Meeting Educators Where They Are: Professional Development to Address Selective Mutism

Debra Harwood

Brock University

Po-Ling Bork

Brock University

Abstract

Children with selective mutism (SM) present unique challenges for teachers. Typically, children with SM have such an immense anxiety associated with being seen or heard speaking they fail to speak inside the classroom and particularly with teachers. This article reports on the effectiveness of a small-scale exploratory study involving 22 participants in a targeted professional development (PD) workshop on SM. Using a pre-post questionnaire design, the researchers explored the potential of PD to contribute to increased knowledge and awareness of SM as well as conceptual changes in the strategies used to support children with SM within inclusive classrooms. The PD workshop contributed to enhanced levels of knowledge and educators' confidence in addressing children's needs and may be a first step in addressing the dearth of literature on the teaching of children with SM as well as inform future professional development needs of teachers.

Résumé

Les enfants avec mutism sélectif (MS) présentent des défis uniques pour les professeurs. Typiquement, les enfants avec MS ont une anxiété immense associée avec la communication qu'ils ne parlent pas dans la salle de classe et notamment avec les professeurs. Cet article fait un rapport sur l'efficacité d'un atelier sur le développement professionnel (DP) qui a été dirigé avec 22 participants. L'utilisation d'un questionnaire (pré-poste), les chercheurs ont exploré le potentiel de DP pour contribuer à la connaissance et à la conscience augmentées de MS de même que les changements conceptuels dans les stratégies qui sont utilisées pour soutenir des enfants avec MS dans les salles de classe incluses. L'atelier de DP a contribué aux niveaux améliorés de

confiance et de connaissance et possiblement peut être une première étape envers adresser le manque de littérature sur l'enseignement d'enfants avec MS.

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Introduction

*Jenny[1] is a lovely precocious 4 year-old who attends a pre-school program in the
morning and a junior kindergarten class in the afternoon. Both of her teachers have 25 years of
experience between them working with children this age. Yet, this year both professionals are
exasperated and feeling frustrated for in spite of their knowledge and initiatives, Jenny won't
speak in class.*

According to the Diagnostic and Statistical Manual of Mental Disorders fourth edition
(American Psychiatric Association, 2000), Jenny may be selectively mute (SM). SM is defined
as "the consistent failure to speak in specific social situations" (p.127) despite the same
individual being able to speak in other situations. In addition, children like Jenny may speak in
one context but not in another and this often interferes with social communication and/or
educational achievement. Indeed, the literature has documented several cases like Jenny, with
some indication that SM may have a higher prevalence rate than autism (Selective Mutism
Group, 2010).

With an onset age that coincides with school entry (2.7 years to 4.1 years) (Garcia,
Freeman, Francis, Miller, & Leonard, 2004), SM also occurs predominately inside the school.
Therefore, educators can play a pivotal role in assisting these children to overcome their "fear of
being seen or heard speaking" (McHolm, Cunningham, & Vanier, 2005) and to gradually find
their own voices within an inclusive classroom. Since the principal symptoms of SM can be
surmounted with early diagnosis and intervention (Schwartz, Freedy, & Sheridan, 2006; Stone
Pionek & Kratochwill, 2002), front line teachers hold crucial positions to help identify children
like Jenny, enlist professional supports, and ensure the classroom environment and pedagogical
approaches meet the needs of all children with SM. (The terms educator and teacher are utilized
interchangeably throughout the article, and refer to individuals engaged in supporting the care
and learning needs of children from birth to 8 years of age).

Regrettably there seems to be a lack of knowledge of SM not only among parents and
educators, but also among health care professionals who often misdiagnose SM as shy behaviour
that will eventually be out-grown (Schwartz et al., 2006; Standart & Le Couteur, 2003). Children
with SM have been inadequately described as wilful, stubborn, unsociable, or extremely shy.
These common misconceptions may lead to the often inappropriate ways adults react to children
with SM (e.g., coercion, bribery, etc.), responses that can inadvertently contribute to greater
entrenchment of the mute behaviour (Omdal, 2007).

