

Selective Mutism: Facts for Families

Selective Mutism (SM) is an anxiety disorder in which a child is unable to speak in some settings and with some people.

What is selective mutism?

SM is an anxiety disorder in which a child who is more talkative at home does not speak in other settings, such as school. Some children show a fearful response when spoken to by others (for example, they hide behind their parents, cower away from the speaker or avoid eye contact) while others appear not to be anxious at all when spoken to.

Parents often notice signs of SM when a child is very young but these symptoms can become more pronounced as the child enters school. If it is not treated it can last into adolescence and even adulthood.

What are the symptoms of selective mutism?

Most children with selective mutism:

- Are verbal and even outgoing at home, but completely or mostly nonverbal (won't speak) at school or around strangers or others outside of the family.
- Seem "paralyzed" with fear, or "shut down" when unable to speak.
- Use gestures, facial expressions, and nods to get by or whispers in a very quiet voice when spoken to. Some children have a hard time communicating at all, even nonverbally.
- Have difficulty with speaking to others which may get in the way of social activities and school (academic) achievement or with their ability to let others know when they are sick, need to use the restroom, or hurt.

In addition:

- Some children with selective mutism come from bilingual households. Their difficulties communicating are not due to being unable to understand or speak the language.
- Children may demonstrate delays in articulation or language skills such as speaking clearly, following directions, or using complete sentences even at home.

How common is it?

Selective mutism affects about 7 out of 1,000 (0.7%) school-age children. Children of all races, ethnicities, and genders are affected by SM. Some research shows that females are more likely to have SM than males. It is more likely to start in early childhood than adolescence or adulthood.

What causes selective mutism?

Children can have selective mutism for many reasons. There isn't one single cause. However, many children with selective mutism:

- Come from families where parents or other family members also have selective mutism or other anxiety disorders. Parents may also be shy or reserved.

To Learn More

- Psychiatry and Behavioral Medicine 206-987-2164, option 2
- Speech & Language Services 206-987-2104, option 1
- Your child's healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

- Are generally more shy or reserved, and are more likely to feel anxiety in their body. This can cause them to avoid speaking to others.
- Also have social anxiety.

Sometimes parents unknowingly reinforce their child's anxious and avoidant speaking behavior in an effort to help their child cope. They do this by speaking for their child when they act shy, refuse to speak, or hide behind their parents.

What is the impact of selective mutism?

Children with selective mutism that is not treated are likely to have:

- A hard time at school (academic difficulties)
- Social isolation as they get older
- Possible teasing from peers
- Trouble with verbal language
- School refusal
- Medical problems if they are not able to tell others when they are sick, hurt, or need to use the restroom.
- A greater chance of having other anxiety disorders.

Studies have shown that even though some children with SM may begin to speak to people as they get older, if left untreated they are likely to continue to struggle with social anxiety into adulthood.

How is it treated?

Selective mutism is treated with cognitive behavioral therapy, or a parent-training called parent-child interaction therapy (PCIT). The therapist works gradually with your child, using positive reinforcement to build their confidence and help your child find their voice in the settings where they have trouble speaking. The therapist also works with parents to teach them how to apply these techniques in real-life settings.

Some children may also be prescribed anti-anxiety medicine, if their selective mutism is severe, or if they're not making progress with behavioral therapy.

Is treatment helpful?

After therapy is complete, most children have fewer symptoms of SM, including less anxiety, increased speaking behaviors in different settings, and improved school and social functioning.