



## Teachers Guide to Selective Mutism

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Selective mutism (SM) is an anxiety disorder that affects children in school, where they find themselves unable to speak, though they speak comfortably at home. In this guide we explain what selective mutism looks like in the classroom, and advise teachers on how to approach parents if you are concerned a student might have the disorder. We also offer tips for encouraging kids with SM to participate and verbalize, strategies for handling testing and advice on what to do if you learn you will be getting a student who has struggled with SM in the past.

## What Is Selective Mutism?

Selective mutism (SM) is an anxiety disorder in which a child is unable to speak in certain settings or to certain people. The most common setting for children with SM to struggle in is school. The disorder can be confusing to adults and painful for children, who experience so much anxiety that they actually feel unable to speak in certain situations, even though they can speak easily and comfortably other times, such as when they are at home with their parents. Children with SM don't necessarily *look* anxious; they may stare back or look frozen when asked a question or prompted to engage.

The disorder often isn't discovered until a child first starts going to school and his teacher notices that something is wrong. Parents might not realize their child has trouble speaking around other people since talking is not a problem at home. Or they may think that their child is shy, but not realize just how impairing their child's anxiety really is.

Kids who have selective mutism might only be able to speak in a whisper to teachers or peers. Others might not even be able to manage a whisper, and might go the entire school year without speaking once. Children with SM may not be able to answer questions in class, even when they know the correct response, and they may struggle to ask for help or initiate conversations. Many children with SM cannot ask to use the bathroom, and may go hours or the whole day without using the bathroom (or may have accidents).

## Signs a Child Might Have SM

Signs a child might have selective mutism include:

- Being freely verbal and even gregarious at home, but completely or mostly nonverbal at school or around strangers
- Seeming “paralyzed” with fear, or “shut down” when unable to speak
- Using gestures, facial expressions and nodding to communicate. (Note some children with SM struggle even with nonverbal communication and will not do this.)

The disorder may look slightly different from child to child. Sometimes children with SM will be able to talk to peers but unable to talk to their teacher. Others will stay silent around peers, too. Many kids with SM enjoy school and have friends (or want to); they may interact nonverbally during playtime. Some children with SM are able to speak to their classmates in their own homes, but many cannot. Although they're normally able to talk with their parents, some might stop being able to once they are in their classroom (or even on school property). Some children with SM will be able to smile and point to things that they want, while others will struggle even with this, developing a completely flat facial expression and not being able to use gestures.

While warming up to a new classroom environment can take time for many children, and being quiet in the first few weeks of school isn't uncommon, a student who is nonverbal for more than a month may be cause for concern.

### What *Isn't* SM?

Selective mutism can sometimes be mistaken for other things (and vice versa). Here are some of the most common issues SM can be confused with, and how to differentiate between them.



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- **Oppositional behavior:** Selective mutism is sometimes mistaken for oppositional behavior because a child with SM might *seem* to be refusing to answer questions. In reality, children with SM are extremely anxious and experience SM as an inability to speak even when they want to. In other words, a child with SM is unable to speak, not refusing to speak.
- **Autism:** Because autistic children and children with SM both struggle with socialization, the disorders can sometimes be mistaken for each other. However, even when kids with SM are in situations where they can't speak, they can still pick up on nonverbal cues and emotional subtleties. Their socialization skills when they are at home with family look very typical. Autistic children, on the other hand, will struggle to interpret social nuances and the limits of conversation even when they are at home or in other comfortable surroundings.
- **Trauma:** There is a misconception that children with selective mutism have been traumatized. While it is possible for a child to become mute after a traumatic experience, usually the child avoids talking about aspects of the trauma itself, rather than becoming completely silent. Post-traumatic stress disorder (PTSD) also has other symptoms like difficulty sleeping, nightmares and recreating the traumatic event during play, which makes it look quite different from SM.

- **Second language:** When a child speaks a different language at home, care should be taken before diagnosing her with SM. Children should not be diagnosed with SM if their failure to speak can be explained by difficulty understanding or using a second language. Additionally, bilingual children commonly experience a “silent period” while they are acquiring their new language, so it is important not to mistake this stage of learning for SM.

However, bilingual children can still develop SM, and in fact the disorder is more common among children who are multi-lingual, although being bilingual doesn't *cause* SM.

It is very important that bilingual children who are suspected to have SM have a thorough assessment that takes into account their language development and the history of their symptoms.

- **Social anxiety disorder:** Also called social phobia, children with social anxiety disorder are afraid of being judged negatively by others. Speaking can be anxiety-provoking for them, as can writing in front of others, eating in front of others and performing. Social anxiety disorder frequently occurs along with SM. A thorough evaluation should be able to determine if a child has social anxiety disorder.