Selective mutism is a complex anxiety-related heterogeneous co-morbid disorder that
presents alongside other childhood conditions (Sharp, Sherman, & Gross, 2006). In addition,
because SM is often resistant to treatment, intervention can be a daunting task that requires years
of patient dedication and persistence. Additionally, much of the research literature on SM results
from psychotherapy interventions and a clinical orientation, with little focus on the contexts of
home and school (Omdal, 2007). A review of the literature related to SM and its treatment is

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[1] Jenny is a fictitious child and represents a composite of the many young children we have met
or educator 'stories' we have heard regarding their experiences with SM in their daily lives.

beyond the scope of this article [see Sharp, Sherman, & Gross (2006) and Stone Pionek, B., & Kratochwill, T. R. (2002) for a synthesis of the disorder]. Rather, here we were concerned with the dearth of information that exists to guide teachers in their day-to-day interactions with a child with SM. Yet, the early age of onset and the likelihood of SM occurring within the school context reaffirms the need for frontline educators to be equipped with both sufficient knowledge and guidelines to follow (Sloan, 2007). And given the current lack of readily available resources and practice-based strategies for educators, a professional development workshop may be an appropriate and viable *first step* to help address this void.

Professional Development

Professional development in teaching can be situated within a life-long learning orientation. Shulman (1986) upholds that life-long learning develops through an interconnected process of development in teachers' knowledge of content, pedagogy, and curriculum, and while standards are important he argues against 'standardization' of teacher educational opportunities (Schulman, 1987). Perhaps, professional development is better construed of as an interconnected, ongoing, circular process that is impacted by one's beliefs, experiences, choice of professional development (PD) and efficacy of that PD (Morewood, Ankrum, & Bean, 2010). And given the complexity of selective mutism (SM), it's impact on the learning environment, and the challenges inherent in addressing the needs of children with SM in the classroom, perhaps targeted professional development is an essential first step.

Professional development includes a range of both informal and formal opportunities and interactions that increase teachers' knowledge and positively impact both their professional practice and personal growth (Cohen, McLaughlin, & Talbert, 1993). Professional development appears to encompass a multitude of opportunities and experiences along a wide-ranging continuum, from the more traditional workshop and new curriculum resource (Desimone, 2011) to the multi-component model of situated PD (for a fuller explanation of the situated model, see Borko, 2004; Singer, Lotter, Feller, & Gates, 2011).

However, little empirical evidence exists in the literature on the effective and essential aspects of PD (Desimone, 2011), and much of the research that is conducted is situated within the standards-based educational reform movement of the United States (Little, 1993). Nonetheless, there is growing consensus among scholars and a general trend towards a 'best practices' orientation to professional development (Garet, Porter, Desimone, Birman, & Kwang Suk, 2001; Guskey, 2003). The litrature shows a recognition that there is a need for professional development opportunities that include "intensive, sustained, job-embedded PD focused on the content of the subject that teachers teach" (Wayne, Kwang Suk, Pei, Cronen, & Garet, 2008, p. 470) while also incorporating elements of active learning and collaborative participation of teachers (Garet et al., 2001).

Irrespective of the methodological challenges inherent in measuring the effectiveness of professional development (Wayne et al., 2008), intuitively we can assume professional development is effective when it positively impacts teaching praxis and children's learning and development. Yet, understanding *what* and *how* teachers learn from professional development and the impact on teachers' practice and student outcomes is only at the infancy stage and researchers have a real role to play in informing future professional learning directions (Borko, 2004; Desimone, Porter, Garet, Kwang Suk, & Birman, 2002; Garet et al., 2001). And although the authors of this paper also concur with "nearly everyone [who] decries the 'one shot' workshop and affirms that PD should be 'sustained' and 'intensive'" (Wayne et al., 2008, p.

470), we also contend that a workshop on SM is a beginning and much needed step in addressing teachers' understanding, awareness, and beliefs related to considerate approaches in addressing the needs of these children in the classroom. Here, the goal was not one of large-scale educational reform, rather we sought a means of professional development that "engaged teachers in the pursuit of genuine questions, problems, and curiosities" which would contribute "over time, in ways that would leave a mark on perspectives, policy, and practice" (Little, 1993, p. 133).

Many scholars contend that good teaching is incumbent upon the teacher-student connection, where the intuitive teacher displays passion and care for their students (Hargreaves, 1998). And as Van Manen emphasized, the tactful teacher has "the sensitive ability to interpret inner thoughts, understandings, feeling and desires of children from indirect clues such as gestures, demeanour, expression and body language" (1995, p. 44). This tactfulness can be a daunting task for the teacher of a child with SM who often prefers to go 'undetected' in the classroom environment. And given the dearth of educational resources and information available for teachers to address the needs of children with SM, a workshop may be an initial first step in fostering teachers' knowledge and pedagogical approaches specific to supporting children with SM.

