
About Diagnosing Selective Mutism Among English Language Learners

[*Editor's note:* While working with our Center at UCLA,* Silvia Orellana's childhood experiences led her to do a paper on this topic. What follows is the Center's edited version of that paper.]

Silvia's Remembrance

As a child in elementary school I was rather shy. In the beginning my teachers would call on me more often and at every parent conference would tell my mother that she should do more to encourage me to speak. No matter what they did I did not speak as a matter of fact I spoke less. Eventually I would be diagnosed with social anxiety and although my teachers knew I had a reason for my silence they still called my name in class and it made me anxious to even go to school. In my personal opinion it was more productive when my teachers would let me work on my own and not call on me. In my experience it was most helpful when I was discreetly pulled aside and my teachers would just ask me to go over whatever we learned that day. I didn't particularly need to go over the material but it was a way for my teachers to relieve the anxiety that would come with being called on in the classroom and expected to speak while also making sure I understood what was going on in class. During my years in elementary school it seemed that the more shy a child seemed to be the more likely it was for the teacher to call on that student. In my experience that only really resulted in more discomfort for the student (crying or refusing to speak) and frustration from fellow classmates and the teacher.

How Selective Mutism Usually is Described

Selective mutism is described widely as a multidimensional childhood problem that manifests as a consistent failure to speak in specific social situations (e.g., at school) despite being able to speak with ease in other situations (Hua & Major, 2016). Research suggests that even a short duration of mutism can be harmful to a child's social and emotional development and academic progress (Bergman, Piacentini, & McCracken, 2002).

Currently, selective mutism is designated as an anxiety disorder. Previously the problem was termed elective mutism, but this was changed because it seemed to convey the idea that the children chose not to speak as a form of rebellion (Cohan, Price, & Stein, 2006). A range of genetic, temperamental, environmental, and developmental factors have been hypothesized as causes.

Selective mutism is extremely rare. Recent estimates suggest a prevalence rate varying from 0.03% to 1.0% depending on samples studied, with slightly more females identified and a higher rate in immigrant bilingual families. The diagnosis generally has not been included as category in epidemiological studies of prevalence of childhood disorders (Chavira, Stein, Bailey, & Stein, 2004; Hua et al., 2016). Busse & Downey (2011) state that "establishing accurate incidence and prevalence rates is hampered by the different levels of severity and common misdiagnoses of children with SM."

Although the onset of selective mutism commonly arises between the ages of 3 and 6, diagnosis and treatment often does not occur until the child attends school regularly (Cohan et al., 2006). Early elementary school (K-2) teachers usually are the first to report abnormalities in a child's speech.

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From an online presentation by Dr. Elisa Shipon-Blum, President and Director of the Selective Mutism Anxiety Research and Treatment Center (SMart Center) – <https://selectivemutismcenter.org/?s=prevalence>

More than 90% of children with Selective Mutism also have social phobia or social anxiety. This disorder is quite debilitating and painful to the child. ... Many children with Selective Mutism have great difficulty responding or initiating communication in a nonverbal manner; therefore social engagement may be compromised

Not all children manifest their anxiety in the same way. Some may be completely mute and unable to speak or communicate to anyone in a social setting, others may be able to speak to a select few or perhaps whisper. Some children may stand motionless with fear as they are confronted with specific social settings. They may freeze, be expressionless, unemotional and may be socially isolated. Less severely affected children may look relaxed and carefree, and are able to socialize with one or a few children but are unable to speak and effectively communicate to teachers or most/all peers.

Diagnosing English Language Learners

In the U.S.A., about 8.4% of K-12 students are English Language Learners (ELLs), and a disproportionate number are diagnosed as experiencing selective mutism (Elizur & Perednik, 2003). As these children strive to learn English, a period of mutism adds another barrier to succeeding at school (Vecchio & Kearney, 2005). And being misdiagnosed as having selective mutism adds another potentially stigmatizing hurdle to overcome.

An exclusionary criterion for a diagnosis of selective mutism is failure to speak due to a lack of knowledge of, or comfort with, the spoken language required in a specific situation. For example, it is commonplace for students just acquiring a second language, such as English, to be reluctant to speak out in English; some go through a prolonged “silent” period (Toppelberg, Tabors, Coggins, & Burger, 2005). The reluctance to verbally communicate is compounded when their primary language is not available for use in the classroom and their second language skills are minimal or absent. Such a period can be misdiagnosed as selective mutism because the lack of speaking out occurs at school and not in other places. Note that the failure to speak in a given situation must persist for at least a month (and not be limited to the first month of school during which many young children may show a reluctance to speak).

When considering a diagnosis of selective mutism for a bilingual or polylingual child, Toppelberg and colleagues stress that a “silent” period may last a couple of months, but usually there will be some attempts at speech, while selective mutism lasts for years and little to no speech is heard in the contexts where the children are mute. Another distinction is that if a child is simply going through a silent period they will still speak reliably in their native language or in other languages they speak fluently while a child with selective mutism will manifest mutism in all languages, regardless of fluency. The difference between the two may be hard to distinguish for teachers and parents because it is common that the native language usually is spoken at home and not at school. Toward a valid diagnosis of students just learning a second language, Toppelberg and colleagues suggest that mutism must be present in both languages and in multiple contexts.

