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Selective Mutism in young children

Selective Mutism is a complex childhood **anxiety disorder** characterised by a child's inability to speak and/or communicate in a socially expected way in select settings like school or Kindergarten.

Selective mutism is not a choice. Children with Selective Mutism (SM) want to be able to talk and participate just like everyone else, but their **anxiety/fear** is so great that they are unable to use their voice and talk to their full potential.

SM is like any fear or phobia. What seems easy to one person is really scary to another. If you have a snake phobia/fear, no one would expect you to go and hold a snake. If you have a spider phobia/ fear, you would automatically avoid being around spiders, and perhaps scream if you saw one. Children with SM have a **phobia/ fear of talking**. Children with Selective Mutism are NOT being deliberately 'manipulative' or 'oppositional'.

Each child presents differently. Some children may not make eye contact or talk to others at all, some may be able to make eye contact and give gestural responses but never talk; while others might be able to give a yes or no response but never initiate talking to others.

Does the child:

- Answer yes/no questions?
- Answer simple choice questions?
- Tell you about their school work?
- Volunteer information about their interests or weekend?
- Answer questions in detail?
- Ask questions or ask for help?
- Look comfortable talking in front of others?
- Talk to **all/most** teachers in the school, including the yard duty teacher?

If the answer is 'no' to any of these, then the child is not reaching their full potential.

For many children, selective mutism/anxiety does not just impact verbal communication. It can significantly impact any form of communication or daily activity. Does the child:

- Make eye contact
- Point or use gesture to make a request
- Make non-verbal choices or decisions
- Initiate their own actions without following another person's lead
- Participate in games and activities confidently with others
- Taking things from other people when offered
- Independently go to the bathroom, get food out of their bag, get a drink when needed



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What are the diagnostic criteria for Selective Mutism?

DSM-IV-TR (2000) defines Selective Mutism as:

- Consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- The disturbance interferes with educational or occupational achievement or with social communication.
- The duration of the disturbance is at least 1 month (not limited to the first month of school).
- The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation.
- The disturbance is not better accounted for by a Communication Disorder (e.g., stuttering) and does not occur exclusively during a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder.

When does Selective Mutism start?

- Overall mean age of onset ranges from 2.7 – 4.1 years
- Can go unrecognized until child enters primary school where he/she is consistently confronted with the challenge of speaking in novel social settings.
- Often not recognized within the home environment where they talk freely and confidently
- Within educational settings the child with SM may be unnoticed relative to the child with disruptive behaviours

What causes Selective Mutism?

- No single identified cause of selective mutism has been identified.
- Parents do not cause selective mutism, no parent wants their child to feel anxious or be unable to speak and advocate for themselves.
- Traumatic experiences do not cause selective mutism.
- A genetic predisposition has been suggested with children with Selective Mutism as it is common for anxiety-based conditions occur family members.

Does Selective Mutism cause other difficulties?

- Research indicates that selective mutism can have a significant impact on a child's academic and social achievements and long-term outcomes. REF: Journal of Clinical Child & Adolescent Psychology. 2008 October; 37(4): 770–784. doi:10.1080/15374410802359759.
- Children with SM who remain unsupported at school are known to be at a greater risk of ongoing mental health issues REF: Untreated and Under-treated Selective Mutism and Early Childhood Anxiety as Gateways to Subsequent Mental Health Problems Steven MS Kurtz, PhD, ABPP Kurtz Psychology Consulting PC
- Some studies suggest that children with selective mutism may develop difficulties with:
 - Expressive language skills (talking)
 - Receptive language skills (understanding)
 - Speech sound development
 - Social skill development

A child's teacher and how they support a child with selective mutism can have the most significant impact on the child's future.



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How can I help reduce the child's anxiety in the class room?

A child's teacher can have a significant impact on the child's selective mutism /anxiety and whether it resolves over time or increases.

Positive reinforcement and desensitization techniques are the primary behavior treatments for selective mutism, as well as removing all pressure to speak. Emphasis should be on understanding the child and acknowledging their anxiety.

Some families report that when their child's teacher did not understand the selective mutism or had the same expectation for communication and participation as the other children, their child's anxiety was often exacerbated and the child's ability to communicate regressed.

You can help by:

Building self-esteem and self-confidence – Provide as much positive feedback about all the good things the child is doing. Eg “ Oh I love that flower you made” “Great job on your writing, your letter /p/ is lovely”.

Be aware children with Selective Mutism have a **deep fear of evaluation**, so they may not be ready to hear any *constructive* feedback yet. The ability to hear constructive feedback comes with a trusting relationship.

