

Selective Mutism and Autism

Two conditions affecting
communication: Similarities,
differences and overlap

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All about me...

Ed psychologist since 2000

Autism specialist since 2004 (on diagnosis and intervention team)

Lucky parent to my son 'Greg' (autistic and SMer) and his 3 siblings

SM training 2014

SMiRA committee 2017

Task for today

- What is autism? What is SM?
- Why do people confuse them?
- How are they different?
- How are they similar?
- Is there an overlap?
- What next?

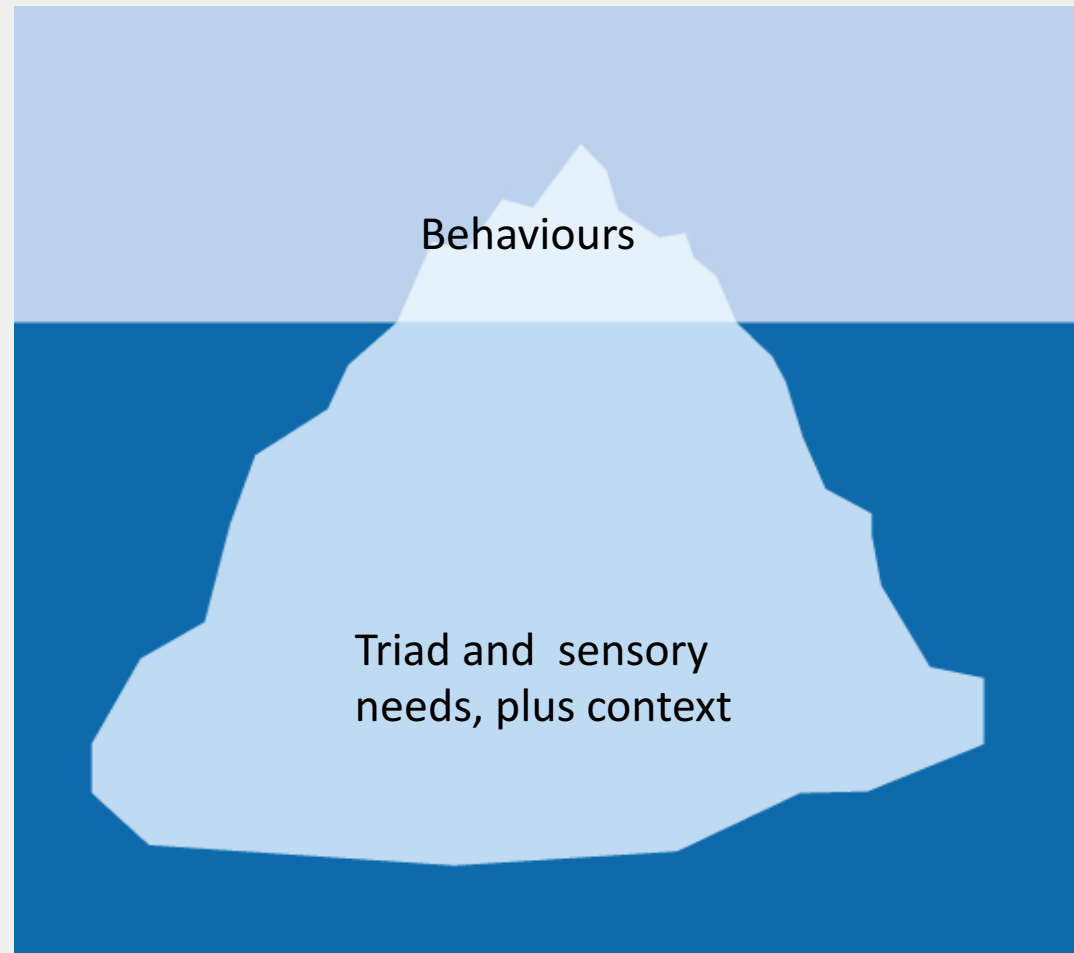
- Limited research body for selective mutism
- ‘practice based evidence’
- Emerging info re distinguishing SM and autism
eg GOSH recent publication – standard autism
assessment difficult to do with SM children

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them

- National Autistic Society

- All autistic people have 3 features in common: the TRIAD (sometimes DYAD).
- All autistic people have difficulties with social communication, social interaction, and with flexible thinking
- All autistic people also have difficulties with sensory differences
- Autism is pervasive – it impacts the way a person sees, interacts with and experiences the world. It isn't turned on and off.





