Selective Mutism

How can children with selective mutism be identified?

Selective mutism is identified when a child who is able to speak at home does not speak in public settings, especially child care or school. While some children are shy in new settings, the shyness generally decreases as they become accustomed to the new setting. Children with selective mutism will remain unable to speak for longer than 1 month.

How common is it?

Selective mutism is thought to be rare. Up to 1% of children have selective mutism, and it generally starts before the age of 5 years.[1,2]

What are the behaviors usually seen?

Children with selective mutism

- Can speak freely in settings where they are comfortable, especially at home.
- Do not speak in other settings where they would normally be expected to speak, including child care and school, or they speak selectively (eg, with children but not adults).
- May use nonverbal communication, such as pointing, but many will not have a way to communicate in school.

They often show other signs of anxiety, such as

- Experiencing difficulty separating from parents or caregivers
- Seeming very shy
- Showing discomfort when people are watching them
- Experiencing difficulty when trying new things
- Displaying irritability and/or tantrums

Children with selective mutism usually do not have a speech delay or disturbance, but children who have speech delays can also have selective mutism. Also, while most children with selective mutism have not experienced trauma, selective mutism can develop after experiencing potentially traumatic events.

When should a more concerning issue be suspected?

- It is not always easy to differentiate children who have a temperament that makes them slow to warm up to new settings from children who have selective mutism. At the beginning of the school year, it can be particularly difficult to distinguish these 2 groups (**Box 1**).
- If a child has had patterns of not talking for extended periods in other settings or was pulled out of a child care setting because of not talking, it is more likely that child may have selective mutism.

Box 1. Shy Temperament Versus Selective Mutism

Shy Temperament	Selective Mutism
May not speak in new early care or education setting when first introduced	May not speak in new early care or education setting when first introduced
Begins to warm up in the first weeks of school	Mutism persists longer than 1 month.
Generally will be able to speak when it is necessary	Unable to speak even if there is an emergency
May be somewhat distressed if attention is focused on him or her	May become extremely distressed or even appear frozen or paralyzed if attention is focused on him or her or if there is a demand for a verbal response
Likely experienced similar patterns in new situations that resolved fairly quickly (days or a few weeks)	May have experienced similar patterns in other settings outside of the home that lasted months or years

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- If a child seems distressed or does not talk in the classroom for prolonged periods, especially longer than 1 to 2 months, a more concerning issue should be suspected.
- It is useful to keep in mind that if the child has not spent much time in settings outside the home, caregivers may not know that the child cannot talk in public settings and may be surprised to hear that the child is having difficulty.

What are typical management strategies in the behavioral support plan?

Families of children with selective mutism, whether it has been diagnosed or not, have often identified approaches that are helpful to children, as well as approaches that do not provide comfort. It is helpful to check with families for information about children's individual patterns. For children whose selective mutism has been diagnosed and is being treated

- Request that the families bring in handouts and recommendations from children's therapists, doctors, or clinicians.
- Share observations with school staff about their children's emotional and behavioral patterns, especially any contexts or activities in which children seem most and least comfortable.
- Encourage caregivers to discuss any new or identified concerns with children's pediatricians or seek an assessment with a mental health professional.

For any very shy child or a child with a possible diagnosis of selective mutism, many of the behavioral support plans are similar to plans for children who have other anxiety disorders. Strategies specific to children with selective mutism include

- Helping to build the child's comfort and confidence by
  - Praising the child when he or she does something positive ("Great job sharing with Patrick!")
  - Narrating out loud what they are doing (like a sportscaster) to show that they are valued ("You're driving the truck in the sandbox!")
- Supporting any efforts at communication by
  - Giving the child enough time to respond to a question (don't rush the child in responding).
  - Smiling if the child uses communication.
  - Reflecting or repeating back what the child says. If a child responds to a question of, "Do you want apple or grape juice?" by saying "Apple" (even in a whisper), a teacher can respond by saying, "You want apple juice," to let the child know that the adult appreciated the child's verbal statement.
- Especially at the beginning of the school year, giving the child opportunities to be engaged without imposing verbal requirements. For example, you could say, "Raise your hand if you want to play in the kitchen center."
- Having a "buddy" to sit near and do classroom activities with can also lessen anxiety and may help alleviate selective mutism.
- In classrooms with older children, providing some education to the students about selective mutism can be helpful.
- Nonspecific approaches to anxiety include maintaining predictability in the classroom, preventing unnecessary frightening or unexpected events, preparing children for an anticipated disruption, and teaching children how to name and regulate feelings. Classes can learn relaxation strategies, such as breathing, together, because it is a useful tool for all young children (and the adults around them).

When should I ask for additional support?

- Additional support is important when a child is not able to participate in the usual classroom routine, including separating from the family; interacting with other children; exploring new activities, tastes, and sensations; and learning new skills.
- Mental health consultation is a helpful tool in supporting children with symptoms that make it harder for them to participate in a child care setting. Children's pediatricians can also be valuable resources.
- Pediatricians can guide families to professionals who can provide therapy that is specific for young children. Therapy for selective mutism in young children may involve a number of approaches, generally focusing on

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supporting children by connecting talking in public settings with feeling proud and confident.

- These therapies almost always use parents as coaches, to help children use relaxation strategies such as breathing (cognitive behavioral therapy), to give children high "doses" of praise for brave behaviors (parent management training), or some combination.
- Medications are very rarely used to treat severe selective mutism in preschoolers and only when they have not shown improvement with therapy or if their symptoms are very severe and therapy is not available. There is very limited research about the safety of medications for anxiety in young children and whether they are helpful.[3] In children older than 6 years, medications may be part of the treatment plan if treatment is needed for a moderate-to-severe condition, often in combination with therapy.[4] The best-tested medications for these children are antidepressant medications called *selective serotonin reuptake inhibitors.*
- Children's therapists, doctors, or clinicians who are treating the selective mutism may ask teachers to complete questionnaires that ask about the child's symptoms. These questionnaires help the pediatrician understand the child's patterns and track the effects of the treatment. It is helpful to add written comments to expand on the questionnaire responses and, whenever possible (with family consent), to communicate directly with a treating clinician. The more information that is made available to the child's therapist, the more specific the treatment plan can be.

What training and/or policies may be needed?

Policies and procedures that support sharing information about children's development, likes and dislikes, and experiences will help all caregivers better listen to and understand children's behavior.

Training about selective mutism may be advisable, especially about the fact that it is not an oppositional choice but a sign of an anxiety disorder.

It is important for all child care and early education professionals to recognize the value of their observations of children's emotional and behavioral patterns, as well as the limits of their professional role—specifically that it is outside the role of a child care or early education professional to assign a diagnosis or health care treatment plan to families or children.

Where can I find additional resources?

Selective Mutism Association (https://www.selectivemutism.org)

References

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