

Selective Mutism in Children

Selective mutism is a social anxiety disorder where an individual experiences fear and apprehension when in social situations. This person may be quite capable of speech but is unable to speak in certain environments, or in front of some people. No single cause has been found for selective mutism, but most sufferers display similar traits. This psychological difficulty can often occur because of abuse in the home, or alternatively, the child may be communicative at home, but have difficulties at school and in the community. In the case of abuse, treatment will need to focus on both the child and the family and/or source of abuse.

People who suffer from selective mutism describe symptoms such as a tight throat or paralysis when they have to talk in a certain environment or in front of certain people. Selective mutism was formerly described as elective mutism, indicating that individuals chose to be silent in certain situations, while the truth is, they are forced by their extreme anxiety, to remain silent. They want to speak, but just cannot get the words out.



Some children who start at a new school are often silent to begin with, especially if they do not speak the language, and other children choose not to speak to certain people. This may not be selective mutism and could be caused shyness or a lack of understanding of the language. There are a number of things you can do to include the child and increase their confidence in these cases. It is important to keep trying to converse with the child even if they do not respond (accept non-verbal responses or gesture) and include them in small groups or pair them with a buddy. If the duration of the mutism continues for more than a month after measures have been taken to integrate the child, it is probably best to seek professional advice.



Characteristics of selective mutism

There are a number of characteristics that present with selective mutism:

- Consistent failure to speak in specific social situations or environments such as school, despite speaking in other situations. This has effects on progress at school and social situations.
- The failure to speak is not due to a lack of knowledge of the spoken language, autism, a communication disorder, or other psychiatric problem.
- At home, where the child feels safe and confident to talk, he may be quite different and display moodiness, assertiveness, inflexibility, domination, extreme talkativeness, be easily upset and prone to crying.
- The child may be generally anxious, over sensitive and dislike crowds.
- The child may display blank facial expressions, lack eye contact and rarely smile.
- The child may have stiff or awkward body language.
- The child may have had a history of articulation difficulties.

Some important factors to acknowledge with selective mutism

There are certain things you should and should not do with a selectively mute child:

- Do not try and force your child to speak.
- Do not try and bribe your child.
- Take notice of which places and what people your child is relaxed with and anxious about. This information can be used as part of a treatment program.
- Find the child a buddy at school that they feel comfortable with.
- Use gesture, sign or a picture communication book when speech is not an option.
- Seek advice from relevant professionals e.g. Speech and language therapist/pathologist or Educational Psychologist.
- Reward good communication, but not overly so, and if necessary reward in private so as not to bring attention to the child.
- Do not stop talking to your child if they are mute as this may isolate them further.



Treatment

Treatment

will depend on the individual and the severity of the disorder. Forceful attempts, begging or bribery to make the child speak will not work and will possibly make the condition much worse. However, it is important that the child realizes that silence will not give them the opportunity to avoid things that they do not like to do. It is important to reward communication and this can be gesture or sign, if not speech. So continue to talk to your child and offer choices, and expect answers, but not necessarily via speech. Sometimes as the use of sign or gesture increases so does the use of speech.

Selective mutism does not necessarily get better as the child gets older, so it is important to try and treat the disorder from an early age. Through treatment the condition can improve. If left untreated the mutism can become more severe, and those people around the individual may have an expectation that no communication will occur, and may begin to stop initiating themselves because of the lack of a response. A lack of treatment can also lead to depression, worsening anxiety and further withdrawal.

Treatment generally takes the form of therapy such as cognitive-behaviour therapy, behaviour modification therapy, play therapy or family therapy. The therapy should be a team effort across social environments and involve people from home, school and other relevant places. The goals of treatment are to reduce anxiety, increase self-esteem, and increase confidence in communicative and social settings through the use of positive reinforcement and rewards. The focus should not be about getting the child to talk, but reducing anxiety levels and developing confidence. If these processes can be achieved, verbalisation should eventually follow.

Therapy will usually have an element of stimulus fading or desensitization, and for older children, awareness of when it is easy to talk and when it is hard. There can also be some kind of reward system to give positive reinforcement. Parents may also need guidance to accept this disorder and learn how to react and respond. Parents will also be advised not to force the child to speak, enhance all forms of non-verbal communication, reward real communication (especially speaking), and create situations where child has to speak or gesture, and not do everything for them.



Stimulus Fading

A common treatment is behaviour therapy through the use of stimulus fading. This involves a kind of de-sensitization of the individual in the presence of others. Initially the child will be brought to a controlled, safe environment with someone they are comfortable, and can communicate with. Over time another person may be introduced. Small steps are taken over a period of time to allow the individual to slowly overcome their anxieties.

Examples of stimulus fading/desensitization:

If the child is very comfortable in a certain setting and will speak to people in that setting (often the child's home), then a new individual may be brought into the setting. Initially this may be for very short periods and increased over time as, and if, the child gains confidence.

Alternatively, time might be spent for short periods in unfamiliar settings, but with familiar people. Once the child gains more confidence in these settings, the range of people in these settings is expanded.



Desensitization

This is similar to stimulus fading, but maybe more structured for those children that are more severe. A very gradual introduction of something that is causing anxiety will be introduced over time. An example of desensitization might be to allow the individual to contact someone through non-direct means initially (e.g. email, text message etc) prior to actually meeting them. When they do meet them initially, it might be for a very brief period and not involve any communication. Combined with stimulus fading or desensitization, can be play therapy, psychotherapy or cognitive behavioural therapy, and these may also play a part to remediate this disorder.



Shaping

This encourages the child to use a form of communication. This might be sign to start with, or it might be an individual sound. Some children may whisper. This communication is then reinforced with positive feedback. Eventually the child will produce more and more sounds or words verbally as anxiety reduces and confidence increases.



All the above treatments sound relatively simple, but need professional guidance and a very careful and structured delivery.

Medication

Some practitioners advocate drug treatments such as anti-depressants to reduce anxiety, although this is quite a controversial area, with many differing views on the subject. However, some mute children may have a biochemical imbalance and medication has been found to be successful. Prior to any form of treatment, other causes of the mutism should be investigated including hearing impairment. Conversely, selective mutism should not be confused with another disorder such as autism.



If you have any concerns regarding selective mutism or communication disorders of a psychological nature contact a registered Speech and Language pathologist/therapist and / or Educational Psychologist.



To learn more about selective mutism and other communication difficulties visit our website www.icommunicatetherapy.com, or read about and purchase books from our Online Resource Centre [*Book Shop*](#)

Suggested Reading

Helping Your Child With Selective Mutism: Steps to Overcome a Fear of Speaking

by Ph.D. Angela E. McHolm, Ph.D. Charles E. Cunningham, and Melanie K. Vanier

The Selective Mutism Resource Manual

by Maggie Johnson, Alison Wintjens, and Alison Wintgens

Selective Mutism in Children

by Sylvia Baldwin

The Ideal Classroom Setting for the Selectively Mute Child

by Elisa Shipon-Blum