History of Selective Mutism

- **Aphasia Voluntaria** 1877
- **Elective Mutism** 1934
- **Selective Mutism** 1994
Selective Mutism is an Anxiety Disorder

- Children with Selective Mutism are unable to speak in certain situations, most often in school, despite being able to speak in other places, such as home.
- They will have difficulty speaking, laughing, reading aloud, singing aloud in front of people outside of their family or their “comfort zone”.
- Parents, sibling and friends may get into a habit of speaking for the child.
- These children often have symptoms of social phobia as well.
- About twice as many girls than boys have Selective Mutism.

Diagnostic Criteria (DSM-V)

A: Consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g. in classroom), despite speaking in other situations (e.g. with mom in classroom).

B: Interferes with educational OR occupational achievement OR social communication.

C: Must last for at least one month (not 1st month of school).

D: Not due to lack of knowledge of or comfort with the spoken language required in the social situation.

E: Not better explained by communication disorder (ex. Childhood-onset fluency disorder) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia or another psychotic disorder.
Where Does SM Originate?

- NO evidence of causal relationship to abuse, neglect, or trauma
- Genetic predisposition model (genetic loading)
- Biological indicators
  - Decreased threshold of excitability in amygdala
  - Amygdala reacts more and takes longer to return to normal

Risk Factors for Selective Mutism

- Family history of anxiety
- A child with a shy, inhibited and anxious temperament
- Most children have an anxiety disorder (social phobia or generalized anxiety)
- Expressive language disorders
- English Language Learners
- No evidence of trauma or abuse as a factor in SM
- Behaviorally inhibited children may have a decreased threshold of excitability in the almond shaped area of the brain called the amygdala
Causes of SM:
Combination of Predisposing Factors, Triggers, and Maintaining Factors

- Triggers:
  - Daycare / School admission
  - Frequent geographical moves
  - Bilingualism
  - Negative reactions to child talking or not talking

- Maintaining Factors
  - Misdiagnosis
  - Lack of early and appropriate interventions
  - Lack of understanding by family, doctors, teachers
  - Negative reinforcement by speaking for child and shielding child from any social engagement.
  - Applying pressure for verbal communication

Associated Features

- Excessive shyness
- Clinging
- Compulsive traits
- Negativism
- Mild Oppositional Behavior
- Temper tantrums
- Use of nodding, gestures, grunts, pulling/pushing, altered voice — to get message across
- Unable to eat in front of audience
- Unable to communicate needs and/or use the bathroom at school
Co-morbidities

- Social Anxiety Disorder / Social Phobia
- Expressive language disorders
- Self-regulation — ability to adjust arousal and emotion in appropriate manner
- Developmental speech delay
- Enuresis — bedwetting or daytime holding of urine for prolonged intervals
- Separation Anxiety Disorder
- Depression
- Sensory processing
- Motor developmental disorders
- Oppositional Defiance Disorder
- OCD

SM ≠ Shyness

<table>
<thead>
<tr>
<th>Shy</th>
<th>SM</th>
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<tbody>
<tr>
<td>Normal personality trait</td>
<td>Dual personality</td>
</tr>
<tr>
<td>Quiet/reserved in all settings</td>
<td>Mutism depends on people and settings</td>
</tr>
<tr>
<td>Short warm-up time</td>
<td>Long warm-up time (hours)</td>
</tr>
<tr>
<td>Responds to questions</td>
<td>Can’t respond to questions (depending on situation)</td>
</tr>
<tr>
<td>Movement not strained</td>
<td>Movement can be stiff/frozen</td>
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</table>
How is SM Diagnosed?

- The preschool or kindergarten teacher may be the first to identify symptoms of selective mutism since the child typically speaks freely at home. The school-based mutism is often a surprise to the family.
- Best practice in diagnosis is to have a mental health professional review the child’s developmental and family history, behavioral characteristics, medical history and significant life stressors.
- May contact the child’s school, physician and others in the child’s life for more information.
- The diagnosing professional may want to view a video tape of the child where the child is in a situation where he/she is comfortable and speaking before meeting the child.
- Will meet with the child and family to complete the assessment.
- May recommend additional evaluations, including speech and language, physical exam including hearing, developmental and psychological assessments.

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### Selective Mutism Questionnaire* (SMQ)

*to be filled out by parents*

Please consider your child’s behavior and activities of the past month and rate how frequently each statement is true for your child. 

