Selective Mutism
Strategies for Intervention

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Goals

• Definition
• Professional Players
• Family dynamics
• What is the role of the SLP
• Intervention strategies
• Problem solve
What is Selective Mutism?

- Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
What is Selective Mutism?

- Psychiatric diagnosis that applies to children who remain silent in school and social settings, despite being verbal in other settings — American Psychiatric Association, 1994
- Child chooses when, where and with whom they remain mute
- May communicate freely in a setting where they feel more comfortable, such as at home.
- Often is not identified until child has attended preschool – school for at least one month
Prevalence of Selective Mutism

• 7.1 per 1,000 in U.S.

What It’s Not (usually)

- Child is stubborn
- Child has been traumatized
- Child will just outgrow it
- Child has speech and language disorder??
Characteristics

- Excessive shyness (and shyness/anxiety in family)
- Anxiety disorder (social phobia)
- Fear of social embarrassment
- Social isolation and withdrawal
- Compulsive traits
- Negativism
- Temper tantrums
- May disguise speech/voice
Etiology

- Previous Philosophy: related to trauma, over-protective mother, over strict father
- Current Philosophy: social anxiety
- Genetic link?
  - Many children have a parent who is shy now, or in the past
Family Genetic link

• Lifetime generalized social phobia
  – 37% (14% controls)

• Avoidant personality disorder
  – 17% (4.7% controls)

Family Genetic Link

- Parents often report a familiar history
  - Shyness
  - Decreased speaking in social situations
  - Avoidance
  - Anxiety

Family Genetic Link

- First degree family history
  - Social phobia - 70%
  - Selective Mutism - 37%

ASHA

• According to ASHA, selective mutism, should be treated in conjunction with a speech-language pathologist, pediatrician, and psychologist or psychiatrist

ASHA.org
Professional Players

- Pediatrician
- Psychologist
- Psychiatrist
- Social Worker
- Speech-Language Pathologist
- Classroom Teacher
Is This a Communication Disorder?

• It is a psychiatric disorder that manifests itself in communication
  – ICD-9 code 313.23
• It functionally affects communication
  – Child has language skills, but unable to execute in certain situations
• The selective mutism is a control that reduces anxiety...makes child feel safe
Why is it Misunderstood?

- Child CAN talk
- Child chooses NOT to talk
- Child “appears” controlling
- Adults react with frustration and anger over a child “controlling” the situation
- Peers identify child as non-verbal to others
Family Dynamics

• Tendency may run in family
• Parent(s) has history or currently anxious in social settings
  – Excessively shy
• Parents may “rescue” child in speaking situation
• Parents may be over demanding of child’s (in)ability to speak
Parents’ Perspective

video
What is the Role of the SLP?

• Assess child’s communication
• Treat functional communication
• Educate and counsel
  – Family
  – Teachers
• Bring players together
Assessment

• Treatment starts with the assessment
• Assess receptive language skills
  – Is an ice breaker
    • Use picture pointing task
  – Non threatening
• Assess expressive language skills if child is verbal with SLP
Assessment

- Assess receptive language with picture pointing task
- Preschool
  - (PLS-4)
  - Non verbal parts of CELF-P
- School Age
  - Non verbal parts of CELF-4
Assessment

• Shaping vegetative – verbal
  – Imitate oral positions
    • Show teeth, stick out tongue
  – Add air movement
    • s, th, f, sh
  – Add stop
    • p, t, k, ch
  – Add voice
    • z, v, b, t, g
  – Add vowel
    • Create CV or CVC words
      – Me, no, mom
Results

- Receptive Language
  - Usually normal or above normal

- Expressive Language
  - Usually normal if able to assess
  - Seemingly impaired pragmatic language skills outside of the home
  - Questionable pragmatic skills in the home

- Articulation: Usually normal

- May “disguise” voice or articulation
Subtle Language Difficulties?

