

Anxiety in Youth

Anxiety is our body's normal reaction to perceived danger or important events. Anxiety is like an internal alarm system. It alerts us to danger and helps our body prepare to deal with it. For example, it allows you to jump out of the way of a speeding car. It also lets us know when something important is happening and helps us perform at our best. For example, anxiety can prompt you to bring home your textbook to study for a final exam or motivate you to practice for a class presentation. Anxiety is something that everyone experiences from time to time.

Anxiety triggers something called the "fight-flight-freeze" response (F3). This automatic response affects our thoughts, body, and behaviors. When faced with a potential threat, your thoughts focus on the danger, your body revs up to help protect you, and you take action (fight, flight, or freeze). For example, imagine that you're out walking your dog and a skunk pops out of the bushes. You have thoughts about the skunk such as "What if it sprays us?" which helps you identify the potential danger. Your body also reacts (heart beats faster, muscle tense up) to help you get prepared to protect yourself. And, you take action, such as remaining very still and hoping the skunk doesn't notice you (freeze) or running away (flight). As you can see, anxiety protects you. In fact, without it, we'd be extinct!

The F3 system is critical to our survival from true threat or danger, but what happens when there is no real danger? Interestingly, anxiety can also trigger this system into action when we believe there is a threat or danger even if there isn't. For example, you may yell at your mum for bugging you about taking your driving test when you don't feel ready (fight). Or you may call your dad to pick you up early from a new activity because you don't feel comfortable around unfamiliar people (flight). Or, you may feel as though your mind goes blank when the teacher asks you a question (freeze). These are examples of anxiety triggering the F3 alarm even though these situations are not really dangerous. We call this a "false alarm."

Although anxiety protects us in the face of real danger, it can become a problem when it...

- Goes off when there is no **real** or immediate danger (e.g., like a smoke alarm that goes off when you're just making toast)
- Happens a lot
- Feels pretty intense

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- Is upsetting and causes you distress
- Stops you from doing fun and important things (e.g., like going to school dances or parties, making friends or dating, getting your homework done, or getting a job or your driver's license)

If you think anxiety might be a problem for you, take the quiz below. It's also important to reach out to others for help. Talk to a trusted adult (e.g., parents, family members) or your family doctor. Or, get some support from a mental health professional (like your school counsellor, or a psychologist or psychiatrist).

Check out the tools on the [MindShift CBT](#) app for more tools and information.

Anxiety in Children

Overview

Anxiety is one of the most common mental health concerns for children and adults, affecting upwards of 20% of children and adolescents over the lifespan. Anxious youth are often quiet and well behaved, and thus frequently go unnoticed by their parents, teachers, and coaches. Alternatively others can be disruptive and act out, being labeled as having attention deficit disorder or being a “bad” kid. Both scenarios result in youth failing to receive the help they desperately need. Sadly, untreated anxiety can lead to depression, missed opportunities in career and relationships, increased substance use, and a decreased quality of life.

Parents often say that from a very young age, they knew there was something different about their child, but did not immediately recognize it as an anxiety problem. Some waited for their child to “grow out of it”, never expecting their child to become even more debilitated over time. Other parents viewed the anxious behaviours as normal as, they, too behaved in a similar way. As a result, parents of anxious children and teens are often confused about what to do, as well as frustrated, and overwhelmed.

The good news is that this website is designed to help parents and their anxious children. Here, you will find practical strategies and tools to help you manage your child’s anxiety, whether your child is just beginning to show symptoms, or has been diagnosed with an anxiety disorder. The first step is to find out more about anxiety — how it looks, how it works, and how to recognize if it is problematic. If your child has been diagnosed with an anxiety disorder, you may prefer to go directly to the disorder menu and click on the relevant disorder.

Parents play an essential role in helping their child or teen manage anxiety. When coping skills and brave behaviour is rewarded and practiced in the home, children and teens can learn to face their fears, take reasonable risks, and ultimately gain confidence.

Does My Child Have An Anxiety Disorder?

