



Supporting Children with Selective Mutism in the Classroom

A Resource for Teachers and Parents

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Introduction to Selective Mutism

What is Selective Mutism

Selective mutism is an anxiety-based disorder in which a child is consistently unable to speak and communicate effectively in certain situations (e.g., school), despite being able to speak comfortably in other situations (e.g., home). This inability to speak is not due to a lack of language ability (understanding or comfort using the language) or a communication disorder such as stuttering. Instead, it arises from high levels of anxiety which prevents the child from speaking in certain situations. For a diagnosis of selective mutism, the inability to speak in certain situations must persist for at least one month, not including the first month of school. Selective mutism typically emerges in early childhood and often becomes evident when a child enters school and is expected to interact with individuals outside their family.

Wong (2010); Viana et al., (2009)

Signs/Symptoms of Selective Mutism

The primary sign of selective mutism is a consistent inability to speak effectively in certain situations, despite being able to speak in others. Additional signs may include:

- Appearing frozen or unable to move, with a blank expression
- Avoiding eye contact
- Avoiding participation in social situations
- Not expressing their needs (e.g., not asking the teacher to go to the bathroom)
- Using sounds to communicate (e.g., saying “uh-huh” for yes)
- Using nonverbal communication (e.g., gestures, pointing, facial expressions, writing)
- Speaking in an altered voice (e.g., whispering, using a robotic voice)
- Relying on a trusted individual to convey their message
- Responding with only one word
- Displaying disruptive behaviours (e.g., temper tantrums)

Cleveland Clinic (2024); ASHA (n.d.)

Immediate support is crucial, as selective mutism can negatively impact a child's social development and academic success.

Cleveland Clinic (2024)

What Causes Selective Mutism

The exact cause of selective mutism is not fully understood, but researchers have identified several factors that may contribute to its development, including:

Genetic Factors

A family history of anxiety disorders, particularly social anxiety, increases a child's likelihood of developing selective mutism. Children with selective mutism often have parents or siblings with selective mutism or other anxiety-related disorders.

Psychological Factors

Many children with selective mutism experience other anxiety disorders, such as social anxiety disorder, separation anxiety, or obsessive compulsive disorder.

Speech and Language Factors

Conditions such as expressive language disorders, articulation difficulties, or phonological disorders can lead to anxiety about speaking, often arising from a fear of being judged.



Environmental Factors

Limited opportunities for social interaction, stressful home environments, or experiences such as bullying and trauma may contribute to the development of selective mutism.

Personality Factors

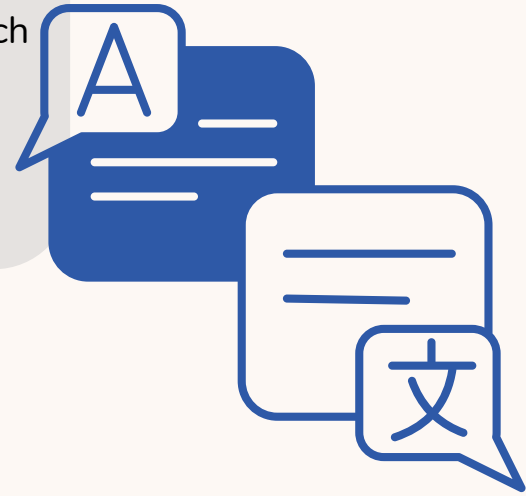
Children who are shy or have an inhibited temperament are at a higher risk of developing selective mutism.



Bilingualism and Selective Mutism

Research indicates that selective mutism occurs more frequently in bilingual children (children who speak more than one language). However, it is important to note that bilingualism itself **does not** directly cause selective mutism. Instead, it may increase the risk for children who already experience anxiety. When children are expected to speak a new language in which they are not yet comfortable with, their anxiety may increase, making them more likely to experience selective mutism.

