

## A Student's Personal Report

Selective Mutism:

A Student Reflects on Her Misdiagnosis, Experiences, and Outcomes

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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,

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### Abstract

Selective Mutism is characterized as a disorder in which a child does not speak in certain contexts such a school setting even if they are comfortable communicating at home. Some of the typical symptoms include freezing in public situations, lack of eye contact, or anxiety speaking to the general public. My personal experience with selective mutism taught me that misdiagnosis is very common among children with selective mutism, and it is extremely important to assess and diagnose the child in order to put them through an effective and sufficient treatment plan. Schools and their corresponding districts should use their various resources to fund evidence-based treatment programs for students with selective mutism.

Selective mutism (SM) is characterized as a childhood disorder in which children have difficulty communicating in social situations despite being able to communicate in different circumstances (Kovac & Furr 2018). Teachers often find the situation frustrating while parents can find it confusing, especially if the child can easily communicate at home. People who are unaware about the effects of selective mutism oftentimes think that the child is deliberately not speaking. If a student is able to speak at home, why can't they speak in school? It can be very frustrating for people working with the child such as teachers, family members, therapists, and school peers.

Some common symptoms for the diagnosis of selective mutism include the inability to speak in certain social contexts, lack of eye contact, or anxiety in different situations such as speaking in public or interacting with other children. Some other common symptoms include running away, hiding, and other avoidant behaviors such as the refusal to eat in public or the avoidance of public restrooms, according to the American Speech-Language-Hearing Association. For a typical child with selective mutism, they will exhibit mostly internalizing symptoms such as anxiety, depression, or avoidant behaviors. This disorder can be extremely detrimental for a lot of different aspects in a child's life whether it is socially, mentally, or academically. It is crucial for a child to develop a happy and healthy social life, and having selective mutism can interfere with their developmental trajectories toward socializing and interacting with kids their age. It is one of the more difficult disorders for schools to deal with because of the fact that kids with selective mutism are typically unwilling to cooperate with adults regarding socializing and participating in school activities. A lot of the times, it can be tempting to just give up on the student because they are stubborn or disobliging toward authority. But as long as the child gets a proper diagnosis and adequate treatment early on in life, it can be very helpful toward the student and toward the people the child surrounds themselves with. In

order to properly diagnose a child with selective mutism rather than another disorder such as autism or oppositional defiant disorder, it is crucial to understand some of the misconceptions and misunderstandings involved with the diagnosis of selective mutism.

Some of the misconceptions associated with SM involve the assumption that the child is deliberately choosing not to speak, the idea that the child may just be shy, or the misunderstanding that SM is something that the child will overcome. These assumptions have been prevalent in previous versions of the DSM. For example, in the DSM-III, the term, “elective mutism” was used instead of “selective mutism” because it was thought that children chose not to speak. The term is long gone and has since been replaced by its correct term, “selective mutism.” The ICD-10 still uses “elective mutism” to categorize this disorder (Sharkey & McNicholas, 2008). Another assumption that a lot of parents, teachers, and peers like to address is the idea that children can overcome selective mutism naturally. There are very few cases in which the child has overcome selective mutism without any form of treatment. Most treatments are with the help of a speech therapist, psychologist, psychiatrist, or school counselor. In one case, a young woman overcame her selective mutism after 16 years with the help of a therapist (Wallis, 2015). This is a severe case because it is atypical for the disorder to last as long as 16 years. This reiterates the importance of getting treatment early on because in a lot of cases, children do not just overcome selective mutism naturally. They need help, and they need it early on in their life.

Researchers have examined some of the psychiatric symptoms of children with SM, and there is a lot of evidence pointing to SM being a severe symptom of social phobia (SP) or avoidant disorder, and its comorbidity with anxiety disorders has been explored by researchers as well (Black & Uhde, 1995; Vecchio & Kearney, 2005). Children who have selective mutism, most of the time, exhibit internalizing behaviors such as shyness, social anxiety, and fear. It is

very rare for children with selective mutism to show symptoms of externalizing behaviors such as oppositional defiant disorder or ADHD (Dummit et al., 1997). However, some studies have shown that there is a high percentage of children with SM who demonstrate inhibitory behaviors such as anxiety as well as aggressive behaviors (Diliberto & Kearney, 2016).

