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Selective mutism

What is selective mutism?

Children (or adults) with selective mutism (SM) can speak comfortably in some situations but consistently fail to speak, or speak very little, in others.

This is not normal shyness, nor obstinacy, and it is not a choice. It is a psychological problem where children have developed a *phobia* of talking to anyone outside their limited comfort zone. Children with SM *want* to speak but are unable to. They are afraid of the act of speaking and people hearing their voices; and they become increasingly wary of any form of communication which could lead to an expectation to speak. At these times their anxiety levels shoot up, their body and face stiffen; and their communication becomes non-existent or reduced to whispers, single words, short phrases or simple gestures. In time they learn to avoid distress by avoiding communication. Since 2013 SM has been recognised as an anxiety disorder.

A few facts and figures

- SM is more common than previously thought. Studies suggest roughly 1 child in 140 – that's one or more children in most primary schools.
- It is usually present from 2 or 3 years old, the time that children move outside the family circle, but people generally don't seek help until the child is between the ages of four and six.
- It occasionally develops in older children and can persist into adulthood if untreated.
- Girls are affected at least as frequently as boys, if not more.
- Children with SM are more likely than average to have other speech and language difficulties; or to come from bilingual or migrant backgrounds. However the term cannot be used if the difficulty is due to lack of knowledge of, or comfort with, the language; or when the difficulty can be better explained by a communication disorder such as stammering or language impairment.
- SM affects children of a sensitive disposition; and they are more likely to have family members who are shy, anxious or have difficulty with social relationships.
- The pattern of speaking and silence is different for every child, but is consistent and predictable, and has lasted at least a month (2 months in a new setting).
- Children with SM are no more likely to have been abused than any other child.

What can be done to help?

In younger children, and when the mutism is less entrenched, there are ways of creating an environment at school and home that alone may result in considerable progress. These include:

- Understanding the nature of selective mutism and that it is not stubbornness nor deliberate.
- Openly acknowledging the child's difficulties in an accepting and relaxed way, while stressing to the child that the situation is only temporary.
- Encouraging general participation in a relaxed atmosphere, with no pressure on the child to speak until they are ready.
- Acknowledging and rewarding independence, initiative, non-verbal communication and participation in activities.
- Letting the child talk to parents and friends, allowing enough time for them to become comfortable before gradually approaching and joining in.

If the child is older, the mutism is longstanding, or there are any other concerns about the child, in addition to the above modifications a referral should be made to a professional such as a speech and language therapist, educational psychologist or clinical psychologist, according to local referral guidelines.

An assessment may include a parental interview, information from school, and an evaluation of the child's speaking habits (a picture of the locations and conditions where speaking is comfortable). It may also include assessment of speech and language and cognitive skills.

Treatment is likely to take the form of a behavioural programme designed to reduce the child's anxiety about speaking. This will involve parents and school staff with regular meetings to review and update treatment targets. Ongoing support and advice to the school and family are crucial. Training in social skills or assertiveness is often beneficial. In a few situations, or at some stage of treatment, alternative therapies or medication may help.

Progress is best if the child's problem is identified early. But it's never too late!

References

Johnson M and Wintgens A (2012) *Can I Tell You About Selective Mutism?* Jessica Kingsley Publishers.

Johnson M and Wintgens A (2016) *The Selective Mutism Resource Manual, second edition.* Speechmark Publishing Ltd.

Rae Smith B and Sluckin A (Eds) (2015) *Tackling Selective Mutism: a guide for professionals and parents.* Jessica Kingsley Publishers.

Silent Children DVD available from SMIRA (see below)

Resources for children

Levett J (2015) *Can't Talk, Want to Talk!* Speechmark Publishing Ltd.

Longo S (2006) *My Friend Daniel Doesn't Talk.* Speechmark Publishing Ltd.

Please note: Afasic does not hold copies of any referenced material. These publications should be available at academic libraries.

Other organisations which can help

SMIRA (Selective Mutism Information and Research Association)
Parent/professional support group with free membership, providing email chat forum; free downloads; hand-outs and SMIRA information packs; annual conferences; and training. Also SMIRA is on facebook.

Email: info@smira.org.uk
www.smira.org.uk

The Selective Mutism Foundation, Inc.
www.selectivemutismfoundation.org

Written by Alison Wintgens, adviser to The Royal College of Speech and Language Therapists and author on Selective Mutism

Afasic

E:mail info@afasic.org.uk

Tel: 020 7490 9410

Helpline: 0300 666 9410

www.afasic.org.uk

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