

## Does not speak

### About inability to speak in specific situations

Selective mutism is the term used when a child or young person finds themselves persistently unable to speak in specific social situations where there is an expectation on them to talk.

Children who have experience of this difficulty report that they really do want to speak but can't bring themselves to do so in certain circumstances.

The discrepancy in the child/young person's speech across different settings is typically quite striking. Speech is no problem in situations where the child/young person feels comfortable, for example parents might describe their child as chatty or even bossy at home and they might speak quite happily when playing with friends in the playground. Where the child feels uncomfortable, for whatever reason, their problem with speech becomes apparent, for example their class teacher might not hear the child speak at all or might only hear speech under certain conditions.

The vast majority of children with this difficulty do not experience a sudden onset of symptoms and it is not usually caused by a single traumatic event. There is usually an underlying problem of anxiety that has been present for some time.

This particular difficulty with speech is rare - figures vary from 1 in 1000 to 8 in 1000 - and it seems to be as commonly found in girls as in boys. It is not the same as difficulties with speech related to physical or developmental difficulties.

As a worker it's important to remember that all children can be shy at times, but the intensity and duration of this difficulty with speech clearly distinguishes it from just 'shyness'.

### Things to think about

In trying to understand why a child or young person is not speaking in certain situations, it may be helpful to think about the following questions.

#### Is this new behaviour?

The lack of speech in specific social situations must have been identified and present for longer than one month before it should be considered a problem.

It is also worth bearing in mind that the presence of this type of problem is often not fully recognised until the child starts nursery/school. Entering the school setting is a big challenge for any child i.e. meeting lots of new people for the first time, having new expectations placed on them, etc. This is an anxiety provoking situation and it may cause the protective symptom - lack of speech. The difficulty with speech may well have been present in the background before, but just wasn't so noticeable. When asked, many parents will say that their child has displayed signs of excessive shyness since early infancy.

### **Are there any other 'symptoms'?**

Not speaking can serve a purpose for the child as it reduces their anxiety and protects them from the challenge of social interaction, but their lack of speech is often only the most obvious and dramatic attempt to control the level of their rising anxiety.

Other symptoms to watch out for may include excessive shyness, separation anxiety, withdrawal, school phobia, strong willed behaviour (this can help the child avoid anxiety provoking situations). Other signs of anxiety might be present such as fidgeting, blushing, sweating and even wetting/soiling accidents because the child cannot ask to go to the toilet.

### **Do they have speech and language difficulties?**

Some children may be apprehensive about speaking because they have speech and/or language difficulties, for example they may not want to speak because their words 'sound funny'. It may be that a child who is not speaking also has speech/language difficulties, but it's important to point out that anxiety remains the root cause of their difficulty.

### **Do the parents of the child or young person appear shy/anxious about their own speech?**

There is often a history of similar symptoms in the family of children who are unable to speak, for example parents don't like to speak in front of others or can appear anxious in social situations.

### **Does the child use more than one language?**

There is some indication that children who live in a bilingual environment may have a greater chance of developing this difficulty with speech. It may make the child more self conscious of their speaking skills and may increase their fear of being judged. Adjusting to a new culture or different language may also increase their reluctance to speak.

### **Is the child communicating in other ways?**

Although the young person may not be communicating verbally through speech, they are highly likely to be communicating in some way, for example via body posture, facial expression, gestures, or writing. So watch out for the messages they are sending in less conventional ways!

### **How is the child/young person doing at school?**

Most children who have difficulty in speaking have age-appropriate understanding and acquire academic skills consistent with their abilities. The teacher will have to use his/her initiative to find ways of charting the child's progress, for example how do you assess reading development if the child won't read aloud in front of you? The answer might be to get a video of the child reading aloud to parents at home.

### **Is this going to affect their ability to make friends?**

Young children who are unable to speak in specific situations usually get along fine with their peer group and don't appear to have problems making friends. They do not seem to be at heightened risk of bullying/teasing. Often their friends may take on a protective role or be a spokesperson for the child.

### **Should I do something?**

Parents of a child who is unable to speak in specific situations are often told that their child will 'grow out of it'.

Some children do, but most need help to develop strategies that will either help them to overcome their difficulty or at least help them to live with it.

If left to 'grow out of it' some children may develop more entrenched problems in adolescence, for example grow into introverted adults, become depressed, or experience difficulties when trying to get a job.

It's better to introduce strategies at an earlier age rather than later. If symptoms persist to the age of 8 or 9, then their lack of speech can become a behaviour that is very difficult to change.

For more information, see the section below on 'What you can do' for ideas that workers like yourself can try.

