



# Selective mutism in immigrant and multilingual children: a descriptive literature review

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**Selective Mutism in Immigrant and Multilingual Children**

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The purpose of this thesis was to find out what kind of researched knowledge there has been published about selective mutism (SM) in immigrant, multilingual or bilingual children. With this, we wanted offer early childhood education and care personnel information about this topic and how they could support the social development and special needs of these children.

We wanted to create an information package to those early childhood educators, who work or suspect of working with children with an immigrant or multilingual background experiencing selective mutism. With our work, we wanted to spread awareness and increase knowledge about selective mutism in immigrant children and aim to help early childhood educators to identify this disorder. Selective mutism is usually noticed in early childhood education, which highlights the importance of early childhood educators being able to understand the difference between selective mutism and speech disorders, and the typical trajectory of multilingual child's language development.

With our research, our mission was to gain knowledge on the cause mechanism of selective mutism in immigrant children, and to learn why selective mutism is more common among immigrant/multilingual children compared to children of the main population. We wanted to learn how these children could be supported and how selective mutism could be prevented in ECEC environment. The theoretical framework in this thesis consists of the key concepts of the phenomena, the early childhood education system in Finland, special support in early childhood education according to The National core curriculum for ECEC 2022, language development in early childhood, and the special features of language development of a multilingual child. We also offer theory on how immigrant child's language development can be supported in ECEC.

The research method in this thesis was a descriptive literature review. The aim was to answer the following research questions: what kind of research has been made about selective mutism in immigrant or multilingual children and what are the risk factors that dispose this child group to SM. The collected data was analyzed using qualitative content analysis.

The main findings consist of ways to assess and treat SM in immigrant/multilingual children and recommendations to personnel working with them, and knowledge on the special characteristics that can dispose immigrant/multilingual children to SM.

This literature review is suitable for anyone working in the field of early childhood or to anyone interested of selective mutism in immigrant children.

Keywords: Mutism, Immigration, Multilingualism, Early Childhood Education

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## 1 Introduction

Selective mutism (SM) as a concept is not very well known in the Finnish early childhood education and care (ECEC) field, even though it is estimated that up to 2 per cent of children experience selective mutism (Mielenterveystalo). Some theses have been made about selective mutism among Finnish speaking children, but we did not find any focusing on children who do not speak Finnish as a first language, or with an immigrant background. According to Mielenterveystalo, the prevalence of selective mutism is four times higher in immigrant families than in the native population. It is also estimated, that by the year 2030, every fourth resident in Helsinki region will speak other than Finnish as a first language (Kielikello, 2019). That is why we think that it is important to research this topic, since the number of children, who speak other than Finnish as a first language, will increase over the years to come. Our purpose is to study what kind of research results or scientific articles there have been made of the topic. With this, our mission is to provide useful information and guidelines to support the work of early childhood educators working with selectively mute children with immigrant or multilingual background.

The topic of our thesis came from our own interest. Mutism is a topical issue and there are different perspectives on the causes of mutism, one of them being the developmental perspective. Although there is much public discussion about the impact of both the developmental perspective and the mental health perspective, such as anxiety disorder, on mutism, there is no so-called precise medical definition, and the causes of mutism are not fully known.

Our thesis is a descriptive literature review with the aim of finding out what kind of material or researched knowledge there is available for early childhood educators working with selectively mute children with an immigrant background. We chose a descriptive literature review because we wanted to gather and summarize reliable research on mutism in children with an immigrant background. In our thesis and research, we will focus on early childhood education-aged children, which means children between 0-6 years old.

## 2 Theoretical Framework

In the theoretical framework section, we will explain all the key concepts related to our research question:

- **Selective mutism**

Selective mutism is a disorder that usually starts in childhood. Usually, it is classified as an anxiety disorder. A child experiencing selective mutism is unable to speak and communicate in social situations, such as in kindergarten or school. The child is usually able to communicate in situations and in company where they feel safe. (Shipon-Blum, E. No date.)

- **Language development**

Language development is a process of human development involving hearing and an individual's oral ability to communicate (Rudd & Kelley, 2011). Speech and language skills begin to develop during pregnancy. Language development is most rapid from infancy to five years of age and most children say their first words around the age of one. The development of language also influences a child's later development in many ways, and a lack of linguistic ability can hinder social interaction and learning new things, for example. (Asikainen & Hannus, 2013.)

- **Early childhood education**

Early childhood education and care (ECEC) is a goal-oriented and planned system of education, care, and teaching. Early childhood education and care places particular emphasis on pedagogy and is aimed at children between ages 0 to 6. Its tasks include supporting children's growth, promoting equality between children and supporting their caretakers. The objectives of the Act on Early Childhood Education and Care (540/2018) and the National core curriculum for Early Childhood Education and Care guide all forms of ECEC. (The Finnish National Agency for Education.)

Since we focus on early childhood aged children in our research, we will highlight the Finnish early childhood education system: what kinds of aspects high quality early childhood education consists of and what kind of factors every child is entitled to. We will define language development in general and examine on how immigrant or multilingual background effects on it, and how ECEC personnel could support the language development of immigrant or language-minority child in best way possible. Selective mutism tends to be categorized as an anxiety disorder and can often mistakenly be confused with speech disorders, which is why we will introduce these several concepts, so that the reader will gain understanding of the difference between these topics.

## 2.1 Early Childhood Education

The term early childhood education and care (ECEC) means child's upbringing, education, instruction, and care with purposeful approach and pedagogy being strongly present behind all the planning and implementation of ECEC (The Act on Early Childhood Education and Care, 540/2018). ECEC consists of systematic activity, which aims to support children's growth, development, learning and well-being. This is achieved by regular development, evaluation and renewal of the conventions and operating environments of ECEC. In Finland, all children are entitled to early childhood education before starting compulsory education. (The Finnish National Agency for Education.)

The principles of the Finnish ECEC lean strongly on The Act on Early Childhood Education and Care (540/2018) and the National core curriculum for ECEC (2022) (The Finnish National Agency for Education). Each ECEC provider compiles their own local curriculum based on the National core curriculum. When forming the local curriculums, all distinctive local special features, such as children's needs and pedagogical emphases, are being considered. To sum up, the local curriculum is ought to support and guide the local organization of ECEC in each municipality. (Peda.net. No date.)

In 1991, Finland ratified the Convention on the Rights of the Child, which is a treaty made by the United Nations in 1989. The ratification modified the Finnish ECEC legislation towards the form it exists nowadays. The international treaty highlights children's right to protection, participation in matters that concern them and provision of resources of the society to support the child's development and wellbeing. According to the Convention, a child should not encounter any kind of discrimination and all decisions regarding the child must be made according to the best interest of the child. The Convention also emphasizes the importance of the child's opinion and how adults should always hear the child before making any decision concerning the child. (Turja & Vuorisalo, 2017.)

The current Act on Early Childhood Education and Care entered into force in 2018. The Act defines guidelines of the arrangement and organization of ECEC in every municipality, joint municipal authority, and independent service provider. (The Ministry of Education and Culture.) Last year in 2021, the Finnish Parliament decided to make additions to the Act on Early Childhood Education and Care. These amendments mostly concerned a child's right to special support and how these support actions should be implemented in ECEC. (Finlex.fi.)

The National core curriculum for ECEC (2022) is a national norm and it guides the ECEC alongside the Act on Early Childhood Education and Care. The Finnish National Agency for Education is responsible of the National core curriculum and it just recently this year, in March 2022, published and put into force a renewed version of the core curriculum. The recent version has been updated in accordance with the changes in society and in the ECEC

field, recent research information and legislative changes. (The Finnish National Agency for Education.)

### 2.1.1 Objectives and Organizational Responsibilities

Each municipality is responsible for organizing ECEC to the extent of the local needs. ECEC can be arranged either in daycare centers, as family daycare or as open early childhood education activity, which is aimed at children who are in home care and are in need of part-time ECEC activity. Families can choose whether to use municipal or private sector ECEC services, both of which comply with the same obligations and procedures. In addition to the Act on Early Childhood Education and the National core curriculum (2022), the Constitution of Finland sets certain obligations for organization of ECEC. Especially equality among all children is an essential objective of ECEC. As mentioned in the Constitution, ECEC should be arranged in a way that no one shall be placed in a different position without an acceptable reason based on gender, age, origin, language, religion, belief, opinion, state of health, disability or any other reason related to the person. Other legislation, such as the Non-Discrimination Act, and some international treaties, such as the Convention on the Rights of the Child by UN, guides the organizational principles of ECEC as well. (The National core curriculum, 2022.)

The Act on Early Childhood Education and Care (540/2018) defines accurately the objectives of ECEC and how ECEC in Finland should be arranged in each daycare unit. These objectives are showcased in Table 1. In the National core curriculum (2022), these aims, and objectives are explained in more detail. The National core curriculum (2022) sets guidelines for the organization, implementation, and improvement of ECEC. Through these, its mission is to further equality and quality in ECEC and prevent discrimination. (Finnish National Agency for Education).

1) Promote the holistic growth, development, health, and wellbeing of every child according to the child's age and development
2) Support the conditions for the child's learning and promote lifelong learning and the implementation of equality in education
3) Conduct versatile pedagogical activities based on the child's play, physical activity, arts, and cultural heritage, and enable positive learning experiences
4) Ascertain that the child's early childhood education and care environment fosters development and learning and is healthy and safe



5) Safeguard an approach that respects children and ensure that the interpersonal relationships between the children and the early childhood education and care staff are as stable and longstanding as possible
6) Provide all children with equal opportunities for early childhood education and care, promote parity and gender equality, and help the children develop their capacity to understand and respect the general cultural heritage and each other's linguistic, cultural, religious, and ideological background
7) Recognize the child's need for individual support and provide the child with appropriate support in early childhood education and care, including support involving multi-professional cooperation where necessary
8) Develop the child's interpersonal and interaction skills, promote the child's ability to act in a peer group, and guide the child towards ethically responsible and sustainable action, respect of other people and membership of society
9) Ensure that the children can participate in and influence matters concerning them

Table 1 The aims of ECEC according to the Act on Early Childhood Education and Care (540/2018)

The National core curriculum (2022) describes ECEC as a societal service with various tasks. Co-operation with children's families is highly emphasized and the main mission of ECEC is to work together with the guardians to support the children's holistic growth, development, and learning. Children are taught to respect each other's cultural background and diversity. ECEC should also support each child's individual learning and ECEC should be organized in a way that each child's special needs are taken into consideration. These themes we will elaborate on in the forthcoming chapters of the theory part.

High-quality ECEC offers children opportunities to evolve and practice their various skills that are essential to learn at an early age. These skills are called transversal competences. As illustrated in Figure 1, transversal competences refer to important everyday skills, such as taking care of oneself and managing daily life, thinking, and learning, as participation and involvement. Cultural as well as digital competences reflect the world of today, and that is why they are essential skills to learn in today's increasingly global, international, and digitalizing society. Multiliteracy refers to the skills needed to interpret and produce different types of messages. Multiliteracy skills promote equality among children, and they are needed in all interaction as in societal participation. (The National core curriculum for ECEC, 2022.)



