

## Creating Parent Capacity in Cases of Selective Mutism

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### INTRODUCTION & AIM

Children with selective mutism (SM) constantly avoid speaking in specific social situations. Often, they remain silent in school and kindergarten, while speaking normally to parents and siblings at home (APA, 2022). Previous research found that parents of SM children were more over-protective and controlling than parents of children with other anxiety disorders or control children without anxiety conditions (Alyanak et al., 2013; Edison et al., 2011). Parents of SM children report lower levels of authoritative parenting than parents of children without any disorders (Slobodin et al., 2025). Authoritative adults (Baumrind, 1991) try to find the right balance between, on the one hand, challenging the child, and, on the other, offering support, and building a warm, trustful relationship with the child.

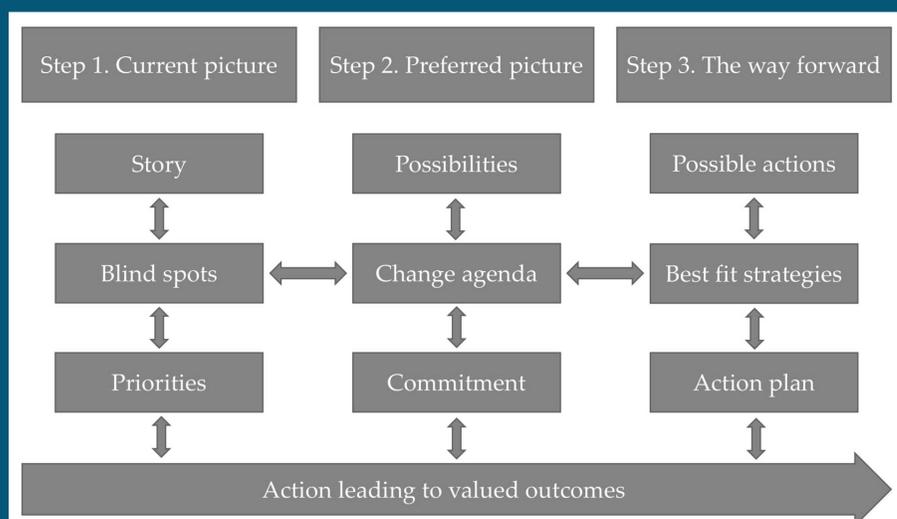
This paper draws on a capacity-building initiative by the researcher to prepare the parents of nine selectively mute children to take the lead in their child's change process towards, gradually and in tiny steps, starting to speak in more situations and to more people. Egan's skilled helper model (Egan, 2014) is used as a framework in the parent guidance group. A common theme among the families is how to find the right balance between supporting and challenging the SM child in communication with others. How to promote greater independence in parent-child relationships is the main question from the project.

### METHOD

Focus group interviews in the parent group make up the data set for the project, along with the parents' written answers to reflection questions arising from step 1-3 in Egan's skilled helper model between meetings. Content analysis is used to analyse the data (Miles, Huberman & Saldaña, 2014). Common themes across cases within the three steps they were asked to report from in Egan's skilled helper model are analysed in NVivo (Richards, 2002).

### RESULTS & DISCUSSION

Step 1-3 in Egan structured the implementation of the authoritative parenting in this project.



**Step 1:** The parents reported that they often spoke for their SM child when others addressed her. This maintains SM. The parents emphasised that others had to be patient and relaxed when interacting with their child, without any expectations for speaking. They said that their child has to feel safe in the environment and not being pressed to speak.

**Step 2:** The parents struggled mainly with setting goals for their child and themselves in the change process and with creating a timeline for how to observe progress in the child.

**Step 3:** Each family had to work out certain measures based on the goals they had formulated for their child in step 2. The measures were based on the child's challenges and possibilities for change. In some families, rewards were given for speaking outside the home. Humour and the opportunity to speak to people who had no expectation that the child would not speak seemed positive for some.

### CONCLUSION

While the participants generally enjoyed the support of other parents in the group and not having to face the problem alone, they struggled with Egan's third step, the action level. They found it difficult to implement the evidence-based principles of the innovation in their own situations. The degree of commitment the parents had to the different parts of the project varied, and the action they said they would take did not always align with the action they reportedly were taking with the child and those around them. Four of the families who believed in their own approach and implemented it over time in interactions with their child experienced that the child recovered from SM a couple of years after the project.

### FUTURE WORK

If a similar capacity-building project was to be carried out in the future, it should have fewer parents in the group and ensure that the parents were committed to being involved in all parts of the project. Close monitoring over time is needed to try to help parents become authoritative adults who balance support and demands appropriately in their caregiving (Baumrind, 1991).

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