

# Selective Mutism

## Understanding, Assessing, and Treating

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## What can a SLP do?



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A child with selective mutism should be seen by a speech-language pathologist (SLP), in addition to a pediatrician and a psychologist or psychiatrist. These professionals will work as a team with teachers, family, and the individual.

• Taken from ASHA website search for Selective Mutism <http://www.asha.org/public/speech/disorders/SelectiveMutism.htm>

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- Responsibilities when assessing a student with dysfunctional social-emotional communication include.....

- Assisting educators in identifying behavior patterns that may be related to language dysfunction as well as identifying behavior that negatively affects communication (e.g., selective mutism).....

- Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist
- American Speech-Language Hearing Association, 2000

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## Social-Communication Anxiety Disorder

- Anxiety impairs ability to utilize language skills
- Children with SM FREQUENTLY have communication disorders.
- SLPs know Communication!



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## Today's Topics

- Understanding
- Assessment (including eligibility)
- Intervention
- Case Management
- Accommodations
- Special Circumstances

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## Selective Mutism Social Communication Anxiety Disorder

- Not just “anxiety”
- Not just “shy”
- Not just “not talking”
- A neurological response: lower threshold of excitability in the amygdala, protective response
  - Dunaway (2006)

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## Common Characteristics

- Genetic predisposition
- Social anxiety and/or social phobia
- NOT defiance, NOT a choice
- Amygdala excites more easily and for a longer period of time than “normal”
- Mutism is a reflexive protective response

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## Prevalence of SM in US

- **1 in 143** Bergman, RL et al (2002)
  - n = 2256
- **1 in 200** Chavira et al (2004)
  - n = 190

More prevalent in girls than boys.

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## What does it look like?

- avoid initiating, avoid answering phone
- clinging, hiding, running away to another room
- panic like symptoms, tummy aches, headaches
- freezing, blank and expressionless, random meltdowns

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- Highly sensitive to surroundings
- Bright, introspective, observant
- typically presents as entering preschool or school (social and language demands are greater)

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## What does it feel like?

- “the words get stuck between my toes”
- “I want to answer his questions but I can’t move or do anything but wait until that feeling goes away”

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## Shyness vs. Selective Mutism

### Shyness

- “warm up” period
- Can respond with a nod or small smile
- Same demeanor everywhere – quiet and reserved

### Selective Mutism

- Might never “warm up”
- Cannot respond at all - may appear frozen
- Dual personality – restrained at school and talkative at home

## Diagnostic Criteria from DSM-4

- Consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.

## Diagnostic Criteria from DSM-4

- The disturbance interferes with educational or occupational achievement or with social communication.

## Diagnostic Criteria from DSM-4

- The duration of the disturbance is at least 1 month (not limited to the first month of school).

## Diagnostic Criteria from DSM-4

- The failure to speak is not due to a lack of knowledge of, or comfort with the spoken language required in a social situation

## Diagnostic Criteria from DSM-4

- The disturbance is not better accounted for by a communication disorder (stuttering) and does not occur exclusively during the course of a pervasive developmental disorder, schizophrenia or other psychotic disorder.

## Speech-Language in kids with SM

- 4 of 5 kids with SM have receptive or expressive language delays/disorders
  - Cleator & Hand (2001)
- 43% scored in “clinical range” for speech-language disorders– parent interviews
  - Cohan et al (2006)

## Speech-Language in kids with SM

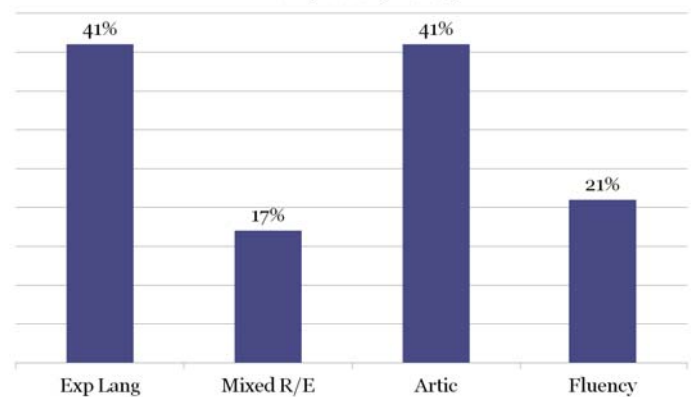
- 30-63% of kids with SM have communication impairment
  - Kristensen (2000)
- Decreased receptive skills compared to kids with anxiety and no SM and to “typical” kids
  - Manassis et al (2003)

## Speech-Language in kids with SM

– “shorter, linguistically simpler, less detailed narratives... when retelling story at home and clinic. Despite normal receptive and nonverbal cognition”

- McInnes et al (2004)

**Communication Disorders in SM**  
Klein, et al (2010)



## Myth Busters

- These kids WANT to talk!
- may qualify for special ed services.
- SLP should be involved from the beginning.
- Parents may not know

## Myth Busters

- No consistent evidence of link to psychological trauma
- Don't wait and see. Early intervention!
- Any level of SM makes a child miserable. Give them some help.