Figure 1 Transversal competences (The Finnish National Agency for Education)

Children's inclusion and participation in matters concerning them are highly emphasized in the objectives of ECEC. According to Turja & Vuorisalo (2017), participation does not mean being present in some pre-arranged activity, but instead interaction and reciprocity among people who take part in the activity. From an individual person's point of view, participation requires both listening to others and being heard by others. Participation is agency, which actualizes in social interactions. In ECEC, children should not just take part in an activity planned by the adults, but instead children should experience every part of the process, starting from the planning and weighting different options, to decision making and implementation, and finally to the evaluation of the process. This provides the child with an understanding of their own skills and proficiency. The active agency of the children should be supported in accordance with each child's age, development level and other individual features. Each child is entitled to have an equal opportunity to influence and being heard, and it is the early childhood educator's responsibility to find the suitable route for each child. Participation leans strongly on communication, both verbal and non-verbal. This highlights the importance of supporting the child's way of communication and the early childhood educator's ability to interpret the child messages in a right way. (Turja & Vuorisalo, 2017.)

### 2.1.2 Special Support

According to the National core curriculum for ECEC (2022), learning environments in ECEC should be formulated to support children's holistic growth, development, and wellbeing, but also in a way that the environment aims to prevent any kinds of learning difficulties through high-quality pedagogy. These preventative measures could be, for example, clear daily routines among each child group and different kinds of pedagogic arrangements in the facilities. The ECEC organizer is also responsible for acquiring necessary aid equipment that children need in their daily life at the kindergarten. In case of a child who has speaking difficulties, this could mean equipment to support communication. If a member of ECEC staff, a guardian or other professional detects that a child needs stronger supportive measures, each child is entitled to receive them according to the Act on Early Childhood Education and Care (540/2018). (The National core curriculum for ECEC, 2022.)

Most of the amendments made in the National core curriculum earlier this year concern a child's right to receive supportive measures to support each child's individual development, learning and wellbeing. Currently the support measures in ECEC are categorized into 3 levels: general, enhanced, and special support. A medical diagnosis is not required for the child to receive support, which means that support measures can and should be started right away after a need has been detected. General support is the lowest intensity measure and the first way to respond to a child's need for support. This form of support means pedagogical measures, which are implemented by the ECEC staff during the daily activities of the child group. General supportive actions can mean that educators use specific materials and equipment or utilize the consultation of a special needs teacher. With these measures, the aim is to affect the child's situation as early as possible. General support is meant for children whose support need is only temporary. (The National core curriculum for ECEC, 2022.)

In case general support is not enough and does not fully meet the child's needs, then the child is obligated to receive enhanced support. This means stronger and more individual support measures, where the expertise, services, and co-operation with other professionals, such as special needs teachers or therapists, play a bigger role. Special support actions come in question in case the child does not reach his full potential with the help of the previous support measures. In case special support is needed, it will lead to a deeper examination of the child's individual learning objectives, which may differ from the group's common ones. Personal aid equipment, regular services of a special needs teacher or small-group activity are actions by which special support can be implemented. Enhanced and special support shall be given as long as the child's situation requires it. (Turja, 2017.)

The new National core curriculum for ECEC (2022) highlights the importance of inclusivity in the implementation of support. Despite having special needs, each child is entitled to participate in as normal daycare as possible. This means that all support measures must be imbedded in the child's daily routines as a natural part of the child's usual daycare day. Educators must know how to implement support measures in such a way that they have the least possible impact on the child's social relationships and learning environment. In the implementation of support, it is particularly important that the activities are routine and repeated as often as possible during everyday life in the daycare. Inclusivity also means the fact that the child and their opinion should be heard during the planning and implementation process of the support. (Turja, 2017.)

## 2.2 Language Development in Early Childhood

Language and linguistic communication skills are an individual's way of expressing oneself (Nurmilaakso, 2011). Mother tongue is a crucial part of person's identity and a tool to interact, communicate, share experiences, and convey emotions. Strong mother tongue skills contribute to learning other languages as well as learning in general. (Ota Koppi: Kulttuurinen moninaisuus ja kielitietoisuus Helsingissä 2020, 5.) According to Kurki (2007), a small child learns their first language from parents. Second language acquisition refers to learning a new, different language, which is the official one in the country the family lives in. When an immigrant child, who uses other than Finnish at home, starts to learn Finnish in ECEC, it is called second language acquisition. (Kurki, 2007.)

Language is closely linked to a child's overall development, and it is an important part of all learning and adoption of information. According to Nurmilaakso (2011), the use of language means thinking, expression of emotions, social interaction, and expression of activity. Linguistic skills are also in connection with the development of other cognitive skills, such as intelligence, memory, detection, and speech. (Nurmilaakso, 2011.)

Before being able to speak, a baby expresses themselves by using non-verbal communication, such as facial expressions, gestures, actions and by sound making. The development of speech, language, and communication is linked with this early interaction of a child. Hence, the linguistic capability develops in accordance with the interaction between the child, and their growth environment and the development of the child's brain activity. (Nurmilaakso, 2011.)

Koivunen & Lehtinen (2016, 153) present the concept of linguistic awareness by Margit Tornéus, who has studied children's linguistic development. According to Tornéus, linguistic awareness can be divided into four categories: phonological, morphological, syntactic, and semantic-pragmatic awareness. Phonological awareness refers to a child becoming aware of sounds in language, while morphological aspect means the child's ability to perceive the role

of vocabulary and words. (Koivunen & Lehtinen 2011, 153.) The capability to form sentences and to understand grammar rules, order of words and correct pronunciation are aspects of syntactic awareness, which evolves in line with cognitive development (Nurmilaakso 2011, 35). Semantic-pragmatic point of view refers to a child's ability to understand the meaning behind words and how to appropriately use them in different situations (Koivunen & Lehtinen 2011, 153).

Versatile, verbal interaction in a child's growth environment is essential to language development. A child starts to understand speech after they insight the target of the words the child has heard from their parents or in other adult contacts. For a child to start producing speech, the child must understand the meaning behind different words, be aware of how to pronounce the words and how to use them in communication. (Nurmilaakso, 2022.)

Nurmilaakso (2011) also explains how the growth environment the child lives in affects the number of words the child obtains. The number of adults or siblings, the language the parents use, linguistic models, reading and, hobbies all have an impact on the quality and quantity of the child's vocabulary. (Nurmilaakso, 2011.) Kurki (2007, 10) emphasizes how aspects like individual features, environment, gender, and development of motor skills all have an impact on the development of child's linguistic skills in general.

### 2.2.1 Language Development in Different Age Groups

As Lindgren (2014) states, language acquisition is a multi-phase process, that takes many years. Child's linguistic capability develops constantly during childhood and is connected to the development of speech (Nurmilaakso 2011, 31). The learning pace is fastest during the first two years in a child's life. During this early childhood and before turning one, a child's communicational skills focus on non-verbal communication and understanding speech, since the child's capability to produce speech is still limited. (Lindgren, 2014.)

According to MLL, a child produces their first meaningful words approximately at the age of one. During the first two years, a child learns to identify their own name, understands approximately two hundred words, and can produce around 30 words (Koivunen & Lehtinen 2016, 155). By the age of two, a child's vocabulary can already include up to six hundred words. Child is also able to understand short commands and act according to them. (Aivoliitto.)

At the age of 2-3, a child learns approximately ten new words per day and starts to use grammar more widely. The child can form two- or three-word sentences and understand two-part commands. (Aivoliitto.) However, Koivunen & Lehtinen (2011, 155) highlight the fact that the speed of speech development is individual and varies a lot among children. By the age of three, a child's speech is usually almost entirely understandable and contains versatile

use of grammar, such as ability to conjugate verbs, use prohibitive or imperative phrases, and present and imperfect tense. At three years old, a child starts to show interest in wordplay and nursery rhymes. (Lindgren 2014.)

According to Kurki (2007, 10), usually the first language acquisition reaches the final level by the age of four. The language of a four-year-old child is similar to that of an adult, even though some errors might still occur, for example in articulation. The child is acquainted with the ground rules of sentence formulation and conjugation of words. The child also manages to express many concepts used in everyday life, such as main colors and various kinds of objects. (Koivunen & Lehtinen 2011, 155.) It is still crucial to knowledge that the linguistic development during the first four years varies a lot between children (Kurki 2007, 10).

A child who has reached the age of five, typically is very talkative and asks a lot of questions. The interest in numbers and letters starts to arise and the grammar the child uses is almost flawless. (Koivunen & Lehtinen 2011, 155.) Between ages five and seven, a child's vocabulary already consists of approximately 14 000 words. The child produces fluent speech and is capable of reciprocal interaction and discussion with others. (Aivoliitto.)

### 2.2.2 Linguistic Communicational challenges

According to Kearney & Rede (2021), before setting a diagnosis for selective mutism, language and speech disorders should be ruled out. Therefore, in this chapter we present the basic information about challenges concerning linguistic communication, since they are in connection with selective mutism as they both affect verbal communication skills.

Developmental language disorder (DLD, previously known as specific language impairment or dysphasia) possesses partly the same kind of symptoms as selective mutism. For a child who has DLD, it is difficult to use spoken language and speech is very scarce. What differentiates DLD from SM is that usually a child with DLD also has difficulties understanding speech. In case there is a delay in child's language development or the child's language ability has not evolved in accordance with the child's typical age group, DLD might be the reason behind it. The disorder appears more commonly among boys than girls, and approximately seven percent of children in Finland experiences it. When a child has DLD, their vocabulary expands slower than average, and it takes a long time before the child starts to speak. Even if the child has already learned certain words, they might stop using them. Formulation of sentences is difficult and often delayed. Speech is typically quite unclear due to incorrect grammar. All this leads to the fact that some children with DLD might not talk for years. (Aivoliitto.)

According to Määttänen et al. (2019), it is believed that biology plays a significant role in the arising mechanism of this disorder, since genetics and inherited attributes effects on the

functioning of the central nervous system. Environmental factors or the child's parents have no connection to the cause of DLD. However, the environment does influence the appearance of the symptoms: in case the linguistic skills of a DLD child are being supported in a positive environment, negative impacts of DLD may be reduced. (Aivoliitto.) DLD appears in all languages the child uses. However, it is said that both monolingual and bilingual children are in equal risk of getting DLD. The fact that a child uses several languages does not cause DLD, but it might increase the impact of linguistic difficulties. Therefore, it is important that immigrant parents speak their first language to their children, so that the children learn solid language and correct grammar from early on. (Aivoliitto.)

If a child's language development does not progress at the same pace as the child's age group and the child reaches the age-appropriate level later than others, it is called delayed speech and language development. This is quite a common phenomenon, since approximately a fifth of two-year-old children have some delay in speech development. It can be caused for example by environmental factors, genetics, or multilingualism. In case a child does not speak between the age of two and three, further medical examinations are in order. (Määttänen et al., 2019.)

### 2.2.3 Selective Mutism

Mutism was first represented in the late 1800s, when Adolf Kussmaul, a German physician, described a condition in which people did not speak in some situations, even though they had the ability to speak. He named the condition "aphasia voluntaria" because he thought that these people chose not to speak voluntarily, hence the name. Later the name was changed to elective mutism in 1934 by Moritz Tramer, and finally to selective mutism when researchers concluded that mutism is selective depending on the situation or environment, after it was linked to anxiety, and it was found that it is not voluntary behavior. (Dow et al., 1995.) Research has shown that people with mutism do not choose not to speak - they simply cannot do it. Obmutescence (keeping silent) is not a conscious choice.

Selective mutism (F94.0 in the ICD-10 classification) is a condition that usually occurs in childhood. The child is completely speechless in certain social situations but has normal speech in other situations. The child may be speechless at school or nursery, for example, but usually speaks normally at home with parents or other close people. Inability to speak can be mild (e.g., not talking to strangers) or severe (e.g., a total inability to speak outside the home). Mutism is a relatively unknown condition and is estimated to affect between 0.03% and 1.9% of the population, depending on the country of living and other environment. Mutism usually starts before a child reaches the age of five. However, treatment is often sought when a child is six to eight years old. The course of the condition varies; for some, the inability to speak remains the same throughout the years, and for others, the inability to

speaking gradually decreases, but feelings of social anxiety may persist, and these individuals usually have a lower-than-average school and work performance. (Muris & Ollendick, 2021.) Mutism is about twice as common in girls as in boys and the prevalence in immigrant families is four times higher than in the native population (Sarvanne, 2018).

