Selective Mutism

What Is Selective Mutism?

Selective mutism is a childhood psychological disorder originally thought to be quite rare among children. Early prevalence studies estimated that less than 1% of children are affected by this condition. However, more recent studies suggest that upward to 2% of children in the primary grades may be characterized as selectively mute (e.g., Kumpulainen et al., 1998). In order to be diagnosed with selective mutism, children must exhibit a persistent failure to speak in some social situations (e.g., at school with the teacher/classmates), while demonstrating a comfortable use of speech in other situations (e.g., at home with immediate family). The discrepancy in speech usage must have persisted for longer than one month and be present beyond the first month of entry into school or the daycare setting (DSM-IV, American Psychiatric Association, 1994). The discrepancy across settings is typically quite striking; it is not uncommon for parents to describe a "chatty" child at home, while teachers have yet to even hear the child's voice.

In terms of our understanding of the condition, selective mutism is typically viewed as an anxiety-based condition. As such, the child who is capable of oral communication is thought to be overcome by anxiety or apprehension in the face of certain speech demands (e.g., speaking to the teacher; speaking in front of others). The selectively mute child does not "choose" to be mute in certain circumstances, but rather becomes speech-inhibited in response to an anxiety-provoking situation. A general shift in the understanding of the condition as anxiety-based is reflected in the change in term used to characterize these children. *Elective mutism* implied a child "elected" to be mute (coined originally in 1934 by a Swiss psychiatrist) whereas *selective mutism* (DSM-IV, 1994) places an emphasis more on the selectivity of speech settings, without the suggestion that children are willfully mute.

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What Other Things Might I Notice About the Selectively Mute Child?

In addition to the discrepant speech patterns described above, children with selective mutism may also:

1) show nonverbal signs of anxiety when expected to speak (e.g., blush, avoid eye contact, fidget, or "freeze" in their bodily movements).

2) convey their wishes and needs through nonverbal communication (e.g., gesturing, pointing), rather than using their words.

3) try to avoid activities that might require speaking (e.g., asking the teacher if he/she might go to the washroom or sharpen a pencil)

4) limit their nonverbal participation or activity (e.g., not catch the ball in gym class; not perform the hand gestures during sing-song time).

What Other Conditions Can Be Associated With Selective Mutism?

Children who have selective mutism may also:

1) have other anxiety-related issues, such as social anxiety, separation anxiety, and/or obsessive-compulsive or perfectionistic tendencies.

2) have enuresis (i.e., wetting accidents) and/or encopresis (i.e., soiling accidents).

3) *appear* oppositional or strong-willed at times, although these behaviours seem to serve the purpose of avoiding anxiety-provoking situations.

How Does Selective Mutism Impact on School & Peer Functioning?

Despite what we might assume about a child who does not speak freely in learning and/or social situations, children who have selective mutism typically do:

1) acquire academic skills consistent with their abilities, despite the challenges teachers face in evaluating learning progress.

2) get along well with their peers and do not seem to be at heightened risk for teasing or bullying by their peers. Often, a peer may take on the role of "spokesperson" for the selectively mute child.

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What Causes Selective Mutism?

There is insufficient research at this point to adequately answer this important question. Nonetheless, based on research and clinical observation, some factors appear to contribute to, or at least co-occur with, selective mutism. These factors can include:

1) A shy and/or anxious temperament
   - Many children who have selective mutism are described as shy and slow to warm up to new situations and/or unfamiliar people. Parents often assert that their child "has always been this way".

2) A family history of shyness and/or anxiety
   - It is not uncommon for one or both parents to report feeling anxious in social situations or perhaps even experience specific anxiety when they must speak in front of others.

3) Speech/ language difficulties
   - A proportion of selectively mute children also have speech/language problems (e.g., articulation difficulties)
   - Some children may be apprehensive to speak for fear that their words "sound funny".

4) New culture.
   - There is a higher-than-expected prevalence of selective mutism among immigrant children. Some children who are adjusting to a new culture and/or a different language might be reluctant to speak.

5) Weak home ⇔ school peer networks.
   - Selectively mute children may be more likely to come from families who are not well connected with the school community. For example, the selectively mute child might live in a different neighbourhood than his/her classmates and be bussed in for school.

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Common Misconceptions Regarding Selective Mutism

Given the fact that selective mutism is relatively rare, often parents, educators, and other professionals have difficulty finding information on this condition. Educators with years of experience may have never worked with a selectively mute child before. Parents of a selectively mute child may feel very isolated about their experience. Without the availability of accurate information, parents, teachers, and the selectively mute child may develop certain beliefs or misunderstandings about selective mutism.

Based on our own clinical experience, the following ***misconceptions*** are often held by parents, educators, and even the selectively mute child:

Parental Beliefs	Teacher Beliefs	Child Beliefs
• "I (someone) did something terrible"	• "Parents have done something terrible"	• "My parents are worried/mad"
• "There is something wrong with my child"	• "This child needs to be treated elsewhere"	• "My teachers are worried or mad at me"
• "My child will fail at school"	• "This is manipulative behavior"	• "There is something wrong with me"
• "My child will not make friends"	• "I cannot assess this child's work"	• "My teacher will try to make me speak"
• "My child will be teased by peers"	• "If this child doesn't talk, I have failed"	• "I will never be able to talk to my friends"
• "There is nothing I can do"	• "Parent will make the child dependent"	
• "This will never get better"		

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What Information Would Be Helpful to Gather About My Child's Mutism?

