

Selective Mutism

Introduction.

Selective mutism is the inability for a child to communicate effectively in selective social settings such as when in school or childcare settings and is a complex childhood anxiety disorder (Shipon-Blum, No date). Shipon-Blum (No date) further explains over 90% of children with selective mutism suffer with either social anxiety or social phobia, causing children with selective mutism to only speak or communicate in situations where they feel relaxed in their surroundings and with the people they are with. According to the NHS (2019) selective mutism affects around 1 in 140 children and is more common in girls than in boys.

Identification and Diagnosis.

The NHS (2019) states selective mutism often affects children between the ages of two and four, the age where children usually begin interacting with others outside of their close family as they begin childcare settings or start school. NHS (2019) explains it is often identified by a child appearing as though they have frozen in their bodily movements and facial expressions, avoiding eye contact and appearing uneasy or socially awkward. The Selective Mutism Information and Research Association (SMIRA) (2022) explains although failure to speak is an essential sign of selective mutism other behaviours need to be seen as being consistent enough to receive a diagnosis of selective mutism, these include:

- Interfering with a child's social and cognitive development.
- Affecting the child at least one month after they have started school.
- They are not failing to speak due to lack of knowledge or understanding the language.

Clinical reviews in the form of interviews or questionnaires can be used to diagnose selective mutism, however, due to the nature of the disorder clinicians rely on parents of care givers to give the information needed.

Child Mind Institute (2022) discusses how selective mutism is relatively rare when trying to diagnose and can often be mistaken for other additional learning needs such as autism spectrum disorder or communication disorders, however, they state selective mutism will not be diagnosed if the cause for child not speaking can be explained due to an illness such as a seizure for example (Johnson and Wintgens (2017)). They further explain as selective mutism comes from a form of anxiety selective mutism is not the only symptom to look out for, others may include becoming clingy or demanding.

Barriers.

Theracare (2022) explains selective mutism can have debilitating affects for children academically due to requirements from school tasks and curriculums such as team work and presentations. Penner (2015) also discusses how selective mutism can lead to under achievement for children in school due to being unable to respond to teachers questions or be involved with group work. Hua and Major (2016) discuss a strong relationship between selective mutism and anxiety and also discuss bilingualism as a cause of selective mutism, however, Child Mind Institute (2022) suggests being expected to use a language children are uncomfortable with or less confident with causes anxiety leading to selective mutism rather than the bilingualism being the cause. Theracare (2022) discusses due to rare occurrence selective mutism is drastically under researched, leading to mis understandings and mis conceptions. Vain (2021) discusses children are often mis diagnosed with language difficulties or learning disabilities before coming to a diagnosis of selective mutism. Welsh Government (2018) state in the *Additional Learning Needs and Educational Tribunal (Wales) Act* needs are sometimes identified later, therefore interventions and support are not always immediately in place for the child, leading to families feeling as though getting support is a battle. CAMHS Professional (2021) explains General Practitioners may discourage families from seeking support, explaining the child's symptoms as shyness and that it will pass. Vain (2021) suggests selective mutism is not currently considered as an additional learning need, however SMIRA (2022) offers selective mutism is an additional learning need although it is one of the more difficult additional learnings needs for individuals to understand. Kearney and Rede (2021) explain the heterogeneity of selective mutism can create difficulty in identification and diagnosis.

Strategies.

Penner (2015) discusses there is no reason why children with selective mutism should suffer in silence, stating many children never receive the support appropriate for their needs. However, with the right support strategies selective mutism can be treated, explaining children respond best to behavioural therapy, focussing on supporting the child to speak with new people in new surroundings and give examples such as giving children time to answer, using labelled praise and asking open questions. Cognitive behavioural therapy is a strategy recommended for treating selective mutism, however there are minimal studies for prospective long-term outcomes (Oerbeck *et al.*, 2018). They go on to discuss cognitive behavioural therapy approaches used in studies have reported to improve cases of selective mutism in group formats as well as individual studies. Oerbeck *et al.* (2018) further explain teachers and practitioners need to be co-operative in cognitive behavioural therapy interventions as children with selective mutism are more symptomatic in school or childcare settings. Reuther *et al.* (2015) discusses there is little research into treatment and effective support strategies for selective mutism causing difficulty in providing a support strategy. They go on to explain a study carried out showed after a number of sessions of cognitive behavioural therapy, individuals symptoms had improved to a point where their symptoms no longer met the criteria for a diagnosis of selective mutism. Priory (2022) also explains cognitive behavioural therapy as one of the most effective strategies for those suffering with selective mutism, although they discuss how the therapy may slightly differ for younger children compared to older children.

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