As discussed throughout this website, anxiety is useful in certain situations, some of the time. But how do you, the parent or caregiver, know when the signs of anxiety you are seeing in your child might be significant enough to qualify for an anxiety disorder? An appointment with your family physician or a trained mental health professional is a good first step. However, in preparation for that visit, or to decide whether a visit is needed, it can help to understand what professionals look for in diagnosing an anxiety disorder.

To begin with, there are eleven different “types” of anxiety disorders, and each anxiety disorder has a list of commonly occurring symptoms clustered into 4 areas:

- Physical responses
- Thoughts
- Emotions
- Behaviorus

Next, anxiety specialists have identified that when a child experiences anxiety more often (e.g. most days, and for months at a time), and more intensely than other children of the same age, it is more likely that the child has an anxiety disorder. Finally, those children who experience a specific list of anxious symptoms, more frequently and intensely than peers, are more likely to also experience significant disruption in their lives. This disruption can interrupt or even stop him or her from participating in a variety of typical childhood experiences such as:

- Attending school
- Joining social, athletic or recreational clubs
- Meeting age expected demands such as sleeping through the night, doing homework, and making friends.

It is common for children and teens to experience anxiety symptoms of more than one anxiety disorder. This means as you read the definitions below, it would be fairly common to say, “Yes! This sounds like my child, but so does this other description!” Fortunately, the helpful approaches outlined throughout this website can be used for various anxiety problems, so that even if your child has 2, 3, or more disorders, many of the same tools can be used for all the disorders.

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Anxiety 101: What You and Your Child Need to Know About Anxiety

Anxiety is normal. Everyone experiences anxiety from time to time. It alerts us to threats, protects us from danger and helps us reach important goals. For example, it is normal to feel anxious when encountering a bear on a hike, or before taking an important exam.

Anxiety is not dangerous. Although anxiety feels uncomfortable, it is temporary and will eventually decrease. The sensations we experience in an anxious situation are designed to alert and activate us. They are normal and part of our body's natural response mechanism. Our body is smart enough to know when to "amp up" and when to "calm down."

Anxiety is adaptive. Anxiety helps us prepare for real danger, such as crossing a busy street. It can also help us perform at our best, and motivate us to study for an exam or practice for a big game. When we experience anxiety, it triggers our ["fight-flight-freeze" response](#), and prepares our body to react. For instance, our heart beats faster to pump blood to our muscles, so we have the energy to run away or fight off danger. Without it, we would not survive. We need some anxiety.

Anxiety is part of life. Trying to eliminate anxiety from your child's life is almost impossible, and even if it were possible, we are not sure you will have created a life worth living for your child. As a result, this website has been designed to provide you and your child with information, tools, resources, and more, to help your child become an expert on coping with anxiety. Since anxiety is everywhere, one of the greatest gifts you can give your anxious child or teen is the confidence and skill to tolerate anxiety whenever it occurs, and to continue living his/her life anyway!

Anxiety can become a problem. Small doses of anxiety in certain situations are useful. However, when your child is worrying much of the time, avoiding fun activities, or refusing to go to school because s/he is scared or worried, anxiety has become a problem. Think of anxiety like fog: if it covers everything, makes it hard to see, stops you from doing what you usually do, and generally gets in the way, then it has likely become a problem.

ABC's of Anxiety



Anxiety can impact the lives of children, teens (and adults!) in the following 6 ways:

- **Affect:** Emotionally and physically—what we feel in our body
- **Behaviour:** Behaviorally—what we do or our actions, such as avoiding or seeking-reassurance
- **Cognition:** Mentally—what goes through our mind like worrisome thoughts
- **Dependence:** Relying on parents—what happens over time is that children and teens depend too much on their parents
- **Excess and Extreme:** Anxiety is a problem when it is excessive and extreme in relation to the situation
- **Functioning:** How your child manages each day

Note: The pattern of these experiences varies in each child, and from situation to situation, but generally anxious children are impacted in in all six domains.

AFFECT

Anxiety is an emotion that is felt in the body. It is a physical response. Often, when children feel anxious, they do not actually recognize or describe their body symptoms as anxiety or nervousness. Instead, they may say that they feel sick, or have a sore tummy. Teens may complain of headaches, chest pains, and sore shoulder muscles.