Selective mutism is a severe anxiety disorder where a person is unable to speak in certain social situations, such as with classmates at school or to relatives they don't see very often.

It usually starts during childhood and, left untreated, can persist into adulthood. A child or adult with selective mutism doesn't refuse or choose not to speak, they're literally unable to speak.

However, people with selective mutism are able to speak freely to certain people, such as close family and friends, when nobody else is around to trigger the freeze response.

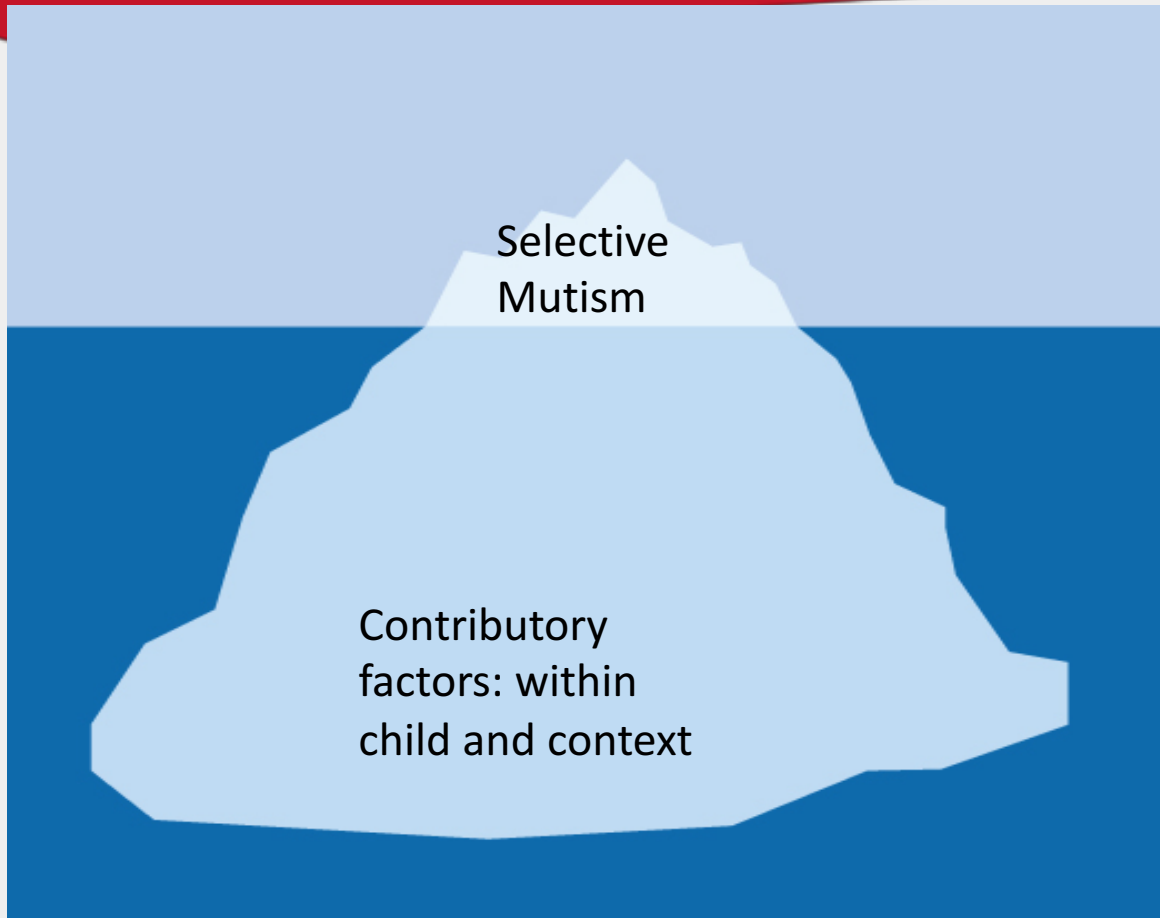
Selective mutism affects about 1 in 140 young children. It's more common in girls and children who are learning a second language, such as those who've recently migrated from their country of birth.

