

Selective Mutism



Selective mutism is often linked to an underlying anxiety disorder. Children with selective mutism can speak normally in certain situations, such as at home or when alone with their parents. However, they may be unable to speak in other social situations, such as at school or at places outside their home. Other symptoms associated with selective mutism can include excessive shyness, withdrawal, dependency upon parents and oppositional behaviour. Most incidents of selective mutism are not the result of a single traumatic event, but rather are the manifestation of a chronic pattern of anxiety. Selective mutism may be treated through various approaches, including behavioural, group and family therapy and speech-language therapy.

Implications for Planning and Awareness

- Meet with the student and parents before the school year to allow the student to become familiar with the new classroom, before the other students are present. Discuss how the school can support this student's needs by taking steps to reduce the student's anxiety as much as possible.
- Make sure all adults who work with the student have accurate information about how to approach and support a student with selective mutism.
- Learn as much as you can about how anxiety may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build an understanding and help to make decisions to support the student's success in the classroom.
- Collaborate with the school and/or jurisdictional team to identify and co-ordinate any needed consultation and supports. Children with selective mutism require a team approach incorporating social, educational, psychological, and possibly speech and language interventions.

Your awareness needs to begin with conversations with the student's parents.

Implications for Instruction

- Be empathetic to the student's difficulty to speak in the classroom. It is not intentional or passive-aggressive behaviour.
- Keep a predictable structure and clearly explain classroom activities. This will help reduce the unknown and anxiety.
- When planning a change in a schedule or a new activity, give the student a preview of the expected change.
- Allow the student to first observe other students before participating in the activity.
- Keep in mind that although a student may not show outward signs of understanding, he or she may often understand what is being said.



- Accept nonverbal means of communication, such as nodding, pointing to words or pictures, drawing, gesturing or writing words down. Avoid trying to cajole students into speaking.
- Pair the student with peers in activities. A connection with one or two peers will often provide enough comfort that the student may start to speak.

Implications for Social and Emotional Well-being

- Take the time to develop trust with the student and use terms such as “brave” when he or she attempts to speak in classroom situations.
- Reward successive approximations of social interaction and communication, including eye contact, following directions and nonverbal participation in group activities.
- Maintain a matter-of-fact approach and do not attempt to discuss feelings around speaking. Students may be too anxious to speak in some situations. Even though these students know they are afraid, they usually can't explain why. It may increase their stress level if you attempt to discuss why they feel this way.
- Keep the student in the same small groups for classroom work so they are comfortable and do not have to cope with the stress of switching partners.

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.



As you consider the implications for this condition, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? Yes No
2. Do I need targeted professional learning?
If yes, what specific topics and strategies would I explore? Yes No
3. Is consultation with jurisdictional staff required?
If yes, what issues and questions would we explore? Yes No
4. Is consultation with external service providers required (e.g., Regional Educational Consulting Services, Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)?
If yes, what issues and questions would we explore? Yes No
5. Are further assessments required to assist with planning for this student?
If yes, what questions do I need answered? Yes No
6. Is service to the student from an external provider required? Yes No
If yes, what outcomes would be anticipated?

Links for further information:

The Association of Chief Psychologists with Ontario School Boards.
<http://www.acposb.on.ca/selective-mutism/>

Please note:

These websites are for information only and the user is responsible for evaluating the content and appropriate uses of the information.