Common examples include:

- Chest pain or discomfort
- Discomfort or pain in the stomach, nausea
- Dizzy, lightheaded, or unsteady feelings

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- Feeling foggy, or like things are unreal or a feeling of being detached from oneself
- Feeling very hot or cold
- Feelings of a lump in the throat or choking
- Headaches
- Numbness or tingling
- Rapid heart rate
- Rapid breathing (hyperventilating), feelings of shortness of breath, or breath holding
- Sweating
- Trembling or shaking

If 4 or more of these symptoms happen suddenly (within a few minutes) and intensely, your child may be having a [panic attack](#). Panic attacks are uncomfortable but not dangerous. Remember the body is not designed to remain anxious for hours and hours, but will settle back to a resting state. For a child suffering from anxiety, his or her worries may reoccur, starting off the anxiety cycle of symptoms over and over.

BEHAVIOUR

Anxious children and teens avoid! One of the most common behaviors in anxious kids is not doing things or refusing to go places, also known as avoidance. In a situation of real threat (e.g., being cornered by a large, snarling dog), moving away from the threat, or avoiding, is very helpful, as the [fight-flight-freeze](#) response keeps us safe from danger. In other situations where there is no real danger, avoidance prevents children from learning to cope with a challenging situation or from engaging in age appropriate activities.

Common examples include:

- Difficulty raising hand in class or reading out loud
- Excessive fear of making mistakes, or desire to be “perfect” in appearance and work projects
- Not getting routine injections (shots) or dental work
- Not hanging out with other kids or having few friends because of social fears
- Not sleeping in his or her own bedroom or refusing to attend sleepovers
- Refusing to go to school for any number of reasons (e.g. an exam, performances, a bully, social situation, etc.)
- Refusing to participate in sports, dance, or other performance related activities

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Key Point: Avoidance is a habit-forming, unhelpful way of coping with stress. With your patience and consistency, your child will learn a variety of coping skills to practice, and will then learn to face his or her fears with success!

COGNITION

Anxious children and teens worry. These worries can be about a current situation or about some future event. Young children may not be able to identify anxious thoughts even when they are very anxious. This also sometimes happens for older children and teens. However, when they are able to tell us what they are worrying about the thoughts can range from the reasonable (e.g. I will fail my test) to the remote (e.g. I will get sick and die if I eat in a restaurant).

Common examples include:

- *I'll fail my exam*
- *My Mom might forget to pick me up after school*
- *My teacher will yell at me and the kids will laugh*
- *That dog might bite me!*
- *The world is a dangerous place*
- *What if I fall off my bike and everyone laughs?*
- *What if I throw up at school?*
- *What if my Mom or Dad dies?*

DEPENDENCE

Anxious children and teens rely and depend on their parents' far more than same aged peers. These anxious kids either seek reassurance or ask their parents to do things for them that seem unnecessary. While it is normal and helpful for children to ask for information when they are learning about new things, or seek comfort when they are scared, anxious children and teens often ask the same questions over and over again, or demand comfort in non-threatening situations. In addition, these kids often ask their parents to do things for them, or to be available to help just in case something goes wrong, even when the feared outcome seems unlikely. When parents of anxious children compare their children to their peers, parents often notice they are doing far more for their children than are the parents of their children's friends.

Common examples include:

- Asking “*Are you sure I won’t get sick?*”
- Asking “*Are you sure you will be on time to pick me up?*”
- Asking parents to talk to teachers to request extra time on an assignment or to manage other academic needs
- Making the parents give them a complete change of clothes when they go to the movies in case the child gets sick.
- Not wanting to be away from home unless they have a cell phone
- Only going to a party if a parent comes with them
- Requesting ongoing reassurance that eczema is not actual skin cancer

EXCESSIVE AND EXTREME

Anxious children and teens worry in excess and to an extreme. They worry about more things, more often, and in more extreme ways than their peers. Socially anxious teens are not just worried about saying the wrong thing once or twice, but are afraid that they will say the wrong thing repeatedly, be judged harshly by their peers, and embarrass themselves beyond repair for the rest of their lives!