Comorbidity further complicates valid diagnosis. Periods of mutism correlate with various other problems (Muris, Hendricks, & Bot, 2016). Prominent examples are social anxiety, behavioral inhibition, and language disorders. Decades of research report a strong relationship between a diagnosis of selective mutism and social anxiety; it has even been suggested that selective mutism be categorized as a subset of social anxiety (Hua et al., 2016). Findings of a relationship between selective mutism and behavioral inhibition (e.g., "keeping things in," non action) are much weaker (Diliberto & Kearney, 2016). And given the exclusionary criteria related to language in the diagnosis of selective mutism, comorbidity with language disorders also is weak.

Addressing the Problem

When a student is validly diagnosed as manifesting selective mutism, a two-pronged intervention approach generally is recommended. This involves therapeutic strategies focused on reducing stress and anxiety and instruction that enhances communication ability (especially for English language learners). Clearly, home and school activities can either alleviate or worsen problems. Accommodations and other interventions that minimize threats to and enhance feelings of competence, self-determination, and connection with significant others are indicated. Providing an environment that decreases the child's overall levels of anxiety is more likely to result in some type of speech or interaction than simply, for example, calling on the child to read out loud or share in class (Esposito et al., 2016). As Schum (2002) cautions, "Mute children cannot be tricked, cajoled, or commanded to speak. These approaches to resolving mutism invariably fail." (Note: Some professionals also use antidepressant and anti-anxiety medications. The use of such medication with young children always is controversial.)

It is very rare that a student is *just* "mute." So diagnoses aside, schools and parents should focus on relieving pressure to speak and build on the student's strengths.

In general, teachers need to work with a team including student support staff, parents, and others who can help plan and implement a set of effective interventions to address a student's mutism and related problems. In the classroom, the emphasis should be on a continuous personalized process that maintains a good match motivationally and developmentally. In the beginning, this involves establishing some form of nonverbal communication for the student to use (e.g., nodding, shaking the head, pointing). It also means setting guidelines and rules that don't enhance the student's anxiety and ensuring that support/help is always available from the teacher, other adults, and classmates. Such support should be designed to minimize threats to and enhance the student's feelings of competence, self-determination, and relatedness to others. Classmates need to understand the situation and be encouraged to interact positively with the student.

Frequently Made Recommendations to Parents

- Ensure a comfortable, caring, and supportive atmosphere at home and accept the child for who s/he is so that the child can move past anxiety/fear and communicate with speech. Especially important is to avoid use of threats or punishment to elicit speech.
- Engender feelings of competence, self-determination, and relatedness through offering enjoyable enrichment opportunities that encourage but do not force social interactions and interpersonal communication. The key is always to gradually promote such involvement, while avoiding encounters that produce debilitating anxiety.
- Observe your child in the classroom to determine if it is appropriately supportive.
- Work with your child's teacher and student support staff to create a plan for addressing the problem.
- Monitor the situation to ensure that your child's school is providing the proper resources and adjusting the plan as necessary.
- Pursue opportunities to use anxiety reducing interventions.
- Seek additional outside professional help as indicated (e.g., for help in addressing the student's problems, for family trauma or conflict, for advice and support in working with the school).
- Seek a support network for yourself (e.g., to help with your anxiety, fears, and frustration).

References and Resources Used in Preparing this Information Resource

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Also, see the Center’s Online Clearinghouse Quick Find on Anxiety
<http://smhp.psych.ucla.edu/qf/anxiety.htm>

Groups Focusing on Selective Mutism

Selective Mutism Group ~ Childhood Anxiety Network: For locating treatment resources, events, reading resources, to donate and volunteer and to tell your story. <http://www.selectivemutism.org/>

Selective Mutism Anxiety Research and Treatment (SMart) Center: For evaluation and treatments resources, school-based services, and workshops and trainings. <http://www.selectivemutismcenter.org/>

The Selective Mutism Treatment and Research Center: For characteristics, diagnostic criteria, causes, parent, teacher and therapist information, FAQs, testimonials and research findings. <http://www.selective-mutism.org/>

Selective Mutism Foundation: For common myths, advice, school and higher education resources, research ethics, summer camps, 504 plans, healthcare professionals, teen volunteer opportunities, managing SSI, peer support. <http://www.selectivemutismfoundation.org/>

American Speech-Language-Hearing Association: Selective Mutism <http://www.asha.org/Practice-Portal/Clinical-Topics/Selective-Mutism/>

Selective Mutism Online: Connecting SM Individuals, Family Members, and Friends: For research such as Do's and Don'ts of Working with Children with SM, connecting with professionals, connecting with others affected by SM, forum, parent blogs, and videos. <http://selectivemutisonline.com/>

iSpeak: An online support group for young people and adults with Selective Mutism. <http://www.ispeak.org.uk/>