

# Selective Mutism

## What is selective mutism?

Selective mutism is a disorder which describes a person who chooses not to speak within at least one social setting but is able to speak in other situations. The child usually fails to speak in specific social situations before the age of 5 years. The time in which the child does not speak in a certain situation often lasts more than one month. The reason for not speaking is usually not due to a lack of knowledge or an inability to produce the language required within the social situation. A child's lack of speaking may interfere with preschool/kindergarten, school and/or with social communication.

## What are the common features of selective mutism?

- Refusal to speak to specific situations.
- Anxiety
- A high level of shyness.
- Difficulty maintaining eye contact.
- In situations where the child chooses not to speak, they may communicate using gesture (e.g. pulling, pushing, pointing).

## Common difficulties often (but not always) experienced by the child with selective mutism:

- For most children, selective mutism occurs over a number of social

situations at home, school and in play.

- For some children, selective mutism only occurs in specific situations, such as talking in the classroom or communicating with strangers.
- Selective mutism can have a big impact on a child's confidence when engaging with peers and/or adults and may affect their social skills or how they relate to others.
- A child's inability to speak may impact on completing academic tasks (e.g. speaking in front of the class, answering questions, reading aloud).
- Articulation difficulties
- Language delay or disorder.
- Social isolation
- High levels of anxiety and shyness.

## **Management strategies that support the child with selective mutism (at preschool, school and/or home):**

- Model appropriate language when interacting with the child.
- Give the child space and time to communicate with peers and adults.
- Avoid commenting on the child's selective mutism or bringing attention to it.
- Avoid pressuring the child to talk on demand (e.g. "Say 'hello' to your teacher").
- Develop or encourage the use of non-verbal (e.g. gesture, pictures) and alternative forms of communicating (e.g. sign, picture exchange communication system - PECS) to help reduce anxiety and/or facilitate interactions with others.

## **Speech Therapy approaches and activities that can support the child with selective mutism and/or their carers include:**

- **Speech and language assessment:** Looking in depth and determining the child's strengths and weaknesses in all areas of communication, including play and interaction skills, attention and listening, understanding words and language, using words and language, social communication, pronunciation and talking.
- **Understanding Selective Mutism:** Helping the child and family to

understand what is occurring and why, and exploring how Selective Mutism affects the child emotionally.

- **Reduce anxiety:** Working together with the child to reduce anxiety and stress which may be associated with the Selective Mutism.
- **Communication strategies:** Providing the family with strategies and techniques to increase and enhance communication with the child.
- **Non-verbal forms of communication:** Encouraging the use of non-verbal forms of communication (e.g. gestures and pictures) to communicate and gradually moving towards the child using speech to communicate within the classroom and/or home.
- **Communication attempts:** Reinforcing communication attempts positively when they occur (e.g. whispering, mouthing, gesturing).
- **Choice-making:** Offer the child choices and encourage the child to use gesture and/or words to make a request.
- **Structured activity time:** Set aside a time each day where the child is encouraged to engage in an activity with another child and/or adult with no pressure to communicate verbally (i.e. looking at books, taking turns in a game).
- **Group time:** Set up small groups in which the child may feel more comfortable speaking (e.g. at school).
- **Develop confidence:** Build a child's confidence by establishing a situation in which the child speaks freely and then changing the situation in a gradual and systematic way, working towards speaking in a situation in which they formally would have chosen not to speak (i.e. slowly adding another person in the room; if child is happy speaking outside the classroom but not in the classroom, slowly moving the child towards the classroom).
- **Liaising with educational staff** to implement strategies and ideas into the educational setting.

## **Why should I seek therapy for my child with selective mutism?**

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

**If left untreated the child with selective mutism may have difficulties with:**

- Learning to talk, speech intelligibility and clarity.
- Self esteem and confidence when they realise their skills do not match their peers.
- Bullying when others become more aware of a child's difficulties.
- Social isolation because they are unable to cope in group situations or busy environments, impacting on their ability to form and maintain friendships.
- Anxiety and stress in a variety of situations leading to difficulty reaching their academic potential.
- Social communication, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.
- Academic assessment: Completing tests, exams and academic tasks in higher education.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.

*For more information see the relevant fact sheets under areas of concern or refer to the other relevant resources section below.*

## **What does the diagnosis of selective mutism really mean for the child?**

Diagnoses are used to label a specific set of symptoms that are being experienced by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.

- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child on 1800 KID SENSE (1800 543 736)

