

UNDERSTANDING SELECTIVE MUTISM

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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.
- Twice as many girls than boys have Selective Mutism.

Diagnostic Criteria (DSM-V)

- 3
- 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 language in use.
 - E: Not better explained by communication disorder (ex. Stuttering).

SM ≠ Shyness

Shy

- Normal personality trait
- Quiet/reserved in all settings
- Short warm-up time
- Responds to questions
- Movement not strained

SM

- Dual personality
- Mutism depends on people and settings
- Long warm-up time (hours)
- Can't respond to questions (depending on situation)
- Movement can be stiff/frozen

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

6

- 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

How is SM Diagnosed?

- Often the preschool or kindergarten teacher is 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

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 disorder
- 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

Early Onset/Late Diagnosis

- Can be diagnosed as early as 3 years old - enters preschool or daycare.
- Treatment is easiest when 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.

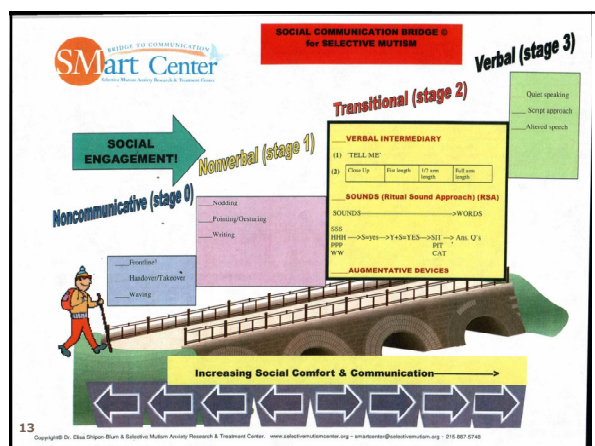
SM or English Language Learner?

- "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.

□ Reference: Toppelberg, Claudio O., et al. "Differential diagnosis of selective mutism in bilingual children." *Journal of the American Academy of Child and Adolescent Psychiatry* 44.6 (2005): 592.



Intervention Strategies

Schools and Teachers Can Help

Specific Strategies for School

School Year Transitions

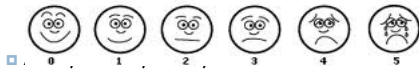
- If new to school, start in March/April. Identify teacher ASAP. Schedule 'playdates' in classroom.
- At end of school year, or first thing at beginning of new school year, have a transition meeting with old and new teacher.

Treatment Strategies Across the Ages

Anxiety Management

19

- 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



- Custom scale (thermometer)

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 Accommodations are Not Enough!

- Accommodations are not enough for these children to gain the skills they need to communicate
- School staff may lack direction on HOW to progress a child communicatively
- May not address social comfort and skill building
- May disregard co-morbid conditions

Games for Stage 0 (Non-Communicative)

22

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).
- 7UP – (group game, heads down, practices raising thumb)

Games for Stage 1 (Non-Verbal Responding)

23

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

24

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).
- 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

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Games for Stage 3 (Verbal Responding)

26

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

- Ex. Sophia hands over a gift. Teacher: "Is this for me?" Sophia nods yes. Teacher: "Can I open it now?" Sophia says no. I bend down and prompt Sophia- "tell them Merry Christmas" Then Sophia says Merry Christmas.
- Finish the sentence (Easy questions –one word answers)
- Secret password
- Battleship
- I-Spy
- Hangman
- Interview classmates like Oprah or Bob Costas.

Rewards

27

- 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

Hello at home		★	★	★	★	★	★	★	★	★
Goodbye at home										
Gentle with Vivian										
Help pay at the store										
Put name on tree at school										
Count numbers at circle time		1, 2, 3								
Classroom Helper										
Show card to teacher (Zoo word or Thursday)										
Goodbye to friends at school										
Do Stretches at gymnastics class										

Stages of Speech Emergence in School (least to most)

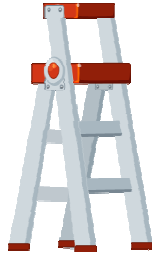
1. Complete mutism at school
2. Participates non-verbally
3. Speaks to parent at school (usually when teachers or students are absent)
4. Peers see child speaking (but don't hear)
5. Peers overhear child speaking
6. Speaks to Peer through Parent or Sib
7. Speaks softly or whispers to one peer

Stages of Speech Emergence in School

8. Speaks to one peer w/normal volume
9. Speaks softly or whispers to several peers
10. Speaks in normal voice to several peers
11. Speaks softly or whispers to teacher
12. Speaks in normal voice to teacher
13. NORMAL SPEECH IN SCHOOL

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



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

Resources:

- The Selective Mutism Group: www.selectivemutism.org
- SMART Center: www.selectivemutismcenter.org
- www.worrywisekids.org
- University of Illinois Pediatric Stress and Anxiety Disorders Clinic:
http://www.psych.uic.edu/ijr/patients.asp?p=clinicprograms_psaq
- http://www.aboutourkids.org/articles/mutismo_selectivo_perfil_del_silencio

More Resources:

- The Child Mind Institute: <http://www.childmind.org/en/hot-topics/selective-mutism>
- www.selectivemutismtreatment.net
- Chicago Area Selective Mutism Parent Support Group:
<https://sites.google.com/site/selectivemutismchicago/home>
- STAR NET Region II-224-366-8574
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