Common examples include:

- Expecting the worst to happen, all of the time
- Generating extreme conclusions from vague information
- Having trouble falling asleep due to excessive worries about daily events, getting enough sleep, or staying asleep
- Making extreme predictions with catastrophic outcomes
- Viewing themselves as incompetent, unlovable, worthless, ugly, etc.
- Worrying for hours rather than minutes about talking to a peer, a girl/boyfriend, or teacher

FUNCTIONING

The daily lives of anxious youth are typically severely impacted by anxiety. Many of these children and teens are functioning at a lower level compared with their peers. They struggle to get up and ready in the morning, and are often late to school or forget things at home. They appear disorganized, unfocused, or fail to reach their full academic potential (and if they can reach their potential it is due to extreme efforts). They miss out on important

social and recreational activities due to fear, often missing opportunities to learn important skills like making friends, dating, asserting oneself, and more. They experience more conflict with their families than is typical for teens, or depend more on parents to get their needs met causing them to be unprepared for adolescence or the adult world.

Common examples include:

- Being unable to do routine tasks without crying, tantrums or having continual reminders
- Believing, *“I can’t cope”* or *“It’s safer to stay home”*
- Not getting enough sleep or nutrition
- Over time, academic struggles and/or social withdrawal
- Struggling to balance reasonable demands such as doing homework and playing a sport

Less common examples include:

- Engaging in high risk behaviours such as sexual promiscuity or cutting
- Using drugs and alcohol to “take the edge off”

When Anxiety is a Problem



Anxiety is a normal emotion that is essential for survival. Specialists in child development have noticed that certain fears are more common at certain ages and stages of life. Most parents are familiar with stranger anxiety, a common response in infants and toddlers when meeting new people.

In addition, it is normal for some young children to be afraid of the dark or starting a new school/club, and for older children and teens to experience some performance anxiety in front of peers. However, for some youth it is as if they never grow out of the stage, and/or they become *more* rather than *less* afraid as they mature. As a result, this ongoing and excessive fear can begin to cause considerable distress or interference in everyday life. It can prevent them from engaging in age-appropriate activities or meeting expected developmental milestones. It is this combination of excessive anxiety **and** disruption in life that helps us understand that anxiety is no longer normal and has become a problem.

Common examples of **excessive anxiety and distress** include:

- Complaints of an upset stomach or other physical woes
- Constant reassurance seeking
- Crying before going to school, and often more difficulty returning to school after weekend breaks or school holidays
- Crying and tantrums when the child is worried
- Lashing out or screaming
- Trouble going to sleep or staying asleep

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Common examples of **interference and disruption** include:

- Academic failure
- Keeping isolated or failure to join in and make friends
- Refusal to go on school field trips
- Resisting participating in new activities or trying new things
- School refusal

Helpful Hint: As a parent, remember that you are the most important person in your child's life. Although it can be frustrating for the entire family to deal with an anxious child, your child needs a loving but encouraging parent to help support them through the process of learning to cope and conquer their anxiety.

School Refusal

Children can have difficulty attending school due to a variety of factors, ranging from post-holiday blues to test anxiety, as well as peer teasing or conflict, and academic pressures. When these difficulties are fleeting, resulting in minor complaints or a rare day off from school, most families can cope without intervention. However, some youth struggle to attend school on a more consistent basis. These youth typically refuse, or attempt to refuse, school for four distinct reasons:

1. To escape from school situations that cause distress (e.g. Riding on the school bus, a teacher, or a particular class or area of school)
2. To escape from unpleasant social or performance situations (e.g. Playing or working with peers, speaking or reading in front of the class, or attending assemblies)
3. To get attention from others (e.g. To spend time with a parent)
4. To pursue fun activities outside of school (e.g. To spend time with friends, go to the mall, or to be home alone sleeping, watching TV, etc.)

