

The Nurses' Role in the Care and Treatment of the Child with Selective Mutism

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When performing an eye screening, has a child ever just stared at the floor or eye chart? Has a child just sat motionless in a chair, unable to raise their hand during a hearing screening? Has a child ever come to the office and just stood there, unable to answer questions? This child may have an anxiety disorder called Selective Mutism (SM).

What is Selective Mutism?

A child who never talks, talks to a select few, or only whispers may be suffering from an anxiety disorder called SM. A child with SM literally cannot talk in certain settings. The majority of children with SM also have social phobia, which begins to explain their difficulty interacting in social situations.

In social situations, children with SM often have difficulty smiling, looking others in the eye, and may look away when confronted or spoken to. These outward symptoms of SM may be mistaken as being stubborn, being disrespectful, being willful, trying to get attention, or trying to control a situation. This is certainly not the case as children with SM become so anxious, they simply cannot speak.

It is important for children with these characteristics to be screened and correctly diagnosed. Proper treatment helps these children improve dramatically in social situations and helps equip them with the skills to better handle social situations.

Diagnostic Criteria

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, published by the American Psychiatric Association, outlines the following criteria for diagnosing SM.

1. Child does not speak in certain places such as school.
2. But, can speak normally in other settings where he/she is comfortable and relaxed (often at home).
3. Child's inability to speak interferes with ability to function in educational and/or social settings.
4. Mutism has persisted for at least 1 month.
5. Mutism is not part of a communication disorder such as stuttering, and is not due to other conditions such as autistic spectrum disorders.

Relating to the Child with Selective Mutism

It is crucial that a child with SM feel assured that they will not be expected to speak. This helps to reduce anxiety, the underlying cause of SM. The following is a listing of suggestions to help relate to the child with SM.

- Do not try to make the child speak or ask why they don't speak. It will only increase anxiety!
- As the child becomes more comfortable, generally nonverbal communication will begin. This may include smiles, gestures, and nods.

- Get down to the child's level. Talk to the child normally, but don't expect a response right away.
- Minimize eye contact and direct questioning and phrase questions so the child can respond nonverbally. For example, instead of "How are you doing today?" say, "Are you having a good day today?" That allows for a nod or a thumbs up, (a nonverbal response rather than a suggestion that a verbal response is required).
- Find out something that really interests him or her.
- Do not act "surprised" or make a big deal if the child begins to speak. This may embarrass them and cause a setback.
- Sometimes being silly and taking the pressure off a potentially stressful situation for the child helps. Use a puppet or stuffed animal. Give them alternatives to speaking. Let them point, snap, or raise their hand. Chances are they know the answer, but just can't get the words out!

There is Help

The Selective Mutism Group-Childhood Anxiety Network (SMG~CAN) is a group of people dedicated to the research of SM and offers support and information to parents and others who work with children with SM. If you think you know a child who may have SM, please contact the SMG-CAN for more information. Visit www.selectivemutism.org.

The SMG~CAN is a division of the nonprofit, 501(c) 3 organization, the Childhood Anxiety Network www.childhoodanxietynetwork.org.