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## Sharing Concerns With Parents

If you think that one of your students might have selective mutism, you should share your observations with his parents. What you have to say may come as a shock, since parents are used to their kids being chatty at home and might not have seen the behavior that you are seeing at school. So make your observations specific enough that parents get a clear picture of their child's struggle, and what he's missing out on.

For example: “I'm really glad he speaks at home, but I want to make sure you know what we're seeing at school. Your son comes to circle time, but isn't able to participate. When it's his turn to tell us what the weather is, he clams up. He looks like he wants to respond but can't.”

Parents might need time to process what you are sharing or want to give the child more time to see if he will become more verbal. These are both totally normal and reasonable reactions. However, if the child continues not making progress and his parents aren't being open to what you have to say, you might want to bring in the school psychologist or another member of the school staff or administration who can meet with the parents and discuss again what is happening in the classroom.

## How SM Is Treated

After a careful diagnostic evaluation, children who have been diagnosed with selective mutism should begin working with a mental health provider, ideally a psychologist who has experience treating selective mutism. Treatment consists of specialized behavior therapy with techniques that prompt speech and then reinforce successful speaking experiences with lots of labeled praise and small incentives.

Part of the treatment involves helping children with SM face the situations that make them anxious instead of avoiding them. This will help their anxiety fade away over time. However, children with selective mutism should never be coaxed or pushed to speak. The pace of treatment should be very gradual and children shouldn't be asked to do something that is too difficult for them. The goal of treatment is to help build the child's confidence by accumulating more successful speaking experiences. Pushing a child to do something more than she can handle can have a negative effect if she fails to be able to meet the expectation.

Because children with SM are often young, treatment should also involve direct work with parents, caregivers and other adults who support the child so that they learn how to help the child speak and engage. The child's treatment provider should also teach caregivers to avoid "rescuing" the child by answering for her or accepting an overreliance on nonverbal communication. It is common for very well-intended adults to automatically do this, but it can actually reinforce the child's SM.

Knowing when — and how — to ask a child with selective mutism to participate in class can be difficult. That's why it is extremely important that teachers know what a student is working on in therapy and get guidelines about how best to support and reinforce the progress she is making. Experts who treat selective mutism have found that children have the most success when their teachers, parents and therapist all partner together to form a team, sharing goals, tips and feedback. This partnership is essential because even if the child is making progress in the clinician's office, if her gains aren't translating into progress in the classroom, her treatment is missing the mark.

## Tips for Helping Kids Talk

- **Be a sportscaster:** Do a play-by-play recap of what the child is doing: "You're drawing a flower" or "I see you're pointing to the picture in the book." This helps convey interest in what the child is doing and is a good technique to fall back on when he is nonverbal.
- **Wait 5 seconds:** When we ask a question, we often don't give kids enough time to respond. Waiting five seconds without repeating the question or letting anyone answer for a child is a good rule of thumb. It also helps kids learn to tolerate their anxiety.

- **Use labeled praise:** Instead of just saying “Great job!” be specific: “Great job telling me you want juice!” This way kids know exactly what they’re being praised for, and they feel motivated to keep doing it.
- **Rephrase your question:** Instead of asking questions that can be answered with a yes or no — or, more often, nodding or shaking his head — ask a question that is more likely to prompt a verbal response. Try giving him choices (“Would you like a puppy sticker or a star sticker?”) or asking more open-ended questions (“What should we play next?”).
- **Practice echoing:** Repeat or paraphrase what the child is saying. This is reinforcing and lets him know that he’s been heard and understood. For kids who speak very quietly, repeating what they say also helps them participate in bigger groups.

## Strategies for the Classroom

Here are some of the strategies that teachers report finding helpful:

- **Nonverbal communication:** If the child is able to use gestures and hand signals (like pointing, nodding, giving a thumbs up or down), nonverbal communication is a great way to help kids participate in class. The goal is for her to eventually move beyond relying only on nonverbal communication, but in the meantime it is still an effective way for her to get her needs met and for you to show her that her participation is valued.
- **Pairing with a buddy:** If a child has a particular friend that she is already verbal with, or who she is on very good terms with, arranging for them to sit next to each other may decrease her inhibition and increase the chance she’ll speak up.
- **Small group work:** Some children feel less anxiety when they are doing activities inside of a smaller group, and may be more likely to speak up.
- **Building on strengths and areas of interest:** Children feel more excited and confident (and less inhibited) when they get to explore things they are interested in, or use their talents so that they feel good about themselves.
- **Warm up time:** Kids with SM benefit greatly from being able to come to the classroom with parents and “warm up” before anyone else is there. This allows the child to practice being verbal in that environment without the pressure of having the teacher or peers there. Ideally, after time with parents alone, a teacher may be able to “fade in” to the classroom, while still giving space to the student and her parents.