Description of the Workshop

A workshop is considered a traditional and structured approach to professional development, generally occurring outside the context of the classroom and delivered by individuals with expertise on the subject area (Loucks-Horsely, Hewson, Love, & Stiles, 1998). And despite the criticism of the contribution of workshops in impacting teachers' knowledge and pedagogy (Loucks-Horsely et al., 1998), we contend that a well thought-out workshop that adheres to the core features recommended by Garet and his colleagues (Garet et al., 2001) is an initial and vital first step in addressing the broad knowledge gaps that exist in relation to SM.

Garet and his colleagues (2001) provided an informing illustration to explain the relationship of features of professional development to teacher outcomes. Here, change in teaching practice and enhanced teacher knowledge (i.e., outcomes) were attributed to the interplay and delivery of both the structural features of the PD (i.e., number of contact hours, time span, and collaboration amongst teachers) and the core features (i.e., focus on content knowledge, active learning, and coherence). Given, that this workshop was limited in terms of contact hours and time span and was conducted for a broad spectrum of individuals and professionals interested in SM, we focused on: (1) content knowledge specifically related to SM, (2) modelled active learning through the promotion of a play-based pedagogy, and (3) fostered coherence by connecting to the professional goals of the individuals participating.

Content Knowledge

The content knowledge of the professional development workshop centered on highlighting the specifics of defining and identifying SM, as well as the sharing details on the specific effects of SM on the developing child. Much of the content knowledge relied on the leading research and expertise in the psycho-educational literature (American Psychiatric Association, 2000; Johnson & Witgens, 2001; Schwartz et al., 2006; Shipon-Blum, 2003). Thus, participants were provided with the APA definition of SM (American Psychiatric Association, 2000), the prevalence rate and onset age, information on the common misconceptions of SM (e.g., wilful defiance, shyness, stubbornness), as well as the negative impacts on educational and

social functioning (Albert-Stewart, 1986; Cliffe, 1991; Kehle, Owen, & Cressy, 1990; Porjes, 1992; Reed & Mees, 1963; Watson & Kramer, 1992). The importance of early identification and timely intervention were also stressed (McHolm et al., 2005). Two case studies were presented and the participants were asked to apply the 'content' knowledge in determining which child fit the profile of SM.

Participants were also informed of the role of the early childhood educator and the mechanics of how to identify, assist, and address children with SM. McHolm and her colleagues' hierarchy (ladder) model of understanding SM and the levels of anxiousness in speaking was also presented (2005). Here, the 10 levels in the hierarchy of speaking are categorized and described, as well as an explanation of the varied levels of anxiousness that can be experienced by an individual child, that is: very anxious, anxious, less anxious, or comfortable. Participants were provided case examples at each level to foster their understanding. For example, at stage level 7 where children are speaking to their peers, participants were informed that a child may be speaking to one peer, often on the playground but not necessarily to the teacher. The child may also be somewhat anxious when doing so and although he or she is speaking without their mouth covered, the child first checks his or her surroundings to make sure it is 'safe' to do so (i.e., will not be seen speaking by anyone other than the friend).

The remainder of the workshop focused on teaching strategies, including a practical 'Do and Don't' list of how to foster teacher-student interaction (Bork, 2010) and the multiple means of fostering communication through play, art, music, drama, and technology (Harwood & Bork, in press). Practical information such as the use social stories (based on the work of Hanley-Hochdorfer, Bray, Kehle, & Elinoff, 2010, with autistic student populations), seating arrangements, physical layout of a classroom, and the use of visual cueing systems were also emphasized (Johnson & Witgens, 2001).

