A Personal Look at a Student's Selective Mutism

Juliana Ferri, a UCLA undergraduate working at our Center knew a family whose child was diagnosed as manifesting selective mutism. She decided she wanted to learn more about the topic. To this end, she reviewed the literature, observed and met with the child (referred to here as Sara), and interviewed Sara's mother and teacher. The following shares what she learned and is offered as an information resource for teachers, parents and others wanting a brief introduction to the problem.*

Selective mutism in children is relatively rare. It affects fewer than 1% of the population (occurring slightly more often among girls). It has been described as a complex problem that manifests as a child controlling where and to whom she chooses to speak. The behavior causes difficulty for and often is confusing to parents, teachers, peers, and the person experiencing the problem.

Sara is an 8 year old third grader who, from early on, was shy and seen as unusual. When she entered preschool, she did not learn and perform as well as her classmates. Soon, while she spoke to those at home and to neighborhood kids, the children and teachers heard not a word from her. This continued for several years.

Sara's first teachers continuously tried different strategies in hope of getting even one word out of her. Psychologists and speech therapists were asked to help. As Sara continued not to speak and performed poorly at school, her problems compounded, and additional interventions were introduced.

As a result of the perseverance of her family and her latest school, Sara is no longer manifesting selective mutism and is progressing academically and socially. (See the Appendix for the perspectives of her mother and current teacher.)

*Juliana Ferri worked on this resource as part of her work with the national Center for Mental Health in Schools at UCLA. The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Phone: (310) 825-3634 Email: smhp@ucla.edu Website: http://smhp.psych.ucla.edu

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What Does Selective Mutism Look Like?

The literature delineates several criteria for diagnosing selective mutism. The defining behavior is a **consistent failure to speak in some situations where speaking is appropriately expected** (such as school) while speaking elsewhere (such as at home).

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).

Other related behaviors:

>"clamming up" or looking down when spoken to

>refusing to participate

>socially isolating self or avoiding social situations where speaking is required

Sometimes the child may try to communicate with gestures (head nodding/shaking, pulling/ pushing).

The behavior generally is seen as a response to anxiety or fear of social embarrassment or as a product of social isolation**.** Another possibility is that it is motivated by a desire to assert one's autonomy and control.

The diagnosis is inappropriate when the problem stems from (a) lack of knowledge of the spoken language required in the situation, (b) embarrassment related to a communication disorder such as stuttering, or (c) severe emotional disturbance.

Selective Mutism is Often Misdiagnosed

As with all diagnoses, it's imperative that a child be professionally assessed. The assessment must rule out language, speech, and hearing problems as primary factors instigating a child's failure to speak when the situation calls for talking. For example, it is common for a child who has a speech impediment to be anxious/fearful about "sounding funny" in front of peers and teachers.

"Selective Mutism is sometimes erroneously mistaken for Autism. The striking difference between the two is that Autistic individuals have limited language ability, while individuals experiencing Selective Mutism are capable of speaking and normally do so in comfortable situations." *Selective Mutism Foundation*. http://www.selectivemutismfoundation.org/

Not speaking at school, of course, can be a major barrier to academic progress and developing social relationships. This, in turn, can compound a student's problems. It also can lead to additional diagnoses such as that of learning disabilities. Learning difficulty, whatever its source, can produce social and communication withdrawal because of performance anxiety, worry, and fear (e.g., of making errors, especially in front of classmates). However, if there were no early indications of this, it may be that the learning problems are mainly a product of the factors that caused the selective mutism and/or of the selective mutism itself.

"Often, children with SM have one or more reasons as to why they developed social communication difficulties and SM. So, it is not atypical for a child with SM to be timid, have sensory sensitivities and/or perhaps a subtle speech and language disorder while another child may be bilingual and timid by nature." Elisa Blum (2013). "What is Selective Mutism ." *SMart Center*. http://www.selectivemutismcenter.org/Media_Library/WhatISSM.pdf

Addressing Selective Mutism at School and at Home

It is very rare that a child is *just* "mute"; there is usually an underlying cause which should be identified. If the cause or causes are still factors in the problem, the intervention plan should address them. Home and classroom changes may be needed. Accommodations and other interventions that lower stress, anxiety, and raise self-esteem all can be helpful.

General Treatments*

From: Robert L. Schum (2002) Selective Mutism: An Integrated Treatment Approach
http://www.asha.org/Publications/leader/2002/020924/020924ftr.htm

"A two-pronged approach to treatment is recommended for children who are mute at school:

- individual psychotherapy to help reduce the general anxiety and to practice better communication skills;
- a behavioral program at school to slowly shape increasingly appropriate communication.

An effective program involves a slow, systematic program that rewards successive approximations of social interaction and communication. Mute children cannot be tricked, cajoled, or commanded to speak. These approaches to resolving mutism invariably fail.

