The SLP Role with Selective Mutism

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SLP Role with Selective Mutism

Disclosures

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Learning Outcomes for Today's Presentation

- Describe strategies for rapport building with children with Selective Mutism
- Identify stages of confident speaking that align with evaluation and treatment of students with Selective Mutism
- Identify activities to utilize with students with Selective Mutism at each stage of confident speaking
- List resources available for parents, teachers, and staff working with children with Selective Mutism

Agenda for Today

- 15 minutes – Introductions and Review
- 75 minutes – Review of SM and the importance of rapport building prior to evaluation
- 120 minutes – Evaluations – How, When, Why
- 60 minutes – LUNCH
- 90 minutes – Interventions
- 45 minutes – Resources and Strategies
- 15 minutes – Q and A, Closing, ASHA paperwork submission information

"If you do not want to learn, no one can help you. If you do want to learn, no one can stop you".

"It isn't stress that kills us, it is our reaction to it."

Hans Selye

Simply put……

- Selective Mutism is the **inability** to communicate in select social settings despite being able to verbally communicate in others
- For example, a child who speaks freely at home with his/her family, but verbally is completely shutdown every day at school

Shyness vs. Selective Mutism

Shyness

- Slow warm up period
- Can often respond with a nod or a small smile
- Same demeanor everywhere
- Quiet and Reserved

Selective Mutism

- Warm up time MUCH longer than expected
- Cannot respond AT ALL – may appear frozen
- Dual personality:
  - Restrained at school
  - Talkative at home

History

- First named "aphasia voluntaria" in 1877 by Kussmaul
- Named "elective mutism" in 1934 by Tramer
- Selective Mutism adopted in 1994 in DSM-IV (very few changes to the DSM-V)

Incidence and Onset

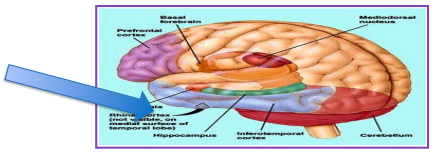
- Occurs in between 2 and 8 children in 10,000 according to most studies
- Average of 18 in 10,000 according to Kipp and Gillberg (1997)
- Latest study found higher prevalence (Kumpulainen et al., 1998)
- Recent studies indicate that it is more prevalent in girls than boys (Kumpulainen et al., 1998; Steinhausen & Juzi, 1996)
- Some evidence that SM is more prevalent in bilingual ethnic-minority families (Cline and Baldwin, 1994; Steinhausen & Juzi, 1996)
- Age of onset is usually between 3 to 5 years of age (Cline and Baldwin, 1994)

US Surgeon General Report

- States that our country is in a "state of emergency as far as children's mental health is concerned" (COVID impact)
- Report indicates that at least 10% of children suffer from mental disorders
- Less than 5% of those children actually receive treatment

What Do We Know?

- Studies show that, when confronted with fearful situations, the amygdala receives a signal of potential danger from the Sympathetic Nervous System and begins to set off a series of reactions that help an individual protect themselves. People with SM seem to have a decreased threshold of excitability in the amygdala.



What Do We Know?

- 20 – 30 % of all children with SM have speech and language disorders.
- Prevalence is 7 in 1000 children (Steinhausen & Juzi, 1996)
- Anxiety **IS** the underlying cause

Theory

- SM is a rare but important developmental disorder
- Researched for over 125 years
- Very good sources of information from leading researchers
- Major contributors to the literature (Kolvin & Fundudis, 1981; Cline & Baldwin, 1994; Dow et al., 1995; Sluckin, 2000)

Facts

- **90%** of children with SM also have a social phobia or social anxiety
- Children with SM speak freely to only a small number of people with whom they feel comfortable
- Speak only in familiar situations or circumstances
- Usually speak only to family
- Have most difficulty in school
- Speaking habits or patterns of communication vary for each child

Facts

- Some dispute over when to make the diagnosis in the literature
- DSM V – make diagnosis after one month (American Psychiatric Association, 1994)
- Brown and Lloyd feel six months or longer is required (Brown & Lloyd, 1975)
- Diagnosis of SM cannot be made if difficulties are better explained by something already diagnosed

Diagnostic Criteria

- Elective Mutism is characterized by a marked, **emotionally determined** selectivity in speaking, such as the child demonstrates language competence in some situations, but fails to speak in other (definable) situations. The disorder is usually associated with marked personality features involving social anxiety, withdrawal, sensitivity, or resistance.
- Excludes PDD, schizophrenia, specific developmental disorders of speech and language, and transient mutism as a part of separation anxiety in young children

Source: *International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10)*

Diagnostic Criteria

- Selective Mutism (formerly elective mutism)
  - Consistent failure to speak in specific social situations (at which there is an expectation for speaking, e. g., school), despite speaking in other situations
  - The disturbance interferes with educational or occupational achievement, or with social communication
  - Duration of the disturbance is at least one month in length (not limited to the first month of school) (debated in the research literature)
  - The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation

Diagnostic Criteria Continued

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

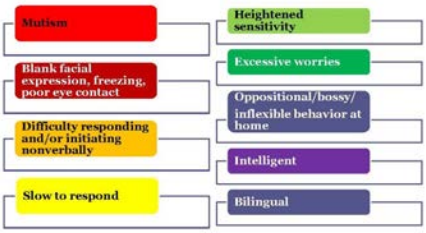
Source: Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV)

(DSM-V Social Anxiety Disorder (Social Phobia) – duration criterion changed (from "The duration is at least 6 months" to "The fear, anxiety, or avoidance is persistent, typically lasting 6 or more months") and minor wording changes)

"Take Aways" at a Glance

- SM is about control
- Big FIVE words: yes, no, hi, bye, thanks
- SPEECH PHOBIC (see stages of confident speaking)
- Child is "stuck" in nonverbal stage of communication
- Mute behavior is learned (and sometimes ingrained by the time we see them)
- Child may not be able to break out of mutism without help to UNLEARN some of these behaviors
- Mutism may be isolated to certain settings

Common Traits



SM and Speech and Language Disorders:

- Cleator and Hand (2001) estimate that 80% of children with SM also have speech and language disorders
- Steinhausen et al., (1996) suggest that about 38% have pre-morbid speech and language problems

Social Context of Mutism (%)

School	89
Strangers	89
Children in general	42
Specific children	34
Family	13
Father	11
Mother	4
Sibling	2

Steinhausen & Juzi, 1996

Evidence-Based Study

Dr. Evelyn Klein, LaSalle University

- **41% diagnosed with expressive language disorder**
- **17% diagnosed with mixed disorder**
- **41% diagnosed with articulation disorder**
- **21% diagnosed with fluency disorder**

SM and Autism Spectrum Disorders

- Kopp and Gillberg (1997) found that 7.4 percent of children with Selective Mutism also met criteria for Asperger's disorder.
- More recently, Stein et. al. (2010) found a partially shared etiology between Autism Spectrum Disorders and Selective Mutism.