## ASSESSMENT TEAM

- Parents
  - Teachers
  - SLP
  - School Psych
  - Outside therapy
  - Special Ed Team
  - Physician if medical issues
  - Other care providers or family members
- All evaluators must understand SM!

## What do we need to know?

1. Does this child have SM?
2. What are the specifics of the behavior?
3. Why does this behavior continue?

## 1. Does this child have SM?

- Official diagnosis from physician or mental health professional
- Educational setting: school psychologist
- An official diagnosis is not necessary to qualify for services.

## 2. Specifics of behavior?

- Selective Mutism Questionnaire :
  - measures severity of sm and progress over time
  - normed with others with sm and those without
  - Not created to diagnose
- School Speech Questionnaire: for teachers to complete

## 2. Specifics of behaviors?

- Contextual factors: people, places, circumstances
- Interests and hobbies
- Other symptoms of anxiety

## 3. Why does behavior continue?

- How do others respond?
- Are people enabling intentionally?
- Are people enabling inadvertently?
- Are there people pushing them to talk?
- Friends talking for them can be enabling.

## Assessment Planning

- General behavior rating scales
- Overall cognition
- Academic performance
- Health/Sensory
- Communication

## Assessing Communication: Tips BEFORE you test

- Anxiety negatively affects performance
- Establish comfort... social engagement
- Be aware of what anxious behaviors look like
- Never talk about “testing”, always “games”

## Assessing Communication: Tips BEFORE you test

- Stop testing if signs of anxiety or shutting down
- Be aware of precipitating factors:
  - Time of day, day of week, occurrence of breaks
- Results won't be optimal unless the anxiety is reduced.

## When they just don't talk OPTIONS

- Behavioral rating scales
- Videos of interactions at home (give the parents specific tasks)
- Clinical observations

## When they just don't talk OPTIONS

- Test at home
- Test in office with you in room
- Test in office without you in room

## When they just don't talk OPTIONS

### Current research:

- Train a parent or other adult to administer test
- Scored and interpreted by qualified professional
- Klein (2010) parents are 96-97% accurate in administration of tests

## Pragmatic Language: Behavior Rating Scales

### – CELF-Pragmatics Profile

– (Ages 5-21)

- » Criterion referenced, statistically stands alone
- » This is not a subtest

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## Pragmatic Language: Behavior Rating Scales

### – Social Skills Improvement System

– (Ages 3-18)

- » Provides standard scores
- » Correlates to “goals and intervention system”

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## Pragmatic Language: Behavior Rating Scales

### – Children’s Communication Checklist-2

– Ages 4-16 yrs

- » Provides standard scores
- » Communication and pragmatic language

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## Receptive Language

### Peabody-Picture Vocabulary Test-4

Ages: 2.6 to 90+

- Nonverbal
- Provides standard scores
- Strongly correlates to Verbal IQ

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## Receptive Language

### Lindamood Auditory Conceptualization Test -3

Ages 5 to 18-11

- » assesses phonemic awareness and processing skills
- » criterion referenced

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## Receptive Language

### Test of Auditory Comprehension of Language-3

– Ages: 3.0 to 9-11

- » Non-verbal
- » Provides standard scores

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## Receptive Language

### Portions of CELF-4:

- Concepts and Directions (subtest)
- Word Association:
  - » criterion referenced
- Phonological Awareness:
  - » criterion referenced
- Rapid Automatic Naming:
  - » criterion referenced
  - » Processing speed and accuracy

## Expressive Language

### – Expressive Vocabulary Test-2:

- Ages 2:6 to 90+
- » limited verbalizations required
- » provides standard scores

## Expressive Language

### – Test of Narrative Language:

- Ages 5-11
- » story comprehension and retelling
- » Provides standard scores

## Expressive Language

### – Strong Narrative Assessment Protocol:

- (SNAP)
- Ages 7-11
- » structured way to analyze language sample
- » Does not provide standard scores

