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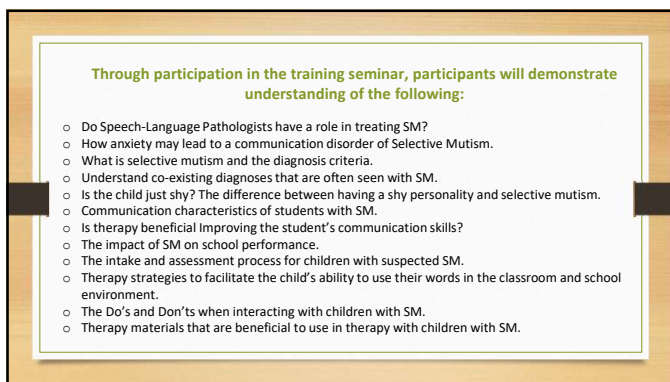
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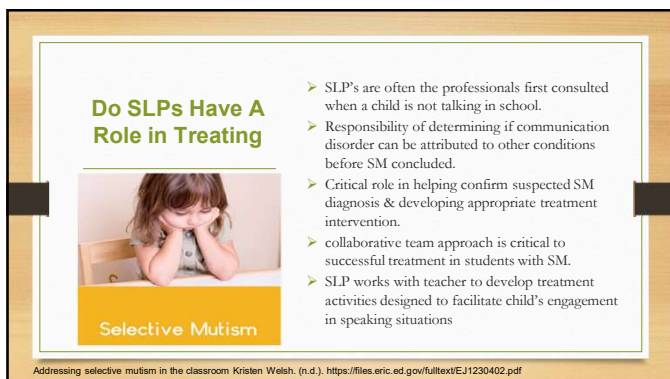
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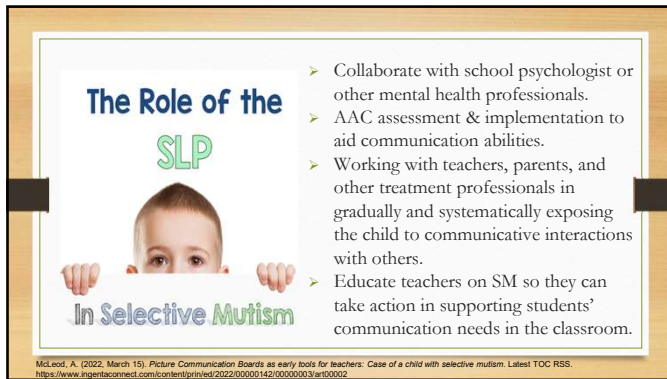
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## The Role of the SLP in Selective Mutism

- Collaborate with school psychologist or other mental health professionals.
- AAC assessment & implementation to aid communication abilities.
- Working with teachers, parents, and other treatment professionals in gradually and systematically exposing the child to communicative interactions with others.
- Educate teachers on SM so they can take action in supporting students' communication needs in the classroom.

McLeod, A. (2022, March 15). Picture Communication Boards as early tools for teachers: Case of a child with selective mutism. Latest TOC RSS. <https://www.ingentaconnect.com/content/journals/2022/00009142/00000003/art00002>

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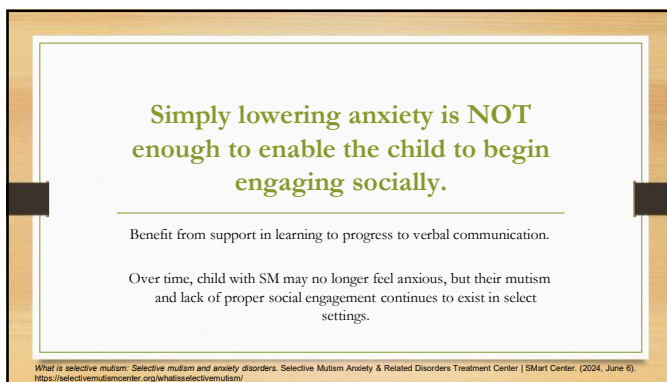
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## Simply lowering anxiety is **NOT** enough to enable the child to begin engaging socially.

Benefit from support in learning to progress to verbal communication.

Over time, child with SM may no longer feel anxious, but their mutism and lack of proper social engagement continues to exist in select settings.

What is selective mutism: Selective mutism and anxiety disorders. Selective Mutism Anxiety & Related Disorders Treatment Center | SMart Center. (2024, June 6). <https://selectivemutismcenter.org/what-is-selective-mutism/>

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“ Need to develop strategies to progress from nonverbal to spoken communication (Transitional State of Communication), an aspect missing from most treatment planes ”

Dr. Elisa Shipon-Blum  
Director of the Selective Mutism, Anxiety, & Related Disorders Treatment Center (SMart Center)

SLPs have a role in helping a child with SM progress from nonverbal to verbal communication and assisting the child with improving their social comfort & communication progression.

What is selective mutism: Selective mutism and anxiety disorders. Selective Mutism Anxiety & Related Disorders Treatment Center | SMart Center. (2024, June 6). <https://selectivemutismcenter.org/what-is-selective-mutism/>

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### Research indicates that children w/SM benefit from therapy with gradual exposure of speech-related situations

Results have shown 67% of children receiving 20 sessions of treatment showed notable difference in their SM communication behaviors & post treatment comparisons reveal that symptoms of SM and social anxiety as reported by parents and teachers were significantly reduced

Verses

No decreased was found in the control group with no treatment

Integrated behavior therapy for selective mutism: A randomized controlled pilot study | request PDF. (n.d.-b).  
https://www.researchgate.net/publication/255734458\_Integrated\_Behavior\_Therapy\_for\_Selective\_Mutism\_A\_randomized\_controlled\_pilot\_study

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### Connection Between SM & Social/Pragmatic Development

Increasing self-esteem and confidence in social settings is an integral objective for SLPs treating SM.

#### Communication struggles related to SM can result in difficulties:

- Participating in social settings
- Developing peer relationships
- Age-appropriate academic development
- Performing successfully on the job
- Leads to poor self-esteem and confidence in navigating social situations

McLeod, A. (2022, March 15). Picture Communication Boards as early tools for teachers: Case of a child with selective mutism. Latest TOC RSS.  
https://www.ingeniaconnect.com/content/privied/2022/00000142/000000003/art000002

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### A Study of Primary Teachers' Experiences of Teaching Students with Selective Mutism

- 11 teachers interviewed to develop explanatory framework to represent experience of teaching students with SM.
- Educators reported they do not receive enough support from specialist services.
- Expressed frustration regarding children's lack of progress.
- Teachers beliefs about SM affect their interactions with the child in the classroom and the provision of associated support.
- Early research found that teachers can experience a range of emotions when working with students with SM, such as anger, frustration, and helplessness-

Primary teachers' experiences of teaching pupils with selective mutism: A grounded theory study. (n.d.-c).  
https://www.researchgate.net/publication/352551634\_Primary\_teachers'\_experiences\_of\_teaching\_pupils\_with\_selective\_mutism\_a\_grounded\_theory\_study

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### SLPs Role in Educating Teachers