Some families can easily identify a single reason for why their child is struggling; yet for others their child's presentation of school refusal may be vague, diverse, or even confusing. For example, some children are unable to identify any specific fear or concern, while other children provide diffuse or nonsensical reasons. Others still, appear to fall into many or all of the above categories. Regardless of the reason/s, school refusal can significantly interfere with or limit a child or teen's life. Youth who refuse school can fall behind or fail to meet academic milestones, have difficulty developing and maintaining friendships, and become isolated from peers, and miss opportunities to learn new things and engage in fun activities. Some youth may also engage in high-risk behaviours, such as drug or alcohol use to manage the boredom that comes from lengthy and unstructured time out of school.

**Note: It is important to ensure your child is not refusing school due to a medical condition that could be resulting in pain, or due to bullying or another legitimate cause. If you have reason to suspect these possibilities, meet with your family physician or the school to obtain additional information.*

FACTS

- More than ¼ of all youth will engage in some degree of school refusal during their schooling years, ranging from complaints and threats to avoid school, to missing school for months or even years at a time.
- Fear or a specific phobia about something at school only accounts for a small percent of youth refusing school
- School refusal peaks at several points of development, including with entry into Kindergarten, between ages 7-9, and again with entry into Middle or High School.
- Boys and girls are equally affected by school refusal behaviour.

SIGNS & SYMPTOMS

Thoughts (Note: very young children may be unable to identify specific fear thoughts)

- *I don't like the recess yard*
- *I'm no good at school anyway*
- *It's more fun at the mall/being at home where I can do what I want*
- *It's not fair that I have to go to school. I want to stay home with mum and the new baby*
- *The other kids will laugh at me*
- *What if grandma doesn't pick me up after school?*
- *What if I can't find my classroom?*

Physical feelings:

- Dizziness or light headedness
- Frequent urination and/or diarrhea
- Headaches
- Muscle tension
- Racing heart
- Shaking or trembling
- Shortness of breath or hyperventilation
- Stomach aches or abdominal pain
- Vomiting

Emotions:

- Anger
- Anxiety/worry/fear
- Embarrassment
- Irritability
- Loneliness
- Sadness
- Shame

Behaviors:

- Clinging or refusal to separate from a parent
- Complaining
- Crying or tantrums
- Failing to turn in homework or assignments
- Frequent phone calls or texts to a parent
- Lying
- Running away or hiding
- Skipping class or cutting school
- Trouble concentrating
- Withdrawal from others

COMMON SITUATIONS OR AFFECTED AREAS

- Falling or failing grades
- Family disruption
- Marital strain
- Peer rejection
- Poor sleep
- Reduced job or career prospects
- School absenteeism
- Sibling discord

How school refusal impacts the child at different ages

In many countries throughout the world, the preschool and early childhood years marks an important developmental period when young children develop the capacity to separate from parents and caregivers, and learn to function independently in school. These early years, (approximately age 2-7), are considered a transition period as children gradually adjust to this developmental expectation, and therefore it is expected that some children will express distress or fear about being away from parents and primary caregivers for the first time. Typical behaviours during these early years include physical complaints of stomach aches, nausea, and feeling “bad,” as well as clinging to a parent, crying, having a tantrum, among other behaviours. While these behaviours are expected to lessen and then disappear as the child adjusts to his/her new environment, some children fail to adjust. They either engage in ongoing and persistent school refusal, or, experience intermittent bouts of refusal, often coinciding with a return to school on Monday mornings or after school holidays.

In addition to young children who exhibit school refusal from an early age, other children may cope relatively well in pre-school and Kindergarten, yet become distressed as school is underway and academic and social demands increase. This can happen at any time, although common periods occur with the transition into middle or high school. Like young children, the reasons can be varied for older children and adolescents. For some, there is a clear history of intermittent school refusal or expression of school related distress, but it becomes most notable and persistent as the youth transitions into middle or high school. For others school refusal only emerges when the teen experiences demands that exceed his/her ability to cope. For example, a teen that is anxious about performing in front of others will find school more unpleasant as classes require increased oral presentations or group work. For other youth it is not that school becomes unpleasant as demands increase, but that the attraction of life outside of school is far more appealing. Despite these distinct differences, cutting classes or skipping school becomes the prime occupation of both groups of youth. In addition to avoiding school, these youth are more likely to lie about their activities, fail to complete work on time and risk falling behind in school, and may even engage in high-risk behaviours such as using drugs or alcohol.