(NHS page on selective mutism)

- Because SM is a behaviour that arises from underlying causes, it is changeable and can often be treated.
- This means it is not a pervasive developmental disorder like autism.

- Selective mutism often affects more than just speech:
- Severe inhibition of communication in general in specific situations and/or with specific people (may include initiation, gesture, written work, eating etc)

It's named after one of the behavioural *effects* of the underlying difficulty – anxiety or phobia or....



- Autism is a lifelong condition that affects the way a person communicates, sees the world and relates to others. It occurs to a certain extent in all settings.
- Selective mutism is a condition that occurs because of an anxiety based response in someone who is temperamentally predisposed. It does NOT occur in all settings and may not be lifelong
- ...and some of the people who are temperamentally predisposed are autistic b/c anxiety and autism go hand in hand.

If you only look at emerging behaviours – the ‘flakes’ in the icecream sundae – these may look similar in autism and SM:

Avoidant eye contact

Not joining in fully and freely

Limited social ‘interest’

Limited reciprocity

Sensory differences

Meltdowns

Autistic people have differences with:

- Social interaction
- Social communication
- Flexible thinking
- Sensory perception

Pervasively: Evident in all contexts (may mask)

People who have SM have difficulties with

- Social interaction
- Social communication

Some of the time

And sometimes, difficulties with

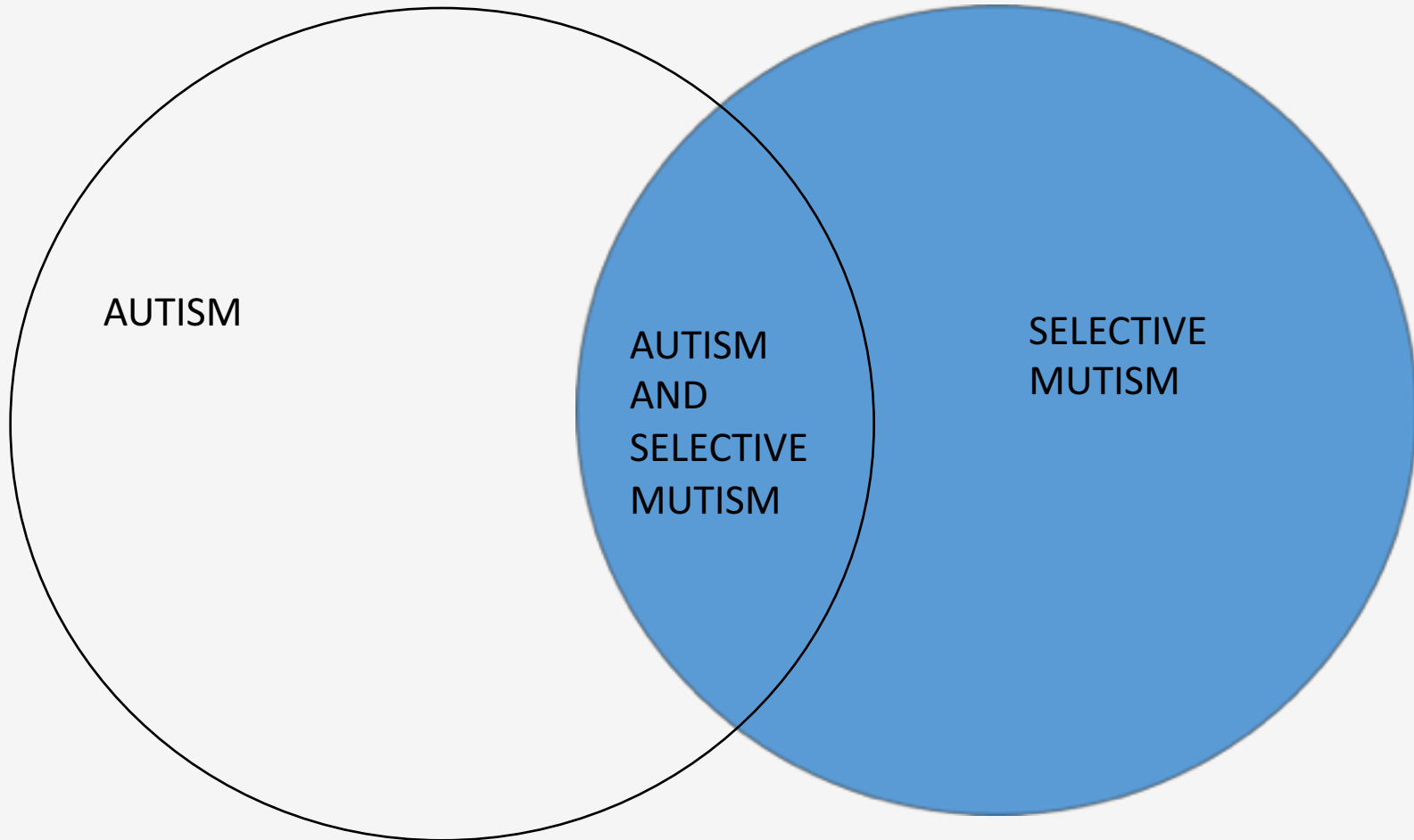
- Flexible thinking
- Sensory perception