- Educate teachers on SM so they can take action in supporting early intervention in students
- Teachers who increase their understanding of treatment options are more likely to support therapy approaches
- Classroom teachers play pivotal role in early identification and treatment of students with selective mutism.
- Students with SM remain unidentified when classroom teachers are unaware of presenting symptoms, available treatments, and proactive classroom-based interventions.
- Without adequate understanding of SM, teachers could unknowingly be supporting behaviors in classroom

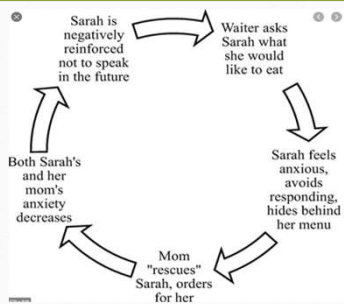
Addressing selective mutism in the classroom Kristen Welsh, (n.d.-a). <https://files.eric.ed.gov/fulltext/EJ1230402.pdf>

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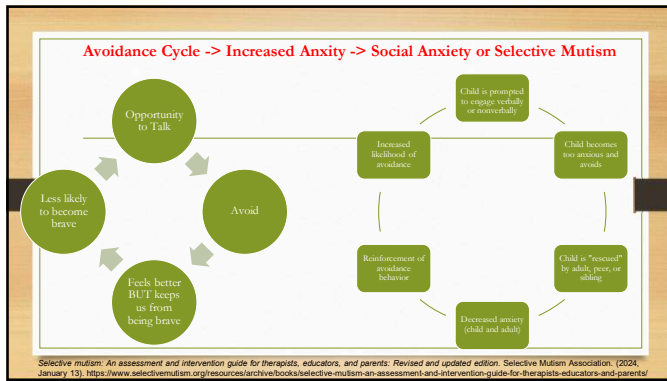
### How Does Anxiety Lead to Communication Disorders?



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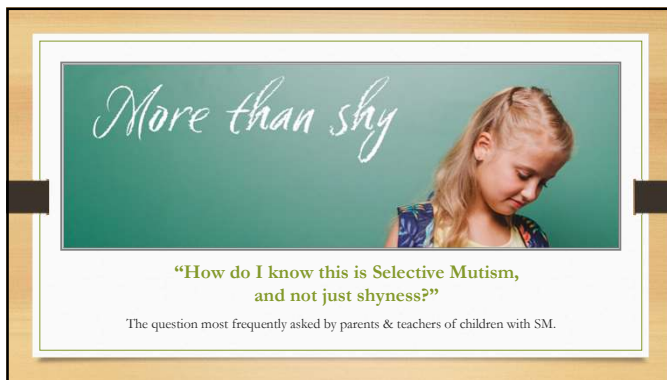
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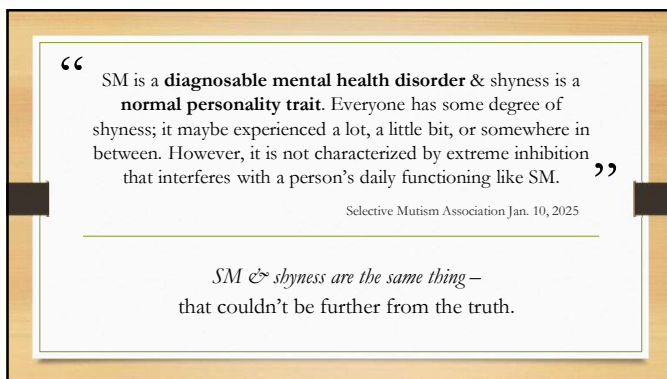
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### A Shy Child:

- observes, takes in the new information, processes, gets their bearings, & slowly **begins opening up**.
- Within a relatively **short period of time**, they begin engaging, & **communicating** with peers &/or adults and communicate in various social situations



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### Children with SM:



- hesitant at first, eventually engage in group setting ***without speaking***
- **Consistent pattern** of inability to speak in **numerous** social situations outside of their home environment
- Child often interacts well (participating & not always looking outwardly anxious) **YET** speech **does not** eventually follow as it would with a "shy" child.
- Even after the "warming-up" stage has passed, the child is **still unable to speak**.

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Shy child acts in a **similar** hesitant and inhibited manner **across** social situations

Child with SM almost appears to have **two different personalities**:

- 1) The silent, anxious, inhibited child in certain social situations
- 2) The outgoing, charismatic, talkative, moody, and even bossy child when comfortable



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## Research related to temperament typology of behavioral inhibition (BI) & temperament factor in children with SM

BI = tendency to react to shyness, distress, & withdrawal in response to novel and changing situations.

Children aged 3 – 18 with SM, social anxiety disorder

Indicated children with SM and SAD were more inhibited when they were infants & toddlers

Children w/SM showed higher total B scores

= BI is a risk factor in not only SAD in children, but also implicated in SM.

Gemthaler AKhatif S, Ugges M, Kaess M, Freitag CM, Schwend C. (n.d.). Selective mutism and temperament: The silence and behavioral inhibition to the unfamiliar. *European child & adolescent psychiatry*. <https://pubmed.ncbi.nlm.nih.gov/26970743/>

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## Misconceptions of SM

- Child will outgrow their silence.
- Interpreted as a means of being oppositional, defiant, manipulative, or controlling.
- Erroneously viewed as an indication of learning disability.
- **For most children who are truly affected by SM, these are wrong & inappropriate.**
- Oppositional behaviors develop out of a combination of frustration or the child's inability to make sense of their mutism, and others pressuring them to talk.

What is selective mutism: Selective mutism and anxiety disorders. Selective Mutism Anxiety & Related Disorders Treatment Center | SMart Center. (2024, June 6). <https://selectivemutismcenter.org/whatisselectivemutism/>

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Parents of children with SM describe their child as being:

Funny  
Inquisitive  
Extremely verbal  
Boisterous  
Bossy  
Stubborn



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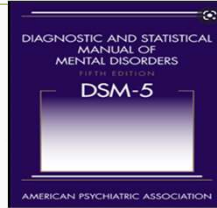
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## Understanding the DSM-5 Diagnostic Criteria



Diagnostic and statistical manual of mental disorders: DSM-5. (2013). . American Psychiatric Association.

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## ANXIETY DISORDERS



- Selective mutism
- Social anxiety disorder
- Generalized anxiety disorder
- Panic disorders/agoraphobia
- Separation Anxiety
- Phobias
- Anxiety due to a medical condition
- Obsessive-compulsive disorders
- Post-traumatic stress disorders

Diagnostic and statistical manual of mental disorders: DSM-5. (2013). . American Psychiatric Association.

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## Selective Mutism (F94.0)

### What is selective mutism?



- ✓ An **anxiety disorder** characterized by an individual's inability to speak in one or more social settings
- ✓ **Consistent failure/inability** to speak in specific social situations despite speaking in other situations.
- ✓ Pattern is **persistent over time**
- ✓ Inability becomes a **pattern of behaviors**.
- ✓ Interferes with educational or occupational achievement or social communication.
- ✓ Duration of disturbance is **at least 1 month**
- ✓ Not attributable to lack of knowledge of the spoken language required in social situation.
- ✓ Not better explained by a communication disorder.
- ✓ Generally have normal language skills.
- ✓ Does not occur exclusively during course of autism spectrum, schizophrenia, or other psychotic disorders.