Silence can be a symptom of many psychiatric conditions, which makes it more difficult to diagnose mutism. Mutism is characterized by a high degree of selectivity in not speaking, determined by emotional factors. The child is usually linguistically able to speak in some situations but is silent in others. The child is fluent and speaks consistently but is almost or completely silent in distressing situations. It is common for a child to talk at home or in familiar situations but to be silent, for example at school. A child with mutism may also have speech development disorders, but the linguistic abilities are sufficient for interaction and the inability to speak is clearly associated with some situations. (THL, 2012.)

The child is afraid of speaking and of hearing their own voice, and instinctively tries to overcome the anxiety caused by speaking by not speaking. The situation can also cause physical symptoms such as palpitations and body tension. The child may also often appear expressionless or frozen, what might be first thought to be just the defiance of a child. (Sarvanne, 2018.)

A. Speech production and comprehension as measured by standardized tests are within the child's age-appropriate 2SD limits.
B. Demonstrably consistent non-speaking in certain social situations where the child is expected to speak (e.g., at school) despite the ability to speak in other situations.
C. Duration of the condition lasts more than four weeks
D. No diagnosis of pervasive developmental disorder (F84)
E. The disorder cannot be explained by the child's insufficient language skills in situations where the child is non-speaking.

Table 2 Diagnostic criteria for selective mutism (F94.0). (THL, 2012)

Some predisposing factors have been identified for the development of mutism. Families of children with mutism have been found to have higher average levels of, for example, reticence in social situations, avoidant personality, and social anxiety, although genetic research is still limited, but there is preliminary evidence of heredity in the influence of



mutism prevalence. (Sarvanne, 2018.) Mutistic children may also experience more over-protective or over-controlling parenting and relationship difficulties in their families. There is often selective mutism or shyness and taciturnity and other social anxiety in the immediate family. (Punna, 2022.)

The temperamental trait of the mutistic child is often a tendency to anxiety and social sensitivity. Environmental factors are also thought to influence the prevalence of mutism, which could explain the prevalence of mutism in immigrant families, which may be due to cultural maladjustment, second language acquisition, and discrimination. Children with mutism are also more likely on average to have some form of language difficulties, and may also show features of neurodevelopmental immaturity, e.g., slow development of fine and motor skills, sometimes mild developmental disabilities, or autism spectrum disorders. (Sarvanne, 2018.)

Although in the ICD-10 classification, mutism can only be diagnosed if the child does not have a diagnosis of pervasive developmental disorder (F84.0) (also known as autism spectrum disorder), one study was able to show that of the children in the study who had selective mutism, 63% also had autism spectrum disorder, and 20% of the children showed autistic traits. (Steffenburg et al., 2018.) Although the study only focused on a small group of children who saw a professional who specialized in autism spectrum disorders, the results highlighted the risk of selective mutism and autism spectrum disorder overlapping.

Treatment of mutism is not well established, as the disorder is relatively rare and there is a lack of controlled studies. Cognitive psychotherapy and cognitive behavioral therapy are considered to be the primary forms of treatment. (Punna, 2022.) Treatment for mutism is primarily aimed at developing interaction and reducing anxiety. It aims to get the child to talk in social situations. There is also evidence of the effectiveness of other different types of therapy in a small number of studies, like exposure-based therapies and ritual sound approach (RSA). Involving the family in the treatment is important as cooperation can contribute to the child's progress towards rehabilitation. SSRIs are useful in relieving anxiety as an adjunct to therapy. (Lämsä & Erkolahti, 2013.)

#### 2.2.4 Selective Mutism in Adolescence and Adulthood

Selective mutism is nowadays fairly well recognized in young children, but SM in adolescents and adults is still relatively unknown or there is not much research about the subject. Untreated SM in childhood may persist into adolescence and adulthood, or treatment for childhood mutism may not have been effective, but mutism may also be triggered in adolescents and adults even if the person was not diagnosed with mutism in their childhood. Sometimes it is also assumed that the person will grow out of the mutism if they were diagnosed with mutism as children. (Fisher, 2020.) Some traumatic life events can also trigger

mutism later in life. In this case, people with mutism may be silent in all situations, not just in certain situations, as in selective mutism. (Shibon-Blum. No date.)

Young people and adults with mutism may struggle with everyday issues. These people may have deep-rooted coping mechanisms to manage anxiety, which have been ineffective. Young people with SM also tend to have other problems related to depression or anxiety; social anxiety is a quite common comorbidity of mutism. These young people experience problems at school, for example, if situations involve talking, and it can even lead to refusal to go to school. As they grow up, young people need a sense of belonging to their peers. Social groups are growing in secondary school age. This stage of development can be particularly challenging for young people with mutism who have difficulty engaging in social interaction. This is one reason why young people with mutism tend to experience loneliness and thus stand out from the crowd. This can lead, for example, to bullying, which further isolates young people with mutism. (Fisher, 2020.)

According to one study in which adult mutists reflected on their life experiences, participants reported feeling very lonely and having no social life at all. Some participants also reported alcohol or drug addictions and increased suicidal thoughts and self-harm. (Wilson, 2021). Another study reports that adults with selective mutism can experience a profound sense of loss, loss of identity, and loss of present and future. (Walker & Tobbell, 2015.)

Also, adults with mutism rarely seek help on their own, making it very difficult to estimate how many adults have mutism. Although it is possible for an adult to recover from mutism and relieve anxiety, the psychological and behavioral effects of mutism may be experienced by the individual for a long time to come, if the individual has spent several years, for example, without talking about or seeking help for their difficulties. (NHS, 2022.)

### 2.3 Linguistic diversity in Early Childhood Education and Care

The children participating nowadays in the Finnish ECEC possess versatile linguistic and cultural background. According to the National core curriculum (2022), diversity is highly valued and seen as an asset in ECEC. Everyone's right to their own language, religion, and culture, as well as appreciation towards diverse cultural heritage are principles of the Finnish ECEC. Children are taught to respect each other and are encouraged to get acquainted with other languages and cultures. (The National Agency for Education.) The National core curriculum for ECEC (2022) also emphasizes the importance of supporting and appreciating linguistic diversity among children. The National Agency for Education states that multilingualism is more common than monolingualism in the world of today. This calls for language awareness in ECEC and educators' ability to understand how meaningful a role language plays in a child's development, identity and belonging to society. (The National core curriculum for ECEC, 2022.)

### 2.3.1 Children with an Immigrant Background

In 2021, according to Statistics Finland, the number of people with foreign background in Finland is around 470 000. Statistics Finland's statistics distinguish between persons with a foreign background born abroad (so-called first-generation immigrants) and persons with a foreign background born in Finland (so-called second-generation immigrants). In 2021, the most common background country for people with foreign background was the former Soviet Union. The next largest background country groups were Estonia, Iraq, Somalia, and the former Yugoslavia. (Stat.fi.) In general, a child with immigrant background is defined as a child or young person whose both parents or the only known parent were born abroad, and whose parents speak a minority language.

Children and young people are the most vulnerable group in society. Children and young people with a migrant background very often have additional support needs, often related to integration, health maintenance and social and psychosocial growth. (Matikka, Wikström & Halme, 2015.) Risk factors for child exclusion include parental unemployment, language difficulties and general societal attitudes towards immigration and diversity (Heikkilä-Daskalopoulos, 2008).

An overall picture of the well-being of migrant children is rather difficult to obtain, as different groups of migrants are in different situations. The factors affecting the mental health of immigrant children are similar to those affecting the mental health of children of the majority population, such as the socio-economic status of the parents. Children's well-being is also affected by the degree of integration, as it is important for them to belong to social circles and to experience a sense of acceptance and equality. (Kerkkänen & Säävälä, 2015.) Several studies have also found that family background has an impact on a child's difficulties with schooling and mental health challenges, for example. Children of foreign-born parents are often vulnerable to these factors. Also, children with both parents born abroad had on average lower average reading scores in their final primary school leaving certificate than children with both or one parent born in Finland. (Kääriälä et al., 2020.)

So far, little research has been conducted in Finland on children and young people with an immigrant background, as most studies have focused on adults and asylum seekers. However, in terms of health care, the most visible population is second generation immigrants, i.e., children born in Finland to foreign parents who have lived in Finnish health care throughout their lives. A worrying sign is that immigrant children are diagnosed with more neurodevelopmental disorders and learning difficulties than the native Finnish population. (Parry & Salmi, 2021.)

ECEC services are an important part of supporting family integration and preventing child exclusion. Activities close to the family's daily life play a significant role in integration.

However, not all migrant children are in day care. A key challenge for integration is the integration of mothers of young children at home. As the family grows, mothers may stay at home for years, and at the same time be left outside society without language skills. (Heikkilä-Daskalopoulos, 2008.)

### 2.3.2 Multilingual and Bilingual Children

Multilingualism is more common in the world than monolingualism. Awareness and support for bilingualism has also developed rapidly in Finland in the 2000's and early childhood education and schools are paying more attention to bilingualism and multilingualism. Yet the greatest responsibility still lies with the caregivers of children. (Teiss, 2012.)

A child may grow up bilingual or multilingual if, for example, the child's parents or guardians speak a different language or the parents speak the same language, but the family lives in an environment where most people speak another language. If the parents speak different languages, they usually want to speak their own language to their child. If the parents speak the same language at home, the child may have to speak another language outside the home, such as at daycare or at school.

It can be said that multilingualism is a huge asset for a multilingual child. When a child is born, it is important for the family to raise language issues. A general recommendation is that both parents speak their own language to the child. Many things can influence how, and which language is spoken to the child, such as where the family lives, family ties and the parents' affinity with their own languages and cultures. The most important thing about language learning initially is the family's own attitude to the subject. The child lays the foundations for his or her own identity before school age. When the child is young, it is important to create the need for the child to use both languages and it is important to provide stimulation in both languages, for example by establishing contact with relatives, watching videos, or listening to music in the language concerned. (Teiss, 2012.)

Although a child forms the basis of an identity in early childhood, identity is shaped throughout life, for example through interactions with other people. The growing-up environment therefore has a major impact on the development of a child's and young person's identity. The mother tongue influences identity by, among other things, reinforcing a sense of belonging to a culture. It creates a sense of belonging with people from the same culture. Children begin to develop their bilingual identity as they grow up. It may initially lean more towards the other language and culture and may vary at different stages of life. (Äyräs, 2022.)

It can be said that a child might get confused if parents speak two languages to the child, but studies have shown that even young children can tell the difference between the two

languages and bilingualism do not seem to confuse them. Toddlers sense these linguistic differences and adapt to the different rhythms of speaking the languages. As early as four months of age, children, both monolingual and bilingual, can distinguish between people speaking different languages by facial expressions when these people were speaking quietly. But by eight months of age, only bilingual children were still able to distinguish subtle differences in facial expressions, while monolingual children no longer paid attention to these details. For a multilingual child, one language may be still stronger than the others, and some languages may be used only in certain contexts. However, languages can change their hierarchy if there are changes in the child's or family's environment. (Byers-Heinlein & Lew-Williams, 2013.)

