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SHORT PAPER

Current Status and Issues of Support for Selective Mutism at Employment/Career Transition Support Offices for People with Disabilities in Japan

Toru SUZUKI^{1)*}, Kazuaki MAEBARA¹⁾

1) Akita University, Japan

ABSTRACT

This study aims to clarify the current status and related issues regarding support for users, who are also persons with selective mutism (SM), of Employment/Career Transition Support Offices for People with Disabilities (hereafter, “Job Support Offices”) in Japan. Survey request documents were sent by postal mail to 4,096 Job Support Offices throughout Japan, with requests for survey questionnaire responses to be provided online. The response data received from 586 offices were analyzed. As a result, the following items (among others) were clarified: users with SM symptoms are registered at approximately 40% of Job Support Offices; numerous and diverse communications means are used in daily communications with said persons; support toward finding employment is provided for these persons, but almost no support is given to alleviate/eliminate their SM symptoms. Based on these results, future support for said persons is discussed.

Keywords: Selective Mutism, Employment/Career Transition Support Offices, Current status, Support, Japan

* Toru SUZUKI, suzukitoru@ed.akita-u.ac.jp

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1. Introduction

Selective mutism (SM) is a condition where a person who has the ability to speak may have difficulties conversing in social settings (for example, the person may speak at home but have difficulty speaking at school). SM is classified as an “anxiety disorder” within the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which is compiled by the American Psychiatric Association (APA)¹⁾.

As stated, SM symptoms appear in social circumstances. In many cases, the symptoms become apparent as soon as the child starts attending nursery or elementary school. It is for this reason that a major focus of research in this domain has been school-age children. The authors of this article have performed intervention support work for school-age children with SM, even while surveying the registration status of children with SM at high schools and at schools for children with special needs (hereafter, “special schools”)⁵⁻⁷⁾. In their support work, the authors have indicated the efficacy of engagements that combine strategies for alleviating/eliminating SM symptoms with support strategies for developmental disorders. From said surveys, they have found that children with SM are registered in high schools and special schools at rates equivalent to those of students at elementary and junior high schools; in addition, after graduation from said schools, these students face problems concerning support for their progress to further education and employment.

The main issue with SM is the fact that, in social situations, a person with SM becomes anxious and nervous and is unable to speak. This is not a temporary issue limited to the individual’s school years, but rather, it continues over the entire lifespan. In fact, in autobiographical writings of people with SM, one finds passages regarding the occurrence of various difficulties of these persons in post-graduation workplaces and other circumstances²⁾. Nevertheless, the actual status of persons with SM after they graduate has not been sufficiently investigated.

The present study focuses on Employment/Career Transition Support Offices for People with Disabilities (hereafter, “Job Support Offices”). As the name suggests, they provide job-search support for disabled persons and constitute one of the “designated disability welfare support services” stipulated within the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities, a Japanese law. It can thus be said that Job Support Offices are a key institution when investigating support for persons with SM after they graduate. In the present study, a fact-finding survey of Job Support Offices throughout Japan was performed, specifically in regard to users of said Offices who have SM symptoms. The purpose was to ascertain their current status and discover related issues and problems.

2. Methods

2.1. Survey subjects and procedures

At the end of November 2022, survey request documents were sent via postal mail to 4,221 Job Support Offices throughout Japan (these were offices publicly noted as such within the Japan Ministry of Health, Labour and Welfare [MHLW] Disability Welfare Services, etc., Information System [i.e., via the Welfare and Medical Service Network System, WAM NET]). Mail was returned from 125 said Offices due to “address unknown,” among other reasons; therefore, the postal mailings reached 4,096 offices.

The survey request document included an explanation of the present survey, with a statement delineating the circumstances (symptoms) of SM and with reference to the diagnostic standard found in DSM-5 (this information was included to promote a better understanding of SM for the survey). It should be noted that inasmuch as the purpose of this survey was to gain a broad understanding of the current standing of Job Support Office users with SM symptoms, no

question was made in regard to whether or not a medical diagnosis had been made for said users.

Those who wished to participate in the survey accessed a QR code or URL included in the survey request documents and were asked to complete an online questionnaire using SurveyMonkey (<https://jp.surveymonkey.com>). It is noted that for this survey, no designation of the respondent's name was made. The survey deadline was December 26, 2022. It is noted that no Offices mailed in a handwritten questionnaire response. Responses were received from 611 Offices (response rate: 14.9%), and responses with missing information from 25 Offices were omitted; thus, data for 586 Offices were analyzed (132 Offices that provide only job-search support, 379 Offices that provide multifunctional-type job-related support, and 75 "other" Offices).

