main points and themes (Henline-Hall, 2024).

Saldana's open coding method was used to code data from interviews (Saldana, 2012). The first cycle is the initial coding process, and the second cycle is the focused coding process (Onwuegubzie et al., 2016). The first cycle coding occurred through narrative coding to demonstrate the commonalities within participant responses (Onwuegbuzie et al., 2016). Using the literature from the literature review to develop a priori, in the second cycle of coding I used the focused coding subset of causation coding (Onwuegbuzie et al., 2016). Next, the data were compared to the conceptual framework. Also, an analysis of common themes was conducted with data (Roberts et al., 2019).

Definitions

Klein et al. (2019) defined selective mutism as an anxiety disorder that impacts communication. Selective mutism is an anxiety disorder characterized by a consistent lack of speaking in certain social situations, such as in school settings (Tomohisa et al., 2023). Additionally, selective mutism is an anxiety disorder that is usually presents in the school setting (Melfsen et al, 2022). Selective mutism is a condition in which a child speaks normally in some situations, such as at home, but refuses to speak in public or social situations, such as school (Muris & Ollendick, 2021). If selective mutism is not identified and intervened at a young age, young children will suffer in a variety of developmental areas (Smith et.al., 2015).

Assumptions

Researchers argue that qualitative research assumptions do not require proof, as it is essential for participants in a study to answer questions honestly (Henline-Hall, 2024). It was believed that early childhood classroom teachers should know how to support students with selective mutism; however, it could not be demonstrated to be true without having interviewed individual teachers, which made it necessary to conduct this study. One assumption was that education professionals would answer the interview questions honestly because the participants agreed to participate in the study, and the topic was relevant to their professional field. Another assumption was that the experiences that early education professionals said they had truly would describe selective mutism.

Scope and Delimitations

In qualitative research, it is important to set limits related to the problem (Henline-Hall, 2024), which in this case is that the perspectives of early education classroom teachers about selective mutism are unknown. Data were collected based on participants' responses to the answer to the research question. This was significant because there is a gap in practice in both understanding what early childhood teachers know and what in-service or college prep training they have received regarding selective mutism in preschool children. The study focused on these areas because research has reported that selective mutism is often misdiagnosed in school settings, due to the lack of knowledge of the disorder (Simms, 2017). Delimitations of this study included early education professionals who work with preschool children, such as teachers, speech and language pathologists, occupational therapists, and school psychologists at the preschool

age grade level. These delimitations were most appropriate because the selected individuals have had similar experiences with preschool-aged students. Due to the study's nature, populations excluded from the study included families that do not work in the school setting and pediatricians because they do not work with education professionals, and or students within the school setting.

Delimitations to the study also included focusing on exploring the knowledge of education professionals regarding young children with selective mutism and examining the perspectives of professionals who worked with students who exhibit selective mutism. This was a delimitation because the problem involved solely early childhood professionals, and therefore, other categories of participants were not selected for this study (Henline-Hall, 2024). As such, Bronfenbrenner's (1979) ecology theory of child development was a delimitation because it did not include the parents' perspectives and experiences with selective mutism at home, which is a part of the mesosystem. To narrow the scope of this study, only early childhood professionals who worked with children in grades pre-K to second grade were included to increase saturation (Sim et al., 2018).

Areas for potential transferability include ECPs experiences with instruction of children with selective mutism in different preschool program types. Some early childhood education professionals worked with children in a variety of program settings, such as blended, Title I, and self-contained. Their experiences instructing children with selective mutism demonstrated potential transferability across various settings. This was significant because it showed a gap in practice in both understanding what early

childhood teachers know and what in-service or college instruction they have received regarding selective mutism in preschool children.

Limitations

Limitations to the study included relying on the responses of the interviews, as interview responses are subjective. Another limitation to the study was having to only ask the interview questions and document the exact response. A basic qualitative study with interviews focused on these areas because research has reported that selective mutism is often misdiagnosed in school settings, due to the lack of knowledge of the disorder (Simms, 2017). Limitations to the study also included limiting the bias of the participants and ensuring that they were objective and not subjective. When interviewing the participants, it was important for me not to project any bias and ask the question as written, and document only the responses. One limitation that was foreseen was the inability to ask follow-up questions.

Significance

This basic qualitative study with interviews was significant because the results provide information about what experiences early childhood professionals (ECPs) have working with children who have selective mutism. The study revealed the need for professional development regarding selective mutism and the need to further explore the knowledge that education professionals have regarding selective mutism. This may be significant because there is a gap in practice in understanding what experiences ECPs have working with children with selective mutism. Researchers indicated that there is a lack of knowledge among ECPs on selective mutism (Muris & Ollendick, 2021), which

made it significant to find out the experiences that early childhood professionals had working with children with selective mutism.

The onset of selective mutism is usually between the ages of 2.7-4.2 years of age (White et al., 2022). Preschool children with selective mutism struggle academically, socially, and emotionally (Shorer et al., 2023), which demonstrates the significance of learning the experiences that early childhood education professionals have working with children with selective mutism. This study demonstrated experiences that early childhood professionals have working with children who have selective mutism. It also demonstrated the knowledge that some preschool education professionals have regarding selective mutism. The results of the study indicated that some early education professionals have not had experience supporting children with selective mutism, which suggests the need for in-service training and potential exploration into college preparation programs.

Summary

Chapter 1 introduced the topic of the study to explore what early childhood professionals know about working with children with selective mutism. Next, the background was introduced. Definitions for key concepts were consistent throughout the study. The problem statement was studied to address the problem with the phenomenon. Next, the purpose of the study was explained in detail, followed by the research question. Then the conceptual framework was introduced, connecting the phenomenon to the framework. Afterward, the nature of the study was explained, and the assumptions of the study were highlighted. The Scope and Delimitation to the study came afterward to

directly address the aspect of the research being conducted. Next, the limitations to the study addressed biases and the inability to gather information beyond the response to the participants' questions. Lastly, the significance of the study was demonstrated to show the imperative need to understand the experiences that early childhood education professionals have working with children that have selective mutism. In the next chapter I provide a detailed review of the literature, literature search strategies, and key concepts and variables related to this study.

Chapter 2: Literature Review

The purpose of this qualitative study was to explore the experiences of early childhood professionals working with children with selective mutism. In a local public-school system preschool, children with selective mutism are being misdiagnosed with autism due to a lack of knowledge of selective mutism among early childhood classroom teachers. Selective mutism is an important, increasingly prevalent, but under-researched topic (White & Bond, 2022). Available research indicates that this topic is relevant and important to raise awareness among early education professionals. However, due to limited research on selective mutism and the experiences of education professionals supporting students in the classroom, I included older research that connects directly to my topic and research that was indirectly related. Topics indirectly related to the experiences that educational professionals have supporting children with selective mutism included possible treatments of selective mutism, case studies of children with selective mutism and autism. It was necessary to examine the gap in practice as evidenced by the literature, the perspectives that early childhood classroom teachers had regarding supporting students with selective mutism in the classroom (Welsh, 2017). Obtaining the perspectives that early childhood classroom teachers have regarding supporting students with selective mutism in the classroom may be valuable (Longobardi et al., 2019).

Researchers have suggested that intervention during the preschool years is crucial to prevent avoidance behaviors later in life (Lawrence, 2017). Without early intervention during preschool, young children begin to show behaviors like anxiety, fidgeting, and

tantrums (Rodrigues et al., 2023). Although selective mutism is now recognized in the American Psychological Association (APA) (2022), the stimuli inducing anxiety that causes selective mutism has been rarely researched, which shows the need for this study to find out what is known from teachers about selective mutism (Schwenck et al., 2022). Selective mutism can impact socialization and communication skills in the school setting (Rodrigues et al., 2023).

Previous research stated that due to an increase of familial issues such as immigration and child dependency, the number of children with selective mutism is on the rise (Rodrigues et al., 2023). This supports the goal of this study, which was to explore the perspectives that educators have regarding selective mutism. If an early education professional has the knowledge and a basic understanding of selective mutism, they can play a role in identifying selective mutism in the preschool setting (Lawrence, 2017). Teachers must self-educate themselves about selective mutism to support a student who enters their classroom with the condition (Mcleod, 2022). This qualitative study may be significant because there is a gap in practice in both understanding what early childhood teachers know and what in-service or college prep training they have received regarding selective mutism in preschool children. Selective mutism is an underdiagnosed and under-researched condition that needs attention (Tomohisa et al., 2023), which was significant to the gap in research that this study addressed.

This study was necessary because researchers suggested that identifying selective mutism in the classroom will impact student and teacher relationships and learning (Longobardi et al., 2019). This was essential in addressing the research question that

addressed the need for understanding what perceptions early education professionals have regarding teaching students with selective mutism. A recent qualitative study revealed that teachers did not feel that they received enough training and guidance to properly support children with selective mutism in their classrooms (Williams et al., 2021). This describes the perspectives that educators have regarding working with children with selective mutism. Major sections of the chapter include the literature search strategies used for data collection in the study. Next, the conceptual framework used in the study is addressed, followed by a literature review related to the key concepts and variables of the study.

Literature Search Strategy

The Walden University online library was utilized to search for resources regarding selective mutism in preschool students. Preschool children with selective mutism and early childhood selective mutism were the search terminology used. The terminology "cited by" was also utilized in the search. The education source database was selected along with PsycArticles, PsycInfo, and SocINDEX with full text, Eric, Sage Journals, Science Direct, Teacher Reference Center, Education Research, Bloomsbury, Kaiser, ProQuest, Taylor, and Francis. Childcare, Early Education Commission, and Childcare Stats did not yield any results for mutism. The data was also limited to searching for only peer-reviewed articles. During the research process, various key terms were used to collect literature for this study. Search terminology included *selective mutism* and *preschool children*, *selective mutism* and *children*, *elective mutism*, *anxiety disorders* and *school staff*, *selective mutism* and *teachers*, *selective mutism*, and *education*

professionals. Early Education Commission, Childcare, and Childcare Stats did not yield any information related to this study.

Conceptual Framework

The conceptual framework used for this study was Bronfenbrenner's (1979) ecological theory of child development. This theory enabled me to explain the research information about the developmental domains of young children and its role regarding the early intervention of selective mutism. The theory is aligned with the study because selective mutism is a condition that impacts young children in specific environments, such as schools, and early education professionals are key to interactions in some of these environments. In this theory, Bronfenbrenner explained why a child with selective mutism may speak at home, but not at school (2005). This framework guided my development of the research question by requiring the examination of the experiences that early childhood education professionals have supporting children with selective mutism. Christensen & Malmö University (2016) suggested that a child's development occurs in both primary and secondary settings within Bronfenbrenner's systems. Children have relational experiences in different environments, their home and school. According to Bronfenbrenner's theory, a child's primary relational experience is the child's house because it is the place where they experience familial relationships (Christensen & Malmö University, 2016).

.

Additionally, the theory notes that school is a secondary setting for children because it is where outside relationships and experiences occur (Christensen & Malmö University, 2016).

In my study, the framework is aligned with the goal to explore what is currently known about selective mutism and perspectives that early education professionals have regarding selective mutism. Additionally, interviews of early education professionals will address the perspectives of education professionals on the valid types of instruction for preschool children with selective mutism at school. Bronfenbrenner's (1979) theory is based on the experiences of young children in environmental settings such as school and home (Bronfenbrenner, 2005). This theory is vital to the research questions' design regarding the knowledge and perspectives of preschool education professionals working with children with selective mutism in the school setting. The answers to the interview question were compared to Bronfenbrenner's theory.

Literature Review Related to Key Concepts and Variables

Older Research and Relational Information

Selective mutism is defined as a low-incidence condition in which an individual speaks in a preferred social environment but refuses to talk in certain social situations (Muris et al., 2016). Researchers have defined selective mutism as a form of social impairment (Cholemkery et al., 2014). Additionally, researchers reported that symptoms of selective mutism, such as behavioral inhibitions and communication difficulties, can often be confused with autism spectrum disorder (Cholemkery et al., 2014). Young children who have selective mutism are being misdiagnosed with autism.

Selective mutism is an under-researched subject in early childhood development (Lawrence, 2017). Additionally, there is a lack of information that would lead to a definite cause of selective mutism (Gensthaler et al., 2016). However, selective mutism in young children can be the result of anxiety due to parental separation, changing of setting, or a negative response to a traumatic event (Lawrence, 2017). There is also a belief that behavioral inhibitions are the contributing factor to selective mutism (Gensthaler et al., 2016). Selective mutism interferes with social-emotional development and enables children with the condition to learn avoidance behaviors (Klein et al., 2017). Researchers have reported that 1 in 143 young children in the United States have selective mutism (Klein et al., 2017). Selective mutism occurs mostly in young children between the ages of 2.7 and 4.1 years of age (Ale et al. 2013). But intervention for selective mutism usually starts between the ages of 6-11 years of age (Monzo et al., 2015).

Researchers have stated that further evaluation is needed for Parent-child interaction therapy (PCIT) to be considered an effective treatment for children with selective mutism (Carpenter et al., 2015). Researchers have stated that PCIT is most effective with younger children, with selective mutism being identified as early as 3 years old (Carpenter et al., 2015). Researchers have also found that when children with selective mutism were asked yes/no questions, forced-choice questions, and open-ended questions, verbalizations were more successful (Carpenter et al., 2015). Researchers have also suggested that play-based interventions help to alleviate anxieties that young children with selective mutism exhibit (Monzo et al., 2015). Play is multifunctional and

an important part of early learning development, which supports its use in the treatment of selective mutism (Bork et al., 2014).

Currently, literature demonstrates that there is a need for providing knowledge to early education professionals of children with selective mutism, which is supportive of the problem (Cholemkery et al., 2014). For example, the North Carolina-Pre-K evaluation study does not measure students who have selective mutism or other impediments (Feinberg, 2015). To support young children with selective mutism, teachers need to understand Selective Mutism to support students in the classroom (Omdal, 2013). Teachers want and need training from informed professionals regarding the presentation and nature of SM (Davidson, 2016). Teachers also need to have knowledge about selective mutism so that children can be referred to and identified for early intervention (Crundwell, 2006). Without early intervention, children with selective mutism often go on to develop other secondary conditions, which would make selective mutism more complex to treat (Crundwell, 2006).

