



## Selective Mutism Anxiety Research & Treatment Center

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## Helping our Teacher's Understand Selective Mutism

Selective Mutism is a childhood anxiety disorder characterized by a child's 'inability' to speak in various social settings. These children are able to speak at home, and in settings where they are comfortable, secure and relaxed. The etiology of Selective Mutism is due to severe anxiety.

The majority of Selectively Mute children have **severely inhibited temperaments**.

When compared to the typically shy and timid child, SM children are at the extreme end of the spectrum for timidness and shyness. So much so, that when Selectively Mute children confront a social situation where they do not feel comfortable, they often become mute and possibly noncommunicative. Some children may have great difficulty pointing/nodding or even mouthing words while others may be able to respond and initiate nonverbally with ease and 'look' completely relaxed.

According to studies, approx. 90% of SM children meet the DSM-IV diagnostic criteria for social phobia.

**Social phobia** is a persistent fear of social or performance situations. It can be a debilitating and a heart wrenching disorder for an adult; imagine what it can be like for a child who has not yet learned proper coping skills? Many of these children literally feel like they are 'on stage' every minute of the day! This is evident by their 'uncomfortable' body language when any attention is brought to them. Many children will turn their heads away, play with their hair, look to the ground, tilt their head, hide in the corner, suck their finger(s), and pick or scratch sores, moles or birthmarks on their body. Many will stare at you with a 'blank-looking' or 'expressionless' face, acting as if they are ignoring you. And as

mentioned above, still other SM children may appear comfortable and at ease, yet remain silent or perhaps only whispering to one or few individuals.

Teachers must realize these characteristics are all examples of anxious Selectively Mute children.

Unlike adults, who can choose when and where to go, children do not have that choice; especially when it comes to going to school. Due to their severe anxiety disorder, Selectively Mute children do not speak. Just as an individual with agoraphobia avoids going out of the home in order to avoid the feeling of anxiety, and the person with obsessive compulsive disorder (OCD) performs rituals and has compulsions in response to their anxiety, the selectively mute child does not speak as a means of avoiding anxious feelings, simply because speaking enhances anxiety.

Although anxiety is the underlying cause for Selective Mutism, the following propagating factors can exacerbate the tendency towards the development of mutism:

- Bilingual SM children who speak a different language at home are often insecure and afraid to speak when in an environment, such as school, where a *different* language is being spoken. Mutism develops as a means of avoiding the anxious feeling of speaking a language with which they are not comfortable.
- Approximately 30-40% of SM children have speech and language abnormalities, i.e., children with articulation disorders are often insecure and uncomfortable with their voice. Perhaps peers or adults have made comments about the sound of their voice or mispronunciation of certain words. For the socially anxious child who is already insecure in a social situation, this only worsens their anxiety and fear. Mutism develops as a means of 'avoiding' anxious feelings with the thought of others commenting or making fun of their speaking. Studies need to be done to further examine characteristics of speech and language pathology in the SM child.
- Negative reinforcers of Mutism, i.e., continuously asking, bribing, forcing and threatening a child to speak, only heightens internal anxiety and perpetuates mutism.
- Environmental stressors, such as death, divorce, marital discord, etc. can heighten anxiety, propagating already existing mutism, but RARELY, if ever, cause mutism.

It is so important for teachers and school personnel to remember that the Selectively Mute child is not 'being silent' or barely whispering 'on purpose,' or trying to 'control' a situation. These children literally **cannot** speak. As many selectively mute children have said, "The words just won't come out." Other children state, "The words get stuck in my throat," "My body won't let me speak," etc.

When asked to describe their feelings about 'speaking in school,' it is very common for children/teens to say, "I get really scared," "I don't know," "My stomach starts to hurt," etc.

These children are **not** mute because of a learning disability, Autism, Pervasive Developmental Disorder, Oppositional Defiant Disorder, etc.

This is not to say that another disorder cannot occur concurrently with Selective Mutism, but it is not the cause.

**Knowing that the majority of cases are due to severe anxiety, special education classes, remedial classes, etc. are often completely inappropriate for these children.** By understanding the nature of Selective Mutism, a child should be mainstreamed in a regular class. An IEP can be beneficial in certain cases of SM, especially as the child progresses through school, and verbalization is not occurring. The IEP should be designed to help lessen anxiety for the child, but at the same time, encouraging mainstreaming and 'normalcy' as much as possible.