Diagnostic and statistical manual of mental disorders: DSM-5. (2013). . American Psychiatric Association.

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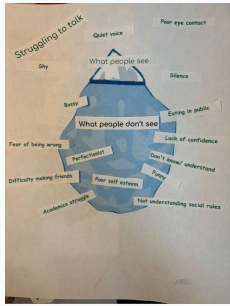
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### Symptoms of SM Beyond Failure to Speak

- Excessive shyness
- Fear of social embarrassment
- Social isolation; Withdrawal
  - Clinging
- Compulsive Traits
  - Negativism
  - Temper tantrums
- Controlling or Oppositional Behavior



Diagnostic and statistical manual of mental disorders: DSM-5. (2013). . American Psychiatric Association.

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### Symptoms of SM

- Total or near-total inability to communicate
  - Going to great lengths to avoid communicating or avoiding it entirely. It can look like:
    - A "deer in the headlights" or blank expression.
    - Avoiding eye contact.
    - Avoiding social interactions or not participating in them.
    - Not asking for things wanted or needed.
  - Behaving disruptively (such as throwing temper tantrums) to avoid talking
- Nonverbal communication
  - Preferring to use widely understood sounds (such as "uh-uh" for "no" and "uh-huh" for yes) or other noises instead of words.
  - Writing responses or pointing to things.
  - Using gestures or other movements (such as facial expressions, pointing, miming, or nodding or shaking your head).

professional, C. C. medical. (n.d.). Selective mutism: Overcoming anxiety to find your voice. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/selective-mutism>

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- Minimal or reduced communication
  - Slowed responses.
  - Using single-word responses or very short sentences.
  - Mumbling, stuttering or whispering.
  - Changing one's voice (speaking in a robot-like voice or changing one's natural pitch and tone).

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	Speech Frequency (How frequently?)	Communication Partners (Who?)	Setting Variable (Where?)	Intervention Recommended
Type 1	Limited	Most people	Most environments	Contingency management
Type 2	Typical	One or limited people	Most environments	Stimulus fading of new people in specific environments
Type 3	Typical	Most people	One environment	Stimulus fading of environments
Type 4	Limited	One or limited people	One environment	Stimulus fading of new people into comfortable AND environment AND stimulus fading of environments
Type 5	No Speech	No people	No environment	Shaping AND Stimulus fading of new people and environments

Selective mutism: An assessment and intervention guide for therapists, educators, and parents. Revised and updated edition. Selective Mutism Association. (2024, January 13). <https://www.selectivemutism.org/resources/archiveworkbookselective-mutism-an-assessment-and-intervention-guide-for-therapists-educators-and-parents/>

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SM impacts approximately **0.7% (approximately 1 in 140)** of school-aged children. (SMA)

Almost always begins in childhood around age 4.

It is more prevalent among girls than boys.

It is more common in multilingual youth

- ❖ Prevalence is believed to be higher due to lack of knowledge about the diagnosis.
- ❖ Being bilingual does not cause SM, but kids with anxious temperament & being expected to use a language less comfortable with can put them at additional risk.

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Most common ***misdiagnosis*** of SM is **autism** due to the lack of facial expressions, eye contact, social difficulties, and lack of verbal language.

- Communication challenges related to autism spectrum disorder will be apparent in **ALL** situations.
- Symptoms of selective mutism are only noticeable in **SPECIFIC** social situations.
- Kids with autism will have problems interacting socially in **ALL** circumstances, not just around **CERTAIN** people or in **CERTAIN** settings.
- Kids with SM show challenges when **UNCOMFORTABLE** & tend to have fairly typical social interactions & communication skills when they are **COMFORTABLE**.
- Presence of restricted interests or repetitive behaviors are not commonly seen in children with SM.

What is the difference between selective mutism and autism? Selective Mutism Association. (2022, June 21). <https://www.selectivemutism.org/resources/archiveworkbookwhat-is-the-difference-between-selective-mutism-and-autism/>

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**Relationship between SM and ASD.  
increasing research evidence**

Advocating to revise the current classifications criteria SM and to allow SM and ASD to be comorbid conditions & further screening for ASD in children with SM is warranted.

- Klein et al. (2019) 42 children 2 to 13 years with diagnosis of SM
- Parents & teachers completed the *Behavior Assessment System for Children (B-ASC)*.
- Findings: 80% of the children scored above the cut-off on the autism probability index.
- Many displaying difficulties with developing & maintaining social relationships.
- In 99 families that included 106 children with SM
- a number of single nucleotide polymorphisms (SNPs) in the contactin-associated protein-like 2 (CNTNAP2) were genotyped.
- Results showed that the SNP rs2710102 was significantly associated with the presence of SM.
- because CNTNAP2 is known as a susceptibility gene for ASD, Stein et al concluded that some forms of SM share a similar genetic liability with disorders in the autism spectrum.

Murik, P., & Olenick, T. H. (2021, February 16). Current challenges in the diagnosis and management of selective mutism in children. *Psychology research and behavior management*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7890755/>

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**Research of comorbidity between SM  
and ASD**  
Steffenburg et al (2018)

Medical records of 97 children between 4 and 18 years were analyzed to verify the presence of ASD.

All children had SM as primary diagnosis

Results = 28% had ASD; 4% has Asperger Syndrome, & 29% had PPD/NOS (based on DSM-IV 1994 terminology)

Analysis revealed that 62% of the children with SM could also be diagnosed with ASD.

17% of children with SM showed no overt signs of ASD

Suggesting that SM & ASD are two disorders that can & frequently do co-occur

Steffenburg, H., Steffenburg, S., Gillberg, C., & Billstedt, E. (2018, May 7). Children with autism spectrum disorders and selective mutism. *Neuropsychiatric disease and treatment*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5944454/>

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**Contactin-Associated Protein-Like 2 (CNTNAP2)  
considered to be a susceptibility gene for ASD**

- Stein et al. (2011) examined whether SM & ASD share pathophysiological features.
- 99 families; 106 children with SM
- Results: SNP rs2710102 was significantly associated with the presence of SM.
- Therefore concluding that on a genetic level, SM, SAD, & ASD appear to share a similar susceptibility factor.

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### Other research show much lower comorbidity rates

Kristensen 2000: 7.4%

Anderson & Thosen 1998 8.1%

Current body of evidence on the link between SM and ASD is still meagre, yet the field is encouraged to reconsider the boundary that has been placed between both disorders and conduct more research to investigate the relationship between ASD and SM more.

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Evidence supporting that there indeed is an **intimate link between SM and (social) anxiety** that justifies its recent re-classification as an anxiety disorder.

*From Psychological Research and Behavior Management (2021)*

- Results showed that 80% of the children with SM also fulfilled the diagnostic criteria for at least one other anxiety disorder
- Vast majority of cases (69%) this involved social anxiety disorder (SAD).
- Often co-occurs with **separation anxiety disorder**.

