

Article about selective mutism

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Author: Sabine Laerum

Translation: Sabine Laerum

The silent child

Some children have a hard time talking in public. They are silent in Kindergarten and school, at family gatherings and birthday parties, while at home they are happy chatterboxes. Why is that so? How can we help them?

by Sabine Laerum

Early in the morning Sarah scrapes her knee on the playground. It is bleeding, but her pants cover the wound. Her preschool teacher did not witness the incident, but she senses that something is wrong and asks: "Are you ok?" Sarah turns away, lowers her head, hunches her shoulders and fixes her gaze on the floor. She looks absent, almost defiant and does not say a word. But when her mother picks her up from school, she throws herself into her arms, weeps and asks for a band-aid. Sarah was four years old when this happened and it was only one of many situations where she would have needed help, but was unable to speak up. She suffers from selective mutism, a complex anxiety disorder that makes it difficult for her to talk in public, while she is a happy chatterbox at home. Children with selective mutism speak at home with familiar people such as parents and siblings, but fall silent regularly in public situations where speaking normally is expected - for example at family gatherings and children's birthday parties, at the doctor's office, in stores, on the playground and quite often in kindergarten and at school. Their silence is not due to a developmental language disorder, although 50% of these children do also struggle with speech and language issues.

Selective mutism is a specific phobia. A person who is afraid of heights does not climb towers, someone who fears spiders avoids going to the basement, someone who has a fear of speaking doesn't talk.

Studies from the U.S. and Israel suggest that between 0.7 % and 2 % of primary school age children have selective mutism – i.e. at least 7 out of 1000 children. For comparison: Disorders on the autistic spectrum are at 1.1% to 2.6 % slightly more common. But not talking is not a disruptive behavior and therefore selectively mute children are often perceived as painfully shy.

Consequently, they are often not diagnosed until the age of five to eight years, although the onset for the disorder lies between three and five years. Four out of ten children get no specific therapy and - in the worst case - are misdiagnosed as autistic.

Often people assume that these children will outgrow the silence but this rarely happens. "Shy children will warm up after a while. Children with selective mutism can be silent for years. If a child does not talk four weeks after the start of school this should raise a red flag" explains Dr. Steven Kurtz. He founded the Selective Mutism Program at the Child Mind Institute in New York, a nonprofit organization that specializes in helping children with mental health problems, and now works in private practice. The psychologist has seen 500 children with selective mutism over the past 15 years and worked with about 90% of them.

"With the help of behavioral therapy and possibly medication, selective mutism can be overcome. If left untreated, there is a great risk that the child develops additional anxiety disorders and phobias", he says.

The fear of speaking comes in many variations: Some children are so frightened that they only communicate nonverbally - they nod, shake their heads, shrug their shoulders, point. Some blow out air, make silly sounds, imitate animal sounds or use babytalk. Others whisper, say single words or sentences, but only to selected people. Some talk with children and not adults, but it can also be just the reverse.

None of these children is silent intentionally. They all want to talk.

Still, adults often think that the children are defiant or want to control them, a misconception that has to do with the fact that the underlying fear is not written in

these children's faces. Instead, it looks like a mask, all emotions wiped off. Not all children, but many of them, experience panic-like symptoms: the heart is racing, the hands are sweaty, the skin resistance is increased, the muscles are tense, the body all ready to run away.

Experts agree that selective mutism is not a sign of failed parenting or a trauma. A traumatized child more likely would fall completely silent instead of only in certain situations. Instead, everyday things like the start of school, moving somewhere else, being bilingual or living in a foreign culture can trigger the anxiety disorder. Thus, bilingual children like Sarah, who grow up as a German in the United States, are affected three times more often. Especially with these children the silence is easily misunderstood: A child learning a second language goes through a silent phase that can last up to one year.

"Children with selective mutism often have an inhibited nature. In about 75% at least one parent has struggled with intense fears as a child," says Steven Kurtz. In addition to the genetic disposition adults usually enable the child for a long time, by answering for him or her.

