

Selective Mutism

The following articles are in this file

- Why Abby Won't Talk
- Beyond Shyness
- Stuck for words: a girl living with selective mutism

H O M E W O R K

- A. Read the three articles
- B. Address the following topics, and submit your answers via GoogleClassroom
 1. What causes selective mutism?
 2. Why might someone with selective mutism be quiet at school but appear to have normal speaking patterns/voice at home?
 3. Consider Ms.Cotov's experiences (in the Beyond Shyness writing). What strategies did she engage in to free herself from her anxiety?
 - 4-8. What suggestions are offered in these articles as ways in which to support a youth with Selective Mutism to find their voice? Please name FIVE
 9. What is the single ONE most interest thing which jumped out to you about this condition (must be something not used in your earlier answers)



Alice Sluckin
Shoah/Holocaust survivor
Social worker and psychologist
Global leading researcher into school phobias and Selective Mutism

Famous people who have a history of Selective Mutism



Maya Angelou
Poet, Civil Rights Activist

Greta Thunberg
Environmental activist

Why Abby Won't Talk

She has a condition called selective mutism that is neither as rare nor as hopeless as experts believe. But the right help is hard to find.

By Wendy Cole, 29 January 2006, Time Magazine

Abby Barnes' hand shoots up nearly every time her teacher asks the 19 squirmy first-graders in her suburban Philadelphia public school to match letters of the alphabet to the sounds they make. Sitting up front with her pinchable cheeks framed by long blond hair, Abby, 7, looks as eager as any of her classmates to blurt out an answer. But every time the teacher calls on her, Abby freezes. Her face tightens. She strains to respond. And even if an answer manages to get past her lips, her words are inaudible. She's effectively mute throughout the school day – even at recess, where the closest she will come to open communication is words whispered to a trusted girlfriend.

At home, however, Abby is a different child. She loves to play cards and board games and frolic with her brother Jack, 5. "She speaks loudly – sometimes too loudly – and can be bossy toward her brother," says mother Lisa Barnes, who runs the trading desk at a money-management firm. Abby is, in every other way, a perfectly normal child who has no shortage of extracurricular activities, including horseback-riding lessons and dance classes that she's been attending since she was 4. "Performing in public is fine," says her mother. "She likes people to look at her and applaud."

So why doesn't she speak up in class? What may at first glance look like shyness or obstinacy is actually something far more complex – and much more interesting. Abby, like hundreds of thousands of kids across the United States, is suffering from a little understood but increasingly recognized childhood disorder called selective mutism.

The key to selective mutism is the seemingly incongruous behavior Abby exhibits: voluble in private, silent in public. According to the official psychiatric diagnostic manual DSM-IV¹, a child who has developed normally at home but has not talked at school or in other social situations for at least a month is a strong candidate for a diagnosis of selective mutism. Experts once believed that fewer than 1 in 1,000 kids developed the disorder, but an influential study three years ago² in the *Journal of the American Academy of Child and Adolescent Psychiatry* put the prevalence at closer to 7 in 1,000, making selective mutism almost twice as common as autism.

Selective mutism can strike at any age, even among children who once talked in public, but it usually becomes obvious by age 3 or 4, when peers are happily jabbering away. About 30% of kids with selective mutism also have a developmental speech impairment, which can exacerbate the problem but is generally not the cause. In the past doctors often recommended speech therapy, but treating the physical or neurological issues alone will probably have little impact on the underlying psychological factors behind selective.

The root of the problem in most cases is an extreme form of social anxiety or phobia. "It is a fear that can literally make it impossible to speak," says Dr. Elisa Shipon-Blum, a Philadelphia-based clinician who specializes in treating selective mutism. As with most social anxieties, selective mutism is more common in girls and is believed to have a strong genetic component. About 70% of kids with selective mutism have an immediate family member who also struggles with social anxiety.

¹ The DSM-IV is the manual/book which chronicles all known psychological disturbances and the criteria/symptoms by which it may be evaluated.