Building Rapport

Rapport Building

- Rapport is achieved by openly acknowledging the child's difficulties, and removing (at least initially) the need to speak
- A progression of informal activities is planned and implemented taking the child's age, interests, preferences, and above all, stage of confident speaking into account

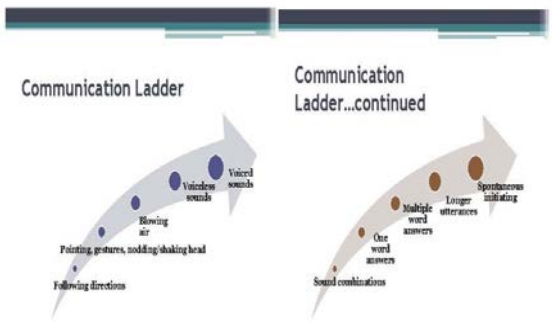
Communication Load

- The conversational activity itself may become a variable to consider when planning treatment
- Consider the communication load of the activity when planning for interactions

The Communication Load of Verbal Activities (Johnson & Wintgens)

Communication Load	Activities
Low	• Rote Speech • Answering yes/no (content unambiguous) • Reading (with no need to analyze text) • Voluntary speech (commentary that is obvious) • Single Words
Medium	• Picture naming • Sequence completion • Factual information within child's vocabulary knowledge • Rehearsed speech • Reading words or phrases out of context • Single words and phrases with child's language ability level
High	• Reading with comprehension required • Providing alternatives and reasons, own opinions and ideas • Responding to ambiguous or difficult questions • Social speech (greetings, please, thank you • Speech "on demand" • Unplanned speech • Child initiated speech (requests or assertions • Sentences

Dr. Shipon-Blum, SMART Center



Activities for Rapport Building (Johnson and Wintgens)

Stage	Aim of Intervention	Objective	Strategies	Comments
ONE	Relaxation and Interest	No pressure Look forward to another interaction Stay with and watch	Capture Interest of child	Most move through stage one quickly
Two	Active participation	Participate w/ another Cooperate with requests/ suggestions	Help find something Get toys out Take a turn	Child's favorite toys, a puppet that talks to another puppet Something to entice
Three	Non-verbal communication	Use of intentional gestures Nod head yes/no Takes turns	Requests are simple and require a head nod, pointing response - all structured with expected responses	Child starts making selections
Four	Make sounds in presence of another	Laughing, clapping, making animal noises, car noises, popping, snapping, humming	Work on phonological awareness with listening and pointing skills	Low key academic type activities that do not require verbal responses
Five	Child may speak within earshot of person but not directly to	May speak to parent or to another in the room while the child listens in	May have the child rote count, say ABCs, sing a familiar song, but may be from different area of the room	Begin with single word activities with a low or medium communication load and build from that

Activities for Rapport Building continued

Stage	Aim of Intervention	Objective	Strategies	Comments
Six	Child will use single words, at normal volume with a person of choice, even when another is present	New person sits with child and familiar person, and interacts with them using single word communication	Use an activity with turn taking, thinking low to high communication load	Slow progression, and if child is upset, activity stops - try again at later time
Seven	Child speaks directly to different people, with appropriate volume and eye contact	Use a series of sentence tasks with child from familiar person and new person	Fade new people in and out of environment slowly	If child becomes upset or mute again activity stops – try again or drop back to lower level
Eight	Connected speech with a variety of people	Fade out familiar person, and carry on with a series of less familiar people	Fade out familiar person from activity, and let other lead the activity	One person present to several people present Low to high communication load Fade out familiar person from activity No interruptions to scheduled interruptions (keep things structured)
Nine	Connected speech with a variety of settings	Speak in familiar environment and in non-familiar environments, expect speech in unplanned situations	Low to high communication lad The "safe" place to other places Noisy to quiet surrounds Familiar person present and then absent	
10	Generalized Communication	Any setting Any person	Think safe to less safe Few people to more people Few places to more places	

Stages of Confident Speaking as it Pertains to Assessment

Speech-language evaluation seeks to find

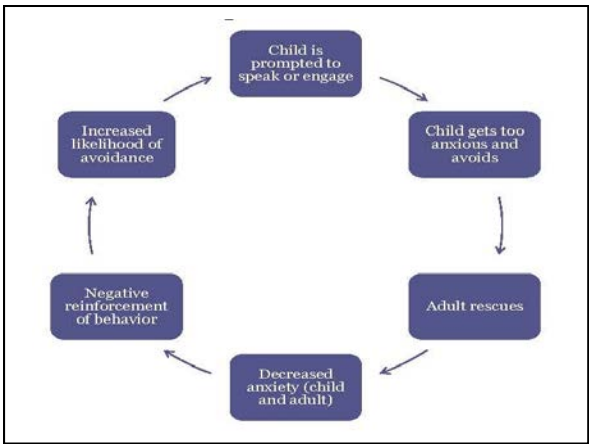
- expressive language ability (e.g., parents may have to help lead a structured storytelling or bring from home, a videotape with child talking if he or she does not do so with the SLP)
- language comprehension (e.g., standardized tests and informal observations)
- verbal and non-verbal communication /pragmatics

www.asha.org/public/speech/disorders/SelectiveMutism.htm

Speech-language assessments

CLINCIAL OBSERVATIONS

- Pragmatic Profile of the CELF-4 (Criterion Referenced)
- Selective Mutism Questionnaire (Norm referenced), Bergman et al (2008)
- Social Communication Anxiety Inventory-2
- Social Skills Rating System (Pearson) (Norm referenced)
- Social Skills Improvement System (SSIS) Rating Scales (Norm referenced), linked to target goals



School Intervention

- RtI?
- IEP?
- 504?
- If IEP, what identification?
- Accommodations? If so, which ones?

