



Addressing Selective Mutism in School: A Guide for Educators

This guide provides information for addressing selective mutism in a school setting. It covers intervention strategies and supports for a child who has difficulty communicating at school, whether or not the child has a formal diagnosis.

Selective mutism (SM) is an anxiety disorder in which children have difficulty speaking in select situations, such as school, despite their ability to speak appropriately in situations where they are comfortable, such as home. The behaviors you may see from a child with SM can be different for each child, but they can include (a) trouble responding to questions from adults or peers, (b) difficulty sharing information independently with adults or peers, (c) trouble talking to individuals with whom they are unfamiliar or less comfortable, (d) difficulty speaking at a full volume, (e) not participating in activities that require movement, such as gesturing or dancing, or (f) difficulty asking for help or getting permission to go to the bathroom or nurse.

SM is more than just being shy, and it is not something that is outgrown. Roughly 0.71% of the population may experience symptoms of SM (Bergman et al., 2002), with a higher rate of symptoms in bilingual populations (Toppelberg et al., 2005). Children diagnosed with SM also may be at greater risk for other anxiety or speech concerns (Driessen et al., 2020; Klein et al., 2013). Symptoms can affect a child's ability to engage in school tasks, how they are perceived by peers, and their ability to advocate for needs. The long-term impact of not addressing symptoms can include an increased risk for additional anxiety, other mental health concerns, school refusal behaviors, and use of alcohol or other substances to manage anxiety symptoms.

GENERAL RECOMMENDATIONS FOR SCHOOL STAFF

The goal is to create a comfortable and safe environment that helps the child with SM feel supported and included. The child will generally benefit from one on one and small group opportunities, positivity from staff, and support for participating in class activities (e.g., setting up activities for the child to engage with others). In general, staff should avoid asking rapid questions, forcing the child to speak, criticizing the child's communication difficulties, indicating that the child cannot speak, or predicting what the child wants before they have asked for anything. It is also important to discourage peers from speaking for the child.

If the Child Is Not Verbal With a Staff Member

If a child is not currently speaking to a staff member, there are steps staff can take to help increase a child's comfort. Staff should start by describing the child's behavior out loud (e.g., "I see you are getting out your book and working on the next problem!"). This helps the child recognize that they are being observed and begin to tolerate the presence of another person without the need to answer questions. Staff should use statements (e.g., "It is good to see you") or commands (e.g., "Come over to my desk") when engaging with the child, instead of questions. Staff can also provide direct commands for nonverbal participation (e.g., "Point to your choice for our next activity.").

If the Child Is Verbal With a Staff Member

If the child does provide verbal responses to or around a staff member, do not make too big of a deal of them speaking. Staff can reflect back what was said (e.g., "You said you would like chocolate milk.") or provide a specific praise for communicating (e.g., "Thank you for telling me"). If a staff member hears a child speaking to someone else, like a parent or friend, they can directly respond to the child instead of waiting for the other person to repeat what the child has said (e.g., child tells parent they want a blue block, staff can share "Thank you for sharing you want the blue block, let me

get it for you.”). When asking the child a question, give the child options of how to respond (e.g., “Is the character wearing a hat or a crown in the story?”). Ask questions that have clear answers, such as labeling or identifying something, instead of questions with many possible answers or questions about personal thoughts and feelings. After asking a question, wait 10–15 seconds for the child to respond. As a child is building comfort sharing, it is important to start with clear and predictable responses. Try not to ask yes/no questions, as those can be answered without having to use words.

APPROACHES FOR ADDRESSING SELECTIVE MUTISM IN SCHOOLS

Children with SM will need support in order to build their comfort using their words in school. The rate of improvement often depends on the severity of the child’s symptoms, how much support they have previously received (e.g., therapy, previous school intervention), and how consistently they receive opportunities to build comfort using their words. While on the journey toward increased speaking, schools will often have to provide a mix of classroom accommodations and direct intervention.