2.2. Ethical Considerations

The present study was performed after obtaining the consent of the Research Ethics Committees of the Authors' affiliated institutions. A clear statement of the following two (2) points was made within the survey request document: "Responses will be statistically processed" and "There will be strict protection of the privacy of Job Support Offices and Users." Survey participation was left to the discretion of each Job Support Office.

2.3. Question Items

2.3.1. Awareness of SM

In regard to awareness of SM at the Office, response was requested for one of three choices: (1) the Office had heard of SM and knew of its details; (2) the Office had heard of SM but had no real understanding of it; and (3) the Office had never heard of SM.

2.3.2. Registration Status at the Office of Users with SM Symptoms

Offices were asked whether or not they had (registered) users with SM symptoms. For those Offices that responded "Yes, we have said users," responses were requested regarding the question items noted hereafter below; for those Offices that responded "No, we do not have said users," the survey was therewith concluded.

2.3.3. Means of Daily Communications with Users Having SM Symptoms

The Offices were asked to respond in regard to communication methods (e.g., handwritten notes) they utilize with Office users who show SM symptoms.

2.3.4. Contents (details) of Support Provided at the Job Support Office

The Offices were asked to respond (free answers) with details of the support they provided to users who have SM symptoms.

2.3.5. Level of Office Employees' Sense of Concern

In regard to the level of Office employee' concerns when interacting with and supporting users with SM symptoms, response was requested for one of four choices: (1) Extremely concerned, (2) Somewhat concerned, (3) Not so concerned, and (4) Not concerned.

2.3.6. Issues into the Future

The Offices were asked to respond (free answers) to the issues they foresee with regard to their support provision.

2.4. Analysis

For question items 1, 2, 3, and 5, simple tabulation was performed. For items 4 and 6, classification into categories was performed using the KJ method³⁾, which is used in qualitative data analysis. It is a way of interpreting data by recording them on cards and grouping them based on what can be read from them. In accordance with the performance procedures of Yamaura⁹⁾, cards were made using the freely written contents of question items 4 and 6; then, upon prudent deliberations by the authors (two researchers specialized in the fields of psychology and education, respectively) concerning objectivity and validity, major categories, minor categories, and sub-minor categories were produced (as deemed appropriate and applicable). When the authors differed in opinion, they had further discussion, based on which categories were produced.

3. Results

3.1. Awareness of SM

Of the participating Offices, 65.2% (n = 382) had heard of SM and knew of its details; 24.6% (n = 144) had heard of SM but had no real understanding of it, and 10.2% (n = 60) had never heard of SM.

3.2. Registration Status of Users with SM Symptoms

Of the participating Offices, 38.4% (n = 225) had registered users with SM symptoms, 61.6% (n = 361) did not.

3.3. Means of Daily Communications with Users Having SM Symptoms

Responses were as follows (Fig. 1): 34.5% (n = 110) body language; 27.9% (n = 89) written notes (using pen and paper); 13.5% (n = 43) oral conversation; 7.8% (n = 25) email and/or social networking services (SNS); 5.6% (n = 18) communication cards; 2.5% (n = 8) presentation of options for selection by said user; 2.5% (n = 8) eye contact; 1.6% (n = 5) audio (digital) application; 1.6% (n = 5) exchanges of notes; 0.9% (n = 3) telephone; 0.9% (n = 3) via a parent or guardian; 0.6% (n = 2) "other."

