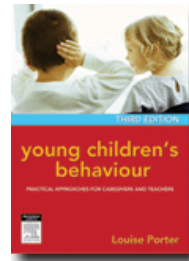


SELECTIVE MUTISM IN CHILDREN

An extract from

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Despite being sufficiently capable of talking, selective mutes do not speak in the presence of unfamiliar adults or peers, particularly in settings outside of home (Black & Uhde 1995; Dummit et al. 1997; Ford et al. 1998; Steinhausen & Juzi 1996). The majority speak more freely with peers than with adults (Black & Uhde 1995; Kolvin & Fundudis 1981). The syndrome also includes children who speak reluctantly, infrequently, with less spontaneity, or too quietly to be heard (Ford et al. 1998).

Girls are more likely to display this pattern than boys (Black & Uhde 1995; Dummit et al. 1997; Kristensen 2000; Steinhausen et al. 2006). Although insidious shyness is commonly noticeable from the children's earliest social encounters, mutism itself typically emerges around three years of age, with clinical referrals peaking in the early years of school (Black & Uhde 1995; Dummit et al. 1997; Ford et al. 1998; Kolvin & Fundudis 1981; Kristensen 2000; Steinhausen & Juzi 1996).

Known in the UK and formerly in the US as elective mutism, the change of title signals that these children do not *elect* to be silent out of wilfulness but, because of extreme shyness and anxiety, are *selective* about where and to whom they speak (Steinhausen & Juzi 1996). Because not communicating is seen as provocative, the children are often regarded as being controlling and manipulative (Kristensen 2000). However, while they can be more obstinate and uncooperative, this is mainly in an effort to avoid the anxiety that is aroused when they are pressured to engage socially (Dummit et al. 1997; Ford et al. 1998).

TYPES OF SELECTIVE MUTISM

There are four subtypes of selective mutism, each with its own causes and recommended interventions.

The first is *transient* mutism, in which children are reluctant to speak for the first few weeks (or perhaps months) after entering a new setting such as preschool or school, but whose difficulties abate spontaneously (Kolvin & Fundudis 1981).

A second subgroup is *migrant children*. Many bilingual children merely lack confidence in speaking in English, which abates as their English communication skills improve. Nevertheless, some migrants do develop persistent mutism, with their rate perhaps being as high as 7.9 per 1000, which is almost eight times higher than for native English speakers (Dummit et al. 1997). I am not aware of evidence on this issue, but I suspect that those migrant children whose mutism persists may be refugees with post-traumatic stress.

A third group, comprising perhaps 20 to 30 per cent of selective mutes, is children whose mutism is *secondary* to other conditions, such as developmental delays, speech and language disorders or Asperger syndrome (Ford et al. 1998; Kolvin & Fundudis 1981; Kristensen 2000; Steinhausen & Juzi 1996). These children's speech avoidance reflects their awareness that they have communication difficulties.

The final cluster are those with *persistent* mutism, whose symptoms typically last for three or more years. Prevalence for this subtype is considered to be around 0.8 per 1000 in seven-years olds, and lower in older children (Dummit et al. 1997; Kolvin & Fundudis 1981; Kristensen 2000; Steinhausen & Juzi 1996), although this form of the condition is so rare that such figures are really just estimates. Compared to those whose mutism is transient, these children are likely to be more anxious overall (rather than simply in social settings) and also to have difficulties separating from their parents. Most nevertheless do well academically, although their teachers tend to underestimate their skills (Cunningham et al. 2004; Ford et al. 1998).

INTERVENTIONS

To some extent, the array of interventions selected will depend on which type of mutism the children are displaying. You might choose from the following responses.

Recommend an assessment

Once individual children's reluctance to talk has persisted for more than two months, they should be assessed by a speech and language pathologist and by a psychologist to determine if they have developmental disorders underlying their mutism (Kristensen 2000). At the same time, assessment also aims to ensure that the children are *not* given remedial education for disabilities that they do not have, as that would obviously be ineffective as well as directing treatment away from the core problem which, for nondisabled children, is their anxiety (Dummit et al. 1997).

Adjust the demands

If children's mutism is an effort to avoid challenges that they cannot achieve, adjust task demands to raise their confidence and ensure that they can be successful (Kristensen 2000).

Resist imposing consequences

Selective mutism is not a manipulative behaviour problem (Kristensen 2000). Therefore, attempts to punish the children through ignoring them or imposing time out or other punishments will be ineffective, as attested by former selective mutes themselves (Ford et al. 1998).

On the other hand, do not tell children that they are a 'good' boy or girl when they speak up in public. And avoid reward systems such as star charts, because these make you more responsible for their behaviour than the children are (– see the paper on *Praise* on this website for more detail about the disadvantages of reward systems). Rewards can set up resistance,

particularly in spirited children (see the paper on *Spirited children* on this website). Children with a strong need to be in command of themselves perceive that, when we deliver rewards or punishments, we are trying to manipulate them into doing things our way. They react by being even more resistant than they were.

This can escalate to the point where the children utterly refuse to speak, as if in protest at having so little control over themselves. This resistance is particularly triggered when we attempt to control so many aspects of children's lives and behaviour, that retaining control over their voice becomes the only form of control left to them. In that case, you will need to institute a guidance approach to parenting that teaches, rather than attempts to control, children – see Porter (2006).

More likely to be effective are strategies designed to assist the children with their anxieties. At older ages, this could even entail the use of anti-depressant or anti-anxiety medication, which has been shown to work for carefully screened cases (Ford et al. 1998).

Take the children out of the spotlight

When children first enter a room, we often put them under a social spotlight: everyone watches them. Under this public glare, it can be more difficult for them to talk. Therefore, allow them to delay greeting others until there are no onlookers watching them.

Use indirect communication

Another option is to have them talk through a toy – perhaps a doll, teddy, or hand puppet – to your equivalent toy, or sit back to back to them while they talk to you. This allows them to communicate without losing face at appearing to 'give in' to adult expectations.

Allow children to retain their cultural language

Sometimes I have met bicultural children who refuse to use English even when they know it, out of loyalty to their parents and the language everyone speaks at home. If this seems relevant to your children, reassure them that you are happy for them to use both languages. It does not betray your culture.

Have children generate a solution

Speak with them about other fears that they have managed to surmount, such as giving up their comfort rug or pacifier. Ask them how they did that and, even if they do not answer, ponder out loud if they can use the same skills to be boss of their worries about talking.

Seek counselling

I like a narrative counselling approach for selective mutism, as it highlights individuals' strengths. A typical narrative approach is to externalise and name the mutism (e.g. the 'Silent worries'). Giving the behaviour an identity in this way distances the child from blame for it, while still expressing confidence that

she or he can tame the fears. You might find counsellors in your locality by googling 'narrative therapists' on the web.

FURTHER READING

Porter, L. (2006). *Children are people too: A parent's guide to young children's behaviour*. (4th ed.) Adelaide, SA: East Street Publications.

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