According to research, the purpose of this case study was to develop the teacher interview to obtain what they know about selective mutism (Martinez et al., 2015). Researchers said that this study was part of a bigger study that investigated both the cognitive and language skills of children with selective mutism in Canada (Martinez et al., 2015). 91 children participated in the study, 19 of whom already had a diagnosis of selective mutism (Martinez et al, 2015). The study also indicated that 19 out of 91 children were identified with selective mutism, indicating that there was a need for further research in obtaining the knowledge of and perspectives of early education

professionals regarding selective mutism, and the impact on the instruction of these students. The teacher interviews conducted reported that measures of this study were developed in response to the lack of validated teacher knowledge regarding selective mutism (Martinez et al, 2015). Results from the study indicated that there was a higher number of females who were diagnosed with selective mutism and that the participation of educators was crucial in this study (Martinez et al., 2015).

Bergman et al., (2013) reported that selective mutism is closely related to anxiety disorders, but there is not a lot of information about treatments and phenomenology of the disorder. This is significant to the study because the study seeks to find out the knowledge that current early childhood educators have pertaining to the disorder. Additionally, the research documents that there is limited information about selective mutism, even though over the past years it has received more attention (Bergman et al., 2013). Previously, researchers said that current intervention and information on selective mutism is inconsistent because children often fail to speak during intervention times (Bergman et al., 2013). Diliberto and Kerney (2018) stated that little research has been conducted that would assist in identifying symptom profiles of children with selective mutism. Previous research was conducted to seek the knowledge of education professionals in New York State regarding young children with selective mutism (Davidson, 2012). Davidson (2012) reported that selective mutism is identified at a higher rate when children enter school because there is greater pressure for children to speak in the school environment. There is a lack of significant research regarding selective mutism, which creates barriers for helping children with the condition

(Camposano, 2011). Having inadequate research on preschool children with selective mutism supports the study's need.

It has been reported that children are often misdiagnosed due to the lack of quality research on selective mutism (Campasano, 2011). If educators are unaware of selective mutism, then impactful instruction becomes exceedingly difficult. The lack of significant research regarding selective mutism is essential to this study because it demonstrates the need to learn what early education professionals know about selective mutism. There are few documented cases of selective mutism that are not combined with other medical conditions (Monzo et al., 2015). This expresses the need for further research on selective mutism. Researchers have reported several case studies of young children with selective mutism that had either cultural or familial difficulties (Monzo et al., 2015). The case studies provided an analysis of different environmental and familial circumstances that may contribute to a child becoming selectively mute. Reported in one of the studies of selective mutism in adolescents, was that adolescents that had selective mutism had struggled with the condition for at least ten years prior to receiving intervention, and had pre-psychotic issues (Monzo et al., 2015).

Onset and Statistics of Selective Mutism

This section utilized older references to support the newer studies, as they were limited to the existing literature on the onset and statistics of selective mutism. Recent research suggests that the onset of selective mutism typically occurs between 2 and 4 years of age, but it is often undiagnosed until a child enters school (Rodrigues et al., 2023). Dated research stated that one in 50 school-age children had selective mutism, but

current research indicates that many children have low-profile selective mutism (White et al., 2022). The onset of selective mutism occurs between the ages of 3 and 6 years and is most often first recognized in the school environment (Melfsen et al.,2022). The occurrence of selective mutism in young children was prevalent in the study, as it highlights the importance of educators being aware of this condition. Koskela et al. (2024) stated that selective mutism is often diagnosed when academic disturbances are consistently recognized in young children. Additionally, epidemiological studies indicate a mean prevalence of 1% of children diagnosed with selective mutism, suggesting that it is not rare (Schwenck et al., 2022).

Researchers stated that selective mutism is characterized as a failure to speak in social situations that persist for more than a month (White et al., 2022). Additionally, researchers state that selective mutism and anxiety disorders differ because the onset of selective mutism occurs much earlier than anxiety disorders, occurring at 2.7 years of age (Diliberto et al., 2016).

An older study was conducted using 57 children formally identified with selective mutism to learn whether they exhibited symptoms of oppositional defiant behaviors or anxiety behaviors (Diliberto et al., 2016). The study was driven by four hypotheses and determined that children with selective mutism do have some characteristics of social anxiety, which is why it is classified as an anxiety disorder (Diliberto et al., 2016). Current data demonstrates a higher percentage of children with selective mutism in immigrant populations (Koskela, 2023). White et al. (2022) stated that selective mutism is often identified after children enter their first educational setting. Lawrence (2017)

detailed his experience of an isolated case of selective mutism as a psychologist within six years in the profession across the United Kingdom. Lawrence (2017) further described that in another employment position, he has encountered at least one child with selective mutism every year. Lawrence (2017) noted that selective mutism often remains unnoticed until children enter the educational setting. This linked the study to the importance of learning what education professionals know about selective mutism. The duration of selective mutism can last from early childhood through adulthood unless early intervention occurs. Lawrence (2017) stated that the Office for National Statistics stated that 10% of children in the educational setting have a mental health diagnosis and recognizes selective mutism as one of those diagnoses. According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, criteria for diagnosing selective mutism do not have to be made by a specialist, but it can be made by someone who knows the condition (Hess et al., 2018). Next, there are several theoretical perspectives of the etiology of selective mutism that consist of linguistic, genetic, and behavioral, which means the cause of the condition varies (Lawrence, 2017).

Martinez et al. (2015) indicated through research that teachers are crucial to the assessment, diagnosis, and treatment of selective mutism because they are often the first to recognize it. This study aimed to investigate the knowledge of early education professionals regarding selective mutism, as research indicates that this understanding is crucial for effective intervention. Researchers have suggested that, despite the importance of teachers' roles, there have been no recorded teacher-reported measures of selective mutism, with only parent reports available (Martinez et al., 2015). My study also

addressed audio recorded teacher interviews of knowledge and perspectives of preschool children with selective mutism, as research indicates that it lacks the knowledge that early education professionals have about it. Additionally, research has noted that the DSM-5 criteria state that identification of selective mutism does not require a specialist; it can be made by anyone with knowledge and a basic understanding of selective mutism (Lawrence, 2017).

Researchers indicated that .7% to 1% of individuals observed in a mental health setting are identified with selective mutism, which makes this condition rare (Sulkowski et al., 2014). The rarity of the condition supports the need for this study. Researchers note that the most extensive literature on selective mutism primarily focuses on its etiology and treatment (Fernandez & Sugay, 2016). Although research suggests potential causes for selective mutism, there are no substantiated, definitive causes of the condition (Fernandez & Sugay, 2016). The lack of definitive knowledge about the causes of selective mutism necessitates further research from education professionals, which was conducted in this study. Researchers have stated that psychodynamic perspectives view selective mutism as a symptom of intrapsychic conflict that can be resolved through play therapy (Fernandez & Sugay, 2016). Likewise, it is imperative that early education professionals understand the difference between a child being shy or having selective mutism because early intervention can profoundly impact prognosis (Kovac & Furr, 2018). Steffenburg et al. (2018) conducted a study to show how many young children who have selective mutism have autism spectrum disorder. This resource was aligned with the study to demonstrate that, although there are similar characteristics in both

disorders, they are two distinct conditions. Researchers have reported that selective mutism is not a communication disorder, and symptoms must be present for at least one month before diagnosis (Steffenburg et al., 2018). Researchers have also reported that symptoms occur most frequently in school settings when the student with selective mutism is unlikely to speak to the teacher (Steffenburg et al., 2018).

Assessment Tools Used for Identifying Autism and Selective Mutism

The Social Responsive Scale (SRS) tool was reported by researchers to specifically diagnose autism spectrum disorders and is used in preschool programs to assess young children entering the programs (Wiggins et al.,2019). World Health Organization (2014) noted that children with social disorders such as selective mutism often scored high on the SRS assessment due to the mimicking of traits (Cholemerky, et al., 2014). Researchers presented a study using 20 children with Asperger's syndrome, 40 children with autism spectrum disorder, and 43 children with selective mutism (Cholemkery et al., 2014). Previous researchers have also shown that selective mutism is often misdiagnosed in school settings, due to the lack of knowledge of the disorder, which supports the need to conduct a study of the knowledge of early education professionals about selective mutism (Mutism, n.d.). A study using the Finnish Prenatal Study of anxiety disorders (FIPS-anx) aimed to find the correlation between family histories and early developmental factors of anxiety disorders (Kosela et al., 2024). Moreover, researchers contend that selective mutism is often misdiagnosed with other conditions because in educational settings diagnosis often relies on behavioral observations received from tools such as the selective mutism questionnaire (Muris &

Ollendick, 2021).

Case Studies

A case study about a girl named Alice detailed the use of psychoanalytical psychotherapy and the importance of creating a safe environment in therapy sessions to help treat her selective mutism (Monzo et al., 2015). Alice was six years old at the time of the case study (Monzo et al., 2015). The authors stated that information received from Alice's parents indicated doctors suggested she might have autism and that she was withdrawn (Monzo et al., 2015). Next, the study documented therapy sessions with both Alice and her parents, followed by mother-daughter work (Monzo et al., 2015). Over the course of a year, Alice began speaking more at school, and after two years, it was documented that Alice demonstrated trust with her mom and the therapeutic process (Monzo et al., 2015). Discussing the environment is significant because the child is selective about the environment in which they speak. As therapy sessions continued, it was revealed by Alice's mother that Alice suffered a traumatic experience at 20 months, which could have contributed to her silence (Monzo et al., 2015). Another case study about a girl named Kate, who was referred for treatment for selective mutism at the age of 4 ½ years of age was documented (Monzo et al., 2015). Per the research, Kate did not receive treatment initially because her family disappeared due to fear of being deported (Monzo et al., 2015). Five years later, Kate and her family returned for treatment for selective mutism, and they explained why they did not seek treatment for Kate years prior (Monzo et al., 2015). After two years of therapy with Kate and her parents, Kate began to speak to her therapist and demonstrated a sense of trust in the therapeutic environment

(Monzo et al., 2015).

A case study of a 12-year-old boy named Peter was conducted and released with the permission of both Peter and his mother (Lawrence, 2017). According to the study, Peter was not identified with selective mutism until secondary school, when a team of professionals brought his lack of communication to the table for discussion about the concern (Lawrence, 2017). Peter was 12 years old at the time of identification and was only referred because the speech therapist could not assess his skills due to his reluctance to speak (Lawrence, 2017). Next, a consultation with Peter's mother was conducted, which revealed that home communication was a struggle because he only communicated with her (Lawrence, 2017). Communication with select individuals is a criterion for selective mutism (Lawrence, 2017). According to the study, the team of professionals shared their perspectives about Peter, who said Peter did not talk because he was manipulative and wanted things his way (Lawrence, 2017). Within the case study was a design that consisted of 6 intervention sessions for selective mutism in the school setting (Lawrence, 2017). Additionally, quantitative and qualitative data was collected during the sessions to understand selective mutism in Peter, and to help him understand his triggers (Lawrence, 2017). During the first three intervention sessions, it was noted that Peter made progress (Lawrence, 2017). However, there was a huge break between the third and fourth sessions, which caused Peter's selective mutism to regress (Lawrence, 2017). Research attributes a lack of understanding of both Peter's family and school professionals as to the cause of the regression of selective mutism (Lawrence, 2017). The case study found that none of the education professionals had read Peter's student file and

therefore had no knowledge of his condition (Lawrence, 2017).

The score of 1 was given qualitatively from the conclusion of feedback from results, both Peter and his parents, about the ease of intervention experiences (Lawrence, 2017). However, Peter indicated the activities presented in the interventions were either a 3 or 4, which meant that they were challenging to him (Lawrence, 2017). Quantitative results of the study revealed that T scores were collected from pre- and post-intervention data that addressed Peter's anxiety, self-perception, and disruptive behaviors (Lawrence, 2017). The data suggest that, because Peter began interventions in secondary school, he responded poorly to interventions for selective mutism than a younger child with selective mutism would (Lawrence, 2017). As a case study of a nine-year-old child, Sophie was examined to see if psychodynamic play therapy would serve as an effective treatment for selective mutism (Fernandez & Sugay, 2016). Researchers stated that Sophie initially only spoke to her immediate family (Fernandez & Sugay, 2016). The first three therapy sessions served to see what type of therapy would be most effective in treating Sophie's selective mutism (Fernandez & Sugay, 2016). Research that provides potential treatments is supportive of this current study because it substantiates the need to gain the perspectives that early childhood education classroom teachers have regarding supporting students' selective mutism in the classroom. The data collection from this case study stemmed from a collection of interviews with Sophie's parents (Fernandez & Sugay, 2016).

Sophie was selectively mute; she spoke only to her immediate family members. Therefore, she met the criteria for psychodynamic play therapy (Fernandez & Sugay,

2016). Additionally, the theme of the violent play was documented in recurring therapy sessions, which also played a role in the type of therapy to be used (Fernandez & Sugay, 2016). Discussing current suggested treatments for selective mutism is important to this study because it suggests there is a need to find knowledge about the condition, which the results of the study may indicate. The case study documented Sophie's parents' observations of her improved communication outside of the therapy setting (Fernandez & Sugay, 2016). In the article, the author stated that as play therapy continued, Sophie progressed from written communication to verbal communication outside of the therapy setting (Fernandez & Sugay, 2016).

Researchers conducted two case vignettes of Eloise, age 16, and Nate, six years old, who have been identified with selective mutism (Smith-Schrandt & Ellington, 2018). This is relevant to this study because the knowledge of education professionals is needed to address selective mutism at an early stage. Researchers indicated that treatment for selective mutism is more successful when provided at an earlier age (Smith-Schrandt & Ellington, 2018). Because research indicates that early intervention is essential for successful treatment of selective audience mutism, it supports the need for this attempt to ascertain the knowledge that early education professionals have regarding selective mutism.

The vignettes provided no methods of treatment; however, researchers suggested behavioral and psychopharmacological treatments for the children (Smith-Schrandt & Ellington, 2018). Additionally, research reports that selective mutism is a condition that has limited research (Smith-Schrandt & Ellington, 2018). The limited study of selective

mutism supports the need for further research on selective mutism. Additionally, research reports that behavioral and psychopharmacology treatments are used to treat youth with selective mutism (Smith-Schrandt & Ellington, 2018). Additionally, a recent study was conducted, and the results yielded that children in the early childhood classroom are often not identified as having selective mutism; instead, teachers perceive them as being shy (White & Carrol, 2022).