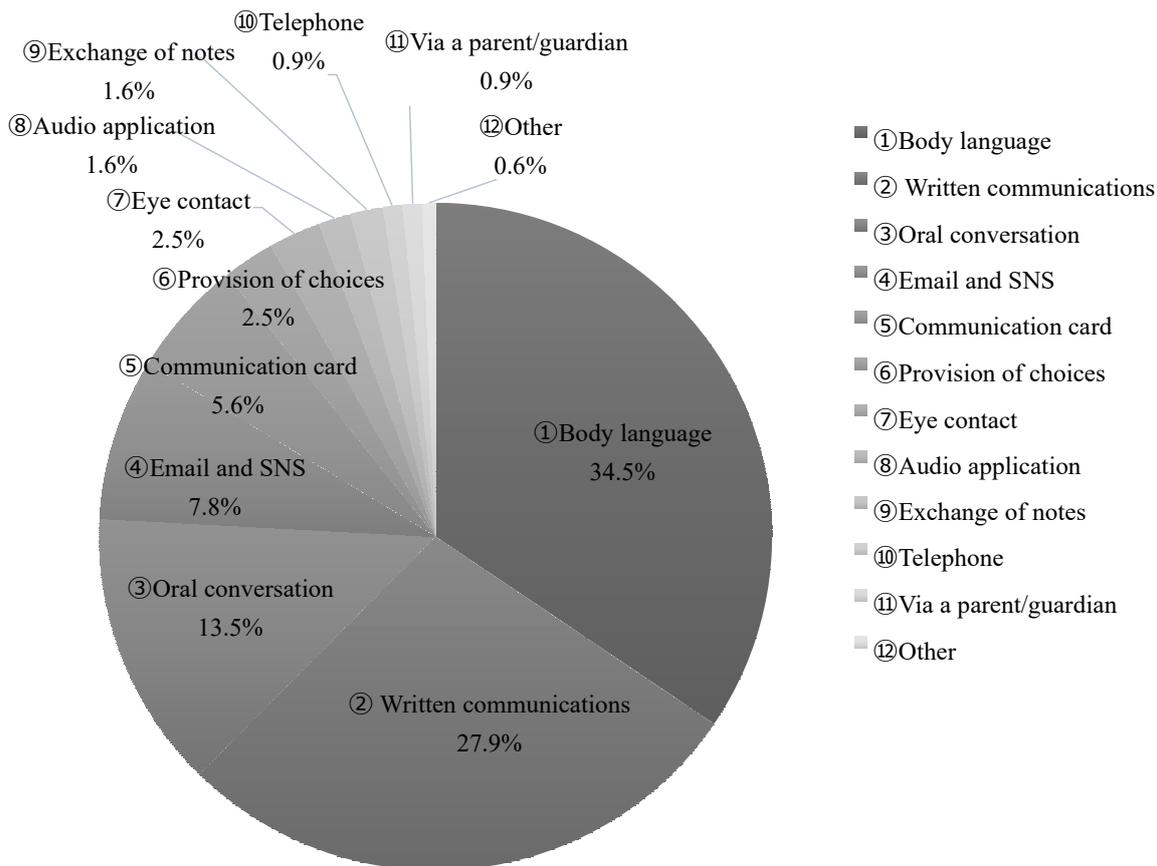


Figure 1. Means of daily communications with users having SM symptoms (n = 319)

3.4. Contents (Details) of Support Provided at the Job Support Office

A total of 192 cards concerned support contents. Upon deliberation on objectivity and validity, the authors made a classification into five (5) major categories (Table 1): (1) efforts to perform communications (n = 95); (2) approaches concerning job searches (n = 54); (3) efforts to make a comfortable and positive environment (n = 25); (4) responses the same as with other Office users (n = 16); and (5) other (n = 2).

Major category 1 was divided into seven (7) minor categories: (1) use of other (communication) means in lieu of oral communication (n = 22); (2) performance of face-to-face meetings (n = 18); (3) efforts in regard to the specific speaking styles/methods used by Office employees (n = 18); (4) securing of methods for users to make responses (n = 12); (5) sharing of information with parents/guardians (n = 12); (6) proceeding at a pace suitable for the user (n = 11), and (7) other (n = 2).

Sub-minor category divisions were as follows: (1) written communication (using pen and paper) (n = 9), communication cards (n = 4), email and/or SNS (n = 4), communication notebook (n = 3), body language (n = 2); (2) performance of face-to-face communications using a private room (meeting in a private room) (n = 10), performance of face-to-face communications at regular time periods (scheduled intervals) (n = 8); (3) use of “closed” questions (n = 6), appropriate modification of vocal utterances (n = 6), use of simple words when speaking (n = 5), proactive and positive vocal statements (n = 1); (4) use of “opinion expression” cards (n = 5), use of nodding and head shakes (n = 4), determination and use of

fixed sentences (n = 2), confirmations with facial expressions (n = 1); (5) regularly scheduled questioning (n = 11), exchanges using a communication notebook (n = 1); (6) waiting patiently until a response is made (n = 10), proceeding at the pace set by the user (n = 1); (7) urging of user to express, in one or a few words, their impression of that day's experiences at the Office (n = 1); creation of sites and opportunities for the user with SM to speak with other Office users (n = 1).

Major category 2 was divided into four (4) minor categories: (1) provision of work, etc. (n = 21); (2) fostering of abilities geared towards employment (n = 12); (3) approaches specialized for SM symptoms (n = 11); (4) support for job-search activities (n = 10).