Muris, P., & Ollendick, T. H. (2021, February 16). Current challenges in the diagnosis and management of selective mutism in children. Psychology research and behavior management. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7886755>

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Study by Cohan, et all (2008)

130 children (5 – 12 yrs. diagnosed with SM

Findings = in most children with SM, anxiety is a prominent feature, although in a substantial proportion other problems are also present -> **heterogeneous disorder**

- ❖ 44.6% of children w/ clinically elevated scores for social anxiety and behavioral problems (anxious-mildly oppositional).
- ❖ 43.1% clinically elevated scores for social anxiety and speech and language problems.
- ❖ 12.3% only had elevated anxiety scores.

MB, C. S. J. (n.d.). Suffering in silence: Why a developmental psychopathology perspective on selective mutism is needed. Journal of developmental and behavioral pediatrics. JDBP. <https://pubmed.ncbi.nlm.nih.gov/16906012/>

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### Co-Existing of Speech and Language Disorders

- Steinhausen, and Juzi - it was found that 38% of the children with SM also displayed early speech and language disorders.
- articulation disorder (20%)
- expressive language disorder (28%)
- Study: 54 children with SM and 108 control children
- Results: children with SM were more often characterized by a developmental delay, and concerned with language problems (51.9%).
- phonological disorder (42.6%),
- mixed receptive-expressive language disorder (17.3%),
- expressive language disorder (11.5%)
- were clearly more prevalent among the children with SM
- control group being 10.2%, 1.0%, and 1.0% respectively).

Muris, P., & Ollendick, T. H. (2021, February 16). Current challenges in the diagnosis and management of selective mutism in children. *Psychology research and behavior management*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7890758>

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### 59.6% (87 of 146) of children with SM present with language deficits

35-75% also have additional speech or language needs

\*often exhibit communication deficits in areas of oral narration & complex expressive language tasks

- When parents evaluate child in the home setting, 66% exhibit expressive language deficits at or below 5<sup>th</sup> percentile for their age.
- 32% combined receptive/expressive language disorders,
- 2% receptive language disorder

(Klein & Armstrong, 2014).

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SM is associated with a developmental delay in:

phonic  
literacy  
language skills

- Speaking inhibition limits opportunities for children to develop and consolidate understanding through discussion in school.

Primary teachers' experiences of teaching pupils with selective mutism: A grounded theory study. (n.d.-c). <https://www.researchgate.net/publication/352551634> Primary teachers' experiences of teaching pupils with selective mutism: A grounded theory study

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### Some children develop SM because of:

- anxiety related to how they talk or how well they understand others
- speech disorders (like stuttering)
- they don't like their voices or feel anxious about how they sound

JT, B, R, J. (n.d.). Prevalence and description of selective mutism in a school-based sample. *Journal of the American Academy of Child and Adolescent Psychiatry*. <https://pubmed.ncbi.nlm.nih.gov/12162626/>

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Age of **Onset** is 2.7 to 4.1 yrs. old

Age **Referred** for Assessment and/or Treatment 6.5 to 9-yrs. old

- ❖ Research indicates a **1-to-3-yr. lag** between symptom onset and/or identification of an issue and the appropriate diagnosis and start of treatment.



Everyday that a child with SM avoids communicating the strength of their habit is increased.

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### What prevents children with SM from being identified and/or receiving treatment?

Lack of knowledge about the diagnosis.

Less than 1 in 5 U.S. adults (15%) have ever heard of selective mutism.

- ❖ Because children with SM are generally not a behavioral problem, the lack of verbal communication is sometimes not enough for teachers to share concerns with parents.
- ❖ Parents are often shocked by teacher's concerns, since parents are used to their kids being chatty at home and might not have seen the behavior that teachers are seeing at school.

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### Why is there such a lag time between onset of symptoms and initiating treatment?

Families are often encouraged by family members, physicians, and other professionals to wait for the child to mature or "grow out of it," . . .



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### Why is early diagnosis SO IMPORTANT?

- Earlier child is treated for SM, the quicker the response to treatment & better overall prognosis.
- IF mutism continues for years child's behavior can become a conditional response (gets used to non-verbalizing).

SM can become difficult to break!

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### Overcoming Selective Mutism - Rachel's Story



Overcoming selective mutism - rachel's story. YouTube. (2021, September 23). [https://youtu.be/WzuBdGKz2\\_0?si=8JokTEQWUw78v12q](https://youtu.be/WzuBdGKz2_0?si=8JokTEQWUw78v12q)

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### Common Communication *Struggles* of Children with SM

- Speaking to individuals outside of the home, even immediate family members
- Having an appropriate **rate** of response
- Using audible **vocal volume**
- Appropriate **visual attention** to communication partner
- Meeting & speaking to new people
- Talking on the **phone**
- Responding to others



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*"It is not an **unwillingness** to talk, but an **inability** to talk based on the anxiety. It is a very misunderstood anxiety disorder."*

What a mother of a child with SM wishes others understood about her child.

Child's lack of communication serves to **reduce anxiety** & **protect** the child from further **anxiety-provoking social interactions**.



*"Being on stage EVERY MINUTE of their day."*  
How children with SM describe communication

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### IF LEFT UNTREATED:

- Worsening anxiety and depression
- Social isolation, impaired peer relationships
- Self-esteem issues
- School refusal
- Poor academic performance
- Self-medication (i.e., drugs, alcohol as adolescents & young adult)
- Difficulty obtaining a job or adjusting to work situations



Grandbois, K. (2022, January 14). Unlocking the mystery of selective mutism with dr. Aimee Kottke. SLP Nerdcast. <https://www.slpnerdcast.com/blog/selective-mutism-with-aimee-kottke>

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### Is Therapy Beneficial in Treating SM?

*A Study of for 24 children diagnosed with SM*

- Speech in school increased following a 21-session intervention largely delivered in the school environment
- 70% of children no longer met the diagnostic criteria for SM after five years
- Children who failed to speak in first weeks of school had continued difficulty 6 months later.
- When diagnosed and treated in early childhood, most people with SM can overcome or learn to cope with it (Cleveland Clinic study)

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Research Study Bergman et al. (2002)  
12 kindergarten, 1<sup>st</sup>, & 2<sup>nd</sup> grade students w/SM  
Followed for 6-months  
Frequency of speaking behaviors significantly increased  
Social anxiety substantially decreased

Yet, long-term follow-up studies found  
Although muteness gradually diminishes, in most cases social and communication problems  
tend to continue into adolescents and even adulthood (Remschmidt et al. 2001;  
Steinhausen et al. 2006)  
SO...  
Benefit from teaching the student social (pragmatic) language strategies.

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### A Study of Prevalence of SM in a Public School Sample Found

- Intervention preferable to waiting for SM to spontaneously remit.
- Children who failed to speak in first weeks of school had continued difficulty 6 months later.
- SM group evidenced significant decrease in TRF Withdrawn subscale
- Academic impairment secondary to lack of verbal interaction
- Impairment not limited to social functioning but included deficiencies in academic & overall functioning.
- Many professionals working with children with SM do not consider potential academic consequences that may be experienced by a child who is not disruptive but does not participate in class.

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## How does the communication struggles associated with SM manifest in the classroom?

