



5 Common Myths About Selective Mutism

Myth #1: Selective mutism is caused by trauma, mistreatment, or bad parenting.

Selective mutism (SM) is an anxiety disorder, but many people confuse it with traumatic mutism – a condition in which a person suddenly becomes mute in all settings after a traumatic experience. The rate of trauma in kids with selective mutism is the same as the general public. Most children with selective mutism have no history of trauma or mistreatment but many do have a family history of anxiety. The development of selective mutism is influenced by many factors. About 90% of children with selective mutism also have social anxiety and about 30% have speech or language delays. Some children with SM also have a sensory processing disorder or are bilingual. Typically, SM children show an inhibited temperament or shyness from an early age and develop signs of selective mutism between 2-4 years old, although often it is not recognized as a problem until several years later.

Myth #2: Children with selective mutism are being defiant or manipulative.

It may appear that children with SM are being rude or defiant since their communication changes based on the situation. However, the truth is that these children cannot *choose* when they feel anxiety; it is triggered by certain situations or people. Their mutism is an involuntary response to the wave of anxiety that overcomes them.

Myth #3: Selective mutism is a rare disorder.

The most recent research on SM prevalence (from 2002) reported that about 1 in 140 young school-age children fit the criteria for selective mutism. This means that 1 out of every 5 school classes probably has a student with SM. While selective mutism is not common, it is certainly not rare either. Many experts think the prevalence of SM is even higher due to fact that many people overlook SM as just shyness, especially low-profile SM in which the child is able to communicate with minimal speaking.

Myth #4: Children with selective mutism are just really shy and will outgrow it with time.

The majority of children with selective mutism will not get better on their own. SM is not the same as shyness. These kids feel extreme and paralyzing anxiety. In most cases, there is a very powerful cycle of negative reinforcement that has developed. The more the child avoids speaking, the more ingrained the behavior becomes. These children need help to face their fear and break the cycle of silence. Selective mutism doesn't just affect young children. Many teens continue to struggle with SM and sometimes it persists into adulthood and contributes to depression and other mental health conditions.



Myth #5: Selective mutism is very difficult to treat.

Many clinicians are unfamiliar with selective mutism and how to treat it. Children with SM are often misdiagnosed and treated with methods that do more harm than good. However, when appropriate behavioral therapy (and cognitive therapy for older children) is used, the outcome is usually very good. Younger children tend to progress faster than older children who have been silent for many years. Treating selective mutism does take patience, persistence, and teamwork, but the techniques used are not difficult to learn. Everyone who has contact with the child, including teachers, family members, and professionals, must work together for treatment to be successful.