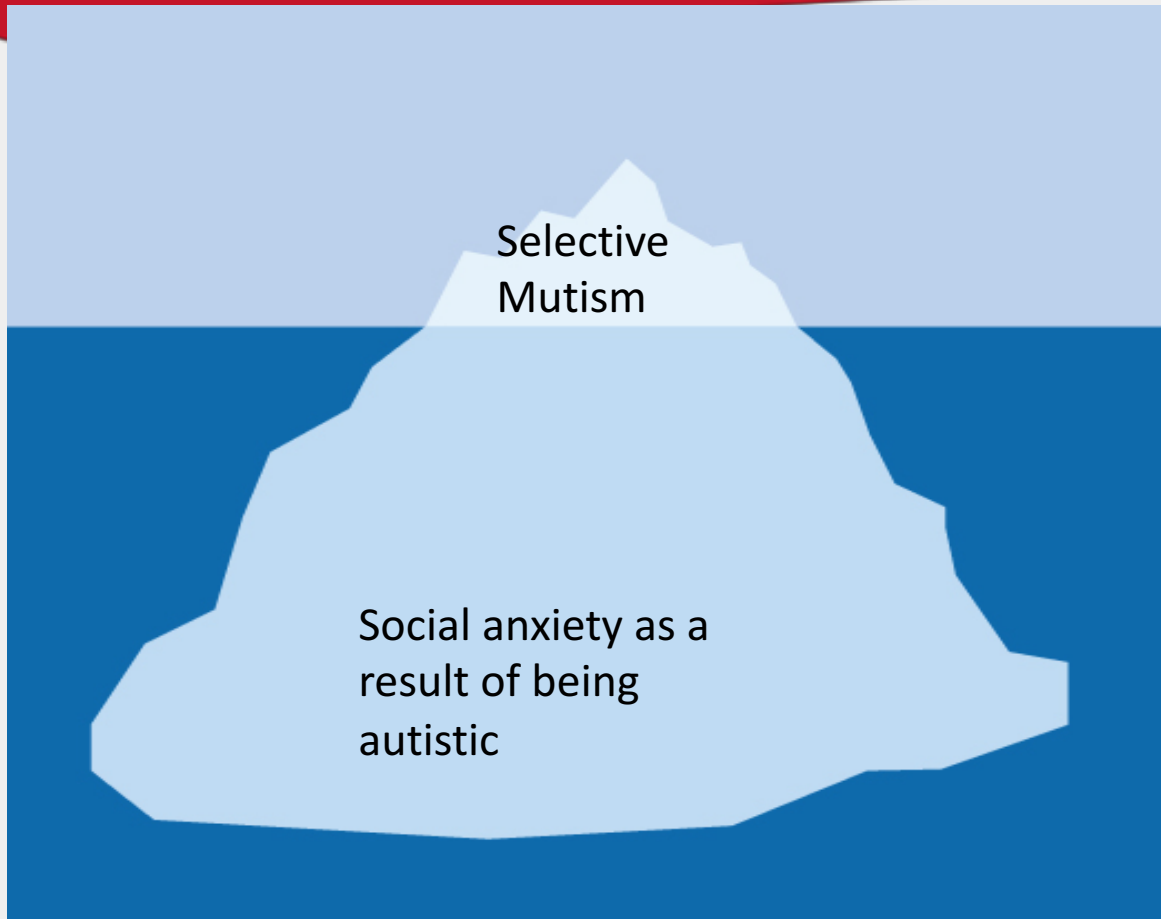
All of the time

People observe the behaviours not the drivers of the behaviour

Autism is much better known