Preston (2014); Toppelberg et al., (2005)



The Silent Period

Learning a second language is a complex process, and for most children, this involves a nonverbal phase known as the silent period. The silent period often begins when children recognize that their first language (home language) is not understood in their school environment and their skills in their second language are not yet strong enough to communicate effectively. In response, children may become nonverbal, especially in anxiety-provoking settings (e.g., the classroom), as they concentrate on listening to and absorbing the new language. The silent period is a normal phase in language learning, and research suggests that it typically lasts less than six months. Because the silent period and selective mutism can present similarly, it is important professionals carefully assess bilingual children to avoid misdiagnosing selective mutism.

Preston (2014); Toppelberg et al., (2005)

Selective Mutism Versus The Silent Period

Although selective mutism and the silent period can appear similar, there are key criteria that can help differentiate them.

Selective Mutism

Nonverbal in both their first and second languages, often for extended periods and across multiple settings.

Silent Period

Nonverbal only in their second language, for a duration of less than six months, and usually in just one or two settings.

Toppelberg et al., (2005)



Should parents continue exposing their child with selective mutism to multiple languages?

The short answer is yes. However, for a deeper understanding of why, continue reading!

Parents of bilingual children with selective mutism often worry that exposing their child to multiple languages may contribute to or worsen their communication challenges. As a result, some parents may consider dropping one language in efforts to reduce selective mutism. However, research shows that bilingualism does not cause selective mutism, as selective mutism stems from anxiety, not language exposure itself. Reducing the number of languages that the child learns will not resolve selective mutism. Therefore, parents and teachers should:

- Continue exposing the child to both the first and second languages.
- Create opportunities for the child to practice speaking both languages.
- Encourage the child to use both languages in environments that they are comfortable in.

Toppelberg et al., (2005)

The Support Team: Parents, Teachers, and Professionals Working Together



Children with selective mutism benefit from the support of a team of people working together. This team may include paediatricians, psychologists, speech-language pathologists, teachers, parents, and other professionals.

Each team member plays an important role in both the assessment and treatment process, working together to understand the child's needs and developing strategies to support communication and reduce anxiety.

ASHA (n.d.)

Psychologist

- Complete a comprehensive assessment - The psychologists assessment may involve observations of the child across various environments, an interview with the parent/caregiver, and the use of standardized assessment tools and questionnaires.
- Provide a diagnosis - Based on the assessment, the psychologist can diagnose selective mutism and other psychological conditions, such as social anxiety disorder (SAD).
- Provide therapy - The psychologist will provide therapy to address the child's anxiety and nonverbal behaviours. Learn more about this on page 9.

Cleveland Clinic (2024)

Speech-Language Pathologist (SLP)

- Complete a comprehensive assessment – The SLP's assessment should include a review of the child's case history, an interview with the parent/caregiver, an evaluation of the child's speech and language abilities, an oral-motor examination (examination of the structure and function of the child's mouth, tongue, lips, and jaw), and a hearing screening.
- Make referrals – The SLP may be the first professional to work with a child showing signs of selective mutism. If selective mutism is suspected, the SLP should refer the child to the appropriate professionals for further assessment and diagnosis.
- Collaborate with other healthcare professionals – The SLP will work closely with other members of the healthcare team to implement treatment strategies.
- Addressing underlying speech or language difficulties – If the child has any speech or language difficulties, the SLP will provide targeted therapy to address these challenges.

ASHA (n.d.)

Teacher

- Identify signs of selective mutism - Teachers may be the first to observe signs of selective mutism, as children are often verbal at home but become nonverbal at school. Therefore, it is important to ask the parent or caregiver about the child's communication at home.
- Provide classroom insights for assessment – Share observations about the child's communication and behaviour in the classroom. Learn more about this on page 12.
- Implement strategies – Learn about specific strategies on pages 10-13.
- Support the child's confidence – Foster a safe and accepting classroom environment to help the child feel understood and supported. Learn more about this on page 11.
- Communicate with parents and professionals – Regularly update the child's support team on progress, challenges, and effective strategies in the classroom.

