Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Selective Mutism – What is it and how can I help?

Selective Mutism (SM) – definition

- An anxiety disorder.
- Consistent failure to speak in specific social situations despite being able to speak in other, more familiar situations, providing:

- It has persisted for at least one month since starting school or nursery (new environment)
- It is not due to lack of knowledge/comfort with the language
- Cannot be better explained by a speech, language, communication difficulty or any other abnormality.

- Can also be thought of as a SPEECH PHOBIA; the child with SM can also become scared of using their voice in other ways too (e.g. coughing/laughing).
- Child with SM may withdraw generally and then become scared other means of communication such as writing/pointing.
- She/he may become 'frozen' and then find it difficult to point.
- The ability to make eye-contact/use their facial expression may also decrease.

What does SM look like?

- Child really wants to talk but can't. May feel they 'can't get the words out'. They become afraid of speaking and people hearing their voices/wary of interaction which may lead to the expectation to talk.
- Speak to a smaller group of people and usually have difficulty in school and in other environments.
- May be really wary and their body may tense up.
- Different levels of SM:
- Most obvious - the child is totally silent with certain people in certain situations (e.g. talking freely at home but silent in school)
- May manage to speak a little, but when this is absolutely necessary – the fear/consequence of not talking (e.g. fear of disapproval) outweighs the fear of talking. There is usually no initiation of speech of spontaneous speech in the setting where the behaviour presents itself.
- Common factor is wariness and anxiety about talking.

What isn't SM?

- The child does not talk in any setting
- The child has never developed talking in sentences at home
- The child has profound learning difficulties

- The child presents with the same limited speaking habits at home
- The child presents with inconsistent speaking habits (e.g. talking to a teacher on some days but not on others, in identical circumstances)
- A child that talks and then suddenly stops or there is a decrease in the amount that they talk.

Phobia

- A phobia is an irrational fear – SM is a phobia of speaking to certain people/certain situations
- The trigger of the phobia is an event during an over-whelming environment.
- Brain – 2 sides – emotional side of the brain – (flight, fright, freeze response – purpose of this is survival) / rational side of the brain
- When there is this 'trigger' – the emotional side takes over cutting off blocking the rational brain – it cannot recognise the difference between a real / non- real threat.

How is SM treated?

- Create the right environment at home/school
- Educate Parents and School staff on SM
- Change the environment to:
  - Reduce the child's anxiety
  - Build the child's confidence
  - Increase communication, joining in and enjoyment

There is no point working on talking if these are not in place

Pep Talk

- Openly acknowledge the child's difficulties and remove the need to speak **initially**
- Important to say: **you are not expected to talk until you are ready**
- Show you understand the difficulty the child is having and they can talk when ready
- Acknowledge that the child wants to talk but finds it hard

- All those involved with the child need to work together – the majority of the work comes from Home and the School setting therefore these two parties need to be on board as this will affect the impact that we can have. Therapy will not be effective without this.

Tips

DO:

- Openly acknowledge the child's difficulties in an accepting and relaxed way – stress the situation is only temporary.
- Reassure the child that they will find talking easier if they just take things slowly.
- Encourage communication talking in a relaxed atmosphere with NO pressure for the child to speak (e.g. warmly responding to attempts to communicate through pointing.)
- Introduce other ways for the child to communicate (e.g. pointing, holding up a picture, using a white board).
- Provide opportunities rather than the expectation to talk (e.g. I love jacket potato, I wonder what your favourite food is? / Can you show [new child] what to do, they aren't sure what they have to do))

DO NOT:

- Be hurt or offended when the child remains silent.

- Beg, bribe or challenge the child to speak or let on how important it is to you to hear them talk.
- Ask direct questions which put the child on the spot; especially when others are watching and waiting for an answer.
- Look directly at the child after providing the opportunity to talk.
- Give special attention for being silent, but do reward effort to communicate, help or participate in whatever form that may take.
- If the child does talk, do not make a big deal out of it.

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