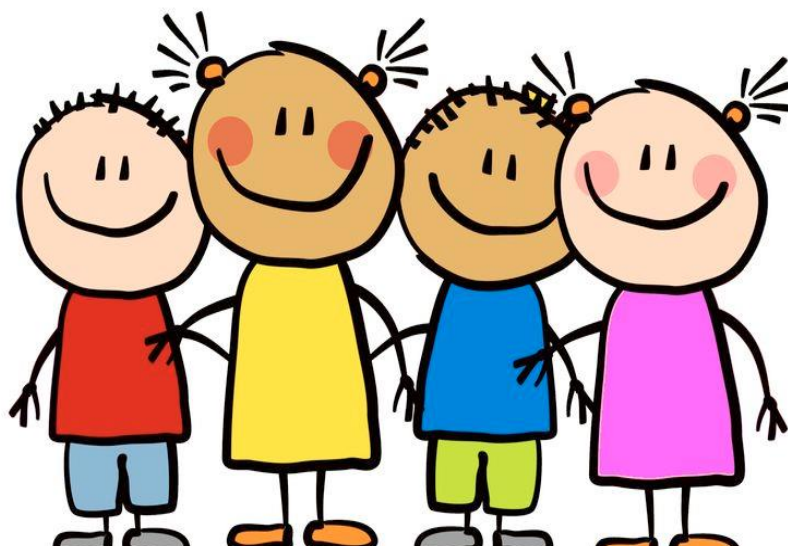


# Selective Mutism



Information and tips for parents and professionals  
working with children with Selective Mutism

## **What is Selective Mutism?**

Individuals with Selective Mutism (SM) are those who speak freely in some situations (e.g. with their families at home) but who consistently fail to speak in specific social situations in which there is an expectation to verbally communicate (e.g. at school).

### **SM is NOT:**

- The 'silent period' during which children who are learning English as an additional language (EAL) are simply taking time to acclimatise to the sounds of English in the setting, learn what is expected and gain confidence.
- A shy individual. Such children will gain confidence and begin to interact over time in contrast with individuals with SM who will not acknowledge interaction attempts.

## **What causes SM?**

There is often no single identifiable cause of SM. However, emotional, psychological and social factors have been linked to it. High social anxiety is strongly associated with SM.

## **What does SM look like?**

In addition to lack of interactions in particular social situations, individuals with SM can also present with the following:

- Limited eye contact and/or facial expressions
- Physical rigidity or alternatively, nervous fidgeting
- Withdrawal from social contexts
- Clinginess
- Stubbornness, aggression or having temper tantrums when they get home from school
- Finding it difficult to answer the register, say hello, goodbye or thank you
- Sensitivity to noise, touch or crowds
- Average intelligence, perception and curiosity. They may make age-appropriate progress at school particularly in areas where verbal communication is not required.
- Some individuals with SM may display delayed language and learning skills

## **Who does SM affect?**

- It is more likely to affect young children than adolescents and adults
- It usually occurs before the age of 5 years old although may not become apparent until a child enters school
- The occurrence of the disorder does not appear to vary by sex, race or ethnicity.
- Those individuals with communication delays or disorders (although this is not always the case and should be distinguished from communication disorders that may better explain the SM)

## How long should I wait for before expressing concern about an individual with suspected SM?

According to the DSM-5 2014, 'the duration of the disturbance is at least 1 month'. However, this is not limited to the first month of school where many children will need time adjusting to school routines, expectations and the curriculum.

## What to do if you suspect a child may be displaying signs of SM:

The first step towards helping an individual with SM is contacting an Educational Psychologist, Speech and Language Therapist, Pediatrician, Family Doctor, Psychologist or Counselor, . **The earlier the process of identification is started, the better the outcome for the individual.** The effectiveness of an intervention can depend on how long the child has been displaying the features, their age, the possible presence of other needs and the cooperation of all adults involved in the child's care.

