

Dear Doctor,

Perhaps everyday you see children who are anxious in your office; but if anxiety makes a child unable to speak, or if a child's parents report that he or she is not speaking at school for longer than one month (despite age-appropriate speech at home), are you aware that this child may be suffering from **selective mutism**?

Until recently, little has been published about the role of pediatricians in helping children overcome this debilitating disorder. Very often parents are told by their pediatricians that their children are *just shy and will outgrow this behavior*. For children with selective mutism this is usually untrue and the symptoms may worsen or even become intractable, if early treatment is not sought.

**Selective mutism is a real disorder, and it is distinct from ordinary shyness.**

If untreated, it can have devastating consequences on a child's social development and self-esteem. Evidence is mounting that untreated anxiety disorders often lead to self-medication with drugs and alcohol in adolescence, poor school performance, school drop out, and even suicide!

In the past (and sadly, even today), children with selective mutism have been misdiagnosed as having autism, developmental delays, or have been characterized as being oppositional or defiant. Parents have sometimes been falsely accused of child abuse. Children have been punished, bribed, retained in lower grades or placed inappropriately in special education classes for emotionally disturbed students because of their inability to speak at school. But, by helping to identify young children who may be suffering from this anxiety disorder, you will open the window of opportunity to overcome selective mutism.

Historically, little was known about this disorder. It was thought to be rare and untreatable, perhaps contributing to the reluctance of physicians to consider the diagnosis. Yet according to a recent article in the journal *Pediatrics*<sup>1</sup>, selective mutism may not be as rare as previously thought. **And, when approached as an anxiety disorder, it is becoming clear that most if not all children can be helped to overcome selective mutism.**

Children with selective mutism are often very bright and creative, and speak at an age-appropriate level when in comfortable settings such as the home environment. When outside the home, particularly in school in most cases, anxiety causes them to become withdrawn and unable to interact or communicate. Over time, lack of participation precludes the development of social skills so that the fear of embarrassment may become a self-fulfilling prophecy. **Fortunately, new knowledge about selective mutism is opening the world to these children. When addressed at an early age**

---

<sup>1</sup>Joseph, Paul R. (1999). Selective Mutism-The Child Who Does Not Speak At School. *Pediatrics*. [Vol. 104, No 2](#); p 308.

**with an appropriate treatment plan, the children make incredible strides.** They gain the ability to participate fully in school and social activities and reach their full potential.

Diagnosis in young children is crucial; selective mutism is much more responsive to early intervention. In fact, it seems that improvement is inversely proportional to the age of starting treatment. **This is why it is so important for pediatricians to be involved in early detection of children with selective mutism.** If a child is unable to speak in the physician's office, the parents should be questioned whether this is the case in other settings such as preschool or school. If parents mention extreme shyness or their child not speaking in certain settings, the physician can then consider whether the DSM-IV criteria are met, and if appropriate, refer the child for evaluation for selective mutism.

Selective mutism is described in the 1994 DSM-IV as a syndrome with the following characteristics:

1. Failure to speak in situations where speech is expected despite speaking in other situations.
2. Duration must be more than 1 month.
3. No speech problems or problem caused by a foreign language.
4. The disturbance must interfere with education, occupation, or social communication.
5. There is no developmental or psychiatric disorder such as autism, schizophrenia, mental retardation, or pervasive developmental disorder

I am writing on behalf of the **Selective Mutism Group~Childhood Anxiety Network (SMG~CAN)**. This nonprofit organization maintains a website which is the world's largest source of information about selective mutism and related childhood anxiety disorders. The Advisory Board of SMG~CAN is made up of specialists in several disciplines, all chosen because of their extensive experience in the research and treatment of selective mutism. The professional page of the website provides access to current medical literature, and consultations from members of the Advisory Board are available as well as support for parents of selectively mute children. Physicians and families dealing with selective mutism can benefit tremendously from membership in the SMG~CAN. Proceeds from membership fees as well as tax-deductible contributions will help fund ongoing research studies and education efforts.

Physicians needing further information are urged to view the SMG~CAN website at [selectivemutism.org](http://selectivemutism.org). Please take the time to learn about the exciting discoveries that are making it possible to break the silence of selective mutism!

Sincerely,

Dr. Christine Stanley