Holding Down the Mute Button: The Misconceptions Surrounding Selective Mutism

by

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Submitted to the Department of Journalism

School of Humanities

in partial fulfillment of the requirements

for the degree of Bachelor of Arts

Purchase College

State University of New York

May 2022

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Donna Tomas first requested that her daughter, Jordon, get academic accommodations when she was just 6 years old. But it took seven years, until March of 2021, when Jordon was 13, for Jordon to receive a correct diagnosis and begin receiving proper treatment. Jordon had only just met a professional who understood what was going on with her.

Donna says that the only reason she herself noticed something was off with Jordon was because when it came to her performance in school, she was nothing like her two older brothers. “I at first just thought it was something academic,” recalls Donna. “I was getting very inconsistent progress reports. One quarter she would have high levels in a subject, and the next they’d be low and on the other end of the spectrum. I wanted to get her evaluated because I didn’t understand why it would be like that.”

Jordon was in first grade when Donna and her husband got her evaluated for academic accommodations, and at first, she only qualified for assistance in science-based reading. Donna describes the next few years as Jordon just flying under the radar. Her teachers believed that she was just a quiet kid, and never addressed any concerns that Jordon wasn’t speaking. As a result, Donna still believed that there was something going on academically as Jordon’s grades were very inconsistent across all subjects.

“I would go to her teachers and ask them where they would get these numbers from for Jordon’s grades,” Donna said. “You know: was it from classroom work, was it from independent work? And her teachers couldn’t tell me anything. So, I said, ‘Could you show me a baseline score for all these tests, and show me her score now?’ And they couldn’t do that. I was asking

them to show me that she was showing improvement and making progress having been put in this program, and they couldn't."

It was frustrating for Donna as a parent because although Jordon's grades were fine, her test scores were all over the place and Donna didn't know why the two weren't indicative of each other. If her grades were fine, then surely her test scores should be too, and vice versa. "I honestly believed she cheated a bit," Donna explained. "And looking back on it I don't blame her; she was in survival mode."

By the end of Jordon's seventh grade year, Donna still felt like she had no answers. Shortly after, she scheduled a meeting with Jordon's special education teacher, who told her, "Your daughter is a mystery to me."

"That was the best thing anyone could have said to me," Donna said. "I, as a parent, respect her more for saying that to me than telling me some random excuse she's pulling out of her hat." Jordon's special ed teacher then made arrangements through the school for another evaluation, this one with a neuropsychologist.

"The neuropsychologist had four hours total to work with her," Donna said. "And she came to me and said, 'I've never worked with a teenager who wouldn't talk to me by the end of the first hour.' Jordan would only give like, one-word utterances, literally."

It was at this neuropsychologist appointment that Jordon was finally diagnosed with selective mutism.

There is no information on who was the first person to be officially diagnosed with selective mutism, but it is known when the condition was first given a proper name. Individuals who would not speak, or would only speak in certain situations, had existed long before the disorder had been recognized, according to an article in Psychiatry, MMC. written by Priscilla Wong in March, 2010. In the journal article, "Selective Mutism, A review of etiology, comorbidities, and treatment," Wong explained that selective mutism was a definite but rare occurrence that had no established name until the 19th century.

In 1877, German physician Adolf Kussmaul gave a name to what is now known as selective mutism, calling it aphasia voluntaria— a condition in which individuals will voluntarily not speak in certain situations. Fifty-seven years later, in 1934, child psychologist Moritz Tramer, who was studying an 8-year-old who refused to talk in specific environments, renamed it elective mutism, again implying that those who suffered from the condition were simply choosing not to speak. Then, in 1994, it was officially dubbed selective mutism by the DSM-IV. The renaming of the disorder from elective mutism to selective mutism gave a key piece of information. Individuals with this condition are not *unwilling* to speak, they are *unable* to speak.

While many things can cause someone to go mute, selective mutism is a social anxiety disorder that leaves a person unable to speak specifically in certain environments or to certain people. It isn't to be confused with mutism, which is an inability to speak at all, or traumatic mutism, an unwillingness to speak due to a traumatic event. People with selective mutism can speak when in an environment they deem comfortable. They are often able to speak to close friends and family, but in extreme cases a person with selective mutism may not even be able to speak to their own parents.