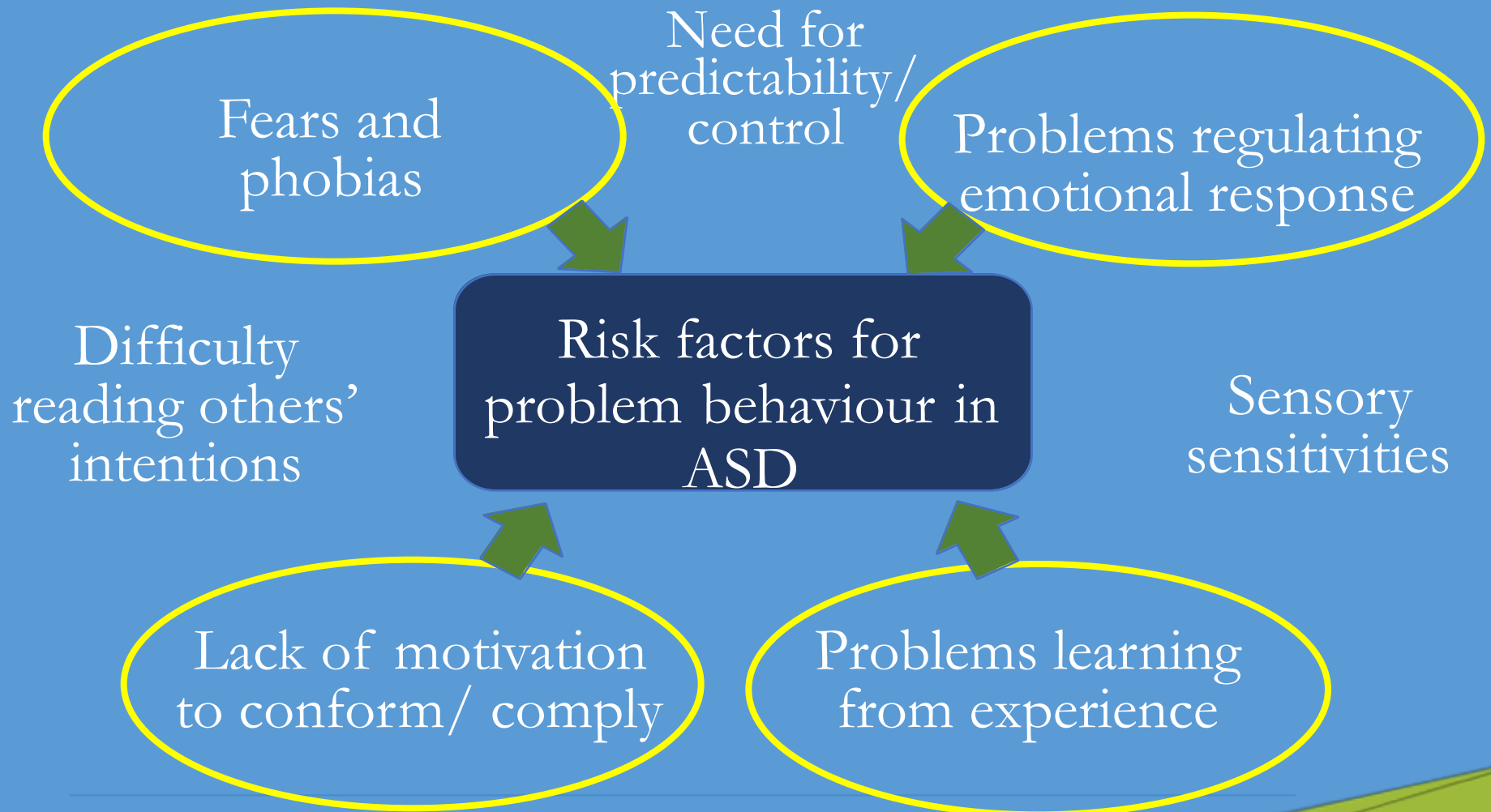
By definition whenever the professional is in the SM space the child's communication is 'abnormal' – have to ask parents.