Some of the evidence-based treatments for SM involve behavioral intervention, cognitive-behavioral therapy, SSRI's, contingency management, shaping reinforcement, etc. These treatments have all been examined by researchers, and this goes to show that there is not just one way to treat this disorder. Treatment plans should always be on a case-by-case basis, so it would be ideal for every child with SM to have an individualized treatment plan. But, of course, it is not as easy as it may seem to be. The environment that children most often exhibit these avoidant symptoms is in school, and it is essential for faculty members within the school to communicate with the parents regarding treatment as well as their child's overall progress. One of the main treatment plans schools tend to steer toward is speech-language therapy. Speech therapy is when the child meets individually with a speech-language pathologist. Typically, a speech therapist works with children more on articulation disorder, dyslexia or auditory processing disorder. But evidence has shown that speech therapy can be beneficial toward children with communication disorders as well as selective mutism. The whole idea of speech therapy for SM is for the child to transition from non-communicative communication to non-verbal communication to the last stage, verbal communication (Klein & Armstrong). Evidence-based treatments outside the classroom can be seen at "other relevant resources/treatments for selective mutism."

### **My Personal Experience**

I have always considered myself lucky because I was able to get the help I needed, even though it was much later in life. I currently seek help for my more recent problems with anxiety

and depression but after looking at the various treatments for selective mutism, so many questions have been running through my mind. Why was I not officially diagnosed with selective mutism even though I had all the symptoms? Why did my school fail to regularly communicate with my parents about my progress in school? Why did my elementary school put me in a program for students with learning disabilities? Why did my school allow me to constantly hide in a corner during recess when I could have been getting treatment for my social skills? Why didn't I get treated earlier in my life? Those were just some of the various thoughts that were going through my head as I was looking into treatments for selective mutism. I have talked to psychologists and psychiatrists about my symptoms during my childhood, and they all seem to agree that I definitely had selective mutism based on the severity and the timeline of my symptoms.

Since I was very young, and my memories are vague, I wanted to learn more about some of the experiences I had in school, and I also wanted to learn more about how my schools communicated with my parents. It is exceptionally important for schools to work with the child's parents, especially when it comes to their progress. The school should also observe the child during recess to see if they are making any friends as well as help the child develop social skills. There is one memory that my mom told me a while back that still baffles me to this day. When I was in preschool, there were programs such as ballet and gymnastics that parents would sometimes enroll their children in. My mom decided it would be a good idea for me to take ballet lessons in order for me to talk to more kids my age. For some reason, I was not able to bring myself to go to these ballet lessons, and I would hide in the time-out area until the lessons were over. I would do that every time there was a ballet lesson. Apparently, the school did not notify my parents that I failed to attend every single lesson during the year. I guess it was obvious that I did not attend due to the fact that I had no idea what the dance routine was when we did our final

performance in front of my parents. That was when my mom learned that I had not attended any of the ballet lessons.

I was really interested in how the school and my parents handled my disorder, so I talked to the one person who was there for it all: My mother. She is the one who enrolled me in preschool, and she happens to know a lot of the details I would not have remembered due to the fact that I was too young to recount every memory I had in preschool.

### **Interview with my mom**

1. **What did the school officially diagnose me with when I wasn't speaking?** - It wasn't actually the school. Here's what happened: I saw one of the preschool instructors at an amusement park, and I was with you and your sister. When she saw you, she went up to you and said, "Hi Lindsey." Then she mentioned that you were autistic. I didn't even know what that meant. (she ended up getting fired later) So later that evening, I checked it out on the internet, and it did seem like you might have something because of you not socializing. I was a little concerned, so I called the doctor and made an appointment. They sent you to a little room at ..., a special education program after doing some testing, and they told me it was autism, and they needed you to come every single day. So, they arranged to pick you up from preschool every day during lunchtime in a little school bus, and they gave me reports.
2. **Was there anyone specific who I spoke to?** - You used to talk to your cousin. And you also occasionally talked to your preschool friend, .... Also, when you were about 10 or 11 months, you were extremely smart. Your grandmother asked you where characters were, and you pointed right at it. I have a video of you listening to the Simpson's cartoon, and you said to yourself, "The Simpson's," so I knew you could talk. You were about 2 or 3.