Selective Mutism Association (2021)



Parent/Caregiver

- Provide insights for assessment – Share observations about the child's communication and behaviours at home and in various social settings. Parents may be asked to collect audio and video recordings of your child's communication to help with assessment.
- Practice therapy techniques – Work with the child at home on specific exercises and techniques recommended by healthcare professionals to reinforce their communication skills in a familiar environment.
- Implement strategies – Use strategies suggested by healthcare professionals at home and in social settings.
- Advocate for the child – Ensure the child receives the necessary support in both school and social settings, and help educate others about selective mutism to reduce stigma.

ASHA (n.d.)

How Professionals Treat Selective Mutism

Yes, selective mutism is treatable. With appropriate intervention, most children can successfully overcome it. Early intervention is key - the younger the child is when treatment begins, the greater the chance of a positive outcome. Research shows that behavioural therapy and cognitive-behavioural therapy (CBT) are the most effective approaches for treating selective mutism. These therapies are typically provided by psychologists, and they may collaborate with SLPs to help integrate certain strategies into the SLP's intervention plan.

Cohan et al., (2006)

Behaviour Therapy

Behavioural therapy focuses on gradually exposing the child to progressively challenging speaking tasks in a supportive environment. A combination of behavioural techniques is most effective. Stimulus fading and shaping are two commonly used techniques.

Selective Mutism Association (2021); Cohan et al., (2006)

Stimulus Fading

This technique focuses on gradually introducing the child to new conversation partners and speaking environments. For example, if school is an anxiety-inducing setting, the child may first engage in a speaking activity with someone they are comfortable with (e.g., a parent) in a private room. The teacher will then enter the room but remain passive, perhaps by working nearby. Over time, the teacher becomes more involved in the activity/conversation until the child is able to speak to them directly.

ASHA (n.d.); Cohan et al., (2006)

Shaping

This technique focuses on encouraging and rewarding all of the child's communication efforts until the desired behaviour is achieved. For example, the child may start with gestures, progress to whispering, then use single words, and eventually engage in full conversations.

ASHA (n.d.); Cohan et al., (2006)

Cognitive Behavioural Therapy (CBT)

CBT is particularly beneficial for older children who can better reflect on their own thoughts. CBT strategies help the child recognize anxious thoughts that contribute to their difficulty speaking. Strategies include recognizing body symptoms of anxiety (e.g., heart beating fast) and developing a coping plan to deal with anxiety (e.g., generating calm thoughts).

Selective Mutism Association (2021)

Classroom Strategies for Teachers



Universal Design for Learning (UDL)

UDL is a framework that aims to remove barriers to learning by using a variety of teaching methods, ensuring that all students, regardless of their abilities, have equal opportunities to learn and succeed. UDL is based on three main principles, all of which should be implemented into the classroom and are beneficial for children with selective mutism.

- 1 Multiple Means of Representation** - Provide multiple ways for the children to access and understand information. Rather than relying solely on verbal instruction, utilize multiple formats to present information such as visuals, audio, or text.
- 2 Multiple Means of Action and Expression** - Provide multiple ways for the children to communicate and demonstrate their understanding. Rather than requiring verbal communication, allow the children to choose how they wish to respond such as gestures, written communication, or pictures.
- 3 Multiple Means of Engagement** - Provide multiple ways for the children to engage and participate in learning activities. Rather than requiring participation in front of the whole class, offer options such as working in pairs or individually. Allow the child to engage in ways that they feel comfortable.

Archibald (2024); CAST (2024)

Expressing Basic Needs



Children with selective mutism often struggle to express their basic needs at school, such as asking to use the bathroom, get a drink of water, or for help when they are injured. This can lead to discomfort, accidents, or health and safety issues. To prevent this, it is important to develop a plan with the child that allows them to communicate their needs non-verbally. Here are some possible ideas

- Hand signals - Establish simple, agreed-upon hand signals that the child can use to indicate they need to use the bathroom, are thirsty, or need help
- Passes/cards - Provide the child with physical passes or cards for different needs that they can show

Understanding Selective Mutism in the Classroom

When students notice that their classmate does not speak at school, they may start asking questions. As the teacher, it is important to address these questions appropriately to clear up any misconceptions. Doing so can help foster a more informed and supportive classroom environment for the child with selective mutism, minimizing the risk of stigma. Be sure to have a conversation with the child and their parent/caregiver to determine the most appropriate way to address the situation.