Despite what sounds like a well-researched disorder, selective mutism, as well as the people who have it, are often misunderstood.

Donna Thomas, a special education instructor herself, had briefly heard of selective mutism due to her work, and it was then that she felt things began to make sense. In school, Jordon was terrified to put her hand up and ask a question. She would use her friends, who would let her look at their papers, in order to complete work and tests.

“Her friends would help her in school,” says Donna. “She wasn’t focusing or paying attention in class because she was so worried about being asked a question or having to participate.”

Of course, Donna wasn’t upset with Jordon for her grades, but she wishes that they had managed to get a handle on things sooner.

“I feel like sixth grade was just a waste,” Donna said, “I 100% without a doubt think that if she had been diagnosed in first grade, when I first noticed something was different about her, we would be much further along now in her progress and treatment.”

Dr. Elisa Shipon-Blum, president of the Selective Mutism Center in Jenkintown, PA., agrees that early intervention is important in treatment.

In her web article, “What is Selective Mutism?” she writes that since selective mutism is an anxiety disorder, it can worsen over time if left untreated and most likely will not get better on its own. She also writes that the sooner treatment is initiated, the more likely it is that the child will become responsive to it and the easier they will develop proper coping skills.

Despite this piece of information, it's been noted that intervention rarely occurs early enough to reduce long-lasting symptoms. Children who are diagnosed with selective mutism often grow into teenagers and adults with depression and worsened anxiety.

Take 22-year-old Mikayla Boniface. Boniface was diagnosed with selective mutism when she was around 3 years old, but her condition was left untreated; now, nearly 20 years later, she is dealing with those consequences.

Boniface recently had to turn down going to a family event— her grandmother's birthday dinner— because she was having extreme anxiety about it.

"The worst was seeing all the pictures of my whole family there at dinner," she says. "Just knowing that I could have been there but I, at 22, was too anxious. It's really frustrating."

Despite having been diagnosed so young, Boniface didn't know that she had selective mutism until she reached adulthood.

"It turns out I was diagnosed with selective mutism, general anxiety disorder, and separation anxiety," Boniface says. "My parents just kinda chose to ignore it and hope it went away."

It wasn't until Boniface stumbled upon the term that she realized there was a name for her life-long behavior.

"Nobody told me I had it until I stumbled upon an article at 18 years old and realized it was a real thing that other people had too," Boniface said. "It was very hard to do, but I walked downstairs to my mom and said, 'Hey, I just found out that there's other people out there who

can't talk in certain situations,' and she was just like, 'Oh yeah, we've known that,' and walked away."

Boniface was obviously frustrated with the circumstances.

"I grew up thinking I was from some alien planet," she recalls. "I had never said a word in front of anyone outside our immediate family, not even my grandma or aunt who had been around me my whole life. To this day if I was put in a room with, say, my aunt, I would not be able to speak a word to her, and that kills me."

No matter how much she wanted to, Boniface just didn't feel comfortable enough to speak to certain members of her extended family.

"My grandpa passed away a few years ago without me ever telling him I loved him," she says. "Or thank you for everything he's done. He and my dad had a great relationship so I would see him a lot— we would spend weekends with him camping, we'd go out to lunch, and eventually it got to the point where nobody would talk to me because they knew I wouldn't talk back. Going through those experiences really did have more of an impact on mental health than I realized."

Stories like Boniface's are exactly why early intervention is so important. In addition to still having selective mutism, Boniface also has anxiety and major bipolar depression.

Like Boniface, a majority of people who are diagnosed with selective mutism tend to have some other kind of general anxiety disorder. The Selective Mutism Center notes that most children with SM tend to present symptoms even in infancy because they have a genetic

predisposition to anxiety. Research is finding that, like anxiety, selective mutism may be passed on genetically.

Thomas Smith, 43, has had first-hand experience with this.

Smith was diagnosed with selective mutism when he was 6 years old, and for a long time wouldn't even speak to his own father. He would only speak to his mother and his younger brother, and only if they were alone. Years later, Smith recognized similar signs of the disorder in his son, Davis, when he was being dropped off at daycare for the first time.