3. **What are some experiences you remember with my school dealing with selective mutism or what they assumed was autism?** - During elementary school, I had to go over there at least once a month, and they would give me updates regarding my progress, but the updates weren't that helpful. They just put you in the RSP and speech therapy programs. I just remember asking the teacher "if Lindsey was alone on the playground, can you encourage her to play with the other kids." So, I don't really know what they did (spoiler alert: they didn't come up to me). When I would show up to the meetings, they didn't really tell me you were progressing. I just had to sign something, and they were going to keep putting you in RSP and speech.
4. **Who, in the school, did you communicate with regarding my lack of speech?** - I communicated with your teachers and a couple of the kids' parents. I assumed everyone knew what they were doing. To me, you were just quiet and shy. I was a really shy kid when I was little, so I felt you took more after me (just being painfully shy). It wasn't until sixth grade when they were going to put you in special education class for seventh grade. You told me you just wanted to take regular classes. Then I had to go to the front office. They were very hesitant and wanted you to take RSP classes, but I decided you didn't need to take them anymore.
5. **Did my preschool or elementary school inform you of me being bullied by other students? If so, what did they do about it?** - No. I felt like I needed you to interact with your classmates, and I thought that would help them accept you. I wasn't aware of you being bullied.
6. **Were you also aware that they put me in a program for students with learning disabilities? If so, why do you think they assumed that I had difficulties learning?** - I



just thought it was a speech therapy, and everybody who I've ever talked to said it's normal. I wasn't aware that RSP was a separate program from speech therapy.

7. **Can you tell me more about the fact that my preschool did not tell you about me not showing up to my ballet lessons? How and when did you end up finding out?** - I paid an extra \$60 a month for a ballet program, and your older sister did it. I even bought you little ballet shoes and a tutu. When I brought yours the following week, Miss ... (one of the instructors) said that I never showed up and always just sat in the corner. I asked why someone hadn't told me this before? This was before anyone told me you might have autism or something.
8. **Was there constant communication between you and the schools?** - Just once a year on your progress during elementary school. They made it seem like you never progressed. The papers just never updated.
9. **Do you think I exhibited other symptoms of anxiety disorders such as social phobia or generalized anxiety disorder?** - Yes. I believe you had social anxiety and other types of anxiety as well.
10. **Do you personally think the school could have handled it better?** - Yeah, I think so.  
After learning about the things you have told me, I wish they would've handled it better.  
The school was so small, I feel like they could have made house calls or phone calls.
11. **How did you and dad handle it when the school informed you that they diagnosed me with autism?** - Your dad refused to believe there was anything wrong with you. I believed you were just taking everything in, and you weren't quite ready to talk.
12. **When did I eventually start talking?** - You memorized *The Foot Book* by Dr. Seuss and when you missed a word, you got really upset and started over. You started reading to me

before you started having a conversation with me. This was the 2<sup>nd</sup> grade. By the time you were in the 3<sup>rd</sup> grade, you were reading chapter books.

### **My Experience with Misdiagnosis**

When I was in school, I was misdiagnosed with autism. Misdiagnosis is a major problem obviously not limited to children with SM. A lot of the times, children are diagnosed with disorders such as attention deficit hyperactivity disorder (ADHD), learning disorder, autism, or depression (Spiro, 2018). This is a serious problem because there are times when children often are misdiagnosed or even worse, go undiagnosed. Some people, even mental health professionals, have a misunderstanding of selective mutism. It can be commonly mistaken as either a learning disorder, autism, or even just shyness.

Being misdiagnosed alone was not the biggest issue at hand. The main problem for me was the fact that because of my misdiagnosis, I was put in different treatment programs for autism and different learning disabilities. As many experiments, case studies, and real-life experiences have shown, not getting treatment for SM or any disorder for that matter can lead to damaging effects on the child. A lot of the disorders comorbid with SM involve internalizing behavior patterns such as social anxiety, generalized anxiety, and depression. Even if someone were to overcome SM without any form of treatment, they can have other problems later in life that are harder to overcome.

One thing I wanted to talk about regarding my misdiagnosis was the fact that a label was put on me from the very beginning of preschool to the end of elementary school. I did, at least, get some form of treatment even if it was not as efficient as some of the evidence-based treatments that have been tested by various psychologists and researchers. I got lucky in the long-run and overcame selective mutism. But that does not indicate that I never had problems later in life due to this disorder. The label that was put on me my whole life changed everything.

My parents did not discipline me as much as I should have, the schools did not adequately deal with my nervous breakdowns, and all of my classmates made fun of me for having a label and being considered different. Because of the fact that the misdiagnosis did not allow me to receive proper treatment, some of the effects of selective mutism has carried over later throughout my life.