Active Learning and Play-Based Pedagogy

Based on a social constructivist PD framework (Khourey-Bowers & Fenk, 2009), the workshop utilized interactive and collaborative activities throughout to engage participants in meaningful discussions and understandings related to the experience of teaching children with SM within an inclusive classroom. Creating dialogic space where knowledge is interpreted within a community of learners is the basis of social constructivist thought (Rinaldi, 2005). Thus, participants were engaged through utilizing alternative means to communicate amongst themselves (e.g., using body language), and deconstructing and reconstructing common teaching practices (e.g., calendar circle time conducted in the morning in many kindergarten classrooms) so that 'talking' was downplayed. These conceptual change strategies were deconstructed and discussed during the workshop. And although an additional step in a constructivist PD framework would be to require the participants to apply the conceptual change strategies in their own classrooms (Khourey-Bowers & Fenk, 2009), this was not feasible given the mix of participants attending (i.e., participants ranged from parents and teachers to speech and language pathologists) and the constraints of the research project. However, all the strategies that were conceptualized and recorded (in writing during the session) were collated by the researcher and the generative list of teaching approaches were emailed to the participants one week following the workshop session and after they had returned to their respective workplaces.

Professional Coherence

Professional coherence is a core feature of successful professional development initiatives. Garet and his colleagues (2001) assessed coherence as "the extent to which it [PD] builds on what teachers have already learned; emphasizes content and pedagogy aligned with national, state and local standards, frameworks, and assessments; and supports teachers in developing sustained, ongoing professional communication with other teachers who are trying to change their teaching in similar ways" (p. 927). Thus, fostering professional coherence was beyond the scope of this project. However, participants gained knowledge in the significance and importance of developing a management team-based approach to address SM within a school or childcare/school-wide framework (Johnson & Witgens, 2001). In addition, the networking afforded by the PD workshop itself helped bridge the often present childcare/school divide that exists within this community of professionals and the sharing of contact information did ensue. However, a much more formalized approach to facilitate a sustained network of information sharing and professional communication (directly related to SM) is greatly needed.

Methodology

This paper reports on a small-scale exploratory study of individuals' understanding of SM and the potential efficacy of targeted professional development on increased knowledge and skills in addressing the needs of children with SM within a classroom/learning context. After obtaining clearance from the authors' university research ethics board (and the sponsoring agency, an educational support and resource centre for educators), an invitation to participate in the workshop and/or study was advertised through an electronic and print-based professional development catalogue (a catalogue of upcoming PD opportunities is distributed to members of a local early childhood educational support and resource centre four times annually). The delivery format of the PD workshop was somewhat constrained by the physical room capacity (the room was regulated to accommodate 30 individuals) and the two-hour PD workshop blocks typical of the sponsoring agency. However, given the exploratory nature of the research and our aim of fostering an understanding of current levels of knowledge related to SM and the efficacy of the PD workshop in enhancing that knowledge, the small number of participants would provide great insights and the 'educator voice' that currently is absent in the research literature. These findings and insights would also help inform the direction of a future larger scale study.

Twenty-five individuals registered for the workshop, however only 22 persons actually attended. Approximately 75% of the attendees opted to partake in both semi-structured questionnaires (although parents of children with SM were in attendance at the PD workshop, all individuals who opted to complete the questionnaires were teachers, home child-care providers, administrators of educational programs, or speech and language pathologists). The questionnaires followed a pre-post design centred around the delivery of a 2-hour PD workshop on SM.

At the outset of the 2-hour session, participants were invited to complete a pre-workshop questionnaire that examined their existing levels of knowledge and familiarity with SM. In addition, the questionnaire gathered descriptive data related to individual's specific roles within an educational setting, years of professional experience, and historical knowledge related to children they suspected had SM in their programs/classrooms.

The post-workshop questionnaire was designed to examine increases in educators' knowledge and familiarity with SM as well as their beliefs on the efficacy of the targeted

classroom-based strategies to support children with SM. The questionnaire also gathered more specific and descriptive data on their experiences with children with SM (i.e., specific ages of those children, and gender). In addition, as the researchers were specifically interested in the practical applicability of professional development workshops, one question explicitly addressed the transference of knowledge to praxis (i.e., How could you generalize the knowledge/strategies discussed in relation to Selective Mutism to supporting children with other special needs?). The responses were tallied and the descriptive data was analyzed both deductively and inductively to reveal common themes amongst the participants. The descriptive analysis would provide summaries of the participants' understanding of SM and help inform the direction of a future larger scale study.

The researchers anticipated that the participants' self-described levels of knowledge of SM would increase after the workshop. Additionally, we also expected to find a correlation between the levels of experience and familiarity with SM, as well as an association between workshop attendance/participation and the level of confidence that educators have in addressing the needs of children with SM.

