Selective Mutism

Selective mutism (formerly known as elective mutism) usually happens during childhood. A child with selective mutism does not speak in certain situations, like at school, but speaks at other times, like at home or with friends. Selective mutism often starts before a child is 5 years old. It is usually first noticed when the child starts school.

What are some signs or symptoms of selective mutism?

Symptoms are as follows:
- consistent failure to speak in specific social situations (in which there is an expectation for speaking, such as at school) despite speaking in other situations
- not speaking when it interferes with school or work, or with social communication
- when it lasts at least 1 month (not limited to the first month of school)
- when failure to speak is not due to a lack of knowledge of, or comfort, with the spoken language required in the social situation
- not due to a communication disorder (e.g., stuttering)
- it does not occur exclusively during the course of a pervasive developmental disorder (PPD), schizophrenia, or other psychotic disorder

Children with selective mutism may also show:
- anxiety disorder (e.g., social phobia)
- excessive shyness
- fear of social embarrassment
- social isolation and withdrawal

A child with selective mutism should be seen by a speech-language pathologist (SLP), in addition to a paediatrician and a psychologist or psychiatrist. These professionals will work as a team with teachers, family, and your child.

What we do…

The assessment process is very important and includes:
- gathering a complete background history
- an educational history review
- hearing screening
- oral-motor examination
- parent/caregiver interview
- perform a speech and language evaluation

The educational history review seeks information on:
- academic reports
- parent/teacher comments
- previous testing (e.g., psychological)
- standardized testing
The hearing screening seeks information on:
- hearing ability
- possibility of middle ear infection

The oral-motor examination seeks information on:
- coordination of muscles in lips, jaw, and tongue
- strength of muscles in the lips, jaw, and tongue

The parent/caregiver interview seeks information on:
- any suspected problems (e.g., schizophrenia, pervasive developmental disorder)
- environmental factors (e.g., amount of language stimulation)
- child's amount and location of verbal expression (e.g., how he acts on playground with other children and adults)
- child's symptom history (e.g., onset and behaviour)
- family history (e.g., psychiatric, personality, and/or physical problems)
- speech and language development (e.g., how well does the child express himself and understand others)

The speech and language evaluation seeks information on:
- expressive language ability (e.g., parents may have to help lead a structured story telling or bring home videotape with child talking if the child does not speak with the SLP)
- language comprehension (e.g., standardised tests and informal observations)
- verbal and non-verbal communication (e.g., look at pretend play, drawing)

Once assessment is complete our speech and language Pathologist will offer intervention. This may be a combination of strategies including:
- creating a behavioural treatment program
- focusing on specific speech and language problems
- working in the child’s classroom with teachers

A behavioral treatment program may include the following:
- Stimulus fading: involve the child in a relaxed situation with someone they talk to freely, and then very gradually introduce a new person into the room
- Shaping: use a structured approach to reinforce all efforts by the child to communicate, (e.g., gestures, mouthing or whispering) until audible speech is achieved
- Self-modeling technique: have child watch videotapes of himself or herself performing the desired behavior (e.g., communicating effectively at home) to facilitate self-confidence and carry over this behavior into the classroom or setting where mutism occurs

For specific speech and language problems our therapist can:
- target problems that are making the mute behaviour worse
- use role-play activities to help the child to gain confidence speaking to different listeners in a variety of settings
- help those children who do not speak because they feel their voice “sounds funny”

Working with the child’s teachers includes:
- encouraging communication and lessening anxiety about speaking
- forming small, cooperative groups that are less intimidating for your child
- helping your child communicate with peers in a group by first using non-verbal methods (e.g., signals or cards)
- gradually adding goals that lead to speech
What you can do…

Working with your child, our therapist, and teachers to generalise learned communication behaviours into other speaking situations is essential for the success of intervention.

Disclaimer

This is intended to support, not replace, discussion with your doctor or healthcare professionals. This information sheet has been compiled from various publications and considerable effort has been made to ensure the information is accurate, up to date and easily understood. Therapies for Kids accepts no responsibility for any inaccuracies, information perceived as misleading, or the success of any treatment regimen detailed in this information sheet.