I have suffered from social anxiety pretty much all my life, and that was the aspect of selective mutism that carried over to middle school, high school, and even college. Schools are distressing environments, and it is important to ensure that students are ultimately getting the help they need. Schools need to really assess their students and figure out what the best treatment option for them is, whether it is through the school or outside of the school. However, since selective mutism is a disorder that is typically diagnosed in schools, it is the school's responsibility to communicate with the child's parents and personally work with them regarding treatment and progress.

### **Elementary School Annual Report**

Every year, my mom would come to a meeting in which she would talk to the faculty members about my progress. The earliest records my mom could find was from 2004 onward. In 2004, I was 7 years old, and I no longer had selective mutism. But because I was never diagnosed with SM, I underwent different kinds of treatment. So, my parents would receive an annual report on my progress with reading comprehension, writing, quantitative reasoning, and articulation. I did poorly on the math portion of the standardized test as well as articulation. So, they referred me to two different kinds of treatment; a Resource Specialist Program (RSP) and speech therapy. My mom told me that all of the annual reports looked the same to her, and it seemed like I was not making any real progress toward living a normal life. Unfortunately, the records from when I was first diagnosed with autism are nowhere to be found, but there are some

records indicating that I underwent RSP and speech therapy. Below are some examples of reports from 2004 and 2005. The first example is from 2004 for RSP, and the second one is from 2005 in which I went through speech therapy.

### 2004-05 SELPA Paperwork

#### 1. Indicate conclusions reached through assessment:

##### Strengths:

##### **Reading:**

Reading is a relative strength for Lindsey. On the Word Reading Subtest of the WIAT II, Lindsey performed better than 75 percent of the students her age. She was able to read grade level words, blends, irregularly spelled words, vowel and consonant digraphs. Her mistakes occurred in multi-syllabic words. She also had difficulties in determining where to place the accent on unfamiliar words. On the Pseudoword Decoding Sub-test Lindsey performed better than 94 percent of students her age.

##### **Writing:**

On the Written Expression Sub-test Lindsey performed better than 77 percent of students her age. The Written Expression subtest included word fluency and sentence writing section for her grade level. On the sentence writing section Lindsey was able to combine two or more sentences to make one complete sentence without changing the meaning of the sentence. She began her sentences with capital letters and ended them with the correct punctuation mark.

##### **Spelling:**

On the Spelling subtest Lindsey performed better than 73 percent of the students her age. She was able to spell grade level words, two syllable words and some homophones. Lindsey uses correct initial and final consonants when she spells. Her mistakes occur within the word and with vowel and consonant digraphs. When she is unfamiliar with a word her spelling becomes more phonetic ( ruff/rough). When she could not remember how a particular word and she did not want to go on. When I asked her why she said, "My brain was getting weak". I told her its ok. She could come back to it if she wanted but let's try another word. She did continue without incidence.

**Numerical Operations:** On the Numerical Operations Sub-test Lindsey performed better than 37 percent of the students her age. She was able to add basic facts, subtract basic facts and add long columns of single digit numbers. S

##### Concerns:

On the Reading Comprehension Subtest, which required Lindsey to read various types of written material, Lindsey performed at the 8 percentile (Standard Score 79) compared to students her age. She was timed during certain segments of the reading assessment. After reading, she had to answer questions about what she had read. The passages were always in front of her. There were even instances where she was instructed to refer to the passage to tell what a word meant based on how it was used in the passage. During this segment of the testing Lindsey read out loud but when she was asked a question about what she had read she would say "Oh my brain".

Math Reasoning is a concern for Lindsey. Lindsey performed at the 13 percentile (Standard Score 83) compared to students her age. Lindsey could tell time to the hour, use non-standard and standard units to measure, use whole numbers to describe quantities, and solve problems using money when picture clues were provided. Lindsey was unable create and solve addition and subtraction problems using whole numbers, or determine which set of coins was greatest or tell time to the quarter hour.

**Summary**

Lindsey has good sight word skills, which are an academic strength. She has great difficulty with comprehending what she reads. Complex reading comprehension and written language tasks are significant challenges for Lindsey. Lindsey's difficulties with reading are not always apparent on standardized tests where short reading and writing activities are required. . Lindsey wants to do her best and therefore, becomes somewhat anxious and fretful when she fails to meet "her" expectations.