Here is an example: "What's your name" asks the cashier in the supermarket. Sarah is silent. The woman adds: "Well, I suppose you are shy?" Silence. "Have you swallowed your tongue?" Silence. The situation is unpleasant for the three of them and Sarah's mother answers quickly: "Her name is Sarah."

Three little words. Everybody feels better. Her mother is relieved and Sarah's fear disappears, but she has learned: I do not have to overcome my fear. Someone is rescuing me. Some is talking for me.

Every time a child cannot speak the silent behavior gets more ingrained, therefore it is important to break this vicious cycle as early and often as possible. "If we assume that two questions per minute are asked in school, that makes 720 unanswered questions during a six-hour day. That equals 130 120 per school year. Practice something 130 000 times and see how good you get at it," says Steven Kurtz.

The faster and the more intense a child gets therapy, the better the chances to overcome the disorder. But in general treatment starts late and lasts long, so Steven

Kurtz developed an intensive group therapy for three to eight year old children, called "Brave Buddies." The outpatient program runs in New York twice a year for 5 days. In the past five years, 121 children attended the program and Steven Kurtz estimates that 12.5% of them were subsequently free of a diagnosis. In two-thirds symptoms improved, 12.5 % had to come more than once.

When Sarah attended Brave Buddies for the first time, she was so frightened that almost no word came over her lips. But when her mother picked her up, the very first thing she said was: "Mom, I did brave talking and it felt good." Something in her had been initiated and the following day she answered a question of her preschool teacher for the first time in two years. "How do you think you have changed in the past couple of months?" asked the teacher. "I brave talk now and I made new friends," said Sarah.

Brave Buddies simulates the typical school day of an American elementary school with a morning circle, show-and-tell, presentations, lunch, activities, playtime and excursions. Everything is aimed on creating as many situations as possible where the up to twenty-four children successfully speak. For this to work, each child has its own counselor.

Thus, each child is supported individually and that helps them being successful doing brave talking for five hours a day. This experience strengthens their self-esteem and the momentum carries over into everyday life, especially when parents and teachers continue to work systematically with the child.

Sarah experienced for the first time in her life that she is able to talk in front of a group. To get to this point she has been gradually faded in.

First she played with her mother then the psychology student Julia joined them. When Sarah had become accustomed to Julia and has said a few words, her mother left. Julia and Sarah played alone, later another child joined. The three of them slowly moved nearer to the group - always only so much that the words still flowed. First they played with the door closed, then open, then moved into the hallway, to the edge of the room, where all the other children played until they were finally in the midst of the hustle and bustle.

All counselors are instructed by Steven Kurtz to use such strategies, but he also trains them a modified version of the parent-child interaction therapy (PCIT). PCIT is a cognitive-behavioral program that was originally developed to help children with disruptive behavior and oppositional defiant disorders.

One of the main rules is not to bombard children with questions, but let them lead the play and give them time to connect nonverbally first. This is especially important for selectively mute children, because they tend to divide the world into people with whom they can talk and those with whom they can't. If the silence has become established with somebody it is very hard to overcome it. Well-known people, places and activities are often contaminated, while new people and situations are not yet associated with a history of not talking.

"In order not to end up in the wrong group, it is the most important thing to first ask no questions when you meet a child with selective mutism," says Steven Kurtz .

If you don't ask, you don't expect a response. This takes the pressure to speak away and that reduces the fear significantly.

But not asking is difficult for most people. On video recordings the psychologist has counted that adults ask a silent child up to 24 questions in five minutes.

And how do we communicate without asking ?

"We let the child entirely lead the play, we describe what she does, we praise and copy what she does and most of all show our enthusiasm," describes Steven Kurtz another important rule of PCIT. Instead of: "Are you making tea? Let's have a tea party, " one would say: " You put the kettle on the stove. You take the yellow cup. I love how carefully you hold the cup."

15 to 20 minutes of this can be enough to help a child relax and start connecting with the adult on his own terms. Maybe she has a more outgoing body language, smiles, makes animal noises or individual sounds, whispers or even uses her regular voice.

