Stuttgarter Rahmenempfehlungen zur Mutismus-Therapie (SRMT)
Stuttgart Guidelines for the Treatment of Mutism

1. The goal of every mutism therapy is the verbal communicative and psychosocial opening of the mutism and thus the dialogical speech, independent of situation and person.

2. For the treatment of the communication disorder mutism psychiatric, psychological, speech and language therapeutic/logopedic and ergotherapeutical approaches are a possibility. Mutism requires, depending on the individual pathology, an interdisciplinary cooperation.

3. A mutism therapy should include the system of the nuclear family through a consistent parent counselling in order to eliminate factors through relatives maintaining the mutism.

4. In order to guarantee a transfer of speaking from the therapeutic setting into everyday life, a close cooperation with the institutional environment of the affected persons (kindergarten, school, apprenticing company, government office for youth welfare, job center, place of employment) is necessary.

5. For the treatment of mutism directive, verbal treatment approaches that start at the section „speaking“ from the beginning are to be preferred in order to avoid adaptation effects of non-speaking among the affected persons. As an ambulant therapy frequency two hours of treatment per week are recommended.

6. Non-directive, non-verbal courses of therapy which do not lead to speaking neither in the therapeutic setting nor non-familial context within one year are to be rejected because they encourage maintenance and chronification of the mute pathology and support the subjective gain from illness.

7. Effective therapy approaches evoke a verbal communicative opening and first comments in spoken language within twenty therapy units.

8. Within an educational school context exempting from grades should be avoided as well as assistance in class. Both of them also support the maintenance and chronic manifestation of silence and they can lead to a secondary pathology (cognitive and linguistic pragmatic insufficiencies of the performance, secondary behavioural disorders).

9. Considering the fact that mutism is often accompanied by further mental illnesses from young age, a (nonverbal) test diagnostics towards social phobia, depression and obsessive-compulsive disorders should be carried out and comorbidities should be taken into consideration in the treatment during adolescence and adulthood.

10. In particularly therapy-resistant cases the indication for a flanking Medico-therapy should be discussed. In terms of mutism, specialist literature recommends the active substance group of the so-called Selective Serotonin Reuptake Inhibitors (SSRIs). A medicinal support is to be embedded in an overall treatment plan.