

what you

NEED TO KNOW

about...

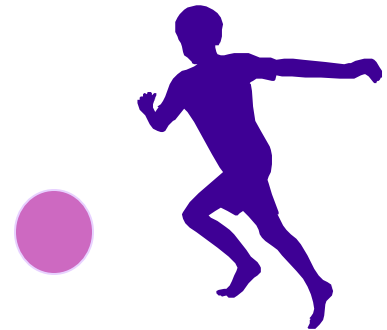
Helping Children and Youth with Selective Mutism: Information for Parents and Caregivers

“She won't speak to anyone...”

Jane is 6 years old and can dance and sing in front of her family. She might even be TV's next singing superstar! But in music class she is paralyzed by fear and can't say a word.

Jay is a 7 year old boy who plays soccer with his brothers and talks excitedly about his favorite World Cup team - yet at recess time, he stands alone watching the other kids play soccer. He doesn't speak when others ask him if he wants to play. The other kids think he's a snob so they ignore him.

Mary is a 5 year old girl who talks at home with her parents and her many brothers and sisters... but she has never spoken to anyone outside her home.



What is Selective Mutism?

Everyone is shy from time to time. In fact, having “just enough” shyness can be helpful because it can keep us from doing something embarrassing or awkward. But when shyness often truly prevents a child or teen from speaking, it may be a condition called Selective Mutism.

Selective Mutism is a severe anxiety disorder where a child is:

- Not able to speak (or is ‘mute’) in certain situations (for example, at school or public places)
- Able to speak where she feels relaxed (like at home)

Children with Selective Mutism are *not* being mute ‘on purpose’. They are *not* trying to control a situation by being mute. By not speaking, they are trying to protect themselves from severe anxiety.

Because anxiety is at the root of Selective Mutism, punishing, pressuring or making a child feel guilty won't help at all. It may make the problem worse. Trying to force a child to speak may make the child even more anxious, and less likely to overcome the problem.

On the other hand, anything you can do to *reduce* a child's anxiety may help them speak in situations that make them afraid. Show children how to take small steps toward facing their fears. This is one of the best ways to help them overcome mutism.

How do I know if my child has Selective Mutism?

When they are in a situation that is comfortable to them, most children with Selective Mutism behave just like other children. But when they are in their *feared* situations (for example, school or other social settings) they feel very anxious.

Before or during social interactions, a child with Selective Mutism may:

- Withdraw or 'shut down' when they are in the situation that makes them anxious
- Refuse to follow adult's directions, and seem disobedient or defiant (for example, refusing to go somewhere that makes them feel anxious)
- Avoid the stressful situation or activity
- Complain of stomach pains or headaches
- Stare into space, avoid eye contact, or not smile
- Have trouble saying simple things like 'hello', 'goodbye' or 'thank you'

Children with Selective Mutism may also have:

- Social Anxiety Disorder (9 out of 10 children with Selective Mutism have this)
- Difficulty being away from parents (Separation Anxiety)
- Some form of speech or language problems
- Daytime wetting or bedwetting (enuresis)

How does Selective Mutism develop?

2 main factors are involved in Selective Mutism:



Family History: Our brains have a hard-wired 'fear system'. This 'turns on' when we feel we are in danger. It allows us to be ready to fight or flee danger.

In children with Selective Mutism, this fear system is easily turned on by social situations. These children over-estimate the danger in social situations, and become very anxious.

Environment and experience: When children feel a social situation is 'dangerous', they stay quiet, hide behind their parents, or try to avoid the situation in other ways. When others respond by speaking for them, or moving away from them, they may feel less anxious. These children then learn to *avoid* social interaction and speaking because it lowers their anxiety. This behaviour becomes a pattern.

How can I help my child?