Lindsey turns in homework regularly. She does not seek help for assignments that are hard for her. Her classroom teacher has modified assignments, provided additional support, encouraged cooperative group work and maintained communication with Lindsey's parent.

Lindsey's parents want her fully included in the regular education classroom.

Assessment results to be shared with I.E.P. Team, which will determine educational needs and placement.

Name of Person Assessing [REDACTED]

Date 11/12/04

Title Resource Specialist Teacher

Rev. 8/98

White: District

Canary: Cum

Pink: Case Carrier

Gold: Parent

SOC 18



## Speech/Language Assessment Report

CONFIDENTIAL INFORMATION

Student Name: LAWLER, LINDSEY Evaluation Date: 11/28/05  
 Birthdate: 1/23/97 Age: 8 Yrs. 10 Mo. Parents: [REDACTED]  
 Grade: THIRD GRADE Gender: ☐ M ☒ F Address: [REDACTED]  
 Pri. Service: Resource Specialist Program (RSP) Phone: [REDACTED]  
 Language: ENGLISH Work Phone: [REDACTED]  
 Ethnicity: WHITE Speech Therapist: [REDACTED]  
 Attending School: [REDACTED]  
 Purpose: Annual Review

### Background Information:

A complete speech/language evaluation was completed as part of Lindsey's triennial review on 11/3/2004. Expressive and receptive language were found to be within normal limits. Lindsey has received speech therapy for lateral production of the /s/ and /z/ sounds.

### Tests Administered:

Lindsey was administered the Goldman-Fristoe Test of Articulation-2 in 11/04. She was found at that time to exhibit below average performance with articulation. Lindsey continues to demonstrate an articulation disorder characterized by lateral production of the s, z, ch, sh, and j sounds. She is able to approximate correct tongue placement for all sounds.

### Description/Observations:

Lindsey is a delight to have in speech therapy. She is cooperative and attempts all treatment tasks. She responds well to tactile, visual, and auditory cues for sound production. She continues to demonstrate a lateral lisp which interferes with overall intelligibility.

### Summary:

The IEP team should determine the best placement to address Lindsey's articulation disorder.

Speech Therapist: [REDACTED]

Date: 11/28/05

## Speech/Language Assessment Report

CONFIDENTIAL INFORMATION

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 Birthdate: 1/23/97 Age: 8 Yrs. 10 Mo. Parents: [REDACTED]  
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### Summary:

The IEP team should determine the best placement to address Lindsey's articulation disorder.

Speech Therapist: [REDACTED]

Date: 11/28/05

## Individualized Education Program

## IEP PART I

Initial Date of Sp.Ed. Placement: 12/20/2001Next Triennial Evaluation Date: 12/15/07Next Annual Review Date: 12/1/06Today's IEP Date: 11/29/2005Next IEP Review Date: 11/29/06

## STUDENT INFORMATION:

Student Name LAWLER, LINDSEY Birthdate 1/23/1997 Age 8 ☐ M ☒ F Grade THIRD GRADE  
 Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]  
 Student Residence Parent/legal Guardian Ethnicity WHITE Soc. Sec. # [REDACTED]  
 Parent/Guardian Names [REDACTED] Phone [REDACTED] Work [REDACTED]  
 District of Residence [REDACTED] School of Residence [REDACTED]  
 District of Attendance [REDACTED] School of Attendance [REDACTED]  
 Current Placement Resource Specialist Program (RSP) Case Manager/Teacher [REDACTED]  
 Language: Student's English Home English Eng. Proficiency Level EO Interpreter Required ☐ Yes ☒ No

## 1. ESTABLISHMENT OF MEETING PURPOSE/INTRODUCTION OF ATTENDEES:

☐ Initial Meeting ☐ Review ☒ Annual Review ☐ Triennial Evaluation ☐ Program Transition ☐ Other [REDACTED]  
 Parents advised of meeting: ☐ In Person ☐ Phone ☒ Letter Date 11/1/05  
 Parent/Guardian or Representative in Attendance: ☒ Yes ☐ No (If No, state action to encourage attendance)

2. REVIEW OF PARENT RIGHTS COMPLETED BY: AWD INITIALS OF ADMINISTRATOR/ DESIGNEE

## 3. REVIEW OF ASSESSMENT INFORMATION/CURRENT GOALS &amp; OBJECTIVES/PRESENT LEVELS OF PERFORMANCE/PARENT INPUT/REGULAR ED. INPUT