Participants and Setting

Among the 22 workshop attendees, 15 participants opted to complete the pre-workshop questionnaire and 13 individuals completed the post-workshop questionnaire. Resulting from the anonymous and confidential nature in which the questionnaires were administered, it is not evident if the same individuals completed both the pre-and-post forms. The workshop was held in a local early childhood educational support and resource centre in Eastern Canada. This non-profit organization regularly provides professional development opportunities as well as resources (e.g., learning kits, curriculum manuals, and professional development resources) for early years' educators (i.e., teachers, early childhood educators, administrators, home child care providers, resources teachers, and other early learning professionals) parents, and the general community. The professional development workshops are offered throughout the year and vary in scope. Some workshops are more practical in orientation, such as 'building a flower pot garden with children,' while others are more specialized sessions, such as 'administering the Nippising District Developmental Screen.' A small fee is associated with most professional development opportunities offered at the centre and individuals interested in any session self-register. Available sessions are advertised in advance through a regular distribution process of both print and electronic mediums.

Attendees of the workshop on SM were made aware of the research component of the session prior to registering (through the advertisement material) as well as at the outset of the 2-hour gathering. The researchers were first introduced to the attendees by a member of the staff of the centre. The researchers then excused themselves from the room and the same staff person read a facilitator's script which provided detailed information on the research, process, and the informed consent information. The same staff person both administrated and collected the pre-and post-workshop questionnaires, sealing them in an envelope and delivering them to the researchers after the workshop session had ended and participants had departed.

All attendees of the workshop on SM were female with the exception of one father of a child with SM. Among the 15 participants who responded to the pre-workshop questionnaire, of those responding eight were teachers/early childhood educators (ECE), one was a resource teacher (i.e., a teacher who provides additional supports and educational services for children with special needs), two were administrators or support staff of ECE programs, two were home

day care providers, and two self-identified as "other" (indicating a speech language pathologist and an educational assistant within a local public school). The number of years of experience in working with young children ranged from 2 to 31 years (Mean= 15 years of experience).

Participants' Workshop Expectations

In order to measure the impact of targeted SM professional training on educators' awareness and confidence in identifying and addressing the needs of children with SM within the early years' program, the final question in the pre-workshop questionnaire asked what participants expected to learn/gain from the workshop. Of the 22 participants, 15 individuals provided comments in relation to this question. These 15 responses were analyzed inductively and four main themes were identified. In decreasing frequency of what was cited by the participants, the following four main themes were identified:

1. A desire from the teachers to find means of helping, supporting, or assisting in meeting needs of a child with SM (N=10; 31%).
2. An aspiration for gaining familiarity and knowledge of SM (N=9; 28%). This ranged from basic information about SM, additional knowledge of SM, and methods and coping strategies for SM.
3. Teachers expressed a need for knowledge related to the ability to identify and recognize SM in order to make referrals and provide "early" identification support (N=6; 19%).
4. Teachers also expressed a desire for specific information on how to integrate and include children with SM and their peers within the school/classroom environment (N=5; 16%).

Two additional themes that were noted were "how to talk to parents about observations of SM" and how "to be able to share" knowledge of SM with colleagues. However, these were noted infrequently and accounted for only 6% of the respondents' replies.

In addition, given that the majority of participants (60%) were veteran educators with over a decade of experience working directly with young children, perhaps professional development opportunities for experienced educators need to be differentiated from what is offered novice educators. Specifically, three of the educators had 15 years of experience, four indicated they had over 20 years of experience, and two teachers had over 30 years of experience working with young children. This finding suggests that: 1) experienced educators are still interested in further professional development; 2) the desire for knowledge appears to be closely related to preparing classrooms that meet the needs of all children. Although the majority of participants indicated that they lacked specific knowledge of SM, many articulated the importance of *identification* and *referral*. For instance, in the pre-workshop questionnaire question 6, "What do you expect to learn/gain from this workshop?" several comments indicated a strong desire for increased knowledge:

- *How to recognize SM and how to help the child.*
- *How to recognize potential children [with SM] in toddler group.*
- *How to talk to parents about observations, how to refer, who to refer to.*
- *How to identify and assist the child.*
                                          ~Participant Transcripts

Aligned with previous researchers (Bergman, Piacentini, & McCracken, 2002; Schwartz et al., 2006; Stone Pionek & Kratochwill, 2002) who noted the significance of early identification of SM as a key determinant for treatment success, educators also appear well informed of the significance of timely detection, as one participant noted that she expected to learn the "skills to meet the needs of these children and self reflection to prevent or 'early identify' risk." Perhaps, the significance of early identification identified by this group of educators is directly related to their many years of experience working with young children. However, the finding suggests that more research is needed to explore the teachers' rationale and general knowledge of the principles of inclusive education.