### **Think about yourself**

It can be very frustrating and difficult to accept when someone should be able to speak and doesn't. Even the most experienced workers can experience irritation. It is difficult not to take it personally when someone doesn't respond, or to make subconscious assumptions about their abilities or motives. Being aware that your feelings are influenced by your own life experiences and beliefs will make your response more useful.

### **What you can do**

- Do all you can to reduce the child's overall level of anxiety.
- Providing routine/structure to daily activities may help. The child will gain security from understanding what's going to happen. It provides predictability and helps them to anticipate changes in their daily activities. This can reduce anxiety levels and increase the chance of the child feeling able to speak.
- Find out:
  - the people that the child will/will not speak with e.g. speaks to parents but not teachers.
  - the situations where the child will/will not speak e.g. speaks in 1:1 but not in groups.
  - the activities where the child will/will not speak e.g. speaks when relaxed playing football in the playground but not when feeling under pressure to read in class.

This helps you to identify the child's 'hierarchy of speaking situations' and you can then try to avoid placing them in their most feared situations.

- Try to be relaxed and open to communication in any form, in order to encourage the child to communicate.

- Reassure the child/young person that there's no pressure on them to speak and that if they feel unable to speak just now that's OK.
- Explain that there are lots of other ways that they can get their message across and encourage them to try to communicate somehow, for example shake/nod their head for yes/no, use gestures or signing, point to pictures, mouth words without saying them, whisper or write things down.
- Work with the child/young person in a setting where they feel comfortable and secure and follow their lead – a young child may want to play on the floor while an older child may want to sit at a table.
- Having the parent present may help facilitate communication.
- If you are just getting to know the child, you may want to avoid activities that require speaking all together. Less can definitely be more! You might want to just listen to some music together, use art or drama or other creative tasks. Have an interaction using whatever means possible, for example take turns in a non-verbal game just like taking turns in a conversation. By doing this you are still helping the child to practise fundamental skills that underpin social interaction at any level.
- Give the child time to make a response and expect a response, whether it is verbal or non-verbal.
- In a group situation, the child may be slow to 'warm up'. They might not want to jump straight into a new activity. If so give them time to watch first. Once they are confident that they understand what's going on, there's more chance of them joining in and feeling able to speak.
- Pay attention to your own use of spoken language. Use simple, everyday vocabulary that the child is familiar with and will understand. Use short sentences. Don't give too much information at one time. Divide your language up into manageable pieces.
- You can informally check the child's understanding of language, for example ask them to do something and see if they can carry it out. The child doesn't need to speak to be able to follow your instruction.
- Often when working with children/young people, you would use open questions that encourage them to give longer responses e.g. "What do you like to do?". When working with a child who has difficulty speaking, it might be better to use closed questions e.g. "Do you want to paint?", so that the child can simply indicate a yes/no response by nodding or shaking their head.
- Any attempt at improved communication/interaction needs to be noted and reinforced, whether it is verbal or non-verbal.
- Think about how to encourage the child to speak. The steps that you make towards improvement have to be small and achievable. To give an example, the first step may be encouraging the child to talk to their parent while the pair of them are alone in a class playing a game. Then encourage the teacher to walk past class so that he/she overhears the child talking to parent. Next step might be for the teacher to enter the room and finally encourage the teacher to take part in the game alongside the child and their parent.
- Remember that lack of speech is usually just one symptom of an underlying problem with anxiety that has been present in the child for some time. It's therefore best to

take a broader view and not just focus on the speech behaviour. If you focus only on the speech behaviour you may be discouraged by the slow progress with that one symptom but if you take a broader view and see progress over a wider range of behaviours, it can make you more positive in your outlook.

### **When to contact a mental health specialist/speech and language therapist**

The difficulty with speech in specific social situations has to have been present for more than one month for it to be viewed as a problem. Referral to a specialist for advice should be made if the behaviour persists for longer than 2 months.

Specialist advice should be requested if there are no verbal responses at all. The child who exhibits mild symptoms, for example responding in a soft voice, is less of a worry.

Seek help if the child is also displaying other behavioural signs that give cause for concern, for example frequent outbursts/tantrums, school phobia.

### **How to contact a mental health specialist**

You should get in touch with your local health centre or hospital to obtain a contact number for the appropriate children and young people's mental health specialists.

Remember - you can contact your local mental health specialists for a number of reasons, for example:

- For advice on how to make a referral about a named child.
- For advice about whether or not to make a referral (it is normal practice to seek this advice without naming the child in the first instance).
- For advice about what to do (once again there should be no necessity to name the child).

By not naming the child you are protecting their right to confidentiality. This method of seeking advice also has the advantage that you do not need to get anyone's consent in advance of your contact phone call.