It has been our experience that parents can play an important role in the closer examination of a child's restricted use of speech. Specifically, observational information related to a child's speech patterns can be invaluable for assessment purposes and the planning of an appropriate intervention. Details regarding the age of your child when the mutism first appeared and how it has changed over time are important considerations. Some children gradually increase the number of people with whom they speak over time. A small number of children actually further restrict the number of persons they speak to as time passes. Factors associated with these changes should be considered.

In addition to the general pattern of mutism over time, you can track the situations in which your child will or will not speak *presently*. You can systematically describe your child's speech usage patterns by generating lists of:

1. All ***people*** (e.g., children; adults) with whom your child speaks
2. All ***situations*** in which your child speaks (e.g., locations; times; settings)
3. All ***activities*** which seem to encourage speech and those which reduce speaking

What Do I Need to Consider About A Child's Mutism?

It is important to determine, where possible, the underlying reasons why a child may be restricted in their speech usage. The observations of those who interact with the child (e.g., school staff; swimming instructor) and consultation with professionals (e.g., family physician; school staff; speech & language pathologist; psychologist) can first help to determine whether the speech inhibition is a *secondary symptom of another condition*. For instance, mutism can be seen as a secondary characteristic of mental health conditions such as a Pervasive Developmental Disorder (PDD), schizophrenia, or severe mental retardation. Certain neurological or biological conditions such as a seizure disorder (e.g., Landau-Kleffner Syndrome; Fragile X Syndrome) may also be accompanied by periods of mutism. As a result, it is very important to rule out or identify co-occurring conditions prior to developing an intervention. In some instances, conditions like those mentioned above, may exclude selective mutism as an explanation for a child's restricted speech usage.

After other explanations for the mutism have been ruled out, the identification of potential contributing factors can be important to the development of an effective intervention plan. For example, a child with a related language impairment is likely to benefit from the involvement of a speech and language pathologist. The selectively mute child of a new immigrant family facing an unfamiliar language and cultural differences may benefit from an intervention plan with a different scope. Various contributing factors should be considered including speech and language difficulties, a hearing impairment, cognitive weaknesses, or learning difficulties.

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What Can Be Done to Help the Child with Selective Mutism?

Many different intervention approaches have been developed including behavioural strategies, individual therapy of various forms, family therapy, and speech therapy. Intervention programs differ, in part, due to varying conceptualizations of the underlying cause of mutism. Despite the existence of various approaches, the majority of treatment strategies have not been formally evaluated as to their effectiveness.

To date, behavioural approaches and some forms of individual therapy (e.g., cognitive-behavioural therapy) appear to be most promising (Kratochwill, Sladezcek, & Serlin, 2002). If a child's mutism is anxiety-based, behavioural principles used for other forms of anxiety are likely to be beneficial. These include exposure training, systematic desensitization, and stimulus fading. In general, it is thought that by exposing the child to anxiety-provoking situations (e.g., speaking to the teacher at school), he/she will come to master the anxiety associated with a specific speaking circumstance. Whereas an anxious child will often enlist *avoidance* as a coping strategy, exposure to feared situations through the gradual, supportive introduction of increasingly challenging situations can lead to mastery of the fear. Given that selective mutism tends to be most prominent within the school setting, it is our belief that it is important that such exposure opportunities occur within the school context. As a result, a collaborative school-based approach in which parents, school staff, and other involved professionals develop and monitor the intervention plan as a team can be highly effective. Cognitive-behavioural strategies can be a helpful complement to a behavioural intervention of this type among older children who are able to examine their underlying anxious thoughts.

We have also produced a school-based collaborative approach, as described here, in manual format: COPEing with Selective Mutism: A Collaborative, School-Based Approach, 2001. This manual is available from the Community Parent Education (COPE) Program, Evel Building, Office 118, McMaster Children's Hospital, Chedoke Site, Hamilton Health Sciences Corporation, Box 2000, Hamilton, Ontario, Canada L8N 3Z5.

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Item	Number	Price	Total
COPE*ing* with Selective Mutism: A Collaborative School-based Approach (August 2001 Edition) by Charles E. Cunningham, Ph.D. Angela E. McHolm, Ph.D.		$30.00	
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Mail this form with a **Cheque or Money Order** payable to the **Community Parent Education (COPE) Program** to:

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Thank you for your interest!

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Authors' Note: The information to follow was developed by Angela McHolm, Ph.D., Director, and Melanie Vanier, M.A. (Ph.D. Candidate), Staff, of the Selective Mutism Service, McMaster Children's Hospital, Hamilton, Canada. Efforts have been made to assimilate information drawn from the available scientific literature, our own local epidemiological research (in press), and clinical experience with this special population of children. Information is intended to provide the reader with a general introduction to this population and is not intended to serve as a substitute for professional consultation.

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