Many studies have shown that it is good to learn more than one language early in life. Children who learn two languages from birth often have better accents, larger vocabularies, and better grammatical, and real-time language processing skills, compared to children who learn one language first and a second language later in life. At no point in development does learning a second language become impossible, but the ability to learn a language gradually declines as a person gets older. There is a concept of a "critical period", which refers to the period when language development is at its strongest and when language development is easiest. The 'critical period' is thought to last from early childhood to adolescence, but there is no exact age. But it is important to remember that our environment also influences language development. (Byers-Heinlein & Lew-Williams, 2013.)

As a multilingual child grows up, some matters may occur. The child may acquire vocabulary more slowly, but a child usually acquires as many words in two languages as a monolingual child in one language. Under the age of three, a child may combine two languages, but this is a normal phenomenon for a child of this age. A child may also switch languages in the middle of a sentence or borrow words from another language. This sort of observation may raise parental concerns about language development problems, but it is not usually the case. If a child had language development problems, they would be present in both languages and, as already noted, their language development would be clearly out of step with their age group. (Teiss, 2012.)

It has not been shown that bilingualism causes language development problems or delays in language development, although bilingual children may also have these problems. When a child is learning two languages, the child may have delays or some inaccuracies in the second language, but it is important to distinguish these from language impairment. If a child's language development is clearly delayed in general, they may have a language disorder underlying it. Learning difficulties occur in bilingual children in the same way as in monolingual children. It is not a direct consequence of bilingualism if the child does not have

a solid grounding in any language, as monolingual children can also experience learning difficulties in the same way. (Fierro-Cobas & Chan, 2001.)

Multilingualism must also be maintained, and it cannot be taken for granted. It needs attention and support from the child's environment. The most important thing is a positive attitude towards multilingualism, and this is seen as an advantage. It is also important that early childhood education and care supports the child's language learning and that this is included in the early childhood education and care plan. The child will benefit from a multifaceted cooperation between home and early childhood education and care. (The Finnish National Agency for Education.)

### 2.3.3 The Effect of Immigrant Background or Multilingualism on Language Development / on Second Language Acquisition

Laaksonen (2020) states that second language development usually follows the same kind of path as the language development of monolingual children. However, the pace of development might vary among children and long breaks in language exposure, such as summer holidays, can often affect language development and slow it down a bit. (Laaksonen, 2020.)

When there is a child in a daycare, who does not speak Finnish as a first language, it is important that ECEC workers speak Finnish with the child. ECEC workers should still show interest and respect towards the child's own language and support it. (Halme & Vataja 2011, 17.) If possible, the ECEC employees should provide the child with opportunities to use their own mother tongue as well, since learning to use both Finnish and mother tongue builds a strong foundation for multilingualism. It also supports the linguistic capabilities and thinking skills of the child. (The National core curriculum for ECEC, 2022.)

Alisaari expresses that it is important that an immigrant child feels that all languages are valuable in the ECEC environment and that they should not be afraid to use their mother tongue in the daycare. Multilingual children could for example be encouraged to play in their mother tongue or asked to teach some vocabulary of their language to the other children and adults. (Alisaari, Finnish National Agency for Education.)

When starting in a daycare, an immigrant child requires time to adjust to foreign language environment. At first, the child might speak their own native language to ECEC employees or to other children, but soon realizes that the others do not speak the same language. It is also common that the child mixes different languages together. Therefore, it is typical that the child uses many kinds of non-verbal communication at the beginning, such as facial expressions, gestures, and some easy single words. (Halme, 2011.)

Likewise in first language acquisition, comprehension of the language develops earlier than speech production among second language learners (Laaksonen, 2020). In the early phase of learning a new language, a silent phase is quite typical to appear. Then the child can be silent for a long time while they are listening and practicing the new language in their mind. It depends on the child's personality how long the silent phase lasts. Usually, it lasts from a few months to a year, but in case the child is shy by nature, then the phase can take a longer time before ending. (Halme 2011.) This is important for the early childhood educators to know, so that the silent phase is not confused with selective mutism. According to Halme (2011), language acquisition is usually never linear, and stagnation might appear along the learning process. It is essential to understand that even though a child's mother tongue might improve quickly, it is normal that the acquisition of the second language might be going through a slower phase. (Halme, 2011.)

As an ECEC educator it is important to recognize that every child learns a second language at an individual pace. However, in general, a child will acquire the necessary language skills needed for everyday life in 1-3 years with sufficient exposure to the second language. This happens by the child first listening and following speech around him/her, after which the child learns to understand it. Gradually, the child starts to combine words and produce sentences of their own. In this so-called social linguistic competence, grammatical correctness is not important, but instead the fact that the child has the courage to express him/herself and communicate using the second language. (Ota Koppi: Kulttuurinen moninaisuus ja kielitietoisuus Helsingissä 2020, 7.) The aim of second language teaching in ECEC is that the child reaches a level of functional bilingualism, which means that the child is able to actively speak, think, understand and switch between the first and second languages automatically (Laaksonen, 2020).

#### 2.3.4 The Role of ECEC Staff in Supporting an Immigrant Child and Second Language Acquisition

“The most important thing is to ensure that every child has the opportunity to express themselves, to be understood and to understand others” (The Finnish National Agency for Education). Eerola-Pennanen (2017) emphasizes the importance of culturally responsible upbringing, which appears as meaningful interaction between educators and children, and as the educators' respect towards the children's cultural identity, mother tongue, and culture. A warm relationship and sense of belonging between them is also a key role. When working with an immigrant child, it is important that the educator is able to overcome the lack of common language and finds other ways to communicate with the child. Educators should utilize all the other senses and channels for communication and use visual expression to support the child's learning experience. (Eerola-Pennanen, 2017.)

Strong mother tongue skills build a foundation for second language acquisition. For the most favorable development of a child's first language, it is important that parents speak their own mother tongue to their children. It is essential for early childhood educators to widen the parents' knowledge about this and encourage them to use their mother tongue with their children. (Ota Koppi: Kulttuurinen moninaisuus ja kielitietoisuus Helsingissä 2020, 5.)

For some children with an immigrant background, daycare is the first place where they are in connection with the Finnish language. The National core curriculum for ECEC (2022) obligates educators to support the language skills of multilingual children. The ECEC workers are ought to organize various interaction situations and learning environments for the immigrant children to practice their Finnish. Children are encouraged to both understand and produce speech, and the goal is that the children could learn how to express their own thoughts, feelings, and opinions in the second language. (The National core curriculum for ECEC, 2022.)

The ECEC educator should learn to interpret the child's messages in the right way and offer the kind of support the child needs. It is important to recognize the suitable situations when it is most favorable to teach the second language. Presence and sensitivity are in key role, as well as intercultural competence of the ECEC workers. The early childhood educator's genuine interest towards the child and positive interaction between the child and the teacher contributes to the language learning experience. (Halme, 2011.)

A child learns a new language by observing and mimicking others during the daily activities in the daycare. The ECEC staff's responsibility is to act as a role model and to support the children's linguistic development according to each child's individual needs. The support for language development must be consistent and well planned, which highlights the importance of regular monitoring and documentation of the work. There are various pedagogical solutions through which language development can be supported by the educators among the daily activities in the daycare. Reading aloud plays an essential role in language learning, as well as the use of nursery rhymes, songs, repetition of words and regular routines. Peer relationships with other children also have a major impact on language development. At start of daycare, an immigrant child does not have a common language with other children, which emphasizes the educator's responsibility to ensure that the child gets involved in the group's activities and that the child feels like being part of the group. The educator should support the child in getting to know the other children and making friends, which could be done for example by helping the child to participate in play. (Ota Koppi: Kulttuurinen moninaisuus ja kielitietoisuus Helsingissä 2020, 5-6.)



### 3 Methodology

In the following chapter, we will enlighten the reader about the background of our research, the process of our chosen method and how our research was executed. We will present the questions we aim to find answers to through our research and the purpose of our work, as well as explain the need for this research. Literature review is our chosen method of research and the method we are going to use to analyze the material is called content analysis. Our mission is to provide the reader with a holistic understanding of both methods and define why they are suitable for our work. Using reliable databases in the material collection as well as correct definition and use of search words are essential for the success of the research, which we will elaborate on in this following section.

#### 3.1 Research Questions

The purpose of our thesis was to find out what kind of material there is available for ECEC staff if they encountered a child with selective mutism and with an immigrant background in their work. With our research questions, our goal was to compile a guide to those early childhood educators working with, or who suspect to work with, immigrant or language-minority children with SM. We wanted to set the first question quite loose, in order to reach all the information available and versatile perspectives of the topic. The second research question is formulated in order to detect possible factors that cause SM in immigrant or multilingual children, as this information could help early childhood educators to create preventative measures in the environment that SM usually appears in. We formulated two research questions to which we sought answers through a literature review, and which guided our thesis:

- 1. What kind of research has been made about selective mutism in immigrant or multilingual children?**
  
- 2. What are the risk factors or special characteristics that cause selective mutism among immigrant or multilingual children?**

#### 3.2 Literature review

A literature review is a research technique, in which the researcher collects and examines already made research findings. The researcher conducts a data search and utilizes only published, high quality research material. The purpose is to identify, evaluate and sum up results of previous studies as a basis for new research. The method is used to build understanding of the researched phenomenon. There are three types of literature reviews: descriptive, systematic, and meta-analysis. We chose to implement a descriptive literature review, since it fits the best to our level of studies as undergraduate degree students.

Descriptive literature review is not as wide an entity as systematic review or meta-analysis, and it does not require strict rules unlike the two latter ones. This can be seen, for example, in the fact that research questions are allowed to be looser in descriptive literature review. (Salminen 2011, 4-6.)

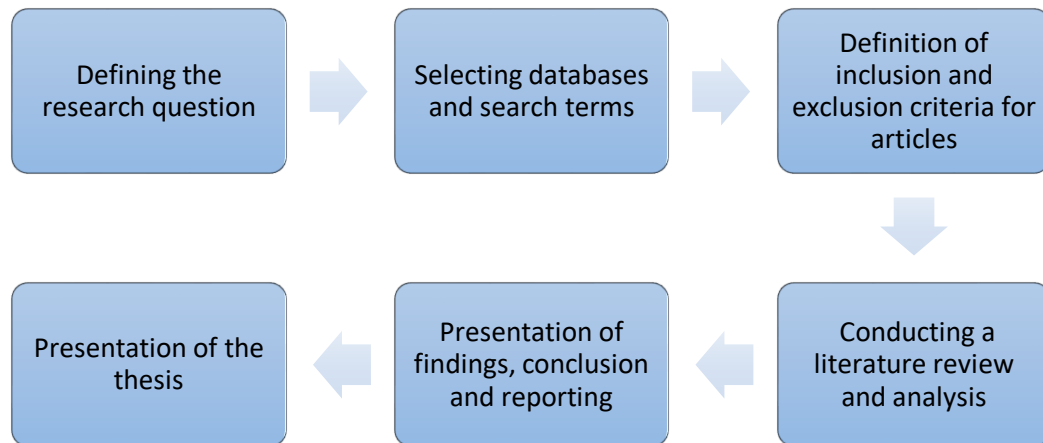


Figure 2 Steps in the Descriptive Literature Review Process. (Based on Laurea course material, 2022)

The first step of literature review is defining the meaning of the research and the research question, as can be seen in Figure 2. Specifying the research problem sets the direction for the whole research process. (Stolt et al., 2016.) The research question aims to define the problem that the research seeks to answer and solve. The data and the interpretation of the data are used to answer the problem in the conclusions of the study. A study may have one or more research questions. When defining the research question, care must be taken not to ask too broad a question, as this will bring too much data to analyze. It should also not be too narrow, as this will not yield enough data from the databases. It is also a good idea to do a preliminary search on the topic to make sure that there are publications available on the topic. (Bouchrika, 2022.) It is also important that the researcher recognizes any preconceptions concerning the subject of the review and can conduct the research objectively (Stolt et al., 2016).