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- **Outside support:** Depending on how impaired a child is, having her therapist or another person trained in selective mutism treatment strategies spend some time inside the classroom to provide individualized support can be very helpful.

Children with SM may qualify for accommodations under Section 504 or be eligible for special school services under an IEP.

## Rethinking Testing

It can be difficult to understand where a child's comprehension is if he isn't able to participate in class. Reading out loud, answering questions and contributing to discussion might be impossible.

A good way to judge achievement levels is to have parents make a recording of their child reading out loud or doing a lesson at home that couldn't be done in class. For things like group spelling activities that need to be done in class, maybe the child could write his word or spell it out with magnetic letters. All of these accommodations should be temporary and part of a specific plan with the eventual goal of verbalizing directly. The therapist working with your student may also be able to recommend other creative ways children can display their ability and understanding of class material.

## Would Switching Classes Help?

Parents sometimes wonder if switching classes or schools will help their child start talking. It is true that it can sometimes be hard to get a child with selective mutism to talk in front of people she has a history of not talking around. The more she is used to not talking around her teacher, for example, the more ingrained it will be. However, pulling a child out of one class and putting her into another can also sometimes be disruptive without being helpful — particularly if the child isn't currently receiving treatment or her new teacher hasn't been prepared to work with a child who has SM.

If your student feels comfortable with you and you are following the recommendations of her treatment provider, then it is certainly worth trying to make progress in her current classroom. If the child's parents prefer to switch classes, it will be important for them to put strategies and techniques to help her in place *before* she enters the new class. Otherwise they may be risking introducing her to yet another class she feels unable to speak in, which might reinforce her anxiety. The next section in this guide gives advice for working with a new student who has SM.

## Helping a New Student Already Diagnosed With SM

### Schedule a Visit

If you learn that a new student in your class has struggled with selective mutism in the past, helping him learn to feel comfortable with you is important. Many experts recommend that a student with SM meet his new teacher before school starts so that he gets to have a one-on-one interaction, before other kids are around.

You could arrange for the child's parents to bring him by the classroom in the days before school starts so that you could introduce yourself and give a tour of the classroom. He doesn't need to speak to you during this first meeting if he isn't ready, but he might be able to have a conversation with his parents so that he starts building successful speaking experiences inside the classroom.

If there are toys in the classroom, you might give him the chance to play for a few minutes. After he's gotten comfortable, you could be a "sportscaster" and do a play-by-play recap of what he's doing ("I see you're moving the cow into the barn" or "Wow, you're making that car go fast!"). This is a great way to connect with him even if he isn't ready to speak.


### Make a Video

Another good way to break the ice is to have the child record a short video for you at home. This way he can introduce himself in an environment where he feels comfortable and you can see how chatty and confident he can be. If he's able to, it would be good if he could show you the video himself during the family visit before school begins. This is one way for him to start communicating with you and thinking of himself as a speaking person at school.

### Arrange Plan Bs

Try to have a Plan B for situations where the child is being asked to do something he can't do yet. For example, rather than asking your student what job he wants in the classroom that day, your Plan B might be to say, "Jack, come and point to the job you want today."

Likewise, if you learn that a student isn't ready to ask you to use the bathroom, work out a plan in advance. If he can use hand signals, arrange for a signal he can use when he needs to go to the bathroom. If he's not able to use



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signals, maybe for now there can be an understanding that he is allowed to use the bathroom when he needs to without asking permission. Make sure he knows where the bathroom is, too. For other children, simply taking them to the bathroom and saying “time to go to the bathroom” may be needed.

### Talk to the Treatment Team

If the child is receiving treatment for his selective mutism, ideally you would be able to speak with his therapist or his parents to learn more about what he is doing in treatment and how you can support that in the classroom. For example, they might be using a star chart to reward him when he follows through with a particular behavior he’s been working on, and you can help reinforce that. Likewise, he might be responding well to certain techniques that you could try to use. It’s important for the treatment team to make sure you’re on the same page, because any advances made in the clinician’s office need to be able to transfer into the classroom for them to be a true success.

#### Additional Resources:

- [childmind.org/parents-guide-sm](https://childmind.org/parents-guide-sm)
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The Child Mind Institute is an independent nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to deliver the highest standards of care, advance the science of the developing brain, and empower parents, professionals and policymakers to support children when and where they need it most. Together with our supporters, we’re helping children reach their full potential in school and in life. We share all of our resources freely and do not accept any funding from the pharmaceutical industry. Learn more at [childmind.org](https://childmind.org).