## 4. ELIGIBILITY FOR SPECIAL EDUCATION (BASED UPON ASSESSMENT INFORMATION/REVIEWED AT INITIAL AND TRIENNIAL IEP MEETINGS)

☐ Student not found to be eligible for special education services. If not, eligible for 504 services?☐ No ☐ Yes-Refer to 504 Team☒ Student eligible for Special Education under condition of:☐ Existing 504 plan dated: [REDACTED]

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="radio"/> Autism     | <input type="radio"/> Hard of Hearing                             | <input type="radio"/> Orthopedic Impaired          | <input type="radio"/> Traumatic Brain Injury |
| <input type="radio"/> Deaf                  | <input type="radio"/> Limited Intellectual Functioning            | <input type="radio"/> Other Health Impaired        | <input type="radio"/> Visually Impaired      |
| <input type="radio"/> Deaf-Blind            | <input type="radio"/> Multiple Disability                         | <input type="radio"/> Specific Learning Disability |  |
| <input type="radio"/> Emotionally Disturbed | <input type="radio"/> Non-categorical/Medical (ages 0-5 yrs only) | <input type="radio"/> Speech & Language Impaired   |  |

Functional Description of Handicapping Condition: Developmental disability significantly affecting verbal and nonverbal communication and social interaction which adversely affects educational performance.

## 2005 SELPA Paperwork

## My Treatments in School – Speech Therapy and RSP

During preschool, I did not get as much treatment for SM or autism as my mother would have liked. Every day during lunch, the school bus would pick me up and take me to a school that was supposed to be the best special education program. Personally, I do not remember much from that period of my life, but I do remember some of the activities we would do as a group. We would all have “circle time” in which the teacher would talk to us about a children’s story or possibly a movie. Then she would have each of us give our opinions of the book, movie, event, etc. Obviously, not all of the children had selective mutism or autism. The program was also for children who had behavioral problems such as ADHD or Anger Intermittent Explosive Disorder (also known as anger disorder). I believe the philosophy of this program was to bring everyone



together who had different behavioral, social, or academic problems. In my opinion, the idea was nice, but I do not think it helped me become the person I am today.

After I was done with preschool, I was referred by a psychologist to a speech-language pathologist at my elementary school. As with the preschool program, my memories are vague with this experience. What I do remember is that after I overcame selective mutism, I had a lisp due to my lack of speech for a year or two. So, the speech therapist worked with me on pronunciations of any “S” or “Z” sound. During my time in speech therapy, I was diagnosed with articulation disorder as well. This was something I was able to overcome, but it was difficult trying to cope with the fact that I was clearly different from the other students in my class all the way from kindergarten to the sixth grade.

Other than speech therapy, I was also in a program called The Resource Specialist Program (RSP). This was a program for students who had learning disabilities and needed help in subjects such as math or language arts. Before they put me in the program, I apparently scored poorly on the math portion of a standardized test and with my parents’ permission, they put me into RSP. This is something I remember more since this was a little bit later in my life. I believe it is very important to talk about special education programs in schools in general because parents need to understand what their child is getting into. I was diagnosed with a learning disability due to my poor math score. I believe they should have taken different measures to assess my math and verbal skills because it could have prevented the problem of being falsely labeled and misdiagnosed by the school I was going to attend for the next seven years.

Some of the activities I remember from RSP was sitting at a table with a group of other students who had learning disabilities while the instructor would slowly drone on about math. I was bored all the time, and I never got anything done. They would pull me out of class every day from kindergarten to sixth grade during our math lessons. Although I believe their intentions



were decent, I do not think this was very efficient for my learning experience. The fact that I was labeled all my life made me feel like I was never going to fit in, so I gave up on trying to convince anyone otherwise.

I am not sure if I have anxiety issues to this day due to not being properly treated for SM or if it is due to other factors. But I do have to say that even though I do not currently have selective mutism anymore, I still have some of the same internalizing symptoms I had as a kid such as social anxiety, generalized anxiety, trouble with public speaking, depression, and difficulty forming new friendships. So, even though I can now talk, my misdiagnosis of autism has had some powerful effects throughout my life.

