



Supporting a Child with Situational (Selective) Mutism: A Guide for Parents

If your child has Situational (Selective) Mutism, there are strategies you can use at home to support them.

What is Situational (Selective) Mutism?

Situational (Selective) Mutism is an anxiety disorder which makes it difficult for a person to speak in certain situations. Children with Situational (Selective) Mutism want to speak, but their anxiety leads them to become 'frozen' when expected to speak. The condition can start early in a child's life and will usually improve with age, although some people continue to need support throughout childhood and into adulthood. Children with Situational (Selective) Mutism want to speak, but their anxiety leads them to become 'frozen' when expected to speak.

Throughout this resource, Situational (Selective) Mutism will be referred to as SM. It is important to clarify that children and adults with SM are not choosing not to speak - anxiety is preventing them from speaking.

Signs

Situational (Selective) Mutism is often recognised when a child begins to socialise outside their own family circle and begin to meet new people, such as when starting nursery, attending a young children's group or starting school. Here are some signs to look out for:

- Your child appears uneasy, nervous, shy or withdrawn in social situations.
- Your child appears disinterested or sulky around new people or in new situations.
- They become frozen and expressionless when expected to talk in some situations or environments.
- Your child might use gestures for words such as 'yes' or 'no'; for example, nodding or shaking the head.
- Some children may be able to utter a few words; others will not.
- Their voice may be altered; for example, they may whisper in some situations but not in others.

What causes Situational (Selective) Mutism?

Although it is not clear exactly what causes SM, it is thought to be associated with anxiety. The introduction of a new setting in a young child's life can bring about feelings of distress and the child then transfers these feelings of anxiety to the adult in the setting; for example, a nursery worker or teacher.

Sensory processing disorder, which is trouble processing sensory information such as loud noises and busy environments, can be difficult for some children and their response is to withdraw or freeze. This feeling can again be transferred to the adults in the setting and cause the child to be unable to speak.

SM is no more likely in children who have suffered from abuse, trauma or neglect than other children.

If a child has a speech and language difficulty or a hearing difficulty, speaking can become more stressful. This may cause anxiety around speaking.

There is no relationship between SM and Autism, although a child may have both.

Sometimes a child might stop speaking in an environment where they previously had no difficulty. In these circumstances, it is more likely a symptom of post-traumatic stress and not SM. However, if the causes of the post-traumatic stress are not tackled, the child may go on to develop anxiety which presents itself as Situational (Selective) Mutism.



Diagnosis

It is important to get support for SM as soon as it becomes apparent, because it can lead to low self-esteem, anxiety and social anxiety disorder if not managed; it can then continue into later childhood and even adulthood.



If you feel that your child may have some of the signs of SM, talk to your GP about your concerns. They will be able to refer you to the right support. This might be a [speech and language therapy service](#), [paediatrician](#), [educational psychologist](#) or a local [CAMHS/CYPMHS](#).

During an assessment, the professional will talk to you about your concerns - this is best done away from your child so that you can discuss them without impacting their anxiety. They'll also ask about any history of anxiety disorders in the family and any other factors that might be causing distress (for example, a family upheaval, such as a divorce or a new sibling). They will want to spend some time with your child in order to assess their individual needs. Don't worry if your child won't speak - the professional will be used to this and will try other methods of communication.

In order to get a diagnosis of SM, the presentation of the condition has to satisfy these criteria:

- The child's inability to speak in certain situations has lasted more than 1 month (or 2 months in a new setting such as new school).
- The child speaks normally in comfortable environments, such as at home.
- The child's inability to speak affects their ability to function or learn in that environment.
- Their inability to speak is not due to a lack of knowledge of the language being spoken.
- The condition can't be better explained by a different problem, such as a behavioural, mental or communication disorder.



The Next Steps

- **Small Steps Therapy**

Also known as 'sliding in', this therapy might begin with the child talking with their trusted adult - perhaps a parent - in a minimal anxiety situation. Then, once they're comfortable, an anxiety trigger can be introduced. This might be the introduction of another person into the room and gradually coming to join them. This happens in very small steps, with the additional person outside the closed door, then the door being open and then the person actually being in the room. Eventually, the aim would be for the additional person to sit with the young person and for the young person to be able to feel comfortable enough to continue speaking.

- **Cognitive behaviour therapy (CBT)**

This is more appropriate for older children and will focus on how a child thinks about themselves, other people and their environment and how their perception of these things affects them. The child will learn a range of coping strategies for their anxiety. A graded exposure technique is used, tackling situations that cause least anxiety first.

- **Behavioural therapy**

This focuses on reinforcing desired behaviours and replacing undesired behaviours. It doesn't focus on your child's past or their thoughts, but instead gives your child strategies for combating their difficulty in a practical way.

- **Medication**

Medication is more likely to be used in older children and teenagers with SM and severe anxiety. Environmental changes and behavioural approaches should be attempted before medication is considered.



What can I do to support my child?

Help Them to Feel Secure

Any anxiety you have about your child's condition will easily transfer to them, exacerbating their own anxiety and worsening the condition, so it's important to show approval to them whether they talk or not. Feeling valued and secure will help them to relax and therefore their anxiety will lessen, meaning the condition will improve quicker.

Tell them that you understand how hard it is for them to speak sometimes and reassure them that things will get better with small steps of progress.

Your child will feel less anxious about a situation when they have reassurance that it's okay if they don't talk. If you are visiting a friend, you might explain to your child that the friend knows they find it hard to talk but it will be fine if they talk to you to communicate. Similarly, tell your child you know they are finding it hard to talk sometimes - but you know they can smile and laugh. Your child might find it easier to laugh or sing in a group than to talk - reassure them that nobody will expect them to talk if they don't want to.