Eligibility

- IDEA – 14 categories in which condition falls
- 504 – no categories; mental and/or physical impairment (and answers to specific questions asked)

Things to consider

- IDEA – condition so severe as to require special education
- Special Education – *specially designed instruction*
- Section 504 – typically *reasonable* accommodations are all that student requires

Special Education
34 C. F. R. §300.39(b)(3)

- *Specially* designed instruction is **adapting** content, methodology, or delivery of instruction
- To **address** child's unique needs resulting from identified disability
- To ensure **access** to general curriculum in order to meet state standards

Special Education Codes Appropriate for Selective Mutism

- Speech and language impairment
- Other Health Impairment
- Emotional Disturbance

Speech and Language Impairment
34 C. F. R. §300.8(a)(11)

- Communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment
- Adversely affects educational performance

Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist (ASHA, 2000)

- ASHA scope of practice in speech-pathology includes treatment and intervention (prevention, restoration, amelioration, compensation) and follow-up services for disorders of:
  - Language (involving parameters of phonology, morphology, syntax, semantics, and pragmatics; and including disorders of receptive and expressive communication in oral, written, graphic, and manual modalities…..
  - Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)……

Other Health Impairment
34 C. F. R. § 300.8(a)(9)

- Limited **strength, vitality, alertness**
- Due to chronic or acute health problems
- Which **adversely** affects educational performance

Emotional Disturbance
34 C. F. R. § 300.89(a)(4)

- Condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance

Characteristics of Emotional Disturbance

- An inability to learn that cannot be explained by intellectual, sensory, or health factors
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behaviors or feelings under normal circumstancs
- General pervasive mood of unhappiness or depression
- Tendency to develop physical symptoms or fears associated with personal or school problems

What all three disabilities require

- Adverse consequences for educational performance
- To such a degree as to require special education

504 "...individual with a disability..." 29 U.S.C. § 706 (8)(8)

- A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities;
- A person who has a record of such an impairment; or
- A person who is regarded as having such an impairment

Who is entitled to a 504 Plan?

- Only children who are currently disabled are entitled to be on a 504 plan
- The other provisions protect against discrimination and have no accommodation feature

Three Elements

- Impairment
- Major life activity
- Substantial limitation

Definition of "major life activities" including, but not limited to:

Seeing
Hearing
Speaking
Walking
Breathing

Caring for oneself
Performing manual tasks
Working
Learning

Introducing Standardized Assessments at Each Stage of Confident Speaking

- **Stage One**: Based on getting information from parents using structured interview or questionnaire
- **Stage Two**: Child participates cooperatively in some play or performance tasks that require verbal comprehension, but no expressive communication from the child, not even pointing or head nodding
- **Stage Three**: Child can point or respond in other non-verbal ways – many more assessment measures are possible

Introducing Standardized Assessment Continued

- **Stage Four**: Child is starting to produce some level of sound, and you can assess areas such as pre-literacy and articulation further
- **Stage Five**: At this stage, child may direct verbal responses quietly to their parents
- **Stage Six**: Child is able to use single word responses with the examiner, although they may not yet demonstrate connected speech
- **Stage Seven**: Child uses connected speech with examiner, so any assessment measure is possible to complete

Additional Suggestions

- Adapt the way the child can respond to some of the standardized expressive language assessments (think outside the box!!)
- If child points/nods, see if a simple single word response can be achieved
- Try reading tasks before speaking tasks
- If the child speaks spontaneously to the parent rather than to the examiner, use that to maintain the flow of conversation

Group Activity

5 year 4 mo old girl

Attends kindergarten. Mom brings her to the classroom everyday in order to get her there and she is usually crying. She will take a few steps into the classroom, and stop. Will not independently take off her jacket or backpack. Keeps eyes on the floor. Teacher has to guide her in to where backpacks and jackets are kept, help her take both off and hang them up, then take her to her seat, where she will eventually sit down.

4 year 11month old girl

- Attends pre-kindergarten enrichment class. Will come to her class independently, and is self sufficient in regard to following classroom routines. Will talk to one student in her class that sits at her table. Will nod "yes" or "no" to questions asked by teacher.

Stages of Confident Speaking as Related to Intervention

(Johnson and Wintgens)

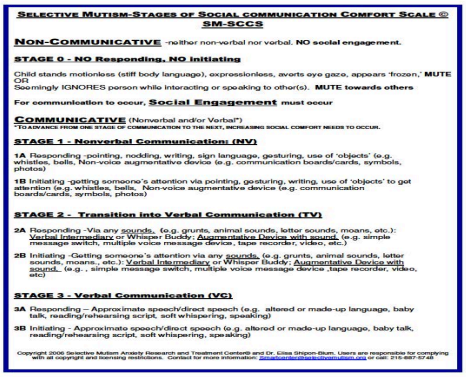
What Do They Look Like?

Stages of Confident Speaking (Johnson & Wintgens)

- **Stage One**
  - Does not communicate or participate at all
- **Stage Two**
  - Cooperative but very limited communication/interaction
- **Stage Three**
  - Communicates through visual, nonverbal means
- **Stage Four**
  - Will use non-verbal sounds
- **Stage Five**
  - Will speak within earshot of person, but not directly to them

Stages Continued

- Stage 6
  - Use single words with select people
- Stage 7
  - Use connected utterances with select people
- Stage 8
  - Begins to generalize speech to a range of different people
- Stage 9
  - Begins to generalize speech to range of different people and in a variety of different settings
- Stage 10
  - Communicates freely with most people and in most settings



SELECTIVE MUTISM-STAGES OF SOCIAL COMMUNICATION COMFORT SCALE © SM-SCCS

NON-COMMUNICATIVE -neither non-verbal nor verbal. **NO social engagement.**

STAGE 0 - NO Responding, NO Initiating

Child stands motionless (stiff body language), expressionless, averts eye gaze, appears 'frozen,' **MUTE** OR
Seemingly IGNORES person while interacting or speaking to other(s). **MUTE towards others**

For communication to occur, Social Engagement must occur

COMMUNICATIVE (Nonverbal and/or Verbal*)
* TO ADVANCE FROM ONE STAGE OF COMMUNICATION TO THE NEXT, INCREASING SOCIAL COMFORT NEEDS TO OCCUR.

