



Selective Mutism

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What is Selective Mutism?

- Severe anxiety disorder
- failure to speak in specific social situations despite being able to speak in other situations



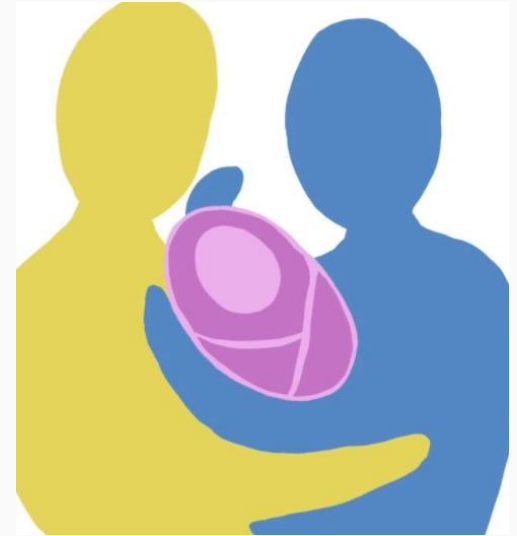
Prevalence

- 1 in 140 children
- 2:1 in females
- Onset at a young age from 2-5
- Higher incidence in bilingual family/immigrant families
 - Stress of learning multiple languages
 - Loss of familiarity can exacerbate anxiety in immigrant children

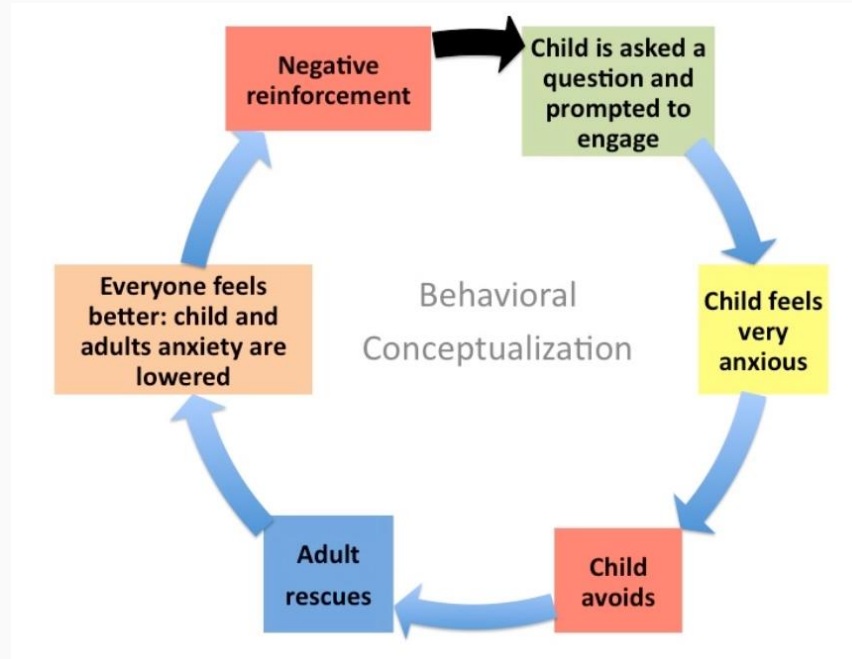


Risk Factors

- **Nature**
 - Genetics plays a role
 - Family history of anxiety or shyness can increase the risk
- **Nurture**
 - Positive reinforcement for not talking
 - People talk for the child allowing the child to not talk to get what they want
 - Traumatic events
 - Pressuring the child to perform

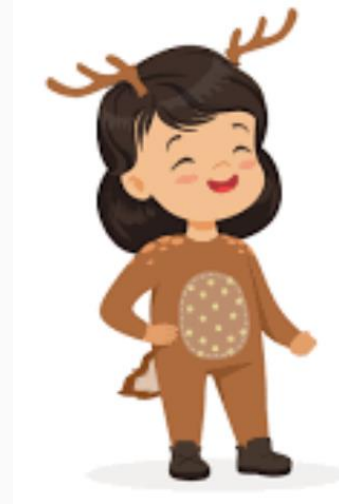


What can keep Selective Mutism going...



Symptoms

- Shyness
- Social isolation
- Clinging behavior
- Lack of eye contact
- Freezing up like a “deer at headlights” when asked to talk
- Tantrum if asked to speak publicly
- Avoiding eating in public



Criteria

- interferes with educational achievement or with social communication.
- The duration of the disturbance is at least one month (not limited to the first month of school).
- The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.
- The disturbance is not better explained by a communication disorder (eg, childhood-onset fluency disorder) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder.



Complications

- Social impairment/isolation
 - lack the necessary practice and refinement of these skills
- Academic problems
 - Unable to give feedback to teachers on their weaknesses
 - Mixed studies on
- Can progress into adulthood



Treatment

Early intervention for selective mutism is key to remediation. Continued difficulty speaking in certain situations and contexts strengthens this pattern. The goal is to decrease anxiety and increase verbal communication in a variety of settings

Some of the many treatments include:

- **Exposure-based practice**
 - Exposing the child to specific environments and help them understand that their distress can be managed
- **Stimulus fading**
 - Adding new elements/concepts one at a time to allow for the child to manage them
- **Augment self modeling**
 - Watching an edited audio or video of the child performing well in environments that stress them
- **Medications?**
 - Mixed studies on the effectiveness of SSRI. Usually is not a first line treatment



Things you can do as a parent

- Collaborate with teachers
 - Can help reduce stressful situations Ex. Smaller discussion groups
- Setting up playdates
 - Start with friends he/she is more comfortable with first
- Positive reinforcement for your child when speaking
 - Encouraging the your child to speak more will help them overcome their anxiety
- Do not try to speak for your child when in new situations
 - Do not “mind read”
 - Jump in to answer questions on their behalf



References

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