#### AT SCHOOL

<table>
<thead>
<tr>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>1. When appropriate, my child talks to most peers at school.</td>
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<tr>
<td>2. When appropriate, my child talks to selected peers (his/her friends) at school.</td>
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<td>3. When called on by his or her teacher, my child answers.</td>
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<td>4. When appropriate, my child asks his or her teacher questions.</td>
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<tr>
<td>5. When appropriate, my child speaks to most teachers or staff at school.</td>
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<tr>
<td>6. When appropriate, my child speaks in groups or in front of the class.</td>
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</tbody>
</table>

#### How much does not talking interfere with school for your child? (please circle)

- Not at all
- Slightly
- Moderately
- Extremely

#### WITH FAMILY

<table>
<thead>
<tr>
<th>Statement</th>
<th>0</th>
<th>1</th>
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<tbody>
<tr>
<td>7. While at home, my child speaks comfortably with the other family members who live there.</td>
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<tr>
<td>8. When appropriate, my child talks to family members while in unfamiliar places.</td>
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<tr>
<td>9. When appropriate, my child talks to family members that don't live with him/her (e.g. grandparent, cousin).</td>
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<tr>
<td>10. When appropriate, my child talks on the phone to his/her parents and siblings.</td>
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<tr>
<td>11. When appropriate, my child speaks with family friends.</td>
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<tr>
<td>12. My child speaks to at least one babysitter.</td>
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</tbody>
</table>

#### How much does not talking interfere with family relationships? (please circle)

- Not at all
- Slightly
- Moderately
- Extremely

#### IN SOCIAL SITUATIONS (OUTSIDE OF SCHOOL)

<table>
<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td>13. When appropriate, my child talks to other children.</td>
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<tr>
<td>14. When appropriate, my child talks to other children at a play date.</td>
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<tr>
<td>15. When appropriate, my child speaks with store clerks and/or waiters.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>16. When appropriate, my child speaks to store clerks and/or waiters.</td>
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</tr>
</tbody>
</table>

#### How much does not talking interfere in social situations for your child? (please circle)

- Not at all
- Slightly
- Moderately
- Extremely

### Scoring

1. Add totals in each section
2. Divide by number of items in section
3. For total score, add up totals in each section – DO NOT divide
Rules of Engagement/Contamination

- Rigidity – divide universe into those who they talk to and those who they don’t
- Boundaries are not fluid
Early Onset/Late Diagnosis

- Can be diagnosed as early as 3 years old – or when entering preschool or daycare.
- Treatment is easiest when young: 3-5 years old.
- Lag between onset of symptoms and diagnosis due to:
  - Lack of pre-school mandate
  - Lack of awareness among pediatricians, teachers, parents
  - Stalling/wait-and-see approach
- In elementary school, harder to treat:
  - Mutism ingrained – child sets rules for who and when to talk
  - More rigid school environment.
  - More bureaucracy – IEPs, 504s, etc.

SM or English Language Learner?

- "Silent Period" is normal and typically:
  - Shorter than 6 months
  - Common in 3- to 8-year olds
  - Longer in the younger child
- Typical progression towards speaking in new language:
  - Stage 1. Persistent silence
  - Stage 2. Repeating words
  - Stage 3. Practicing words and phrases quietly, in private
  - Stage 4. "Going public" with the new language.
How to Detect in English Language Learners

- When to suspect true SM in ELLs:
  - Silent in BOTH languages in several unfamiliar or social situations.
  - No progression beyond stage 3. Never “goes public”.
  - Silence is prolonged and disproportionate to 2nd language knowledge and exposure.
  - Assess in both languages for potential speech and language deficiencies that predispose children to SM.


Coexisting Problems Cont.

- Language Based Learning Disorder or communication deficits
  - pragmatics, grammar, semantics, articulation, voice, and fluency
  - produce shorter, linguistically simpler, and less detailed language than typically developing children (McInnes, Fung, Fiksenbaum, & Tannock, 2004)
  - weaker auditory-verbal memory span (Kristenson & Oerbeck, 2006)
  - lower receptive language scores than age matched peers (Nowakowski et al., 2009)

- May be:
  - Independent of SM
  - Precursor to SM
  - Be exacerbating SM
  - Arising from lack of experience communicating due to the social anxiety of SM
If Left Untreated…. 