Participants' Pre-Workshop Knowledge of Selective Mutism

Similar to the research findings of Sloan (2007) and Schwartz et al. (2006), many of the participants (53%) in this study reported that they have little or no knowledge of SM. Another five participants (33%) indicated that they are "somewhat familiar" with SM, and none reported that they considered themselves as having expert knowledge. In addition, participants were asked to identify on a scale of 1 to 5 (1 being 'not well at all' to 5 being 'very well') how well-prepared they felt to support the needs of children with SM. Overall, the majority of participants (73%) reported that they were not well-prepared to meet the needs of children with SM (recording either a 1 or 2 on the scale). Again, this finding correlates with prior research studies that found similar results of teachers reporting a general sense of unpreparedness to assist children with SM (Omdal, 2008; Sloan, 2007). Interestingly, the number of years of experience working with young children and the levels of preparedness in addressing the needs of children with SM are not necessarily correlated. While unfamiliarity with SM was clearly demonstrated, 73% of the participants indicated that they knew of and/or suspected a child(ren) who may be selectively mute. Yet, despite participants' intuitive sense that children may be selectively mute, clearly even veteran teachers feel ill-prepared to address their specific needs in the classroom context.

Participants' Post-Workshop Knowledge of Selective Mutism

Thirteen individuals participated in the post-workshop questionnaire, unanimously indicating that the workshop enhanced their knowledge/familiarity of SM. However, given that 9 of the attendees did not take part in the post-workshop questionnaire, our findings only hint at the efficacy of targeted professional development. More research is clearly needed to establish the effectiveness of professional development and the transference of knowledge to practice within the classroom. However, clearly these participants benefited in both increased knowledge levels and a sense of competence in addressing the needs of children with SM as marked differences occurred in the pre-and-post measures (see Figure 1 and 2).
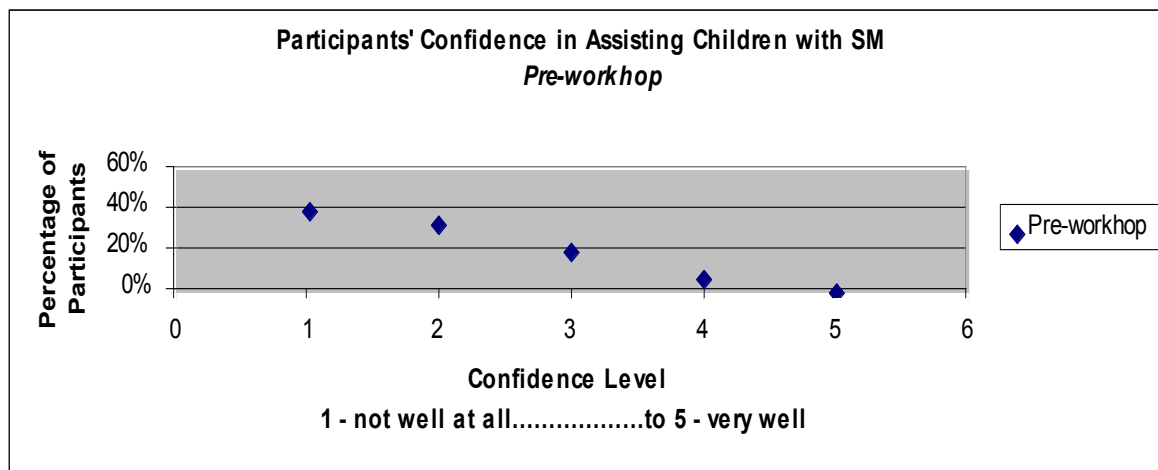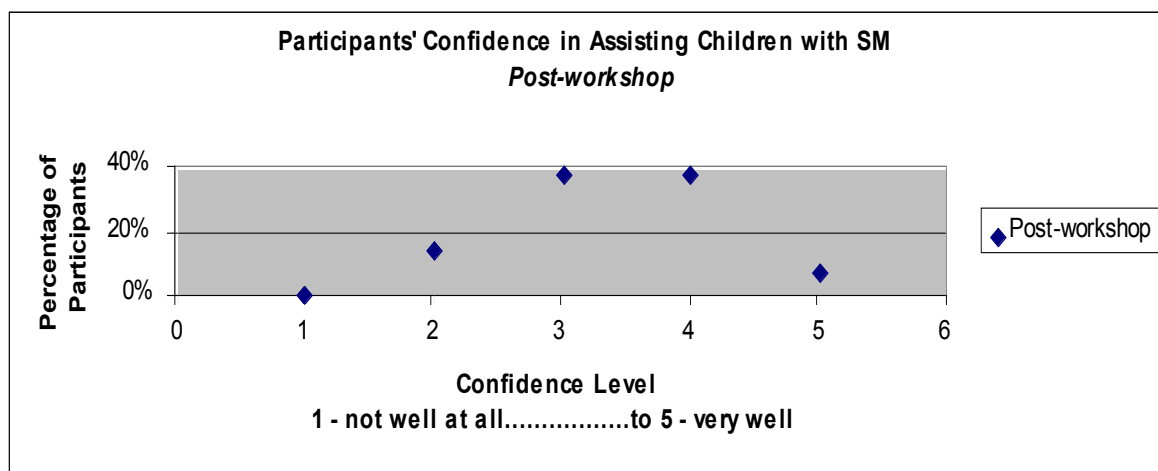
Figure 1.