Any attempt at improved communication and interaction needs to be noted and reinforced, even if it is nonverbal. This includes making eye contact, following directions, and nonverbal participation in group activities. The successive steps in this approach often need to be quite small. The lack of speech is only the most obvious and dramatic sign of the underlying anxiety. Improvement of the mutism is predicated on a generalized reduction of anxiety. Therefore, reduction of other anxiety symptoms is important and relevant to the treatment of mutism at school."

*Some professionals also use antidepressant and anti-anxiety medications. The use of such medication with young children always is controversial.

Some things for teachers to consider

As with any student who is having problems, it is important to understand as much about the causes as is feasible. And, all efforts to intervene benefit from a teacher who ensures that the classroom environment is a caring and nurturing place.

Moreover, it is essential to avoid interventions that are counterproductive. Too often, the mistake is made of pressuring the child to speak. This can exacerbate the mutism (e.g., prolonging the problem, causing further embarrassment and fear).

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 the student's selective mutism and related problems.

In the classroom:

>**the plan needs to play out as a continuous personalized process and proceed in gradual steps that maintain a good match motivationally and developmentally.** In the beginning, this means 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. (Sara's teacher noted: "I don't make her speak, but I do require her to at least mouth the words when we are reading". In the classroom they have a general behavior chart for all students, but Sara would never get punished for not speaking.);

>**the student needs to understand the plan and, as feasible, be a partner in its development and implementation;**

>**the student needs to understand that support/help is always available from the teacher, other adults, and classmates.** Such support should be designed to 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;**

>**everyone needs to help minimize anxiety-producing situations** (e.g., activities that threaten the student's feelings of competence, self-determination, and relatedness to others);

>**everyone needs to help establish opportunities for anxiety reducing interventions;**

>**an increasing emphasis should be on reducing reliance on extrinsic rewards in order to maximize intrinsic motivation** (e.g., providing diverse learning options that are of personal interest and enabling student choice).

Some things for parents to consider

First and foremost, don't dwell on past parenting mistakes. The focus needs to be on addressing the current problem.

The following are recommendations frequently made by experts in the field:

- **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).

Among children, the causes and processes of selective mutism vary. However what is most common, and what was very much witnessed in Sara's case, is anxiety and discomfort. The key is to find the approach that best fits in order to decrease the child's anxiety and restore a level of comfort in which the youngster feels both motivated and able to speak.

A Recent Review and Reference Lists

Selective mutism: A review and integration of the last 15 year. By A.G. Viana, D.C. Beidel, & B. Rabian (2009). *Clinical Psychology Review 29*, 57–67.
http://www.sciencedirect.com/science/article/pii/S0272735808001360

Selective Mutism: Selected References & Resources
http://www.selectivemutism.org/resources/library/References%20and%20Resources/SM%20Resources.pdf

Selective Mutism Reference List (from the Selective Mutism Information and Research Assoc)
http://www.selectivemutism.org/resources/library/References%20and%20Resources/SM%20Reference%20List%20from%20SMIRA.pdf)

Also, see the Center's Online Clearinghouse on *Anxiety*
http://smhp.psych.ucla.edu/qf/anxiety.htm

Resources

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: For signs, symptoms, diagnosis, treatment and helpful resources.
http://www.asha.org/public/speech/disorders/selectivemutism.htm/

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://selectivemutismonline.com/

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

Appendix

Perspectives from Sara's Mother and Teacher

While only one case, the perspectives shared by Sara's mother and teacher provide a personal dimension to understanding the problem. This is especially so given that Sara's mother indicated that she was formerly a selective mute.

About Sara's mother's perspective

Selective mutism of course takes a toll on all involved. Sara's mother went through many tribulations in addressing her daughter's problems. Naturally, it is difficult for parents not to blame themselves. Sara's mother found it very frustrating to see her receive such poor grades. She tried not to add to the problem by punishing her.

Sara's mother indicated that the child talked slightly when first attending preschool, but quickly stopped talking at school. She did continue to talk at home and to her neighborhood friends. Her mother describes her development as always being "unusual" (e.g., slow in walking and in general learning processes, very shy). To her mother, it was not a huge shock that Sara stopped speaking in school. When she asked Sara about this, the child was indifferent and simply said she did not want to. Her mother tried explaining that Sara needed to speak to learn and make friends; Sara remained unconcerned.

The first school Sara attended did not have the resources necessary in order to help her. Her mother recalls having gone through many troubling, stressful, and unhelpful processes at the school. "They not only gave Sara a hard time, but me as well. They basically said Sara was being stubborn instead of saying she actually had a disability." In attempting to protect her child, she strongly disagreed with the school's characterization and explained that Sara was capable of talking but was anxious in the classroom because she did not understand what she was being taught. The mother was further aggravated by the school's recommendation of medication. The principal's view was that medication would help, but the mother responded that "Sara's primary care physician told me not to medicate her because she would begin speaking on her own when she was comfortable." Accoding to the mother: "Child Protective Services was called because I wouldn't medicate Sara." The case was closed. Sara's mother decided to change schools.