- Shorter narrative skills than peers
- Parents may overestimate language skills

Access to Treatment

• Often, does not qualify for IEP
  – Language and articulation are “normal”
  – Family provides video of child communicating in home

• May qualify for 504 Plan
  – Part of ADA
  – Spells out the modifications and accommodations that will be needed for these students to have an opportunity perform at the same level as their peers
Examples of 504 Plan Modifications

- Tape verbal homework
  - Spelling words
  - Class presentation
- Written for oral communication
- Pair with “buddy”
- Communication cards
  - PECS
  - Self made
- AAC Device

Intro to Intervention

video
Intervention Strategies
Common Themes to Successful Treatment

• Combination of behavioral and family therapy
  – Speech therapy is part of behavioral process

• Collaboration of school and family
  – Consistent reinforcement paradigm
  – Natural reaction and reinforcement

Harris, H, (1996), Elective Mutism: A Tutorial, Language, Speech, And Hearing Services In Schools Vol. 27
Progression

• Non-verbal – Full Voice
  – Gestures, pictures, written
  – Whispering
    • Non and true words
  – Soft voice
  – Full voice

Example of Progression

- Establish rapport.
- Gain speech via escape/avoidance technique.
- Provide daily, systematic rewards.
- Use multiple sites for interventions.
- Persistently increase demands.
- Maintain a close, empathic relationship.
- Vary interventions across sites.
- Allow the child to choose behaviors.
- Use creative approaches at stalemates.

Giddan, 1997
Our Use of Social Hierarchy

- Child and parent
- Child, parent and SLP (observe, comment, communicate)
- Child and SLP
- Child, SLP and unfamiliar observer
- Child, SLP and unfamiliar communicator
- Child and unfamiliar communicator
Our Use of Social Hierarchy

- Child, SLP and familiar observer
  - familiar observer
    - Teacher, neighbor peer/classmate
- Child, SLP and familiar communicator
- Child and familiar communicator
- If location of treatment is not school, may want to arrange for visit to school
Techniques within Social Hierarchy

• Shaping
• Stimulus fading
• Pragmatic language functions
• Social interaction
• Increasing levels of complexity
Options for the First Session

How do I get this child to talk?

• Preferred
  – Child and parent
  – Child, Parent and SLP

• Alternative
  – shaping
Use of Social Hierarchy

- Child and parent
- Child, parent and SLP

video
Use of Social Hierarchy

• Child and SLP
video
Shaping

- This technique may be beneficial during the evaluation and or first session in getting the child to interact (non vocally, vocally or verbally) with the therapist
- Reinforce mouth movements that approximate speech (i.e. whispering) until true speech is achieved (ASHA.org)
- Moving from non vocal acts (sticking out tongue) to non vocal blowing, to voicing (non-words), to slowly introducing true words in a variety of situations
Shaping Vocal- Verbal Skills
Warm-up Activity

- Work from non verbal, vegetative oral movements to meaningful speech
- May use computer program as third party, impersonal reinforcer
  - Video Voice, but can use any stimulus or not
Shaping Vocal-Verbal Skills

- Non threatening
- Offer choices
- Back off and revisit task

video
Just a reminder...
Do Not Pass Go until...

- You have earned child’s trust
- You have developed positive rapport
Stage Interaction with Unfamiliar Observer/Communicator

• “Observer” comes to therapy room, just to “learn how to play game”
  – Sit out of “circle” of SLP and child
• “Observer” comes into circle of SLP and Child
  – Just to watch
• “Observer/Communicator” and SLP change positions
• Do not go to next stage until child is verbal with current one
Staging Interaction with Unfamiliar Observer/Communicator

video

video
Pragmatic Language Functions

• Various levels of SLP support to fading
  – How to get someone’s attention
  – How to enter a conversation
  – How to respond
  – How to comment
  – How to ask a question
  – How to end a conversation

• Role Playing
Stimulus Fading

• Slowly transfer speaking responsibilities from the SLP to the child
• Increase difficulty level by increasing child’s responsibilities
Example of Stimulus Fading

• Knock on door
• Introduce self/child
• Describe task (we are taking a survey)
• Ask question
• Closing task (thank you – bye)
Stage Interaction with Unfamiliar Communicator (UFC)

• SLP and child compose structured activity
• SLP and child go to UFC’s room
  – Knock on door
  – Introduce selves
  – Describe activity
• Child performs activity with level of support from SLP as needed
Staging Interaction with Unfamiliar Communicator (UFC)

Note (dis)comfort level of child
Interaction with UFC

- SLP: knocks on door
- SLP: Hi, this is my friend Sally
- SLP: “We are on a scavenger hunt and want to see if you have something on our list. Do you have a….”
- **Child: “paper clip”**
- UFC: offers response
- SLP: Thanks, Bye, (initially no pressure of child to respond)
Fade SLP’s Support

- **Child: knocks on door**
- **SLP: “Hi, this is my friend Sally”**
- **SLP: “We are on a scavenger hunt and want to see if you have something on our list. Do you have a....”**
- **Child: “paper clip”**
- **UFC: offers response**
- **SLP: Thanks, Bye, (initially no pressure of child to respond)**
More Fading