"He was only about 2 years old," Smith said. "And we were dropping him off at his preschool class, and I saw him just kinda freeze up… I could tell just by looking at him that he was petrified. I remember turning to my wife and I said, "Babe, he's… he's got it."

Smith was correct.

Davis was diagnosed with SM when he was 3 years old. Davis is now 7, and Smith can't help but feel guilty about having passed on this condition.

"I started to break down in the hallway [of his son's preschool]," Smith said, "It just tore me up… *I* gave this to him."

Since then, Smith has done all he can to support Davis, including fighting for him when he says that the staff at school completely brushed off his selective mutism.

"We had to change schools," Smith said. "In the public school we were at, the teacher was very abusive both verbally and physically— she would throw notebooks at him, call him names. He had a 504 Plan [similar to an IEP, but that provides rights for a child to receive

accommodations up through college, not just K-12.] and she completely ignored it. She didn't believe that he had selective mutism, and she didn't want to do anything extra for her job."

Despite what Smith says were clear signs of hostility from Davis' kindergarten teacher, he claims the school did nothing about it.

"They didn't acknowledge that she had done anything wrong," Smith says. "They were completely backing her— she was the lead of their kindergarten department. They spent a lot of time gaslighting us. They'd say like, 'Oh, today me and Davis had this great conversation,' and I'd be like, really? And I would ask him if he talked at all that day, and he'd go, 'I never talked to her, Daddy.' The principal, the teacher, even the nurse, they were all kind of in it together so they didn't have to deal with the 504."

Stories like Smith's are not uncommon when it comes to how others react to children with selective mutism.

"Some interpret the mutism as a means of being oppositional, defiant, manipulative, or controlling," writes Dr. Shipon-Blum. "Some professionals erroneously view selective mutism as a variant of autism or an indication of severe learning disabilities. For most children who are truly affected by selective mutism, this is completely wrong and inappropriate."

According to Dr. Shipon-Blum, the misdiagnosis and mismanagement of this disorder can cause a child to be nonverbal in social settings for years, and in turn they don't develop their social skills at a normal rate. This, along with mistreatment of the other comorbid disorders a person with selective mutism is likely to have, can just cause a more difficult, frustrating future, and a harder crash down the line.

Sometimes, selective mutism is incorrectly labeled as autism due to the similar manifestation of symptoms and intersectionality of comorbid disorders.

People with selective mutism also tend to have sensory processing issues according to the SMC, meaning they find it difficult to function in crowded environments, may react strongly to certain textures or noises, or "shut down" when being bombarded with too many stimuli. In the case of children, they may throw a tantrum because of a simple clothing tag brushing their skin or too many clashing sounds in the vicinity.

People with autism also tend to have sensory processing issues, according to the organization Autism Speaks. It's important to note that while some people who have autism *can* be selective mute, selective mutism on its own is classified as a social anxiety disorder and is not a deciding factor in whether a person is autistic.

If a person is selective mute and is misdiagnosed with autism, then not only would the approach their therapist takes be useless, but they could also get prescribed medications that they don't need, which can have dangerous results.

"Selective mutism and autism can co-occur," says Dr. Rachel Merson, clinical director of the Child and Adolescent Fear and Anxiety Treatment Program at the Boston University Center for Anxiety and Related Disorders (Child CARD) and member of the Selective Mutism Association Board of Directors. "But they are very different disorders. Misdiagnosis can lead to delays in getting effective treatment and can be particularly stressful for parents."

Our understanding of selective mutism is constantly evolving.

Despite the crucial distinction that came with the change from elective mutism to selective mutism in 1994, the understanding of the disorder at that time still wasn't quite right. With that change, the newly published DSM-IV placed the condition selective mutism under the section "disorders of childhood and adolescence," creating the implication that it did not affect adults.

Stephanie Hudgens, now 41, from Effingham, Illinois, who wasn't diagnosed with selective mutism until age 27, is living proof that this is not the case.

"I was in therapy for depression and anxiety," Hudgens said, "and while getting treatment my therapist said something like, 'Well, good thing it's not selective mutism,' and I was like, 'What's that?' So, I went home and Googled it. As I was reading I was just like, wow, this is what I had all this time."