- Worsening anxiety and depression
- Social isolation, impaired peer relationships
- Self-esteem issues
- School refusal, poor academic performance
- Self-medication
- Problems adjusting to work situations
- Everyday that a child continues with impairing symptoms:
  - Is not neutral
  - Strengthens the habit of avoidance
  - Strengthens others perceptions that they are the child that doesn't talk
  - May be demoralizing
  - Decreases self-efficacy

Older Students/Teens and Adults with Selective Mutism

- Teens and adults with untreated social phobia are prone to developing depression, suicidal ideation, substance abuse, limited occupational or educational achievement, avoidance and impaired social relationships
- Older children and teens with SM may have other symptoms such as depression, panic disorder, obsessive-compulsive disorder and generalized anxiety disorder
School Implications

- **Academic implications**
  - Inability to assess skills (especially reading)
  - Possibly limited peer relationships
  - Shorter narrative length than peers
  - Decreased chances for engagement, resulting in fewer opportunities for practice of social problem solving skills

- **Behavioral implications (participation)**

- **Social Implications (how peers see the child)**

Anxiety Management

- **Relaxation training**
  - Exercises to help child release tension. (i.e. “squeeze lemons” to feel tension and then relaxation in hands/arms.)
  - Group Relaxation Exercise

- **Breathing retraining**

- **Ratings**
  - Faces or numbers. 1-3 or 1-5
  - A LOT, Medium, A little, or none scared?
  - Custom scale (thermometer)
SM is an Anxiety Disorder—
Cycle of Anxiety

**Situation**

**Feeling**

**Behavior: Avoidance**

**Result: Relief**

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**Maintaining Factors**

Ask child a question

Relief (for everyone)

Child feels anxious/uncomfortable

Adult responds for child

Avoidance response: Mutism

No room for anxiety to habituate
Team Approach

Schools and Teachers Can Help

- Allow and support parent and child to visit school before school starts.....possibly multiple times
- Allow use of a verbal intermediary (parent, friend, doll, puppet, recording device) that makes the child more comfortable in speaking/communicating
- Reinforce verbal AND non-verbal communication attempts calmly and positively, but be careful not to over do the praise
Specific Strategies for School

- Develop a communication system for child to get basic needs met...bathroom, pain, need help
- Do not remove child from opportunities to be with the children with whom he/she currently speaks
- Do not put the child on the spot or attempt to force to talk
- Do not assume lack of verbal response is defiance
- Do not punish the child for not responding verbally

Intervention Strategies

- Often children with SM benefit from social skills training and Cognitive Behavioral Therapy
- Medication can sometimes be effective as an additional therapy
- The mental health professional, parents and school staff need to work together closely to monitor the child’s anxiety level and communication
- Positive reinforcement for the child’s attempts to increase communication, however avoid overt praise
- Discourage others from speaking for the child
- Include the child in conversations and treat the child as a conversational partner
School Interventions

- Nonverbal evaluation methods
  - Audio or videotaping
  - Written testing
  - Parent report
- Provide practice experience in advance
- Do school visits/teacher visit during summer
- Scheduled times/bathroom buddy for bathroom breaks
Communication Ladder…continued

Stages of Speech Emergence in School (least to most)

1. Complete mutism at school
2. Participates non-verbally
3. Speaks to parent at school (usually when teachers or students are absent)
4. Peers see child speaking (but don't hear)
5. Peers overhear child speaking
6. Speaks to Peer through Parent or Sib
7. Speaks softly or whispers to one peer
8. Speaks to one peer with normal voice
9. Speaks softly or whispers to several peers
10. Speaks in a normal voice to several peers
11. Speaks softly or whispers to teacher
12. Speaks in normal voice to teacher
13. Normal speech in school
First Things First….Relationships

- PRIDE skills play
  - P = labeled praise
  - R = reflection
  - I = imitation
  - D = behavioral description
  - E = excitement/enjoyment
- NO asking questions, giving commands, or teaching!!!

Activity Ideas at Each Step

**Following Directions**
- Simon says (nonverbal)
- Coloring
- Building things
- Puzzles

**Gestures**
- Where’s Waldo?
- Making choices
- Yes/no questions
- Painting

**Blowing air**
- Bubbles
- Racing with cottonballs
- Straw painting
- Boat on water

**Voiceless and Voiced sounds**
- S, t, p, k, h, f, ch, sh, th
- Sounds to answer (first sound of word response)
Activity Ideas at Each Step

**Sound Combinations**
- y/yes and n/no
- Sounds together to respond

**One-word answer**
- Forced choice, then open-ended
- Go fish
- Sparklefish application
- Interview game

**Multiple word answer, longer response**
- Forced choice, then open ended
- Telephone game
- Answer in a sentence

**Initiation**
- Guess who
- Headbanz
- Show and tell
- Give instructions

Games for Stage 0 (Non-Communicative)

Child is not on the bridge yet. Use anything that requires consistent practice at handing over, taking, nodding or pointing. Follow child’s lead and interests.