Gently acknowledge all forms of communication and participation: As children with selective mutism become more comfortable, their anxiety reduces, and their participation and communication should increase. Gentle and brief feedback will help this:

- If he/she has a turn in the game “great taking a turn”,
- If he/she shakes her head ‘no’, “thanks for letting me know you don't want that”
- If he/she walks away from a peer “I can see you aren't ready to play with them right now, thanks for letting us know”
- If he/she looks at you “thanks for looking at me, I can see those gorgeous blue eyes”
- If he/she says a word eg “yes”, briefly acknowledge “thanks for letting me know” -

Talk about what he/she is doing. Small peaceful comments about what they are doing ensure he/she feels seen and heard and is aware that you are connecting together. Children with selective mutism are often ‘not seen’ so this is very powerful tool.

AVOID asking questions. People with selective mutism *can't* answer, regardless if they know the answer. As adults we ask questions all day to test the child's knowledge and /or to connect and engage with them. If you do ask a question, don't expect an answer and move on.

AVOID eye contact until he/she is ready. Avoiding eye contact can reduce the pressure the child feels when others interact with him/her.



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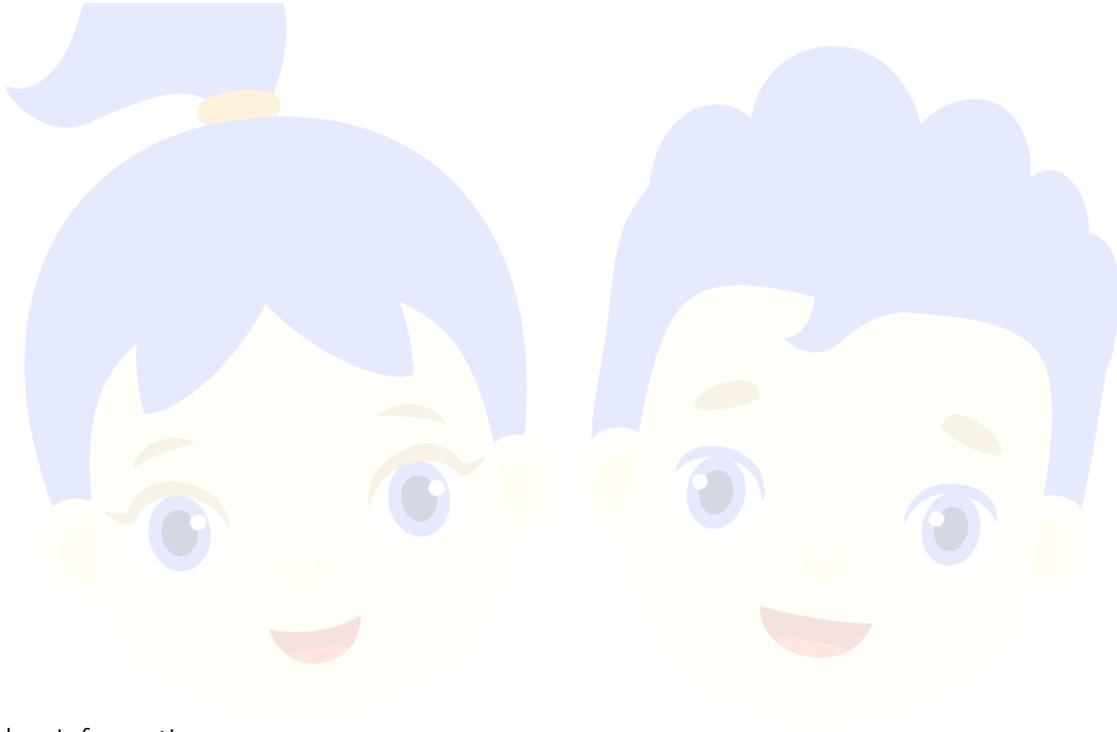
AVOID talking about him/her in front of other. People with selective mutism strongly dislike being talked about. If parents ask questions at the end of the day, offer them an email. If your colleagues want to tell you about the child, ask to speak to them later when the child cannot over hear.

AVOID making him/her the centre of attention. People with selective mutism do not like being the centre of attention. If you quietly ask them for something and there are other children standing around, they may not respond.

It is BEST to avoid any over-the-top attention or praise, just provide peaceful supportive comments eg "great job, I like your butterfly", "I love your painting" and then move on.

You can be explicit with him/her. If you are spending time with him/her you can say:

- 'I know it can feel scary to talk to me. I know you will when you're ready';
- 'I won't ask you to talk and I'm not going to ask you any questions';
- I know right now it is hard to tell me about your work. I know you will when you feel ready



For further information you can:

🎧 Listen to this brilliant 18-minute Podcast: How to Guide an SM Child Towards Speaking [Selective Mutism HELP](https://podcasts.apple.com/au/podcast/selective-mutism-help/id1572738041?i=1000535489655)

<https://podcasts.apple.com/au/podcast/selective-mutism-help/id1572738041?i=1000535489655>

👤 Visit <https://www.smhelp.org/parent-resources.html>

👤 Contact Jo Brady Speech Pathologist for more information jo@ivanhoespeech.com.au