WHAT IS SELECTIVE MUTISM?

Diagnostic (DSM-IV) Criteria for Selective Mutism

A. Consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school, with playmates) despite speaking in other situations.
B. The disturbance interferes with educational or occupational achievement or with social communication.
C. The duration of the disturbance is at least one month (not limited to the first month of school during which many children may be shy and reluctant to speak).
D. The failure to speak is not due to a lack of knowledge of or comfort with, the spoken language required in the social situation.
E. The disturbance is not better accounted for by embarrassment related to having a Communication Disorder (e.g., Stuttering) and does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder.

- Instead of communicating by standard verbalizations, children with this disorder may communicate by gestures, nodding or shaking the head, or pulling or pushing, or, in some cases by monosyllabic, short or monotone utterances or in an altered voice.

Associated Features

- excessive shyness
- fear of social embarrassment
- social isolation and withdrawal
- clinging
- compulsive traits
- negativism (although some studies suggest teachers perceive these children as less oppositional than peers)
- temper tantrums or controlling or oppositional behaviour especially at home
- may be severe impairment in school and social functioning
- child fears being heard or seen speaking at school (this fear of speaking is very specific to the location/environment). Some children will talk on their way to school, then stop talking when they reach the sidewalk outside the building.
- The more pervasive the Selective Mutism (e.g., silent everywhere but at home), the more anxious the child tends to be
Specific Culture and Gender Features

- Immigrant children who are unfamiliar with or uncomfortable in the official language of their new host country may refuse to speak to strangers in their new environment, but this should not be diagnosed as Selective Mutism.
- If an immigrant child has adequate comprehension of the new language but refusal to speak persists, then Selective Mutism may be diagnosed.
- Selective Mutism is slightly more common in females than males.
- Developmentally normal children between 3-5 years may still show brief periods of selective mutism in new situations or with strangers.
- A higher proportion of selectively mute children have English as a second language.
- About 1/4 to 1/3 of selectively mute children have a speech/language disorder most commonly phonological, expressive language or dysfluency.
- Some sources say Selective Mutism is slightly more common in girls than boys, other data suggest twice as many girls as boys are selectively mute.

Prevalence

- Found in fewer than 1% of individuals seen in mental health settings.
- More common in the early grades (recent studies suggest 1-2% of children in the early grades meet criteria for Selective Mutism).

Course

- Onset of Selective Mutism is usually before age 5 years (modal age of onset is four years), but the disturbance may not come to clinical attention until entry into school.
- Although the disturbance usually lasts for only a few months, it may sometimes persist longer and may even continue for several years (more recent data suggests that Selective Mutism can be very persistent).
- About half of children are symptom free by 10 years of age (but the other half aren’t so expecting children to “grow out of it” may not be helpful).
- Will children with Selective Mutism fail academically? Not necessarily in the early grades (they have comparable reading and math scores and do well on objective measures of academic ability). However, it can be difficult for teachers to assess children. Teachers report that Selectively Mute children demonstrate similar levels of social cooperation as peers. Generally, these children don’t antagonize others and have normal conflict resolution skills.
- Will children with Selective Mutism be teased or bullied? Parents and teachers report that these children are bullied less than peers and are usually well liked by peers. Other children may cluster around them and they sometimes elicit a prosocial response from peers.
**Underlying Causes**

- Is it a social phobia? Usually social phobia doesn’t emerge until children are older (10-11 years of age), however children with Selective Mutism have been found to have higher social phobia scores
- Is it willful silence or oppositional behaviour? If anything, Selectively Mute children are no more oppositional than children in a control group (teachers actually rated Selectively Mute children as less oppositional than children in a control group)
- Is it due to anxiety? There seems to be a moderate effect size for anxiety
- Is Selective Mutism linked to parenting or family dysfunction? Parents of selectively mute children do not seem to use more coercive parenting strategies or be more permissive than other parents, nor is there more parental depression or dysfunction. Parents do report more non-compliance in their Selectively Mute children than do parents of children in a control group.

**ASSESSMENT OF SELECTIVE MUTISM**

- Parents and teachers are the primary source of information when assessing a child for selective mutism, as the child is unlikely to speak to a new person
- If possible, act fast and begin assessment at the school with the parents and school personnel present
- Obtain a good developmental history
- Obtain information about the child’s current speech patterns (everyone the child speaks to, where they speak to them and the voice they use—normal voice or whisper)
- Videos or audiotapes can be helpful to everyone (especially for teachers to see how different the child is in different settings)
- How does the child’s work compare to peers? (look at work samples, report cards etc.)
- What are the child’s relationships with peers like?
- Put to rest some common fears/myths that parents may have (e.g., Did I or someone do something terrible to make this happen? Will my child fail at school? Have no friends? Be teased?)
- Teachers may have similar myths (e.g., this child needs treatment somewhere else, this child is manipulative, having the parent visit the school will make the child more dependent, teachers may feel that they have failed if the child won’t speak to them)
- Children may worry that the teachers will try to make them speak, that their parents are mad/worried, that there is something wrong with them, that they’ll never get better etc.
TREATMENT OF SELECTIVE MUTISM

- monthly meetings with parents and school personnel are a good way to monitor progress
- put child's severity of selective mutism and progress into perspective
- **reduce counter-productive pressure to speak** (don’t try to pressure, trick or bribe the child to speak).
- **promote non-verbal participation** (have the child hand out papers, do the actions to songs, do blackboard work etc.).
- teachers **may need to consider alternative grading** and assessment plans
- **identify conversational partners** with whom the child speaks comfortably (parents, siblings, extended family members)
- **identify activities that can be fun** and require some speaking (favourite toys, familiar board games, books, games like Simon Says). Sometimes it helps for parents to be given a credible task to do at school with older children (reading, answering academic questions).
- **Incentives can be given for the tasks done** (e.g., stickers for each book read or for questions answered, rather than stickers given for talking).
- identify a place in the school that is close to the classroom where the child can begin talking. Gradually move closer to the classroom until the child is speaking in the classroom to a conversational partner.
- **gradually introduce peers as conversational partners** (first have child speak alone to their parent at school, then speak to their parent in the peers’ presence at school, then speak to the peer directly at school)
- **nurture friendships outside school** (children sometimes speak to peers before they will speak to teachers at school).
- make **as many visits as possible**
- construct a **hierarchy of situations** (locations within the school), **people**, and **activities** that move from less anxiety provoking to more so
- the more frequent and the longer the conversational sessions, the better
- there is better generalization if the child has more opportunity to practice different activities with a variety of people
- better outcomes with earlier treatment

RESOURCES AND REFERENCES

www.selectivemutismcenter.org

www.acposb.on.ca/mutism.html

