

An information sheet for parents and professionals

WHAT IS SELECTIVE MUTISM?

Selective mutism is a term used when children who are able to talk comfortably to some people, usually family members and close friends, are silent or unable to talk freely when other people are present. Often the problem is not apparent until the child goes to playgroup, nursery or school. Children who have not spoken in certain situations for over a month – not including the first month which is often a settling-in period – can be described as having selective mutism.

'Selective mutism' used to be known as 'elective mutism' but it is now understood that the child's mutism is not a choice. This is not normal shyness, nor obstinacy; it is a psychological problem where children have developed a phobia of talking to anyone outside their limited comfort zone. Their panic reaction is so extreme and frightening that they either freeze and become unable to speak or do all they can to avoid the need to talk.

A few facts

- ★ Selective mutism is more common than previously thought. Studies suggest that up to seven children per thousand are affected – that is one or more children in most primary schools.
- ★ Selective mutism affects children of a sensitive disposition.
- ★ It is usually present from the time that children move outside the family circle but people often do not 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 who have selective mutism are more likely to have other speech and language difficulties.
- ★ Children who come from bilingual or migrant backgrounds are more likely to have selective mutism.
- ★ Children who have selective mutism are more likely to have other family members who are shy or anxious or have difficulty with social relationships.
- ★ The pattern of speaking and silence is different for every child but it is consistent and predictable.
- ★ Children who have selective mutism 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 in school and at home that alone may result in considerable progress. These include:



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- ★ Understanding the nature of selective mutism and that it is neither stubbornness nor deliberate.
- ★ Openly acknowledging the child's difficulties in an accepting and relaxed way, while reassuring 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, communication and participation in activities.
- ★ Accepting the child's spontaneous efforts to communicate non-verbally.
- ★ 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. If it is difficult to find a professional with an interest or experience in selective mutism, local authorities can ensure that staff members receive appropriate training from specialists in the field.

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 the 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 when the child's problem is identified early and steps are taken to understand and manage the problem before it gets firmly established.

Suggestions for further reading

The Selective Mutism Resource Manual, 2nd edition, by Maggie Johnson and Alison Wintgens (2016), Speechmark Publishing Ltd.

Can I Tell You About Selective Mutism? by Maggie Johnson and Alison Wintgens (2012), Jessica Kingsley Publishers.

Resources for children

My Friend Daniel Doesn't Talk by Sharon Longo (2006), Speechmark Publishing Ltd.

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

Helpful organisations

- ★ SMIRA (Selective Mutism Information and Research Association): www.smira.org.uk
- ★ The Selective Mutism Foundation, Inc.: www.selectivemutismfoundation.org
- ★ NHS Choices: www.nhs.uk/conditions/selective-mutism

