Supporting Students with Selective Mutism in Schools

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Presenter Background

- Trained and worked under Carmen M.T. Lynas, Ph.D. for 2 years (2013-2015) at Advanced Therapeutic Solutions (ATS)

- Contracted with ATS in Summer 2016 to provide social thinking and behavior based exposure therapy groups

- Introduced to treatment strategies during ATS’ Adventure Camp 2013 training (In-vivo, in-situ exposure therapy)

- 7+ years experience as a school social worker and currently work in the Skokie School District 73.5
Presentation Overview

• Selective Mutism Basics – Definition, Assessment & Diagnosis

• Impact on School Behavior

• Behavioral Conceptualization & Treatment

• Further Education, Treatment Professionals and Resources
A. **Selective Mutism** is an anxiety disorder characterized by consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations.

- Classified as an Anxiety Disorder by the DSM-V

DSM-V Criteria for Selective Mutism

Classification: Anxiety Disorder

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

B. The disturbance interferes with educational or occupational achievement or with social communication.

C. The duration of the disturbance is at least 1 month (not limited to the first month of school).

D. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.

E. The disturbance is not better explained by a communication disorder (e.g., childhood-onset fluency disorder) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder.

Onset and Prevalence

- Most prevalent between 4-8 years old
- Usually identified when child enters school and there is an expectation to speak
- 0.7% (7 in 1000) children; higher in bilingual homes
- More likely with girls than boys

Comorbid diagnoses with Selective Mutism

- Social Anxiety Disorder
  - Selective Mutism vs. Social Anxiety Disorder
- Separation Anxiety
- Specific Phobia
- Communication Delays or Disorders
- Opposition behaviors (May only observed with expectation to speak)
Environment Vs. Genetics
Selective Mutism is diagnosed by a Clinical Mental Health Professional, who may leverage the following:

- Parent Interview – Diagnostic, Family, Communication History
- Parent/Child Observation
- R. Lindsey Bergman's Selective Mutism Questionnaire
- R. Lindsey Bergman’s School Speech Questionnaire
- Anxiety Assessments
- Feedback from the school and other people in child’s life
- Significant language development or delays – refer SLP
- Rule out other diagnoses tools

Bergman, R.L. (2013)
Presentation of Selective Mutism in Schools

- Not talking to peers but talking to teacher
- Limited eye contact
- Not talking to teacher but talking to peers
- Avoidance speaking and social activities
- Flat Affect/Frozen
- Whisper to preferred peer
- Calm (until presented with expectation to talk)
- Nonverbally interacting in social activities

Perednik, R. (2011)
Possible Implications at School

• Ability to ask questions or verbally participate in classroom learning

• Possible impact on academic placement and testing

• Social impact building friendships and relationships with teachers—Isolating

• Ability to have basic needs met—bathroom breaks, etc.
The school social worker is an excellent point person, in the setting, where symptoms mostly occur. Ideally, with the support of an outside trained therapist, we can help carry out interventions and other activities.

- Collaborate with parents, primary therapist, psychiatrist, pediatrician and other outside providers
- Work through school exposures with assistance of trained SM therapist
- Advocate for student
- Provide education to parents, teachers and administrators
- Participate on 504 or IEP team and provide appropriate supports and interventions
- Connect family to appropriate resources
Behavioral Conceptualization of Selective Mutism

- Negative reinforcement
- Child is asked a question and prompted to engage
- Everyone feels better: child and adults anxiety are lowered
- Child feels very anxious
- Adult rescues
- Child avoids

AnxietyBC. (2007-2016); Based on work of Steven Kurtz, Ph.D., ABPP and Lindsey Bergman, et al
Treatment of Selective Mutism

- Behavior Therapy
  - Contingent Management
  - Stimulus Fading
  - Shaping and Prompting
  - Systematic Exposure/Desensitization

- Pharmacological Treatment
  - Selective serotonin reuptake inhibitors (SSRI)

Behavior Techniques

- **Contingent Management** – Establish positive reinforcement for initial interactions
- **Stimulus Fading** – Increasing the amount of people and places the child speaks
- **Shaping and Prompting** – Reinforcing successive approximations wanted
- **Systematic Desensitization** – Gradual exposure to successive anxiety-provoking situations while providing the child relaxation strategies

Selective Mutism Group, (nd)
• Allow child warm-up time (at least 5-15 minutes)

• Do not contaminate self by asking questions

• Counterconditioning (pair anxiety provoking situation with preferred activity)

• Build rapport and relationship without expecting the child to speak

Kurtz, S.M.S (n.d.).
PCIT-SM Child Directed Interaction

- PCIT-SM Steven Kurtz’s work CDI, VDI based on Sheila Eyberg’s research on PCIT treatment CDI-Follow the child’s lead in play Carpenter, A., Puliafico, A., Kurtz, S., Pincus, D., Comer, J. (2014)

  ▪ Use label praise - *Great job setting up the doll house.*
  ▪ Repeat what the child says - Child: *I want to play with the Legos.* Therapist: *You want to play with the Legos.*
  ▪ Imitation – *Mirror the child*
  ▪ Description - like a sportscaster *You are playing with the cars.* You are moving the car on the rug.
  ▪ Express enjoyment - *I am having so much fun playing with you!*

- Avoid Verbal Commands to Speak & Establish Contingent Management

Kurtz, S.M.S (n.d.)
Increasing Verbal Relationship with child - Verbal Directed Interaction