- Autism is lifelong
 - It is supportive of mental health to understand that you will always be an autistic person and that is OK
 - You will always have 3 scoops in your sundae, and sauce all over it, but the 'flakes and wafers' of the behaviours that arise will change over time.
- Autism is a different not inferior brain
 - Helps to adopt as an identity
 - Hence identity first language
 - Autism isn't something you can separate from the person; it is who they are.
 - 'Neurodiversity'
 - BUT

- Selective mutism is an emerging behaviour (NOT a chosen behaviour) – it is a ‘flake’
- It is often changeable or improvable over time
- It does not help to adopt it as an identity
- It helps to view it as external to the person and not ‘who they are’
- Hence person first language



- Most autistic people do NOT have selective mutism
- Social anxiety common, especially anticipatory anxiety
- Most shy autistic people 'warm up' as anxiety fades
- The diagnostic criteria do NOT include mutism

- Does this autistic person speak far more in one context than another?
- Do they speak very little or not at all in one context or speak only to certain people?
- Do they only speak if they are certain their answer is correct?
- Do they initiate communication?
- Do they show inhibition more widely eg not eating, toileting in school, 'refusing' open ended tasks?
- Do people consider them rude, surly, withdrawn?
- If yes, consider SM

- Does this child with selective mutism show atypical language features even in their speaking spaces and with safe communication partners?
- This might include speaking more on narrowed interests, monologuing, echolalia, unusual pitch or volume, limited reciprocity of speech
- Speech may be more content than socially driven
- Ignore these 'signs' in non-speaking spaces, but examine them in speaking spaces if possible (video / 2 way mirror / parental report) :
 - Lack of eye contact
 - 'rejecting' or closed body language
 - Use of gesture or alternative communication
 - Greetings and other social customs
 - Anxious questioning
 - Sensory sensitivities

- Strategies in autism are often to make expectations very clear (eg social stories) but pressure of expectation triggers anxiety response, worsening the problem
- It can be assumed that the reason for lack of speech is solely because of a failure to understand that it is expected (ie a social understanding issue) or a lack of desire to engage (a social communication issue) – this means that the wrong strategies will be used as anxiety will not be understood as a causative and maintaining factor (“he knows what is expected but can’t bring himself to do it”)
- Failure to speak or complete communicative / opinion based tasks may be interpreted as wilful and ‘refusal’ and subject to reward/punishment; years of negative judgements
- Mutism much more likely to become entrenched as not supported early

- Intervention will be aimed at this one emerging behaviour and not at understanding the child's different processing and social understanding needs because of the triad plus sensory differences. Suspect intervention less likely to be successful as contributory causative factors not tackled.
- They are unlikely to be supported in managing proactively things like changes to the school day, this maintains the general anxiety
- May be negative judgement to parents as child may 'explode' at home having been 'bubbling under a lid' all day, or parents felt to mollycoddle
- School may not understand that 'it's more than just talking' and perceive a controlling child

- Most autistic children do not have SM
- Most children with SM do not have autism
- Nonetheless there is an overlap – anxiety basis affecting communication
- SMiRA survey: see below
- Look beyond the emerging behaviours to the drivers of behaviour
- Look at the wider communication of the person
- Always support the anxiety – small steps and gentle challenges from where they are

Of the 364 members who declared either Selective Mutism alone or Selective Mutism plus autism diagnoses:

- 66% Selective Mutism only
- 34% Selective Mutism plus autism

Subsequent second survey of parents fully satisfied with child's diagnosis:

SM only population (162 children)

- 77% female
- 23% male

SM and ASC population (98 children)

- 50% female
- 50% male

- ICD 11 autism as exclusionary – means ‘check this isn’t autism.’ Clearer that both SM and autism can be diagnosed (compared to DSM5)
- Unhelpful for reasons outlined above to supercede an SM diagnosis with an autism diagnosis – support both.

- Need for more research on outcomes and support for 'comorbid' young people and male/female split
- Need for research to show that social anxiety in autism can lead to risk of SM
- Need an adapted autism diagnostic protocol for SM youngsters



Joan Walsh Anglund

‘A Cup of Sun’, 1967

- Any questions?



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