ABCT Association for Behavioral and Cognitive Therapies

fact sheets

SELECTIVE MUTISM

What Is Selective Mutism?

Selective Mutism (SM) is an anxiety disorder in which a child or adolescent fails to speak in specific social situations or to specific people (e.g., school, birthday parties, or to familiar adults), despite being able to speak in other situations and to other people (e.g., home, parents, or to peers).

Whom Does It Affect?

SM affects approximately 1 out of 140 elementary-aged children and it is slightly more common in females than males. Parents or teachers often notice the signs of SM at a young age (around 3 or 4 years old).

What Does Selective Mutism Look Like?

Children with SM are physically and cognitively able to speak the primary language, and demonstrate an understanding of the spoken language in low-anxiety situations. Children with SM are typically described as "chatterboxes" at home. In other settings, children with SM can be completely mute and unable to speak, or less severely affected children may be able to speak to a select few, whisper, or rely on nonverbal gestures to communicate in these situations. Some children are described to look like a "deer in a headlight" while other children look relaxed and carefree when prompted to speak or engage. It may appear that the child is being willful or refusing to speak, but they are in fact experiencing high levels of anxiety that prevents them from speaking.

What Impact Can Selective Mutism Have?

Selective mutism causes significant impairment in daily functioning, academic performance, and/or social relationships. Due to the fear of speaking, children are unable to ask to use the bathroom or communicate when they are in pain, or fully participate in school or social activities. The duration of SM can last several months or persist for years, and, if left untreated, it can have many short-term and long-term negative consequences on a child's life. These include depression, risk of developing other anxiety disorders, social isolation or withdrawal, poor academic performance or school refusal, and risk of substance abuse.

Are There Effective Treatments for Selective Mutism?

■ *Behavioral and Cognitive Behavioral Therapy*

The most research-supported treatment for selective mutism is behavioral and cognitive behavioral therapy. Behavioral therapy approaches, including gradual exposures, contingency management, successive approximations/shaping, and stimulus fading, are successful in the treatment of childhood anxiety. These behavioral techniques start with *exposures* to situations that are less distressing for children (e.g., playing with the parent alone) and gradually work up to more anxiety-provoking situations (e.g., parent plays with child with therapist/teacher walking past the room, parent playing with child with therapist/teacher entering the room on the periphery, parent and teacher playing with child together, etc.). *Contingency management* involves the use of positive reinforcement or rewarding to increase the likelihood of verbal behavior.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occuring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor's suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist."

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

Successive approximations/shaping refers to rewarding approximations of the desirable behavior until the desired behavior is achieved. An example would be to reward whispering until it is established, then move to one-word responses, and then later to normal speech. *Stimulus fading* is gradually increasing the number of people and situations in which the child speaks by using shaping and contingency management.

Cognitive strategies can be useful for older children when they can reflect upon their thoughts. Techniques include recognizing bodily cues of anxiety, identifying and challenging negative thought patterns, and putting together a coping plan for anxiety so that it is less likely to interfere with speaking behavior.

Intensive behavior therapy has been found to enhance the impact of traditional weekly sessions. In this type of treatment, sessions may last several hours and take place daily for a number of days in a row.

■ *Pharmacotherapy*

Medication has been useful in the treatment of children with SM. Medication is recommended for children with more severe difficulties, if the child has had SM for a long time, and/or if the child is not responding well to behavioral therapy. Medication should be used in combination with behavioral therapy to help children participate more actively in treatment. SSRIs (selective serotonin reuptake inhibitors) are recommended as first-line medications because they are effective for anxiety and relatively well tolerated by children.

For more information or to find a therapist:

ASSOCIATION for BEHAVIORAL and COGNITIVE THERAPIES

305 Seventh Avenue
New York, NY 10001
212.647.1890
www.abct.org