As soon as the child seems to be more relaxed or even begins to verbalize, special communication techniques will help him to talk more. (see box)

Role playing situations that require talking is another important step that help to build up bravery. On the way to the ice cream parlor for example the counselor

practiced several times with Sarah how to order ice cream: "Would you like to have a scoop of chocolate or vanilla?" "Vanilla." "Vanilla, great job telling me. Do you want a cone or a cup?" "A cone." "A cone. Do you want sprinkles or something else?" "Sprinkles." "Sprinkles, awesome job brave talking." When they finally arrived at the ice cream parlor, Sarah had practiced so often that she was able to order ice cream by herself.

"I had to get used to repeating everything Sarah says, praising and labeling it as brave," her mother says. Sarah also got anxious at first when it was so clearly pointed out to her that she just had talked.

However, the repetition and praise send three important messages: "I hear you talking – that means you have just managed to overcome your fear. I think that this is a good thing and that you are brave." In the long term this helps to develop a higher stress tolerance and also to redefine yourself as someone who speaks. It takes a lot of motivation to scrape together the courage to talk and rewards certainly help with that. At Brave Buddies the children receive stickers or points for their brave talking and at the end of the day they can exchange them for a prize. Sarah's daily record was 138 stickers. "Do not worry – no child ever became addicted to rewards," says Steven Kurtz.

While the children are with their group and practice tasks like ordering ice cream, their parents get educated about the same techniques the counselors use in order to then be able to help their children in their daily lives.

It is extremely helpful to have a competent therapist or even a program like the Brave Buddies nearby, but it also needs committed parents and teachers.

An hour of therapy here and there is not enough for these children. The chances to overcome the silence lie in everyday situations that come up outside the therapist's office: asking and answering questions in school, asking for a cookie at the bakery, playing with new friends, talking to relatives, ordering food in the restaurant, asking for the price of a toy or directions to the zoo.

In order to master those exposures and unlearn the habit of not talking it needs an adult who can identify the next step a child is able to do successfully: Maybe he can not yet order ice cream by himself. But he might be ready to whisper in his father's

ear in front of the sales person. Next time it may be able to talk to his father in his normal voice, but only in a distance of 3 meters to the shop assistant. According to Steven Kurtz's experience it needs five to seven times of successfully ordering ice cream until the child feels confident while doing it.

When working with selectively mute children it is important to always proceed systematically and only change one factor at a time: the place, the person or the activity. Before Sarah started school, her future teacher made a home visit, so she could warm up to her. Then Sarah played with her mother several times in the empty classroom. After Sarah spoke there with her mother, she gradually brought in siblings and friends so she got used to talking in a group. Only then she met the teacher in the classroom.

Sarah has not overcome the selective mutism yet. There are still situations where she struggles. But she is now speaking in school 95% of the time. When Steven Kurtz met her the first time, she was four years old and had only talked freely to three people in the world: her mother, her father and her brother. Nearly a year later, after one week and three single days of Brave Buddies, as well as countless everyday situations in which she has practiced brave talking, the list of those to whom Sarah speaks has grown from three to 78 people – not counting cashiers, waiters, vendors and taxi drivers. Recently on the way to school she ran ahead, laughed, looked back and shouted: "Mom, I am now a child who speaks!"

7 RULES FOR BRAVE TALKING

- 1. Do not ask any questions when you first meet a selectively mute child.**
- 2. Describe and praise what the child is doing, when it can't talk yet:**
Instead of saying "I guess you want to play with the cars," you describe what you see: "You take the cars. I like how you neatly you line them up."
- 3. Ask forced-choice-questions:** "Do you want to play with the red or the blue car?" The answer lies in the question, which makes speaking easier.
- 4. Use open ended questions** after forced-choice-questions worked: "What you want to play next?"

5. **Do labeled praise:** Repeat what has been said, and praise as courageous. "I want to play with cars" - "It's great that you told me that you want to play with the cars. You said that very bravely.
6. **Wait five seconds:** Children with selective mutism often respond with a latency of 2-5 seconds.
7. **Avoid asking yes/no-questions:** The child can answer those through head shaking or nodding and thus avoid talking.