Conditions Possibly Related to Selective Mutism

Current research on speech sound disorders indicates that there is some evidence that selective mutism may be linked to children who have speech sound disorders (Velleman et al., 2024). The embarrassment that some children with speech sound disorders may feel, according to research, triggers selective mutism in preschool-age students Koskela, et al. (2024) suggested that parents that have mental disorders tend to have children who develop selective mutism. Ludlow et al. (2023) stated that young children with selective mutism also have some sort of co-occurring anxiety disorder that may make selective mutism more difficult to treat.

Suggested Treatments for Selective Mutism

There is some evidence of pharmacological treatments for selective mutism, but there is no evidence for the efficacy of such treatments (Shorer et al., 2023). Cipani (2019) suggested using stimulus fading, which allows the pairing of children with selective mutism in play activities to a person that they speak to at home, with a person that they do not speak to in the educational setting. Steains, et al. (2021) conducted a study to determine the efficacy of psychological treatment of selective mutism in

children; the results yielded that some treatment was better than none.

Koskela et al. (2024) stated that the definitive cause of selective mutism is understudied, and it is unknown. Understanding the causes of selective mutism is important to my study because it provides the need for further information about what is known by other early childhood professionals regarding selective mutism. A study was conducted with 334 participants using the Retrospective Infant Behavior Inhibition questionnaire of youth ages 3-18 with selective mutism (Gensthaler et al., 2016). Results of the study indicated that youth with selective mutism scored higher for behavioral inhibitions than youth with social phobia (Gensthaler et al., 2016).

Definitions of Selective Mutism from Recent Research

Koskela et al. (2024) stated that selective mutism is defined by the ability to speak in some situations and the inability to speak in other situations. Another study defines selective mutism as an anxiety disorder that is demonstrated by the inability to speak in situations where speech is expected (Tomohisa & Inoue, 2023). Additionally, selective mutism is characterized as the inability of 1-2% of people unable to speak in social environments such as school, and the ability to speak in other places (Rodrigues et al., 2023). Next, Slobodin et al. 2024 stated that selective mutism is a child psychiatric disorder in which children exhibit a persistent failure to speak when it is expected. Other current research characterizes selective mutism as a debilitating disorder in which children can speak in some situations but are unable to speak in expected social situations (Dogru & Uzun, 2023). Jones and Odell-Miller stated that selective mutism is an anxiety disorder that affects some young children when they begin school (2023).

Why Educators Need to Know About Selective Mutism

Rozenek et al. (2020) stated that the onset of selective mutism during the early childhood years without identification can impair child development and adversely impact academics. Current data reports that selective mutism is often first recognized in the school setting, making teachers and school staff essential for support in the referral process and interventions for selective mutism (Shorer et al., 2023). Educators need to know about selective mutism because it is a debilitating condition that impacts children socially, emotionally, and academically (Rodrigues et al., 2023). Current research also suggests that children with selective mutism may trust a teacher before they trust a therapist, which supports the need for educators to know about selective mutism (Shorer et al., 2023). Researchers have suggested that teachers need to know how to identify selective mutism in children because it is most recognized when children begin school (Kovac & Furr, 2018). Some researchers suggest that it is imperative for teachers to be able to identify selective mutism in young children to help initiate early intervention (Kovac & Furr, 2018). Researchers say that Teachers need to know how to probe parents about the child's communication style at home to understand whether the child is selectively mute (Kovac & Furr, 2018). The early childhood educator's knowledge about selective mutism is pivotal to understanding how to implement effective classroom intervention strategies (White et al., 2022). Selective mutism often manifests in the early childhood classroom setting, which is why teachers should know about selective mutism (Longobardi et al., 2019).

Summary and Conclusions

Researchers agree that selective mutism is not a rare condition because at least 1% of children are suffering from the anxiety disorder (Schwenck et al, 2022). Recent studies also concur that selective mutism is an anxiety disorder in which young children can speak but choose not to in social situations (Tomohisa & Inoue, 2023). Researchers wrote that 1 out of 143 children in the United States is diagnosed with selective mutism. Koskela et al. (2023) stated that due to scarce research on selective mutism, it is unknown what knowledge early education professionals have, and short- and long-term outcomes of the condition cannot be measured. Schwenck et al. stated that selective mutism is underdiagnosed and understudied (2022). Researchers indicated that .7% to 1% of individuals observed in a mental health setting are identified with selective mutism, which makes this condition rare (Schwenck et al., 2022). Some older research stated that one in 50 school-age children has selective mutism, but current research indicates that many children have low-profile selective mutism (White et al., 2022). Additionally, older studies agree that early intervention is essential to positively impact children with selective mutism (Lawrence, 2017). It was also stated previously by researchers that children are often negatively impacted in an array of developmental areas if selective mutism is not identified and intervened during early childhood. Selective mutism interferes with social-emotional development and enables children with the condition to learn avoidance behaviors (Mahmood and Jabeen, 2018). Kovac and Furr (2018) stated in their research that education professionals need to know about selective mutism in young children for them to benefit from early interventions and to be supported in the

classroom.

Kovac & Furr (2018) indicated that teachers are crucial to assessment, diagnoses, and treatment of Selective Mutism because (SM) children often is first identifiable in the early childhood classroom. Lawrence (2017) suggested that educators should play an intricate role in diagnosing children with selective mutism. Researchers also agree that there needs to be more research about selective mutism conducted because it is unknown what educators know about it, and more information is needed about the disorder (Mahmood and Jabeen, 2018). Lawrence (2017) wrote that selective mutism often goes unnoticed until after children enter the educational setting. According to recent literature, there have not been any documented teacher reports suspecting selective mutism, which supports the need to know if they know what selective mutism is (Longobardi, 2019). A recent study showed that there have been no recorded teacher-reported measures of selective mutism, only parent reports (Martinez et al., 2015).

Steffenburg et al. (2018) wrote that children with selective mutism often do have symptoms that may mimic autism or other anxiety disorders, but it can be distinguished by knowing about the condition. Bergman et al. (2013) reported that selective mutism is closely related to anxiety disorders, but there is not a lot of information about treatments and the phenomenology of the disorder. Steffenburg et al. (2018) stated that children with selective mutism can have symptoms that mirror some symptoms of autism. Diliberto and Kerney (2018) wrote that selective mutism needs further research, as the information is emerging but limited. Additionally, Diliberto and Kerney (2018) stated that little research has been conducted that would assist in identifying symptom profiles of children with

selective mutism.

In chapter 2, I reviewed the literature in detail regarding selective mutism, as it relates to young children and the education professionals who teach them. I also provided a review of the literature regarding case studies, the framework, rationale, and context of research indirectly related to my topic. Lastly, I detailed the summary and conclusions of the literature review. Chapter 3 discusses the research method and the corresponding sub-elements. The review of the literature establishes the need for further research. This study fills the gap by adding additional current research regarding the knowledge and experiences that early education professionals have regarding selective mutism through the administration of qualitative basic interviews. There is some historical research about selective mutism that states education professionals need to know about selective mutism and be able to support students with the condition. However, none of the research explains the knowledge and experiences that early education professionals have regarding selective mutism.

Chapter 3: Research Method

The purpose of this qualitative study was to explore the experiences of early childhood education professionals working with children with selective mutism. Researchers have suggested that intervention during the preschool years is crucial to prevent avoidance behaviors later in life (Shorer et al., 2023). Without early intervention during the preschool years, young children with selective mutism begin to exhibit behaviors such as anxiety, fidgeting, and tantrums (Steffenberg et al., 2016). Researchers have stated that due to an increase in familial issues such as immigration and child dependency, the national number of children with selective mutism is on the rise because of the non-native language demands required of immigrant children (Steffenberg et al., 2016).

In Chapter 3, the research design and rationale are addressed. Additionally, this chapter navigates the role of the researcher in this qualitative study. The following research questions were addressed: What do early childhood education professionals know about selective mutism? What experiences do early childhood education professionals have working with children who have selective mutism? Next, the methodology will be discussed. Following the methodology, the procedures for recruitment and data collection will be discussed. Lastly, in Chapter 3, I discussed trustworthiness and ethical procedures and provide a summary of the chapter.

Research Design and Rationale

A basic qualitative study with an interview approach was applied to examine the knowledge that early childhood education professionals have regarding selective mutism

and to examine their experiences with supporting children in the classroom who have selective mutism. The qualitative approach is most appropriate for my study because, according to researchers, qualitative researchers use recordings for data analysis, which requires recordings of responses of participants to use for data analysis (Nowell et al., 2017). The quantitative approach is not appropriate for my study because it requires an approach based on probability (Wienclaw, 2024). Wienclaw (2024) stated that mixed-method studies focus on a mix of qualitative and quantitative approaches, whereas my study seeks only a non-probability (qualitative) approach.

Role of the Researcher

As the researcher my role was to seek participants for the study, ask research questions to participants, collect data, and analyze the data. The participants were asked the following research question: What experiences do early childhood education professionals have working with children who have selective mutism?

Methodology

The methodology used in this dissertation was narrative research. Narrative research is appropriate for fields of study that are in development and provides practical applications of the qualitative method (Mertova & Webster, 2019). Selective mutism is a field of study that is developing. Narrative research allowed the collection of interview questions given to the participants based on their experiences supporting children with selective mutism in the classroom.

Participant Selection

To select participants for my study per the department of employee resources, I emailed principals individually to seek permission to contact early childhood professionals. Once I gained permission from individual principals, I emailed 10-12 early childhood professionals to find out their interest in participating in my study. I obtained the email addresses of each administrator by looking at their school's website; all school staff emails are posted on individual schools' websites. Confidentiality was maintained by having unique meeting Zoom links for each participant; only the participant and I had access to these meeting Zoom links.

Early childhood education professionals interested in participating in my study were interviewed to determine their eligibility. Those who met the criteria were selected for my study and interviewed via Zoom, which is the approved virtual platform for the local school district. Participants were provided with the research question via email to determine their eligibility to participate in the study. To be eligible for selection, teachers must have had a current student with selective mutism in their classroom, or they must have had a student with selective mutism during the 2023-2024 school year or the 2024-2025 school year. The sample size of 12-15 was chosen to accommodate saturation. But there was no need to continue beyond 12 participants.

Instrumentation

The researcher conducted a basic qualitative study with interviews as the instrumentation method in this dissertation. Potential participants were interviewed to determine their eligibility.

Procedures for Recruitment, Participation, and Data Collection

To recruit participants for my study, I contacted my local school districts' principals to find out the procedures on how to gain permission for the recruitment of teachers for the study. Per the employee resources department, I contacted individual principals by emailing them at their district email address or by calling them by phone at their school to gain permission for me to contact their teachers about potentially participating in my study. After IRB approval, 12-15 elementary school administrators in my district were emailed to gain permission for me to contact their early childhood classroom teachers. After receiving permission from principals, I emailed eligibility interview questions to various early education professionals to gain interest in participating in the study, along with a consent form that will be included in the appendices. Participants were selected based on the responses to the interview eligibility questions. The questions indicated whether an educator has had a student with selective mutism in their classroom in the current academic year or the previous school year. The questions also addressed whether they were an early childhood professional. Those who met the criteria were selected for interviews. Virtual interviews using the Zoom platform were conducted with 12 early education professionals, as it is the only approved platform for the district. The interviews were recorded and transcribed.

Data Analysis Plan

Participants were interviewed to determine their eligibility to participate in the study. They were asked what grade level they teach or support. Additionally, they were asked whether they had worked with a student with selective mutism in the current or

previous academic year. If they met the criteria to participate in the study, they were asked to schedule a date and time to be interviewed. The interview questions are in Appendix B. All participants received the same interview questions. The answers to the interview questions provided by the participants were transcribed by a professional transcription platform and recorded via audio for validity purposes. After the interviews, the data was analyzed using the Saldana coding method as it offered coding patterns to understand participants in qualitative studies (Onwuegbuzie et al., 2016).

Trustworthiness

Trustworthiness in my study was achieved through data analysis of interviews with the participants. Trustworthiness in qualitative research is obtained by gaining the perceptions of a phenomenon of the participants experiencing it through research and analysis (Shufutinsky, 2020). The use of self is vital to validity and transferability in this study because I was the person who was responsible for conducting the interviews and collecting data (Shufutinsky, 2020). My goal in this study was to contribute positively to the research on selective mutism, thereby enhancing the validity and credibility of my findings (Shufutinsky, 2020). Audio and electronic records of the interviews will be kept for data collection and proof of the dependability of the study. Confirmability in the research was maintained by recruiting participants using the IRB-approved flyer. Eligible participants were asked a series of questions, which were recorded to prevent any perceptions of bias.

Ethical Procedures

IRB approval was obtained from Walden University to begin the data collection process. Before being interviewed, selected participants were provided with a consent form. A consent form was provided to each participant and sent via email. The consent form was also provided to IRB for approval. Participants' responses were not altered; they were recorded to ensure that ethics are adhered to and that participants' responses are respected. Participants emailed their consent to participate when they were selected to participate in the study. Data will be housed in an electronic password-protected folder. I did not use any names in my data collection. Data will not be accessible to anyone except me and IRB reviewers. The interview protocols are in Appendix B.

Summary

A qualitative study with interviews was conducted to gain insight into the knowledge and experiences of early childhood professionals who support students with selective mutism in the classroom. After IRB approval, 12-15 early childhood professionals were contacted for potential participation in my study after I gained permission from their principals. A consent form was provided to each participant via email. This provided the potential impacts that the topic of selective mutism may or may not have on them, contributing directly to the credibility and validity of my study (Shufutinsky, 2020). To ensure ethical procedures are followed, I collected audio transcripts of the interviews and have electronic copies of them to reflect the experiences of early education professionals. Electronic and audio data were collected from participants to maintain the integrity of my research.

In the introduction of Chapter 3, I restated the study's purpose and previewed the major sections of the chapter. I discussed the study's rationale by restating the interview questions and defining the topic's central focus. Next, the role of the researcher was addressed in detail. Also, the methodology was discussed, which addressed how participants are selected for the study, the population size, and saturation. Also in this chapter, instrumentation, data analysis, trustworthiness, and ethical procedures were discussed in detail. Lastly, I summarized the key areas of Chapter 3. In the next chapter, I addressed data collection and analysis after receiving IRB approval.

