

Tips for helping kids with SM find their voice

Give choices when asking questions, such as: “Would you like juice or water?” These types of questions are easier to answer and will prompt a response other than yes or no.

Wait 5 seconds after asking a question without repeating the question or letting anyone jump in and answer for the child.

Use labeled praise when the child speaks, such as: “Great job telling us you want juice!” This lets kids know exactly what they’re being praised for and feel motivated to keep doing it.

Practice echoing what the child is saying. Repeating or paraphrasing lets them know that they’ve been heard and understood.

Be a sportscaster by doing a play-by-play recap of what the child is doing. Following their lead in an activity helps convey interest in what the child is doing and can help them feel more comfortable.

Medication for selective mutism

Cognitive behavioral therapy, or CBT, is usually the first treatment that’s recommended for kids with SM. But medication — usually an antidepressant called an SSRI — is added in some cases, including:

- **Older kids whose SM has lasted longer.** If a child is 7 or 8 (or older) instead of 4 or 5, their anxiety may be more resistant to treatment.

- **Kids whose SM is more severe.** Those who are not functioning at all well in school or with friends may need extra help.
- **Kids who have had a poor response to behavioral therapy.** If CBT isn’t working, it may be because their anxiety is so great that they can’t engage in treatment.
- **Kids who have other psychiatric problems.** If a child has other forms of anxiety, or ADHD or depression, medication can help with related symptoms.
- **If there’s a family history of SM or another anxiety disorder.** This suggests a genetic loading for anxiety disorders, and a child may need medication to treat it.



For more resources on selective mutism in English and Spanish, visit the Child Mind Institute’s Family Resource Center at childmind.org/resources

The Child Mind Institute is dedicated to transforming the lives of children and families struggling with mental health and learning disorders by giving them the help they need to thrive. We’ve become the leading independent nonprofit in children’s mental health by providing gold-standard evidence-based care, delivering educational resources to millions of families each year, training educators in underserved communities, and developing tomorrow’s breakthrough treatments.

Clinical Care at the Child Mind Institute: In Person and Telehealth

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Selective Mutism in Kids: Quick Facts

Symptoms of selective mutism
and tips for supporting children
who have the disorder



Child Mind
Institute

What is selective mutism?

Selective mutism (SM) is a type of anxiety disorder. Children with SM are often talkative at home but can't speak in other places like school or around strangers. This goes beyond being shy. Kids with SM feel so anxious in some settings that they cannot speak, even if they need help, are hurt, or have to go to the bathroom. SM causes kids distress and gets in their way at school and in social situations, but treatment can help them find their voice.

What are the symptoms of selective mutism?

Kids with SM are often misunderstood as just being shy, or as refusing to speak. Well-meaning professionals may tell families that it will pass and there's no need to seek treatment. But treatment is essential to alleviate anxiety and keep kids from missing out on learning and social development.

Signs that a child might have selective mutism:

- Talking a normal amount at home, but not speaking at all (or only whispering) at school or around strangers
- Seeming "shut down" or paralyzed with fear when expected to talk
- Being unable to speak even to familiar adults in the presence of others
- Using gestures, facial expressions, and nodding in place of verbal communication
- Being unable to use even nonverbal communication outside of the home

How is selective mutism diagnosed?

A mental health professional will rule out other causes or disorders that may have similar symptoms. They will ask parents and other adults in the child's life to describe how the child speaks at home and at school. The trouble speaking must have lasted for at least a month that is not the first month of school.

Who can have selective mutism?

Approximately one in 140 children ages 3 to 8 have SM. SM usually shows up when children are 3 or 4 years old but may not really be noticed as a problem until they start school. Anyone can have it, though it is more common among children who speak a second language. Being bilingual doesn't cause SM, but for kids who already have an anxious temperament, being expected to use a second language can put them at additional risk.



How is selective mutism treated?

SM is very treatable with the right care. Kids with SM respond best to behavioral therapy that is focused on helping them learn to speak in new settings, during new activities, and with new people.

- Children with SM should never be forced to speak or criticized for not speaking
- Behavior therapy techniques prompt kids to speak in small increments and reinforce success with praise and small incentives
- Caretakers can learn specific ways to encourage speech and facilitate opportunities to help kids build positive speaking experiences
- Practice in simulated and real-life social and school situations is key
- Intensive group behavioral treatment, in which kids participate in daylong or weeklong sessions, are often recommended
- Medication can be helpful for kids who aren't making sufficient gains with therapy alone