## Expressive Language

### • Language Assessment, Remediation and Screening Procedure (LARSP)

- » Free download
- » Method of analysis, not a test

## Articulation and Fluency

### – Smit-Hand Articulation and Phonology Evaluation

Ages 3-9

- » Provides standard scores
- » Normed based on pre-recorded productions from home
- Goldman-Fristoe -2
- Clinical Assessment of Articulation and Phonology (2;6-8:11)
  - » Provides standard scores
- Analysis of recorded speech samples if > age 9



## ELIGIBILITY and LABELS

- Emotional/Behavioral Disorder
- Other Health Impairment
- Speech-Language Impairment
- Developmental Delay

## Emotional/Behavioral Disorder

### Pros

- Gets the direct service

### Cons

- Only recognizes the anxiety
- Does not recognize the communication impairment
- Misleads teachers/staff
- Perpetuates the myth of defiance
- Can lead to inappropriate programming or classroom placement

## Other Health Impaired

### Pros

- Gets direct service
- Means that the family is getting outside help
- Is not as negatively perceived as other labels

### Cons

- Diagnosis from physician or mental health practitioner is not always available.

## Developmental Delay

### Pros

- Gets direct service
- Any services can be provided as needed
- Skills can be addressed as an ECSE team

### Cons

- Only until age 7
- May be misinterpreted as cognitive delays
- May lead to inappropriate classroom placement

## Speech-Language Impairment

- Acknowledges communication and pragmatics
- Direct service by communication specialist
- Directly address co-existing speech and/or language issues
- Not perceived as negatively as other labels

## Speech-Language Criteria

- 2.0 Standard Deviations or more below mean on 2 norm-referenced, technically adequate language tests

OR

- 2 documented measurement procedures indicating a substantial difference from expectations, based on age, developmental level or cognitive level

## IEP? Or 504?

- Which do you need to.....
  - Increase social comfort
  - Decrease anxiety
  - Progress in communication skills
  - Fully access education
  - Reach academic potential
  - Address co-existing conditions

## IEP or 504? Considerations

- Often with accommodations only, the child will get “stuck”, not continue to make progress
- An IEP does not guarantee progress, needs to involve the right interventions
- These kids qualify for 504 without question. SM affects the major life activity of speaking

## Intervention

- Considerations for Speech/Language
- Social Communication Scale
- The Bridge
- Principles of Intervention
- Activities to Cross the Bridge

## Co-existing Speech/Language Imp

- Must have social engagement and child easily talking with you in the speech room before addressing errors in speech areas
- Best 1:1 at first, then small group of kids with whom he/she will talk

## Co-existing Speech/Language Imp

- Friendship groups: to increase social engagement with those kids
- those kids can have speech issues, but the goal for your sm kid is only social engagement at that time
- Once comfort is established, proceed traditionally, but be mindful of bridging up and down

## SM-STAGES OF COMMUNICATION COMFORT SCALE (Dr. Elisa Shipon-Blom)

Mutism

### Noncommunicative

Stage 0: No Communication

–No responding

–No initiating

*child stands motionless, expressionless, frozen-looking*

Speaking

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## SM-STAGES OF COMMUNICATION COMFORT SCALE

(Dr. Elisa Shipon-Blom)

Mutism

### Communicative

#### Stage 1: Nonverbal Communication

- 1A. Responding  
*pointing, nodding, writing, using sign language, etc.*
- 1B. Initiating  
*getting someone's attention via pointing, raising one's hand, etc.*

**\*\*Need Verbal bridge to move from Stage 1 to 2.\*\***

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Speaking

## SM-STAGES OF COMMUNICATION COMFORT SCALE

(Dr. Elisa Shipon-Blom)

### Mutism Stage 2: Verbal Communication

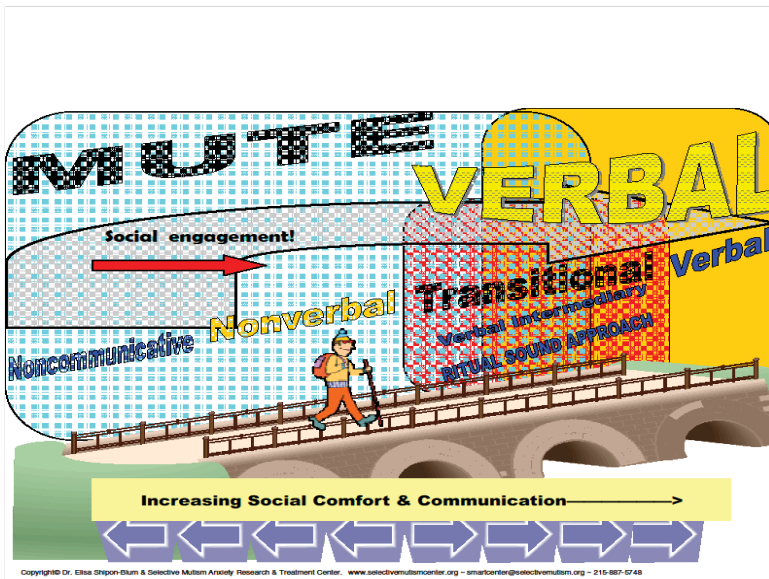
- 2A. Responding  
*any sounds, e.g., grunts, baby talk, animal sounds, moans, soft whispering, speaking*
- 2B. Initiating  
*getting someone's attention via making any sound*

**\*\* Verbal bridge helps to transfer speaking to an environment, a person or an object. \*\***

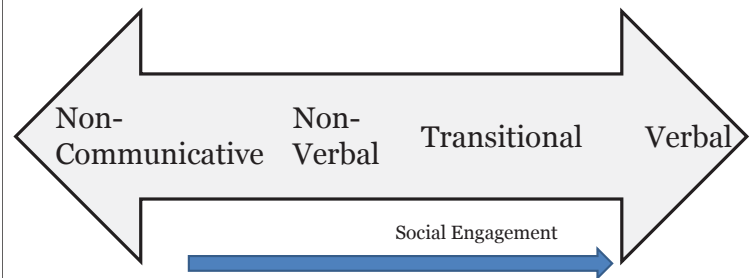
**\*\* Ability to respond/initiate determined by 'comfort' in setting. Communication varies from setting to setting. \*\***

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Speaking



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## The BRIDGE

Dr Elisa Shipon-Blom

- Use the bridge to transition across stages, environments, people, situations, etc
- Different spots on the bridge in different contexts
- It is common to fluctuate up and down on the bridge as he/she progresses

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## Principles of Intervention

- Early Intervention
- Decrease Anxiety
- Increase Social Engagement
- Contingency Management
- Team Approach
- Track and Monitor
- Practice, Practice, Practice
- Integrate Initiation
- Build relationships

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## Importance of Early Intervention

- Minimize negative impact
- Prevent from becoming worse
- Prevent from becoming engrained/conditioned
- Prevent repeated ineffective attempts to elicit speech
- Minimize emotional/physical strain on parents and teachers

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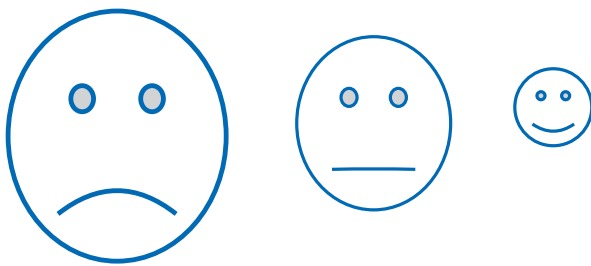
## Decrease Anxiety

- Take the pressure off! No bribing, coercing, punishing.
- Remove the expectation of speech.
- Calm and supportive environment (no big deal)
- Provide other methods of successful communication
- Daily monitoring of anxiety
  - By child
  - By teacher
  - By parent

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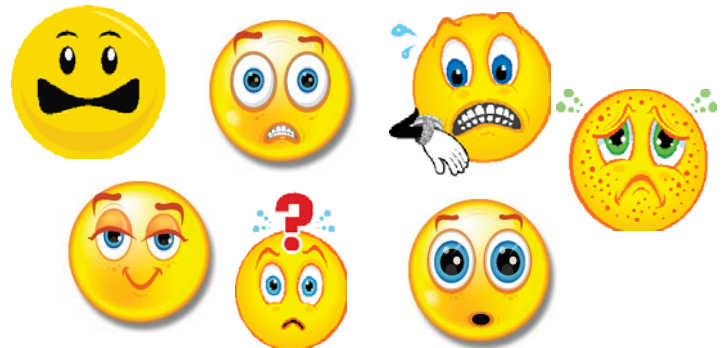
## How big is your worry?



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## How scary would it be...?



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## Increase Social Engagement

- precursor to communication, more engagement leads to spontaneous communication
  - Meet them where they are and stimulate the next step
  - Successive approximations
  - Exposure training
  - Hierarchy of interactions
  - ERRORLESS TRANSITIONS!
  - Success begets Success!

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## Contingency Management

Make social engagement more rewarding than avoidance

- Motivation, reinforcement, incentives (not bribes)
- Never take away a reward that has been earned legitimately
- Tips for setting it up

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## Involve and Educate the Entire Team

### Members

- Parents
- Grandparents
- Teachers
- Specialists
- Lunch Staff
- Recess Staff
- Other classroom teachers
- Daycare providers
- Principal
- Office Staff
- Custodial Staff
- Outside Professionals

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### Considerations

- Everyone the child comes in contact with throughout the day, all on board.
- Teachers spend the most time with the kids, educate them
- Educate the entire team: give specific instructions for how they should initiate or react
- Include outside professionals when possible

## Track and Monitor

- Track what strategies work to reference in “backslides”
- Visual record of child’s accomplishments and goals

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## BRAVE GOALS

Date \_\_\_\_\_.

- |                  |                     |
|------------------|---------------------|
| School/classroom | My Office           |
| 1.               | 1.                  |
| 2.               | 2.                  |
| 3.               | 3.                  |
| Friends          | School/bonus places |
| 1.               | 1. library          |
| 2.               | 2. lunch            |
| 3.               | 3. playground       |

Sarah Pavek, LP

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### People I WANT to talk to

- Grandpa
- Friend Izzy
- Friend Tessa
- Teacher Mrs. Smith
- Uncle Bob
- Waitress
- Friends on the phone
- Piano/music teacher
- Lunch ladies
- Principal

### People I CAN talk to

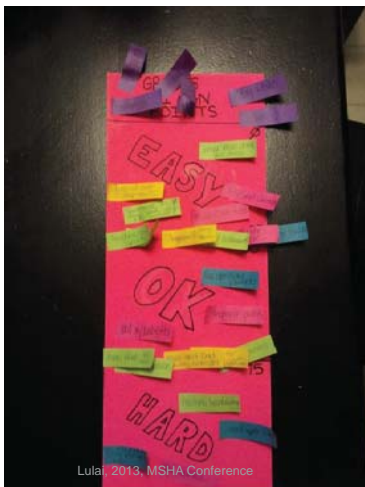
- Mom
- Dad
- Grandma
- Friend Grace
- Friend Abby
- Aunt Becky

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## “I CAN Chart”



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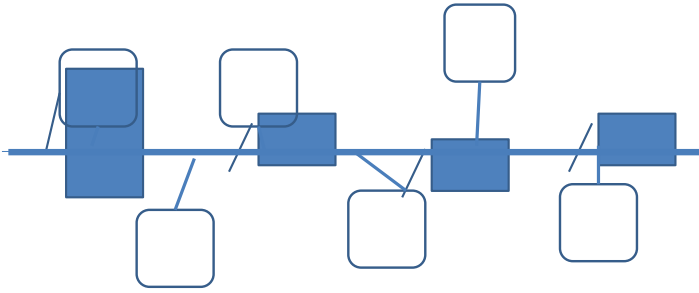
## Brave Ladder



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## Brave Timeline



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## Brave Journal

- Annie handed her menu to the server at Perkins.
- Annie waved to the lady in the office when we signed in.
- Annie rang the bell at the end of indoor recess.
- Annie told mom's friend how old she is by holding up her fingers.
- Annie said "no, thanks" to the lunch lady.
- Annie showed her talking picture at show and tell.

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## Practice, Practice, Practice

- Provide numerous opportunities
- Multiple times a day
- Do not stop engaging the child because he/she is mute

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## Practice, Practice, Practice

- Manipulate the environment to increase opportunities
- Gentle Sabotage
- ERRORLESS!
- Plan, do, review with the child

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## Integrate Initiation

- Could be verbal in responding, but frozen when initiating
- Nonverbal games can become "beat the clock" activities
- Nonverbal role in activity (time keeper, referee, buzzer role)
- Hand over/take over
- Scavenger hunts

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## Build Relationships

- Pair with kids he/she talks to for group projects
- Place in same classroom with kids he/she talks to
- Outside activities with a friend
- Bus/lunch/recess buddies
- Keep increasing the diameter of the circle

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## Bridging Stage 0-1

No Responding, No Initiating.....to Nonverbal

- **Goal: increase social engagement (successive approximations)**
  - Hand over/take over
  - Waving (with and without looking)
  - Parallel play (no-speaking required)
  - Non-verbal turn taking games (Old Maid, Tic Tac Toe, Bingo)
  - Draw pictures

## Bridging Stage 0-1

No Responding, No Initiating.....to Nonverbal

- Non-verbal Scavenger hunts
- Take pictures of people
- Mailperson to engage with teachers
- Teachers/staff writing letters to send home
- ANY exchange of communication (non verbal or verbal is accepted)

## Bridging Stage 1-2

Nonverbal.....to Transitioning

- **Goal: increase social comfort with responding AND initiating**
  - Answer yes/no questions with gestures
  - PECS (embedded initiation)
  - Pointing, gesturing, choice boards, picture menus
  - Writing or drawing pictures (portable white board to get a message across)

## Bridging Stage 1-2

Nonverbal.....to Transitioning

- Develop signal or meeting spot for child to initiate
- Getting attention with noise
- Clock watcher job: indicate that time is up (engages child in peer activities)
- Match musical instruments, body/mouth noises (desensitize the children to hearing and making noises)
- Non-voice augmentative devices, texting or email for older children

## Bridging Stage 2-3

Transitioning..... to Verbal

- **Goal: transition to verbal communication**
  - Speech Generating AAC devices:
    - single message devices, digital picture frames for show and tell, text to speech on ipod touch)
    - Let's them hear their voice
    - 1<sup>st</sup> step before other steps
    - Use as accommodation in classroom

## Bridging Stage 2-3

Transitioning..... to Verbal

- **Goal: transition to verbal communication**
  - Verbal Intermediary/Key Worker/Buddy
    - Allows for communication to one person/object, then share with the group
    - Use Animals, Puppets or people they can talk with comfortably
    - Whispers: slowly increase the distance

## Bridging Stage 2-3

Transitioning..... to Verbal

- Ritual Sound Approach:
  - Works well for speech phobic
  - Shape noises (voiceless sounds into letter sounds, name the sounds (popcorn sound or bee sound))
  - Shape sounds into words “blendy sounds” = CV combos for word approximations
  - Shape words into sentences
  - Add a person at a time

## Stage 3 and Beyond

### Verbal Communication

- **Goal: verbal communication in all settings**
  - Quiet speaking (1:1)
  - Whispering is a normal transitional stage and will fade
  - Scripts for high frequency scenarios
  - Altered speech
  - Questionnaires to teachers, outside friends

## Stage 3 and Beyond

Verbal Communication

- Polls
- Interviews: (school topics, maybe encourage participation in school newspaper)
- Scavenger hunts with questions
- Mad Libs

## Tips for Case Management

- Meet often
- Modify goals frequently
- Communicate among the team
- Choosing appropriate class placement
- Educate teachers and staff
- Plan transition for next year early

## Accommodations

- Main purpose is reduce anxiety
- Differ student to student, based on needs
- Be careful not to enable mutism
- Train the sub
- Utilize aides/paras to reduce negative effects of mutism and ensure others are not enabling.
- Arrange class schedule to allow time to “ramp up”
- See handout

## Complicating Factors

- Co-morbid psychiatric issues:
- Suspicion of trauma or abuse:
  - Involve psych ASAP!
  - Mandatory reporters
  - Intense psych treatment?
  - Medications?
- Cognitive Impairments:
  - same process, slower progression



## Complicating Factors

- **Oppositional Temperament:**
  - intensive behavior management
- **Duration/Age:**
  - if it has been conditioned or reinforced it will be more difficult to treat
  - More likely to be speech phobic
- **Severity:**
  - look at the stages, meet them where they are

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## Complicating Factors

- poor communication between home and school:
  - get creative
- maintaining momentum across school year:
  - plan ahead, allow to bridge up and down, errorless!
- parents are not on board:
  - educate, suggest testing, give time to digest, meet again in a month, keep trying

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## Additional Resources

- **SMart Center:** [www.selectivemutismcenter.org](http://www.selectivemutismcenter.org)
  - Numerous handouts and articles available
- **Selective Mutism Group:** [www.selectivemutismgroup.org](http://www.selectivemutismgroup.org)
  - Numerous handouts and articles available
  - Provider directory (limited)
- **Child Mind Institute:** [www.childmind.org](http://www.childmind.org)
  - Workshops for parents and teachers streamed live online
- **ASHA:** [www.asha.org](http://www.asha.org)

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