Chapter 4: Results

The purpose of this study was to explore the experiences of early childhood professionals working with children who have selective mutism. After receiving IRB approval from Walden University, the recruitment process for finding 12-15 early childhood professionals to participate in the study began by emailing one local school district. Before conducting the interviews, I conducted a mock interview and transcribed it. After being permitted to proceed, I started scheduling interviews. Initially, I scheduled three interviews, and subsequently, I began to encounter some roadblocks. Some roadblocks I faced included the unwillingness of some people to be recorded and the inability of others to volunteer 30-40 minutes of their time. Due to the setbacks, I submitted a new request to the IRB to extend my participant search to two other local school districts and to distribute my flyers in person. Once that process was granted, I emailed the office of the superintendents to gain permission to email my flyers to the early childhood professionals in those districts. I received the approvals, and I began emailing my flyers and delivering them to school sites in person. Once I started receiving responses, I scheduled and conducted the interviews. In the meantime, I conducted three interviews that did not meet the threshold outlined in my IRB approval; these were not used in the data collection. Additionally, I encountered individuals who initially agreed to participate in my study but later opted not to participate. In total, 12 early childhood professionals were interviewed.

This chapter will show the setting and methods of data collection. Next, this chapter will include an analysis of the participants' responses. The participants were

asked six questions that explored their knowledge about selective mutism. Lastly, after the interviews were conducted, the responses were coded and analyzed; the results will be presented in this chapter.

Setting

A basic qualitative study with interviews was conducted in this study. Twelve participants, who are early childhood professionals, consented to participate in this study via email. Twelve participants were interviewed via the online platform Zoom for 30-40 minutes. The interviews were recorded and transcribed. The audio recordings were transcribed for authenticity and validity purposes.

Data Collection

The use of self was vital to the validity and transferability in this study because I was the person who conducted all the interviews and collected the data (Shufutinsky, 2020). Data collection involved transcribing the audio responses from each participant. The responses from all participants were organized according to each of the research questions to facilitate clear coding of the data that would be presented in the analysis and results. During and after each interview, I used the transcript to document findings that stood out. I highlighted the responses to the research questions. After the last interview, I typed up each research question in a document and recorded each participant's response from the transcribed transcript under the corresponding question. Afterward, I sorted the data in an Excel spreadsheet by the key terms in the research questions and then added each of the research participants' responses.

Data Analysis

Once the data processing commenced, I analyzed it using qualitative methodologies. I interpreted the interview data using the (1979) ecological systems framework by Bronfenbrenner (2005). Bronfenbrenner's framework guided the study by supporting the understanding of how environments and people with whom young children interact directly can impact a child with selective mutism (Bronfenbrenner, 2005). Additionally, the theory supported the importance of having substantive knowledge about selective mutism to impact early intervention. Next, the participants' transcribed responses were reviewed line by line. Keywords were documented, and notes were made about common or uncommon responses that stood out in a journal that was created in a separate Word document. Some of the key words and phrases identified were inability to speak, choose not to speak, speech, anxiety, autism, visuals, picture supports, building report, challenging, autism, comorbidity, child comfortability, overlooked, misdiagnosed, unspecified training related to selective mutism, lack of parental knowledge, unaware of employer knowledge, shy, refer to speech therapist, nervous system response, IEP's, common, uncommon, trauma and limited teaching strategies.

The data were sorted into an Excel document, and each research question was listed with all the participants' responses. The data were coded using Saldana's coding process. Causation coding is appropriate to analyze data based on causations or outcomes (Onwuegbuzie et al., 2016). The participants' responses were reviewed, and the causation was developed based on the top consensus of the participants' responses. Keywords were developed from the causation of the totality of all the responses from each participant and

the corresponding questions. The codes were then derived from the key causation terms. The following codes were used to organize and analyze the data: Selective Mutism Knowledge (SMK), with rankings 1-3. Rank 1 indicated very little knowledge, 2 indicated some knowledge, and 3 indicated substantial knowledge (see Table 1 and Figure 1). Selective Mutism Perspectives (SMP), with rankings supportive versus overlooked, comfortable versus uncomfortable, effective versus ineffective, and intrigued versus uninterested. Based on the participants' response, the first letter from each ranking was used to generate the exact code (see Table 1 and Figure 2). Next, Selective Mutism resources (SMR) had a ranking of 1-2, 1 had some resources, 2 had no resources. Following SMR, is the Selective Mutism commonality (SMC) with a subset rating of Y and N, y for is common, n for is not common (see Table 1). Next, the code CEP was developed with the rating learned SM in college (SMCEP), and no selective mutism in college (NSMCEP). The codes were created using the first initial of the title of the data subset for research questions. Subsequently, Selective Mutism employer support (SMEP) was coded with the following subratings: Selective Mutism employer support (SMES) and no selective mutism employer support (NSMES).

Table 1

Tabulated Data

Participant	Occupation	SMK	SMR	SMC	CEP	SMES	SMP
1	Preschool teacher	2	1	N	NSMCEP	NSMES	SCEI
2	Preschool special education teacher	1	1,2	N	NSMCEP	NSMES	SUII
3	Kindergarten teacher	1	2	Y	NSMCEP	NSMES	OUIU
4	Preschool teacher	3	1,2	Y	SMECP	NSMES	SUEI
5	Preschool teacher	1	1	N	NSMCEP	NSMES	SCIU
6	Preschool teacher	1	2	Y	NSMCEP	NSMES	SUEI
7	Preschool special education in home	1	1	N	NSMCEP	NSMES	SCEI
8	Social worker clinician	3	1	Y	NSMCEP	SMES	SCEI
9	Preschool speed therapist	1	1,2	Y	NSMCEP	NSMES	SUEI
10	Pediatric OT	3	1	Y/N	NSMCEP	NSMES	SCEI
11	Pediatric clinician	2	1,2	Y	NSMCEP	SMES	SUEI
12	Child psychologist	3	1	N	NSMCEP	SMES	SCUEI

Once the coding was complete, the participant responses were analyzed to determine statistical data for participant responses to the research questions. After the responses were assigned codes, key words and data across participants were collected for analysis. Additionally, the data were analyzed using Bronfenbrenner's (1979) theory of ecological development, particularly focusing on the mesosystem (Bronfenbrenner, 2005). Interviewee responses varied based on individual experiences and knowledge of selective mutism.

Professionals' Knowledge and Perceptions of Selective Mutism

Selective mutism (SM) is a childhood anxiety disorder characterized by a consistent failure to speak in specific social situations despite speaking in others (Simon

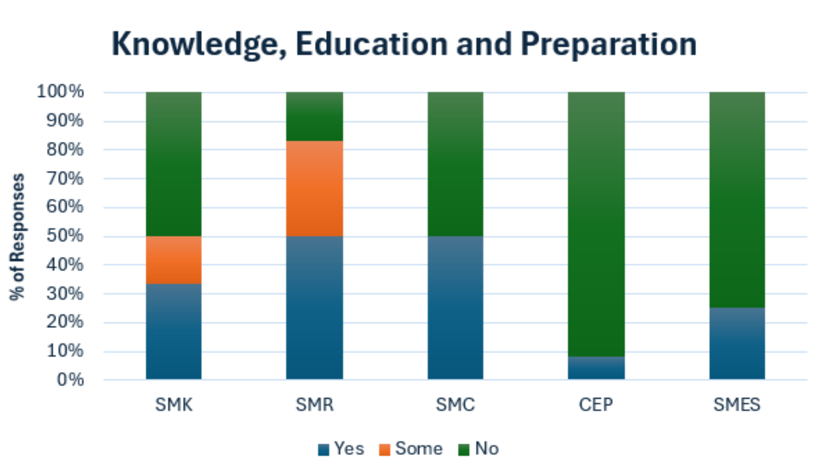
et al., 2020). Understanding how early childhood professionals perceive and respond to SM was critical to the study, as ECE professionals are often the first professionals to observe its symptoms. This section synthesizes qualitative data from interviews with early childhood educators, clinicians, and therapists to explore their knowledge, misconceptions, and experiences related to selective mutism. White and Bond (2022) indicated that teachers and school staff have limited knowledge about selective mutism, which further supports this analysis.

General Awareness and Conceptual Understanding

Across the interviews, a recurring theme was the recognition that children with SM are capable of speech but remain silent in particular contexts. Many professionals (e.g., P1, P3, P6, P7, P9) described SM as a condition where children "choose" when and to whom they speak. This language reflects a common misconception that SM is a voluntary behavior rather than an anxiety-driven response. For instance, P5 admitted to initially believing that children with SM simply did not want to talk or lacked the necessary language skills (see Figure 1). This misunderstanding underscores a significant gap in professional knowledge. While these educators accurately observe the behavioral manifestations of SM—such as verbal comfort at home and silence at school—they often lack awareness of the underlying psychological mechanisms.

Figure 1

Knowledge, Education, and Preparation



Recognition of Anxiety and Emotional Triggers

A more informed subset of participants (e.g., P4, P8, P10, P11, P12) correctly identified SM as an anxiety disorder. These professionals emphasized that selective mutism is not a matter of choice but a response to social stress or fear. For example, P10, a pediatric occupational therapist, described SM as a “freeze response” to perceived stress, aligning with current psychological models of anxiety disorders. P8, a social worker and school clinician, offered a particularly comprehensive understanding, noting that SM can be diagnosed as early as two or three years of age and, if left untreated, may lead to broader psychological issues such as social isolation, generalized anxiety, and depression. This insight highlights the importance of early identification and intervention.

Experiential Knowledge and Classroom Observations

Several educators (e.g., P2, P4, P6) shared anecdotal experiences with children

who exhibited symptoms of SM (see Table 1). These experiences often led to a more empathetic understanding of the condition. For instance, P4 noted that pressuring children to speak often exacerbates their silence, a key insight that aligns with best practices in supporting children with SM. However, the limited number of diagnosed cases encountered by these professionals suggests that SM may be underdiagnosed or misidentified in early childhood settings. P2, a special education teacher, reported having only two students who may have had SM, but it is uncertain when the children received a formal diagnosis. This highlights the need for increased awareness and diagnostic support within educational environments. The findings in the analysis support the literature in the study. Ludlow et al. (2023) stated that it is evident there are misunderstandings surrounding ASD and SM.

Clinical and Therapeutic Experiences

The most accurate and detailed understanding of SM came from clinicians and therapists who support children and teachers in schools (e.g., P8, P10, P11, P12). These professionals consistently framed SM as a clinical condition rooted in anxiety, often linked to social phobia or speech and language difficulties. Their responses emphasized the need for early intervention, individualized support, and a nuanced understanding of the emotional and neurological underpinnings of the disorder. P12, a child psychologist, described SM as an “extreme form of social phobia,” noting that children with SM often lack the confidence to express themselves in public settings. This framing aligns with contemporary clinical literature and reinforces the importance of interdisciplinary collaboration between educators and mental health professionals.

This theme focused on the knowledge that early childhood professionals shared about selective mutism. Six of the twelve participants stated they had very little or no knowledge about selective mutism. Most participants gained their limited knowledge from hands-on practice in the classroom and from other related service providers. Four out of 12 participants had adequate knowledge about selective mutism. These findings supported the research. Three of four participants who indicated that they had an in-depth understanding of selective mutism were early childhood-related professionals who supported early childhood teachers in the classroom. P4, P6, P7, and P8 indicated through their responses that they felt that they had limited knowledge about selective mutism (see Table 1). Two of the twelve participants expressed having some knowledge of selective mutism from related service providers, such as speech therapists. For example, P1 stated that selective mutism occurs when children choose when to speak, but they acknowledged that there was more to it than that. Additionally, P3 said that selective mutism was when children choose not to speak, but they can speak. All participants expressed that their knowledge did not stem from their college preparation program. All twelve participants expressed interest in learning about selective mutism.

Early Childhood Professionals Experiences

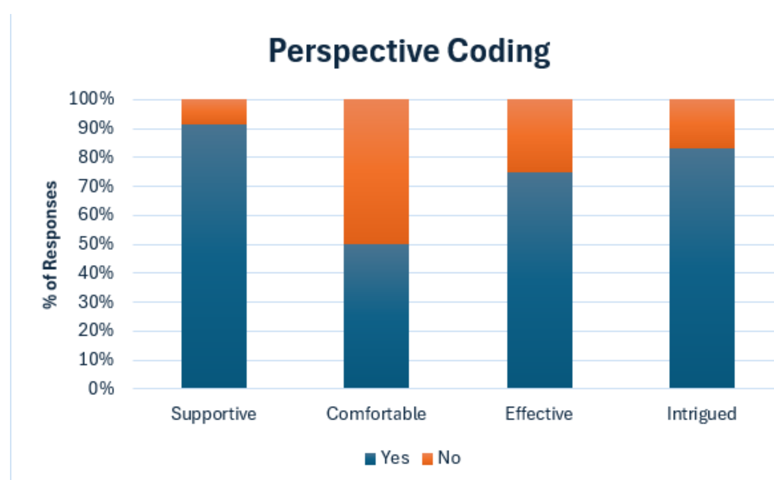
All twelve participants shared that their experiences working with children with selective mutism were challenging. Two of the twelve participants reported that supporting young children in a school setting was more effective than in a clinical setting. All twelve participants shared that while supporting young children with selective mutism can be challenging, it was intriguing. Eleven of twelve participants stated that it

was important to allow children with selective mutism to build rapport with them. One of twelve participants shared that they did not know how to support their student with selective mutism at all, because they had so little knowledge about the anxiety disorder.

Selective mutism (SM) presents unique challenges and opportunities for early childhood educators. As an anxiety-based communication disorder, SM affects a child's ability to speak in specific social settings, most notably in school environments (Vogel et al., 2024). This section explores the perspectives of early childhood professionals regarding their experiences and attitudes toward working with children who exhibit symptoms of selective mutism. The responses reveal a complex interplay of curiosity, empathy, concern, and a desire for professional growth (see Figure 2).

Figure 2

Perspective Coding



Curiosity and Desire for Understanding

Several professionals expressed a genuine interest in learning more about selective mutism and how to support affected children. For example, P1 described the

experience as “interesting and intriguing,” emphasizing a desire to understand the child’s background and help them feel comfortable enough to speak freely in the classroom. This perspective reflects a proactive and compassionate approach, where the educator seeks to bridge the gap between home and school environments. Similarly, P6 noted initial concern when encountering a child with SM, driven by a desire to understand how best to support the child academically and socially. This concern is not rooted in frustration but in a commitment to meeting the child’s needs, highlighting the importance of professional development and access to resources.