Whether your child exhibits difficulties as young as two or not until they are well into primary school, or even into middle or high school, it is important that prompt attention is given to understanding why your child is struggling, and that you provide tools to help him/her adapt. The

longer school refusal persists, the more entrenched the behaviours become, and as expected, the more difficult they are to correct.

Selective Mutism



Selective mutism is a childhood anxiety disorder that is diagnosed when a child consistently *does not speak* in some situations, but speaks comfortably in other situations. These children are unable to speak in certain social situations where there is a demand to speak, such as at school, at dance class, at soccer practice, or at the corner store. In other situations, these same children may speak openly with others and may even be considered a “chatterbox”.

Selective mutism causes significant impairment in a child's life and can interfere with performance at school and with friends. It can often prevent them from having fun. It also can also keep them from being safe if they are unable to ask for help or get their basic needs met.

How do I know if my student has selective mutism?

Your student may have selective mutism if s/he...

- Speaks in certain settings but stops talking, either completely or almost completely, when other people are around. For example, will talk to you but no other school staff.
- Looks frozen or paralyzed (like a “deer in the headlights”) or even angry when asked questions by unfamiliar adults or when s/he feels uncomfortable.
- Uses gestures like pointing, nodding, or funny facial expressions to get his or her needs met despite knowing how to talk.

And the difficulties speaking...

- Have occurred for more than one month, not including the first month of school, and are interfering with the student's life.
- Are not better explained by another disorder.

Selective Mutism

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Selective mutism causes significant impairment in children’s lives and can interfere with performance at school and with friends. It can often prevent them from having fun and engaging in regular childhood experiences. It also can keep them from being safe if they are unable to ask for help or get their basic needs met.

How do I know if my child has selective mutism?

Your child may have selective mutism if s/he...

- Speaks in certain settings but stops talking, either completely or almost completely, when other people are around.
- Looks frozen or paralyzed (like a “deer in the headlights”) or even angry when asked questions by strangers or when s/he feels uncomfortable.
- Uses gestures like pointing, nodding, or funny facial expressions to get his or her needs met despite knowing how to talk.

And the difficulties speaking...

- Have occurred for more than one month, not including the first month of school, and are interfering with your child’s life.
- Are not better explained by another disorder.

Facts

- Most affected children and adolescents function normally in other areas of their lives and are able to learn age appropriate skills despite not speaking in some important situations.

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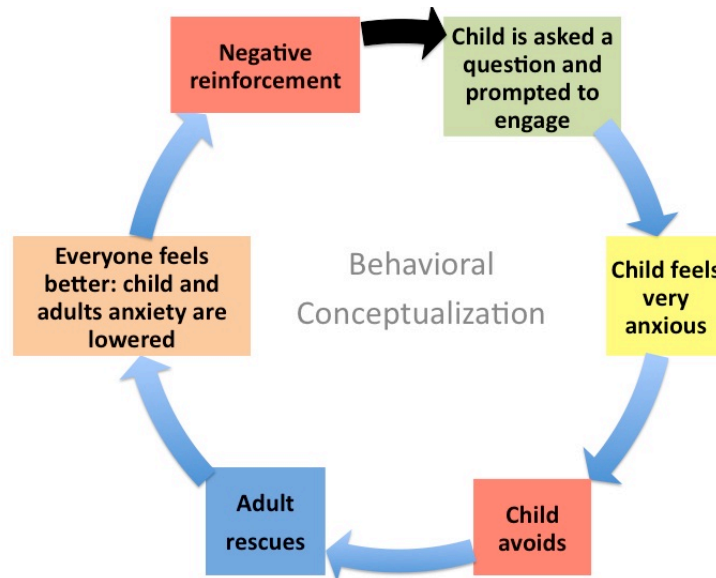
- Approximately 1 % of the population has selective mutism.
- Girls are twice as likely to develop this disorder than boys.

