UNDERSTANDING YOUR DIAGNOSIS

Selective Mutism

Also called Selective Mutism

Your child talks freely at home but cannot get words out at school. That is fear, not stubbornness, and it treats well.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
Under 1 in 100 children	Ages 2 to 5; seen at school	Yes - most children improve	Tens of thousands of families

What this is

- Your child is not choosing silence. In certain places the words physically will not come out, however hard they try.
- This is an anxiety condition, close cousin to social anxiety. It is not defiance, rudeness, or a bid for attention.
- Chatty at home and silent at school is the classic pattern, and schools very often misread it as attitude.
- It counts once it has lasted more than **1 month**, not counting the first month at a brand new school.

What it can look and feel like

- Your child talks nonstop at home and does not say one word to the teacher across the whole day.
- At school your child freezes: still face, eyes down, stiff body, answering by nodding or pointing instead.
- Your child will not ask for help, will not use the school bathroom, and cannot speak up in a group activity.
- One friend may end up speaking for your child, and your child comes to rely on that arrangement completely.
- Whispering usually comes before real speech. Hearing their own voice out loud is the frightening part.
- Grades and test scores can look low even when your child knows the material, because so much of school is spoken.
- Birthday parties, ordering food, and greeting relatives all turn into moments your child quietly dreads.

What is happening in your brain and body

- Some children are born more cautious around anything unfamiliar, and that temperament is the biggest risk factor.
- The brain's alarm center reacts hard to new faces and voices, the same pattern seen in social anxiety.
- This clusters in families. Shyness and social anxiety in parents, aunts, uncles, and grandparents are common.
- Speaking needs breath, voice, and muscles that all tighten under fear, so the freeze is physical and completely real.
- About a third of these children also have small speech or language differences that are worth checking.

What can make it more likely

- An anxious temperament your child was born with, plus a place full of speaking demands, is the usual combination.
- It usually appears at school entry, when talking suddenly becomes required rather than something your child chooses.
- Each time an adult answers for your child, the fear gets a little stronger, because the rescue teaches avoidance.
- Children learning a second language often go through a quiet period. That is normal and is not this condition.

What to expect

- Speech usually improves with treatment, and starting before about **age 8 to 10** predicts the best results.
- Progress comes in steps: mouthing, then whispering, then one word, then a sentence, then real conversation.
- Social anxiety can linger even after speaking returns, so keep watching for it and treat it if it shows up.
- Pushing harder backfires. The pace has to feel safe, or your child will simply go quieter than before.

What helps

Treatment works. Most people get better.

Talking therapies

- Behavior therapy is the main treatment, and medicine is added only when fear is too high to practice at all.
- **Stimulus fading** brings a new person in, one at a time, to a place where your child is already talking.
- **Shaping** rewards each step toward speech: a sound, a whisper, one word, a sentence, a full conversation.
- **Defocused communication** means side-by-side activity with no direct questions, which takes the pressure off.
- **Parent-child interaction therapy** for mutism coaches you to praise specifics and to stop speaking for your child.

Medicines

- **Fluoxetine** has the most evidence, and it is used when anxiety is too high for your child to practice speaking.
- It is an antidepressant that acts on serotonin, a brain chemical that helps steady mood and turn down fear.
- Allow **8 to 12 weeks** to see the full effect. Your prescriber works out the right dose together with you.
- Watch for restlessness or new mood changes early on, and check in with the prescriber every week or two.
- Sedating medicines have no place here, because a foggy, sleepy child cannot do the speaking practice that works.

Everyday things that help

- Ask every adult to wait **5 seconds** after a question, and never to answer on your child's behalf.
- Set up a 504 plan or an IEP at school, with a warm-up adult and speaking goals that start very small.
- Do not bribe, plead, or tell relatives in front of your child that they do not talk. Both raise the pressure.
- Host playdates at home first, where speech already happens, then bring that same friend into the school setting.
- Map where speech happens across home, school, and community, and celebrate each new square that fills in.

Get help right away if

- If your child talks about wanting to die, call or text **988** right now.
- Go to an emergency room if your child is unsafe or is harming themselves.
- Call the prescriber if a new medicine brings restlessness or dark thoughts.

Questions to ask your care team

- *Which behavior therapy do you use, and how soon can we start it?*
- *What should we ask the school to put in a 504 plan or an IEP?*
- *Would medicine help my child practice, or should we wait on that?*
- *Should my child have a speech and language evaluation as well?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.