### Reluctant or not able to:

- ☐ Participate in group discussions or group activities
- ☐ Answer questions
- ☐ Asking questions for clarification or for help
- ☐ Demonstrate their understanding or lack of understanding of academic skills
- ☐ Provide **adequate details** in their verbal or written responses.
- ☐ Completing **verbal assignments** such as speeches or presentations
- ☐ **Homework** struggles
- ☐ **Test anxiety** -> under performance on exams
- ☐ **School refusal** -> getting behind in classwork



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## School Accommodations



- ❖ Allow extended time to respond
- ❖ Allow for nonverbal communication to express needs such as restroom, leaving classroom, etc.
- ❖ Allow nonverbal communication to request assistance or clarification
- ❖ Don't require direct eye contact when communicating
- ❖ Don't require the student to speak louder
- ❖ Allow for alternative methods of doing presentations (i.e., video, present 1:1 with teacher or in a small group)
- ❖ Eliminate requirement of reading aloud to entire class
- ❖ Student should not receive reduced grade for lack of verbal participation
- ❖ Provide alternative methods for verbal participation (i.e., writing response)
- ❖ Extended time for test
- ❖ Preferential seating with preferred peers
- ❖ Allow student to indicate classmates most comfortable with communicating & setting

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## WHERE to Begin?



- Documentation of the communication differences in specific settings.
- Diagnostic Criteria: Typical, age-appropriate use & understanding of language, but demonstrate a **persistent inability** to communicate in **specific settings**

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The image shows two forms side-by-side. The left form is the 'Pragmatics Profile' from the CELF5, which includes a list of 25 items related to pragmatic language skills, such as understanding nonverbal cues, following directions, and understanding the context of communication. The right form is the 'CELF5 Observational Rating Scale', which includes a section for 'Directions' and a table for recording observations. The table has columns for 'No happens', 'Happens', 'Often happens', and 'Always happens', and rows for various pragmatic skills.

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The image shows a 'Descriptive Pragmatics Profile' form. It includes a section for 'Directions' and a table for recording observations. The table has columns for 'No happens', 'Happens', 'Often happens', and 'Always happens', and rows for various pragmatic skills. The form also includes a section for 'Comments' and a section for 'Assessment'.

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The image shows a 'Selective Mutism Questionnaire (SMQ)' form. It includes a section for 'Directions' and a table for recording observations. The table has columns for 'No happens', 'Happens', 'Often happens', and 'Always happens', and rows for various pragmatic skills. The form also includes a section for 'Comments' and a section for 'Assessment'.

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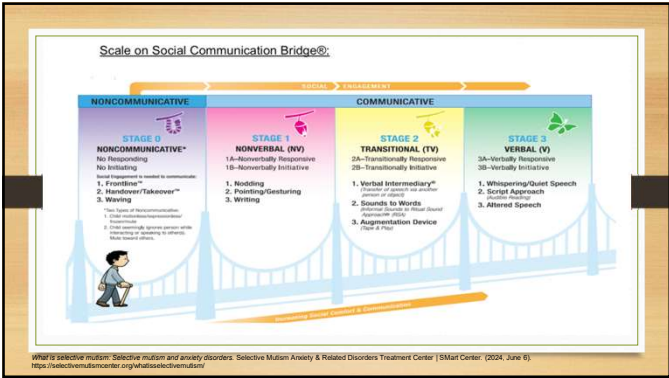
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FSSM 12-18  
Frankfurt Scale of  
Selective Mutism

Home Selective Mutism Association, (2024a, June 27). <https://www.selectivemutism.org/>

First, please judge whether the following questions apply to your child.

General speaking behavior	Yes	No
1. Does your child fail to speak in certain situations and/or with certain individuals even though it is expected of him/her?	1	0
2. Does he/she speak in certain situations and/or with certain individuals only very softly and tonelessly, or only use single words?	1	0
3. If your child incapable in certain situations of shaking his/her head, of nodding or of pointing to something when asked to?	1	0
4. Do his/her movements seem slow or frozen-like to you in certain situations?	1	0
5. Does your child's facial expression appear less vivid and expressionless or does he/she display a steady smile of embarrassment?	1	0
6. Does he/she fall increasingly silent, the more he/she is pushed to speak?	1	0
7. Does your child lower his/her head and/or avoid eye contact in certain situations, if he/she is spoken to?	1	0
8. Does your child suppress noises (i.e., coughing, sneezing, clearing the throat, laughing, crying) in certain situations?	1	0
9. Does your child try to avoid situations in which he/she is expected to speak by withdrawal, defiance or refusal?	1	0
10. Is there an obvious difference between your child's speaking behavior at home (more talkative) and outside the home (taciturn or mute)?	1	0

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*Participation-Related Questions for  
Students with  
Suspected Selective Mutism (SM)*

- 17 Question Questionnaire for teachers to complete to describe the student's level of participation in these various situations in the classroom and school environment.

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Person (e.g., mom, dad, teacher)

in

Environments (e.g., classroom, private office in school, school playground, etc.)

### Already Talks To

Selective mutism: An assessment and intervention guide for therapists, educators, and parents: Revised and updated edition. Selective Mutism Association. (2024b, January 13). <https://www.selectivemutism.org/resources/archives/books/selective-mutism-an-assessment-and-intervention-guide-for-therapists-educators-and-parents/>

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### Involving the student in the therapy process

Employ self-report scales for older students to assess the intensity & frequency of fear & anxiety symptoms.

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### The Worry Scale

Rating the Worry Before, During, & After the Communication Exposure

Rapee, R. M., Wignall, A., Spence, S., Cobham, V., Lyneham, H. J., & Marlo, C. (2023). *Helping your anxious child: A step-by-step guide for parents*. Tantor Audio.

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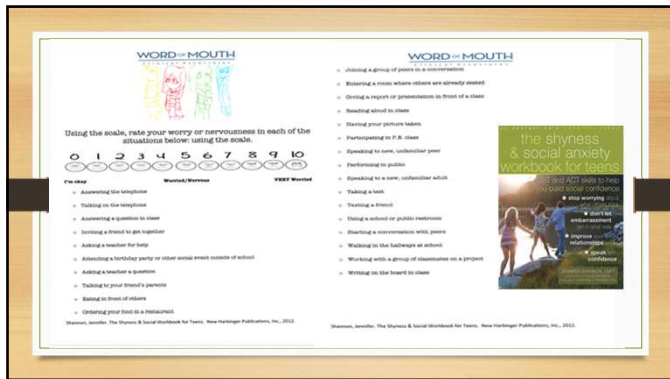
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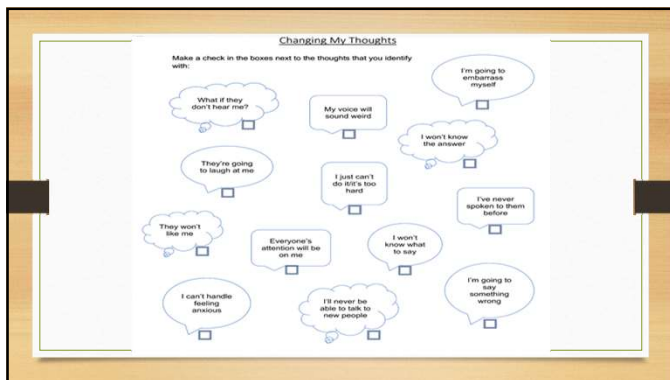
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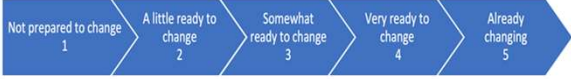
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When you think about getting braver and using your voice more at \_\_\_\_\_ or in \_\_\_\_\_, how prepared are you to change?