Participants' Pre-workshop Confidence in Assisting Children with Selective Mutism

Participants' Confidence in Assisting Children with SM
Pre-workhop

Figure 2.

Participants' Post-workshop Confidence in Assisting Children with Selective Mutism

Participants' Confidence in Assisting Children with SM
Post-workshop

In the post-workshop questionnaire, participants were again asked how well prepared they felt to support the needs of children with SM. Only 15% of the participants indicated they were not well-prepared. Figure 2 demonstrates the post-workshop levels of confidence in assisting children with SM, and clearly shows an increase in participants' confidence levels.

It is important to note that one of the two participants who stated s/he was still not well-prepared was a parent of a child with SM. Given that the workshop was designed for personnel working directly with younger children within the school context, it was not surprising that the parent still felt unprepared. SM intervention is a complex and daunting task that often requires a dedicated case management team to be formed (Johnson & Witgens, 2001). However, this finding hints at the need for future workshops to include addressing SM within the family context.

Prevalence of Selective Mutism

After the workshop participants were asked to estimate the number of children who would fit the description provided in the workshop of SM (SM was defined using the criteria from the Diagnostic and Statistical Manual of Mental Disorders, fourth edition). Surprisingly, all 13 participants indicated that they knew one or more children with SM. In fact, a total of 48 children were tallied. Although this finding is inconclusive as it relies on educator knowledge and not psychological diagnosis, perhaps as Toppelberg, Tabors, Coggins, Lum, and Burger (2005) indicate SM may not be as rare as previously thought.

Interestingly, the number of years' experience working with young children did not translate to a higher number of children with SM being encountered. For instance, two children with SM were recorded by one participant with 31 years of experience, yet there were participants who recorded three children in three years, five children in five years, and eight children in 15 years. However, little was known of the context of the individual participants' classrooms (i.e. region, population served, composition of gender in classrooms, etc.). Again, future research will need to adhere to multiple dimensions including years of experience, teacher knowledge, and context of the classroom environment.

Aligned with previous research (e.g., Kristensen, 2000), there were more girls (N=33, 69%) than boys (N=15, 31%) with SM among the 48 children identified by these educators. In addition, the majority of these children (N=43; 90%) were between the age of 2.5-5 years. This finding is not surprising; not only it is in line with SM onset age noted in the literature (e.g., Garcia et al., 2004), but most of the participants were engaged with children in this pre-school age range.

What Did Participants Gain from the Workshop?

Workshop participants were presented with a holistic approach to coping and addressing SM within the school environment. Various desensitization strategies, inclusion techniques that incorporate fun and non-verbal activities, accommodation with assistive and augmentative communicative systems, as well as team-based approaches for SM were demonstrated. In order to explore which strategies, among the vast amount of information presented, had made a lasting impression on the participants, we asked the participants to list which of the highlighted strategies would be most helpful in their current or future practices and why. While many noted simple strategies such as *using less eye contact*, *audio equipment*, *pictures*, *photos*, *private spaces*, *respect their …fear*, *using puppets*, and *asking the parents to participate*, others described more complex strategies that potentially indicate a deeper level of understanding. Of the more complex strategies the following were noted: *tracking/documenting for doctor to assess*, *knowing how to desensitize [children with SM] into social situations (non-verbal/verbal)*, and *observing and noting the location, people and activities that affect their SM behaviour because each child is an individual and each must be uniquely challenged*.

