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

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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

What It's Not (usually)

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

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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
- Compulsivity
- May disguise speech/voice

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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

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Family Genetic link

- Lifetime generalized social phobia
  - 37% (14 % controls)
- Avoidant personality disorder
  - 17% (4.7% controls)

Selective mutism and social anxiety disorder: all in the family? (2007) Chavira DA, Shipon-Blum E, Hitchcock C, Cohan S, Stein MB. J Am Acad Child Adolesc Psychiatry

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ASHA

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

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Professional Players

- Pediatrician
- Psychologist
- Psychiatrist
- Social Worker
- Speech-Language Pathologist
- Classroom Teacher

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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

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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

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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

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Parent’s Perspective

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What is the Role of the SLP?

- Assess
- Treat
- Educate and counsel
  - Family
  - Teachers
- Bring players together

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Assessment

- Treatment starts with the assessment
- Assess receptive language skills
  - Is an ice breaker
  - Non threatening
- Assess expressive language skills if child is verbal with SLP

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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

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Results

- Receptive Language
  - Usually normal or above normal
- Expressive Language
  - Usually normal as assessed
  - Seemingly impaired pragmatic language skills outside of the home, questionable pragmatic skills in the home
- Articulation: Usually normal
- May “disguise” voice or articulation”

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Subtle Language Difficulties?

- Shorter narrative skills than peers
- Parents may over estimate language skills

McInnes, A., Fung, D. Manassis, L.,Fiksenbaum, L., Tannock, R.,(1996)

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Access to Treatment

- Often, does not qualify for IEP
  - Language and articulation are “normal”
- 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

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Examples of 504 Plan Modifications

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

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Intervention Strategies

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Common Themes to Successful Treatment

- Combination of behavioral and family therapy
  - Speech therapy is part of behavioral process
- Collaboration of school and family
  - Reinforcement paradigm

(Harris, H, 1996)

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Progression

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

Giddan, 1997

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Where and How to Start

- Get information from the parent/caregiver.
  - Do this in a separate environment from the child.
- Allow the child to interact with their parent/caregiver in the therapy environment.
  - Play a game.
- If the child feels comfortable interacting/talking with their parent in the therapy environment work yourself into the activity.
- **Never lie or try to trick the child into talking while you are present.**

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Techniques

- Shaping
- Stimulus fading
- Use of social hierarchy
- Pragmatic language functions
- Social interaction
- Self-modeling technique
- Increasing levels of complexity

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Shaping

- This technique may be more beneficial to the school setting in getting the child to interact 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

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Shaping Vocal-Verbal Skills

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

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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

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Use of Social Hierarchy

- Child and parent
- Child, SLP and parent
- Child and SLP
- Child, SLP and observer
- Child, SLP and outside person
- Child and outside person

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Do Not Pass Go until…

- Must earn child's trust
- Positive rapport

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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....???

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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.

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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

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Case Study #1
Homework Sheet

Day	Person	Activity	Outcome How do I feel
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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Stage Interaction with Unfamiliar Outside Person

- “Visitor” comes to therapy room, just to “learn how to play game”
  - Sit out of “circle” of SLP and child
- “Visitor” comes into circle of SLP and Child
  - Just to watch
- “Visitor” and SLP change positions
- Do not go to next stage until child is verbal with current one

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Staging

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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

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Stimulus Fading

- Slowly transfer speaking responsibilities from the SLP to the child
- Increase difficulty level by increasing child's responsibilities

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Example of Stimulus Fading

- Knock on door
- Introduce self/child
- Describe task (we are taking a survey)
- Ask question
- Closing task (thank you – bye)

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Stage Interaction with Unfamiliar Person (UFP)

- SLP and child compose structured activity
- SLP and child go to UFP's room
  - Knock on door
  - Introduce selves
  - Describe activity
  - Child performs activity with level of support from SLP as needed

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Interaction with UFP

- SLP: knocks on door
- SLP: Hi, this is my friend Sally
- SLP: “We are taking a survey of what is your favorite flavor of birthday cake. Here are your choices.”
- **Child: White, chocolate, cherry**
- UFP: offers response
- SLP: Thanks, Bye, (initially no pressure of child to respond)

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Fade SLP's Support

- **Child: knocks on door**
- SLP: "Hi, this is my friend Sally"
- SLP: "We are taking a survey of what is your favorite flavor of birthday cake. Here are your choices"
- **Child: White, chocolate, cherry**
- UFP: offers response
- SLP: Thanks, Bye, (initially no pressure of child to respond)

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More Fading

- **Child knocks on door**
- **Child: “Hi, My name is Sally.”**
- SLP: “We are taking a survey of what is your favorite flavor of birthday cake.
- **Child: Here are your choices.” White, chocolate, cherry.”**
- UFP: offers response
- SLP: Thanks, Bye, (initially no pressure of child to respond)

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Child, SLP and Outside Participant

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Crutches

- Allow child to whisper
- Use voice amplifier
- Have child look at SLP while doing verbal task with outside person
- Allow child to look at words, pictures during verbal act

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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.
- Attends pre-school 3 days a week.
- Therapy scheduled for 1 day a week. Inconsistent attendance
- Poor follow through with "homework" assignments.

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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

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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

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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

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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

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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

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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 that the child was already comfortable speaking

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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

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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

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Case Study #3

- Struggled with various aspects of program
- Fearful of being verbal at school
- Cognitive

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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

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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

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Case Study #3
Cognitive

Easy	Middle	Hard
Mom	Jan	Teacher
Sister, Katie	People I don’t know	My friend at school, Tori

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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

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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 regime as described with good results
- Family very concerned regarding ability to transfer verbal skills to school

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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.

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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

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Case Study #5

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

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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

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On-Line Resources

- http://www.selectivemutismfoundation.org/
- http://selectivemutismcenter.org/
- http://www.selectivemutism.org/
  - membership

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Questions???

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