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### When Communicating with Children with SM

<p><b>DON'TS</b></p> <ul style="list-style-type: none"> <li>• Overly praise or react when the child does verbally communicate</li> <li>• Ask open-ended questions (i.e., How was your weekend?)</li> <li>• Require visual attention (until later in therapy)</li> <li>• You don't make a lot of eye contact</li> <li>• Describe the child as "shy"; leads the child &amp; others to believe that the behavior cannot change</li> <li>• Focus on require polite words (i.e., please/thank you)</li> <li>• Talk about talking</li> <li>• Mind-read (i.e., guess/assume what want).</li> </ul>	<p><b>DO's</b></p> <ul style="list-style-type: none"> <li>• Calmly acknowledge verbal communication. "I enjoyed hearing your thoughts in group."</li> <li>• Ask Forced-Choice questions (i.e., Did you ride your bike or play football this weekend?)</li> <li>• Initially, visual attention towards the game or other stimuli</li> <li>• "Once comfortable, I know she will share her words with us."</li> <li>• Allow time to respond – try not to rescue. Reword your communication</li> <li>• Play "dumb" to what they want/need – encourage communication.</li> </ul>
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### Therapy Process: Stimulus Fading Procedure



1. Don't begin with talking -> Allow to become comfortable in setting.
2. If possible, incorporate parents - > SLP fades in.
3. "Meet" the student at the level they are comfortable demonstrating.

Research I.R. Bergman (2002 & 2013) indicated: When child fails to speak to the therapist, parents can assist and the parents fade in to secure child engagement is vital.

**Results:** Significant increase of speech found after treatment, with no change in waitlist children who did not receive parent/therapist treatment. 67% of treatment recipients no longer fulfilled criteria SM & clinical gains were maintained at 3-months follow-up.

Integrated behavior therapy for selective mutism: A randomized controlled pilot study | request PDF (.pdf) | [https://www.researchgate.net/publication/255734456\\_Integrated\\_Behavior\\_Therapy\\_for\\_Selective\\_Mutism\\_A\\_randomized\\_controlled\\_pilot\\_study](https://www.researchgate.net/publication/255734456_Integrated_Behavior_Therapy_for_Selective_Mutism_A_randomized_controlled_pilot_study)

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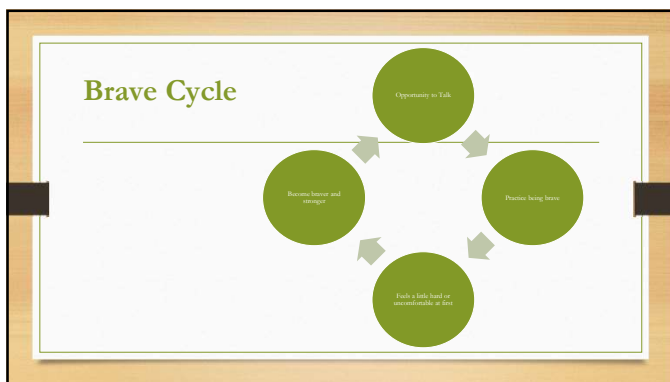
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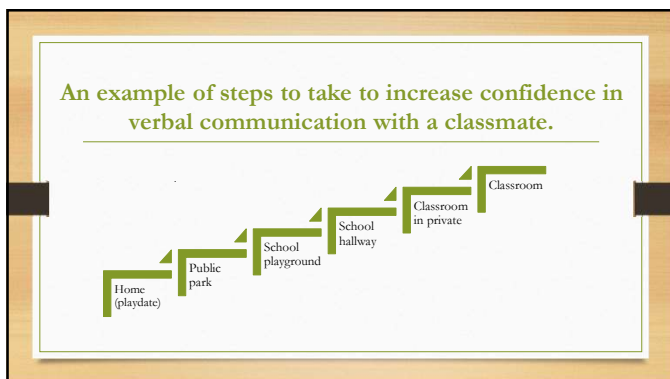
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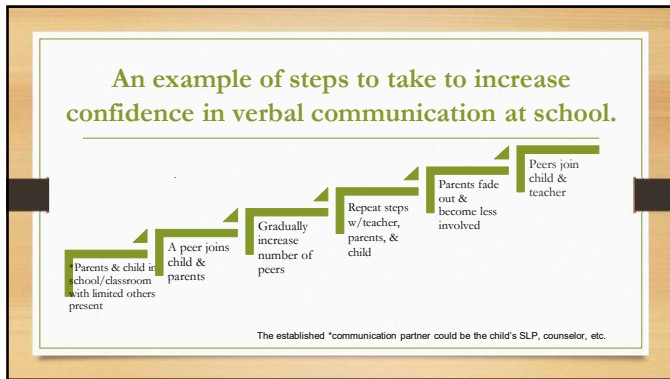
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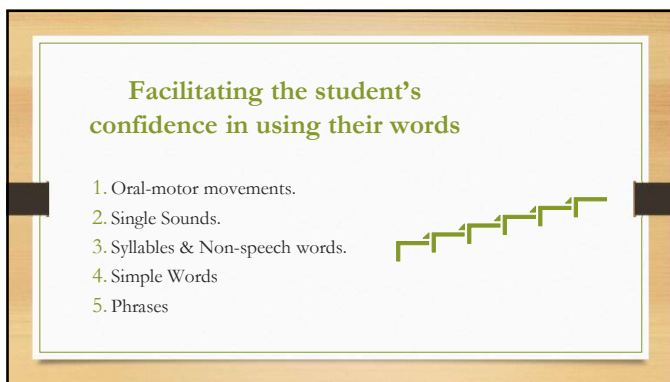
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	1	2	3	4	5	6
1	SUP	MAG	DIT	NID	TUC	COG
2	GES	HET	SIL	NAM	MUP	RAL
3	NIV	GUF	FIB	BLUB	NIP	JUP
4	SNOO	CUN	GOL	HIB	PUP	VOP
5	LON	TIB	TIX	DEP	SOM	JEJ

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## Games to Facilitate Communication with children with SM

*Go Fish* by Fischer Price  
*Barryard Bingo* by Fischer Price  
*What Do You See? Colors* by Carson Dellosa  
*Lucky Ducks* by Milton Bradley  
*Sound Bingo* by Do-Re-Me & You  
*Pandabo* by HaPe  
*Puppy Pals Bingo* by Cranium  
*Diggy Dyer*  
*Where It It?* By Orda Industries  
*Fast Flip* by Blue Orange Games  
*Blurble* Vol. 1 by Bernard Games  
*Spot It* by Blue Orange Games  
*Bubble Talk* by Techno Source  
*5-Second Rule Jr.* by Patch  
*I Spy Dig In* by Bearpatch  
*Bed Bugs* by Hasbro



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## Facilitating Ability to Engage in Conversations

### STEPS:

1. Would You Rather Questions.
2. Get To Know Questions.
3. Teach Conversational Strategies



*See handout for specific references*

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## Tools to Navigate Conversation



### 1. Maintaining Conversations

- Flip Question Back
- Listen for "Golden Nuggets"/Clues
- Asking Follow-Up Questions: 2 Question Rule
- Asking Open-Ended Questions

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Listening for “*golden nuggets*”/clues.  
How many follow-up questions can you ask?