### **Implications**

The way in which my preschool and elementary school dealt with autism, selective mutism, and even my presumed learning disability has taught me a lot about how diagnoses are a lot more complicated than one would think. It is way more than just sitting down with a therapist and talking about one's problems. It involves extensive observations and evaluations, annual reports for the parents, and figuring out what kind of treatment would be best for the student. I personally believe that the school had absolutely no intentions of misdiagnosing me or ignoring my bullying situation. I used to think that way but after looking over some of the paperwork my mom provided for me, I started to realize that they were very much paying attention to me. They may not have properly diagnosed or treated me, but they did try their best to help me in various ways through RSP and speech therapy. They even communicated with my afterschool daycare program (TLC), so that they could pay close attention to me as well. So, my preschool and elementary school did not ignore me. They did try their best, but there is always room for improvement with how schools should treat students who need special accommodations.

I have already mentioned this idea a lot, but I wanted to reiterate how important it is to properly diagnose someone. Even if it takes more than one psychologist or psychiatrist, these students need all the help they can get. As a student who got misdiagnosed with autism, I spent five whole years in elementary school in a program that was not meant for people like me. If one were to look at the paperwork from 2004-2009, they would see that there was not much improvement in their areas of concern. The paperwork from throughout the years all look very similar because I did not improve academically or socially by their standards.

My case was very unique due to the fact that I was misdiagnosed. For the students who are properly diagnosed with selective mutism, it is essential to refer them to a psychologist or psychiatrist who specializes in that field or at least has a decent amount of knowledge on selective mutism. This is important because even if someone were to go to one of the best psychologists in your county, they may specialize in one area but not another. Once the child is diagnosed correctly, then the specialist should work with the school and the child's parents regarding their treatment and what would be best for the child. It is possible that one would have to do a lot of research on evidence-based treatments to see if the school can work with the student. If the school cannot accommodate to a specific treatment plan, then the school could possibly refer the student to a specialized program or perhaps another school. It is understood that such treatments may be expensive for the parents or the school. That is why there should be ways to fund treatment for selective mutism in schools without putting too much burden on the school or the parents.

If there is one thing I can say that ties everything together, I would advise parents, teachers, and peers to never pressure the child to speak. That is, in my opinion, one of the worst ways to go about treating a child for SM. The most important characteristics to have as a parent or a teacher are patience, sensitivity, and flexibility. Treatment takes quite some time no matter

what the symptoms are. The child will gradually improve with time as long as they are getting the right kind of treatment.

One of the biggest mistake parents make is not looking for early signs of selective mutism. Because the symptoms usually only become noticeable when school comes around, many parents or friends do not know that someone may have selective mutism based on their seemingly typical interactions at home. Teachers and other faculty members should always be on the look-out for any signs of selective mutism or any disorder that might negatively affect their social or academic ability. Once this disorder is recognized, there is a crucial period in which someone should be getting treatment for this disorder such as speech therapy or exposure-based therapy. One might think that because SM is so rare, why should we, as a society, pay close attention to the signs and symptoms of a disorder that does not happen in most children? That is because there are a lot of other disorders that are comorbid with selective mutism, especially social anxiety and separation anxiety that is more common in children.

### **Conclusion**

There are many things that can be taken from this. First, it is very easy to misdiagnose someone with selective mutism. It can appear very similar to autism or a learning disability, but it is actually much closer to social phobia than any other disorder. It should be treated similar to an anxiety disorder, so different therapies such as speech therapy or exposure therapy may be more efficient than sending a kid to a resource specialist program. Researchers who are looking at different ways to treat SM should reach out to schools and parents, providing them with more awareness and information about the disorder. This could possibly prevent any neglect or misdiagnosis from schools, parents, or peers. My experience should be a lesson for any preschool or elementary school. It should be a lesson regarding how important it is to look at the signs and symptoms early on and put them through an efficient treatment plan based on their

diagnosis. Selective mutism is one of the most commonly misdiagnosed disorders, and it is time for that to change as there is more research and evidence these days concerning resources and treatment plans for selective mutism.

Previous Center documents on selective mutism:

*A Personal Look at a Student's Selective Mutism*

<http://smhp.psych.ucla.edu/pdfdocs/selectmut.pdf>

*About Diagnosing Selective Mutism Among English Language Learners*

<http://smhp.psych.ucla.edu/pdfdocs/mutism.pdf>

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### **Other Relevant Resources/Treatments for Selective Mutism**

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