- 1** **Get help early.** This is critical. The longer the Selective Mutism lasts, the harder it is to treat - because the behaviours children use to avoid speaking become reinforced. This makes changing their behaviours more difficult.
- 2** **Build on the bond between parents and children.** Children with Selective Mutism feel the most secure when they are around their parents. They are less secure around others. It's important to strengthen and build on this attachment. This will help children become more confident.
 - **Spend time with your child.** Try to set aside some special time each day where each of your children gets a turn to have you all to himself. This is not always easy, especially if you're a single parent or have more than one child. But even 15 minutes of special time for each child every weekday can make a difference. Make this special time longer on weekends or whenever possible.
 - **Choose activities that promote conversation.** Board games, throwing a ball around, baking, doing crafts or Lego with your child will give them the chance to talk about feelings and emotions. Playing video games is not the best choice for this time because it doesn't allow for much eye contact or talking.
 - **Create a safe space for expressing feelings.** Name feelings and let your child see how you handle feelings in a positive way. Let your child know that whatever she is feeling is OK. You don't have to share all of your child's feelings, but acknowledge them ("I can see how that might have made you feel angry"). Try not to tell your child that what they are feeling is wrong. Give your child a chance to vent while you listen and support.
 - **Create a 'goodbye ritual'.** When you say 'goodbye', remember to mention when you'll see each other again. You could remind your child of something you're looking forward to doing with them (Pancakes for breakfast? Taco night? Working on that puzzle?). This will be very reassuring for your child. You can add a hug or kiss, or a secret family handshake 😊 .

What doesn't help

- **Forcing your child to speak.** This will only make the anxiety worse.
- **Ignoring the problem.** Parents may hear that their child is just shy and will outgrow the Selective Mutism. But there are serious challenges for a child who can't communicate or speak to others:
 - It can be hard to make friends. Not having friends or being isolated can put children at risk for teasing or bullying.
 - It can impact a child's learning. Your child may not be able to ask questions or ask for help. Teachers can find it hard to assess your child's learning needs. Your child may not be able to take part in group work or learn important presentation skills. Over time, problems at school can affect your child's self esteem, or make anxiety, depression or isolation worse. Children in these situations sometimes refuse to go to school.
- **Blaming your child for being manipulative.** Remember, anxiety is at the root of this. Your child is *not* trying to control things by being mute. Your frustration will only make things worse. All children do well if they *can*. When they cannot, it's because they don't have the skills they need. Fortunately, there are effective treatments for Selective Mutism.

How is Selective Mutism treated?

Seek professional treatment with an experienced child psychologist if your child is mute for a month or more. Treatment will focus on:

- Reducing your child's anxiety
- Helping teachers and other adults to: understand Selective Mutism; and develop reasonable expectations for communication with the child
- Developing a communication hierarchy/plan; and helping your child to gradually face fears at a reasonable pace

1 Treatment approaches depend on the child, but may include: **Behavioural Strategies**

These are step-by-step plans to help a child gradually take part in more communication. These plans often include 'reward' systems for when the child makes progress. They involve:

- Gradually exposing your child to more and more social situations in non-threatening ways, without 'pushing' or overwhelming your child.
- Encouraging structured social activities with other children (for example, a team sport or club)
- Working from the 'inside' outwards, by encouraging talking with close family and relatives. You then might try having one friend play with your child at home, gradually increasing the number of friends and different locations (playground or school).
- Starting with structured activities (like watching movies, board games, sports) where your child will feel less pressure to speak
- Progressing to more unstructured activities (free play, dramatic play)

Helping your child in public settings:

- Give your child chances to communicate in a public setting.
- Encourage your child to take part in ordering food at a restaurant. For example, your child could start by pointing to menu items. You can have your child respond with 'yes' or 'no' in front of the server to questions you ask, or could say what they want with a prompt from you.
- Take advantage of **any** chance for communication: paying at the grocery store, checking out a library book or saying 'thank you' to the bus driver.
- Try not to make a big deal when your child does speak. Calmly acknowledge what your child said, and carry on. When you have a quiet moment later on, you could say something like, "You spoke very politely to the waiter in the restaurant-I think he appreciated that".

Helping your child in school settings:

- Ask the school's permission to take your child into school, when few people are around, so your child can practice communicating.
- Encourage your child to invite children home to play. Hopefully, as your child feels more comfortable with friends outside of school, she will eventually be able to speak with these friends at school.
- When you feel your child is ready, bring your child with a friend or two to play somewhere when no one else is around. This may mean the playground at a quiet time, or your home.
- Ask the teachers if they could help your child become comfortable playing with one child in class. After a while, could they then bring in other students as well.

Cognitive-behavioral (CBT) strategies:

2 These strategies help children handle their anxiety. Many selectively mute children have ‘worry thoughts’ about other people hearing their voices, or asking them questions about why they do not talk. Teaching children some ‘coping thoughts’ helps them to overcome these worries. Examples of coping thoughts include: ‘My voice sounds fine’; ‘It’s okay to worry about my voice from time to time’; ‘They’re not laughing at me’. These strategies work very well with the behavioural strategies outlined above.