Challenges in Practice

Many ECPs acknowledged the challenges associated with working with children who have selective mutism. P3 candidly admitted to not knowing how to help a student with SM and lacking awareness of available resources. This response underscores a critical gap in training and support for educators, which can hinder effective intervention and contribute to feelings of helplessness. P4 and P9 also described the difficulties of navigating communication barriers in the classroom. P4 emphasized the importance of respecting students and giving them time to open up, while acknowledging that SM complicates classroom communication. P9 likened a child with SM to “a little turtle in his shell,” illustrating the visible withdrawal and isolation that can occur when a child is unable to engage verbally. Despite these challenges, ECPs often maintained a respectful and empathetic stance, recognizing that each child learns and communicates differently. P2 compared the experience to working with children with autism, noting that while it is challenging, it is not insurmountable.

Empathy and Emotional Support

A recurring theme in the interviews was the importance of building rapport and creating a safe, supportive environment. P7 emphasized the need to help children feel confident and comfortable enough to express themselves. This aligns with best practices in supporting children with SM, which prioritize relationship-building and gradual exposure to speaking situations.

P11 and P12, both early childhood clinicians, described using therapeutic techniques such as play, art, and cognitive-behavioral strategies to foster communication. P11 found that engaging children through creative activities helped establish trust and sometimes served as a form of treatment. P12 discussed using gradual exposure and identifying underlying fears, suggesting that SM may be influenced by environmental or familial factors. These responses demonstrated a profound understanding of the emotional and psychological aspects of SM, as well as the importance of patience, empathy, and personalized support.

Value of School-Based Intervention

P10, an occupational therapist, emphasized the importance of working with children in the environments where they struggle most, specifically the classroom and community. This perspective underscores the importance of school-based interventions and collaboration between educators and mental health professionals. By addressing SM during early childhood, ECPs can better support children’s social and emotional development and reduce the long-term impact of the disorder. The perspectives shared by

early childhood professionals reveal a complex understanding of selective mutism in the classroom.

While many educators face challenges due to limited training and resources, their responses showed a strong dedication to supporting affected children through empathy, curiosity, and individualized care. The findings indicate a need for more professional development, interdisciplinary collaboration, and access to evidence-based strategies to empower educators in working with children who have selective mutism. Effective support for children with selective mutism (SM) in early childhood settings requires not only awareness and understanding of the condition but also access to appropriate resources. These resources may include professional development, collaboration with specialists, classroom tools, and institutional support. This section explores early childhood professionals' perceptions of the resources available to them in their current roles, revealing a spectrum of experiences that range from well-supported environments to significant gaps in training and infrastructure.

Access to Professional Expertise and Collaboration

Several early childhood professionals reported feeling adequately supported due to the presence of knowledgeable colleagues or access to interdisciplinary teams. For instance, P1 expressed confidence in her classroom's capacity to support children with SM, citing the expertise of a special education teacher as a key resource. Similarly, P6 mentioned the availability of a speech therapist, and P8 highlighted the value of working with a team of professionals and accessing external resources such as the Selective Mutism Association website. These responses underscored the importance of

collaborative environments where educators can draw on the expertise of specialists. P10, an occupational therapist, emphasized the benefit of working directly in school settings, where interventions can be tailored to the child's natural environment and extended through collaboration with teachers.

Gaps in Training and Institutional Support

Despite some positive experiences, many ECPs reported limited access to formal training or institutional resources. P3 noted that she had never received professional development related to selective mutism, reflecting a broader issue of underrepresentation of SM in teacher training programs. P2 echoed this concern, stating that while she might be able to find support through administration, there were no readily available service providers to consult. P4 provided a nuanced perspective, acknowledging that while external services such as speech and mental health support are sometimes available, classroom-level resources are often lacking. Educators are frequently left to "figure things out on their own," relying on personal initiative to create visual aids or adapt communication strategies.

Creative and Adaptive Classroom Strategies

Some ECPs described using creative strategies to support communication in the absence of formal resources. P5, for example, discussed implementing visual supports and assistive tools, such as sound buttons, to help children express their basic needs. This proactive approach demonstrates a commitment to inclusivity, even when institutional support is limited. P7 emphasized the importance of relationship-building and patience, noting that giving children time to respond and using high-preference items can foster

trust and communication. These strategies align with best practices in supporting children with SM, which prioritize gradual exposure and emotional safety.

Confidence and Ongoing Learning

A few participants expressed partial confidence in their ability to support children with SM, acknowledging both their strengths and areas for growth. P9, for instance, felt supported under the guidance of a supervisor but not yet confident to work independently. P11 similarly noted that while some resources were available, others were lacking in her clinical work. P12, a clinician, expressed strong confidence in his ability to support children with SM, attributing this to his knowledge and training. This response underscores the importance of professional expertise and ongoing education in developing the capacity to address complex needs. The responses reveal a diverse range of experiences among early childhood professionals regarding the availability of resources to support children with selective mutism. While some benefit from collaborative teams and professional expertise, others face significant gaps in training and institutional support. Many educators rely on personal initiative and adaptive strategies to meet their students' needs. These findings suggest a need for systematic professional development, greater access to interdisciplinary support, and investment in classroom-level tools to ensure that all children with SM receive the support they need to thrive.

Selective mutism (SM) is often described as a rare childhood anxiety disorder, yet its true prevalence remains challenging to determine due to underdiagnosis, misidentification, and variability in awareness among educators and clinicians. Selective mutism is characterized by the inability of 1-2% of people who are unable to speak in

social environments such as school, and the ability to communicate in other places (Rodrigues et al., 2023). This section examines early childhood professionals' experiences of the prevalence of selective mutism . The responses reveal a range of views, shaped by personal encounters, diagnostic challenges, and evolving awareness in the post-pandemic educational landscape.

Experiences of Rarity and Limited Exposure

A significant number of ECPs reported that selective mutism is not a common experience in their practice. For example, P1 stated that this was the first time she had encountered a child with SM, attributing this to their relatively recent entry into the classroom. P5 and P12 echoed similar sentiments, noting that they had only encountered one or two cases throughout their careers. P12 emphasized that the condition did not appear prevalent within the age group she worked with, suggesting that SM may be perceived as developmentally atypical or infrequent.

P2 offered a more nuanced view, acknowledging that while SM may not be common, it is also challenging to diagnose, particularly in preschool-aged children. P2 pointed out that speech delays and autism spectrum disorders can mask or mimic the symptoms of SM, making it harder for educators without specialized training to identify the condition accurately.

Recognition of Diagnostic Complexity

Several participants highlighted the diagnostic ambiguity surrounding selective mutism. P9, for instance, reflected on their past experiences with preschool-aged children during the COVID-19 era, noting that they may not have recognized SM at the time due

to overlapping developmental or environmental factors. This underscores the challenge of distinguishing between typical shyness, delayed speech, and anxiety-based mutism, especially in very young children. P10 also emphasized this complexity, noting that while some children may not meet the full criteria for SM, they still exhibit anxiety-related silence in new or unfamiliar environments. She described a common pattern where children initially become quiet and observant before gradually warming up—behavior that may not qualify as SM but still warrants attention and support.

Growing Awareness and Shifting Perspectives

While many ECPs initially viewed SM as rare, some acknowledged a shift in their perceptions over time. P3, for example, changed her view after encountering a student who would not speak to her but did speak to others. This experience led her to reconsider how common SM might be, especially when symptoms are subtle or context dependent. P11 noted that although SM is still less common than other conditions like ADHD or generalized anxiety, they had observed an increase in cases in recent years. This observation aligns with P8's perspective, which suggested that greater awareness and post-pandemic classroom reintegration may contribute to more frequent identification of SM. P8 also pointed out that while SM may not be prevalent in every classroom, it is not "strikingly rare" and is relevant enough that most educators will encounter it at some point in their careers.

Case-by-Case Variability and Individual Differences

Some ECPs emphasized the individualized nature of SM and related behaviors. P7, for instance, described SM as a "case-by-case" condition, influenced by personality

and temperament. She suggested that some children may simply take longer to warm up, and that this variability can make it difficult to determine whether a child is experiencing SM or simply exhibiting typical developmental behavior. This perspective reinforces the importance of contextual understanding and the need for educators to be attuned to each child's unique communication patterns, rather than relying solely on diagnostic labels.

The interviews reveal a diverse range of perspectives on the prevalence of selective mutism in early childhood settings. While many ECPs perceive SM as uncommon, their views are often shaped by limited exposure, diagnostic challenges, and evolving awareness. Some educators and clinicians have begun to recognize SM more frequently, particularly in the wake of increased attention to childhood anxiety and post-pandemic social reintegration. These findings suggest that while SM may not be universally prevalent, it is relevant enough to warrant greater attention in teacher training, early screening, and classroom support strategies. Teacher education programs play a critical role in equipping future educators with the knowledge and skills necessary to support diverse learners, including those with communication disorders such as selective mutism (SM). However, the extent to which these programs address SM specifically remains unclear. This section analyzes early childhood ECPs reflections on their college preparation, revealing a consistent theme of limited exposure to SM and a reliance on post-graduate learning or in-service experience to fill the gap.

Limited or Absent Coverage of Selective Mutism

Most participants reported that their college programs did not explicitly address selective mutism. P2, P3, and P5 stated unequivocally that SM was not covered in their

coursework. P3 described feeling “clueless” and “helpless” when encountering a child with SM, highlighting the emotional and professional impact of this training gap. P5 noted that while language impairments were discussed, SM was not differentiated or explored in depth, leading to potential misinterpretation of symptoms. P4 echoed this sentiment, explaining that while her program introduced a broad range of disabilities, it lacked depth and hands-on experience, particularly regarding lesser-known conditions like SM. This suggests that while teacher education programs may provide a general overview of developmental and learning differences, they often fall short in preparing educators for the nuanced realities of classroom practice.

General Foundations in Child Development and Observation

Some participants acknowledged that their programs provided foundational knowledge in child development, which indirectly supported their ability to recognize atypical behaviors. P1 and P6, for example, credited their training in developmental milestones and observational skills as helpful in identifying when a child might need additional support. P6 emphasized learning how to observe students and communicate with families, which are essential skills when working with children who may have SM, even if the condition itself was not explicitly addressed.

P7 similarly noted that her training focused on developmental delays and early intervention but did not include specific instruction on SM. This reflects a broader trend in early childhood education, where more common or visible conditions receive greater attention in curricula.

Post-Graduate and In-Service Learning

Several participants indicated that their knowledge of SM came not from their college education but from post-graduate training or on-the-job experience. P10, for instance, shared that she had never heard of SM during her graduate studies and only became familiar with it through clinical work and mentorship. Her experience highlights the importance of ongoing education and professional development in addressing the gaps left by initial teacher preparation.

P11 also reported that their understanding of SM was shaped more by practical experience than by formal instruction. This reliance on in-service learning suggests that many educators are entering the field underprepared to support children with SM and must seek out additional resources independently.

Emphasis on Humanitarian and Relational Approaches

P12 offered a unique perspective, emphasizing the humanitarian and relational aspects of working with children with SM. While not explicitly referencing college coursework, he described being trained to approach children with patience, confidentiality, and a commitment to building trust. These values are essential in supporting children with SM, who often require a safe and supportive environment to overcome their communication barriers.

P8 also noted that while SM was not covered in detail, their education in anxiety and cognitive-behavioral therapy (CBT) provided a valuable foundation for understanding the emotional roots of SM. This highlights the value of broader

psychological training in preparing educators to respond to complex emotional and behavioral needs.

The interview responses reveal a consistent theme: college teacher education programs rarely provide specific preparation for working with children with selective mutism. While foundational knowledge in child development and observation is valuable, it is often insufficient for addressing the unique challenges posed by SM. Most ECPs reported learning about SM through post-graduate coursework, clinical experience, or in-service training. These findings suggest a need for teacher education programs to expand their curricula to include lesser known but impactful conditions, such as SM, ensuring that educators are better equipped to support all learners from the outset of their careers.

The successful inclusion of children with selective mutism (SM) in early childhood education settings depends not only on individual teacher knowledge but also on the institutional support and training provided by their workplaces. This section examined how various early childhood professionals perceive their workplace's role in preparing them to support children with SM. The responses revealed a significant gap in formal training, a reliance on individual initiative, and a few examples of collaborative, clinician-led support models.

Lack of Formal Training and Institutional Focus

A dominant theme across the interviews is the absence of formal training on selective mutism within most educational institutions. Participants P1 through P7 consistently reported that their workplaces do not offer specific professional development or structured resources related to SM. P1 noted that while her site offers general special

needs training, none have focused on SM. P2 described the topic as an "uncharted area of need," and P3 confirmed that no training or classroom support was provided throughout the school year.

P4 and P5 similarly indicated that SM is not addressed in staff meetings or professional development sessions. Instead, communication challenges are often generalized under broader categories such as speech delays or autism spectrum disorders. This generalization may contribute to the limited recognition of SM and a lack of targeted strategies for support. P6 and P7 echoed these concerns, with P6 unable to recall any training on mutism and P7 noting that because their organization does not diagnose or determine eligibility, training on SM is not prioritized. These responses suggest that institutional neglect of SM may stem from its perceived rarity or systemic limitations in diagnostic authority and resource allocation.

Clinician-Led and Collaborative Support Models

In contrast to the general lack of institutional training, a few participants described collaborative models where clinicians take the lead in supporting teachers. P8, for example, detailed a highly supportive approach in which they provided direct training, physical resources, classroom observations, and ongoing consultation to educators working with children diagnosed with SM. They emphasized the importance of individualized treatment plans and tools such as "talking maps" to guide communication goals. P9 also described learning through mentorship, specifically from a supervisor who modeled how to build rapport and support children with SM in small group or one-on-one settings. These examples underscore the value of mentorship and interdisciplinary

collaboration, particularly when institutional training is limited. P10, who transitioned from a clinic to a private practice, emphasized the importance of working in naturalistic settings such as schools and homes to ensure skill carryover. Her experience underscores the limitations of clinic-based interventions and the need for contextualized support within educational environments.

Conditional and Informal Support

Some participants described conditional support that depends on clinical necessity or individual initiative. P11 noted that their workplace would support interventions for SM if they were "clinically justifiable," but such support is not explicitly encouraged or structured. P12 expressed confidence in his ability to support children with SM, attributing this to their knowledge and training rather than institutional preparation. These responses suggest that while some professionals feel equipped to address SM, their preparedness is often the result of personal initiative or external training, rather than systematic workplace support.