Once the research question has been defined, a search plan is usually drawn up. The search plan involves choosing which databases to search from and which keywords to use to search for articles and literature in these databases. When considering search terms, it is important to think about what concepts are associated with the topic. Search terms can come directly from the title of the topic or from the research question. If terms have different synonyms, these should also be considered when searching. (TULib, 2022.)

For the search plan, one should define the inclusion and exclusion criteria for the database search. These criteria can be used to define, for example, how old studies one wants to include in the review or the language of the publications. These criteria should be designed to ensure that the focus of the study remains on what the researcher wishes to research. (Laurea, 2022.) When documenting the process, it is important that the data search is reported so precisely that anyone could replicate it afterwards (Stolt et al., 2016).

Once the research question, search plan and keywords have been defined, the literature review can begin. The literature review process involves searching for studies, evaluating them to see if they are relevant to the topic, and analyzing the selected data and studies. It is important to remember that literature review only uses researched data, such as licensed theses, dissertations, and scientific articles. (Laurea, 2022.) Stolt et al. (2016) highlight that the publications selected to include in the review should be peer reviewed, since it increases the reliability of the publications. Literature search is the most time-consuming part of the review process because the researcher may have to adjust or specify the searches many times. (Stolt et al., 2016.) The analysis stage involves going through the content of the study, such as the purpose of the study, how the data was collected and the outcome of the study. These findings are compiled into a table which is presented during the data analysis phase. When carrying out the analysis, it is a good idea to make notes and annotations and to think about how to divide the results of the analysis into themes, for example. (Laurea, 2022.)

The final part of the literature review is to evaluate and report the results. In this part, the researcher assesses the existing knowledge and what themes are present in the data. (Taylor, 2007.) The purpose of the evaluation is to assess the relevance of the information obtained from the studies concerning the research problem (Stolt et al., 2016). According to Stolt et al. (2016), the reliability of the evaluation of the studies increases, in case there are two people independently implementing the evaluation. When evaluating the results, it is useful to note whether there are contradictions, overlap or consistency in the data. This can be an important consideration when interpreting the results. Finally, a summary is drawn up, which may, for example, include suggestions for future research. (Salminen, 2011, 20 - 21.)

### 3.2.1 Criteria for the Selection of Data

We refined our criteria regarding our research questions. These criteria are illustrated in Table 3. We were looking for academic articles that were up to ten years old and the language was English, where the full text was available to the reader, and that covered migrant or multilingual children aged 0-6 years and selective mutism. Our inclusion criteria also included peer reviewed articles.

Criteria for inclusion	Criteria for exclusion
<ul style="list-style-type: none"> <li>- Published between 2012-2022</li> <li>- In English</li> <li>- Full text available</li> <li>- Peer reviewed</li> <li>- Academic article</li> <li>- Concerns children aged 0-6</li> <li>- Concerns selective mutism and immigrant or bi/multilingual status</li> </ul>	<ul style="list-style-type: none"> <li>- Older than 10 years</li> <li>- In other language than English</li> <li>- Non-academic articles</li> <li>- Not peer reviewed</li> <li>- Concerns adults</li> <li>- Does not apply to or answer the research questions</li> </ul>

Table 3 Criteria for inclusion and exclusion for search words

### 3.2.2 Data Collection

The material to be selected for the review is usually retrieved from electronic scientific databases or through manual searches of scientific publications (Kangasniemi et al., 2013). We utilized databases that are found in Laurea LibGuide designed for Laurea Social Services students. We also made data searches in Google Scholar as well as regular Google, as Laurea's lecturer in information management advised us to. In the following section we illustrate our search plan in a tabular form and the results of the searches. We explain the alterations we made in the second search round in the chapter followed by Table 4.

DATABASE	SEARCH WORDS	INCLUSION CRITERIA	RESULTS	APPROVED BY TITLE AND ABSTRACT	APPROVED IN THE STUDY 1.SEARCH	APPROVED IN THE STUDY AFTER 2. SEARCH
<b>EBSCOHOST</b>	“selective mutism” AND immigrant OR migrant OR multilingual OR bilingual OR “second language” AND child	2012-2022, academic journals, full text, peer reviewed	2	2	2	Same results as in the 1. search

<b>PROQUEST CENTRAL</b>	"selective mutism" AND immigrant OR migrant OR multilingual OR bilingual OR "second language" AND child	2012-2022, scholarly journals, full text, peer reviewed, in English	102	1	0 (the same article that we found in EBSCOHost)	158 results, 0 selected
<b>PubMed</b>	"selective mutism" AND child AND immigrant OR migrant OR multilingual OR bilingual OR "second language"	2012-2022, full text	3	0	0	7 results, 2 selected
<b>SAGE PREMIER</b>	"selective mutism" AND (immigrant OR migrant OR bilingual OR multilingual OR "second language") AND child	2012-2022, research article, full access	7	0	0	59 results, 1 selected
<b>GOOGLE SCHOLAR</b>	"selective mutism" AND child AND immigrant OR multilingual OR bilingual OR "second language"	2012-2022, research article, full access	1160	3	1	1170, 1 selected
<b>GOOGLE</b>	"selective mutism" OR "elective mutism" AND	2012-2022, full access	8830	3	2	9 540, 2 selected

	child AND migrant OR immigrant OR bilingual OR multilingual					
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Table 4 The data search process

As Kangasniemi et al. (2013) express, the data selected to the research usually should consist of recent research publications. Our lecturer in information management also advised us to search for articles not older than 10 years. This is what we did on the first search round, but unfortunately the results were minimal as can be seen in Table 4. Therefore, we did a second search where we expanded the time frame into 22 years, to cover all publications made in the 2000's. According to Kangasniemi et al. (2013), the most important criterion for the suitability of the data is not the recentness of the research, but its relevance to the research in question. This supports our decision to expand the time frame, after which the search produced more publications. However, we decided to take only articles written in the 2000's into consideration. This is because we thought that articles older than that significantly lacked relevance since we had already discovered that a suitable amount of newer research had been made in the 2000's.

Next, we offer a brief overview of the 8 articles we approved for our research data. We gathered a summary of the articles in Table 5 and a wider description of the articles can be found in the data matrix in Appendix 1. When searching for suitable articles, in addition to the year of publication, at first, we paid close attention to the heading of the article as well as to the field of the publication the article has been published in. In case the heading referred to our research questions, we continued to read the abstract. Solely the concept of selective mutism provides a lot more search results than combined with the aspect of immigrant or multilingual status. That is why it was particularly important to read carefully all the headings of the search results, since usually the heading tells whether the article handles only selective mutism in general or whether it examines the topic from the point of view of specifically immigrant or multilingual children. When reading the appropriate articles, we followed the instructions of Laukkanen, who advises one to first skim through the article and then read it carefully. First, we read the abstract and introduction, after which we jumped to the end of the article to observe and evaluate the conclusions of the research. In the second round, we carefully read through the whole article while making notes of the main arguments.

We did the first search in database called EBSCOHost. The search generated two articles to be included in our study. The first one was called "Effects of anxiety, language skills, and cultural adaptation on the development of selective mutism" by Anja Starke. The second one

was “Assessment and Treatment of Selective Mutism with English Language Learners” by Ashley M. Mayworm, Erin Dowdy & Kezia Knights.

The second search took place in ProQuest Central. This search offered us only one relevant article, which we had already found in EBSCOHost. PubMed produced 3 results in the first search round, two of the results being irrelevant to our topic and the third one being an article we already found in the previous search. The second search produced us two eligible articles for our research. The articles were called “Prevalence and description of selective mutism in immigrant and native families: a controlled study” by Yoel Elizur & Ruth Perednik and “Differential diagnosis of selective mutism in bilingual children” by Claudio O. Toppelberg, Patton Tabors, Alissa Coggins, Kirk Lum & Claudia Burger.

After the second search round, Sage Premier generated us our fifth article called “Case Study: Selective Mutism in an Immigrant Child” written by Marina Zelenko & Richard Shaw. In addition, we did a search in database called ScienceDirect, but the only relevant articles it generated were the same ones we had already found.

The last two searches were done on Google Scholar and Google. Google Scholar returned three search results, one of which we chose to use in our study because two of the articles had been already found through another databases. The article we chose was “Selective Stimulability in the Speech and Language Assessment of Bilingual Children with Selective Mutism” by Elizabeth Harbaugh, Raul F. Prezas & Robin L. Edge. We also decided to use Google's search engine to find articles. There we found three articles that matched our search criteria, but one of them had also been found through Google Scholar. From Google we found the following articles “Elective Mutism in Unilingual Children, Multilingual Children, and Children with a Co-morbid Autism Spectrum Disorder: Differences and Common Risk Factors” by E.S. Veerhoek, and “When Language Anxiety and Selective Mutism Meet in the Bilingual Child: Interventions from Positive Psychology” by Lindsey Leacox, Margarita V. Meza & Tammy S. Gregersen to use in our study.

Along the search process and skimming through the headings of different publications, we discovered new synonyms and potential expressions to describe the phenomenon under our research. For example, at first, we used words: “immigrant”, “migrant”, “multilingual”, “bilingual” and “second language” to search for articles for our specific target group, but after examining the results, we came across new potential synonyms, such as “refugee”, “dual-language” or ELL referring to “English language learner”. The latter expression is especially commonly used in publications made in the USA, where many of the articles we found were from.

We included the new search words into the 2. search round, but it turned out that only the expansion of the time frame produced results and the additional search words did not matter.

In the search process, we also came across the concept of "elective mutism ", which we used to search for data on Google. The term "elective mutism" is an outdated concept of selective mutism but yielded us slightly more search results. In the other databases the term "elective mutism" did not provide us relevant articles.

Author, Year, Article	Purpose of the study
Starke, A. 2018. Effects of anxiety, language skills, and cultural adaptation on the development of selective mutism.	The study investigates the effects of bilingual children's anxiety, language skills and parents' cultural adaptation on the development of selective mutism.
Mayworm, A. M.; Dowdy, E.; Knights, K. & Rebelez, J. 2014. Assessment and Treatment of Selective Mutism with English Language Learners.	The article focuses on school-based intervention for SM with a 6-year-old girl, whose mother tongue is Spanish and who lives in USA learning English as a second language in school.
Toppelberg, C. O.; Tabors, P.; Coggins, A.; Lum, K. & Burger, C. 2005. Differential diagnosis of selective mutism in bilingual children.	The article examines the relationship between the nonverbal period in second language acquisition and SM. The focus of the article is the exact circumstances in which a language minority child should be diagnosed with SM.
Elizur, Y. & Perednik, R. 2003. Prevalence and description of selective mutism in immigrant and native families: a controlled study.	The study assesses the incidence of SM in West Jerusalem's state preschools and evaluate social anxiety/phobia disposition, social competence, markers of neurodevelopmental delay/disorder, mothers' psychological adjustment, and marital conflict in immigrant and native children with SM and their matched controls.
Zelenko, M. & Shaw, R. 2000. Case Study: Selective Mutism in an Immigrant Child.	A case study follows the treatment of a 7-year-old Mexican immigrant boy living in USA, diagnosed with SM. The study focuses on the unique issues of the immigrant family and suggests strategies for intervention.
Harbaugh, E., Prezas, R. F. & Edge, R. L. 2018. Selective Stimulability in the Speech and Language Assessment of Bilingual Children with Selective Mutism.	Study examines selective stimulability in a speech-language assessment of a Spanish-speaking child.



