Understanding Your Child's Selective Mutism

Rebecca is a 5-year-old girl who is talkative and extroverted at home, but she does not answer questions asked by adults outside of her home, and sometimes hides behind her mother when people speak to her. Rebecca has been in kindergarten for 3 months. Her teacher has noticed that she doesn't speak to other children or teachers, and she looks away or puts her head down when other kids try to talk to her. At first, her teacher thought that Rebecca had speech difficulties or was just shy. However, after three months, she became concerned and told Rebecca's parents. They reported that she is "such a chatterbox at home!" and began to wonder if not speaking at school could be a sign of something more than just shyness.

Frequently Asked Questions

What is selective mutism?

Selective mutism (SM) is an anxiety disorder in which a child who speaks regularly at home consistently fails to speak in other settings (such as school). Selective mutism is usually first recognized when a child enters school, but it can be detected much earlier.

Although children with SM may have an increased risk of speech or language dysfunction, most children with SM have normal speech and language abilities. Instead of thinking of it as a speech disorder, it is more accurately classified as a form of social anxiety.

Interestingly, SM is more common among children who are bilingual. However, if the failure to speak is related to lack of familiarity with the language, then the diagnosis of SM is not given.

What causes selective mutism?

In the past, SM was thought to be related to autism, oppositional defiant disorder or trauma/abuse, but most researchers now agree that SM is a form of social anxiety and not related to abuse, trauma or defiance.

Children with SM most often display other signs of social anxiety in addition to their failure to speak.

Social anxiety tends to run in families of children with SM, suggesting a genetic component to SM.

When is SM a disorder?

For a failure to speak to be considered a disorder, it must interfere with school or with social communication and must be present for longer than one month.

Approximately 1 percent of children ages 4 to 7 probably meet criteria for selective mutism, but the disorder tends to be underdiagnosed.



How is SM treated?

To receive an evaluation, a child with suspected SM should be seen by a licensed mental health provider who has familiarity with the condition. Misdiagnosis of autism and other disorders is common.

A combination of behavioral techniques (cognitive behavior therapy) is recognized as the most effective treatment approach. Behavioral approaches use a "hierarchy" or rank-ordered list of situations in which the child has difficulty speaking. Then, the child is guided as he/she systematically engages in speaking-related behaviors (e.g., mouthing speech, whispering, etc.) in increasingly more difficult situations. Over repeated successful attempts, the associated anxiety lessens.

Even for children with SM who do not have speech or language dysfunction, speech therapy delivered at school in small-group or one-on-one formats may be helpful because they provide more comfortable settings than large classrooms for eliciting speech.

School-based behavioral interventions, such as education and training of school personnel and ongoing mechanisms for communication support, should also be established. Behavioral treatment for SM typically involves assignments of specific interactional tasks at school that require the classroom teacher to spend individual time with the child in a setting away from the rest of the class. In some cases, obtaining an individualized education plan (IEP) may also be necessary to better support the child.

There are no U.S. Food and Drug Administrationapproved medications for the treatment of SM. However, certain selective serotonin reuptake inhibitors, often used to treat social anxiety, may provide some added benefit when combined with cognitive behavior therapy.

What are next steps?

For more information, please visit the UCLA Center for Child Anxiety Resilience Education and Support online at carescenter.ucla.edu.

For referrals to providers who can help, please visit carescenter.ucla.edu/finding-provider.

Notes