The analysis reveals a significant gap in institutional preparedness for supporting children with selective mutism. Most early childhood educators report a lack of formal training, limited administrative awareness, and minimal structured resources. However, a few clinicians and educators described collaborative, mentorship-based models that offer promising alternatives. These findings highlight the need for system-wide professional development, interdisciplinary collaboration, and targeted training to ensure that all educators are equipped to support children with SM effectively.

Evidence of Trustworthiness

The evidence of Trustworthiness was presented in the data analysis. Data collection consisted solely of participants' responses in the transcribed Zoom interviews. The data from transcripts was placed into a separate Word document for organization and followed by an Excel spreadsheet for coding purposes. No other data collection methods were used that could impact the participant responses.

Transferability

As the data was collected, the variety of roles contributed to the transferability because the participants had perspectives from their occupational setting. Transferability in qualitative research refers to the extent to which the findings of a study can be applied to other contexts, settings, or groups. To support transferability in this study on early childhood professionals' knowledge of selective mutism (SM), several strategies were employed to provide readers with the contextual detail necessary to make informed judgments about the applicability of the findings to their environments. First, thick description was used throughout the data collection and analysis process. Detailed accounts of participants' roles, including early childhood educators, special education teachers, therapists, and clinicians, were provided to illustrate the diversity of perspectives. The study also described the educational settings in which participants worked, such as public preschools and early intervention programs, offering insight into the environments where SM symptoms were observed and addressed.

Second, the sampling strategy was clearly articulated during the process. The Participants were selected in this study by using purposive sampling to ensure a range of

professional experiences and levels of familiarity with SM. This approach enabled the inclusion of both general educators and specialized service providers, thereby capturing a broad spectrum of knowledge and perspectives. The inclusion of participants with varying degrees of exposure to SM enhances the potential relevance of the findings to other early childhood settings.

Third, the findings were situated within existing literature, reinforcing their relevance beyond the immediate study context. For example, the study's identification of widespread misconceptions about SM aligns with prior research by Ludlow et al. (2023), which also highlighted confusion between SM and other developmental disorders such as autism spectrum disorder (ASD). This alignment with established research supports the broader applicability of the study's conclusions. Additionally, the study acknowledged contextual boundaries that may influence transferability. These include regional differences in teacher preparation programs, access to mental health professionals, and institutional support for early intervention. By recognizing these factors, the study provides a transparent framework for readers to assess whether the findings are transferable to their settings.

Finally, all participants expressed a strong interest in professional development related to SM, suggesting that the findings may be particularly relevant to early childhood professionals in other regions or institutions who are similarly motivated to expand their knowledge. This shared interest in learning more about SM may serve as a common ground for applying the study's insights in diverse educational contexts. In sum, through detailed contextualization, purposeful sampling, alignment with existing literature, and

acknowledgment of limitations, this study supports the transferability of its findings to other early childhood education environments. Readers are encouraged to consider the similarities and differences between their settings and the study context when determining the applicability of the results.

Dependability

Confirmability refers to the degree to which the findings of a study are shaped by the participants and not by the researcher's bias, motivation, or interest. In this study, confirmability was established through several key practices that ensured objectivity and transparency. First, an audit trail was maintained throughout the research process. This included detailed documentation of data collection procedures, coding decisions, theme development, and analytical memos. These records provide a clear path from raw data to final interpretations, allowing others to trace the research process and verify the findings.

Second, reflexive journaling was used to monitor the researcher's thoughts, assumptions, and potential biases. By regularly reflecting on their role in the research process, the researcher was able to remain aware of how personal perspectives might influence data interpretation and take steps to minimize this influence. Third, participant quotations were used extensively in the presentation of findings to ground interpretations in the voices of the participants. This approach ensured that the conclusions drawn were directly supported by the data and not imposed by the researcher. Finally, peer review and debriefing further supported confirmability by providing external checks on the research process. Colleagues and advisors reviewed the coding framework and thematic analysis to ensure that interpretations were logical, data-driven, and free from undue bias.

Together, these strategies demonstrate a commitment to confirmability, ensuring that the study's findings are credible representations of participants' experiences and not shaped by the researcher's personal views.

Confirmability

The findings of this study support confirmability by demonstrating that interpretations were grounded in the participants' own words and experiences rather than my bias. Direct quotations from participants were used extensively to illustrate key themes, such as the misconception that selective mutism is a voluntary behavior and the contrasting clinical understanding of SM as an anxiety disorder. These quotes provide transparency, allowing readers to trace the connection between raw data and thematic conclusions. The inclusion of diverse perspectives—from educators to clinicians—further reinforces the objectivity of the findings, as themes emerged consistently across roles. Additionally, the researcher maintained a reflexive stance throughout the study, acknowledging the influence of personal assumptions and documenting decisions through an audit trail. The alignment of findings with existing literature, such as Ludlow et al. (2024), also supports confirmability by demonstrating that the study's conclusions are consistent with broader research in the field.

Results

The results were based on the data collected from the participant responses to the six research questions in the study. Data from the transcribed interviews shows that 50% of the participants in the study had very little knowledge about selective mutism and received a rating of 1. While the data shows that 17% of participants had some partially

accurate knowledge about selective mutism, they received a rating of 2. Additionally, data shows that 33% of participants had substantial knowledge about selective mutism and received a rating of 3. Results from the data also show that all participants with very little knowledge about selective mutism are early childhood teachers. Next, the results from the participants' responses to research question 2 will be provided.

Data collected from the interviews resulted in 41.7% of participants indicating that their perspectives of working with children who have selective mutism were supportive, comfortable, effective, and Intrigued (code SCEI). 33.3% of respondents shared that they had perspectives that were supportive, uncomfortable, effective, and intrigued (code SUEI). 8.3% of participants indicated that their perspectives of working with children who have selective mutism included overlooked, uncomfortable, ineffective, and uninterested (code OUIU). Results showed that 8.3 of participants' perspectives of working with children who had elective mutism were supportive, uncomfortable, ineffective, and intrigued (code SUII). Lastly, data resulted in 8.3% of participants identified as supportive, comfortable, ineffective, and uninterested (code SCIU).

Following the perspectives that early childhood professionals had, data on whether the participants had resources was collected. Data from the transcribed interviews shows that 50% of participants did not feel that they had the resources to support children who have selective mutism with code (N) for no. Additionally, 33% of interviewees felt that yes and no, they had resources to support children who have selective mutism with the code (YN). While 16.7% of participants felt that they had the

resources to support children who have selective mutism, using the code (Y) for yes. Subsequent results provided data on the commonality of selective mutism.

Data from the transcribed interviews showed that 50% of the study participants believed that selective mutism was common, using code (Y) for yes. Next, the data showed that 41.7% of interviewees believed that selective mutism was not common, using code (N) for no. Lastly, 8.3% of participants believed that selective mutism was both common and uncommon, using code (YN) for yes and no. The next data results described whether the participants received selective mutism in their college education program. Participants were either assigned the code (NSMCEP) for no selective mutism college education preparation or the code (SMCEP) for selective mutism college preparation. 91.7% of participants in the study reported that they did not receive any college education preparation about selective mutism. While only 8.3% of participants reported that they did receive some college education preparation directly related to selective mutism. Finally, the next set of data reports the percentage of participants who have support from their employer about selective mutism.

The data from the transcribed interviews showed that either the interviewees had selective mutism employer support (SMES) or had no selective mutism employer support (NSMES). The transcribed data showed that 75% of participants said they had no selective mutism employer support. Whereas 25% of the interview participants stated that they did receive selective mutism employer support (See Table 1). The next chapter will focus on the discussion of the data, conclusions, and recommendations based on the results of the data.

Summary

Chapter 4 provided an in-depth explanation of the data collected and analyzed, utilizing direct responses from study participants. Interviews were conducted to gather early childhood teachers' knowledge and perspectives regarding selective mutism, supporting young children who have the condition. Throughout the research process, I kept a reflective journal via Microsoft Word. I employed causation coding, following Bronfenbrenner's Ecological Systems Theory (1979), with a focus on the microsystem, which was then used to conduct the analysis (Bronfenbrenner, 2005). Six themes emerged from the data to answer the research question: (1) most early childhood professionals have limited knowledge about selective mutism. (2) supporting children who have selective mutism is both challenging and enjoyable. (3) early childhood professionals need resources specific to supporting children with selective mutism. (4) early childhood professionals believe that instruction in the college preparation programs about selective mutism is needed and wanted. (5) employer training is needed and wanted. (6) selective mutism is common. In Chapter 5, I interpret the study's findings based on the analysis, discuss the limitations, suggest recommendations for further research, and discuss the study's implications. Additionally, I analyze the themes, emphasizing their connection to the research question and the literature review presented in Chapter 2. The chapter concludes with a discussion of how this study can contribute to positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore the experiences of early childhood professionals working with children with selective mutism. A basic qualitative study with interviews was used to examine the experiences that early childhood education professionals have regarding working with children who have selective mutism. Twelve early education professionals were interviewed to examine their knowledge of selective mutism and their perspectives on supporting young children who have selective mutism. Notable results from the study include the following: early childhood teachers have limited or no knowledge about selective mutism. Another key finding was that selective mutism is not taught in many college preparation courses to early childhood professionals. Lastly, there is a lack of employer support among local school districts for selective mutism training.

Interpretation of the Findings

The research findings were supported by the literature review in Chapter 2. I explored what some early childhood professionals knew about selective mutism. Additionally, using the interview questions, I explored some of the perspectives that early childhood educators hold regarding the support of young children with selective mutism. Research was conducted to understand whether early childhood professionals felt that they had adequate resources to support young children who have selective mutism. Additionally, research was conducted to identify potential gaps in selective mutism education that early childhood professionals received from their college preparation programs.

Overall, participants had a consensus that there needs to be education provided in college preparation programs regarding supporting young children with selective mutism. Additionally, participants had a consensus that selective mutism is sometimes overlooked and misdiagnosed with other disorders, such as autism and speech and language disorders. Participants overwhelmingly agreed that further employer professional development is needed to adequately support early childhood professionals who work with young children who have selective mutism. While most participants expressed that selective mutism seemed to be rare, they also stated that there is much that is unknown about the condition. All the participants agreed that there needs to be more awareness made regarding selective mutism in young children, as early intervention is essential to improve early learning outcomes.

Professionals' Knowledge and Perceptions of Selective Mutism

Selective mutism (SM) is a childhood anxiety disorder characterized by a consistent failure to speak in specific social situations despite speaking in others (Simon et al., 2020). Understanding how early childhood professionals perceive and respond to SM was critical to the study, as ECPs are often the first to observe its symptoms. This section synthesizes qualitative data from interviews with early childhood professionals to explore their knowledge, misconceptions, and experiences related to selective mutism.

General Awareness and Conceptual Understanding

Across the interviews, a recurring theme was the recognition that children with SM are capable of speech but remain silent in particular contexts. Many ECPs (e.g., P1, P3, P6, P7, P9) described SM as a condition where children "choose" when and to whom

they speak. This language reflects a common misconception that SM is a voluntary behavior rather than an anxiety-driven response. For instance, P5 admitted to initially believing that children with SM simply did not want to talk or lacked the necessary language skills. This misunderstanding underscored a significant gap in professional knowledge. While these educators accurately observe the behavioral manifestations of SM—such as verbal comfort at home and silence at school—they often lack awareness of the underlying psychological mechanisms.

Recognition of Anxiety and Emotional Triggers

A more informed subset of participants (e.g., P4, P8, P10, P11, P12) correctly identified SM as an anxiety disorder. These ECPs emphasized that selective mutism is not a matter of choice but a response to social stress or fear. For example, P10, a pediatric occupational therapist, described SM as a "freeze response" to perceived stress, aligning with current psychological models of anxiety disorders. P8, a social worker school clinician, offered a particularly comprehensive understanding, noting that SM can be diagnosed as early as two or three years of age and, if left untreated, may lead to broader psychological issues such as social isolation, generalized anxiety, and depression. This insight highlights the importance of early identification and intervention.

Experiential Knowledge and Classroom Observations

Several educators (e.g., P2, P4, P6) shared anecdotal experiences with children who exhibited symptoms of SM (See Table 1). These experiences often led to a more empathetic understanding of the condition. For instance, P4 noted that pressuring children to speak often exacerbates their silence, a key insight that aligns with best

practices in supporting children with SM. However, the limited number of diagnosed cases encountered by these ECPs suggests that SM may be underdiagnosed or misidentified in early childhood settings. P2, a special education teacher, reported having only two students who may have had SM, but it is uncertain when the children received a formal diagnosis. This highlights the need for increased awareness and diagnostic support within educational environments. The findings in the analysis support the literature in the study. Ludlow et al. (2023) stated that it is evident there are misunderstandings surrounding ASD and SM.

Clinical and Therapeutic Perspectives

The most accurate and detailed understanding of SM came from clinicians and therapists who support children and teachers in schools (e.g., P8, P10, P11, P12). These professionals consistently framed SM as a clinical condition rooted in anxiety, often linked to social phobia or speech and language difficulties. Their responses emphasized the need for early intervention, individualized support, and a nuanced understanding of the emotional and neurological underpinnings of the disorder. P12, a child psychologist, described SM as an "extreme form of social phobia," noting that children with SM often lack the confidence to express themselves in public settings. This framing aligns with contemporary clinical literature and reinforces the importance of interdisciplinary collaboration between educators and mental health professionals.

This theme focused on the knowledge that early childhood professionals shared about selective mutism. Six of the twelve participants stated they had very little or no knowledge about selective mutism. Most participants gained their limited knowledge

from hands-on practice in the classroom and from other related service providers. Four out of 12 participants had adequate knowledge about selective mutism. These findings supported the research. Three of four participants who indicated that they had an in-depth understanding of selective mutism were early childhood-related professional who supported early childhood teachers in the classroom. P4, P6, P7, and P8 indicated through their responses that they felt that they had limited knowledge about selective mutism (see Table 1). Two of the twelve participants expressed having some knowledge of selective mutism from related service providers, such as speech therapists. For example, P1 stated that selective mutism occurs when children choose when to speak but acknowledged that there was more to it than that. Additionally, P3 said that selective mutism was when children choose not to speak but can speak. All participants expressed that their knowledge did not stem from their college preparation program. All twelve participants expressed interest in learning about selective mutism.