It wasn't until 2013, that selective mutism was moved from "disorders of childhood" to the "anxiety disorders" section in the updated DSM-V. This was a significant change for several reasons. The movement into the "anxiety disorders" section of the DSM-V from the "childhood disorders" section confirmed that selective mutism was not exclusively a childhood disorder, and that it was not a neurological, developmental, psychotic, or speech disorder. This confirmation is likely in part a result of the study done in 1995 by psychiatrists Bruce Black and Thomas W. Uhde, "Psychiatric characteristics of children with selective mutism: A pilot study."

In their study, Black and Uhde observed and assessed 30 children, all of whom were previously diagnosed with selective mutism. After speaking with the children's parents and teachers, surveys showed that all of the children displayed high levels of anxiety and social

anxiety symptoms. Of the assessed children's families, 70% had a history of social phobias, and 37% of the families had a history of selective mutism. In the end, 97% of the 30 children were diagnosed with social phobia or avoidant disorder of childhood/adolescence, and 30% were diagnosed with simple phobia.

There were clear comorbidities between selective mutism and social anxiety disorders, so Black and Uhde concluded that even though further studies were needed, selective mutism is most likely a symptom of social anxiety, not its own stand-alone disorder.

This realization that selective mutism stems from anxiety and is not its own psychological condition spurred other research studies that were done on the subject, like Justyna Holka-Pokorska, Agnieszka Piróg-Balcerzak, and Mark Jarema's 2018 study: "The controversy around the diagnosis of selective mutism - a critical analysis of three cases in the light of modern research and diagnostic criteria."

In this study, Pokorska, Balcerzak, and Jarema determined that a focus on anxiety in treatment for selective mutism is critical. They write, "In individuals with selective mutism, developmental disorders, social cognition and neurocognition deficits or dysfunctions of auditory processing often coexist. The severity and the type of comorbidities may determine the future course of the illness and the final effects of the therapy."

If a person is being treated for selective mutism, the treatments must address the root of the problem and attempt to diminish the subject's social anxiety, according to the Selective Mutism Center.

As a result of treating the anxiety component, many of the medications prescribed for selective mutism are also used to treat general anxiety disorders.

Selective mutism is medically treated using selective serotonin reuptake inhibitors, or SSRIs. Some medicines under this group that a patient with selective mutism may be prescribed are fluoxetine (also known as Prozac), escitalopram (Lexapro), and sertraline (Zoloft), all common anxiety and depression medications.

Pokorska, Balcerzak, and Jarema also touched upon the subject of what is actually known and/or published about selective mutism, and they came to the conclusion that much of the published work documenting selective mutism up into the 1990's was ambiguous and misleading, placing the cause of the disorder simply on the stubbornness on the people who suffered from it.

Dr. Elisa Shipon-Blum from the SMC agrees that this could have severe consequences. She writes, "…Textbook descriptions of SM are often nonexistent or limited, and in many situations the information is inaccurate and misleading. As a result, few people truly understand selective mutism. Professionals and teachers will often tell a parent "The child is just shy," or "they will outgrow their silence."

Since people who have selective mutism are often diagnosed with it at a young age, as kids they don't really know what's going on and it's up to their parents to explain it, rather than the doctors or therapists. However, a lot of the time, parents don't ever have that conversation with their selective mute children.

Thomas Smith remembers having a similar experience.

“I didn’t even know what I had at the time,” Smith said. “My mom never really said, ‘Hey, you have this.’ I just knew that I was in therapy because I wasn’t talking. It wasn’t until right before my mom passed about eight years ago, when I was 35, that she told me about my selective mutism. I looked it up and as I was reading the Wikipedia page I was finally like, ‘Wow, I’m reading about my life, here.’”

The avoidance by parents of talking about selective mutism with children who have it seems to be a fairly common occurrence based on the subjects interviewed here, and it never seems to make things any easier for the child in question.

Mikayla Boniface definitely didn’t get any better by her parents ignoring the diagnosis that she received.

“Looking back it really made me hate myself,” she said. “I thought I was insane.”

Experiences like Boniface’s and Smith’s are due largely in part to the stigma surrounding mental health and the misunderstanding of mental health.

Dr. Merson , at the Boston University Center for Anxiety and Related Disorders, believes this stigma can be internalized in those with selective mutism and cause further issues.