- Arts/crafts (colors)
- Reading books (child in lap, attention focused on book)
- Magnets, Marbles (building, marble runs)
- Treasure Hunt (hide things in classroom, take turns searching)
- Pass out napkins/paper/pencils to all peers
- Receive note from teacher. Hand over note/gift to teacher.
- Simon Says (in group, child can join when ready).
- 7 UP – (group game, heads down, practices raising thumb)
## Games for Stage 1
### (Non-Verbal Responding)

Child is now on the bridge and communicating non-verbally. Practice non-verbal responding and when ready, encourage initiation, verbal responding or a fun, silly, transitional mode of communication.

- Call on buddies first, then student with SM. Parroting.
- Chanting in unison – daily routine gives child time to mouth then whisper then use normal voice when ready
- Silly yes/no questions “Do dogs fly? Do pigs bark? Do babies cry?” “Is this your ear” (while pointing to nose).
- Treasure Hunt
- Spot It Jr.
- Bring favorite game from home
- Forced choice questions to elicit pointing or nodding & then a verbal response. Push up to Non-Verbal initiating by asking them to pick a color for you to use.

### Games for Stage 2
### Transitional

Child uses an intermediary or transitional mode of communication. After a nod or point, encourage use of intermediary. Whispering is OK (this is a temporary stage).

- After a non-verbal response - “now tell your friend (can be a toy)”
  - “You can whisper in her ear. I won’t look”
    - When comfortable telling intermediary, push up “now tell me”
- Blowing, whistling, Kazoo
- Animal noises / Silly noises
- Puppet show
- Forced choice questions (Beyond Y/N) “Do you want a red crayon or a blue crayon” “Do you want red, blue, or something else?”
- Record voice – iPad, Yada Yada Yada Voice warp
- When comfortable whispering, increase distance or hide your ears and face to get an increase in volume. Toilet Paper Rolls ➔ Paper Towel Rolls
- Telephone whispering - group game
Games for Stage 3
(Verbal Responding)

Child is now verbal. Practice conversations. After a verbal response, whisper script in their ear to practice initiating.


- Finish the sentence (Easy questions—one word answers)
- Secret password
- Battleship
- I-Spy
- Hangman
- Interview classmates like Oprah or Bob Costas.

If a Child Doesn’t Answer....

- Wait 5 seconds, Ask again
- Ask differently
- Plan B (step down on ladder)
- Move to other side of room or leave room

- Never reinforce avoidance
- Practice beforehand
- Prepare kids mentally
Specific School Interventions

- Desensitization in school with primary worker
  - 5-10 minutes of practice daily
  - As structured as possible
  - Consider fading with teacher and PW
  - Team meetings and communication
- Participating nonverbally
- Chores that don’t involve speech
- Extracurriculars
- Seating arrangement/small group activities
- Conversational partners/conversational visits
- Anticipating problems/obstacles/changes
- Discuss anxiety-provoking transitions in advance

Selective Mutism Fear Ladder

- Target behavior: Child reads in front of class
- Child reads to teacher & 3 peers in classroom
- Child reads to group of peers at recess
- Child speaks to teacher at recess
- Child reads with known peer outside class
- Child speaks to known peer on playground
- Child whispers to known peer on playground
- Nonverbal communication with known peer
Rewards

- Custom made sticker charts
  - Specific to child's interests
  - Can be at home or school. If at home, reward successes at school
- Verbal praise – NOT in front of an audience
  - “I'm proud of you, I know that was hard for you.”
  - No big deal, high five, after the fact, away from audience
**Tips for Encouraging Speech**

- REMAIN CALM!!!
- Use specific praise
- Judicious use of direct prompts to speak
- Brave talking is target behavior, not correctness
- Always wait 5 seconds for reply – child needs opportunity to respond
- Try to always ask forced-choice instead of yes/no questions (to avoid head-shaking)
- Use situations that are motivationally driven to encourage more speech
- Don’t mind read
- Gradually increase the numbers of people in a setting

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**Factors to Consider In Creating the Right Environment for SM kids cont.**