### Tips for Schools

- Familiarise *all* school staff with SM. Please see page 5 for a list of resources that can be used to do this.
- Assign a key adult in the setting to work with the child. The adult must be consistently available and trusted. The relationship between the adult and the child will take time to build.
- Contact a professional who can support key adults in implementing strategies to help the individual as they can sometimes be overwhelming.
- Develop a supportive environment by encouraging a positive attitude amongst peers to prevent bullying, teasing or any other challenges.
- Build on their strengths.
- Work together with the child's family and other key workers involved in their case (educational psychologists, speech and language therapists...etc). This will involve meeting to share approaches, progress and ensure consistency throughout the experience.
- Having a child with SM can be very distressing for parents. Your support, reassurance and efforts will help ease the pressure.
- The individual's condition will not improve overnight. This process can take time so be patient.

*Do **not** put pressure on them to talk!*

## Tips and Advice – Providing Other Means of Communication

Non-verbal means; pointing, thumbs up/down, nodding, smiling, looking, raising hands even during register time.

Visual timetables to provide a visual support for interaction.

Whiteboards to communicate in writing – 'written speech'.

Obtain video recordings of the child talking at home to show in school. *Gain child & parental consent!*

Allow them to contribute to situations like circle time by handing things out, showing without telling...etc.

Symbol cards and or picture fans on a key ring with important messages on them as a visual means of communication.

## Tips and Advice – Encouraging Interactions

Gently discourage others from speaking for the child.

Reward all attempts at communication by the child without making a fuss or feigning surprise.

Allow the child to interact with others without interfering as often they are speak more without an adult present.

Use resources or activities that do not require much (or any) verbal interaction. E.g. puzzles, ball games.

Avoid asking many questions where appropriate. Instead, make chatty remarks or comments.

Sometimes, seat the child at the front of the class or group to encourage attention and involvement.

## Tips and Advice – Developing Self Confidence & Esteem

Reassure them that it is okay if they do not want to talk yet and that there is plenty of time for it to happen

Accept and encourage any form of non-verbal communication from the child

Never talk about the condition in front of the child

Complete activities with the child or differentiate appropriately rather than doing things for them

Praise every achievement and give extra attention and smiles when they try something new

Include more self-expressive and open ended activities or activities where children talk, move or sing together

In some cases, and with careful planning, allowing parent volunteers into the classroom (including the parent of the child) may help reduce anxiety. However, this should be purposefully planned and involve other parents also to avoid attracting attention to the child. To further reduce anxiety, get the parents to give the child something of theirs to look after before they leave.

## Tips and Advice – Voice & Oral Structure Activities

Play with puppets; the child may 'speak' through the puppet especially behind a screen or a mask

Non-verbal activities such as expelling air or using the mouth; blowing candles, bubbles or ping pong balls with a straw

Noisy activities; rhyming with predictable language, singing songs, make noises for toy vehicles and animals in play

## References & Additional Resources

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Kearney, C. (2012). *Helping Children with Selective Mutism and their Parents: A Guide for School-Based Professionals*. New York: Oxford University Press.

Selective Mutism Information & Research Association [www.smira.org.uk](http://www.smira.org.uk)

Selective Mutism Group-Childhood Anxiety Network [www.selectivemutism.org](http://www.selectivemutism.org)

*Silent Children: Approaches to Selective Mutism* (video/DVD and book) Rosemary Sage & Alice Sluckin, eds. (2004) Published by SMIRA and University of Leicester. Available on DVD from SMIRA.

SMIRA. (2014). *Selective Mutism in Children: Help for Professionals*. Retrieved from <http://www.smira.org.uk/wp-content/uploads/2015/10/Selective-Mutism-Professionals-Leaflet.pdf>

Supporting Pupils with Selective Mutism <http://www.lighthouse.tv/>

Understanding the World of Selective Mutism (CD-ROM), by the Selective Mutism Group Childhood Anxiety Network: Erin Benzie and Susan Benzie, Sherry Heckman, Julie Nicodemus.

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