**School is usually the most difficult place for Selectively Mute children to be.** Teachers and peers expect all children to interact and participate in classroom activities. When children do not, attention is brought to them. This is exactly what happens to the selectively mute child. This is quite ironic, considering the last thing an anxious child wants to do is bring attention to him/herself.

Understanding that the SM child's 'silence' is due to anxiety, it should be quite obvious that 'pressuring,' 'punishing,' 'coercing' or 'bribing' an SM child to speak is completely counterproductive and inappropriate. By doing this, the SM child often feels more anxious and uncomfortable, causing them to regress even further.

Asking an SM child to speak is similar to asking a child confined to a wheelchair to get up and walk. Proper treatment needs to be implemented for the SM child to speak comfortably, just as the child in the wheelchair needs treatment and support to get up and walk.

It is of utmost importance that the school approach the SM child from an understanding and accepting perspective. The main objective should be to do whatever is possible to make the child feel comfortable and relaxed.

**What can a teacher do to help the anxious Selectively Mute child?**

First, teachers should consult their school psychologist and/or school counselor to discuss their concern over the child's 'silence' and their suspicion about Selective Mutism. Then, arrange a meeting with the parents to discuss the child's 'inability to talk.' Including the school psychologist and/or counselor is a

good idea so various options for proper evaluation/assessment and potential treatments can be discussed. Providing parents with informational handouts that describe Selective Mutism is a gentle approach to conveying reasons for your suspicions for this diagnosis. Parents have often never heard of the term, Selective Mutism, and hearing such a term, without truly understanding the meaning, can be very frightening and intimidating to families.

A teacher should work with the parents to help alleviate as much anxiety as possible. By doing so, many children will often make progress more readily than if they are completely misunderstood and mismanaged.

There are varieties of methods that teachers can use to help the Selectively Mute child feel more comfortable and less anxious in the classroom. Primarily, a teacher should try to get to know the child in a completely unobtrusive and accepting manner. Visiting the child at home before the start of the school year is often beneficial. There is certainly no better place for children to feel more comfortable than in their own home! Visiting the children on their own turf will certainly allow for a more comfortable way of getting to know each other. I recommend sitting in the child's room, asking them to show you their favorite books, artwork, CD's, games, etc. Allow them to lead and direct the visit. It may take a few visits to the home before the child starts to open up.

If visiting the home is difficult, another tactic would be to meet the child at school, possibly before school starts in the morning. Have the parent bring the child as early as possible so the child does not feel so overwhelmed when a group of children is in the class at the same time. For the younger SM child, having their parent around is very comforting and helps the child feel more comfortable. When alone with the parent and the child, the teacher can try to engage the parent in conversation and allow the child to just observe. Just let the child know they are part of the conversation and that any kind of nonverbal communication is okay with you. Interacting with the child in an informal manner, with as little eye contact as possible, is strongly recommended. Having the child help you organize the room or setup activities is a wonderful way to connect without the pressure of direct questioning, which tends to intimidate the SM child.

Important advice is to **NEVER** make the child feel as though you are 'waiting' for him/her to speak. This expectation is anxiety provoking. In addition, it is important for teachers to not make a 'big deal' over any verbalization that does occur. Very often, the SM child will speak to a peer before a teacher. In this case, do not make mention that you 'hear' their voice. SM children will often pull away when that approach is taken!

Enabling for **small group interaction** is important and should be implemented as much as possible within the classroom. Pairing the SM child with a close friend or child that is accepting is also essential. As the SM child feels

comfortable and begins communication, introducing other children, one by one, is encouraged.

As a comfort level is being reached, the teacher and parent(s) should agree on a **'plan'** to help the child. A qualified professional, such as a physician, psychologist, social worker, or school counselor who is competent in treating Selective Mutism, is a definite necessity in helping develop a **'plan'** for the child.

The process of 'helping a child overcome Selective Mutism' is a **step-wise** process that must be approached with patience and confidence. There is no over-night miracle cure for selective Mutism. With the guidance of school professionals, children will build various behavior and coping skills that will allow them to slowly emerge out of their anxious state.

If approached in this manner, the child should successfully overcome Selective Mutism.

**Please contact the Selective Mutism Group Childhood Anxiety Network SMG-CAN)**  
**For further information contact [www.SelectiveMutism.org](http://www.SelectiveMutism.org)**  
**Please visit the 501( c )3, nonprofit organization the Childhood Anxiety Network, Inc.**  
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