STAGE 1 - Nonverbal Communication: (NV)

1A Responding -pointing, nodding, writing, sign language, gesturing, use of 'objects' (e.g. whistles, bells, Non-voice augmentative device (e.g. communication boards/cards, symbols, photos)

1B Initiating -getting someone's attention via pointing, gesturing, writing, use of 'objects' to get attention (e.g. whistles, bells, Non-voice augmentative device (e.g. communication boards/cards, symbols, photos)

STAGE 2 - Transition into Verbal Communication (TV)

2A Responding -Via any sounds, (e.g. grunts, animal sounds, letter sounds, moans, etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. simple message switch, multiple voice message device, tape recorder, video, etc.)

2B Initiating -Getting someone's attention via any sounds, (e.g. grunts, animal sounds, letter sounds, moans., etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. , simple message switch, multiple voice message device ,tape recorder, video, etc)

STAGE 3 - Verbal Communication (VC)

3A Responding – Approximate speech/direct speech (e.g. altered or made-up language, baby talk, reading/rehearsing script, soft whispering, speaking)

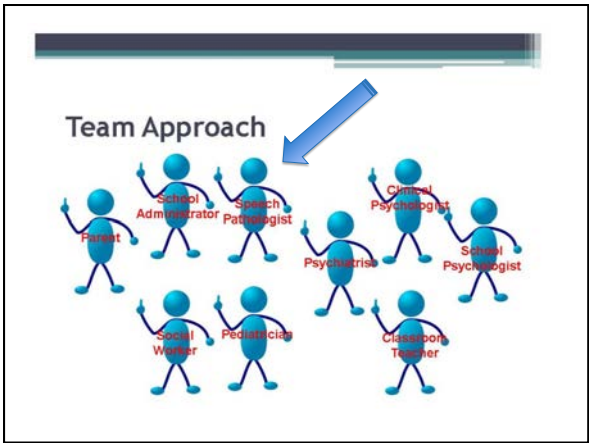
3B Initiating - Approximate speech/direct speech (e.g. altered or made-up language, baby talk, reading/rehearsing script, soft whispering, speaking)

Intervention

TEAM APPROACH

Parent
Classroom teacher
School psychologist
Counselor
School administator

Psychiatrist
Speech/language pathologist
Occupational therapist
Social worker



These threads are a must:

- Audience
- Performance
- Familiarity

- Robert Schum, PhD

Treatment focus

- Alleviating anxiety
- Increasing self esteem
- Communicating in social settings
- NO expectation for the child to talk

Key Goal to Treatment

- **Increase comfort and ability** to
  - **ENGAGE**
  - **SOCIALIZE**
  - **COMMUNICATE**

IN A VARIETY OF SOCIAL SETTINGS

Most Common Treatment Options:

- **Behavioral Approach – setting/situation**
  - **Desensitization, fading, positive reinforcement**
- Psychological Approach – fears/feelings
  - Redirect thoughts
- Cognitive Behavior Therapy – behavior
  - Change thoughts and change behavior
- Medication – use of Serotonin Reuptake Inhibiters (SSRIs)
  - Problems related to an imbalance in some chemical messengers/neurotransmitters) in the brain, specifically, Serotonin

CBT Cognitive Behavioral Therapy(Schum)

Antecedents	Who Where When
Intervening Thoughts/ Feelings	How
Responses	What

Play Therapy

- Adaptation of psychoanalytic therapy, a psychological treatment based on helping people understand their unconscious thoughts
- Utilizes play as communication
- Trained individuals will observe and participate in play activities with the child and interpret the child's actions as a form of subconscious communication

Methods of Interventions

- Picture Exchange Communication (PEC) system
- Augmentative Communication such as communication boards, books
- Visual supports
- Picture schedules
- Social stories (Carol Gray social story template (www.thegraycenter.org)
- Visual strategies (www.usevisualstrategies.com)

Medication

- Anxiety problems are related to an imbalance in some of the chemical "messengers" in the brain, or neurotransmitters
- Neurotransmitters called serotonin seems to be involved
- Parents are hesitant because no long term studies on long term affects of drugs prescribed

Possible Medications

- Serotonin Reuptake Inhibitors (SSRI)
  - Prozac, Paxil, Celexa, Luvox, Zoloft
- Other drugs that affect several of the neurotransmitters instead of just serotonin
  - Effexor XR, Serzone, Buspar, Remeron
- Goal is to usually to have the child take the medication for 9-12 months
- Meds are not studied for use in children

Where to Begin?

- Step 1:
  - Let the child know you have empathy their difficulty and the feelings they experience when they try to speak
- Step 2:
  - Let the child know he is not alone in this
- Step 3:
  - Impress on the child that the most important thing to everyone is for them to be happy and feel safe, and that they have a friend in you (or someone) to turn to should they feel upset/have a bad day
- Step 4:
  - Explain how you are going to help them

You need to know

- How the child relates to the difficulty of getting words out
  - "The words won't come out"
  - "I'm scared" or "I'm afraid"
  - "It feels like my body won't let me speak"

Next:

- Determine words to use when describing the difficulty, so **EVERYONE** on the team uses the same words.
- Young children typically speak in terms of being scared or afraid
- Older children typically speak in terms of it is just difficult to get the words to come out
- **AVOID using the term "talk" – because talking is not the goal initially**

Next

- Help child acknowledge or assess his/her feelings
- Child could "rate" feelings of being scared, uncomfortable, and/or where it is difficult to communicate
- My need to give the child examples of HOW he/she feels in different settings in order for the child to understand.
- You are there to help with the "middle ground" (they often speak in extremes)

Importance of Intervention

- Minimize negative impact on the child
- Prevent situation from becoming worse
- Prevent mutism from becoming the "norm"
- Prevent repeated ineffective attempts to elicit speech
- Minimize emotional and physical strain caused to child, parents, teachers, etc.

