

## JIM AND JANE SMITH

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Our child is a loving and intelligent individual! However, in social situations, our child often becomes mute and cannot utter a sound.

### Why doesn't Mike talk?

Mike has an anxiety disorder called *Selective Mutism*.

Most selectively mute children have social phobia, which begins to explain their difficulty interacting in social situations. Mike often has difficulty smiling and making eye contact with people. This is not because he is unhappy, purposely ignoring you, or trying to get attention. It is not due to willfulness, stubbornness, or manipulation. It is because of anxiety and fear that can literally make it impossible to speak. For more information about Selective Mutism, visit these web sites: [www.selectivemustim.org](http://www.selectivemustim.org) or [www.selectivemutismfoundation.org](http://www.selectivemutismfoundation.org).



Mike Smith – relaxed!

### How to relate to a child with Selective Mutism

- ✓ Talk to him normally, but don't expect a response right away.
- ✓ Minimize eye contact and direct questioning and phrase questions so that the child can respond non-verbally.
- ✓ Do not try to make him speak or ask why he is not speaking . . . . this will only increase his anxiety!
- ✓ As he becomes more comfortable, generally non-verbal communication will begin . . . . smiles, gestures, nods, etc.
- ✓ Do not act surprised or "make a big deal over it" if he begins to speak, as this may embarrass him and cause a setback.
- ✓ If other children ask why he doesn't speak or comment that Mike does not speak to adults, you can help by responding, "Mike speaks a lot when he is comfortable. He will talk when he is relaxed and ready."
- ✓ Get down on his level. A standing adult can intimidate a child with an anxiety disorder.
- ✓ Just enjoy, have fun, and get to know Mike who has so much to say, but needs some time and help saying it!

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<b>About Mike</b>	
Mike's problem	Our son, Mike, is 7 years old and will be entering the 2 <sup>nd</sup> Grade in August 2005. From the age of 2 ½ he spoke normally to parents and siblings at home. Prior to December 2004, Mike was not able to speak to adults, and, with very limited exceptions, he was not able to speak normally while in school. In recent months, he has had difficulty using the toilet – especially in public places.
Mike's strengths	Mike has not had difficulty speaking to his parents and to most children. He is attentive but his anxiety and inability to speak continue to interfere with his ability to perform in school. He has met most developmental milestones despite his inability to speak in certain social situations. He has a rich vocabulary, good grammar, and good diction. He reads well and can write. He may have learned these skills with practice at home.
Mike's diagnosis	In December 2004, Mike was diagnosed with Selective Mutism. Selective Mutism is a social anxiety disorder that prevents people from speaking and communicating in select social situations.
How do people get selective mutism?	Research has been inconclusive. Experts believe it is a combination of heredity and environmental factors. Selective mutism does <i>not</i> occur as a result of trauma or abuse. Mike has not been abused nor have any traumatic events contributed to his problem.
Do kids outgrow selective mutism?	No. Kids who are untreated do not outgrow their problem. Their anxiety can worsen and interfere with many aspects of their life.
Mike's treatment	In December 2004, Mike began seeing a cognitive behavioral therapist and a psychiatrist. For approximately six months, he took low-level doses of Prozac. He is no longer taking any drugs. Through his therapy, we have established interim goals to ease his comfort in social situations that have previously caused him anxiety. We have established a reward system for recognizing milestones and accomplishments related to his selective mutism.
Mike's progress	Mike has begun speaking to many adults. However, he continues to have significant anxiety while in school and while around adults. As such, his speaking is limited. As his anxiety is reduced, he is capable of speaking and interacting normally. His recent inability to use the toilet is related to his anxiety.
Other concerns	We have requested that he be evaluated for sensory integration dysfunction (SID). He may require an occupational therapist.
Our goals for Mike	a. We would like Mike to develop a better understanding of his feelings and emotions so that he can recognize when he is anxious. b. We would like him to develop relaxation and coping strategies. c. We would like him to learn to respond to his anxiety by using relaxation techniques and coping strategies. d. We would like him to continue to progress in his ability to speak in school, speak to adults, and speak to strangers. e. We would like him to overcome his anxiety to using toilets.

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**Common Behaviors of Children with Selective Mutism**

**When in the school setting, Mike:**

1. Might not speak to teachers, parent helpers, staff, or peers.
2. Might speak only to a few "select" peers.
3. Might be able to speak to a parent who visits the classroom.
4. May be able to communicate nonverbally (nodding, pointing, etc.) but not verbally.
5. May not be able to communicate at all (neither nonverbal nor verbal communication).
6. Might be able to speak to certain individuals in the cafeteria, on the playground, or other places at school besides the classroom.
7. May be unable to make eye contact.
8. Might seem very anxious, with rigid or awkward body posture.
9. May appear nervous or fidgety, edgy, or hyperactive. Typically transitory.
10. May appear calm but non-responsive....and may appear very stubborn or oppositional.
11. Might avoid making eye contact when confronted by teacher or peer to speak or participate in activities that would involve verbalizing. Might turn away appearing defiant.
12. Might not be comfortable eating lunch in the cafeteria...or may not eat at all during school.
13. Might have difficulty asking to use the restroom and may have frequent "accidents".

