The current *Diagnostic and Statistical Manual of Mental Disorders* (DSM.5) classifies selective mutism as an anxiety disorder.

Characteristics include:

- **Consistent failure to speak in specific social situations** (in which there is an expectation for speaking, such as at school) *despite speaking in other situations*.

- **Not speaking interferes with school or work**, or with social communication.

- **Lasts at least 1 month** (not limited to the first month of school).

- Failure to speak is **not due to the lack of knowledge** with the spoken language that is required in a social situation.

- **Not due to a communication disorder** (e.g., stuttering) and it does not only occur during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorders.

It is also important to note that selective mutism is **not**: a willful choice made by the child, a lack of intellect, common shyness or stage fright, or synonymous with autism spectrum disorder.

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**Communication Profile**

In comfortable situations, children with selective mutism usually demonstrate age-appropriate language and communication skills.

If a child is **not** in a comfortable environment, he or she generally will be unable to speak at all. With select individuals, the child may be able to speak at a whisper.

- In specific situations leading to mutism, a child may:
  - Be motionless or expressionless
  - Avoid eye contact
  - Have stiff posture or body language
  - Be slow to respond (even nonverbally) or have trouble initiating
  - Withdraw or turn away

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**Communication Concerns**

Children with selective mutism vary in their use of nonverbal communication, such as pointing or using pictures. Though some may use gestures or facial expressions, others may seem paralyzed.

This poses significant health and safety concerns, because a child may not be able to express their needs. For example, children at school might not be able to convey to the teacher that they need to use the restroom or that they hurt themselves during recess.
Treatment Options

- **Behavioral**: The most common treatment for children with selective mutism is behavioral therapy. A professional such as a speech-language pathologist can establish a systematic program based on positive reinforcement that encourages speaking gradually.

- **Pharmaceutical**: For some children, an anti-anxiety medication may be appropriate.

How can a speech-language pathologist help?

A speech-language pathologist (SLP) can:

- Assess speech, language, and overall communication skills
- Be aware of the signs of selective mutism
- Target speech and language problems that are making the mute behavior worse
- Form a plan for intervention to help the child gain confidence speaking across settings
- Work with the child, family, and teachers to help the child generalize communication skills with different speakers and in different environments
- Focus on pragmatics, or social language use, which is often impaired due to lack of social interactions

Classroom Modifications and Support

1. **Lessen sources of anxiety**
   - Form smaller cooperative groups
   - Provide predictable schedules and previews of new activities
   - Allow time for the child to observe before participating
   - Avoid pressuring the child to speak

2. **Help the child communicate with peers**
   - Start with nonverbal methods such as gestures and picture cards
   - Pair with students with whom the child is more comfortable

3. **Subtly reinforce communication attempts**
   - Don’t draw attention to the child, but do incorporate the child’s contributions (this provides positive feedback)

Referrals and Resources

- If you suspect a child has selective mutism, inform the child’s parents to talk to their pediatrician. The pediatrician can then help refer the child to a psychologist and speech-language pathologist. All three professionals typically work together to establish the appropriate diagnosis and treatment for the child and family.
- Visit: [http://www.selectivemutism.org](http://www.selectivemutism.org) for more information and resources.

Our efforts and awareness can help give a child a voice!