Treatment Plan

- School/Education Accommodations and Interventions

KEY: Teacher enables without realizing it

- All School personnel to be educated about SM and child's level of social comfort – what the child's communication abilities are
- Whole Child Approach – address concomitant issues
- Medication
- Alternative Treatments

Treatment Plan Should Assist the Child With:

- Building Social Engagement Skills
- Progressing Communicatively
- Management of Difficult Behaviors
- Regulatory Issues
- Acknowledgement for Understanding and Inner Control
- Structure→Routine→Consistency
- The Set Up of Ideal Situations

How do we do that?

- Feeling Charts
- Rating Scales
- Talking Scales
- Talking Maps
- Comfort Journals

SM is about control – so we help them transfer control from mutism to strategies they can use for social communication.

How Do We Obtain Social Engagement/ Comfort?

- Small Environments
- Few People
- Quiet/Less Stimuli/Relaxed

How do we stimulate responding?

- Board games
- Puppets
- Fun activities
- SHOW
- POINT
- NOD
- WRITE
- Use AAC in some form

How do we stimulate initiating?

- Carry/hand things to others
- Take things from others
- Beat the Clock

How do we transition from non-verbal to verbal?

- Sign Language
- PIctures
- AAC – single message or multi-message voice output device
- Verbal Intermediary – getting the message across using an object or another person
- Use of Sounds – transfer into verbal communication via the "back door"

Accommodations = Allowing and enabling child to communicate nonverbally

- Typical accommodations:
  - Allow child to communicate via pointing/ gesturing
  - **No pressure for speaking**
  - Provide a white board for writing responses
  - Provide assistive device, such as tape recorder, picture/word board to communicate
  - Sit with a familiar person (friend, classroom buddy)

Successive Approximations
(Schum) (Listed from easiest to most difficult)

- Eye contact
- Nod head
- Point
- Noise makers
- Write
- Mouth
- Whisper word
- Whisper Phrase
- Whisper conversation

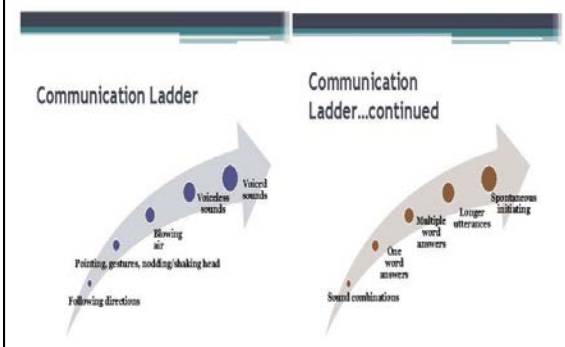
easiest

Communication – "Any communication is good communication"

Gesture (nod, shake, shrug)
Point
Show (toys, video)
draw

Write
Facial expressions
Sounds
Talk

Dr. Shipon-Blum, SMART Center



Activities For Each Stage of Confident Speaking

- **Stage One – does not communicate or participate**
  - Show contents of pockets
  - Demonstrate game on computer
  - Build something
  - Paint a picture
  - Tea party
  - Jumping/popping toys
  - Jigsaw puzzles/form boards
  - Play in the kitchen center
  - Magic tricks
  - Make jewelry (cereal necklace, etc.)
  - Printing with stamps and stencils
  - Battery-operated or electronic games

Activities Continued

- **Stage Two –cooperative, but limited communication of any kind**
  - Pegboard patterns
  - Construction toys
  - Craftwork
  - Board games (chess, checkers, backgammon)
  - Drawing
  - Coloring/tracing
  - Picture-matching games
  - Computer programs
  - Tic-tac-toe
  - Picture matching/sorting/association
  - Picture-word/picture-sentence matching

Activities Continued

- **Stage Three –communicates mostly through visual/non-verbal means**
  - Guessing game
  - Guess the action
  - Mime Lotto
  - Complete the puzzle
  - Finish the sentence
  - Simon says
  - Copying actions
  - Generating actions

Activities Continued

- **Stage Four- may use audible sounds to express emotion/accompany play**
  - Sounds that do not involve the body (drum)
  - Body sounds not involving the mouth (clapping or tapping)
  - Body noises involving the mouth, but not the voice (blowing, whistling, tongue clicking)
  - Sounds without voice that represent an animal or object (hissing like a snake, tongue clicking for horse)
  - Whispered letter sounds not involving the voice or lips (s, sh, h, t, k, ch)
  - Whispered letter sounds involving the lips but not the voice (p, f)
  - Sounds using voice that represent animals or objects
  - Animal noises or other sounds that are represented in word form (woof, moo, meow)
  - Letter sounds – adding voice to whispered sounds (pu, tu, ku)
  - Letter sounds involving voice but not lips (d, g, n, l, j, y, z)
  - Letter sounds involving voice and lips (b, m, v, w)
  - Vowel sounds

Stage Four Activities Continued

- Musical instruments
- Humming
- Sound Lotto
- Animal noises
- Silly noises
- Visual Feedback
- Letter sounds – copying, recalling or recording

Suggestions for Using Sounds
(Shipon-Blum, 2006)

- Tapping or Snapping
- Mouth Popping
- Use of Sound Chart
- Use of Sound to Shape Other Sounds
- Put Beginning and Ending Sounds Together

Activities Continued

- **Stage Five – talk to someone within earshot, but may not directly talk to specific people (teacher)**
  - Environmental Sounds
  - Animal Sounds
  - Interview Game (yes, no writing of responses, or asking questions)
  - Treasure hunt
  - Beat the clock (random naming of categories)

Activities Continued

- **Stage Six – may use words in direct response to something**
  - Yes or No
  - Bingo/lotto
  - Snap!
  - Picture naming on demand
  - Easy question requiring a predictable answer
  - Finish a sentence
  - Solve a riddle or definitions
  - Pairs
  - Classification games
  - Passing on a message
  - Reading aloud
  - Hangman
  - Battleship

Activities Continued

- **Stage Seven – use connected speech with select people**
  - Yes/No/I don't know
  - Color quiz
  - Lotto
  - Harder questions
  - Finish the sentence (reading game)
  - Silly sentences (reading game)
  - What comes next?
  - Telephone
  - Marketed games (Go Fish, Guess Who?)
  - Giving instructions
  - Definitions
  - Twenty questions
  - Passing on a message