² That would be in 2003

Beyond Shyness

A young woman tells *Scientific American Mind* how she found her voice after 16 years of mute behavior

By Claudia Wallis, 1 May 2015, *Scientific American Mind*

A 2014 graduate of Bryn Mawr College, Danica Cotov was diagnosed with selective mutism at age three. The anxiety disorder affects about 0.7 percent of young children, causing them to go mute in stressful situations, most typically in school. Cotov barely said a word in class from kindergarten through the 12th grade. In an interview with *Scientific American Mind* Managing Editor Claudia Wallis, she discusses her years of anxious silence, the treatments that did and did not help, and how, with some key tools from a therapist, she ultimately broke free of her “silent prison.”³ What follows are excerpts from an interview with her.

During the many years when you were selectively mute, with whom were you comfortable speaking?

I never had any problem speaking with family members, including siblings. At home, there was absolutely no indication that I had any sort of disorder or social anxiety. Although I also usually had one close friend that I was comfortable speaking with, it took a great deal of work on my mom’s part to cultivate that friendship. I joined a Girl Scout troop in kindergarten, and for the most part, I was also comfortable speaking with the girls in my troop, but that’s really the extent of speaking to peers.

Were you able to talk to therapists or teachers?

Although I was really never able to “talk” to therapists, I did try responding to teacher prompts as part of the treatment plan laid out by my therapists. Sadly, it was difficult to get teachers to cooperate by asking the necessary questions. Outside of the school environment, one treatment plan involved becoming comfortable responding to people in the public sphere (for example waving “bye” and saying, “thank you” in restaurants). This enabled me to become more comfortable speaking to strangers. I also had no problem selling Girl Scout cookies by going door to door with my mom. Although I became comfortable speaking to strangers in this way, I was never able to speak to people I actually had a “relationship” with (outside of family members and the occasional friend) such as soccer coaches, swimming coaches and dance teachers.

How did you participate in school?

In kindergarten I stood to the side — alone — during recess and simply watched everyone else play. During snack time I didn’t even want others to see me eating a snack. By the end of the year, I had one friend, and in subsequent elementary school years that grew to three or four friends. Ironically, these friends were always extremely outgoing and, I believe, sought my friendship out as somewhat of a challenge!

As the school years progressed, the treatment programs involved things like “talking buddies” but the school became concerned that other children were being too “burdened” by this and subsequently, my speaking in the school environment dwindled, even though I was getting more comfortable speaking to strangers outside of school. My communication was pretty much limited to nodding my head when it was necessary to respond. I did receive speech services for a short time in school and was able to “make sounds” and do the repetitive exercises with the school speech therapist but that never translated to speaking during other times of the school day.

Are you able to explain the anxiety that you felt?

Looking back, my anxiety was completely irrational. I lived in constant fear of being judged by my peers who I was certain would think negatively of me. I had a *constant* stream of thoughts and worries running through my head. I would spend all my time thinking of every possible situation that might occur — all of them negative, of course — trying to play out each one of them in my mind and what my responses would be. I never felt like I was able to “reset” or “let go.”

I've heard that it can be hard to start speaking after many years of being mute, in part because people would make such a big deal of it.

This was always my fear. I didn’t want anyone to hear my voice, partly because I didn’t want a fuss to be made and I didn’t want to hear, “I’m so proud of you. That’s so great!” That was my worst nightmare.

³ Today Cotov is spreading the word about selective mutism and social anxiety and has, with her brother Matt Cotov, created a video to increase public awareness. You may see it online at <https://www.youtube.com/watch?v=qJMVtCOYZhA>

What kind of help or therapy did you receive, and was any of it effective?

I went to quite a few therapists when I was younger. Although I don't remember a lot of the earlier therapists, I believe the main problem was that so few professionals had a working knowledge of selective mutism, and if they did, they certainly never understood its severity or how it specifically affected me. Finally, at the age of 12 or 13, my mom found someone who actually understood the disorder better than anyone else we had encountered, because her own child suffered from it: Dr. Elisa Shipon-Blum.

Although I never spoke in her presence, Dr. Shipon-Blum was instrumental in helping me begin to chip away at the prison I had built for myself. At each of our visits, she helped me "rank my scaries" — predict how difficult I thought a future task might be to complete and then reassess after doing the task, which was usually much easier than I had anticipated. She also helped me to be less fearful of having my voice heard by others and she played a big part in getting teachers onboard with asking me questions as part of my therapy. She encouraged me to make a habit of setting goals and was influential in increasing my level of comfort in speaking to strangers.

