

Selective MUTISM

Selective mutism is an **anxiety disorder** that prevents a child from speaking in social situations where there is an expectation to speak; in contrast, the child can freely speak at home.

A child with selective mutism will not only remain silent in social situations, but will often be expressionless, not smiling. 20-30% of children who have selective mutism also have other disorders related to speech and language: sensory processing disorders, language delays, and auditory processing disorder are a few. **A child will speak freely in at least one environment.** If a child is mute in every environment, including home, this is not selective mutism and may be due to an experienced trauma. This is labeled as traumatic mutism.

Causes and Prevalence:

The cause of selective mutism is a predisposition in personality or genetics to anxiety. These children are extremely shy and slow to engage socially. Children with parents who have anxiety may be more susceptible to having selective mutism.

1% of the population is affected with this disorder.

Girls are twice as likely to have selective mutism.

Identification and assessment:

- To be correctly identified with selective mutism a child must have the disorder for **more than a month.**
- All other sensory issues should be ruled out, such as hearing and other physical features that could prevent speech.
- An English Learner student should not qualify for this disorder while in the “silent period” of language learning.
- A child may be referred to a psychologist for anxiety, but a speech language pathologist will be the primary provider to test and diagnose.

Language interventions per ASHA:

- **Stimulus fading.** The child may be with someone they talk to easily at first. Then, a new person may slowly join in. This will help the child get comfortable with new situations.
- **Shaping.** The SLP will praise or give rewards to the child for trying to communicate. The child may first only point or use other gestures. Then, he may mouth a word, which means saying it silently, or whispering. The goal is for the child to speak in all situations.
- **Self-modeling technique.** The child may watch videos of herself talking in a comfortable situation, like at home. This may help her feel more confident about how she speaks. She may then try speaking in other situations.

Useful Technology:

video camera, voice recorder, voice amplification device

Other Interventions:

- Preparation of preschoolers and families for transition to kindergarten
- Calling on children rather than waiting for volunteers
- Avoiding yes/no questions; use open ended questions.
- Do not reinforce non-verbal communication such as pointing, nodding,
- Identifying children who are at-risk for selective mutism such as being shy and having separation anxiety
- Psychopharmacology is not viewed as the most efficient treatment but is an option.

Key resources:

selectivemutismcenter.org

www.anxietybc.com/parenting/selective-mutism

Childmind.org

ASHA.org

(Fact Sheet Written and Compiled by : Roanna Parker)