3 Medications

Medications may be helpful for children whose Selective Mutism does not respond to various behavioral approaches. Medication can help reduce anxiety to allow the treatment plan to have a greater effect. Antidepressants known as SSRIs (selective serotonin reuptake inhibitors) have the most evidence for help children and youth with anxiety conditions. Medications can be prescribed by a family physician, pediatrician or psychiatrist.

Working with the School

Meeting with the teacher, without the child around

Parents need to take the lead to approach school staff about their child’s Selective Mutism.

School staff who may be able to help:

- Teachers
- School psychologists
- Guidance counselors
- Behaviour therapists
- Principals or Vice-principals
- Speech-language pathologists
- Social workers

Hopefully the school will be familiar with Selective Mutism. If not, you can provide the school with a copy of this handout. You can also share key messages about Selective Mutism. Make sure to let teachers and school staff know that your child:

- Is not being defiant or stubborn by not speaking
- Communicated better when she feels less anxious. Blame, teasing, humiliation and coercion do not help her to speak
- May need to use not-verbal communication at first

You can also:

- Ask the teacher if it is possible to have a greeting ritual (“Good morning, hope you had a good evening last night!”), as well as a goodbye ritual at the end of the school day (“Have a great day, I’m looking forward to seeing you tomorrow!”).
- Educate other students (and school staff). Give the teacher permission to tell other students and staff about your child’s difficulties, at a time when your child is not in the classroom. The teacher might say something such as “You know how some people are very shy? Well, _____ is so shy, that it’s called “Selective Mutism”. It’s a kind of anxiety that makes it really hard for _____ to speak at school. The good news is that there are things that all of us can do to help.”



Meeting with parents, teacher and the child

It is important to introduce your child to the people she feels anxious speaking around (for example, a teacher or a child care provider). It is also important to let your child know that he can trust and feel safe with that person.

If your child is anxious speaking in front of the teacher, meet the teacher *without* your child. This will give you a chance to get to know the teacher. Then arrange a time to meet with the teacher *with* your child. Tell your child that you have already met the teacher, and that your child can feel comfortable with him.

For example, you can say something like, “I’d like you to meet Mrs. Smith. She really likes dogs, just like you. I think she’s really nice, and I think you’re going to get along with her.”

Working with Peers, Friends, Neighbours, Relatives

It is important to talk alone with friends, neighbours and relatives. They usually mean well, but may still pressure your child to speak. They may think your child just needs a little push, and may even think that you’re ‘coddling’ your child.

As a parent, you might say something like: “Everybody has things they’re afraid of, like big dogs or the dark. For _____, talking to people can sometimes be scary. The good news is that there are things that all of us can do to help _____ feel more comfortable talking.

Things that would help _____:

- Treating him like a good friend
- Being nice to him
- Including him in activities, by asking if she wants to play or join in

Things that **don’t** help:

- Forcing children to talk, because it just makes them even more anxious
- Telling others “He doesn’t talk”
- Making a big deal if he does speak. This might make him more nervous and self conscious. Just calmly acknowledge what he has said, and go on as usual.

Parenting Styles and Selectively Mute Children

Most children do best when parents have an ‘authoritative’ parenting style. With selectively mute children, this is even more important. This means parents are warm, gentle and supportive, but also have reasonable rules and expectations for behaviour. Harsh punishing and rigid parenting approaches will not help a child at all. Finding the middle ground between being too permissive (parent educator Barbara Coloroso calls this being a ‘jellyfish’), and being too authoritarian (Coloroso calls this being a ‘brick wall’) isn’t easy. An ‘authoritative’ or ‘back-bone’ parent tries to find this balance.

**Too permissive
(Jelly fish parenting)**

- Not enough rules
- Not concerned enough
- Not taking problem behaviours seriously
- Not protecting enough
- Giving too much independence

**Too authoritarian
(Brick wall parenting)**

- Too many rules
- Too concerned
- Taking behaviour problems too seriously
- Being over protective
- Not giving enough independence

**Authoritative Balance
(Back-bone parenting)**



Children and youth do best when parents try to find an “authoritative” balance.

This means:

Giving your children and youth guidance and rules so they can figure out how to be responsible.