“Many parents avoid having this conversation because they do not want their child to feel like there is “something wrong” with them,” she says. “Though this is understandable, it can be problematic. Most children with SM are able to recognize that there are differences between them and their peers. When parents withhold information about a diagnosis, kids often still end up feeling like there is something wrong with them, but do not have the language

or information to understand what it is or why it is happening. As a result, they can wrongly attribute their symptoms to personal failures and feel quite badly about themselves."

Individuals with untreated SM can also have poor performance in work and school according to the SMC, as well as a lack of self-confidence that can eventually lead to suicidal thoughts and possibly suicidal intent.

Despite what seems to be a long-winded list of studies and information, still not much is known about selective mutism.

The National Organiztion of Rare Diseases (NORD) says that less than 1% of the worldwide population is diagnosed with SM. As a result, most studies have been done with a very limited number of subjects, according to the SMC.

The disorder also manifests itself differently in every person who has it, so the SMC notes that any information given can be "inaccurate and misleading."

Some children with SM will talk loudly at home but become mute in public. Some can talk to specific friends while still in public, and others may only be able to talk to those same people in private. In extreme cases, some children are not even able to speak to their own parents, but they can talk to siblings or cousins. There is a different variant of selective mutism in every person that has it, and that's made it difficult to complete concrete research.

This lack of research can be frustrating not only for those who have selective mutism, but for those around them. Especially for parents of young children.

Alexa Van Beek, a behavioral interventionalist from Boise, Idaho, and the mother of 7-year-old Naomi, says that she had to conduct all research about Naomi's selective mutism herself using the internet.

"It was tough to get her help," Beek says. "There were zero resources in our state."

Because of the lack of support in Idaho, Beek and her husband traveled nearly 2,000 miles to take Naomi to an intensive treatment camp in Chelsea, Michigan, known as Thriving Minds.

According to Beek, Naomi was given a lot of exposure therapy at Thriving Minds.

Exposure therapy, a specific kind of behavioral therapy, has been shown to be one of the most effective in treating selective mutism, according to Merson.

"The most effective treatments have behavior therapy components as their primary focus," says Dr. Merson. "This includes interventions like gradual desensitization and exposure, and positive reinforcement. Essentially effective interventions help children regularly practicing 'brave talking.'

Brave talking is an exercise in which a person practices speaking in situations that are more and more anxiety inducing. It generally may begin with them speaking to someone they're comfortable with, then multiple people, then out in public, etc., depending on the needs and limits of the person being treated.

At Thriving Minds, Naomi was given plenty of opportunities to practice brave talking.

“She went from answering forced choice yes-or-no questions to normal forced questions, and then open-ended questions,” Beek says. “She met with peers to play games, ordered food in public, and did scavenger hunts. Taking her picture is really difficult for her so we practiced that as well. She did amazing there, and we’re seeing lingering positive effects from it at home.”

Beek was willing to travel to such great lengths to get Naomi treatment because she did not believe Naomi would get better on her own.

Despite many parents wanting to believe that selective mutism will eventually get better on its own, the SMC says that it generally does not. Psychological therapy approaches are usually necessary to help the selective mute person.

A 2021 study done by Sophie Y. Steains, John M. Malouff, and Nicola S. Schutte found data to support this. After conducting randomly controlled trials in a group of children ages 4-18 who were selective mute, they found that psychological treatment was significantly more effective than no treatment at all.

A similar study done by Pionek Stone et al. in 2002 supported these results.

Another notable study completed by Yang et al. in 2019 tested the effects of psychological treatment on childhood social anxiety disorders, further strengthening the argument that selective mutism stems from an anxiety disorder.

A person may become more verbal over time, but according to the Selective Mutism Center, 90% of people with SM also have a social phobia or social anxiety. These comorbidities can affect a person for the rest of their lives.

This is one of Alexa Van Beek's major concerns for her daughter Naomi.

"I worry that she will never have friends," Beek said. "Or be able to date. I definitely grieved for a while [after receiving Naomi's diagnosis.] My husband and I both cried, not because we were sad about the diagnosis, just because we were worried about her potential future and happiness. Her having just one friend would mean the world to me."

The hardest part for Beek is how misunderstood the condition is.