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**Strategies for helping Mike in school:**

1. Mike requires a “warm-up” period at the beginning of each day. Until he seems settled in for the day, avoid putting too much pressure on him. This warm-up period may be longer during the first few weeks of school and also during transitions.
2. Until Mike has “warmed-up”, avoid direct eye contact. Until Mike has “warmed-up”, avoid open-ended questions. Initially, it is better to ask questions for which non-verbal responses are possible or questions that only require one-word or two-word responses.
3. Seat Mike near friends or familiar faces. Avoid radical seating chart changes. If changes are made, make sure to leave at least one familiar person next to or near him – changes are better handled with a stepped approach.
4. At the beginning of the year, avoid large group activities that require him to communicate. Smaller groups would be less anxiety inducing at the beginning of the school year.
5. View Mike’s behavior in the context of an anxious child. At times he may be “misbehaving” only because his heart is racing and he is having trouble relaxing. Without drawing attention to him in these instances, encourage him to breathe deeply. We are working on breathing exercises at home. Sometimes a firm touch helps (back pat or rub).
6. Encourage Mike to be a “helper” in ways that don’t require communication. (i.e., clearing the blackboard, putting things away, delivering messages to the office, etc.).
7. Encourage non-verbal communication. Remember that any communication poses a risk to Mike. Non-verbal communication will not “enable him” to be selectively mute nor will it impede or prevent him from speaking once his relaxed and ready.
8. Discourage other students or teachers from labeling him or saying “He doesn’t talk” or “He can’t talk”. Respond by saying “He is great at talking when he is comfortable. He’ll use words around us when he’s ready.”
9. Utilize a buddy system with a friend with whom he is comfortable. Until Mike is comfortable in the classroom, he can speak to a buddy who will then speak to the teacher. He could also be a helper with a buddy.
10. Avoid making a big deal of it when he finally starts speaking – we know that he will at some point. Respond to others who make a big deal of it by saying, “He has always been good at talking. He just wasn’t ready until now.”
11. Build his self-esteem. Routinely remind him of the things that he does well.
12. Don’t require students to turn in home work directly to the teacher – this is very difficult for Mike. A strategy could be to have students place their home work in a pile. That way, he won’t be intimidated by the personal contact. He can slowly graduate to handing materials directly to the teacher.
13. Prepare Mike for upcoming activities by discussing upcoming events, topics, or activities. Get in the routine of talking about what is coming up. He does not react well to surprises.
14. Provide Mike with some quiet time in the middle of the day to re-charge. It is exMikeg and overwhelming for him to be around people all day.
15. Provide Mike with extra time to prepare written assignments. When this writing is required under time pressure, it causes significant anxiety for him. Alternatively, written work could be sent home.

\* These techniques are most likely to work if they are integrated into a whole classroom approach. If Mike is singled out as the only one who does something, it will heighten his anxiety.

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**Additional Requests for Mike:**

1. We would like to prepare a short packet of materials about Mike's disorder for substitute teachers (1 to 2 pages). We will prepare and copy the materials. However, we would request that they be made available to substitute teachers during the school year.
2. We would like to have the opportunity to prepare a short presentation regarding Mike to the staff at Central Elementary.
3. We would like to have the opportunity to provide materials regarding Mike and selective Mutism to parent helpers.
4. We would like to have the opportunity to make a short presentation to the kids in Mike's class so that they may better understand his disorder.
5. We would like Mike's teacher to assess his stage of communication (on the Selective Mutism stages of communication and comfort scale) at the end of each week for the first few weeks of school. If he is struggling, we could provide additional strategies.
6. Provide weekly feedback to us so that we can develop strategies to overcome problems in the classroom. This can be a short phone call or a short e-mail to us.
7. We would like the opportunity for Mike to go home for lunch a few days per week for the first few weeks of school. This will allow him the opportunity to use the toilet in the privacy of our home. It will also give him the opportunity to "re-charge".
8. We would like to have Mike evaluated for sensory integration dysfunction (SID).
9. We would like to have Mike evaluated for a 504 plan.
10. We would like to have a list of classroom jargon (i.e., packet books, circle time, etc.) so that we can help Mike adjust to the classroom terminology.