- Child knocks on door
- Child: “Hi, My name is Sally.”
- SLP: “We are on a scavenger hunt and want to see if you have something on our list.
- Child: Do you have a paper clip.”
- UFC: offers response
- SLP: Thanks, Bye, (initially no pressure of child to respond)
Location of Treatment

- Therapy room
  - Invite UFC into room
- Visit UFC who came to therapy room
- Visit new UFC in their setting
- Invite child’s world into therapy room
- Visit child’s world
Visit School

- Start outside of classroom with same routine

video  
video  
video  
video
Guiding Progress

• Give child power to make choices
  – Nudge on as needed
Crutches

- Allow child to whisper
- Use voice amplifier
- Use walkie talkie
- Have child look at SLP while doing verbal task with outside person
- Allow child to look at words, pictures during verbal act
- Read responses
- Offer non verbal choice

[Video]
Check Child’s Comfort Level

- Discuss if activity is “easy, medium, hard”
- “Feelings thermometer” *

video

Case Study #1

- 9 year old with history of selective mutism
- Very supportive family
- Verbal in all environments except school.
- Followed the protocol for first session.
- Child verbal with therapist during the first session
- Seen bi-weekly in treatment.
- Now what....???
Case Study #1
Lets talk to more people!

• Made surveys to encourage child to interact with others in a very structured way
• PRAGMATICS
• How to respond when someone asks a question
• How to end a conversation.
Case Study #1
Carryover

• Made surveys to be completed at school
• This was too hard – so complete the surveys on the bus
• Completed hard, medium, easy to talk to worksheets bi-weekly
• Completed homework sheet bi-weekly
• Goal was to integrate child into a social group at the hospital
• Attempted to set up session with teacher
## Case Study #1
### Homework Sheet

<table>
<thead>
<tr>
<th>Day</th>
<th>Person</th>
<th>Activity</th>
<th>Outcome How do I feel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
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<td>Friday</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tbody>
</table>

[Logo: Cincinnati Children's]
Case Study # 1
Mother’s Report on Progress

video
Child’s Perspective
Case Study #2

- 5 year old female
- Treated by another SLP for 6 months.
- Child only spoke with mom, dad, and older girl cousin.
- Reportedly, became mute after a weekend at aunt’s house with her parents present.
- Family history of depression and social anxiety.
- Attended pre-school 3 days a week.
- Therapy scheduled for 1 day a week. Inconsistent attendance
- Poor follow through with “homework” assignments.
Case Study #2

- Child in treatment approximately 1 year before attempting to verbally communicate
- SLP continually offered choices and asked questions as if she could verbally communicate
- With choices, presented both hands
  - she would touch the hand with the choice she wanted.
- Played “bee” game. Encouraged her to make sounds
  - Always whispering
- She voiced a vowel sound by “accident” one day
  - Responded by covering mouth like she was scared
Case Study  #2
Breakthrough

• While offering a choice from across the room, she whispered “animals”
• Continued to verbally communicate when offered a choice
• Eventually encouraged use of carrier phrases like “I want”
• Very difficult to get her to communicate without a choice or carrier phrase. She never offered spontaneous novel sentences
Case Study #2
Bring Your Teacher to Speech!

• Her teacher came to the hospital for a session
• Informed child that her teacher would be watching on the monitor
• Went on with our “warm up” (bee game).
• Teacher entered room
• Continued with game or activity
• Eventually I invited the teacher to join the activity
Case Study #2
The activity - peg game

- Child was offered color choices.
  - made color choices with hands
  - made color choices with sounds
  - made color choices with sound correlating with what the color choices are. For example green is /g/ and blue is /b/.
  - incorporate blends. For example green is /gr/ and blue is /bl/
  - Break work apart. For example green is gr....een and blue is bl....ue
  - Blend the word together
Case Study #2

- Child eventually was speaking one word utterances with the teacher
- SLP left room and allowed the teacher and child to interact alone
- Poor carryover into the actual classroom environment.
- Poor parental involvement
- Child eventually was discharged from speech due to poor attendance
- Child was also discharged from psychological services due to poor attendance
Mistakes Made along the Way

• When the child first became verbal...
• SLP set up an appointment to complete a therapy session at school
  – This was too quick
• Needed to bring the school to the environment in which the child was already comfortable speaking
Case Study #3

- 7 year old child, non verbal outside of home
- Referred by psychiatrist
- Has seen psychotherapist, and after two sessions, stopped talking at home
- Discontinued psychotherapy
Case Study # 3

