Suggestions for Intervention for Selective Mutism in Children

The Selective Mutism Information and Research Association (SMIRA) has put forward the following suggestions for health professionals and families:

1. Assessment: because some SM children suffer from other communication disorders that can easily be missed, a Speech and Language Therapist’s assessment should be requested. This can be managed by a home visit or use of recordings if necessary. A psychologist’s assessment is also advisable, but intervention should begin at once. An experience all too commonly reported, is that children are moved around from one waiting list to another, without actually receiving the help they need.

2. Early diagnosis and treatment is important. It is unhelpful to ‘wait and see’ as this could lead to entrenchment and possibly longer term problems. The ability to speak in some situations, but not in others, indicates Selective Mutism.

3. Parents and carers must be provided with support and up to date information such as that provided by the SMIRA helpline or its handouts and website.

4. All pressure to speak must be removed by all those with contact with the child.

5. Offering help at a very young age through an informal play approach has the best chance of success. This usually takes the form of facilitated noisy play during which confidence is instilled and trust is built; adults make mistakes which children become eager to ‘correct’ and uninhibited laughter is generally encouraged. Interaction with animals can also help.

6. Older children have been shown to respond well to a very gradual ‘step by step’ desensitisation approach based in the behaviourist tradition. (Trained professionals from several disciplines, as well as teaching assistants have been able to deliver this.)

7. A small minority of SM children will need specialized services such as CAMHS, as their problems are complex and their environment may be problematic. This is sometimes combined with formal CBT. It should be noted however, that unusually minute and gradual steps in the behavioural aspect of treatment are required if the actual speech behaviour is to be changed. Broad, general recommendations are not effective.

8. The possible role of medication requires careful thought and is currently used more in the US than in the UK. It is discussed by a Child Psychiatrist in Smith and Sluckin 2015 pp 131-137.

Information and Support

Selective Mutism Information and Research Association (SMIRA) Reg Charity No.1022673 is a national UK support group based in Leicester. It also has overseas links.

It deals mostly with children and parents and has a ‘facebook’ membership of over 3000. It is in touch with many of the leading specialists in the field of Selective Mutism (SM).
www.selectivemutism.org.uk
email: info@selectivemutism.co.uk
Phone 0800 2289765
Facebook: Smira – Selective Mutism

There is a completely separate support group for SM adults: www.ispeak.org.uk or email carl@ispeak.org.uk

Recommended Reading

Benita Rae Smith and Alice Sluckin Eds. 2015
Jessica Kingsley Publishers, London and Philadelphia
ISBN 978 1 84905 393 8 paperback, 308p, £19.99 (royalties to charity)

Johnson, Maggie and Wintgens, Alison (2016)
Speechmark, Bicester, Oxfordshire:

‘Can I tell you about Selective Mutism? A guide for friends, family and professionals.’
Johnson, Maggie and Wintgens, Alison (2012)

Kotrba, Aimee (2015)
PESI Publishing and Media. Eau Claire, Wisconsin:

Helping your Child with Selective Mutism.
McHolm, Angela E., Cunningham, Charles E. and Vanier, Melanie K. (2005)
New Harbinger Publications, Inc., Oakland, CA


Helping your anxious child –
Ronald M. Rapee. 2nd Edition 2009
New Harbinger Press

Also Recommended:

Silent Children - approaches to Selective Mutism – Book & DVD
Edited by Rosemary Sage & Alice Sluckin (2004),
University of Leicester
(Available to purchase from SMIRA)