<p>Leacox, L., V. Meza, M., &amp; S. Gregersen, T. 2016. When Language Anxiety and Selective Mutism Meet in the Bilingual Child: Interventions from Positive Psychology.</p>	<p>This case study examines the efficacy of interdisciplinary treatment with three positive psychology interventions to treat an eight-year-old Spanish-English bilingual child with selective mutism.</p>
<p>Veerhoek, E. S. 2011. Selective Mutism in Unilingual Children, Multilingual Children, and Children with a Co-morbid autism spectrum disorder: Differences and Common Risk Factors.</p>	<p>This research study will provide a much-needed insight into the different risk theories of SM in unilingual and multilingual children, and in children with a Co-morbid autism spectrum disorder.</p>

Table 5 The data search findings

### 3.2.3 Analysis of the Data

As Günther et al. (2021) mention, just the gathered data does not directly reveal anything specific related to the research problem. The data requires systematic and objective analysis, where the material is summarized and processed into theoretical form. The researcher is ought to delve deeply into the material and go beyond the surface of the data. Making the analysis requires a self-directed approach driven by curiosity about what the material contains and what interpretations can be made of it. It is the researcher's task to structure and find the information relevant to the research problem, which means that the research question strongly guides the course of the analysis. Based on the analytical examination and observations made from the data, the researcher interprets these findings by reflecting them to theory. The main objective of the analysis is to increase the informational value of the data. (Günther et al., 2021.)

The method of the analysis refers to the concrete way in which the data is processed. Since qualitative analysis can be done in several methods, the researcher should choose the most favorable one to their research and justify to the reader the reasons behind their choices and actions, and how the analysis has been done. It is important that the researcher showcases the steps of the analysis in a transparent way, so that the reader understands the whole process of the analysis. The reader must always be able to judge that the analysis has been done in a credible and reliable way. (Günther et al., 2021.)

As we are doing qualitative research, we are going to analyze our collected data by using qualitative content analysis. According to Tuomi & Sarajärvi (2009, 85), qualitative research does not aim to make statistical generalizations, but to build understanding and theoretical interpretation of a certain phenomenon. There are many kinds of analysis methods that can be used in qualitative research, content analysis being one of them (Bengtsson, 2016).

Content analysis is a basic analysis method, which can be applied in any qualitative research (Tuomi & Sarajärvi 2009, 91).

The collected data presents the phenomenon under study, while the content analysis aims to create a verbal description of it (Tuomi & Sarajärvi 2009, 108). As Bengtsson (2016) states: “In qualitative content analysis, data are presented in words and themes, which makes it possible to draw some interpretation of the results”. Content analysis can be applied to analyze various kinds of material, such as text, interviews or material containing pictures or video (Vuori, 2021).

Qualitative content analysis is often divided into two categories: inductive and deductive content analysis. In inductive content analysis, the researcher goes through the data with the aim of finding information related to the research problem. Hence, the reasoning is purely data-driven, and the analysis units are derived from the data. The objective is to create a theoretical entity of the data, by identifying relevant matters concerning the research question. Contrary, deductive analysis leans on a specific predetermined theory, which strongly guides the analysis process. The phenomenon under study is reflected in the theoretical framework and the researcher is looking for information relevant to the theory. (Tuomi & Sarajärvi 2009, 95-97; Vuori 2021.)

As our mission was to examine published research studies and make conclusions based on the data, inductive content analysis is a relevant method for our study. Our analysis is based on both Miles & Huberman (1994) & Tuomi & Sarajärvi (2009). The analysis composes of three of the following steps that are presented in Figure 3.



Figure 3 The steps of content analysis (Tuomi & Sarajärvi, 2009)

The analysis starts with the researcher familiarizing him/herself with the data and by simplifying the material. This means chopping the information into sections and weeding out all irrelevant data, after which the researcher codes the most meaningful and relevant expressions concerning the research question. (Tuomi & Sarajärvi 2009, 110.)

Original phrase	Simplified phrase
<p>“However, a significant negative relation between the parents’ orientation to the mainstream culture and the mute behavior of the children was found at three of the four timepoints in the preschool settings. The more oriented the parents were to the mainstream culture, the less mute behavior their children showed in preschool settings.” (Starke, 2018)</p> <p>“In order to understand the relation between immigrant status and/or being an ELL and SM, it is critical that school professionals are familiar with the process of second language acquisition.” (Mayworm et al., 2014)</p> <p>“A behaviorally-inhibited child who is then expected to speak in an unfamiliar language when they enter school is more likely to develop mutism than an ELL without this temperament.” (Mayworm et al., 2014)</p> <p>“There are two primary distinguishing factors between the “silent period” and SM. First, it is important to determine whether the child will speak in their first language in the monolingual school environment if the opportunity is presented. A second distinguishing factor is the duration of the mutism.” (Mayworm et al., 2014)</p> <p>“Three central recommendations are provided for school personnel who work, or may work, with children with SM who are also ELLs: (a) early intervention is critical; (b) language considerations must be incorporated into assessment and intervention approaches; and (c) a team approach to intervention, with a focus on treatment in multiple contexts, is ideal.” (Mayworm et al., 2014)</p> <p>“In the treatment of a selectively mute immigrant child, we suggest that the initial focus should be not on the child’s refusal to speak, but rather on developing a trusting relationship with the family and on addressing issues related to the family’s immigration history and adjustment to the host society.” (Zelenko &amp; Shaw, 2000)</p>	<p>The level of the parents’ adaptation to the mainstream culture affects to the development of SM in immigrant children.</p> <p>It is important that school personnel are familiar with the process of second language acquisition to identify SM.</p> <p>Inhibited personality affects the development of SM in second language learners.</p> <p>There are two ways to distinguish the “silent period” from SM.</p> <p>Early intervention, language considerations and team approach are important recommendations for school personnel working with second language learners who have SM.</p> <p>Creating a trusting relationship with the family, addressing issues related to the family’s immigration history and adjustment to the new society should be the focus of treatment of SM in an immigrant child.</p>

Table 6 Example of reducing of material

After simplifying, the researcher examines the original phrases and aims to look for similarities and divergencies among the data. Concepts with the same meaning are being clustered into the same group. These clusters form subcategories, which are named according

to the context of the concepts. The idea behind clustering is to create a preliminary description of the phenomenon under study. (Tuomi & Sarajärvi 2009, 110.)

Simplified phrase	Clustering	Subcategory
The level of the parents' adaptation to the mainstream culture affects to the development of SM in immigrant children.	Parents' cultural adaptation	Cultural adaptation
It is important that school personnel are familiar with the process of second language acquisition in order to identify SM.  There are two ways to distinguish the "silent period" from SM.  Early intervention, language considerations and team approach are important recommendations for school personnel working with second language learners who have SM.	Knowledge on second language acquisition  The silent period  Early intervention  Language considerations  Team approach	Role of teachers  Second language development    Initiative  Decision making  Professional co-operation
Inhibited personality affects the development of SM in second language learners.	Individual inner characteristics of the child	Personality
Creating a trusting relationship with the family, addressing issues related to the family's immigration history and adjustment to the new society should be the focus of treatment of SM in an immigrant child.	Trust  Open dialog  Empathy	Relationship with the family

Table 7 Example of clustering

Abstraction or in other words, conceptualization of the material, is the last step of the analysis. In this part, the most relevant information in terms of the research topic is separated and theoretical concepts are formed based on this information. The abstraction aims to derive theoretical conclusions from the original empirical data and the idea is that the researcher forms a description of the research topic based on these concepts he has derived from the data. (Tuomi & Sarajärvi 2009, 111-112.)

Subcategory	Connective category
Cultural adaptation Personality	Risk factors for SM in immigrant or bi/multilingual child
Role of teachers Second language development	Assessment of SM in immigrant or bi/multilingual children
Relationship with the family	Treatment of SM in immigrant or bi/multilingual children
Initiative Decision making Professional co-operation	Recommendations for personnel working with second language learning children with SM

Table 8 Example of abstraction

Many different themes emerged from the data, which we categorized according to the research questions, as can be seen below in Figure 4.



Figure 4 The research findings categorized according to the research questions

We found concepts describing risk factors for the development of selective mutism in immigrant/multilingual children as well as general information about the topic that we think that early childhood educators could benefit from. We divided these into the following categories: Assessment of SM when it is suspected in an immigrant/multilingual child, Treatment, and Recommendations for personnel working with multilingual children with SM.

#### 3.2.4 Readability and Ethical Questions of our Research

This thesis has been compiled according to the principles of the Finnish National Board on Research Integrity TENK, which “promotes the responsible conduct of research, prevents research misconduct, promotes discussion and spreads information on research integrity in Finland”. TENK provides the responsible conduct of research guidelines, and these guidelines apply to us studying in a university of applied sciences. Research integrity has been present during every step of our research process, which means that we have followed good scientific practice and ethically sustainable manners when implementing and documenting our research. We got acquainted well with our research method and followed the steps of it precisely. A clear documentation of our results was in a key role when it comes to reliability of our work, and we have done our best to avoid fabrication or falsification when presenting the results of our research. Since this thesis is our independent work without any working life partners, there was no need to apply for any research permit.

We have used various databases recommended by our school and teachers to search for data and by using the same keywords, the research should be reproducible. We have explained the thesis and search process as thoroughly as possible, which demonstrates the reliability of the research. During the literature review process, we have kept the research questions in mind and have attempted to answer them. We have also followed correct research practice by referencing and giving credit to the authors of the previous studies.

As Salminen (2011) mentions, literature review should be a repeatable method. That is why we have carried out our research and collecting of material in a transparent way and have precisely documented all the phases of the process. We have reported all the search words we have used, so that anyone could get the same results as us. For information acquisition, we have used only reliable and relevant databases and chosen with a critical eye to include only scientific articles and documents in our research. When it comes to search words, our aim was to use a large variety of different synonyms of the phenomenon that we are researching, to find all the information available.

We have presented all our findings truthfully and have not used anyone’s text without proper citation, because the ethics of the thesis prohibit unauthorized quoting, or plagiarism. Plagiarism is prohibited by copyright law. Plagiarism is the most common form of research piracy, and to prevent and identify it, theses are also checked by a plagiarism detection

system before they are accepted. The student prepares a thesis in accordance with the thesis guidelines of their university of applied sciences, the copyright of which belongs to the student (Arene Ry).

#### 4 Research Findings

After the examination and analysis of the gathered data, we learned a lot of information about selective mutism in immigrant or language-minority children and found answers to our research questions. Many of the articles highlighted treatment suggestions for SM, ways to assess and identify SM in immigrant child as well as recommendations to personnel working with immigrant children with SM. We divided our findings according to these similarities and tried to combine useful information from the point of view of early childhood educators. The research results revealed that there are certain risk factors that contribute to the development of SM in immigrant or language-minority children. According to the research findings, we have divided these vulnerabilities into the following categories: personality, language demands, anxiety, environmental factors, immigration issues and cultural adaptation.

##### **Assessment**

The assessment of SM in language-minority children demands understanding of bilingual development from teachers, because SM should not be confused with the nonverbal period in bilingual children (Toppelberg et al., 2005). There is a second construct describing silence in children who are learning a second language: the silent or nonverbal period. The silence is thought to be a result of limited language proficiency in the beginning of second-language acquisition. It is often described as shorter than 3 months and is most frequently found in 3- to 8- year-olds. (Starke, 2018.)