<https://youtu.be/JenzD7jAMs>  
Keeping a Conversation Going  
Continued ©Jennifer Horton

<https://youtu.be/JIM7dks1w>  
Keeping a Conversation Going  
©Jennifer Horton

Begin @2:39

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**2. Question Rule**

Practice Asking Follow-Up Questions

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**Closed Questions** VS **Open Questions**

Result in short answers  
Puts the conversation back on you

Invites the communication partner to share more information about themselves and their experiences  
**OTHERS** talking vs. **YOU!**

- Closed Ended Questions:**
  - Do you like soccer?
  - Did you go to the game?
  - Are you dressing up for Halloween?
  - Did you have fun?
  - Which one do you like better?
- Open Ended Questions:**
  - How did you get into playing soccer?
    - What did you think of the game?
  - What are your plans for Halloween?
    - How was the concert?
  - Why do you like that one better?

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**Let's Practice**  
**Asking Open-Ended Questions**

- Closed question: *Did you have fun at prom?*
- Open question:
- Closed question: *Do you like sports?*
- Open question:
- Closed question: *Did you have a good vacation?*
- Closed question:
- Closed question: *Are you going anywhere for fall break?*
- Open question:

How to Avoid Awkward Silence. By David Martin & Vidne Sander | Last updated: October 1, 2020

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**Training the Student to Expand their Answers**

<b>Ends the Conversation</b>	<b>Keeps the Conversation Going</b>
<ul style="list-style-type: none"> <li>• What video games do you play? <i>Super Mario cart</i></li> <li>• What's your favorite dessert? <i>Ice-cream</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>I really like the Mario games, but my favorite is Super Mario cart.</i></li> <li>• <i>Jeni's ice-cream. My favorite is high five candy bar!</i></li> </ul>

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**Think About . . .**

- How the girl feel during the interactions with the two different communication partners?
- Who did she end up connecting more with?
- Which communication partner is she more than likely to engage in further interaction with?

Start @:35 Touchstone - saying more than yes or no: YouTube. (2009, May 4). <https://youtu.be/0jmlYVVVY>

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**1. Break the Ice ?s**

- o How are you?
- o How was your weekend?
- o What's up?
- o What's going on?





**2. Umbrella ?s:** Related time of the year – These **CHANGE**

- o Halloween
- o -Fall
- o -Fall sports
- o -Fall Break

**3. Get to Know You ?s**

**Initiating Conversation**

Teach the Student to have Several **Get to Know You Questions** ready:

What do you do outside of school?

What's Favorite \_\_\_?

What's Least Favorite \_\_\_?

If you could \_\_\_?

Most unusual \_\_\_ (food, restaurant, gift, vacation, etc.)?

What made you get into \_\_\_?

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**3. Creating & Using Memory Files Assist To:**


a) **Initiate Conversations**

- o Interests
- o Past experiences

b) **Fill in the Silence**

- o "By the way . . ."
- o "I remember . . ."

c) **To show others we care**



Teach the student to **REMEMBER** details

- Details from our **conversations** with others
- Details about our **communication partners**
- Details about **events/experiences** we share with others

Thinking About You Thinking About Me- Michelle Garcia Winner

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*You can't learn everything at once.  
Select one idea you like and implement it in your conversations.  
When you can do it naturally, come back to this guide and pick a new technique to practice.*

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### Peer Support Networks

- ❖ Incorporate a classmate(s) into the student's sessions to practice targeted skills.
- ❖ Important to educate the classmate on the purpose of the session.



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### Books for Children About Selective Mutism



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### Exposure Lifestyle

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Frequent & repeated practice of using their brave words



Assigned Exposure Tasks

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### Treatment Must Include:

Treatment that moves into the real world

- For treatment programs to be effective, kids need to learn how to speak in everyday situations.
- Clinicians should model treatment around real life settings and situations.

Parents Involvement

- Sometimes a change of parenting style & expectations.

Working with the school

- It is extremely important to get a child's school on board with treatment.
- helping teachers and administrators at the school understand selective mutism.
- And like parents, teachers can adapt to a child's silence or get used to other children answering for her, which won't help her get better.

Practice is key

- Since kids spend more time at home than they do working with a clinician, parents are a vital part of treatment.
- Clinicians should teach parents how to reinforce the skills kids are learning in therapy.

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B	R	A	V	E
Order your own food at a restaurant	Ask cashier for change for a dollar	Invite a friend to the house over the phone	Ask a new peer their name	Say hello to a neighbor when outside
Ask for a refill on a drink at a restaurant	Ask worker where to find a food item at the store	Answer a phone call from a friend	Ask a peer if they want to play at the park	Ask if you can pet a dog on a walk
Order your own ice cream	Order item from the deli	Free Space	Tell a new peer your name	Tell someone it was nice to see them at the end of talking
Answer a question asked by the waiter/waitress	Ask where to find a specific book at the library	Tell a friend about a trip you went on this summer	Invite a peer to play a game with you	Offer your neighbor a chocolate chip cookie
Ask waiter/waitress for a condiment (ketchup, BBQ sauce, ranch)	Ask for a different size shirt at a clothing store	Ask a friend about a summer activity they are doing	Compliment a peer	Invite a neighbor friend to a campfire

Bravery BINGO! \*created by Brittany Bice-Urbach, PhD

**sma** SELECTIVE MUTISM STRATEGIES

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### PHONE CALL GOALS

Call and wish someone a happy birthday	Call and order take-out	Leave someone a voicemail
Call a friend or family member to check-in with them.	Call and ask what time a store/restaurant closes?	Call and thank someone for a gift they gave you.
Call a store and ask if they have any ___ or provide ___ service.	Call and tell someone Happy Thanksgiving, Merry Christmas, or Happy New Year.	Call to invite someone to do something with you.

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**What has been the most beneficial step/strategy your child's school or teacher have taken to support your child with SM?**



“Be proactive rather than ‘see what happens.’”

Parent of child with SM

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“Allowing us (child & parents) to meet teachers 1:1, to visit the classroom prior to the start of school. We visit while the teacher is setting up the classroom. I have learned to fade out to allow her to develop her confidence in communicating with her new teacher in the classroom without me.”

Parent of child with SM

“Allowing the specialized SM therapist to enter the school & work with the child and staff. There is a unique relationship an child with SM has with their therapist and allowing in-school visits definitely encourages her verbal skills in the school environment.”

Parent of child with SM

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“We’ve been intentional about pairing him with peers for Math and Literacy activities- initially, we paired him with one or two kids that he seemed most comfortable with and once we saw more interaction during activities, we paired him with kids that he didn’t normally interact/play with to encourage more interaction.”

Kindergarten teacher of child with SM

✓ Be intentional with pairing child with other students in seating arrangements, groupings, classes, lunch time, etc.