Classroom Supports

Accommodations in the classroom can help the child better meet school expectations. These may include warm-up opportunities with new staff, different ways of completing presentations (e.g., video recording, one on one with teacher, in small group), testing changes (e.g., having a parent present for verbal testing; multiple choice testing options), opportunities to complete tasks in small groups or with comfortable peers, not requiring verbal participation, alternative communication options for emergencies (e.g., cards for nurse or bathroom), and communication plans between home and school. Accommodations are meant to be supports while a child is building their comfort using their words at school. They should be adjusted as the child starts using their words more consistently in the school setting.

Direct Intervention

If a child is not currently speaking at school, the first goal is to get the child talking with one or two people at school through something called a fade-in approach. If the child is already speaking to some adults or peers, the goal is to offer opportunities to increase their communication throughout the school day through goal setting and exposure practice.

Fade-Ins

A fade-in is a set of steps to help move the child’s comfort talking from one person to another. This is often first done in the school to move the child from being comfortable talking to a parent to talking with a school staff member. This process generally needs to be repeated multiple times with one person before the child is speaking without a comfortable person present and may need to be broken into very small steps depending on the child. In general, steps include:

1. Comfortable person and child in room alone and comfortable person is working to get the child using their words.
2. New person enters room and does not engage with the child.
3. If child is verbally responding with new person in room, the new person moves closer to the child and can begin to comment on what they see the child doing.
4. If child remains verbal, new person can continue to move closer and describe what the child is doing.
5. If child remains verbal, continue to move closer and begin asking forced-choice questions. New person reflects what the child says and praises the child for responding verbally.
6. New person asks questions while engaging fully in play with the child as child remains verbal.
7. New person continues playing with verbal child as the comfortable person steps away from the play activity.
8. New person continues playing with verbal child as comfortable person leaves the room.

Exposure Practice

Exposure practices are completed once a child has someone in school with whom they will speak. Exposure practices are opportunities for a child to use words based on specific speaking goals that the child, parents, or school staff may

have. Practices may include answering or asking favorites questions with others, participating in show-and-tell, sharing a lunch order, or asking for something from the office.

Creative Approaches

When supporting a child with SM, it is important to keep activities fun and choose things related to the child's interests. Choosing to use games with talking rules, scavenger hunts in the school (e.g., child must ask for certain items), and bravery BINGO (e.g., child has different goals on a BINGO board and works to complete tasks and get BINGO) are often more engaging for children. This means that staff often need to be flexible on how activities are completed, such as doing more in small groups or finding other times in the day to work on goals (e.g., lunch bunch).

For some children, practice goals may have to be broken into smaller steps to increase comfort in communicating. For example, a child can record a video at home or privately at school and share this with school staff or peers as a step before speaking in person. Being mindful of physical distance, such as having a child start by whispering responses in a teacher's ear and then having the teacher move further away, can also help increase comfort in communicating for some children. Having meetings in comfortable locations or over Zoom (where the child can be in their home) may also be useful in some circumstances. All of these approaches should be considered short-term strategies to build comfort, and expectations should be increased as the child experiences more success completing goals. Other approaches to consider when working with a child with SM who is also an English language learner include determining the language in which intervention is being delivered and working to reduce anxiety around second language acquisition (Thomson, 2017).

Reinforcement

As children work to build comfort using their words, it is helpful to offer opportunities to earn desired things (e.g., stickers, small prizes, computer time, special time with teacher) for their hard work. Using something like a sticker chart to keep track of brave talking or a goal tracking sheet can help the child see their growth and progress over time.

FORMAL SUPPORT IN SCHOOLS FOR CHILDREN WITH SM

Public school settings can provide more formal supports for some children through either a Section 504 Plan or an Individualized Education Program (IEP). Not every child will require these more formal supports, but many teams may consider these additional levels of support given the functional impact of SM. In order to qualify, the school must complete an evaluation. Evaluation teams need to consider how formal testing may be affected if a child is not speaking and work to use creative approaches to gathering necessary data (e.g., use of parents/comfortable speaking partners in assessment, breaking assessment into more meetings to work toward building comfort, use of video recording samples from home, classroom observations, rating scales). Specific cultural considerations include assessing the child's comfort and familiarity with the language and determining if symptoms appear more related to SM or a "silent period" in language acquisition (Thomson, 2017). A team must then determine that the child qualified under criteria for having a disability (i.e., SM) and that this disability is affecting the child's functioning at school. Impacts to functioning may include academic effects (e.g., not completing verbal assessments), classroom behavior (e.g., not participating), or social impacts (e.g., not engaging with peers). A 504 Plan offers a child with SM access to accommodations in the classroom setting, such as those discussed above. An IEP offers special education time to work on targeted goals related to the child's disability and accommodation supports. A child must meet criteria in at least one category of disability in order to qualify for an IEP, which is determined by a school team. Although the categories available to a child may vary by state, the most common areas to qualify for a child with SM include other health impairment (OHI), emotional disturbance (ED), and speech and language impairment. IEP goals will vary based on each child's needs but could include areas such as self-advocacy, social skills, increasing verbal or nonverbal responses, participation in group activities, increasing and expanding written work, managing anxiety, and following through with class instructions.