Activities Continued

- **Stage Eight – Begins to generalize to a range of people**
  - Counting sequences
  - Alphabet strings
  - The longest sentence in the world
  - Name throwing
  - Pot-luck questions
  - I went to the market
  - Telling jokes
  - Consequences
  - Give us a clue

In a nutshell, SLP Treatment Hierarchy

- Get the child to engage
- Get the child to communicate (gestural or with AAC)
- Get the child to make noise (clapping or stomping)
- Get the child to say sounds, syllables, words, phrases, sentences
- Get the child to converse with a communication partner. Expand narratives with this partner while broadening to other communication partners
- Vary social problem solving and social pragmatic opportunities

Group Activity

5 year 3 month old boy

- Will make eye contact
- Will play a game jointly with a familiar child in class
- Will answer yes/no questions by nodding, although it depends on person asking and the setting
- Will make animal and environmental noises when playing with toys
- Laughs when playing with a friend

4 year 6 month old girl

- Will not establish eye contact
- Will not move freely about her classroom
- Cries frequently
- Absent often
- Talks to no one in her classroom
- Must be physically brought to her class by one of her parents

7 year 4 mo old female

- Will point
- Will nod head
- Will draw and write
- Whispers to students in her classroom but will not speak to teacher
- Will talk to her mother in the school setting, but will stop talking if anyone tries to join the conversation

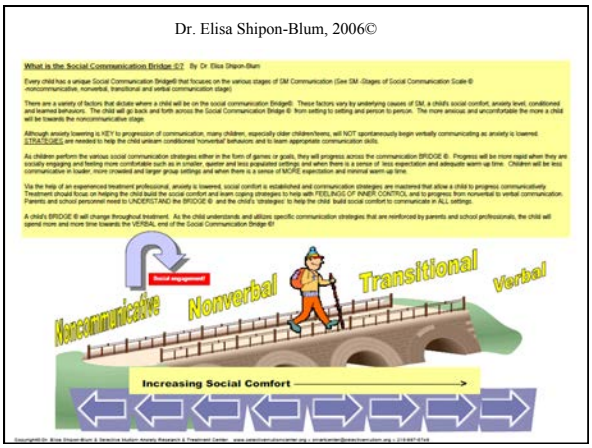
Key Issues to be addressed via accommodation/intervention "Plans"

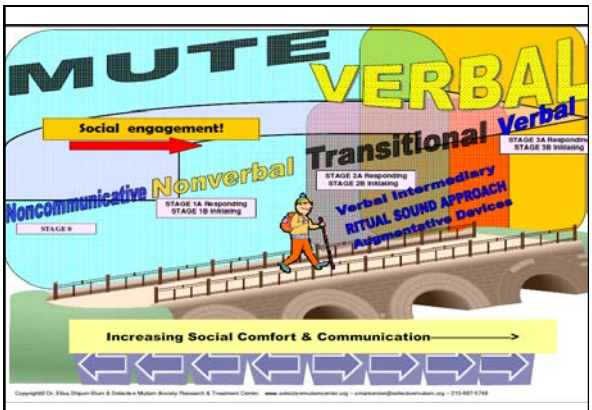
- Help CHILD feel LESS anxious
- Build social comfort (skills)
- Build COMMUNICATION skills
- Address co-existing "issues"
- Need to address effects on:
  - Learning (if any)
  - Social emotional well being (which WILL impact learning)

Making the Child an Active Partner

- Acknowledging the difficulty
- Providing a reason for the behavior
- Give reassurance that something can be done

Dr. Elisa Shipon-Blum, 2006©





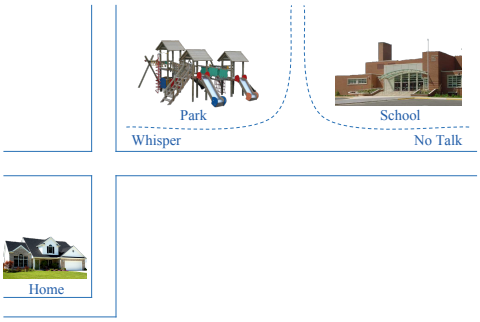
Dr. Elisa Shipon-Blum, 2006©

Talking Maps – When, Where

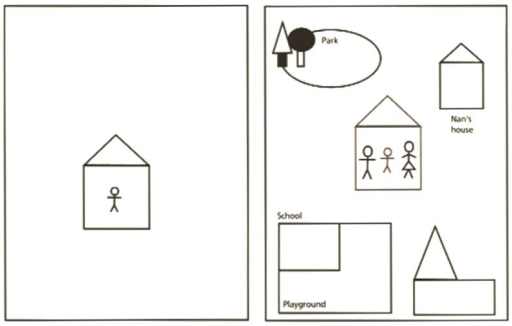
Talking Maps

- **Step One**: Present child with piece of paper and draw a house in the middle with a picture of them inside
- **Step Two**: Add simple representations of other places in the community which are significant in terms of offering opportunities for communication
- **Step Three**: Discuss links between home and the other places on the map

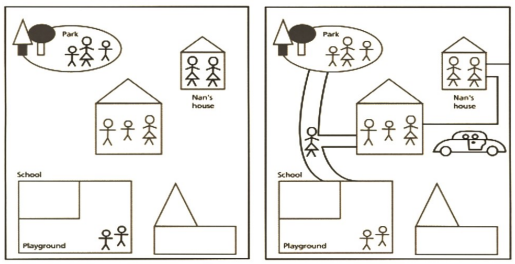
Talking Maps – When, Where



Talking Maps (Johnson & Wintgens)



Talking Maps



WHO

Talking Scales

Talking Scale - 1

Hard	School announcements
	Classmates at lunch, recess
	(No talk)
Medium	
	Read aloud to the teacher
	Whisper to communication buddy
Easy	

(Developed by Robert Schum)

Talking about talking

- Focus on anxiety
- Brave vs. shy
- Help them process those feelings
- Do not make assumptions about how they feel

For Older Students:

- Process comments
- Do goal-setting
- Ownership of communication
- Homework assignments keeping therapy in mind (ex: what are vocal cords and what do they do?)
- Voicemail

Self-Rated Questionnaires

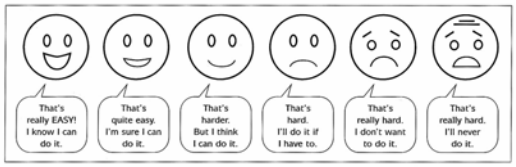
- Used for older children
- Assesses feelings and attitudes of the child toward social situations
- Examples (All About Me)

Self-Rating Scales (Johnson & Wintgens)

Please circle a number from 1 to 5 on the scale.