How did you finally overcome your fear of speaking?

In applying for college I knew I did not want to duplicate my high school experience. I knew I needed to push myself beyond my comfort zone and knew I needed to live away from home, no matter how difficult that would be. I chose to attend a prestigious, academically challenging college where speaking up in an intimate classroom setting was pretty much required in order to receive good grades. Although it started off shaky, I continued to push myself to do things that I knew would be extremely difficult and very uncomfortable. I wrote to each professor, explaining my history and asked — almost begged — them to call on me for responses. I chose to participate on a mission trip to Thailand the summer of my sophomore year, even though I knew no one in the group. I chose a study-abroad program in Australia in my junior year, knowing I would be away from home for almost five months. Although I wasn't yet forcing myself to engage in "relationships" with others — that is, become friends — I was slowly broadening my comfort zone. It has always been easier for me to react when I felt forced to, rather than as the result of a promised reward, even though this is not the recommended route for achieving success.

How did your struggle with selective mutism influence your life today?

Selective mutism has enabled me to be more compassionate and has infused me with the desire to serve others. Right now I am serving as a missionary, traveling to 11 countries in 11 months as a participant in [The] World Race. In each country I am living with a group of five others in close community. I am learning how to be vulnerable with them and how to support them in relationships that I have never experienced growing up. We spend long days caring for people in remote villages who live in extreme poverty. We encourage them, teach them, pray with them and work alongside them in manual labor. I experience daily exhaustion but also daily peace, peace in finding my voice and sharing it with others. (I maintain a blog at DanicaCotov.TheWorldRace.org). My selective mutism has also gifted me with the ability to be introspective, enabling me to perceive things that others fail to notice. I have learned patience and am a master at "holding my tongue" when necessary, but now I am also learning how to share my voice when warranted.

Do you have any advice for those struggling with the disorder?

Be open to receiving help and to constantly push yourself to do the things you think you can't. It is extremely important to find someone to be accountable to, with whom you can plan new goals and share your successes. Social anxiety affects so many individuals, and the sooner you can find the "right" treating professional the better. Don't be afraid to find someone new if a particular therapist doesn't work out.

Take the time for objective self-analysis. Try to discover what produces the most anxiety and what is the most difficult and then try to strip the power from those things. Push yourself to do hard things! Then reflect on the process and try to see the irrationality of your fears. Although it is a "kid-friendly" childish term, we can all benefit from "rating our scaries." Also, try to get involved in as many activities as possible and encourage the leaders of those activities to expect the best you can reasonably give. Too many teachers walked on eggshells around me and allowed me to remain in my anxiety. If you haven't made participation in activities a habit in the past, it will only become more difficult with age and you may lose the desire for being with others altogether. Yes, being comfortable in solitude and practicing contemplation can be a joyful and rewarding experience but self-imposed loneliness can be a prison — a life sentence without any hope of parole.

Stuck for Words: A Girl Living With Selective Mutism

Is silence golden, or a worrying phobia? Unlocking the quiet condition of selective mutism

By Rachel Carlyle, 19 May 2017, Express United Kingdom

At home Poppy Griffin was a bright, articulate little girl – but outside she was silent. She was almost five, yet had never once talked to her aunts and uncles, her swimming or trampolining teachers, and wouldn't utter a word to her mum, Kate, in the supermarket if anyone else was within earshot.

Kate tried getting cross, cajoling and bribing her to speak – but nothing worked, and it wasn't until after another disastrous silent trip to a birthday party that Kate realized something might be seriously wrong. “We were on the way home and she burst into tears and said, ‘I don't know what's wrong with me. I want to be like other children but I can't,’ says Kate, 36, from Dover, Kent. “It was then I knew I had to find out what was behind this.” As it turned out, Poppy was one of a growing number of children suffering from selective mutism, a phobia about talking that now affects one in 140 children, usually from the age of two to four upwards.

It's not that sufferers are shy or choosing not to talk – they simply can't. They freeze up, become physically rigid and can't make any kind of sound (some SM sufferers won't even use a public loo because someone might hear them).