- Use of Intermediary
- Once child is verbal with you
  - Ask forced-choice questions - *Is your favorite color red or blue?*
  - Ask open ended questions - *What is your favorite color?*
  - Avoid yes/no questions
  - Wait 5 seconds
  - Reflect and praise verbal responding
  - Repeat if needed
  - Once child is speaking, acknowledge nonverbal communication but don’t accept them - *You are pointing at the game. Do you want to play the game or something else?*

Kurtz, S.M.S (n.d.).
Graduated succession

Stimulus fading, shaping and desensitization

Goal to generalize talking to other people, places and activities

Develop a list of places, people and activities where there is difficulty speaking

Have child (if able to, if not have parent) rate situations from easiest to hardest

Begin with the “easiest” and where child can be successful

Be flexible and creative-if need to modify or change due to child’s response while in exposure

Never coax or push to talk; It is a gradual succession of events that takes time and practice

Bergman, R.L. (2013)
Example of School Talking Ladder

*Note every Talking Ladder looks different based on child’s needs

- Talk to Principal
- Talk to Assistant Principal
- Talk to Office staff
- Talk to Drama teacher
- Talk to Gym teacher
- Talk to Music teacher
- Talk to Art teacher
- Talk to Math teacher
- Talk to classroom teacher
- Talk to parent in classroom

Easy → Hard
• Goal to verbally respond to teacher in the classroom with parent present (Note: Each talking ladder is tailored to individual needs)

  * Answer teacher’s forced choice question
  * Speak to parent while playing game with teacher engaged in game utilizing PCIT-SM
    * Speak to parent while playing game; teacher sitting next to student
    * Speak to parent while playing game; teacher sitting at student desk
    * Speak to parent while playing game; teacher at her desk doing work
    * Speak to parent while playing game; teacher sitting in far corner
    * Speak to parent while playing game; teacher standing in doorway
    * Speak to parent while playing game; teacher standing in the hallway

Based on work of Carmen M.T. Lynas, Ph.D. and Dr. Steven Kurtz, Ph.D., ABPP
• Goal: By the end of school year, student will talk to principal
• Practiced in SW office and gave people prepared question

• Paired with Contingent Management

  * Answer Principal f/c question in office
  * Answer Assistant Principal f/c question in office
  * Answer 2nd clerk’s forced choice question in office
  * Answer clerk’s forced choice question in front office
  * Answer SW's forced choice question in front of office manager
  * Talk to social worker outside of main office
Subjective Units of Distress (SUDS)
- For older children can use to help assess anxiety before, during and after exposures
- You can also use it to help set-up the talking ladder

Feelings Thermometer Bergman, R.L. (2013)

Older children further along in TX, self-monitoring system

For younger children, teacher/parent/therapist communication system
Initiating and Spontaneous speech are more difficult than responding to a question.

Responding to open ended questions is more difficult than to responding to forced choice questions.

If the student has a verbal relationship with you, do not accept nonverbal responses.

Social Niceties are difficult (Greeting, Good-bye, Manners).

If needed, use an intermediary.
Possible Accommodations and Supports

• 504 or Individualized Education Plan
• If allowed, meet teacher in new classroom before the school year
• Practice exposures
• Play dates with peers
• Test with known adult experienced with anxiety
• Prepare for changes

• Place in social skills group with preferred peers
• Teacher select a buddy
• Sit near preferred student
• Bathroom system, get help
• Home visits - To establish speaking relationship
• Allow parents to spend time in school
• Toilet and eating plan

Shipon-Blum E. (2007)
Further Education on SM

- Adventure Camp SM Training
  - [http://www.selectivemutismtreatment.net/counselors/train-to-become-a-counselor.aspx](http://www.selectivemutismtreatment.net/counselors/train-to-become-a-counselor.aspx)

- Kurtz Consulting
  - [https://kurtzpsychologyconsulting.wordpress.com/sm-e-learning-website/](https://kurtzpsychologyconsulting.wordpress.com/sm-e-learning-website/)

- Starnet
  - Kathy Slattery  Kslattery@cntrmail.org
  - Scheduled Dr. Sucheta Connolly in late January to do a full day presentation on Stress and Anxiety Disorders in Young Children. Dr. Connolly recently retired from the UIC Pediatric Stress and Anxiety Disorders Clinic at U of I, and is a knowledgeable Child Psychiatrist on all topics related to childhood anxiety including SM

- SMART Center
  - [http://www.selectivemutismcenter.org/events/WebinarsELearningCenter](http://www.selectivemutismcenter.org/events/WebinarsELearningCenter)

- Child Mind Institute
Find Selective Mutism Providers in Illinois

- [http://www.selectivemutism.org/find-help/state-coordinator-list](http://www.selectivemutism.org/find-help/state-coordinator-list)

- Kathy Slattery
  Project Director/SM Parent Support Group
  STAR NET Region II
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- [Adventure Camp](http://www.selectivemutismtreatment.net)
Works Cited


Other Resources

- http://www.selectivemutism.org/
- http://www.selectivemutism.org/resources/library/Educational%20Planning%20IEP%20IDEA%2020%20and%20504/504_Accommodation_Plan_Suggestions_2.doc
- http://www.selectivemutismnetwork.org/
- www.selectivemutism.org/.../Educational%20Planning%20IEP%20IDEA...
- https://www.anxietybc.com/parenting/selective-mutism