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“ Training & educating my daughter’s teachers has made a big impact on her improvement. Providing my daughter’s teachers with strategies to encourage her verbal communication has been a big part in the progress she has made at school. ”

*A mother of a girl with SM*

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Therapy must extend beyond the clinic room  
Stimulus Fading with New Communication Partners & New Environments

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**Medication  
in the treatment of  
children with SM**

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Studies indicate the most effective approach to treatment =  
Therapy + Medication  
If child isn’t progressing with therapy alone families should be encouraged to seek medication treatment to reduce anxiety levels.

Research Study Results:

- SSRIs & other medications have proven to be effective in addressing anxiety in children with SM, particularly children who have a true biochemical imbalance.
  - Many children with SM have biochemical imbalance.
  - Positive effects have been observed in little as a week.
  - Medication is an effective tool to “jump start” therapy.
- Goal is to lower anxiety via medication allowing child to better respond to therapy strategies more easily and successfully.
  - Many only need medication 9 -12 months.

What is selective mutism: Selective mutism and anxiety disorders. Selective Mutism Anxiety & Related Disorders Treatment Center | SMart Center. (2024, June 6). <https://selectivemutismcenter.org/what-is-selectivemutism/>

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### Research Black and Uhde (1994)

16 children with SM  
5-16 years of age

- Children showed a significant improvements in symptoms at the post-treatment assessment after 2 weeks.
- Children who had received the medication for an additional 12 weeks displayed significantly greater improvements in SM symptoms and global functioning as rated by the parents.

TW: B. B. (n.d.). Treatment of elective mutism with fluoxetine: A double-blind, placebo-controlled study. Journal of the American Academy of Child and Adolescent Psychiatry. <https://pubmed.ncbi.nlm.nih.gov/77961339/>

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### Research on Medication in Treating SM

- Combined treatment of cognitive behavioral therapies and psychopharmacology lead to generally better outcomes than either in isolation.
- 80% improvement with combined treatment
- 50-50% improvement in isolation
- Google Scholar – search “CAMS & child anxiety” or “CAMELS & child anxiety” for research evidence
- “Consider the potential negative effects of medication as well as considering the potential negative effects on the developing brain of bathing in anxiety as much as the brain does when living with SM chronically.”

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“

Medication might be the thing that allows the child to participate in & benefit from their therapy work.

It shouldn't have to be so hard to overcome SM.



”

Steven MS Kurtz, PhD, ABPP  
Psychologist

- Family leading an “exposure lifestyle” for several months, but progress is limited
- Prior unsuccessful psychosocial treatment attempts

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### What parents wish their child's school & educator knew about SM?

- The SLP must often educate the student's educational team and school staff.



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“

While the student may *look* successful (i.e., no academic issues) and even show positive social skills with their peers, the fact that the child is not speaking all day needs attention.

”

Parent of a child with SM

“To understand that SM is not shyness or unwillingness to speak, nor is it a lack of cooperation.”

Parent of child with SM

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“

I sometimes worry that her strengths aren't realized if she doesn't speak up or is hesitant to be out in front. I always hope teachers find a way to engage her so that she isn't overlooked for opportunities she would enjoy and gain confidence from.

”

Parent of a child with SM

“As she doesn't speak, the more challenging it is socially for her as she has gotten older. Her peers see her as an *outsider* & struggle with the fact that she isn't speaking to them. As friendships become more verbal based classmates are finding it quite odd that she doesn't speak to them.”

Parent of a child with SM

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## Resources for Educators



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## RESOURCES TO EXPLAIN ANXIETY

<https://youtu.be/2xeDcP8D5Fk>  
Brain & amygdala hand model explains how thoughts & emotions fuel anxiety <https://empoweru.education>

<https://youtu.be/dk1Nt-xnSGI>  
Upstairs Brain Downstairs Brain - SEL Sketches

<https://youtu.be/16Eo2OxCJgs>  
Anxiety Explained - SEL Sketches

[https://youtu.be/fFSbWc3O\\_5M](https://youtu.be/fFSbWc3O_5M)  
Fight Flight Freeze – A Guide to Anxiety for Kids

<https://youtu.be/rqolpKtWrP4>  
Fight Flight Freeze – Anxiety Explained For Teens

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<https://youtu.be/kNe7svxi7r0>  
Fight Flight Freeze - A Guide for Kids (En/Fr)

<https://youtu.be/1KCA0uspme0>  
PARENTS AND ANXIETY

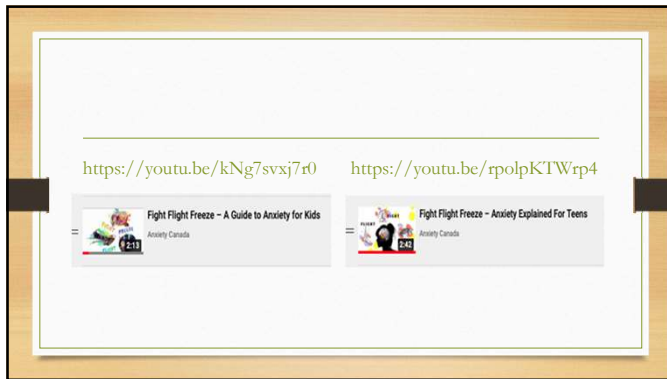
<https://youtu.be/UfGDb41oDjo>  
9 Things Social Anxiety Makes Us Do

[https://youtu.be/X\\_7KkyhXN1k](https://youtu.be/X_7KkyhXN1k)  
6 Tips To Overcome Social Anxiety (Affects Our Everyday Life)

<https://youtu.be/6nLPLS-34xc>  
7 Signs It's Social Anxiety, Not Shyness

<https://youtu.be/tNYrt0OQHVs>  
8 Signs of Anxiety You Might Not Recognize

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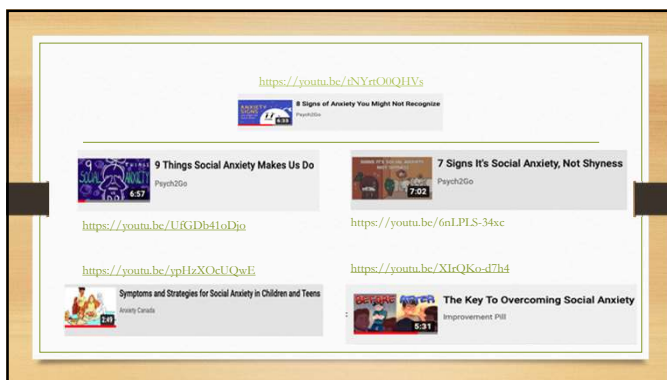
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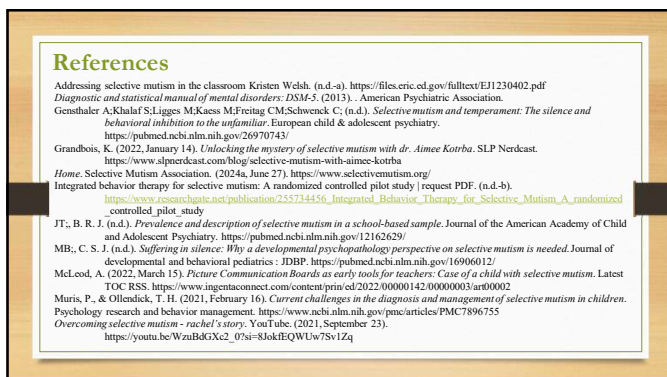
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