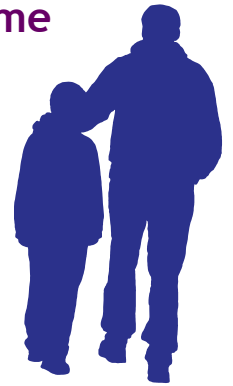
Giving your children and youth more freedom as they show more responsibility.

Spending time with your children and youth, talking, doing activities or just hanging out to build a warm, healthy relationship.

Reducing anxiety and changing behaviours one step at a time

1. First, you need to work with your child, a psychologist and your child’s school to come up with a plan. To do this, you’ll need to:

- Figure out what your child’s long-term goals are. “What do you want to be when you grow up?” “What do you want to do in the future?”
- Find some way to help your child understand how being able to talk to others will help him to reach his future goals. For example, “Being a police officer sounds like a great idea. So do you know what needs to happen so you can become a police officer? You’ll need to finish high school, then go to police school. And we’ll need to help you have the confidence so you can talk.”

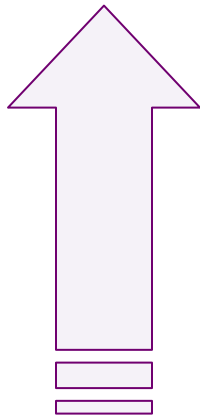


2. Set specific goals, starting with things that are easiest to do and work up to things that are the most difficult. Explain that you don’t expect her to be able to do the hardest things right away. But by taking small steps every day, she can ‘get there’. For example, you might say something like,

“What would happen if I gave you 100lbs to lift right now? It’d probably be too much! So say that we wanted you to one day be able to lift 100lbs. How would we do it? We’d start you step-by-step - we’d give you 1 lb to lift. And if you could lift that, what would we do? That’s right, we’d give you 2 lbs. And if you could lift that? That’s right, we’d give you 3 lbs. And let’s say that 3lbs was too much? Well, we could go back down to 2 lbs, or we could go part-way, down to 2 ½ lbs... Then, if you could lift the 2 ½ lbs, we could go back up to 3 lbs...”

Developing goals based on what's easiest and hardest

Hardest



Starting a conversation with an adult, teacher or peer

Give longer, more complex answers to open ended questions (like a response to "What did you do today?")

Give yes or no responses to questions

Using a 'regular' voice

Whispering

Easiest

Non-verbal communication (like gestures or writing)

Remind your child that she can always go down a step for a little while if she is having trouble with a hard step.

Middle steps

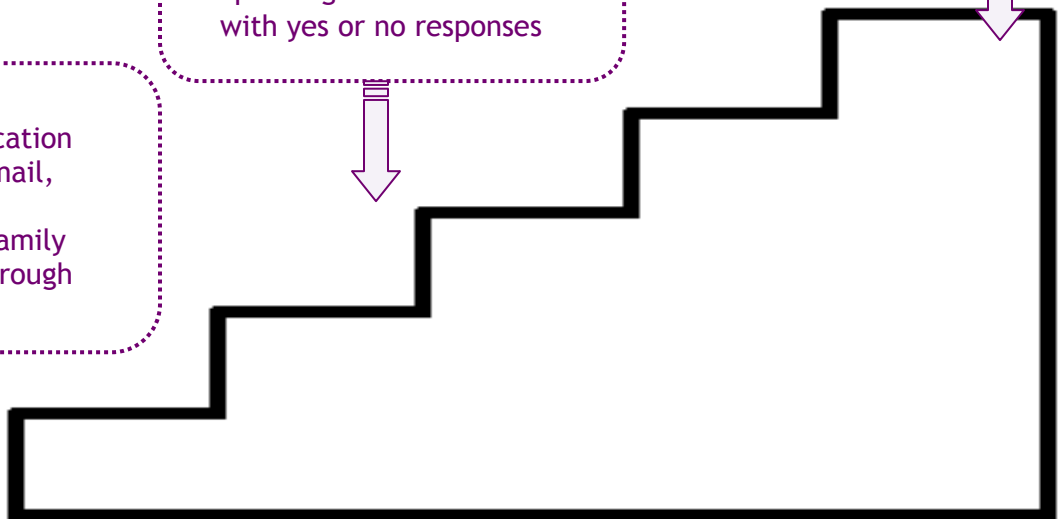
- Whispering to teacher or classmates
- Speaking in normal tone with yes or no responses

Hardest steps

- Conversations with anyone in full sentences

Easiest, starting steps

- Non-verbal communication (gestures, writing, email, facebook)
- Whispering to close family
- Speaking to others through parent



Celebrate success!