Sub-minor category divisions were as follows: (1) performance of light work (n = 15), practice using the personal computer (PC) (n = 3), learning tasks (n = 3); (2) self-understanding and disability-understanding (n = 8), social skills training (n = 4); (3) acquisition of communication methods other than speaking (n = 8), speech promotion training (n = 3); (4) support for job-search activities (n = 8), performance of vocational assessments (n = 2).

Major category 3 was divided into three (3) minor categories: (1) relationships with Office employees (n = 12); (2) considerations about work tasks, etc. (n = 11); (3) information sharing among Office employees (n = 2).

Sub-minor category divisions were as follows: (1) building of rapport (n = 8), creation of environments in which it is easy to speak (n = 4); (2) taking care not to pressure the user with SM (n = 6), establishment of work/task patterns (n = 3), environmental structuring (n = 1), securing of site for taking breaks/resting (n = 1); (3) information sharing among Office employees (n = 2).

Major category 4 consisted of only the major category. Major category 5 had the following sub-minor categories: assisting in finding a hobby or personal interest (n = 1), communication of the happiness gained from working (n = 1).

Table 1. Contents (details) of support provided at the job Support Office (n = 192)

Major category	Minor category	Sub-minor category
I Efforts in order to perform communications (n=95)	1 Use of other (communication) means in lieu of oral communication (n=22)	1) Written communication (n=9) 2) Communication cards (n=4) 3) Email and SNS (n=4) 4) Communication notebook (n=3) 5) Body language (n=2)
	2 Performance of face-to-face meetings (n=18)	1) Meeting in a private room (n=10) 2) Performance of regular-period consultations (n=8)
	3 Efforts in regards to the specific speaking styles/methods used by Office employees (n=18)	1) Use of closed questions (n=6) 2) Appropriate modification of vocal utterances (n=6) 3) Use of simple words when speaking (n=5) 4) Proactive and positive vocal statements (n=1)
	4 Securing of methods for users to make responses (n=12)	1) Use of "opinion expression" cards (n=5) 2) Use of nodding and head shakes (n=4) 3) Determination and use of fixed sentences (n=2) 4) Confirmations with facial expressions (n=1)
	5 Sharing of information with parents/guardians (n=12)	1) Regularly scheduled questioning (n=11) 2) Exchanges using a communication notebook (n=1)
	6 Proceeding at a pace suitable for the user (n=11)	1) Waiting patiently until a response is made (n=10) 2) Proceeding at the pace set by the user (n=1)
	7 Other (n=2)	1) Urging of user to express, in one or a few words, her/his impression of that day's experiences (n=1) 2) Creation of sites and opportunities for the user to speak with other Office users (n=1)
II Approaches concerning job searches (n=54)	1 Provision of work, etc. (n=21)	1) Performance of light work (n=15) 2) Practice using the PC (n=3) 3) Learning tasks (n=3)
	2 Fostering of abilities geared toward employment (n=12)	1) Self-understanding and disability understanding (n=8) 2) Social skills training (n=4)
	3 Approaches specialized for SM symptoms (n=11)	1) Acquisition of communication methods other than speaking (n=8) 2) Speech promotion training (n=3)
	4 Support for job-search activities (n=10)	1) Support for job-search activities (n=8) 2) Performance of vocational assessments (n=2)
III Efforts to make a comfortable and positive environment (n=25)	1 Relationships with Office employees (n=12)	1) Building of rapport (n=8) 2) Creation of environments in which it is easy to speak (n=4)
	2 Considerations about work tasks, etc. (n=11)	1) Taking care not to pressure the user (n=6) 2) Establishment of work/task patterns (n=3) 3) Environmental structuring (n=1) 4) Securing of site for taking breaks/resting (n=1)
	3 Information sharing among Office employees (n=2)	1) information sharing among Office employees (n=2)
IV Responses the same as with other Office users (n=16)	1 Responses the same as with other Office users (n=16)	1) Responses the same as with other Office users (n=16)
V Other (n=2)	1 Other (n=2)	1) Assisting in finding a hobby or personal interest (n=1) 2) Communication of the happiness gained from working (n=1)

3.5. Level of Office Employees' Sense of Concern

Of office employees, 6.2% were extremely concerned (n = 14); 49.3% were somewhat concerned (n = 111); 37.3% were not so concerned (n = 84), and 7.1% were not concerned (n = 16).

3.6. Issues into the Future

A total of 110 cards concerned future issues. Upon deliberations concerning objectivity and validity, the author made a classification into three (3) major categories (Table 2): (1) items concerning SM symptoms (n = 63); (2) items other than SM symptoms (n = 25); (3) nothing in particular (n = 22).