REFERENCES

Bergman, R. L., Piacentini, J., & McCracken, J. T. (2002). Prevalence and description of selective mutism in a school-based sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(8), 938–946.

- Driessen, J., Blom, J. D., Muris, P., Blashfield, R. K., & Molendijk, M. L. (2020). Anxiety in children with selective mutism: A meta-analysis. *Child Psychiatry and Human Development, 51*(2), 330–341.
- Klein, E. R., Armstrong, S. L., & Shipon-Blum, E. (2013). Assessing spoken language competence in children with selective mutism: Using parents as test presenters. *Communication Disorders Quarterly, 34*(3), 1–12.
- Thomson, B. (2017). Selective mutism in immigrant children: Cultural considerations for assessment and intervention. *Communiqué, 46*(2), 4–6.
- Toppelberg, C. O., Tabors, P., Coggins, A., Lum, K., & Burger, C. (2005). Differential diagnosis of selective mutism in bilingual children. *Journal of American Academy of Child Adolescent Psychiatry, 44*, 592–595.

RESOURCES

Websites

- Selective Mutism Association, selectivemutism.org
- Kurtz Psychology's Selective Mutism University, selectivemutismlearning.org
- Child Mind Institute's Complete Guide to Selective Mutism, childmind.org/guide/selective-mutism
- SMart Center, selectivemutismcenter.org
- Anxiety Canada, <https://www.anxietycanada.com/disorders/selective-mutism/>
- American Speech-Language-Hearing Association, <https://www.asha.org/public/speech/disorders/Selective-Mutism>

Toolkit and Webinars From the Selective Mutism Association

- https://www.selectivemutism.org/wp-content/uploads/2022/10/20221019_SMA_Educator_ToolKit_SinglePagesRevisedOct2022.pdf
- <https://www.youtube.com/watch?v=Ir1ve1rggI4>
- https://www.youtube.com/watch?v=yb_4CbCFqz0
- <https://www.youtube.com/watch?v=8Izo94rUQd8>

Readings for Teachers/Parents of Youth With Selective Mutism

- Johnson, M., & Wintgens, A. (2016). *The selective mutism resource manual* (2nd Ed.). Routledge.
- Kehle, T. J., del Campo, M. A., Root, M. M., Bray, M. A., Theodore, L. A., & Bracken, B. A. (2016). Evidence-based interventions for selective mutism for children and adolescents. In L. A. Theodore (Ed.), *Handbook of evidence-based interventions for children and adolescents* (pp. 245–252). Springer. doi:10.1891/9780826127952.0020
- Kotrba, A. (2014). *Selective mutism: An assessment and intervention guide for therapists, educators & parents*. Pesi Publishing & Media.
- Kovac, L. M., & Furr, J. M. (2019). What teachers should know about selective mutism in early childhood. *Early Childhood Education Journal, 47*, 107–114. <https://doi.org/10.1007/s10643-018-0905-y>
- Schum, R. L. (2017). *Finding voice: Treating selective mutism and social anxiety*. Research Press.

Helpful Books to Use in the Classroom

- Lago, J., & Bose, T. (2020). *Willow's words*. FriesenPress.
- Moldan, M. (2014). *Charli's choices*. Archway.

Handout author: Brittany Bice-Urbach, PhD

Please cite this document as: Bice-Urbach, B. (2023). *Selective mutism: An overview for families* [handout]. National Association of School Psychologists.