Experts think SM is on the rise partly because today's toddlers aren't being exposed to enough face-to-face speech – so the first significant social interaction they get is at nursery or playgroup, which can prove so daunting that they are traumatized and clam up.

“We are seeing more cases partly because of greater awareness but also because lifestyles have changed,” says specialist speech therapist Gino Hipolito at St George's Hospital, south London. “People have cars and iPads and shop online, so children are not seeing parents' social interaction as much as when they walked up the high street and into corner shops.” That is crucial to the 10 to 15 per cent of children who are naturally inhibited and anxious.

Kate noticed something wasn't right when Poppy was nearly four and still hid behind her legs when other people were around. “It stops being cute at that age and instead appears rude. I'd get cross and even tried bribery, but nothing worked. She wouldn't talk to anyone except close family, and wouldn't talk at all in public. She couldn't speak to her aunts and uncles and even said she would rather they didn't bring her birthday presents because she couldn't say ‘thank you’, which was so sad.”

It got worse when Poppy started school, where she was told by teachers she was rude for not speaking, and teased. “She would answer yes or no at school but couldn't tell them she needed the toilet or if she was ill. She describes it as being physically unable to get the sound out. She felt as if her vocal cords had closed up and no sounds would come out,” says Kate, who also has a nine-month-old baby boy called Buddy.

After the birthday party incident, Kate took matters into her own hands. It took her a year to get a referral to a speech and language therapist, but while she waited she researched SM after a friend, who's a nursery teacher, suggested it. “SM children are often labelled as stubborn or arrogant by adults who can't understand why they speak at home but won't speak at school,” says Hipolito. “But they can't – they're not choosing to be silent. It can be very frustrating for parents to deal with, and the more frustrated they get, the more that feeds the child's anxiety and reinforces it.” And once they become known as ‘the child who won't speak’ they become even more terrified of drawing attention to themselves by speaking, and the habit becomes ingrained.

Many speech and language therapists haven't even heard of SM or trained in how to deal with it. And even if they have, funding is short. “There's not enough help out there, and it falls on the parents to educate the school,” says Kate. Research has found SM can run in families. Girls are more likely to be affected, though no one knows why. Sufferers are also likely



to have risk-averse, perfectionist personalities and find unfamiliar environments threatening (SM is twice as prevalent in migrants and bilingual children).

Treatment varies depending on the severity. Progress can be excruciatingly slow: up to a year if the child is aged three to five or several years if they're older. "It can be so frustrating for parents, but my main message is that it won't always be like this, there are tiny steps but eventually these children can move on," says Hipolito.

Poppy had what's called a low-profile form, so the emphasis was on gradually increasing confidence. "We took the pressure off her, and told her we understood she found it scary to speak," says Kate. "We concentrated on building up her confidence and came up with little challenges – could she take her teacher a biscuit? Not speak, but just give her the biscuit. We worked with her music teacher so Poppy would answer a pre-planned question like, 'What's your favorite color?' A one-word answer was all that was expected of her. "Gradually she began to speak. By the time she was seven or eight she could talk to her trampoline and music teachers, and to her friends and extended family. She'll now ask the teacher questions. She still struggles to communicate with the doctor or dentist but will answer a direct question.

"I wouldn't say it's been an easy journey – we're on to our third school now, but they've been amazingly supportive. I admit I did worry what life would have in store for her: would I be her career as an adult? But now she's 10 and so much more confident. Now she won't shut up sometimes. I never thought I'd be in the situation of telling her to be quiet: I do smile when I have to do that."

Dealing with SM

Don't label them as "non-speaking" in front of others or punish them for being silent. Praise them for joining in activities and communicating nonverbally. Try not to speak for them or allow siblings to speak for them.

Having a pet can help some SM children to speak.

Encourage imaginative play (dressing up, puppet shows etc) as some reluctant speakers find it easier to speak in a role.

Practicing non-verbal noise-making activities. Blowing bubbles, whistling or drinking through a straw can develop confidence.

Encourage children to take risks. It can help if they can achieve something tricky.

Don't put pressure on them to speak, as it reinforces their anxiety. Be patient and persevere.