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Self Modeling: How to Conduct an Intervention for
Selective Mutism Using Self-Modeling

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Training School Psychologists to be Experts in Evidence Based Practices for Tertiary
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Intervention

Self-modeling is a relatively inexpensive, quick and effective intervention that can be used to alleviate a variety of child and adolescent problems. Self-modeling is conducted through repeated viewings of oneself on videotape performing only desired and appropriate behaviors. The goal of self-modeling is to produce a positive change in behavior as a direct result of viewing the videotape (Kehle, Owen, & Cressy, 1990).

Self-modeling can be used as an intervention for multiple problems. It has been used in past research for selective mutism, (Kehle et al., 1990; Kehle, Madaus, Baratta, & Bray, 1998) depression, (Kahn, Kehle, Jenson, & Clark, 1990) reading comprehension and fluency, (Hitchcock, Prater, & Dowrick, 2004) and to increase class participation (Hartley, Bray, & Kehle, 1998).

Rationale and references

Kehle et al. (1990) used self-modeling as an intervention for a 6-year-old male who had been selectively mute for 3 years. The procedure was conducted by having the child's mother come into his classroom and ask him nine predetermined questions. The child was videotaped answering the questions. Later the classroom teacher was videotaped asking the class the same nine questions during regular class time. The tape was then edited to show only the teacher asking the questions and the selective mute child answering the questions. The final edited tape was approximately 5

minutes in length and showed the mute child speaking for 13.5 seconds. After the second viewing of the tape, the child spontaneously started speaking to the experimenters.

Kehle et al. (1998) used self-modeling along with mystery motivators, self-reinforcement, stimulus fading and spacing, as an intervention technique to treat three students with selective mutism. A videotape was created for each student that depicted the student appropriately answering a series of questions asked by their teacher. In each case, the videotape was first shown to the entire class with the student present to increase peer expectations. Each video created was between 5 and 7 minutes long and was viewed approximately once per week for four to five weeks. These case studies used a combination of behavioral techniques. Therefore while it is impossible to credit the results to self-modeling alone, all three students began to speak at age appropriate levels after the intervention.

Kahn et al. (1990) compared the effectiveness of self-modeling to cognitive-behavioral therapy and relaxation treatment for the treatment of depression. Participants included 68 middle school students who had met criteria for depression. Students were randomly assigned to one of three treatment conditions or the wait-list control group. Treatment conditions included cognitive-behavioral therapy, relaxation treatment and self-modeling treatment. Results from this study show that cognitive-behavioral therapy, relaxation treatment and self-modeling were effective in decreasing depressive symptoms compared to the wait-list control. However, cognitive-behavior therapy and relaxation treatment maintained better results at follow-up than self-modeling.

Self-modeling has also been used to enhance reading comprehension. Hitchcock et al. (2004) studied the effects of community partner tutoring and self-modeling on reading fluency and comprehension skills of four first-grade students. A multiple baseline design was used which alternated tutoring with a combination of tutoring and video-modeling. Results showed the greatest increase in reading fluency was when video-modeling was added to community tutoring. When the video-modeling was applied to the community tutoring condition for reading comprehension students maintained their gains and variability was reduced.

Hartley et al. (1998) used self-modeling to increase classroom participation levels in three 8 year-old students. Two self-modeling videotapes were constructed for each student that depicted the student spontaneously volunteering to respond to the teacher's questions during regular class activities. Experimenters employed a multiple baseline design across students. Therefore, the students viewed their tapes between 11 and 21 times during the intervention period of 8 to 12 weeks. Student participation was measured dependent upon the number of times each student raised their hand during opportunities presented by the teacher and compared to a control. Baseline data showed that the students raised their hands during class time between 8-24% compared to the control who raised his hand 53-63% of the time. During the intervention, the students increased their hand-raising to 44-60% compared to the control who raised his hand 43-46%. This study suggests self-modeling is an effective way to increase class participation.