Toppelberg et al. (2005) showcase the typical progression of second language acquisition. Usually, it follows a four-step process, the silent period being the first phase. After that step, the child starts to repeat words, followed by a third phase where the child begins to practice words and sentences by him/herself. The last step is the child starting to use the new language in practice with others and “going public” with it. (Toppelberg et al., 2005) Mayworm et al. (2014) and Starke (2018) presented this four-phase model in their article as well. They also highlighted the importance of school professionals working with language-minority children being aware of the process of second language acquisition, in order to understand the difference between SM and the early mutism related to second language learning.

There are two criteria for distinguishing the silent period from selective mutism. First, how long the child's non-speaking period has lasted; the silent period usually lasts up to three to six months - mutism can last longer. The child must also be non-speaking in both languages to confirm that it is a case of selective mutism. If the child is only non-speaking in the language they are learning, or in a language that is not the child's home language, it is more likely to be a silent period, which is part of the development of many multilingual children. Also, in many cases when assessing selective mutism and the silent phase, usually the child with selective mutism does not communicate verbally during the assessment, which provides very little information about the child's expressive abilities. (Harbaugh et al., 2018.) Toppelberg et al. (2005) and Mayworm et al. (2014) also highlights the importance of personnel working with second language learners being able to distinguish SM from the mutism that occurs in the beginning of second language acquisition.

When assessing whether SM is present in a child, several methods can be utilized. Interviews with parents and behavioral observations have been found the most effective ones to produce data about child's behavior and its connection to environmental context where SM occurs in. Mayworm et al. (2014) presents the model of "4 Ws", which aims to help detecting SM. The "4Ws" consist of the following questions: where and when does the child speak, with whom is the child likely to speak, and what form of communication does the child use. According to the authors, "it will be critical to assess the impact of language on each of the "4Ws" when the child in question is bilingual. (Mayworm et al., 2014.)

If the child is a second language learner, it is important to gather information about the child's medical and developmental history, in order to rule out other possible disorders or, for example, hearing impairment. A review of the child's history concerning the development in native language provides an insight into the child's language abilities in general. It is also important to seek information about the child's competence in the second language and about the child's amount of exposure to the second language in order to find out whether the child has an adequate ability to use the second language. (Mayworm et al., 2014.) Both Starke (2018) and Toppelberg et al. (2005) support these arguments and the need for detailed assessment of both languages. The authors argue that the language functions and potential language delays of bilingual children should be widely assessed, in order to prevent bilingual children from disposing to SM.

### **Recommendations**

When a child is suspected of having selective mutism or has mutism, it is recommended to try to give the child the opportunity to show what they are interested in. Open, creative play, structured play and rewarding expression can be used to promote communication. It is



important to encourage all kinds of open communication and to make the child feel comfortable in order to connect with the child. (Harbaugh et al., 2018.)

Early childhood professionals should be aware of the second language learning process so that staff can work with the child as effectively as possible. The staff should be aware of how to distinguish selective mutism from silent period and possibly diagnose the child as early as possible, as early intervention in identifying and treating mutism is the most effective way to alleviate the child's mutism. Toppelberg et al. (2005), Zelenko & Shaw (2000) and Mayworm et al. (2014) emphasize the importance of early intervention when SM is being expected in a language-minority child, so that the child will be provided with the needed services and support measures the child is obligated to. Early recognition is crucial also because SM has a negative effect on social relationships, obtaining of second language and educational performance of the child. Proper and early intervention demands initiative and right-time actions from the personnel working with children experiencing SM. When the child is bilingual, it is also important to pay attention to the language considerations and determine the correct language the treatment is conducted in. In the study by Mayworm et al. (2014), the intervention was executed in the child's second language and found effective.

Teamwork with a variety of professionals is also important to focus on treating the child from multiple perspectives. Mutism should be treated where it occurs, such as at school. As clinicians cannot be there, it is important that school personnel work together and follow the treatment guidelines in order to support successful treatment. It is also important for professionals to gather information about the child's language development and abilities, as this will help in diagnosis and in determining the right treatment. (Mayworm et al., 2014.)

### **Treatment**

Selective mutism is often treated with various forms of therapy, such as psychotherapy, psychoanalysis, and family therapy. Speech therapy can also be used to treat mutism. However, there is no established treatment for mutism, and what works for one mutist may not work for another, as each mutist is different, and the level of distress varies. As mentioned in the study by Harbaugh et al. (2018), children with selective mutism may respond differently to different types of treatment, as this is also influenced by factors such as the gender of the examining or treating professional, the background of the disorder and the intensity of anxiety. This has also been discussed in the study by Leacox et al. (2016). These therapy forms mentioned above can be good treatments to boost a child's self-esteem, for example, but may not help with selective mutism. This particular study investigated the effectiveness of positive psychology in treating mutism. The treatments included animal-assisted therapy, laughter therapy and music therapy. These are not traditionally used to treat SM, but the study concluded that they had a positive effect on the subject's verbal

communication. In the subject, laughter increased the amount of outspoken laughter, whereas previously the participant of the study had only laughed silently. Given that one of the causes of selective mutism is thought to be anxiety, these treatments could be included as part of the multidisciplinary teamwork recommended as an approach when treating a child with selective mutism.

When treating a child with mutism, it is important that the family is closely involved in the treatment process and is also provided with information about mutism and the support they need. In the case study by Zelenko & Shaw (2000), instead of focusing on the child's failure to speak, the treatment was emphasized on family work. Since the family under study had communication problems and traumatic immigration issues, the treatment focused on gaining the family's trust and validating their traumatic feelings with an emphatic approach. Open discussion about immigration issues was also in a key role. Elizur & Perednik (2003) mention family therapy as one possible treatment option for SM.

Elizur & Perednik (2003) claim that psychoeducational interventions are needed and coping skills for children and parents should be part of prevention and treatment programs. Mayworm et al's (2014) study showcased how a three-phased, school-based intervention plan was found effective in the treatment of SM in a bilingual child. The first phase was response initiation, where clinician treating the child aimed to build a trustworthy relationship and rapport between himself and the child, so that the environment where the child was expected to speak in would be as comfortable as possible for the child. After that the child was set with different kinds of goals and the child could earn a small "prize" for every reached goal, aka initiative towards verbal communication. This was step 2, called contingency management. Phase 3, shaping and stimulus fading, focused on shaping each contingency management system so small that progression was possible for the child. After one year of treatment, the child had improved her verbal communication. (Mayworm et al., 2014.)

### **Risk factors that can predispose immigrant or multilingual children to SM**

According to the results, the development of SM is a complex entity affected by many aspects in a child. Zelenko & Shaw (2000) described how "genetic, behavioral, psychological, developmental, social/environmental, and language acquisition factors can all play a role in the development of SM in children". Starke (2018) also names genetics as one of the risk factors in the development of SM. Toppelberg et al. (2005) and Mayworm et al. (2014) argues that the definition for SM in bilingual child is in order in case mutism occurs in both first and second language, in several unfamiliar settings, and for significant periods of time. Leacox et al. (2016) presents a similar argument in their article. Starke (2018) also found in her study that bilingual status on its own does not cause mutism, but instead there are multiple factors

that play a role in the development of SM in bilingual children. Despite the complexity of the birth mechanism, we were able to distinguish certain characteristics that are likely to dispose immigrant or language-minority children to SM.

Anxiety was a recurring theme in several articles. Especially Toppelberg et al. (2005), Starke (2018), Leacox et al. (2016) and Elizur & Perednik (2003) emphasize that a high level of anxiousness can predispose to SM. According to Starke (2018), especially social anxiety is a clear risk factor to second language learners' speaking behavior. If a child is worried about what others think of their verbal performance and fears that others will react negatively to it, it is possible that the child fails to speak as a reaction to this. Starke's (2018) case study also revealed that "children with SM were significantly more anxious than the control children". The research results by Elizur & Perednik (2003) showed that social anxiety as well as neurodevelopmental delay/disorder were associated with SM.

Many of the articles highlighted that personality plays a major role in the development of SM in an immigrant child. Both Zelenko & Shaw (2000) and Elizur & Perednik (2003) implied in their studies that oppositional character traits are in connection with SM. According to Leacox et al. (2016), Starke (2018) and Mayworm et al. (2014), a shy, timid, or cautious nature combined with having to learn a second language is also a special characteristic interacting with mutism. Mayworm et al. (2014) bases their statement on Toppelberg et al.'s (2005) argument, who have stated that mutism is more likely to occur in children learning a second language who have a timid nature than those second language learners, who are not behaviorally inhibited. This is because a shy child finds it hard being expected to speak a foreign language in an unfamiliar environment and because for inhibited children, trying out new things is not easy. Starke (2018) also highlights the fact that shyness makes second language learning more difficult: inhibited and shy personality prevents or reduces child's contacts with other peers, which diminishes the chances for learning the new language. The transition to the fourth phase in the second language acquisition process, meaning starting to verbally communicate with others, requires confidence and courage from the child, which inhibited and shy natured children lack in. This forces them to stay in between the first and third phases. (Toppelberg et al., 2005; Mayworm et al., 2014.) In addition, also in the study by Leacox et al. (2016), it was mentioned that personality has an effect on the mutism of bilingual children. Children who are naturally shy and fearful react more strongly to situations in which they are language deficient. Veerhoek (2011) argues that perfectionism could be one explanatory factor for the high level of SM in immigrant children, since in his study, immigrant parents and their parenting styles appeared to be more performance-driven than native parents'.

The study by Elizur & Perednik (2003) indicated that the language demands aimed at immigrant children is one reason to cause SM. The statements from the other authors

mentioned in the previous chapter support this argument and suggest that the compulsory learning of a second language can expose immigrant children to SM. In the case study by Mayworm et al. (2014), it was also revealed that below average verbal ability in mother tongue indicates struggles in the use of second language. Therefore, impaired verbal ability, especially if combined with shy personality, contributes to the development of mutism. The same study also addresses that in case an immigrant child's mutism is not acknowledged in time, because it is thought to be part of second language learning, tends it to reinforce the mutism because it has become a long-standing habit and a new normal for the child. In a study by Veerhoek (2011), it has been mentioned that bilingualism can in some way also be thought of as a risk factor for selective mutism. This has not been investigated and no previous study has proven it, but this study was able to show that multilingual children in this study had lower passive linguistic IQs when compared to monolingual selective mutism children, so it could be that multilingualism could be a risk factor for selective mutism, at least in some cases.

According to our research findings, the social environment the child lives in also have an impact to the development of SM in an immigrant child. Toppelberg et al. (2005) argue that the non-supporting attitude of peer students towards second language learners is a potential risk for SM. Starke's (2018) study showed that rejection by peers is likely to increase the severity of selective mutism. Often children of the main population may start to discriminate against the ones who do not speak the same language, especially if the second language learner is shy by nature (Toppelberg et al., 2005). This will likely lead to an even higher threshold for the selectively mute child to start talking to other children.

The atmosphere of school environment and negative or prejudiced attitude towards immigrant child's native language or cultural habits are possible triggering factors that can launch SM in already vulnerable child (Toppelberg et al., 2005). Zelenko & Shaw's (2000) study indicated that the social environment at home also has an impact in the development of SM, since the parents' "habitual use of silence in familial conflicts and general lack of verbal communication" were negatively affecting their son's aka the study subject's ability to speak outside home. Elizur & Perednik (2003) also indicated that speaking habits and speech insecurity in immigrant families could be related to the appearance of SM.