"I have friends and family members who don't believe it's a real thing," says Beek. "I've been asked countless times if her selective mutism is from abuse and it's so frustrating."

Still, Beek is trying to overcome these implications and is doing as much as she can to support her daughter. "All we want for her in life is happiness."

People who have selective mutism and parents who have selective mute children all seem to want the same thing.

"Selective mutism should be taken just as seriously as any other mental health condition," Mikayla Boniface says.

"I was picked on for my SM," says Stephanie Hudgens. "And I didn't even know what it was for most of my life. I don't want anyone else to go through what I did."

“I just want people to know that there’s hope; that we all can get through this,” says Thomas Smith.

“It’s real,” says Alexa Van Beek. “It’s not the choice of the person impacted and it’s no one’s fault.”

“I wish the world was more understanding,” says Donna Thomas.

At the end of the day, while people with selective mutism may not always be able to speak verbally, they all still want to be heard.

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American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.).

The official national manual for diagnosing mental health disorders. In this edition, selective mutism was still categorized as a disorder of childhood and adolescence.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).

The official national manual for diagnosing mental health disorders. This revised edition was the first to have selective mutism listed under the anxiety disorders category.

BBC. (2017). *WeSpeak*.

A documentary that I discovered during my initial research. It follows the development of the We Speak program and documents the individual stories of several teens/young adults with SM.

Beek, A. (2022, March 26). Personal Communication [Personal Interview].

Alexa Van Beek is the mother of 7-year-old Naomi. She's worried about Naomi's future and is unsure if the choices she's making regarding Naomi's treatment are the right ones.

Black, B., & Uhde, T. (1995). Psychiatric characteristics of children with selective mutism: A pilot study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(7), 847–856.

This study sought to find out what kind of disorder selective mutism truly was, and discovered that it was not a neurological, developmental, psychotic, or speech disorder. They assessed 30 children and found that all of them had high levels of anxiety, 70% had a family history of social phobias, and 37% had a family history of selective mutism, suggesting that SM is a social anxiety disorder that can be passed on genetically.

Boniface, M. (2022, March 31). Personal Communication [Personal Interview].

Despite being diagnosed with selective mutism at a young age, Mikayla Boniface did not know she had selective mutism until she was 18. Her parents neglected to tell her about her condition, and as a result she is still dealing with a slew of mental health issues now.

Chavira, D. A., Shipon-Blum, E., Hitchcock, C., Cohan, S. L., & Stein, M. B. (2007). Selective

mutism and social anxiety disorder: All in the family? *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 1464–1472. https://doi.org/10.1097/chi.0b013e318149366a

I took a quick look at this because Dr. Shipon-Blum worked on it but didn't mention it in my paper. It was a conducted study that found that parents of children with SM were more likely to have "lifetime generalized social phobia" compared to parents of children without SM.

Cuncic, A. (2020, September 18). *Understanding symptoms, diagnosis and treatment of selective mutism*. Verywell Mind. Retrieved May 9, 2022, from https://www.verywellmind.com/what-is-selective-mutism-3024702

An article that I looked at in my initial research for this project, it's a guide to the basics of SM and lists symptoms and recommended treatments.

Gosney, C. J. (2020, March 6). *Selective mutism in teens and adults*. Anxiety.org. Retrieved May 9, 2022, from https://www.anxiety.org/selective-mutism-in-teens-and-adults-treatment-and-accommodation

An article that I looked at in my initial research. It was one of the first that I read and it talks about SM through the lens of anxiety, going into the details of why people with

selective mutism behave the way that they do.

Growing Up with Selective Mutism. Growing up with selective mutism. (n.d.). Retrieved May 9, 2022, from https://www.rethink.org/news-and-stories/personal-experiences/growing-up-with-selective-mutism/

An interview with Carl Sutton that I looked at in my initial research. It provides insight into the varying degrees of selective mutism a person can have and the resulting struggles that come with that.

Holka-Pokorska, J., Piróg-Balcerzak, A., & Jarema, M. (2018). The controversy around the diagnosis of selective mutism - A critical analysis of three cases in the light of modern research and Diagnostic Criteria. *Psychiatria Polska, 52(2)*, 323–343.