- Only change one factor at a time
- “Contaminated” areas/people
  - At times, people or places where children used to be “mute” may be contaminated, and therefore MUCH more difficult to elicit speech.
“Don’ts” for Treatment

- Enabling
- Mind reading (letting nonverbals speak for verbals)
- Asking the child “why”
- Yes/no questions after verbal
- Jumping rungs on the ladder
- Getting “greedy”
- Showing disappointment
- Say “don’t worry — no one can hear you”

School Year Transitions

- If new to school, start in March/April. Identify teacher ASAP. Schedule ‘playdates’ in classroom.
- At end of school year, or first thing at beginning of new school year, have a transition meeting with old and new teacher.
What to Tell the Child~& Others

- “You are working on being brave”

- “Of course Molly speaks. Sometimes it’s hard and she is working on being brave”

- Not in front of the child
- Anxiety, not oppositionality
- Don’t try to be the one to get the child to speak

Avoid Accidental Reinforcement

- Actions that accidentally reinforce symptoms
  - Speaking for child
  - Allowing avoidance to occur
  - Decreased expectations in school
  - Decreased expectations at home
  - Peer “enabling” at school
Take-Home Points

- Children aren’t mute because they WON’T speak but because they CAN’T speak.
- Early intervention is key.
- Treatment can be VERY effective in treating Selective Mutism.
- A team approach to treatment is essential.
- Desensitization is the key to intervention.

Predictors of Treatment Effectiveness

- Age
- Severity
- Parent involvement
- School involvement
- Professional involvement
Talk to Children About Treatment

- Leaving wording to parent
- Do explain – child knows he/she is different
- Give lots of positive encouragement
- Won’t make them do anything they can’t do
- Give example they will understand
  - Learning to ride a bike

Importance of Early Intervention

- Minimizes negative impact on the child
- Prevents situation from becoming worse
- Prevents mutism from becoming engrained
- Prevents repeated ineffective attempts to elicit speech
- Minimizes emotional and physical strain caused to parents and teachers
Medication as an Intervention?

- Addresses biological determinants
- Most common medication utilized and researched for SM is Prozac (Fluoxetine), a Selective Serotonin Reuptake Inhibitor
- NOT effective alone
- Goal is use as water wings
- 9-12 months
- May cause disinhibition

Medication

**Unlikely to medicate**
- Less severe impairment
- No CBT trial in the past
- Low comorbidities
- Family history not strong
- Meeting CBT benchmarks

**More likely to medicate**
- More severe impairment
- Poor prior CBT response
- High comorbidities
- Strong family history
- Not meeting CBT benchmarks
"Children who are unable to communicate effectively through language or to use language as a basis for further learning are handicapped socially, educationally and, as a consequence, emotionally."

Byers-Brown & Edwards, 1989

Key Point!

- Everyday that a child continues with impairing symptoms:
  - Is not neutral
  - Strengthens the habit of avoidance
  - Strengthens others perceptions that they are the child that doesn’t talk
  - May be demoralizing
  - Decreases self-efficacy
Books and Resources

- The Ideal Classroom Setting for the Selectively Mute Child - Shipon Blum
- Helping Children with Selective Mutism and Their Parents - Kearney
- The Selective Mutism Resource Manual - Johnson and Wintgens
- Treatment for Children with Selective Mutism: An Integrative Behavioral Approach - R. Lindsey Bergman
- Helping Your Child with Selective Mutism - McHolm, et al.
- Freeing Your Child From Anxiety - Chansky
- My Friend Daniel Doesn’t Talk - Longo
- Unspoken Words: A Child’s View of Selective Mutism - Sophia Blum
- Selective Mutism: An Assessment and Intervention Guide for Therapists, Educators and Parents - Aimee Kotrba, Ph. D.

Resources:

- The Selective Mutism Group: www.selectivemutism.org
- SMART Center: www.selectivemutismcenter.org
- The Child Mind Institute: http://www.childmind.org/
- Kurtz Consulting: https://kurtzpsychologyconsulting.wordpress.com/about/
- Worry Wise Kids: www.worrywisekids.org
- Advanced Therapeutic Solutions: www.selectivemutismtreatment.net
- Thriving Minds Behavioral Health: http://www.selectivemutismtreatment.com/
More Resources:

- **Chicago Area Selective Mutism Parent Support Group:**
  https://sites.google.com/site/selectivemutismchicago/home

- **STAR NET Region II**
  224-366-8574
  kslattery@cnrmail.org