

Your Selectively Mute Child

Help for parents from SMiRA

Selectively Mute children will speak in some situations, but be silent in others. This leaflet gives information about and strategies for dealing with the condition.

What is Selective Mutism?

Selective Mutism is a relatively rare anxiety disorder in which affected children speak fluently in some situations but remain silent in others. The condition is known to begin early in life and can be transitory, such as on starting school or on being admitted to hospital, but in rare cases it may persist and last right through a child's school life.

These children usually do not talk to their teachers and may also be silent with their peers, although they do communicate non-verbally. Other combinations of non-speaking can also occur, affecting specific members of the child's family. Often the child has no other identifiable problems and converses freely at home or with close friends. He/she usually makes age-appropriate progress at school in areas where speaking is not required.

Selective Mutism is rare, but there may be many children with the condition who are never reported, as they are not troublesome in school. For parents, having such a child can be very distressing, as they may feel blamed for the child's mutism.

What causes Selective Mutism?

No single cause has been established, though emotional, psychological and social factors may influence its development. In the past these children were thought to be manipulative or angry, but recent research confirms an underlying anxiety, similar to 'stage fright'. This may lead to other behaviours, such as limited eye contact and facial expression, physical rigidity, nervous fidgeting and withdrawal.

Is Selective Mutism associated with other disorders?

Selective Mutism may hide other educational or physical problems. If this is suspected, then a G.P. or Health Visitor should be consulted and referral to a Speech Therapist considered. They may ask about the child's experiences and any delays in speech development, which may affect the child's confidence in social situations. The child's strengths and abilities in other areas should also be emphasised by the parents.

Can the Selectively Mute child be helped?

Yes, but early identification is important, so that some form of intervention can be planned. The condition may not improve spontaneously and can become intractable. If the child is not

speaking after a time of 'settling in', then the school's Special Education Needs Co-ordinator (SENCO) should be consulted.

How can schools help?

All schools in England and Wales should follow the DfE's Code of Practice for SEN and the Disability Rights Commission Code of Practice, to identify and monitor children with Special Educational Needs and/or disabilities. Initially, help is given within the school, but in later stages outside agencies like Educational Psychologists, Speech and Language Therapists can become involved. If the child's difficulties are severe, then Formal Assessment may be undertaken. This may lead to an Education, Health and Care Plan, which would be reviewed annually.

The teachers may never have encountered a S.M. child before. Although anxious to help, they may feel threatened and frustrated. Understanding that S.M. is an anxiety response may ease these reactions. There are a number of strategies and treatment programmes available. Help and advice for professionals can be obtained from **SMiRA**.

How can parents help?

Acceptance, tolerance and understanding should be shown to the child, since anxiety can be infectious and may lead to overprotection. Patience and perseverance will be required for dealing with the condition.

The child should not be labelled as 'non-speaking' in front of other people or punished for remaining silent, as this will only increase anxiety, but should be praised for participating in social activities and for communicating verbally or non-verbally.

Conversation should be encouraged at home, and in other settings, about school activities, family events, thoughts and feelings, in order to develop verbal skills and confidence in self-expression. Humour, jokes and laughter can teach the child that speaking is fun.

Talking and reading could be recorded at home, to allow the child to get used to hearing its own voice, and then played back at school with the child's permission.

The S.M. child should be treated the same as other siblings and given the chance to speak or communicate non-verbally. Adults and other children should be discouraged from speaking for the child.

If the S.M. child cannot talk to some family members, then the condition should be explained to them, so as to avoid offence and enlist their co-operation. Use of the telephone may be one way to overcome this difficulty.

Some S.M. children seem particularly attached to pets. This interest could provide a motivation for speaking.

Imaginative play, dressing up and puppet play should be encouraged as S.M. children may speak when 'in role'. Turn taking games will help with socialisation.

Non-verbal activities using the mouth, e.g. blowing bubbles, whistles, kazoos, tongue 'clicking', teeth chattering, drinking through long curly straws, can be fun and develop confidence.

When giving a party, it may help the S.M. child if only a few quiet children are invited. Too much social stimulation can be counter-productive and may increase the child's anxiety.

The S.M. child should be encouraged to join leisure time organisations, even as a silent member initially, since this will help them learn necessary social skills.

Several home visits by the child's teacher or teaching assistant can help to establish a different relationship.

If the S.M. child will speak to the parent on school premises, then a 'situational fading' programme could be used, with the teacher's agreement. In this approach, the situation in which the child will speak is gradually adjusted, by changing the location and/or the people present, until the child speaks confidently.

A detailed and structured programme to help the S.M. child is given in "The Selective Mutism Resource Manual: 2nd edition" (2016) by Maggie Johnson and Alison Wintgens. (ISBN 978-1-90930-133-7)

If there are additional problems, then a child psychiatrist can recommend play or music therapy, which, in some places, is available under the NHS.

Children who have been S.M. for a long time often fear their classmate's reactions if they should speak. Sometimes a change of class or school may lead to a breakthrough, but this should be carefully planned.

Photographs or a video of the school building and staff can give the S.M. child the chance to talk about them at home and practice verbal responses required in school.

Who can help the parents?

Having a S.M. child can be very stressful for parents, not least because the condition is so little understood. Early intervention is important in treating S.M. children, so concerns should be addressed seriously, although parents may need to be assertive.

Sources of sympathetic support are needed and are available. **SMiRA** maintains a website and Facebook group through which parents can contact and support each other. It has a DVD and books available for purchase. Parents can attend annual conferences held in Leicester, U.K..

Every Local Education Authority should provide an Independent Advice and Support Service for the parents of children with SEN and/or Disabilities.

IPSEA (Independent Panel for Special Educational Advice (0800 018 4016) may help you to identify your child's educational entitlement and provide support if you are in disagreement with your L.E.A.

SMiRA is a support group for those affected by SM, parents and professionals. It was founded by Alice Sluckin, O.B.E., and is based in Leicester, U.K. For further details contact:

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