Selective Mutism Association (2022)

Group Discussion

The child and their parent/caregiver may prefer addressing the class as a whole. For younger students, this could take the form of reading a storybook that features a child with selective mutism. Example of books you could use include: *Why Doesn't Alice Talk at School* by Lucy

Nathanson, *Maya's Voice* by Wen-Wen Cheng, and *My Friend Daniel Doesn't Talk* by Sharon Longo. You can also read stories about children with other anxieties, such as fear of the dark, to help students understand that everyone experiences anxiety differently.



If the child is comfortable, the class discussion could include a home video where the child is speaking in a comfortable environment. In the video, the child could share details about their family, sports they play, favourite TV shows, or hobbies/interests. This can help classmates form a more personal connection with the child and help the child with selective mutism build confidence. To further support students' understanding, incorporate a question-and-answer session. The parent/caregiver, healthcare professional, or yourself could respond to students' questions.

Selective Mutism Association (2022)

Individual Discussion

The child and their parent/caregiver may prefer the students be addressed individually. For example, when a student is being overly 'helpful' (e.g., speaking for the child) it is important to have a conversation with this student on how to best support their classmate. If a student is bullying the child then an individual discussion is also required.

Selective Mutism Association (2022)

Adjusting to the Classroom

Providing children with selective mutism time to adjust to the classroom can help reduce their anxiety and promote verbal communication. This warm-up period can take place before the school year begins and/or in the mornings, approximately ten minutes before the other students arrive. During this time, the child can explore the classroom with a parent or caregiver and practice speaking in the new environment with someone they trust. Once the child has had some alone time in the classroom with their parent, the teacher can gradually join while maintaining a distance to help the child remain at ease.

Child Mind Institute (2024)

Observation Tracking

If you notice signs of selective mutism in a child who has not yet been diagnosed, keeping detailed records can help parents or caregivers gain a clearer understanding and assist psychologists during the assessment process. Tracking when the child communicates and who they communicate with can help determine if selective mutism is present.

For children who already have a diagnosis, ongoing observations are equally important. Recording communication patterns helps the support team monitor progress, assess whether intervention goals are being met, and identify areas that may need further support.

Selective Mutism Association (2022)

Example of a Tracking Sheet

When	Who	Details
Science class	Teacher: Mrs. Smith	Did not respond to question directly asked to her one-on-one - "Tell me something you know about caterpillars."
Lunch	Classmate: Sam	Did not verbally respond when Sam asked how the cookie was, but did shrug shoulders.

Quick Tips for Teachers



- Avoid questions at first - Begin with one-sided conversations, focusing on comments rather than questions, so the child is not expected to speak.
- Use forced-questions - Once the child becomes more comfortable, begin introducing questions that encourage them to choose between two options.
- Sit the child beside a trusted friend - Sit the child with someone they feel comfortable with to help reduce anxiety and encourage verbal communication.
- Avoid mind-reading - Avoid assuming you know what the child is trying to say by responding on their behalf. Instead, ask additional questions to encourage speech.
- Establish an inclusive classroom - Involve the child in activities and assign non-verbal tasks to help them feel included.
- Be patient - Understand that the child may need extra time to respond. Avoid repeating questions too quickly.
- Be positive - Do not force the child to verbally communicate. Do not punish the child for not speaking.
- Use rewards - Use specific praise ('I really appreciated you smiling when you greeted me') and tangible rewards (stickers, first in line) to encourage progress.
- Scaffold goals - When establishing verbal goals, organize by scaffolding from easiest to hardest, preferably involving the parent and child in formation of the goals.
- Communicate with home - establish a simple, but routine method of communicating progress and setbacks (e.g. communication book, emails)

Child Mind Institute (2024); Selective Mutism Association (2022)

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