At the new school, her mother wanted to hold Sara back hoping that would decrease the learning anxiety, but the school felt it would be a problem because Sara was so tall. They recommended that Sara be placed in a special education class. Her mother was apprehensive about this, fearing that those in such a class would be intimidating to Sara. So the decision was to enroll her in her regular grade level class and provide a speech therapist. While she did begin speaking to the speech therapist (after building a comfort level with her). Sara still did not speak in the classroom. (Her teacher tried to give her easier homework, but her anxiety did not abate.) So, despite wariness about the move, Sara's mother agreed to place her in a special education class.

The special education class has several aids who provide Sara with necessary special attention. Sara went from getting zeros on spelling tests to getting 100%. Sara soon resumed speaking in class.

According to her mother, it was most definitely Sara's anxiety that was hindering her, "she was afraid she was going to say something wrong, and she gave up trying to learn because it was at way too high of a level for her." She thinks Sara will eventually be moved back into a regular classroom in the future "but it will be a process for sure."

A final recommendation from Sara's mother to other parents: "Most definitely keep a teacher involved and don't ever allow a school system to make you feel like you are the only one at fault, because it is a school's responsibility to work with you. If a school is not working for you, move right away. I believe I kept Sara at her first school for much too long, and I think she got even worse while she was there." She also added that she hopes that schools will be more aware of selective mutism; specialists at schools should have proper resources and knowledge of knowing how selective mutism makes a child feel.

About Sara's current teacher's perspective

Placing Sara in a special education was a difficult and unsure decision. Would being with students functioning at a lower level than Sara help or further hinder her academic progress?

The special education teacher, Ms. R, had never heard of "Selective Mutism." She immediately researched the topic and saw it as challenge. She had other students who were extremely shy and began working with Sara in the same way.

Communication for both Sara and others in the class, of course, was a considerable concern. Ms. R's first thought was that Sara's inability to speak was due to extreme anxiety thus forcing her to speak was not a good idea. "I put no pressure on her to speak, but had her communicate through writing notes, or nodding her head to yes or no questions." With respect to the need to establish guidelines and rules without putting pressure on Sara, Ms. R. indicated: "I don't make her speak, but I do require her to at least mouth the words when we are reading, or if she doesn't read, I will have her read with me." In the classroom, they have a general behavior chart for all students, but Sara would never get punished for not speaking.

Sara's behavior was certainly unusual to her classmates and Ms. R. had students ask her "Why doesn't she talk?" She explained that Sara could hear perfectly and about the importance of acceptance and support and speaking with her even though she was unable to talk with them. She told them Sara would speak when she became comfortable in class. For the first three months in the classroom, Sara "clammed up" whenever someone spoke to her, but she did communicate by nodding and pointing.

Every child is of course unique and requires individual methods. Sara came to Ms. R. confused, anxious, fearful of being wrong, and of performing at a lower level

than her classmates. In her class now, she is given much more attention with several aids and a caring teacher. For Ms. R., the key to Sara was encouragement, support, and to avoid pressure. The special education class provided Sara with a sense of comfort where she wasn't embarrassed.

Progress: A breakthrough for Sara began in music class. She started humming everywhere -- as she walked around, as she completed class work. Ms. R. indicate that everyone, including classmates, wanted to "jump with joy" about this. Ms. R. decided it was best not to "make a huge deal" because it might embarrass Sara.

Sara is still a work in progress. She now talks to everyone in her classroom, but on the playground she only talks to the students she knows. She still needs a "buddy" to go with her when speaking to adults with whom she is unfamiliar. Recently, she asked Ms. R if she could have the "Calendar Job" which requires her to present in front of the classroom. When the time came, Sara was not quite ready. Ms. R. asked, "Do you want me to do it with you?" Sara shook her head; "Next time?" asked Ms. R. Sara smiled and nodded.

From the teacher's perspective, will Sara ever return to the regular classroom? Ms. R. says, "I really, really hope so." While progress is gradual, she believes that there is only good to come for Sara.

What does Sara say about all this?

Sara is very sensitive about the topic and to facilitate sharing during a brief interview, she was asked to draw pictures of a sad face and a happy face and then to point to how she felt.

How did she feel at school today? She pointed to the happy face.

How did she like her new classroom? She pointed to the happy face.

How did she feel in her old classroom? She frowned and pointed to the sad face.

I asked her to draw a picture of how she feels about Ms. R. She drew a picture of the two of them holding hands.

When I asked her to draw a picture of her and her second grade teacher, she refused to draw a picture.

I asked why? She responded with, "She called on me." I asked, "Was your hand raised?" She shook her head with a frown.