Major category 1 had the following sub-minor category divisions: difficulty of confirming the desires of the user with SM (n = 31); acquisition by Office employees of support methods for SM (n = 19); having the employing company come to an understanding of SM (n = 11); having other Office users come to an understanding of SM symptoms (n = 2).

Major category 2 had the following sub-minor category divisions: bolstering support for characteristics other than SM

symptoms (n = 13); strengthening the sharing of information among Office employees (n = 5); building of a strong relationship with the user (n = 3); promotion of links with the parent/guardian of the user with SM (n = 3); responses required in emergencies (n = 1).

Major category 3 consisted of only the major category classification.

Table 2. Issues into the future (n = 110)

Major category	Sub-minor category
I Items concerning SM symptoms (n=63)	1) Difficulty of confirming the desires of the user with SM (n=31) 2) Acquisition by Office employees of support methods for SM (n=19) 3) Having the employing company come to an understanding of SM (n=11) 4) Having other Office users come to an understanding of SM symptoms (n=2)
II Items other than SM symptoms (n=25)	1) Bolstering support for characteristics other than SM symptoms (n=13) 2) Strengthening the sharing of information among Office employees (n=5) 3) Building of a strong relationship with the user (n=3) 4) Promotion of links with the parent/guardian, etc. (n=3) 5) Responses required in emergencies (n=1)
III Nothing in particular (n=22)	1) Nothing in particular (n=22)

4. Discussion

The results showed that 65.2% of surveyed Job Support Offices “had heard of SM and knew of its details,” while 24.6% “had heard of SM but had no real understanding of it.” Though the level of understanding differed, roughly 90% of Offices were aware of SM. Moreover, users with SM symptoms were registered at approximately 40% of the Job Support Offices. Thus, employees of Job Support Offices have (a certain level of) knowledge about SM, and SM is not at all a rare disease but is encountered relatively frequently.

As means of daily communications with users having SM symptoms, in addition to body language and written conversation, various strategies are employed, such as the use of information and communications technology (ICT) devices including email and audio/voice applications. Further, the primary means of communication used at high schools and special schools is written communication^{5,6)}. The extent of SM and difficulties of daily life vary widely, which suggests the need for support tailored to the needs and status of each individual with SM⁴⁾. Therefore, it is also necessary to proactively introduce the kinds of various communication methods already employed at Job Support Offices into education sites.

At said Offices, in addition to the efforts made to communicate with users having SM, numerous support methods are also employed to provide said users with creative job tasks and to train and cultivate the abilities they need for employment. Conversely, almost no approaches that focus specifically on improving SM symptoms are used, which suggests that the current shared awareness at Job Support Offices is to “give users the abilities they need to work jobs despite their SM symptoms (even if said symptoms are not alleviated or eliminated).” In addition to this issue regarding SM symptoms, the “nothing in particular” responses made with regard to “issues into the future” are noteworthy. Our results reflect that more than a few Job Support Offices are fully satisfied with the current state and level of support for users with SM.

Regarding the support by Job Support Offices of users having SM symptoms, Umenaga⁸⁾ indicates that, after securing

means other than verbal (oral) language of communicating the user's needs and wishes, it is necessary to communicate job tasks and processes in an easy-to-understand manner. Certainly, if the end goal is simply employment ("finding a job"), then whether or not one has SM should not be an issue that directly impacts the performance of said work (depending, of course, on job type). Nevertheless, if the individual user has needs that include overcoming their SM as well as finding a job, then the Job Support Office must perform, in tandem, both support for the alleviation/elimination of SM symptoms and support toward finding and keeping a job.

In this area of research, the focus has been on school age, but the situation has not been clarified for adolescence and beyond. The present study clarified the following items: users with SM symptoms are registered at approximately 40% of Job Support Offices; numerous and diverse communications means are used in daily communications with said persons; and while support is provided toward finding employment for these persons, almost no support aims at alleviating/eliminating their SM symptoms.

Note that the present study did not ask about whether the support strategy differed based on SM severity. Nor did it ask about the actual conditions of SM symptoms (e.g., what type of symptoms are observed at what times in daily life). While these perspectives were omitted from the questions owing to the highly individual and fluid nature of SM symptoms, these will likely be essential concepts when considering specific support strategies in the future. Hereafter, we plan to perform longitudinal study of effective support taking into consideration collaboration with relevant organizations after proper assessment of SM symptoms and the course to SM onset, whether there are other co-occurring disorders, and whether participants have been examined at a medical institution.

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