0 = very easy
5 = very difficult

0 1 2 3 4 5



Structured Communication

- 20 questions
- Games ("structure but loose")
  - Guess Who
  - Barrier Games (limit choices)
- Video Sample

Verbal Stepping Stones

- Record on phone
- Answering Machine – Voice Mail
- Read off of a card or a script
- Verbal Stimulation Games

KEY: **You are not asking them to talk**, you are stimulating them to answer

Other Difficulties that May Arise with children with Selective Mutism:

What do we do about those issues?

Difficulty: Feeling uncomfortable, withdrawn, not socializing with peers (Shipon-Blum, 2006):

- Intervention needed to build relationships and secure social comfort
  - How?
    - Younger kids: Classroom buddies (same for 1-2 weeks)
      - Seated/group with buddies in specials
      - Set seating in classroom (no abrupt seating changes, rotate children)
      - Preferential seating in cafeteria (lunch buddy)
      - Bathroom buddy
      - Recess buddy
      - Social comfort groups – friendship group, recess bunch, lunch bunch
      - Few children out of room→small group (same kids) IN room, away from group→increase group to larger group
      - Suggest outside play dates→transfer to school (play date at the school)

Building Relationships – Older Kids:

- Same classes as friends
- Seated next to friend
- Use friend as verbal intermediary
- Special projects (take home projects)

Difficulty with Changes/Transitions:

- Flexibility
- Structure and routine
- Prepare in advance
- Consistency in "understanding" from all school personnel
- Substitutes to be informed

Difficulty due to co-existing difficulties:

- OT Issues – Sensory Integration
- Developmental Delay
- Processing Difficulties
- Speech/Language Impairment
- English Second Language

Difficulty with Group Activities:

- 1 on 1
- Smaller groups
- The quieter the better
- Avoid large group interactions
- Change of "communication expectations"

Difficulty with warm up – requires a long "warm up" time:

- Student to have "free time" in the am (delayed start time)
- Expectations of staff must be adjusted
- Essential classes in the afternoon (older children)

Difficulty Beginning/Completing Tasks:

- Remember: Processing speed is decreased when overwhelmed, as is STM, learning new things
  - Re-direction
  - Allow more time for assignment completion
  - Allow child to take home as homework assignment
  - Allow more time for test taking – may need separate location
  - Preferential seating

Difficulty When Responding: Hesitant in Responses or Reactions:

- Ask direct, yes/no or choice questions
- Avoid open-ended directions/questioning
- Repeat question/comment or reword question
- Allow to answer 1:1 with teacher
- Allow to answer in smaller group

Difficulty with Distraction, Seemingly Uninterested, Apathetic, Jumpy:

- Redirection
- Sit closer to the teacher
- Buddy to remind
- Flexibility in schedule
- ADHD accommodations

Difficulty with Nonverbal, Verbal Initiation:

- Teacher to prompt child
- Tactics to help with communication progression to be integrated into the school day
  - Tape it/Play it
  - Write it/Read it
  - Tap/Snap to get attention (some agreed upon signal)

Group Activity

7 year 7 month male in second grade

- Difficulty completing tasks
- Difficulty participating in group activities
- Difficulty with transition
- Difficulty when responding in large groups

Measuring Progress

- Outcomes of Intervention:
  - Individual target-setting with evaluation
  - Staff and/or parent questionnaire covering aspects of the child's speaking habits
  - Visual record of the child's broadening speaking habits as shown by a grid or a talking map
  - Feedback from the child using self-rating scales

Set Limits

Explanation is not justification

Collaboration in the Classroom

- Reassure the teacher that child is still comprehending even if not talking
- Differentiate instruction and assessment
- Individualize!!!
- Parents make home video and/or audio with speech or reading sample
- Alternative communication must be acceptable
  - Nodding/shaking
  - Finger choices
  - Whiteboard
  - Notebook
- Pair with friends in workgroups, in tasks around building for socialization

Parent/Teacher Support

- Educate parents and teachers on what selective mutism **is** and **is not**
- Support to these individuals is critical
- Can take many different forms
  - Group Meetings
  - Consultation Meetings
  - Training provided to professional groups
  - Internet Information (direct to credible information)
  - Support Groups for Parents

Preparing for Generalization

- Involve classmates
- Use of home video and audio tapes
- Communicating via messages
- Fading in a range of people
- Fading in a range of settings
- Transferring speech to the classroom
- Coping with changes
- Facilitating the development of spontaneous speech
- Transfer to a wider community setting (family directed)

Avoid Projection

Calendars =

Clocks =

Deadlines =

ANXIETY!!!!!

Managing Parent Anxiety

- **Reassure**
- **Focus**
- **Bind**

Reassure

- Hope
- Team approach

(parents need two things to move forward – hope and help)

Focus

- Information
- Unpiling (catastrophic expectations) – vocational, social, interpersonal
- Convert anxiety into fear
- "stay in the now"
  - Looking back or looking forward – what does that get you?

Bind

- Boxing vs judo (Schum)
- Structure
- Homework

Why?