Limitations of the Study

In this study, I explored what twelve early childhood professionals know about selective mutism and their experiences supporting children with this condition from local school districts. Twelve participants volunteered and were included in my study and were interviewed via Zoom from the Western part of the United States. I explored what twelve ECPs knew about selective mutism and their experiences with supporting young children with selective mutism. A limitation of the study was that it limited the participants to early childhood professionals in the southern California geographical area. Having a larger geographical area might have increased the number of participants. Another

limitation of the study was the exclusion of other individuals, such as family members and pediatricians, who may have been able to provide additional experiences on the causation and insights into selective mutism in young children.

Recommendations

The findings from this study revealed essential barriers, strategies, and opportunities for supporting young children who have selective mutism. Having adequate knowledge about selective mutism is crucial for effectively teaching a child with this condition. Secondly, early intervention is essential for positively impacting a young child who has selective mutism. Additionally, without early intervention, selective mutism becomes more difficult to reverse as the child ages. Based on the perspectives shared by early childhood professionals, the following recommendations are provided to raise further awareness of selective mutism in young children and to share the knowledge and experiences of early childhood professionals. Lastly, while there is a growing awareness of selective mutism (SM), a significant gap remains in training, resources, and institutional support. Based on these insights, the following recommendations aim to enhance the capacity of early childhood education systems to identify, understand, and support children with SM effectively.

Integrate Selective Mutism into Teacher Education Curricula

Most participants reported that their college or university programs did not include specific instruction on selective mutism. To address this gap:

I recommend that teacher preparation programs incorporate dedicated modules on SM, including its symptoms, causes, and evidence-based intervention strategies.

The basis for this rationale is that early exposure to SM in teacher education can reduce misconceptions and equip future educators with the tools to recognize and respond to the condition effectively.

Provide Targeted Professional Development and In-Service Training

Many educators expressed a lack of confidence in supporting children with SM due to the limited or nonexistent professional development opportunities available. I recommend that schools and early childhood centers offer regular, targeted professional development sessions focused on SM and related anxiety disorders. The rationale for this recommendation is that ongoing training ensures that educators remain informed about best practices and can implement strategies with confidence and consistency.

Foster Interdisciplinary Collaboration

Participants who had access to speech therapists, mental health professionals, or special education staff reported feeling more supported in their efforts to help children with SM. I recommend that schools promote interdisciplinary collaboration by integrating clinicians, therapists, and educators into shared planning and intervention teams. The reasoning behind this is that collaborative models enhance the quality of support and ensure that interventions are holistic, individualized, and contextually appropriate.

Develop and Disseminate Practical Classroom Resources

Several educators described creating their own visual aids and communication tools due to a lack of formal resources. I recommend that schools provide teachers with ready-to-use toolkits that include visual supports, communication aids, and behavior

tracking templates tailored for children with SM. The reasoning for this recommendation is that providing access to practical resources reduces the burden on individual educators and ensures consistency in support strategies across classrooms.

Increase Awareness and Early Identification

Some participants noted that SM is often misidentified as shyness, speech delay, or autism, particularly in preschool-aged children. I recommend implementing school-wide awareness campaigns and early screening protocols to improve identification and referral processes. The rationale is that early recognition of SM can lead to timely intervention, reducing the risk of long-term academic and social challenges. The literature showed that early identification and tailored interventions are essential for improving outcomes for young children with selective mutism (Kurnia, et al., 2024).

Encourage Reflective Practice and Mentorship

Educators who had mentors or supervisors knowledgeable about SM reported greater confidence and success in supporting children affected by it. It is recommended that there be an establishment of mentorship programs where experienced staff can guide newer educators in working with children with SM. The reasoning is that reflective practice and peer learning foster professional growth and build a supportive learning community within schools.

Advocate for Policy and Funding Support

The lack of institutional focus on SM was attributed in part to its perceived rarity and the absence of policy mandates. I recommend that Educational leaders and policymakers recognize SM as a significant educational concern and allocate funding for

training, resources, and research. The rationale for this recommendation is that Policy support legitimizes the need for systemic change and ensures that schools are equipped to meet the needs of all learners. More focus on SM will bring more awareness for early childhood professionals.

College Preparation Program Instruction

The findings of this study demonstrated that early childhood professionals are not being taught about selective mutism in college. Early childhood professionals should learn about selective mutism during their college preparation. It is recommended that further research be conducted on what college preparation programs educate their students about selective mutism. Additionally, it is recommended that further research be conducted on why some programs do not provide instruction about selective mutism.

Early Childhood Professional Training

The findings of this study showed that most of the early childhood professionals did not receive employer training to support children who have selective mutism. I recommend further research on what school district administrators know about selective mutism and to raise awareness about selective mutism training and resources that school districts can utilize to support their early childhood professionals. Current literature stated that without early intervention for children with selective mutism are likely to develop atypical behaviors (Welsh, 2017). This is why the recommendation for professional training is being made to support early intervention.

Implications

In this qualitative study, I conducted interviews to explore the knowledge that early childhood professionals have regarding supporting young children with selective mutism. Additionally, I explored the perspectives the participants had on supporting children with selective mutism. The results of this study provided a variety of responses based on knowledge of selective mutism. The studies also provided a variety of responses and perspectives that early childhood professionals have regarding supporting young children who have selective mutism. The results of this study showed that early childhood professionals need training and to attain further education specific to selective mutism. Additionally, the results of this study showed that ECPs require resources specific to selective mutism to instruct children with the condition effectively. Additionally, the results indicated that early childhood professionals believe it would be beneficial for them to receive instruction specific to selective mutism from their college preparation program. The various participants in my study overwhelmingly agreed that further awareness and information about selective mutism is needed. The literature from the study demonstrated that intervention during the early childhood years is essential for improving outcomes for young children with selective mutism. This study presented implications for positive social change. The research outcomes suggested that if early childhood education professionals received more education, training, resources, and information specific to selective mutism, they could potentially implement effective early intervention strategies for young children with the condition. This is essential because the participants mostly agreed that selective mutism was not a rarity. In fact, current research

studies indicate a mean prevalence of 1% of children diagnosed with selective mutism, suggesting that selective mutism is not rare (Schwenck et al., 2022).

Conclusion

This study focused on exploring what early childhood professionals knew about selective mutism. It also examined their experiences with supporting young children with selective mutism. It explored the resources they felt they had, and whether they thought selective mutism was common. Additionally, the study examined the instruction that ECPs received about selective mutism through their college preparation programs, as well as the training and support they received from their employers. The literature supported the study results, stating researchers indicated that there is a lack of knowledge of preschool education professionals on selective mutism (Muris & Ollendick, 2021), Due to the importance of early intervention, increasing number of students with selective mutism and the complexities of the condition, early childhood professionals need to receive instruction in their college preparation programs, and training and support to know how to instruct young children with selective mutism effectively. Selective mutism awareness and knowledge are essential for ECPs to prioritize, as they can improve learning outcomes through early intervention for young children with selective mutism. The insights gathered from early childhood professionals underscored the urgent need for systemic improvements in addressing selective mutism in educational settings. By implementing these recommendations—spanning teacher education, professional development, interdisciplinary collaboration, and policy advocacy- educators and

institutions can create more inclusive, responsive environments where all children, including those with SM, can thrive.

References

Ale, C. M., Mann, A., Menzel, J., Storch, E. A., & Lewin, A. B. (2013). Two cases of early childhood selective mutism: Variations and treatment complexities. *Clinical Case Studies*, *12*(4), 278–290. https://doi.org/10.1177/1534650113482358

Bergman, R. L., Gonzalez, A., Piacentini, J., & Keller, M. L. (2013). Integrated behavior therapy for selective mutism: A randomized controlled pilot study. *Behaviour Research and Therapy*, *51*(10), 680–689. https://doi.org/10.1016/j.brat.2013.07.003

Bork, P., Harwood, D., & Bennett, S. M. (2014). Using play as a key to unlocking the silence for children with selective mutism. *Canadian Children*, *39*(3), 24–33. https://doi.org/10.18357/jcs.v39i3.15234

Bronfenbrenner, U. (2005). Ecological systems theory (1992). In U. Bronfenbrenner, *Making human beings human: Bioecological perspectives on human development.* (pp. 106–173). SAGE Publications.

Carpenter, A. L., Puliafico, A. C., Kurtz, S. M., Pincus, D. B., & Comer, J. S. (2014). Extending parent–child interaction therapy for early childhood internalizing problems: New advances for an overlooked population. *Clinical Child and Family Psychology Review, 17*(4), 340–356. https://doi.org/10.1007/s10567-014-0172-4

Childs, J., & Scanlon, C. L. (2022). Coordinating the mesosystem*:* An ecological approach to addressing chronic absenteeism. *Peabody Journal of Education*, *97*(1), 74 86. https://doi.org/10.1080/0161956X.2022.2026722

Cholemkery, H., Mojica, L., Rohrmann, S., Gensthaler, A., & Freitag, C. M. (2014). Can autism spectrum disorders and social anxiety disorders be differentiated by the social responsiveness scale in children and adolescents? *Journal of Autism and Developmental Disorders, 44*(5), 1168–1182. https://doi.org/10.1007/s10803-013-1979-4

Christensen, J. & Malmö University. (2016). A critical reflection of Bronfenbrenner's development ecology model. In *Problems of education in the 21st century* (pp. 22–23). https://doi.org/10.13140/RG.2.1.2959.7681

Cipani, E. (2019). Selective mutism: From therapy to classroom. *Communique*, *47*(6), 1.

Crundwell, R. M. (2006). Identifying and teaching children with selective mutism. *Teaching Exceptional Children, 38*(3), 48–54. https://doi.org/10.1177/004005990603800307

Davidson, M. (2012). *Selective mutism: Exploring the knowledge and needs of teachers* (Order No. 3498448). [Doctoral dissertation, State University of New Jersey]. https://doi.org/10.7282/t3qn65t8

Diliberto, R. A., & Kearney, C. A. (2016). Anxiety and oppositional behavior profiles among youth with selective mutism. *Journal of Communication Disorders, 59*, 16–23. https://doi.org/10.1016/j.jcomdis.2015.11.001

Diliberto, R., & Kearney, C. A. (2018). Latent class symptom profiles of selective mutism: Identification and linkage to temperamental and social constructs. *Child Psychiatry and Human Development*, *49*(4), 551–562. https://doi.org/10.1007/s10578-017-0774-4

Driessen, J., Blom, J. D., Muris, P., Blashfield, R. K., & Molendijk, M. L. (2019). Anxiety in children with selective mutism: A meta-analysis. *Child Psychiatry & Human Development, 51*(2), 330–341. https://doi.org/10.1007/s10578-019-00933-1

Dogru, H., Ucuz, I., Uzun Cicek, A., & Comertoglu Arslan, S. (2023). Clinical characteristics according to sex and symptom severity in children with selective mutism: a four-center study. *Nordic Journal of Psychiatry*, *77*(2), 158–164. https://doi.org/10.1080/08039488.2022.2146748

Fernandez, K. T., & Sugay, C. O. (2016). Psychodynamic play therapy: A case of selective mutism. *International Journal of Play Therapy, 25*(4), 203–209. https://doi.org/10.1037/pla0000034

Fernandez, K. T., Serrano, K. C., & Tongson, M. C. (2014). An intervention in treating selective mutism using the expressive therapies continuum framework. *Journal of Creativity in Mental Health, 9*(1), 19–32. https://doi.org/10.1080/15401383.2013.873706

Gensthaler, A., Khalaf, S., Ligges, M., Kaess, M., Freitag, C. M., & Schwenck, C. (2016). Selective mutism and temperament: The silence and behavioral inhibition to the unfamiliar. *European Child & Adolescent Psychiatry, 25*(10), 1113–1120. https://doi.org/10.1007/s00787-016-0835-4

Golub, Y., Stonawski, V., Plank, A. C., Eichler, A., Kratz, O., Waltes, R., von Hoersten, S., Roessner, V., & Freitag, C. M. (2021). Anxiety is associated with DPPIV

alterations in children with selective mutism and social anxiety disorder: A pilot study. *Frontiers in Psychiatry, 12.* https://doi.org/10.3389/fpsyt.2021.644553

Hartati, K., Kurniati, E., & Kurniawati, L. (2024). Teacher strategies to support children with selective mutism in the classroom. *Aulad*, *7*(2), 582–591. https://doi.org/10.31004/aulad.v7i2.734

Henline-Hall, J. (2024). Introduction to quantitative and qualitative research Methods. *Radiologic Technology*, *96*(1), 45–56.