An important aspect of professional development is the transference of knowledge to practice (Barwick et al., 2005; Garet et al., 2001). Thus, as researchers we were interested if the participants could generalize the knowledge/strategies discussed in relation to SM to support children with other special needs. Fifty-six percent of the participants clearly indicated that the strategies were "inclusive" and "creative," and could be useful for "all children" including children with "autism." Thus, it would appear that at a conceptual level, experienced educators are capable of extrapolating content knowledge from a PD workshop and applying this to their practice. However, measures in changes in practices would require observational research within

a real-world context to definitively state if implementation of the concepts had occurred within teaching practices. And clearly, the impact of any PD is measured by "teacher learning, teacher change, and ultimately, student learning" (Garet et al., 2001, p. 937).

Discussion and Educational Implications

Perhaps relevant to the discussion, this particular workshop was conducted twice in the same region within a six-month period. The second workshop was delivered at the request of the sponsoring agency as a long waiting list was ensued from the delivery of the first session. Perhaps, the high levels of interest indicate the public's growing awareness of SM, or alternatively there may be greater numbers of children suffering from SM than previously reported (Bergman et al., 2002; Sharp, Sherman, & Gross, 2006). Given that every participant suspected that they currently have or have had children with SM, more current and thorough studies of SM's prevalence are greatly needed.

This small-scale research study was exploratory in nature, and many research questions remain unanswered. Questions related to the overall impact of professional development on the transference of knowledge on practice, the influence of contextual variables and specific pedagogical strategies on children with SM, and the particular structural aspects and core elements of professional development that directly impact teaching and learning outcomes all require further systematic exploration. Future studies should consider the inclusion of an observational component, focus groups, and/or teachers' narratives to examine the efficacy of PD on classroom practice and approaches in addressing children with SM. However, despite the limitations of the small sample size of this study, five important insights have been garnered, namely: 1) experienced educators appear to continually seek professional development experiences that will impact and positively enhance their practice; 2) educators value the strategies presented by the workshop, and demonstrate a general understanding of how to generalize those strategies for all children; and 3) regardless of an educator's years of experience working with children with special needs, a general lack of familiarity exists in relation to the specifics of SM.

While it is imperative to intervene with SM early to prevent the mutism behaviour from becoming entrenched over time, primary health care physicians are unfamiliar with this disorder and thus rarely diagnose or refer children with SM in a timely manner (Schwartz et al., 2006). Given the early onset of SM (Cunningham, McHolm, Boyle, & Patel, 2004), informed early childhood educators can help identify these children and provide timely intervention (McHolm et al., 2005).

Through this research, we were able to demonstrate that despite the number of years of experience working with young children and children with special needs, these educators were relatively unfamiliar with SM. Moreover, the educators expressed a general lack of confidence in addressing the needs of students with SM, and acknowledged that the targeted professional development workshop was one viable avenue and means of providing initial support. Here, the research indicates that experienced educators continue to express an interest in learning and professional development opportunities throughout a career span. As well, experienced educators demonstrate the capability of drawing on the content knowledge presented in a professional development workshop (e.g., SM coping, accommodating, and intervening strategies) and apply this knowledge toward the goal of inclusive classrooms for all (Ontario Ministry of Education, 2009). As such, a professional development workshop on SM appears to be an effective first step to enhance educators' knowledge and confidence in supporting children with SM. And while the

authors acknowledge that the small number of participants limits the generalizability of this research, perhaps the findings can contribute to future offerings of more situated professional development models (Singer et al., 2011) to address the contextual variability inherent in classrooms, teaching practice, and children with SM. Like Borko (2004), the professional development workshop on SM can be conceived of as phase 1. The future goal will be to find multiple PD models that strive to *meet educators where they are*. It appears that presently, the participating educators were at the beginning point of seeking knowledge, information, and pedagogical input on meeting the needs of children with selective mutism, and clearly more professional development research-focused initiatives are greatly needed before the scarcity in literature on SM can be surmounted.

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