What causes selective mutism?

There is no single known cause of selective mutism, but there are factors that make it more likely to develop. For example, being slow to warm up to new situations, the tendency to withdraw from new or unfamiliar situations early in life, a family history of an anxiety disorder including selective mutism, English as a second or other language, and speech or language problems. These factors can all play a role in the development of selective mutism.

What maintains selective mutism?

Imagine a scene where a mother and her daughter, Suzy, are at the grocery store. The mother runs into a friend that she has not seen in a long time. The friend asks, "Wow who is this little cutie? What's your name?" Suzy freezes, looks scared, tearful, and clings to her mother's arm. She is unable to respond to this seemingly easy question and a few seconds of silence occur. The friend feels horrible. She never meant to scare Suzy. The mother becomes irritated and embarrassed that Suzy is not answering the question and quickly jumps in to rescue her by saying, "Her name is Suzy." The friend says, "Hi Suzy, so nice to meet you. You're so cute and shy." Suzy didn't have to answer and everyone feels better. This scenario is common for a child with selective mutism and illustrates how not speaking due to anxiety is often reinforced by people in the child's environment (parents, teachers, peers). The child learns that if s/he keeps quiet that others will talk for her. For children with selective mutism, this scenario happens multiple times per day. It can happen at school, in extra curricular activities, when running errands, and when relatives come over. With each "rescue" the child temporarily feels better because s/he is relieved from the anxious feelings. However, very quickly a cycle of anxious avoidance takes hold.



Within a few short months this cycle becomes an engrained habit for the child, and for the close adults in his or her life, which becomes harder and harder to break with each passing day.

How is selective mutism diagnosed and treated?

If you think that your child might have selective mutism talk to your family doctor or pediatrician to make sure that there are no developmental issues (e.g., hearing or speech delays). The next step is to ask your doctor to refer you to a psychologist or psychiatrist who will help confirm a diagnosis of selective mutism by specifically looking at where your child is verbal and non-verbal as well as evaluating for any other mental health diagnoses that may be present (e.g., other anxiety disorders.)

The main treatment for selective mutism is behavior therapy. Behaviour therapy involves gradually exposing a child to increasingly difficult speaking tasks in the context of a supportive relationship. Practice begins with easier steps, and gets progressively harder – like climbing a ladder. Children are asked to complete tasks that they will meet with success. Success is rewarded with praise and small prizes. In time, children learn that the anxiety they feel when they are asked to speak decreases without having to avoid the situation in order to feel better.

Sometimes, medication plays a role in successful treatment. Behavioural therapy should be the first choice of treatment, but some kids might benefit from a medication called a SSRI (or selective serotonin reuptake inhibitor). A psychiatrist is the best person to talk to about whether medication is right for your child. Your child might need medication in therapy if s/he is making very slow progress despite good behaviour therapy and/or s/he is older and has multiple disorders. Usually children do not stay on medication long-term. After they achieve success talking in a variety of situations and the gains are maintained for a period of time, they are gradually taken off of medication under the supervised care of a medical doctor.

Selective mutism in adolescence

As children get older, selective mutism becomes harder to treat because they become better practiced at anxiously avoiding situations that involve talking. The longer children miss out on important academic and social learning opportunities, the more likely they are to be impacted. Specifically, older children and teens may have difficulties with peer relationships, additional anxiety disorders such as social or generalized anxiety disorder, or depression. Older teens may also start to self-medicate with alcohol or drugs in order to ease anxious feelings. Despite the fact that it is harder and more complicated to address, excellent help can still be available. Older children and teens may need:

- Prescribed medication to help them participate in therapy.
- Intensive and robust behavior therapy.
- Some evidence suggests that cognitive behavior therapy can be helpful with older kids with SM.
- Specific interventions aimed at social skill development.
- Interventions to address other disorders, such as generalized anxiety disorder and depression, which are unlikely to go away on their own.