The connection between cultural aspects in the family and SM was mentioned in two of the articles. In the studies by Zelenko & Shaw (2000) and Starke (2018) it was revealed that the level of the parents' cultural adaptation to the mainstream culture affects to the etiology of symptoms of SM. In case parents have not acculturated in the current home country, it can launch SM in an immigrant child. There was some evidence in the results of the case study by Starke (2018) that support this statement as well, since mutism occurred less in those children in the study, whose parents were oriented well to the mainstream culture. The case

study also showed that a low amount of cultural capital in family affects immigrant children in a way that they tend to speak less.

Immigration issues turned out to be one significant characteristic to cause SM in an immigrant child. This theme was emphasized in the study by Zelenko & Shaw (2000), who concluded that the immigration trauma of the family's under study, their dangerous journey to the new home country, living there as illegal migrants, constant fear of getting caught, distrust towards society and its officials, cultural differences and the new host country's hostile attitude towards illegal immigrants were in symbiosis with the development of SM in the boy under study. The family was isolated from society, and by not speaking to anyone outside his home or community, the boy expressed loyalty to his family. Elizur & Perednik (2003) also mentioned in their article an early trauma and family background of migration being risk factors for the diagnosis of SM.

## 5 Conclusion

We started working on the thesis in September 2022 and we set a goal of completing it by the end of the academic year, which we succeeded. We chose a literature review as our research technique as it was the most reasonable method concerning our topic and the method's independent way of implementation suited us well since we did not have any working life partner at the time of the research. The topic of the thesis was chosen according to our own interest as well as the need for this research, since no thesis has been made in Finland concerning selective mutism in language-minority children.

After selecting the topic and setting the research questions, we started the data search process. It became clear to us very early on that very little scientific research had been done on our topic by the time the thesis was completed. We participated in a literature review workshop organized by a Laurea lecturer in information retrieval, where we received tips on where and how we could search for information on our topic. At the beginning of the search process, we felt that we would not find enough articles on our topic and even considered changing the subject. However, we decided to continue with our topic, as we decided that it would also be the result of research if we found that there were no studies on the subject. In the end, however, we were able to find some relevant articles, and finally we used eight articles that suited our study. Reading the studies was interesting and instructive, and we learned a great deal about the subject ourselves. In an internationalizing Finland, all this knowledge will certainly be useful, especially when working in ECEC.

While working on the thesis, it became clear to us that it would be important to do more scientific research on the topic of selective mutism and multilingualism. The research

knowledge and treatment suggestions we found for immigrant or multilingual children experiencing SM were mostly aimed towards clinicians and for schoolteachers. Surely early childhood educators can benefit from this information and apply it to their own work in early childhood settings, but it would be necessary to focus research specifically ECEC in target. In Finland children start school later than for example in the USA, and early childhood education is usually the first place where child's mutism is detected. Preventative measures and treatment plans that could be implemented in ECEC environment would be highly valued, so that the rate of selective mutism among immigrant or language-minority children would turn to decline. Existing knowledge aimed for early childhood educators would make it easier for them to work with an immigrant child with selective mutism, which underlines the need for literature and published research knowledge concerning this topic. When staff knows how to deal with a mute child in ECEC, they can help parents by guiding them and their child to the right services, for example. There is often a delay of a few years in diagnosing mutism, but staff knowledge can help the child and the child's family to get help faster for the child's anxiety and information about the possibility of selective mutism. More research should be done on selective mutism and multilingualism and its impact on children's language development, and its importance should be highlighted in order to develop, for example, new ways of identifying mutism and developing treatments for mutism and anxiety relief in the future.

We were able to answer the research questions with the data used in the thesis. The aim was to raise awareness about selective mutism, to learn about the risk factors for mutism in immigrant, bilingual or multilingual children, and the influence of environmental factors on mutism in immigrant children. We were also able to identify some treatment suggestions for SM, but the data allowed us to conclude that treatments for mutism are not well established and that treatment is primarily aimed at relieving the child's anxiety.

We found a lot of similarities and occurring themes among the eight articles we included in our research. Many findings matched with our theoretical framework, which proved that we had handled the right kind of topics in the theory part. We named anxiety and temperamental traits as one main reasons behind selective mutism, and the research results supported these arguments. In many of the articles, the importance of knowledge on the process of second language acquisition and being aware of the silent period were highlighted when assessing the presence of SM in an immigrant child. We addressed these topics in our theoretical framework as well as offered the reader knowledge about language development in general. In the theory section, we also presented measures on how early childhood educators can support the language development of immigrant children, which is in connection with the assessment of selective mutism. When early childhood educators are aware of how immigrant children should be supported and what are the distinctive features in their language development, it likely facilitates the identification of SM in a child. The research results also pointed out that

selective mutism indeed is more common among immigrant children than children of main population, which is in line with our previous findings.

Making this thesis has increased our professional expertise and we have gained valuable tools that can be utilized either working with children or among family work. As upcoming social service providers, we now have abilities to support the language development of minority-language children and possess knowledge on how to act in case we counter a child with speaking difficulties or lack of speech. This thesis process has taught us that children's linguistic challenges are quite common, and the birth mechanisms are complex. An immigrant or multilingual background also brings a special aspect to language development. That is why it is important that especially early childhood educators understand the special needs of this segment of the child population and invest in co-operation with families and other professionals, in order to find suitable methods to support immigrant children with SM.

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## Appendix 1: The Data Matrix

Author, Year, Article, Country	Purpose of the study	Participants (n)	Data collection method	Main results
Starke, Anja. 2018. Effects of anxiety, language skills, and cultural adaptation on the development of selective mutism. Germany. (EBSCOhost)	The study investigates the effects of bilingual children's anxiety, language skills and parents' cultural adaptation on the development of selective mutism.	30	Participants were assessed longitudinally over a 9-month period via parent and teacher questionnaires and with a standardized test.	Bilingual status does not cause SM on its own. The research indicated that anxiety and the level of parents' orientation to the mainstream culture are in connection to the development of SM in bilingual children. Author thinks more research on this topic is needed.
Mayworm, Ashley M.; Dowdy, Erin; Knights, Kezia; Rebelez, Jennica. 2014. Assessment and Treatment of Selective Mutism with English Language Learners. USA. (EBSCOHOST)	The article focuses on school-based intervention for SM with a 6-year-old girl, whose mother tongue is Spanish and who lives in USA learning English as a second language in school.	1	A case study. Assessment data were collected through parent interview by a psychologist, semi-structured teacher interviews prior to intervention, and behavioral observations in multiple settings during the assessment period.	Early intervention is important to develop skills to overcome SM and particularly important for language minority students, as they are more likely to be underserved due to their unclear diagnosis (SM vs. social anxiety disorder vs. silent period). Intervention is most successful when conducted in the actual environments where the mutism occurs. Team approach and language considerations are necessary for successful treatment -> in the case study treatment was given in second language and found effective. Critical for future research to explore the impact of conducting intervention in the first vs. second language on outcomes

<p>Toppelberg, Claudio O.; Tabors, Patton; Coggins, Alissa; Lum, Kirk &amp; Burger, Claudia. 2005. Differential diagnosis of selective mutism in bilingual children. USA. (PubMed)</p>	<p>The article examines the relationship between the nonverbal period in second language acquisition and SM. The focus of the article is the exact circumstances in which a language minority child should be diagnosed with SM.</p>	-	-	<p>Understanding bilingual development is necessary to correctly diagnose SM. Children with the normal nonverbal period progress through the 4 stages of the typical progression of second language acquisition, whereas children with SM display no progression. SM is specific to appear in unfamiliar situations in both languages for significant periods of time vs. normal child in silent period presents with mutism in one language, in one or two settings, and for only few months. Learning a second language is also dependent on individual difference factors: shy, anxious, or inhibited children expected to function in an unfamiliar language may be prone to reacting with mutism.</p>
<p>Elizur, Yoel &amp; Perednik, Ruth. 2003. Prevalence and description of selective mutism in immigrant and native families: a controlled study. Israel. (PubMed)</p>	<p>To assess the incidence of SM in West Jerusalem's state preschools and evaluate social anxiety/phobia disposition, social competence, markers of neurodevelopmental delay/disorder, mothers' psychological adjustment, and marital conflict in immigrant and native children with SM and their matched controls.</p>	19	<p>Mothers completed questionnaires evaluating themselves, their marriages, and the behavior of their children.</p>	<p>The general prevalence of SM was 0.76%, while the rate among immigrants was 2.2%. There were significant interactions between the SM/control and immigrant/native groups for social anxiety disposition, neurodevelopmental delay/disorder, and social competence.</p>
<p>Zelenko, Marina &amp; Shaw, Richard. 2000. Case Study: Selective Mutism in an Immigrant Child. USA (SAGE Journals)</p>	<p>A case study follows the treatment of a 7-year-old Mexican immigrant boy living in USA, diagnosed with SM. The study focuses on the unique issues of the immigrant family and suggests strategies for intervention.</p>	1	<p>30 weekly meetings over a period of 7 months; 14 individual psychotherapy sessions and 16 family therapy sessions</p>	<p>Family interviews revealed that the family had communication difficulties &amp; avoidance of negative feelings due to trauma experience concerning their arrival to the US and living there as illegal migrants, which led to constant fear of discovery and deportation. The parents felt like being outcasts in society and the child's symptom then expressed parental distrust and fear of the society. The family's isolation and loneliness became the focus of the treatment, after which the boy started to speak freely at school in the one-year follow-up. Gaining the family's trust, open</p>

				discussion of the immigration issues, early recognition and attention to these issues are likely enhance treatment outcome. The family's acculturation is in key role, which is affected by the new country's attitude towards immigrants.
Harbaugh, Elizabeth; Prezas, Raul F. & Edge, Robin L. 2018. Selective Stimulability in the Speech and Language Assessment of Bilingual Children with Selective Mutism. USA. (Google Scholar)	Study examines selective stimulability in a speech-language assessment of a Spanish-speaking child.	1	Data was collected through parent and teacher interviews, observations in the classroom and testing environments, and speech and language testing.	Participant was able to communicate verbally with response initiation, contingency management, shaping, and stimulus fading strategies during the evaluation. As a result of all assessment data, language services were recommended to target expressive language and social communication. The use of selective stimulability in a speech/language evaluation of a child with SM also is recommended as it may yield better data related to the expressive communication potential for a child with SM.
Leacox, Lindsey; Meza, Margarita V. & Gregersen, Tammy S. 2016. When Language Anxiety and Selective Mutism Meet in the Bilingual Child: Interventions from Positive Psychology. USA. (Google)	This case study examines the efficacy of interdisciplinary treatment with three positive psychology interventions to treat an eight-year-old Spanish-English bilingual child with selective mutism.	1	Data was collected by using weekly clinical progress notes, parent questionnaire, and anecdotal information from cross-disciplinary collaborations.	Results show that pet-assistance therapy facilitated the most gains, music did not appear to have the same positive changes in verbal communication. Laughter facilitated gains in the nonverbal domain by inciting voiced and audible laughter.

<p>Veerhoek, E. S. 2011. Selective Mutism in Unilingual Children, Multilingual Children, and Children with a Co-morbid autism spectrum disorder: Differences and Common Risk Factors. (Google)</p>	<p>This research study will provide a much-needed insight into the different risk theories of SM in unilingual and multilingual children, and in children with a Co-morbid autism spectrum disorder.</p>	<p>139</p>	<p>Information derived from the clinical files of 139 children, with SM referred for diagnosis and treatment to the academic hospital in Utrecht (UMCU) between 1973 and 2011.</p>	<p>Multilingual selective mutism children seemed to have a slightly less extended vocabulary but experienced less delays in the early development of the language compared to monolingual children. Anxiety problems and multilingualism seem to be related to SM.</p>
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