Materials needed (see Appendix)

Regardless of the purpose for conducting a self-modeling intervention there are three materials that are essential. The first is a video camera that will be used to videotape the participant performing the desired behaviors. The second essential material is video editing software. This experimenter recommends iMovie version 8.0.4 which comes standard with Mac Book OSX or similar model. Lastly, access to a VCR, DVD player or computer that can project the video is necessary.

When conducting a self-modeling intervention for selective mutism a list of questions is also necessary. These questions should be of interest to the student with SM to hopefully create an answer that is longer than just a few words. In addition to the student, their teacher and parent/guardian will also be included in the video. It's important to choose the parent/guardian that the student feels most comfortable speaking with. In this condition it is also important to conduct the video session in the student's regular classroom or the setting in which the behavior is desired to occur. It will also be necessary to have the parent/guardian and teacher complete a video consent form that outlines the intended uses of the videotape and a confidentiality agreement.

Steps to implement

The first step to implementing self-modeling for selective mutism is to get participation consent from the student's parent/guardian and teacher. Once consent is obtained the experimenter can start constructing a list of questions to use during the videotape. It may be helpful to consult the guardians/parents of the child with SM in order to create questions that pertain to the child's interests and talents. Once

the list of questions is constructed the experimenter can schedule a time to videotape the teacher and the parent/guardian and child. It is recommended the video session be conducted at either the beginning or end of the school day if possible. If the video session is conducted at the end of the school day the experimenter should reserve approximately 30 minutes before the school bell rings to videotape the teacher asking the list of questions to her entire class. The experimenter should only focus the video on the teacher and refrain from videotaping any students at this time. The experimenter may ask the teacher to repeat any questions until the experimenter is satisfied with the quality of the recorded questions. After the school day has ended and the students have left the classroom the experimenter can begin to record the parent/guardian and child with SM. The child should sit in their regular desk and the parent should sit near the video camera. Both the parent's questions and child's responses can be recorded, but the video camera should only capture the image of the student. The parent should proceed through the same list of questions that the teacher had previously asked the class. It is best for the parent to encourage as long of a response as possible from the child. Therefore, the experimenter may want to encourage the parent to ask the child to speak in complete sentences and elaborate on their answers.

When the video session is complete the experimenter will use their video editing software to edit the videotape. The video should begin with a question from the teacher followed by the respective response from the child. All responses from other students and the parent should be edited out of the video.

Once the edited video is constructed the experimenter can begin to implement the self-modeling intervention. The experimenter can determine the method and frequency of implementation. When implementing the self-modeling intervention Kehle et al. (1998) taught each child with selective mutism to press the pause button on the video player after viewing themselves respond appropriately to the teacher to ensure the child was attending to the content of the video. The experimenter may also consider administering positive reinforcement to the child after they have pressed the pause button. This could be in the form of verbal praise or a small edible. The frequency of the intervention will also need to be determined. Kehle et al. (1998) presented the self-modeling videotape to each child approximately three times per week.

Troubleshooting

If the child with selective mutism will not cooperate by responding to the questions asked by their parent the experimenter may consider using a peer model to create the self-modeling video.

Technical difficulties are almost inevitable. Therefore it would be useful for the experimenter to have a backup DVD and access to a television and DVD player or access to another computer in which the video can be played.

Possible legal issues

To avoid any possible legal issues, the experimenter should always have the guardians of the child and the teacher complete a video consent form which outlines

the intended uses of the videotape and confidentiality agreement which explains the limits of confidentiality.

References

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Appendix of Materials

Video Consent and Confidentiality Forms

Video Camera

Video Editing Software

Television and DVD Player or Computer

List of Questions

Sample List of Questions for Selective Mutism
Who is your best friend?
What is your favorite thing to do after school?
What was your favorite vacation?
What would you like to be when you grow up?
What is your favorite video game?
Where would you like to visit someday?