Anxious parents are restless parents

Bind energy into constructive activities

Progress and Maintenance (Johnson and Wintgens, 2001)

- Factors influencing the rate of progress:
  - Age when first identified
  - Extent of Mutism
  - Degree of Anxiety felt by the child
  - Staff and parental attitudes
  - Child's ability to "self-reflect"
  - Level of support
  - Experience of those involved and working with the child

Characteristics of Children with Selective Mutism after Intervention

- Respond rather than initiate
- Stare rather than give feedback
- Freeze rather than say "I don't know"
- Wait for guidance rather than seek clarification
- Remain silent when they feel guilty, afraid, or confused
- Panic at decision-making
- Accept inaccuracies rather than correct others
- Easily bullied
- Rely on others to set boundaries, rather than regulate their own behavior
- Stand out among peers as socially immature or naïve

Continued Support that May Be Needed

- Speech/language therapy
- Literacy support where indicated
- General language work with activities that increase communication load and promote confidence
- Increased responsibility to raise self-esteem
- Personal goal setting
- Social skills development
- Assertiveness training
- Community program
- Maintaining a supportive environment

Things that Help

- Not blaming the child, but viewing the problem as an opportunity to make a very significant difference in the child's life
- Treating the child as equally as possible to other children
- Allowing the child to use any mode of communication possible (but always reinforcing higher levels): picture exchange, writing, pointing, whispering, drawing
- Being patient and calm; not letting your frustration become counterproductive; know that the process is slow
- Knowing that treatment is often described as "difficult" and one study found that despite treatment, 50% of cases have not shown major improvement (Steinhausen and Juzi, 1996)
- Using a social-pragmatic hierarchy in choosing goals; emphasizing social interaction at increasing levels of complexity
- Do not give up – learn to analyze and make adjustments
- Be willing to be wrong

Things to Avoid

- Begging or cajoling the child to speak
- Trying to rationalize with the child
- Pressuring the child to speak
- Punishing, blaming, isolating or ignoring the child
- Drawing a lot of attention to the child when he/she makes a communicative attempt (may make a shy and anxious child even more uncomfortable)
- Reinforce in quiet ways
- Teasing and enabling from peers

When you smile at me, I learn that I am lovable; when you understand me, you help me to understand the world

Hatkoff, 2007

Maintaining a Supportive Environment

- Spot-checks needed from time to time
- Determine positive associations that the child has with speech
- Determine what makes speech easier
- Negative Associations the child has with speech
- Factors that make them reluctant to speak
- Every effort should be made to increase positive associations
- Every effort should be made to eliminate the negative associations

How Classmates Can Help?

- Be a good friend
- Include all children in all activities
- Do not try to make your friend talk if he/she does not want to right now
- Do not tell people "he can't talk" or "he doesn't talk" (not your job)
- "Johnny is just really shy but he likes kids. I bet if you play with him and eat lunch with him, he will be less shy."

Great Books To Share With Classmates

- Shy Charles, By Rosemary Wells
- Shy Guy, by Giles Tibo
- Understanding Katie, by Dr. Elisa Shipon-Blum
- Maya's Voice, by Wen-Wen Cheng
- Words of a Mute Girl, by Daniela Parlane
- Why Doesn't Alice Talk at School?, by Lucy Nathanson
- Wilma Jean the Worry Machine, by Julia Cook
- The Loudest Roar, by Clair Maskell

Goals and Objectives: What do they look like?

SLP Long Term Goals Ideas

- Child will progress from Stage 0 through Stage 2, with two conversational partners in one new setting
- Child will progress from Stage 1 through Stage 3, with two conversational partners in two new settings
- Child will verbally convey wants and needs to peers (to adults, to a new communication partner)

ST Objectives (think gradual changes)

Short term objectives (Stage 0 - Stage 1):

- Child will use gestures intentionally, in order to communicate with two people in same setting (or two people in two different settings)
- Child will take turns with at least one adult/peer during a simple, structured activity

(Stage 1 – Stage 2):

- Child will make voiceless sounds intentionally during a structured activity
- Child will make animal sounds during play with a familiar person/group mate

ST Objectives (think gradual changes)

Short term objectives (Stage 2 - Stage 3):

- Child will speak at normal volume when

alone, and allow a familiar person to enter the room and continue speaking

- Say single words at normal volume in the presence of a familiar person
  - Remember to consider responding & initiating throughout the therapy process
  - Generalization to more people in more settings should also be incorporated in goals one at a time

Sample IEP Annual Goal:

By the end of a 36 instructional weeks, student will demonstrate performance at stated levels of mastery on pragmatic language objectives listed below by moving from nonverbal communication to more appropriate verbal exchanges with at least two communication partners in at least two settings with _____(your assessment criteria).

Sample IEP Objectives cont.

- *Will respond to communication partner by making sounds…*
- *Will initiate getting another's attention by making a sound or gesture….*
- *Will respond to communication partner by whispering…*
- *Will respond to communication partner by speaking audibly……*
- *Will initiate and increase the frequency and intensity of verbalization to adults and children within the classroom setting……*

Sample IEP Objectives:

- *By the end of six weeks, student will respond by using nonverbal gestures to express needs and/or answer questions by pointing or nodding to speaker on 4/5 occasions*
- *Will initiate nonverbal communication to express needs and/or answer questions……...*
- *Will initiate an interaction with at least one other person……..*
- *Will mouth words to express needs and/or answer a question to at least one person….*

Criteria for "Dismissal"

- Child is not being held back educationally or socially
- Child can talk to strangers
- Parents and school staff are no longer worried
- Child is happy and appears able to handle situations with very little support needed
- Child can carry on with building confidence in social situations using strategies that have proven to be effective

Cautions

- Do not dismiss too early – if critical changes are coming (moving to another school, etc.)
- Do not discharge too late (be realistic)

ASHA Resources:

- Selective Mutism (Member page)
  - http://www.asha.org/slp/clinician/SelectiveMutism
- Selective Mutism (Public Page)
  - http://www/asha.org/public/speech/disorders/SelectiveMutism.htm
- Evidence-Based Practice
  - http://www.asha.org/members/ebp/
  - http://www.asha.org/slp/clinical/Selective-Mutism/

More Resources

www.selectivemutism.org

Selective Mutism Association

www.selectivemutismcenter.org

SMart Center – Selective Mutism Anxiety Research and Treatment Center

Dr. S. Louise Tedford, PhD

4131 Spicewood Springs, Suite J-3

Austin, Texas 78759

512-962-4486

Drlouisetedford@g,mail.com

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"I haven't failed, I have found 10,000 ways that don't work."

Thomas Edison

Don't Just

Don't just learn, experience.
Don't just read, absorb.
Don't just change, transform.
Don't just relate, advocate.
Don't just promise, prove.
Don't just criticize, encourage.
Don't just think, ponder.
Don't just take, give.
Don't just see, feel.
Don't just dream, do.
Don't just hear, listen.
Don't just talk, act.
Don't just tell, show.
Don't just exist, live."

— Roy T. Bennett

Questions

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