

Selective Mutism in Children

Help for professionals 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 converse freely at home or with close friends, but do not talk to their teachers. In more serious cases they may also be silent with their peers, but communicate non-verbally. Other combinations of non-speaking can also occur, affecting specific members of the child's family. The child may have no other identifiable problems and make age-appropriate progress at school in areas where speaking is not required, although some children may exhibit delayed development in language and learning skills.

Selective Mutism is relatively rare, but there may be many children with the condition who are never reported, as they are not troublesome in school. Having such a child can be very distressing for parents, as they can 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 it had been thought that these children were manipulative or angry, but recent research confirms an underlying anxiety. This may lead to other behaviours, such as limited eye contact and facial expression, physical rigidity, nervous fidgeting and withdrawal, in addition to non-speaking in certain situations.

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 an Educational Psychologist or a Speech and Language Therapist should be consulted.

How can professionals help the parents?

Parents can feel very stressed and will need to have a sympathetic and supportive listener with whom to talk.

Concerns about the child should be discussed with parents, so that a strategy involving both home and school can be established.

Parents should encourage but not pressurise the child to socialise and speak in a range of situations. The child should not be punished for non-speaking, as this will only increase anxiety, but should be praised for participation in social activities and for vocalising, i.e. speaking, singing, making noises in play.

How can professionals help the child?

Any educator involved with a Selectively Mute child has a crucial role to play in helping both the child and the parents. Recognising that S.M. is an anxiety response in the child should help to reduce the frustration often felt by adults when dealing with this condition.

No pressure to talk should be put on the child, but plenty of encouragement given to interact with peers. It is important to create an accepting and rewarding atmosphere in which the child feels comfortable, whether or not he/she talks.

Any form of non-verbal communication from the child should be accepted and encouraged, as this helps to build the positive relationships, which are so vital in overcoming this problem.

Obtaining an audio or video recording of the child speaking at home will enable an assessment of speech and language skills to be made.

Every achievement by the child should be praised and rewarded in order to help enhance self-esteem.

A supportive attitude should be encouraged amongst peers, to avoid teasing or bullying and to challenge any labelling of the child as non-speaking.

Suggested Strategies

- If the child does not answer the register verbally, allow them to acknowledge their presence in other ways, e.g. a smile, a nod, a look, raising a hand.
- Encourage self-expression through creative, imaginative and artistic activities.
- Sometimes sit the child at the front of the group for a story, to encourage attention and involvement.
- In discussion and circle-times, give the child the opportunity to speak and be patient when awaiting a response.
- If the child is socially isolated, link them with other quiet, shy children, singly or in small groups. Play games involving interaction between pairs or the group, e.g. rolling a ball, pulling on quoits, rowing 'boats', ring games and rhymes.
- Try non-verbal activities which require expelling air and using the mouth, e.g. blowing out candles, blowing bubbles, blowing ping-pong balls with a straw, breathing on a mirror, blowing swanee whistles and recorders, mouth 'popping', tongue 'clicking', teeth chattering, drinking through long curly straws.
- Make noises for toy vehicles and animals in play situations or as sound effects for a story.
- Introduce play with puppets, because the child may speak 'through' the puppet, especially from behind a screen; masks may also be helpful.

- Use musical instruments for fun and to allow the child to communicate through the instrument; have a 'conversation' between two instruments; make a 'band' and march round the room, taking turns to be the leaders.
- Encourage participation in noisy games and rhymes with predictable language, e.g. "What's the time, Mr. Wolf?"
- Use activities that focus on the senses, to develop the child's self-awareness.
- Use a 'Kazoo', which requires the child to hum in order to make a sound.
- Try a 'Chinese Whispers' game.
- Try amplifying vocalised sounds with a balloon.
- Try talking into a recording device or a telephone.
- Let the child record speaking and reading at home, which can be played back at school, if the child agrees.
- Arrange some home visits, taking a book, toy or activity to use with the child.
- Arrange for the parents to work with the child in school at specific times.

These last three strategies are known as **Person or Situation Fading**. This technique involves starting with the person or in the situation where the child does speak and then gradually introducing other people or situations. The child is rewarded for speaking as he/she adjusts to the new person/situation. As the child's confidence grows, the presence of the initial security source can be phased out. For a detailed programme see "The Selective Mutism Resource Manual: 2nd edition" (2016) by Maggie Johnson and Alison Wintgens (ISBN 978-1-90930-133-7).

Remember that the child must be given time to adapt and that changes may only happen slowly. However, if the child is still not speaking after three-six months of intervention strategies, then a further professional review should be sought.

Is S.M. associated with other disorders?

Selective Mutism may hide other educational or physical problems, so as much information as possible should be gathered, particularly regarding the child's performance in situations in which they do speak.

Children whose Mother Tongue is not English may go through a period of silence as they absorb English, before speaking it; this is a developmental stage in language acquisition and not true S.M., although Bilingual children can be affected by Selective Mutism.

Where can I find support?

The Local Education and Health Authorities should be approached with concerns. Independent of these is **SMiRA**, a mutual support group for parents and professionals. It maintains a website and Facebook group, a reference list of books and articles, produces leaflets, a DVD and the books 'Silent Children' and 'Tackling Selective Mutism', and holds conferences.

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 SMiRA Co-ordinator: Lindsay Whittington on 0800 228 9765

E-mail: info@selectivemutism.org.uk

Website: www.selectivemutism.org.uk