

Selective Mutism

Overview description

Selective mutism is an anxiety-based condition in which a child is able to speak fluently in one setting (usually at home) but is unable to do so in another (high profile selective mutism), or is able to speak only a very little when absolutely necessary (low profile selective mutism). The inability to speak is **not** within the child's conscious control and is better thought of as a phobic response or an anxiety-based freeze reaction, akin to stage fright, to the expectation to speak. Every child with selective mutism has a different pattern of people to whom they are able to speak and spaces within which they can speak. This is never chosen consciously but derives from changing anxiety levels triggered by different people and spaces.

Selective mutism is not especially rare; research is limited, but estimates incidence at about 1 in 140 at primary school age – this is likely to be an underestimate, as children with low profile selective mutism in particular are frequently overlooked. Bilingualism increases the risk of selective mutism and the frequency is estimated at about 1 in 59 bilingual students (not to be confused with the 'silent period' that is typical during second language acquisition).

Selective mutism that persists into teenagerhood and adulthood can have very serious consequences for affected people. It can have a devastating impact upon the ability to develop independent living skills and the ability to advocate for oneself, for example in obtaining healthcare or attending a job interview. When recognised early enough and handled proactively, children with selective mutism can often make significant improvements.

The main issue facing affected children and families is how selective mutism is not well known or well understood. Often within schools, it can be overlooked, misinterpreted as a choice, especially in the low-profile form, or considered to be of little consequence in a young child who is not disruptive and completes their academic work. Parents and school staff may not consider the severe longer-term impact of persistent and entrenched inability to speak. For example, not being able to order a meal in a restaurant or ask for something in a shop. Compounding this, in many areas, selective mutism does not have a clear treatment pathway or falls between the remit of speech therapy, educational psychology and / or CAMHS and often families find it incredibly difficult to find an informed practitioner to support their school and their child.

It is increasingly recognised that selective mutism is more than just a 'speaking' issue; it is usually more of a 'communication' issue. Young children offered picture cards to substitute for requests in class may not be able to use these as they require an initiation of communication which can be an area of real difficulty. They can be misinterpreted as 'choosing' not to use the offered tools. Older affected youngsters are often highly sensitive to perceived risk in communication and may, for example, find it extremely difficult to produce pieces of writing which require the youngster to hypothesise, expose their inner thoughts, or discuss application of factual information.

We are also beginning to identify that there is an overlap with autism spectrum conditions. By no means all youngsters with SM have autism, and most autistic youngsters do not have SM, but there is a population with both conditions which is increasingly being recognised. This is a developing area.

In Manchester we have a selective mutism pathway and core resources available on Schoolshub (see the link below). Speak to your educational psychologist or speech therapist to find out more.

Top
Tips!

For Early
Years

Selective mutism can begin at any age, however most often starts in early childhood, between the ages of 2 and 4. It is important that families and staff in settings communicate well and work together to create a positive environment for children with selective mutism.

- Make sure to praise all efforts children make to interact non-verbally with others such as pointing or sharing
- Try not to act surprised when/if the child does speak and respond in your usual manner.
- Assign a key person to spend 1:1 time with this child, playing and reading to support relationship building with, initially, one trusted adult.
- Using visual self-registration or lunch choice methods may help to remove pressure from the child

Useful links:

<https://www.teachearlyyears.com/learning-and-development/view/quiet-children>

<https://www.pacey.org.uk/news-and-views/pacey-blog/2019/july-2019/selective-mutism,-quiet-children-and-reluctant-tal/>

Post-16

Top Tips!

Selective mutism that persists into teenagerhood and adulthood can have very serious consequences for affected people, impacting the development of independent living skills and the ability to advocate for oneself. For example, it can impact obtaining healthcare or attending a job interview.

When recognised early and handled proactively, children and young people with selective mutism can often make significant improvements.

- Students with Selective Mutism in post-16 settings (e.g., college) will likely have had it for many years, unpicking the impact it has had on various areas of development and preparation for adulthood will be important.
- As in all settings, continue to ensure that staff understand their difficulties, anticipate needs, and make adjustments.
- Provide students with additional intervention; this should be in negotiation with the student and probably practically focused (e.g., practising making phone-calls, interview preparation)
- Identify communication and preparation for adulthood goals, and design small steps to achieve these, should be the focus. For example, 'I want to get the tram on my own'.
- Find out what the student can already do in relation to their goal and agree the next step. Ensure this feels achievable for them.

The do's and don'ts for post-16 setting staff:

Do:

- Be open about anxiety and normalise this.
- Change one thing at a time.
- Provide a communication-safe space/classroom
- Anticipate need where possible
- Provide opportunities for speech.

Do not:

- Expect speech or put young people on the spot.
- React to speech: act unbothered and confident in their ability to speak.

Useful Resources

There is a full list of recommended reading on the SMiRA website. You can see it here:

<http://www.selectivemutism.org.uk/resources/recommended-reading/>

I would really recommend perusing the website which has plenty of free downloadable materials, links to useful resources, and advice.

Additionally:

The Selective Mutism Resource Manual: 2nd Edition, by Maggie Johnson and Alison Wintgens – a very thorough guide to supporting children and teens with SM

Can I Tell You about Selective Mutism by Maggie Johnson and Alison Wintgens – a brief paperback to support understanding of SM

There are a number of picture books for younger children about SM, such as

The Loudest Roar by Clair Maskell

My Friend Daniel Doesn't Talk by Sharon Longo

Lola's Words disappeared by Elaheh Bos (This has an accompanying workbook)

Maya's Voice by Wen-Wen Cheng

For older primary children there is

Being Miss Nobody by Tamsin Winter

Useful links

<https://www.nhs.uk/mental-health/conditions/selective-mutism/>

A useful summary of selective mutism

https://www.manchester.gov.uk/schoolhub/info/93/support_to_schools/443/guidance_for_selective_mutism

Manchester's schools hub URL for local selective mutism info

<http://www.selectivemutism.org.uk/about-selective-mutism/>

SMiRA is the UK national charity for SM and has many useful resources

<http://www.selectivemutism.org.uk/info-guidance-for-the-diagnosis-of-sm/>

SMiRA guidance on dual diagnosis of SM and autism

<http://www.selectivemutism.org.uk/wp-content/uploads/2019/04/Autism-vs-SM-similarities-differences-and-overlap.pdf>

Copy of a talk given at SMiRA's conference in May 2019 looking at autism and SM.

<https://www.selectivemutism.org/selective-mutism-in-the-classroom/>
<https://childmind.org/guide/teachers-guide-to-selective-mutism/>