This study determined that a focus on anxiety in treatment of selective mutism was crucial. It looked to find common comorbidities with selective mutism and aimed to better assess treatment and therapeutic goals for selectively mute patients.

Hudgens, S. (2022, March 28). Personal Communication [Personal Interview].

Stephanie Hudgens didn't find out she had selective mutism until she was 27, which is incredibly interesting considering most people get diagnosed in early childhood. She had been in treatment for other issues like anxiety and depression, yet the topic of selective mutism never came up until that time.

Kaakeh Y, Stumpf JL. Treatment of selective mutism: *Focus on selective serotonin reuptake inhibitors*. Pharmacotherapy 2008; 28(2): 214–224.

This study goes into the effectiveness of using SSRI's to treat SM, which I mention briefly.

Kristensen, H. (2000). Selective mutism and comorbidity with developmental disorder/delay, anxiety disorder, and elimination disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 249–256. https://doi.org/10.1097/00004583-200002000-00026

Briefly looked at but didn't mention in my paper, this article looks at the comorbidities that are often associated with Selective Mutism.

Pionek Stone, B., Kratochwill, T. R., Sladezcek, I., & Serlin, R. C. (2002). Treatment of selective mutism: A best-evidence synthesis. *School Psychology Quarterly, 17*, 168–190. https://doi.org/10.1521/scpq.17.2.168.20857

Mentioned in my article, study that supports the idea of psychological treatment for SM being more effective than no treatment at all.

Smith, T. (2022, March 16). Personal Communication [Personal Interview].

Thomas Smith has passed on selective mutism to his 7-year-old son, Davis. He is using his own experiences with the disorder to help his son.

Thomas, D. (2022, February 6). Personal Communication [Personal Interview].

Donna Thomas has been trying everything she can to help her daughter Jordon overcome her selective mutism, but it took over 7 years for her to start receiving proper treatment.

What is selective mutism? Selective Mutism Anxiety & Related Disorders Treatment Center | SMart Center. (2020, August 13). Retrieved April 8, 2022, from https://selectivemutismcenter.org/whatisselectivemutism/

This is the website for the Selective Mutism Center, it's a page of basic information about SM and the behaviors that are often associated with those who have it.

Wong, P. (2010). Selective mutism: a review of etiology, comorbidities, and treatment. *Psychiatry (Edgmont (Pa. : Township))*, 7(3), 23–31.

This paper by Priscilla Wong gives an overview of the history of selective mutism, and goes into the disorders' comorbidities and types of treatment.

Yang, L., Zhou, X., Pu, J., Liu, L., Cuijpers, P., Zhang, Y., Zhang, H., Yuan, S., Teng, T., Tian, L., & Xie, P. (2019). Efficacy and acceptability of psychological interventions for social anxiety

disorder in children and adolescents: A meta-analysis of randomized controlled trials. *European Child & Adolescent Psychiatry, 28*, 79–89. https://doi.org/10.1007/s00787-018-1189-x

Mentioned in my article, a study that went into the effectiveness of treating social anxiety disorders with psychological treatments.

Interview Log

Alexa Van Beek, Behavioral Interventionalist, 3/21/22, Text Interview.

Subject: The experiences she's shared with her 7-year-old daughter, Naomi, who is selective mute.

Contact: Contacted through Facebook Messenger.

Donna Thomas, Behavioral Therapist, 12/16/21, Zoom Interview.

Subject: The experiences she's shared with her 13-year-old daughter, Jordon, who is selective mute.

Contact: Contacted through Facebook Messenger.

Rachel Merson, Clinical director of the Child Adolescent Fear and Anxiety Treatment Program at the Boston University Center for Anxiety (Child CARD) and and member of the Selective Mutism Center Board of Directors, 4/27/22, Email.

Subject: Treatments for selective mutism and the effects home-life can have on the disorder.

Contact: (617)-353-9610, rmerson@bu.edu

Stephanie Hudgens, 3/28/22, Zoom Interview.

Subject: Her own personal experiences with selective mutism.

Contact: Contacted through Facebook Messenger.

Thomas Smith, 3/13/22, Zoom Interview.

Subject: The experiences he's had as a person who suffered from SM, as well as his experiences with his 7-year-old son, Davis, who also is selective mutism.

Contact: Contacted through Facebook Messenger.