Reduce Anger or Embarrassment about Your Child's Condition

Try not to put pressure on your child by being cross or pushing them to talk to others. This will create additional anxiety for your child and may increase the incidence of SM. Instead, allow them to warm up in their own time. If they can't speak in a certain situation, don't tell them off or try to push them. Explain to your child that they can communicate with a wave, a nod or a smile if they feel able to. Try to be patient and don't expect things to suddenly improve; it will take time for your child to develop enough coping strategies to allow them to relax.

Build Confidence

Praise your child's attempts to communicate with others, both verbally and non-verbally. When praising, your child might not respond well to public attention, so wait until you are alone to tell them how proud you are of their attempts at communication. Be specific with praise - use phrases like:

"I saw you wave goodbye to your friends. That's a good way to communicate with them."

"It's great that you felt able to say 'hi' to mummy's friend at the supermarket - I'm sure that made her really happy."

"Thank you for telling me about your day. It sounds like being able to put your hand in the air to answer the register really helped."

Focus on what your child can do, rather than what they can't do. Give them jobs or activities to do that you know they can do well, which will strengthen their self-esteem and reduce anxiety.



Educate Others

When telling others about your child's condition, avoid saying they 'can't' or 'won't' speak, because this gives your child the message that it is impossible for them to speak. Instead, try explaining that they find it hard sometimes to get their words out when they are worried, so they might not speak. Ask others not to pressurise your child or put them on the spot and ask them to acknowledge physical gestures as alternative forms of communication. Tell other people not to make a fuss when your child starts talking, but to carry on as normal, as if they've always talked.

Don't Avoid Social Occasions

It is important not to avoid family gatherings, parties or days out with friends; your child needs to feel included as a valid member of the group. You may like to consider what environmental changes you could make to ensure your child feels less anxious; for example, if there will be loud music, is there somewhere your child can sit where it is quieter? Will there be balloons that might pop suddenly? If there are bright lights, can they be dimmed? Your child may like to join in games but could find it hard. Have a chat with the organiser to see what other adaptations can be made to accommodate your child's needs.

When playing with other children, your child may feel more comfortable if you join in too. If your child engages and is having lots of fun, they may relax enough to be able to talk.

Give your child an opportunity to 'escape' - if something becomes too difficult for them, have in place a contingency plan that has been pre-arranged with them. For example, for a school trip, you might arrange with them and the staff that you will collect them at lunchtime. If they feel anxious about going to a friend's house to play, you might agree with them that you'll phone them at regular intervals to see if they need to come home. Your child's anxiety will lessen knowing they have this 'escape' if they need it, meaning they will relax more and you can extend the times that they do things as they become more confident with the support strategies they have in place.



Don't Take Over

In social situations, it can be tempting to answer for your child. However, this can have a detrimental effect: if we remove the need to engage, we are taking away opportunities for them to become independent, experience success and learn. Answering for your child reinforces the feeling that they can't do it. Instead, repeat the question your child was asked so your child can look at you and answer you.

You could rephrase a question so that it requires a yes or no answer, giving them the opportunity to engage with gestures like nodding or shaking their head. Instead of using questions, you could try phrases like "I wonder if..." as if you are talking to yourself. This puts less pressure on your child to speak and with less pressure you might find they are more able to engage. So instead of "How was school?", you could say, "I wonder how school went today".

You could also give them some thinking time and ask them to get back to you rather than not giving an answer.



Prepare Your Child

Establish routines at home and tell your child of anything that might change. A visual timetable can be helpful for ensuring your child knows what their day is going to look like and helps them to prepare for activities.

Give your child opportunities to talk through upcoming events such as a visit to the doctor or dentist by role-playing and rehearsing conversations or experiences. Find out key staff and show pictures, if possible, to reassure your child.

Your child may have lots of questions, so try to turn their questions around so that they become the problem-solver. For example, they may ask, "What will the doctor want to know?" You can turn this around and ask them, "I wonder what you would like the doctor to know?"

Try not to keep events from your child because you know they may cause anxiety. This tends to cause heightened anxiety during an event and will lead to them being more tense, waiting for more unwelcome surprises. Instead, prepare your child as much as possible to help them to see that they can manage their anxiety with coping strategies.



What can I do to support my child?

Encourage a Quiet Voice

Your child may whisper to you in front of some people. Encourage your child to use a 'quiet voice' rather than whispering; their quiet voice will inevitably get louder as they gain confidence.

Have Fun and Relax

Ensure your child has plenty of opportunities for relaxation and fun. Don't let your own high standards of cleanliness or behaviour stop them from being able to do messy activities, get dirty or make mistakes. This will reduce their levels of anxiety, if and when, these opportunities present themselves. This anxiety will eventually result in avoidance. Be a role model too - show them that it's great to have fun and be silly together! They'll take the cues from you, so be positive and enjoy being with them.

Look After Yourself

Make sure that you have time yourself to process your child's SM and to think of how you can support them. It is always useful to talk to others whose children have similar conditions, so contacting support services is a good idea. Remember, you are never alone - someone else is going through what you are going through and you can find strength in sharing experiences and tips.

For more information and support, head to [SMiRA](#). SMiRA stands for Selective Mutism Information and Research Association. Their aim is to ensure those with SM, their parents/carers and professionals feel less isolated and are able to share their ideas and experiences with others.



We hope you find the information on our website and resources useful. As far as possible, the contents of this resource are reflective of current professional research. However, please be aware that every child is different and information can quickly become out of date. The information given here is intended for general guidance purposes only and may not apply to your specific situation.

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