- Seen in Speech Pathology
  - Normal receptive language
- Admitted to day treatment for 2 weeks
- Continued out patient speech therapy
  - When verbal, “disguised” speech
    - Nasal in clinic (normal resonance at home)
    - Used Nasometer as objective feedback
    - Gained normal resonance
Case Study #3

- Struggled with various aspects of program
- Fearful of being verbal at school
- Cognitive
Case Study #3
Progress of Therapy

• Followed protocol
• Brought “friend” from school to therapy
  – Very anxiety producing
• SLP met with child and friend separately
• Used “Friend” as observer sequence
• Results: child remained verbal with child
Case Study #3
Visit to School

- SLP met with child in non-classroom
- Engaged in familiar game
- Invited classmate into room
- Invited teacher into room
- Moved to classroom
  - Goal: SLP and child verbal
## Case Study #3

### Cognitive

<table>
<thead>
<tr>
<th>Easy</th>
<th>Middle</th>
<th>Hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mom</td>
<td>Jan</td>
<td>Teacher</td>
</tr>
<tr>
<td>Sister, Katie</td>
<td>People I don’t know</td>
<td>My friend at school, Tori</td>
</tr>
</tbody>
</table>
Case Study #3
Cognitive

• Sometimes I think things will be scary
• But when I try to use my voice, the scariness goes away
• Mantra:
  – The more I talk, the easier it gets
Case Study #4

• 5 year old, verbal at home, not outside, but would talk to mother with others nearby
• Child would talk to mother outside of home (would be heard talking in waiting room)
• Used protocol with good results in and out of therapy room
• Family very concerned regarding ability to transfer verbal skills to school
Case Study #4

• Prior to first day of school
  – Met with child in her classroom, engaged in activity
  – Teacher joined in activity
    • Initially observed activity, then joined in
  – Child remained verbal first day at school and continued.
Case Study #5

• 17 year old female
• Became mute in school when moved from a small junior high to a larger high school
  – Had a history of selective mutism as a preschooler
  – As preschooler, was treated by SLP and psychologist
Case Study #5

• Reported that she always felt “anxious” and battled speaking, but this was not apparent to others
• Saw psychologist
• Speech therapy treatment
Case Study #5

- Much of therapy was directive and based on participation in assigned homework
- Cognitive
- Behavioral
  - Arranged response in classroom with teacher
  - Arranged response in small group with peer
  - Made phone call to order pizza
Case Study #6

- 3 year old female
- Currently in therapy
- Selective Mutism just identified when child started day care, 4 months ago
- Parents very open and involved in treatment process
- Child not currently seen by mental health professional
Case Study #6

• Parents have questions regarding how to react to child in social situations
  – Concerned child will appear “rude”, impolite
  – Have not begun to “rescue” child
• Child varied from non verbal to whisper
Case Study #6
Progression

• Involved parent-child only at start of session
• SLP entered room after 5 minutes
  – Observed, then entered activity
• Eliminated parent child only segment
• UFC invited into room
• Visit UFC
Case Study #6

• Child’s voice changed
  – Whisper
  – Loud whisper
  – Soft-loud voice
Case Study #6

• Practiced soft loud voice in and out of a communicative setting
Case Study #6

- In new situations, reverts to whisper, but moves through to voicing quickly
On-Line Resources

- http://www.selectivemutismfoundation.org/
- http://selectivemutismcenter.org/
- http://www.selectivemutism.org/
  – membership
Questions???
Examples of Surveys
<table>
<thead>
<tr>
<th>Name</th>
<th>What I did at camp</th>
<th>Did you do this at camp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I made bath salts</td>
<td></td>
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<tr>
<td></td>
<td>I made a necklace</td>
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<td></td>
<td>I made a bracelet</td>
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<tr>
<td></td>
<td>I made a jewelry box</td>
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<tr>
<td></td>
<td>I played red rover</td>
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<tr>
<td></td>
<td>I rode scooters</td>
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</tbody>
</table>
My aunt’s nickname is “Turtle” Do you have a nickname?

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<tr>
<th>Name</th>
<th>Yes - /No</th>
<th>Nickname</th>
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<td>I rode scooters</td>
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</tr>
</tbody>
</table>
• What is your favorite pet? ______________
• What is your favorite pet? ______________
• What is your favorite pet? ______________
• What is your favorite pet? ______________
• What is your favorite pet? ______________
• If child has difficult looking at he listener, suggest to her that she bring along a doll, and have her hold the doll up and “talk” for it, to her listener.