Hess, S., Self, T., & DiLollo, A. (2018). Assessing personal constructs of adolescents with autism spectrum disorder: A person-centered measure of social cognition. *Journal of Autism and Developmental Disorders*, *48*(2), 485–501. https://doi.org/10.1007/s10803-017-3316-9

Houston, S. (2017). Towards a critical ecology of child development in social work: Aligning the theories of Bronfenbrenner and Bourdieu. *Families, Relationships and Societies, 6*(1), 53-69. doi:10.1332/204674315x14281321359847

Hollander, E., Rothbaum, B. O., & Stein, D. J. (2020). *The American Psychiatric Association publishing textbook of anxiety, trauma, and OCD-related disorders, (3rd ed.)*. https://doi.org/10.1176/appi.books.9781615379378

Hungerford, S. (2017*).* Conquering challenges of interprofessional treatment for selective mutism. *ASHA Leader*, *22*(8), 34-35. https://doi.org/10.1044/leader.scm.22082017.34

Jones, K., & Odell-Miller, H. (2023). A theoretical framework for the use of music therapy in the treatment of Selective Mutism in young children: Multiple case

study research. *Nordic Journal of Music Therapy*, *32*(1), 4–28. https://doi.org/10.1080/08098131.2022.2028886

Klein, E. R., Armstrong, S. L., Skira, K., & Gordon, J. (2017). Social communication anxiety treatment (S-CAT) for children and families with selective mutism: A pilot study. *Clinical Child Psychology and Psychiatry*, *22* (1), 90–108. https://doi.org/10.1177/1359104516633497

Koskela, M., Jokiranta-Olkoniemi, E., Luntamo, T., Suominen, A., Sourander, A., & Steinhausen, H.-C. (2024). Selective mutism and the risk of mental and neurodevelopmental disorders among siblings. *European Child & Adolescent Psychiatry*, 33(1), 291–302. https://doi.org/10.1007/s00787-022-02114-3

Koskela, M., Ståhlberg, T., Yunus, W. M. A. W. M., & Sourander, A. (2023). Long-term outcomes of selective mutism: A systematic literature review. *BMC Psychiatry, 23*(1), 779. https://doi.org/10.1186/s12888-023-05279-6

Kovac, L. M., & Furr, J. M. (2018). What teachers should know about selective mutism in early childhood. *Early Childhood Education Journal.* https://doi.org/10.1007/s10643-018-0905-y

Kivunja, C., & Kuyini, A. B. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education, 6*(5), 26. https://doi.org/10.5430/ijhe.v6n5p26

Lang, C., Nir, Z., Gothelf, A., Domachevsky, S., Ginton, L., Kushnir, J., & Gothelf, D. (2016). The outcome of children with selective mutism following cognitive

behavioral intervention: A follow-up study. *European Journal of Pediatrics*, *175*(4), 481–487. https://doi.org/10.1007/s00431-015-2651-0

Lawrence, Z. (2017). The silent minority: Supporting students with selective mutism using systemic perspectives. *Support for Learning*, *32*(4), 352–374. https://doi.org/10.1111/1467-9604.12180

Longobardi, C., Badenes, R. L., Gastaldi, F. G. M., & Prino, L. E. (2019). The student–teacher relationship quality in children with selective mutism. *Psychology in the Schools*, *56*(1), 32–41. https://doi.org/10.1002/pits.22175

Ludlow, A. K., Osborne, C., & Keville, S. (2023). Selective mutism in children with and without an autism spectrum disorder: The Role of sensory avoidance in mediating symptoms of social anxiety. *Journal of Autism & Developmental Disorders*, *53*(10), 3891–3900. https://doi.org/10.1007/s10803-022-05674-0

Mahmood, S. N., & Jabeen, A. (2018). Silence misdiagnosed: Mutism, autism or submissiveness? Diagnostic bias in collectivistic culture. *Khyber Medical University Journal, 10*(3), 159–162. https://doi.org/10.35845/kmuj.2018.18275

Martinez, Y. J., Tannock, R., Manassis, K., Garland, E. J., Clark, S., & McInnes, A. (2015). The teachers' role in the assessment of selective mutism and anxiety disorders. *Canadian Journal of School Psychology*, *30*(2), 83–101. https://doi.org/10.1177/0829573514566377

McLeod, A. (2022). Picture communication boards as early tools for teachers: Case of a child with selective mutism. *Education*, *142*(3), 126–128.

Melfsen, S., Jans, T., Romanos, M., & Walitza, S. (2022). Emotion regulation in selective

mutism: A comparison group study in children and adolescents with selective mutism. *Journal of Psychiatric Research*, *151*, 710–715. https://doi.org/10.1016/j.jpsychires.2022.05.040

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: a guide to design and implementation* (Fourth edition.). Jossey-Bass.

Mertova, P., & Webster, L. (2019). *Using narrative inquiry as a research method: An introduction to critical event narrative analysis in research, teaching and professional practice* (2nd ed.). Taylor & Francis Group.

Milic, M. I., Carl, T., & Rapee, R. M. (2020). Similarities and differences between young children with selective mutism and social anxiety disorder. *Behaviour Research and Therapy*, *133*. https://doi.org/10.1016/j.brat.2020.103696

Monzo, M. P., Micotti, S., & Rashid, S. (2015). The mutism of the mind: Child and family therapists at work with children and families suffering with selective mutism. *Journal of Child Psychotherapy, 41*(1), 22-40. doi:10.1080/0075417X.2015.1005385

Muris, P., Hendriks, E., & Bot, S. (2016). Children of few words: Relations among selective mutism, behavioral inhibition, and (social) anxiety symptoms in 3- to 6-year-olds. *Child Psychiatry and Human Development*, *47*(1), 94-101. https://doi.org/10.1007/s10578-015-0547-x

Muris, P., & Ollendick, T. H. (2015). Children who are anxious in silence: A review on selective mutism, the new anxiety disorder in DSM-5. *Clinical Child and Family Psychology Review, 18*(2), 151–169. https://doi.org/10.1007/s10567-015-0181-y

Muris P., & Ollendick, T. H. (2021). Current challenges in the diagnosis and management of selective mutism in children. *Psychology Research and Behavior Management, 14*, 159–167.

Muris, P., & Ollendick, T. H. (2021). Selective mutism and its relations to social anxiety disorder and autism spectrum disorder. *Clinical Child and Family Psychology Review*, *24*(2), 294–325. https://doi.org/10.1007/s10567-020-00342-0

Oerbeck, B., Stein, M. B., Pripp, A. H., & Kristensen, H. (2015). Selective mutism: Follow-up study 1 year after end of treatment. *European Child & Adolescent Psychiatry*, *24*(7), 757–766. https://doi.org/10.1007/s00787-014-0620-1

Omdal, H. (2015). Tackling selective mutism: A guide for professionals and parents. *Europe Journal of Special Needs Education, 30*(3), 424–426. https://doi.org/10.1080/08856257.2015.1022982

Onwuegbuzie, A. J., Frels, R. K., & Hwang, E. (2016). Mapping Saldaňa's coding methods onto the literature review process. *Journal of Educational Issues, 2*(1), 130. https://doi.org/10.5296/jei.v2i1.8931

Poole, K. L., Cunningham, C. E., McHolm, A. E., & Schmidt, L. A. (2021). Distinguishing selective mutism and social anxiety in children: a multi-method study. *European Child & Adolescent Psychiatry*, *30*(7), 1059–1069. https://doi.org/10.1007/s00787-020-01588-3

Roberts, K., Dowell, A., & Nie, J. (2019). Attempting rigour and replicability in thematic analysis of qualitative research data; a case study of codebook development. *BMC Medical Research Methodology*, 1, 1. https://doi.org/10.1186/s12874-019-0707-y

Robinson, C. (2018). The landscape of professional doctorate provision in English higher education institutions: Inconsistencies, tensions, and unsustainability. *London Review of Education, 16*(1), 90–103. https://doi.org/10.18546/lre.16.1.09

Rodrigues Pereira, C., Ensink, J. B. M., Güldner, Max G., Lindauer, R. J. L., De Jonge, V., & Utens, E. M. W. J. (2023). Diagnosing selective mutism: A critical review of measures for clinical practice and research. *European Child & Adolescent Psychiatry*, *32*(10), 1821–1839. https://doi.org/10.1007/s00787-021-01907-2

Rozenek, E. B., Orlof, W., Nowicka, Z. M., Wilczyńska, K., & Waszkiewicz, N. (2020). Selective mutism—An overview of the condition and etiology: Is the absence of speech just the tip of the iceberg? *Psychiatria Polska*, *54*(2), 333–349. https://doi.org/10.12740/PP/OnlineFirst/108503

Rutberg, S., & Bouikidis, C. D. (2018). Focusing on the fundamentals: A simplistic differentiation between qualitative and quantitative research. *Nephrology Nursing Journal*, *45*(2), 209–213.

Saldaña, J. (2012). *The coding manual for qualitative researchers*. SAGE.

Schwenck, C., Gensthaler, A., Vogel, F., Pfeffermann, A., Laerum, S., & Stahl, J. (2022). Characteristics of person, place, and activity that trigger failure to speak in children with selective mutism. *European Child & Adolescent Psychiatry*, *31*(9), 1419–1429. https://doi.org/10.1007/s00787-021-01777-8

Shorer, M., Ben-Haim, Z., Klauzner, N., Ben-Ami, N., & Fennig, S. (2023). The Integrated behavior therapy for children with selective mutism: Findings from an open pilot study in a naturalistic setting. *Clinical Child Psychology and*

Psychiatry, *28*(2), 465–482. https://doi.org/10.1177/13591045221075526

Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. *Organization Development Review*, *52*(1), 50–58.

Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology*, *21*(5), 619–634. https://doi.org/10.1080/13645579.2018.1454643

Simms, M. D. (2017). When autistic behavior suggests a disease other than classic autism. *Pediatric Clinics of North America*, *64*(1), 127–138.

Slobodin, O. (2023). Beyond the language barrier: A systematic review of selective mutism in culturally and linguistically diverse children. *Transcultural Psychiatry*, *60*(2), 313–331. https://doi.org/10.1177/13634615221146435

Slobodin, O., Shorer, M., Friedman-Zeltzer, G., & Fennig, S. (2024). Selective mutism in immigrant families: An ecocultural perspective. *Transcultural Psychiatry*, 61(1), 15–29. https://doi.org/10.1177/13634615231202095

Smith, B. R., & Sluckin, A., & Gross, J. (2015). *Tackling selective mutism: a guide for professionals and parents.* Jessica Kingsley Publishers.

Smith-Schrandt, H., & Ellington, E. (2018). Unable to speak: Selective mutism in youth. *Journal of Psychosocial Nursing & Mental Health Service, 56*(2), 14–18. https://doi.org/10.3928/02793695-20180122-04

Steains, S. Y., Malouff, J. M., & Schutte, N. S. (2021). Efficacy of psychological

Interventions for selective mutism in children: A meta-analysis of randomized controlled trials. *Child: Care, Health & Development*, *47*(6), 771–781. https://doi.org/10.1111/cch.12895

Steffenburg, H., Steffenburg, S., Gillberg, C., & Billstedt, E. (2018). Children with autism spectrum disorders and selective mutism. *Neuropsychiatric Disease and Treatment*, *14*, 1163–1169. https://doi.org/10.2147/NDT.S154966

Rapti, S., Sapounidis, T., & Tselegkaridis, S. (2023). Enriching a traditional learning activity in preschool through augmented reality: Children's and teachers' views. *Information, 14*(10), 530. https://doi.org/10.3390/info14100530

Toews, I., Booth, A., Berg, R. C., Lewin, S., Glenton, C., Munthe-Kaas, H. M., Noyes, J., Schroter, S., & Meerpohl, J. J. (2017). Further exploration of dissemination bias in qualitative research required to facilitate assessment within qualitative evidence syntheses. *Journal of Clinical Epidemiology*, *88*, 133–139. https://doi.org/10.1016/j.jclinepi.2017.04.010

Toews, I., Booth, A., Berg, R. C., Lewin, S., Glenton, C., Munthe-Kaas, H. M., Tomohisa, Y., Yumi, I., & Inoue, M. (2023). Long-term outcome of selective mutism: Factors influencing the feeling of being cured. *European Child & Adolescent Psychiatry, 32*(11), 2209–2221. https://doi.org/10.1007/s00787-022-02055-x

University of North Carolina at Chapel Hill, F. C. D. I., Peisner-Feinberg, E. S., Schaaf, J. M., Hildebrandt, L. M., Pan, Y., & Warnaar, B. L. (2015). *Children's kindergarten outcomes and program quality in the North Carolina Pre-kindergarten program:*

2013-2014 Statewide Evaluation. Frank Porter Graham Child Development Institute.

Velleman, S. L., Guimaraes, V. N., Klein-Tasman, B. P., Huffman, M. J., Becerra, A. M., & Mervis, C. B. (2024). Relations between selective mutism and speech sound disorder in children with 7q11.23 duplication syndrome. *Journal of Speech, Language, and Hearing Research*, *67*(9S), 3452–3462. https://doi.org/10.1044/2023_JSLHR-22-00721

Vogel, F., Röse, C., & Schwenck, C. (2024). Symptoms of selective mutism beyond failure to speak in children and adolescents. *European Child & Adolescent Psychiatry*, *33*(10), 3603–3611. https://doi.org/10.1007/s00787-024-02415-9

Welsh, K. (2017). Addressing selective mutism in the classroom. *Brandon University Journal of Graduate Studies in Education, 9*(1), 14–18.

White, J., & Bond, C. (2022). The role that schools hold in supporting young people with selective mutism: a systematic literature review. *Journal of Research in Special Educational Needs*, *22*(3), 232–242. https://doi.org/10.1111/1471-3802.12561

White, J., Bond, C., & Carroll, C. (2022). An exploration of how selective mutism training informs teachers' understanding and practice. *Support for learning, 37*(1), 3–20. https://doi.org/10.1111/1467-9604.12392

Wiggins, L. D., Rice, C. E., Barger, B., Soke, G. N., Lee, L., Moody, E., Edmondson-Pretzel, R., & Levy, S. E. (2019). DSM-5 criteria for autism spectrum disorder maximizes diagnostic sensitivity and specificity in preschool children. *Social Psychiatry and Psychiatric Epidemiology*, *54*(6), 693–701.

https://doi.org/10.1007/s00127-019-01674-1

Williams, C. E., Hadwin, J. A., & Bishop, F. L. (2021). Primary teachers' experiences of teaching pupils with selective mutism: a grounded theory study. *Educational Psychology in Practice*, *37*(3), 267–283. https://doi.org/10.1080/02667363.2021.1920372

Wienclaw, R. A. (2024). Quantitative and qualitative analysis. *Salem Press Encyclopedia*.

Wolgemuth, J. R., Hicks, T., & Agosto, V. (2017). Unpacking assumptions in research synthesis: A critical construct synthesis approach. *Educational Researcher, 46*(3), 131–139. https://doi.org/10.3102/0013189x17703

Wakamatsu, Y. (2022). Finding Teresa's voice: Following the journey of a young woman with selective mutism over four years. *Australian Journal of Music Therapy, 33*(2), 66–71.

Appendix: Interview Protocols and Questions

Interview Protocols

12-15 early childhood professionals that currently work with a child who has selective mutism or has worked in the previous academic year with a child that has selective mutism will be interviewed. All interviewees will have signed a consent form, and I will either interview them in person or on a virtual platform such as Zoom or Google Meet. The participants will be asked 6 interview questions, and follow-up questions for clarification. If the interview is conducted online, interviewees will be informed that the interview will be recorded via the platform used. If the interview is conducted in person, then a written transcript will be documented, as well as a recorded audio of the interview.

The following interview questions will be asked to participants:

1. What do you know about selective mutism?

2. What are your perspectives about working with children who have selective mutism in the classroom?

3. In your current capacity, do you feel that you have the resources to support children who have selective mutism?

4. In your experience, do you think that selective mutism is common?

5.Can you describe how your college teacher education program prepared you for working with children with selective mutism?

6. How does your place of employment prepare teachers to support children with selective mutism?