Selective Mutism: An Overview for Families

Selective mutism is an anxiety disorder in which children have difficulty speaking in select situations, such as school, despite their ability to speak appropriately in situations where they are comfortable, such as home. The behaviors you may see from a child with selective mutism can be different for each child, but they can include:

- trouble responding to questions from adults or peers,
- difficulty sharing information independently with adults or peers,
- trouble talking to individuals with whom they are unfamiliar or less comfortable,
- difficulty speaking at a full volume,
- not participating in activities that require movement, such as gesturing or dancing, or
- difficulty asking for help or getting permission to go to the bathroom or nurse.

Symptoms are often first noticed in school, because families may not observe the communication difficulties if the child is comfortable speaking at home. However, similar difficulties may be present when the child is in daycare, with extended family members, or out in the community.

Selective mutism is more than just being shy, and it is not something that is outgrown. Roughly 0.71% of the population may experience symptoms (Bergman et al., 2002), with a higher rate of symptoms in bilingual populations (Toppelberg et al., 2005). Children diagnosed with selective mutism also may be at greater risk for other anxiety or speech concerns (Driessen et al., 2020; Klein et al., 2013). Symptoms can affect the child’s ability to engage in school tasks, how they are perceived by peers, and their ability to advocate for needs. The long-term impact of not addressing symptoms can include an increased risk for additional anxiety, other mental health concerns, school refusal behaviors, and use of alcohol or other substances to manage anxiety symptoms.

GENERAL RECOMMENDATIONS

The goal is to create a comfortable and safe environment that helps the child feel supported and included. The child will generally benefit from opportunities for one-on-one and small-group interaction in school, positivity from adults, and support for participating in class activities, such as suggesting games to play during free times or setting up activities where the child can engage with others. In general, adults should avoid asking rapid questions, forcing the child to speak, criticizing the child’s communication difficulties, indicating that the child cannot speak, or predicting what the child wants before they have asked for anything. It is also important to discourage peers from speaking for the child.

THE SCHOOL TEAM ADDRESSING SELECTIVE MUTISM

Addressing selective mutism in school requires a team approach. Although each team member has a different role, all are important in supporting the child.

Role of the School Psychologist

A school psychologist may have varying roles in supporting a child with selective mutism in the school setting. Their first role may be the identification of concerns. School psychologists may be more familiar with selective mutism than
other educators, and they can be critical in recognizing the symptoms, observing behaviors in the classroom, and sharing information with parents. School psychologists may also be involved in determining if a child qualifies for an IEP/504 Plan or planning interventions that could be completed at school. School psychologists may also collaborate with outside providers—such as a pediatrician or therapist—in order to communicate observations of the child's functioning at school and use consistent language and approaches across settings. The level of collaboration with outside providers may vary based on the outside providers’ expertise in selective mutism and their knowledge of appropriate treatment goals in school settings. A school psychologists can also act as a consistent support for the child throughout the years. In this role, the school psychologist:

- is qualified to help plan out speaking goals and exposure practice;
- may participate in fade-in interventions;
- may train school staff on appropriate practices;
- may facilitate communication between parents, teachers, and outside professionals;
- may be involved in progress monitoring and adjusting goals as the child has success; and
- may be involved in planning and preparing for transitions to new classrooms each year.

**Role of Teachers**

Although teachers can at times act as the key stakeholder for a child, this can be more challenging when planning for transitions from year to year. Teachers should be involved in direct intervention, will provide accommodations in the classroom, will help the child navigate through situations with peers, and may be involved in documenting and selecting goals. The teacher will offer a supportive environment to work on increasing speaking and will find opportunities for the child to practice their communication just outside of their comfort zone.

**Role of the Parent or Caregiver**

The caregiver has a critical support role, as they come with the most knowledge about the child, the child’s interests, and helpful ways to engage with the child. The caregiver also gives the school insight into what the child looks like when comfortable, what the child’s communication is like when speaking at home, and approaches that have been successful or unsuccessful for the child. The caregiver can be an advocate in the school setting, helping the school focus on the child’s needs. The caregiver also can be involved in early fade-ins and opportunities to practice speaking—for example, having playdates with peers from school or practicing ordering at a restaurant. Caregivers may also be involved in finding an outside provider with specialty in SM in order to receive a formal diagnosis and further support for managing their child's anxiety and communication difficulties. Access to a knowledgeable provider may vary based on the family's proximity to selective mutism care experts, though the Selective Mutism Association does have a directory of SM providers across the country (https://www.selectivemutism.org/find-support/). Finally, the caregiver may also be involved in the reinforcement system, offering desired rewards (such as a special activity or small item) at home for speaking in school.

**Role of the Speech/Language Pathologist**

Not every child with selective mutism will work with a speech/language pathologist, but a speech/language pathologist can provide an assessment that is valuable in helping to determine if symptoms appear consistent with selective mutism and to better understand if there are underlying speech or language concerns for the child. Speech/language pathologists bring knowledge for improving speech and communication for children, and many speech/language pathologists have further knowledge about selective mutism and appropriate treatment approaches. Speech/language pathologists may also be involved in direct intervention and progress monitoring in the school setting.
REFERENCES


RESOURCES

More information about selective mutism and interventions can be found through the following books and websites.

Books


Websites

- Selective Mutism Association, [selectivemutism.org](http://selectivemutism.org)
- Kurtz Psychology’s Selective Mutism University, [selectivemutismlearning.org](http://selectivemutismlearning.org)
- SMart Center, [selectivemutismcenter.org](http://selectivemutismcenter.org)

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Please cite this document as: