



Can You Imagine?

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Imagine pushing your two-year-old through the grocery store when you happen upon a friend. Your friend bends down and looks at your child, "Hello, what's your name?" Your child puts his head down and avoids eye contact. "How cute!" Your friend says, "He's so shy."

Imagine having to participate with your child in their dance class every week, because she wouldn't move from her "X" until you physically moved her.

Imagine dropping your child off at preschool every morning and having her scream and hold on to you...every day...for the entire school year.

Imagine helping out in your child's classroom and having her whisper something to you across the table... another child says, "I didn't know she could talk."

For m and parents of 7 out of every 1000 children, this is more than imagination; this is reality. It is a small glimpse of what some families experience when they have a child with selective mutism.

The following excerpts are taken from *When the Words Just Won't Come Out; Understanding Selective Mutism*, by Dr. Elisa Shipon-Blum, Medical Director and founder of the Selective Mutism And Research Treatment Center (SMART Center) in Pennsylvania:

What Is Selective Mutism?

Selective Mutism is a complex childhood anxiety disorder characterized by a child's inability to speak in select social settings, such as school. These children are able to talk normally in settings where they are comfortable, secure and relaxed... Children and adolescents with Selective Mutism have an actual FEAR of speaking and social interactions where there is an expectation to talk. They often stand motionless with fear as they are confronted with specific social settings...These children are so anxious they literally freeze, are expressionless, unemotional and often, socially isolated.

What are the diagnostic criteria for Selective Mutism?

A child meets the criteria for Selective Mutism if the following are true:

- Child does not speak in 'select' places such as school or other social events,
- But, they can speak normally in settings where the child is comfortable, such as at home. (Although some SM children can be mute at home)
- The child's inability to speak interferes with their ability to function in educational and/or social settings
- Mutism has persisted for at least one month.
- Mutism is not caused by a communication disorder (such as stuttering) and does not occur as part of other mental disorders (such as autism).

What are the most common personality traits of Selectively Mute children?

The following are various personality characteristics of Selectively Mute children:

- MUTISM
- Blank Facial expressions (when anxious)
- Lack of smiling (when anxious)
- Staring into space (when anxious)
- Difficulty with eye contact (when anxious)
- Frozen appearance (when anxious)
- Awkward and stiff body language (when anxious)
- Difficulty 'initiating' play. Saying or indicating thank-you, hello, or goodbye is incredibly difficult for these children.
- Slowness to respond (i.e. when asked a question, will take longer than the average child to respond either nonverbally or verbally. This is one reason why standardized testing is often difficult and yields inaccurate results.)
- Heightened sensitivity to surroundings/noise/crowds/touch
- Excessive tendency to worry and have fears (often manifested in children older than 6 years of age)
- Behavioral manifestations at home, such as: moodiness, assertiveness, inflexibility, procrastination, crying easily, a need for control, bossiness, domination, extreme talkativeness and expressiveness.
- Intelligent, perceptive and inquisitive
- Introspective and sensitive (seems to understand the world around them more thoroughly than other children the same age, and portrays an increased sensitivity to feelings and thoughts, although often have difficulty 'expressing' feelings)
- Manifests artistic interests

Why does a child develop Selective Mutism?

The majority of children have a genetic predisposition to anxiety. In other words, they have inherited anxiety from various family members. Very often, these children show signs of severe anxiety, such as separation anxiety, frequent tantrums and crying, moodiness, inflexibility, sleep problems, parental separation issues, and extreme shyness from infancy

on. Because most of these children have a persistent fear of performance or social interaction, they manifest symptoms such as freezing, lack of smiling, expressionless face, and mutism as a direct response to fear and anxiety... *There is NO evidence that the cause of Selective Mutism is related to abuse, neglect or trauma.*

If a parent suspects their child has Selective Mutism, what should they do?

Parents should remove all pressure and expectations for the child to speak, conveying to their child that they understand he/she is 'scared' to speak and that they will help their child through this difficult time. Praise the child's accomplishments and efforts, and support and acknowledge their difficulties and frustrations. Parents should go with their instincts. Speak with their family physician or pediatrician and/or seek out a psychiatrist or a therapist who has experience with Selective Mutism. Ask the treating specialist his/her views on Selective Mutism. Do your homework! Parents should read as much information as they can about Selective Mutism. The Selective Mutism Group – Childhood Anxiety Network www.selectivemutism.org, has over 6500 pages of information and is the largest, most comprehensive organization in the world dedicated to Selective Mutism.

How is a child 'evaluated' for Selective Mutism?

A trained professional familiar with Selective Mutism will have a parental interview. Emphasis will be on social interaction and developmental history, as well as behavioral characteristics (including any delays in hearing, speech and language), family history (history of family members with anxiety/depression is common), behavioral characteristics (shy temperament), home life description (family stress, divorce, death, etc.) and medical history. From the results of the initial interview, the professional will often see the child. Although most SM children do not speak to the diagnosing professional, at least the professional can spend time with the child and attempt to build trust. Because 20-30 % of Selectively Mute children have a subtle abnormality with speech and language, a thorough speech and language evaluation is often ordered. In addition, a complete physical exam (including hearing), standardized testing, psychological assessments, as well as a thorough developmental screen are often recommended if the diagnosis is not clear.

Why is it so important to have my child diagnosed when he/she is so young?

Research indicates that the earlier a child is treated for Selective Mutism, the quicker the response to treatment, and the better the overall prognosis. If a child remains mute for many years, his/her behavior can become a conditioned response where the child literally gets used to non-verbalizing. In other words, Selective Mutism can become a difficult habit to break!

[Anxiety disorders are the #1 mental illness among children and adolescents.](#)

How is Selective Mutism Treated?

The main goal with treatment is to lower anxiety, increase self-esteem and increase confidence in social settings. Emphasis should never be on 'getting a child to talk.' ALL expectations for verbalization should be removed. With lowered anxiety levels and

confidence, verbalization will eventually follow. A professional should devise an 'individualized treatment plan' for each child. Treatment usually focuses on a combination of:

- Behavioral approach: *Positive Reinforcement and Desensitization* techniques
- Play Therapy, Psychotherapy, and other psychological approaches
- Cognitive Behavioral Therapy
- Medication
- Self-esteem boosters
- Frequent socialization
- School involvement
- Family involvement and parental acceptance: A parent's acceptance and understanding is crucial for the child.

It is important to realize that with proper diagnosis and treatment, the prognosis for overcoming Selective Mutism is excellent!

Please visit the SMG website at www.selectivemutism.org for further information on Selective

Mutism. You may also contact NH State Connections Co-coordinator, Joleen R. Fernald, MS CCC-

SLP at JFernaldSLP@comcast.net. (SMG is a division of the nonprofit, 501(c) 3 organization, the

Childhood Anxiety Network www.childhoodanxietynetwork.org)