Managing anxiety and trying things that make you afraid takes courage. Take note of when your child takes a step forward and speaks in situations he finds difficult. But take care-enthusiastic praise can make your children's anxiety worse, because it brings more attention to the problem. A warm smile, a wink, a touch or a calm, quiet word is all that is needed.

You might also acknowledge your child's effort and success with a family treat like a special dinner or dessert, a family 'toast', or a family outing. Be sure to include your other children as well, for example "Let's have a little celebration. Kevin was able to ask his teacher a question today, and Sarah's been doing a great job tidying up after school. Why don't we all walk over to the store to get some ice cream after dinner tonight?"

Remember-punishing a child for not speaking will not help. Punishment will only make the anxiety worse, making it even harder for your child to speak. If your child isn't able to take an expected step forward, move down a step for a bit. Let your child get more comfortable at that step, and then try to move ahead again.

A Personal Step by Step Plan!

Talk with your child to create a step by step plan to reach your child's goals. Start at the lowest step with the easiest goals, and put the hardest goals at the top.

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Where to find help in Nova Scotia

- In a crisis?** Mental Health Mobile Crisis Team, 902-429-8167 or toll-free, 1-888-429-8167
- To find a Psychologist anywhere in Nova Scotia:** Association of Psychologists of Nova Scotia, 902-422-9183 www.apns.ca
- IWK Mental Health & Addictions**, offers programs for ages up to 19, 902-464-4110 or toll-free, 1-888-470-5888 (ask to be connected to Central Referral), www.iwk.nshealth.ca/mental-health
- To find a Social Worker anywhere in Nova Scotia:** Nova Scotia Association of Social Workers, 902-429-7799, www.nsasw.org
- Capital Health Addictions & Mental Health Program**, offers programs for ages 19 and up, www.cdha.nshealth.ca/addictions-and-mental-health-program
- To find a speech language pathologist in Nova Scotia**, Speech and Hearing Association of Nova Scotia, www.shans.ca

Want more information?

Useful websites

- The Selective Mutism Group (SMG) has a wealth of information at <http://www.selectivemutism.org>. The SMG is a division of the Childhood Anxiety Network.
- www.selectivemutismtreatment.com
- www.selectivemutismcenter.org
- www.canselectivemutism.ca/index.php (will be online soon!)

Books for Parents and teachers

- **Helping Children with Selective Mutism and Their Parents; A Guide for School-Based Professionals**, Christopher Kearney, May 2010
- **Helping Your Child With Selective Mutism: Steps to Overcome a Fear of Speaking**, Angela McHolm, Charles Cunningham, Melanie Vanier, Aug 2005
- **Selective Mutism Resource Manual**, Maggie Johnson, June 2001

For Children

- **Cat's Got Your Tongue?: A Story for Children Afraid to Speak**, by Charles Schaefer, Judith Friedman, 1992, ages 4-8
- **Understanding Katie**, by Elisa Shipon-Blum, 2003, for ages 4-8



Authors: Written by members of the Mental Health Information Committee at the Children’s Hospital of Eastern Ontario (CHEO), in collaboration with the Selective Mutism Group (Aimee Kotrba, Ph.D. & Lisa Kovac, Ed.S.)

References

Black B, Uhde TW. **Treatment of elective mutism with fluoxetine: a double-blind, placebo-controlled study.** J Am Acad Child Adolesc Psychiatry. 1994 Sep;33(7):1000-6.

Coloroso, Barbara. **Kids are Worth it!** 2002 Harper-Collins
Kumpulainen K. **Phenomenology and treatment of selective mutism.** CNS Drugs. 2002;16(3):175-80.

Neufeld, G. **Holding On to Your Kids,** 2002. Discusses the concept of attachment in depth, and how parents can attach with their children.

Dr. Elisa Shipon-Blum: **Understanding Selective Mutism: A Guide to Helping Our Teachers Understand,** retrieved Aug 15, 2005 from <http://www.selectivemutism.org/pdf/teachers.pdf>

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Contact the Mental Health Information Committee if you would like to adapt these for your community!

Disclaimer: Information in this fact sheet may or may not apply to your child. Your health care provider is the best source of information about your child’s health.

Provided by:

