

# Selective Mutism 101

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- What SLPs Need to Know

# Welcome and Disclosures

- Alicia is the owner and director of Simply Psychology LLC.
- Melissa is an employee at Simply Psychology.
- There are no non-financial relationships to disclose.

# Objectives

## Learn

Learn about SM as an anxiety-based disorder, myths, prevalence and co-occurring conditions, how to identify, modalities for treatment

## Participate

Practice some basic skills

## Understand

Understand how to help children as speech-language pathologists in different settings

# What is Selective Mutism?

Selective mutism (SM)...

- Is best understood as a complex childhood anxiety disorder in which a person is unable to speak in some settings and to some people because of anxiety.
- Is characterized by a child or an adolescent's inability to speak in one or more social settings (e.g., at school, in public places, with adults) despite being able to speak comfortably in other settings (e.g., at home with family).
- Extends past the first six months of school and is not related to a silent period (ELL students).

# What does SM look like?

A child with SM might...

Speak at full volume with parents when alone

Struggle to speak to peers or teachers even if they want to

Speak in a whisper in social settings

Rarely, if ever, speak at school

Be unable to ask for a bathroom break or to go to nurse

Not engage in movement activities

Gesture instead of communicating verbally

# SM Talking Maps

- People with SM usually have certain rules or boundaries they follow for who they talk to/don't talk to, and when and where.
- Common boundaries include avoiding speech in certain settings (school) or to certain people (teachers).
- Consider where a child is speaking and to whom when thinking about a child's 'talking map.'

# SM Communication Bridge

- 0 - No communication (frozen or ignoring)
- 1 - Nonverbal/Writing, Handover/Takeover
- 2 - Transitional/Intermediary
- 3 - Verbal



# Facts about SM

- Average onset between ages 3-6 years
- Usually diagnosed between ages 3-7 years
- Can take up to 4 years to get help, even after diagnosis is made
- SM can impact any demographic
  - 2:1 female:male ratio

# Conditions Co-Occurring with SM

- Speech/Language Disorders
  - SM is not a language disorder. However, research has found that 40-60% of people with SM have some type of speech/language disorder
- Other anxiety disorders
  - Social anxiety (76-90%), Separation Anxiety (31%), General Anxiety (28%) (Carnacchio et al., 2019)
- Sensory Processing Impairments (64%) (Brimo, 2008)
- Autism Spectrum Disorder (7%) (Kopp and Gilberg, 1995)

# Speech/Language Disorders and SM

- Research suggests that 35-75% of children with SM have a co-occurring speech/language disorder
  - Articulation
    - May have typical articulation
    - Articulation needs may compound anxiety related to interacting with others (Anstendig, 1999)
  - Language
    - Experience may influence language development
  - Pragmatics
    - May be influenced by experience
- Rationale

# Social Skills and SM

People with SM often have delayed social skills. This can be related to lack of practice due to avoiding social interactions. Anxiety might also impact how children use skills they do have.

It can be important to address social skills through interactions with peers and adults.

Books, play dates, and social skills groups can all address social skills

# Common Worries for People with SM

I don't like the sound of my voice, I don't want others to hear it

I'm afraid of saying something wrong

I don't like people looking at me

My voice sounds funny

How will I ask to use the bathroom?

How do I tell my teacher if something is wrong?

# SM or Shy?



## Shyness Spectrum

Normal shyness affects up to 40 percent of adults, and as many as 15 percent deal with extreme shyness. At the other end of the spectrum are stimulus-seekers who crave new experiences and people. The seeds for these behaviors are sown in infancy.



**SHY**

**15-20%**

of babies are "inhibited":

- Extremely reactive to stimulation
- Will cry, thrash limbs when exposed to unknown things or people
- Can grow up to be shy or develop social anxiety disorder

**40%**

of babies are "behaviorally uninhibited," meaning that they:

- Do not react much to novelty
- Calmly soak up stimulation
- Can grow up to be stimulus-seekers, aka "adrenaline junkies"

**OUTGOING**

SOURCES: NANCY SNIDMAN, DIRECTOR OF RESEARCH, CHILD DEVELOPMENT UNIT, CHILDREN'S HOSPITAL, BOSTON; BERNARDO J. CARDUCCI, PROFESSOR OF PSYCHOLOGY AND DIRECTOR OF THE SHYNESS RESEARCH INSTITUTE AT INDIANA UNIVERSITY SOUTHEAST

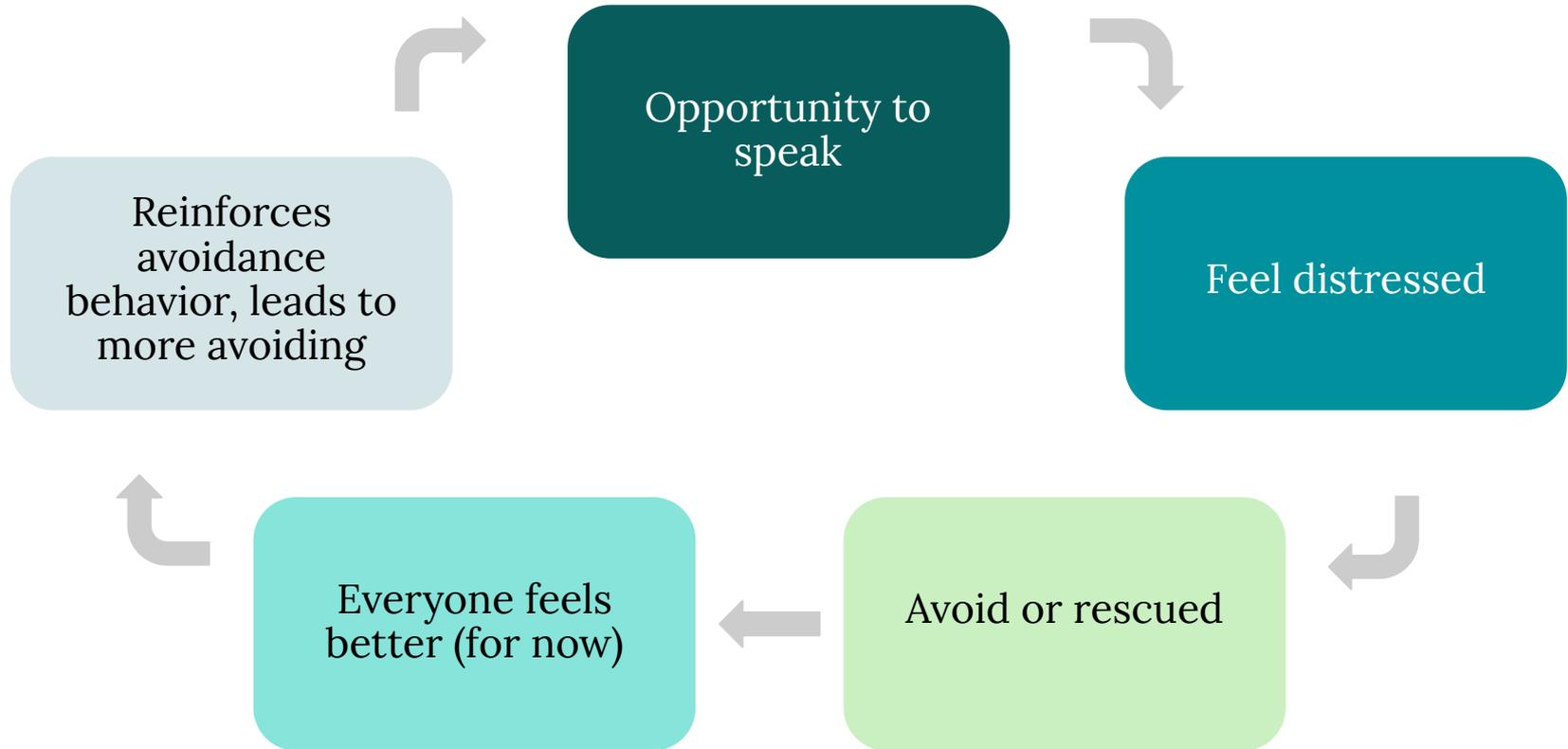
KARL TATE / © LiveScience.com

# SM or Shy?

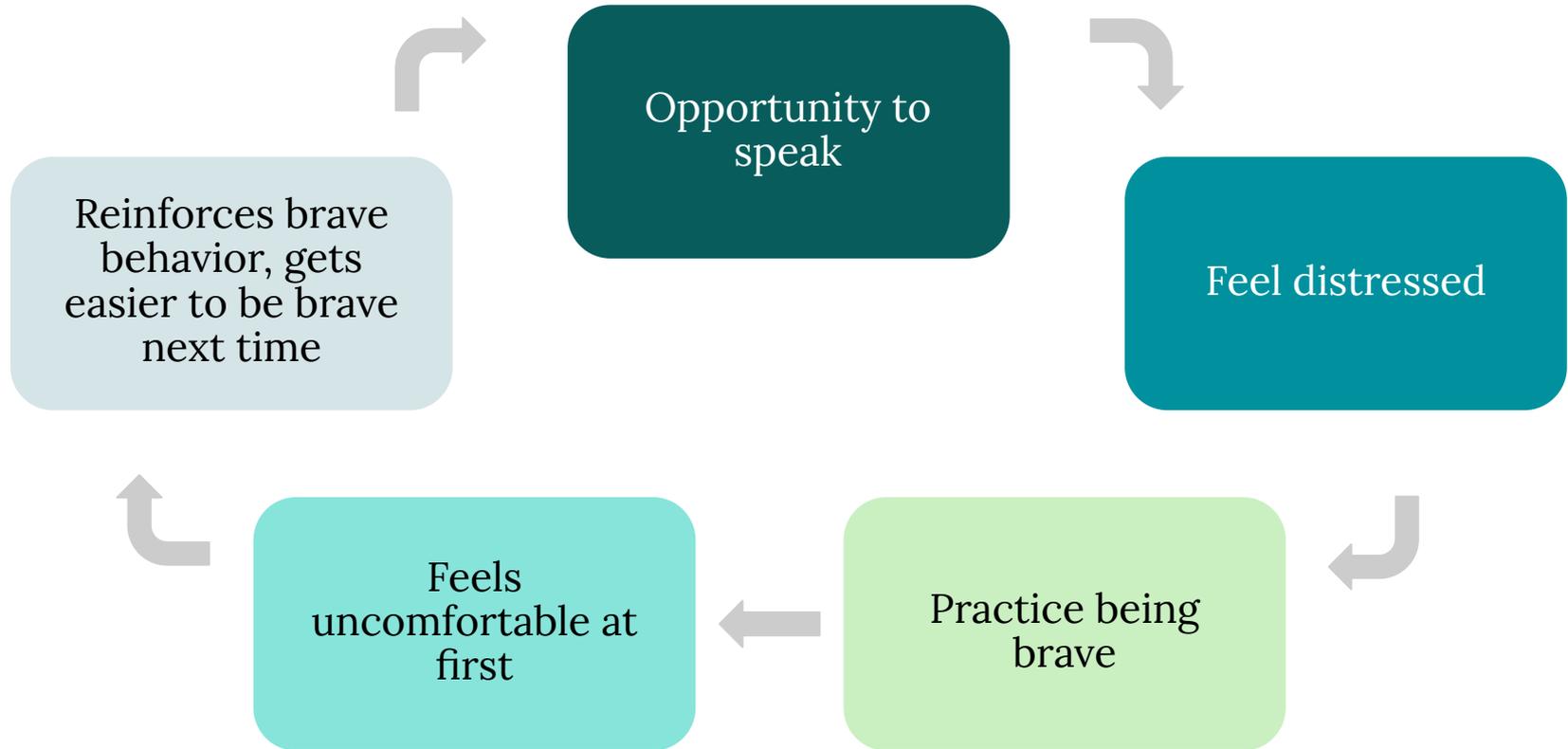
<b>Silence in shy kids</b>	<b>Silence in children with SM</b>
Temporary	Persistent
With new individuals before “warming up”	Even after a “warm up” time
When adult is teaching or speaking	When asked direct questions by teacher or adult
After a stressful day/experience	Anytime a non-family member is present
During “small talk” with adults	On the playground /lunchtime with classmates
When asked to repeat something the 4 <sup>th</sup> time	When asked basic questions like name, age, hobbies
When it’s more convenient to text/email	When basic needs are unmet, if hurt or needs help

What causes SM?

# Avoidance Cycle: Continues the anxiety/SM



# Brave Cycle: Breaks the pattern



# Myths about SM

**Myth #1: SM is extremely rare.**

**Myth #2: Children with SM are severely emotionally disturbed due to abuse, neglect, trauma, or a dysfunctional family.**

**Myth #3: Children with SM use silence as manipulation/just a behavior.**

**Myth #4: It's just a phase, most kids will grow out of it.**

**Myth #5: We need to let children know there is a firm expectation for speech.**

**Myth #6: All children with SM do poorly in school.**

Questions?

# Treatment for SM

## Goals

- Tolerate the uncomfortable
- Gain tools to manage anxiety
- Increase people, settings, and environments for responsive and spontaneous speech

## Assessment

- Parent intake and child assessment of SM
- Structured observation of parent/child interaction
- Rating scales to assess SM

## Therapy

- PCIT-SM, CBT, psychoeducation, exposures
- Individual weekly sessions
- Help create real world goals with family and school
- Social skills groups, intensive camps

# How treatment varies by age

Ages 3-7	Ages 8-14	Ages 15-adult
Adults set up “environments” for success.	Create their environment using strategies and accommodations to help themselves.	Responsible for utilizing their own coping skills and self advocating
Exposures are often more easily tolerated (less mental processing highways are formed)	More involved in their own treatment. They can understand SM from a cognitive processing perspective.	Rely on guidance from trained clinician
Fading a new person into the talking circle can be done more easily. Involving the school, using PCIT-SM almost exclusively	May not use fading procedures or PRIDE skills as much, focus is more on psychoeducation, CBT, and exposures	Most of the “work” is done directly by the client, sometimes with a helpful adult or older sibling

# Goal Setting

- Target real-world goals
- Example goal areas:
  - Ordering food at a restaurant
  - Increase verbalizations in a particular setting
  - Increase communication partners
- Consider 'who, what, where, when, how'
- Include the child in goal setting

# Verbal Goals: Easier to Harder

## Easier

- Making sounds with a teacher
- Answering forced choice questions alone
- Talking with a trusted communication partner in a new environment

## Medium

- Playing verbal games with a few friends at recess
- Small group participation
- Speaking to different adults from around school

## Harder

- Answering when called on in class
- Greetings and social graces
- Seeking adult when sick or hurt
- Presenting in class
- Seeking adult when hurt or sick

# Shaping Goals

- We shape or 'ladder' goals, starting with easier ones and working to harder ones. Break a goal into smaller parts while rewarding all improvements.
- Any time you change a person or environment, a variable changes. Any time a variable changes, the child may revert back to an earlier stage of the bridge.
- Over-practicing is essential. Tasks should get boring and easy before moving to the next level. In practice, options are to...
  - Use supports like visual cues, note cards, or pre-written questions and answers to help with exposures. Using scripts or pictures is less demanding on the thinking center part of the brain.
  - Practice a target in a comfortable environment before applying in a different environment or with someone less familiar.

# Shaping goals

**Goal: Jack will order chicken tenders for dinner at the Chili's on State Street using spoken words in a complete sentence.**



**6 - Social grace: "I would like chicken tenders please."**

**5 - Sentence: "I would like chicken tenders."**

**4 - Two words: "Chicken tenders" (no pointing)**

**3 - One word and nonverbal: "Chicken" (while pointing)**

**2 - Nonverbal: Point to a desired menu item**

**1 - Nonverbal: Make eye contact with waitstaff (no pressure to speak)**

# SLPs and SM Treatment

## ASHA Practice Portal, SLP Roles and Responsibilities

- Guidelines for SLP involvement in working with children with SM involve roles like:
  - Working as part of a team
  - Conducting speech/language assessments
  - Aiding in diagnosing SM
  - Referring to other professionals
  - Making treatment decisions and plans, providing treatment
  - Counseling and advocating for children and families

# SLPs and SM Treatment

- Involvement may depend on a child's particular situation and needs.
- Direct work with a child might involve:
  - Speech/language therapy to address needs related to a language disorder
  - Support with social skills
    - Teaching skills
    - Providing practice opportunities (exposures)

Questions?

# Child-Directed Interaction (CDI)

Purpose: To create a comfortable environment and reduce anxious arousal

Use: When your goal is to elicit speech when/where speech is not yet present

Terms: PCIT-SM: Parent Child Interaction Therapy for SM

# During CDI (Child-Directed Interaction)

- Let the child lead
- No questions, no criticism, no demands
- Clinicians can introduce activities to children by saying things like:
  - ‘We can sit here and color or look at some books. You don’t have to talk. I won’t ask you any questions. We’re just going to spend some time here and then we’ll go back to class’
- At times, to support the child, clinicians can give a direct command (‘Go ahead and...’)

# CDI: Pride Skills

Praise (Labeled)  
Reflection  
Imitation  
Description  
Enthusiasm

Purpose of using PRIDE skills:

- Increases speech that is praised
- Shows approval/good modeling
- Improves child's self-esteem
- Allows child to lead the play

# CDI PRIDE Skills: Praise

- Use labeled praise
- Use simple and casual praise. Many children do not like (and even fear) a big elaborate celebration when they speak.
- Identify labeled/not labeled praise:
  - That's great
  - I really like the way you put those Legos together
  - You are such a good boy/girl
  - Great job building that tall tower!
  - Thank you for using your brave voice to tell me that
  - Nice work/good job!
  - Good job using your brave voice with Mr. Smith

# CDI PRIDE Skills: Reflection

- Reflection refers to reflecting back everything a child says
- Pair with labeled praise
- Examples:
  - Person with SM: Blue is my favorite color.
  - Clinician: Oh, blue is your favorite, thanks for sharing that.
  - Person with SM: I got it right!
  - Clinician: Yes, you did get that right! Great job telling me.
- Avoid tip-ups at the end of a statement (Oh, blue is your favorite?)

# CDI PRIDE Skills: Imitation

- Imitate the child in play
- This can involve parallel play and/or cooperative nonverbal play
- Examples:
  - Child is drawing, clinician draws
  - Child is playing in the sand, clinician plays in the sand also (in own space)

# CDI PRIDE Skills: Description of behavior

- Describe what a child is doing using neutral statements
- Examples:
  - I see you are choosing the pink crayon
  - And now you are drawing circles on the paper
  - I see you are placing the yellow piece in the puzzle
  - I see you are sitting on the couch
- Allow for quiet time as well to give the opportunity for spontaneous speech

# CDI PRIDE Skills: Description of behavior

- Avoid 'mind reading'
- We don't want to guess at what the child might be doing or thinking
- This robs the child of the chance to tell us



# CDI PRIDE Skills: Enthusiasm

- Show lively interest
- Have fun!
- Be animated
- Use humor
- Use a positive/enthusiastic tone

# Breakout Groups

- Let's practice CDI skills
- Groups of 4
  - Participant #1: Child
  - Participant #2: Clinician
  - Participant #3, 4: Coder
- Each participant has a chance to take each role

Questions or reflections?

# Verbal Directed Interaction (VDI)

Purpose: To directly elicit communication through asking or expecting a person with SM to respond to a speaker

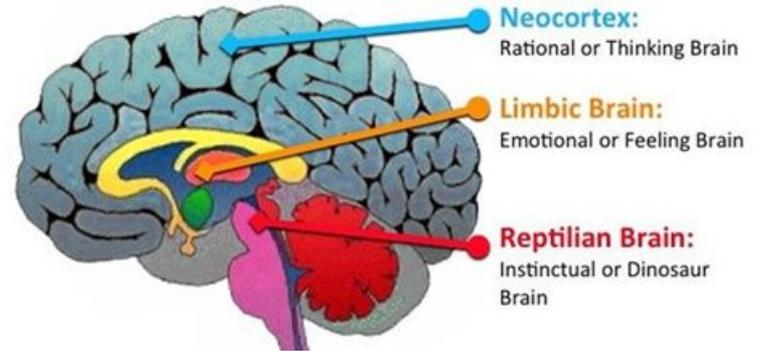
Use: When your goal is to elicit speech once a child is more comfortable

# VDI: Types of Questions

Open ended (Highest demand)

Forced choice (Some demand)

Yes/No (Lowest demand)



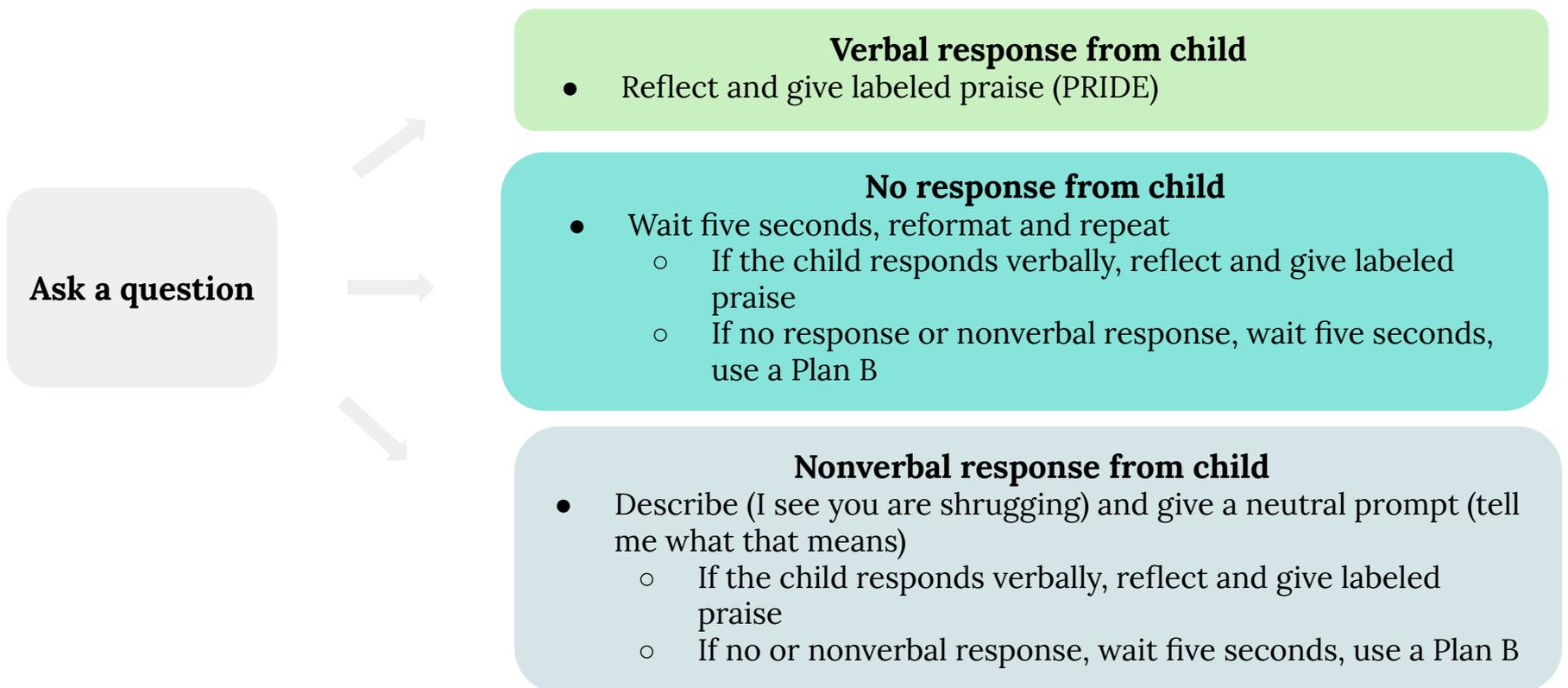
Yes/No questions can lead to nonverbal responding, but may be important to use if necessary

# VDI: Types of Questions

Yes/No	Forced Choice	Open Ended
Do you need to go to the bathroom?	Do you need to go to the bathroom or do you not need to go to the bathroom or something else?	What do you need to do if you have to go to the bathroom?
Is this your backpack?	Is this your backpack or someone else's?	Whose backpack is this?
Can you tell me what shape this is?	Is this a square or rectangle or something else?	What shape is this?

# VDI: Example Question Sequence

Ask a question



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graph LR; A[Ask a question] --> B[Verbal response from child]; A --> C[No response from child]; A --> D[Nonverbal response from child];
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## Verbal response from child

- Reflect and give labeled praise (PRIDE)

## No response from child

- Wait five seconds, reformat and repeat
  - If the child responds verbally, reflect and give labeled praise
  - If no response or nonverbal response, wait five seconds, use a Plan B

## Nonverbal response from child

- Describe (I see you are shrugging) and give a neutral prompt (tell me what that means)
  - If the child responds verbally, reflect and give labeled praise
  - If no or nonverbal response, wait five seconds, use a Plan B

# Breakout Groups

- Let's practice VDI skills
- Groups of 4
  - Participant #1: Child
  - Participant #2: Clinician
  - Participant #3, 4: Coder
- Each participant has a chance to take each role

Questions or reflections?

# If you suspect a child might have SM...

**Step 1:** Obtain informal information from parents about the child's speaking behavior at home: Where/when/to whom does the child talk? In what circumstances? What type of communication does the child use? When was the onset of speaking behaviors?

**Step 2:** If working in the school setting, share your observations with the school student support team. Teachers may record specific observations of speaking patterns

**Step 3:** Give families recommendations for services and resources

**Step 4:** Collaborate with the child's school, family, and community team

Questions?

# SLP Assessments with Children with SM

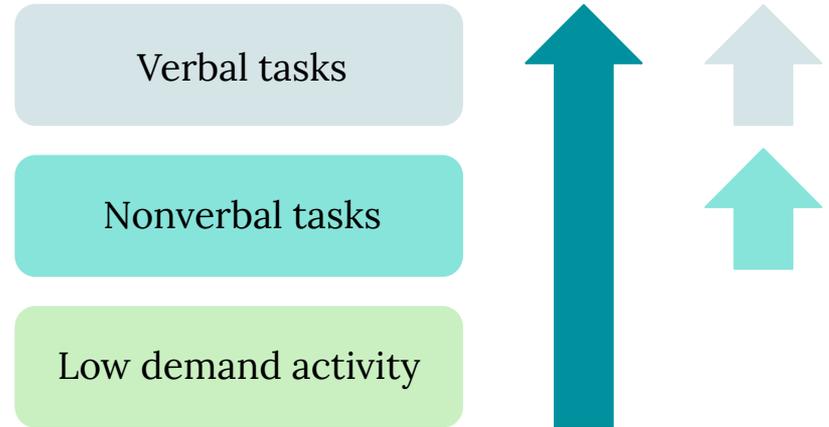
## Initial considerations:

- Consider scheduling multiple sessions and/or fade-in sessions
  - Consider 2-3 longer sessions or additional shorter sessions prior to beginning testing
  - Fade-in sessions: fade-in with a familiar communication partner
- Use CDI and VDI to help the child be as comfortable and verbal as possible

# SLP Assessments with Children with SM

Within a testing session, consider starting with tasks that could be nonverbal or have low speaking demands, and progressively transitioning to tasks involving more speech. For example:

- Start with a low-demand activity/game
- Transition to nonverbal tasks
- Transition to verbal tasks
  - Consider verbal demands (single word response/sentence responses/narrative retell response)
  - Consider skill targets (naming/answering/generating, articulation/pragmatics)



# SLP Assessments with Children with SM

Other options:

- Gather language and/or writing samples from parents and/or teachers
  - Give suggestions to parents for the type of sample to collect (e.g., tell a personal narrative, conversation with a sibling) and for taking a natural sample
- Gather rating scales from parents and/or teachers
- Be flexible with modifications (e.g., have children write responses, have a parent in the room, train a parent to administer an assessment)

Questions?

# SM in Schools

Often, teachers are the first to notice the signs of SM.

- Children with SM might be talking a lot at home, so parents may be unaware that their child is not speaking at school.
- A child may or may not have an existing community team.

# SM in Schools: Keyworkers

School teams should identify a 'keyworker' for children with SM.

- At minimum, that person should work with the student 3 times/week for 10-15 minutes at a time. Ideally this is someone that will be present between years and can remain consistent to help the student with transitioning between teachers as well. If that person is not possible, teachers are great keyworkers as well. That teacher will need to train the next teacher.
- The keyworker should be trained in CDI/VDI skills

# SM in Schools: IEPs and 504s

- IEP eligibility
  - Some students will have a different primary eligibility (e.g., SLD, SLI)
  - For students with SM only, eligibility labels may be district-specific (e.g., some districts include anxiety disorders under ED or OHI labels, or social language needs under SLI labels)
- 504 plans
  - Other times, a 504 plan to provide accommodations might be more appropriate

# SM in Schools: Accommodations

- Helpful accommodations will vary based on student needs, and can address:
  - Comfort at school
  - Staff interactions with the child
  - Modifying tests/classwork
  - Facilitating peer interactions
  - Communication between school and home
  - Transitions
  - Staff training
- Many accommodation examples can be found on: [selectivemutism.org](http://selectivemutism.org)

- Example accommodations:
  - Allow for nonverbal responding
  - Allow for extra time to answer questions
  - Give questions ahead of time that will be asked in class (scripts)
  - Plan for transitions to new teachers the year before
  - Track progress on speaking goals
  - Provide resources for bathroom/nurse

# SM in Schools: Suggestions for teachers

School teams can provide training for teachers. In the classroom, some basic suggestions for teachers are:

- Include the student into activities in a nonverbal way. Help them feel part of the classroom. Give the student a job to do that does not require speech.
- Avoid questions/expectations at first (no demands, criticism). Teachers can even replace 'Hi' with 'So good to see you.'
- Suggest a few activities for a student to do at free time or recess, or give tasks to the child with SM and a peer to do together.
- Try tasks with a small group or 1:1 with the teacher rather than a whole class.
- Offer and accept nonverbal responses. This is temporary and allows the child to feel comfortable and participate. Teachers can offer modifications like, "Go ahead and point to the one you want."

Questions?

# Resources for clinicians, educators, and families

## Websites

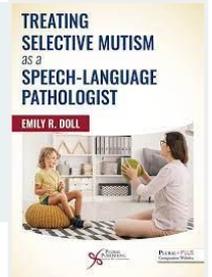
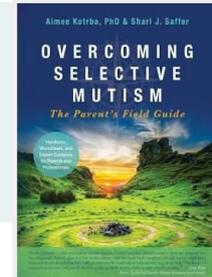
- Selective Mutism Learning University
- Selective Mutism Association
- Child Mind Institute

## Social Media

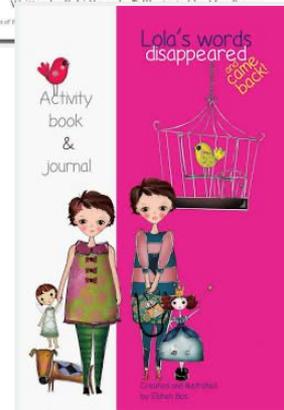
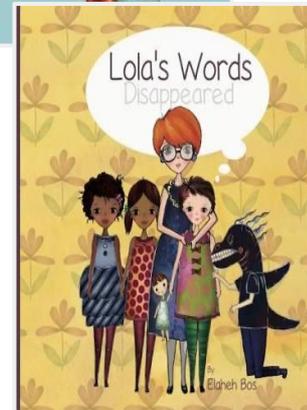
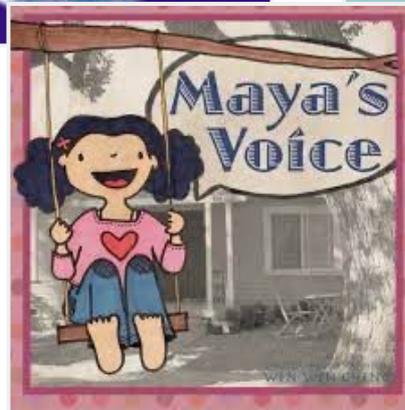
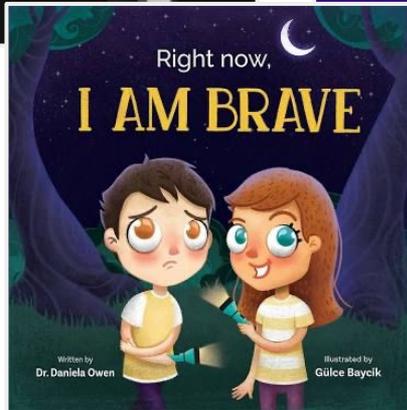
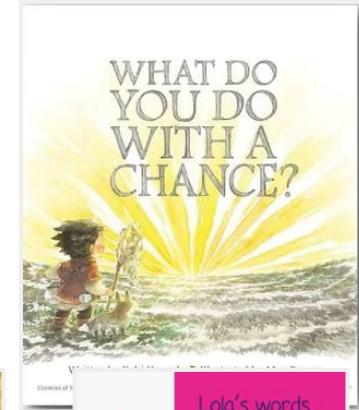
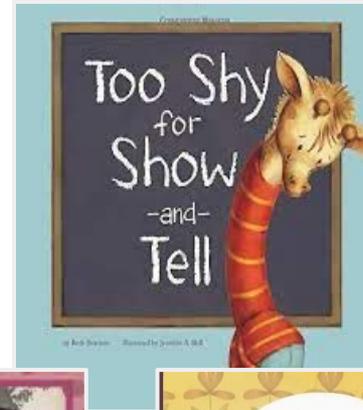
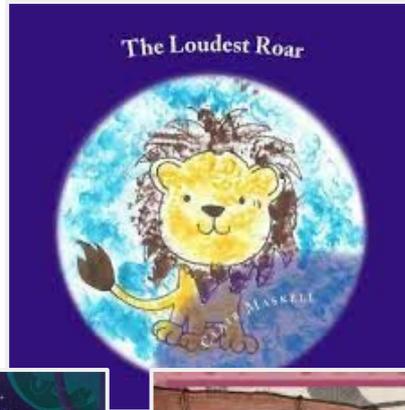
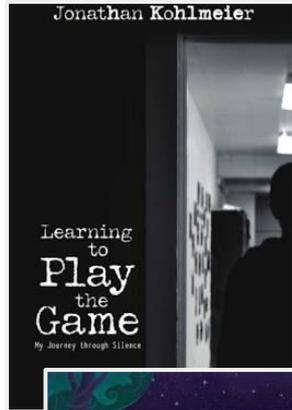
- Facebook: State specific SM Support Group
- Podcast - SM Outloud

## Books

- Overcoming Selective Mutism: The Parent's Field Guide
- Treating Selective Mutism as a Speech-Language Pathologist



# Resources for treatment



# Thank you!

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