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## Identifying and Assessing Selective Mutism

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**Presenter: Aimee Kotrba, Ph.D.**

Moderated by:  
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# Identifying and Assessing Selective Mutism

**Evidence-Based Intervention  
for Schools and Parents**

**Aimee Kotrba, Ph.D.**

**[www.selectivemutismtreatment.com](http://www.selectivemutismtreatment.com)**

**[www.drkotrba.com](http://www.drkotrba.com)**

**(810) 225-3417**

## History of Selective Mutism

Aphasia  
Voluntaria  
1877

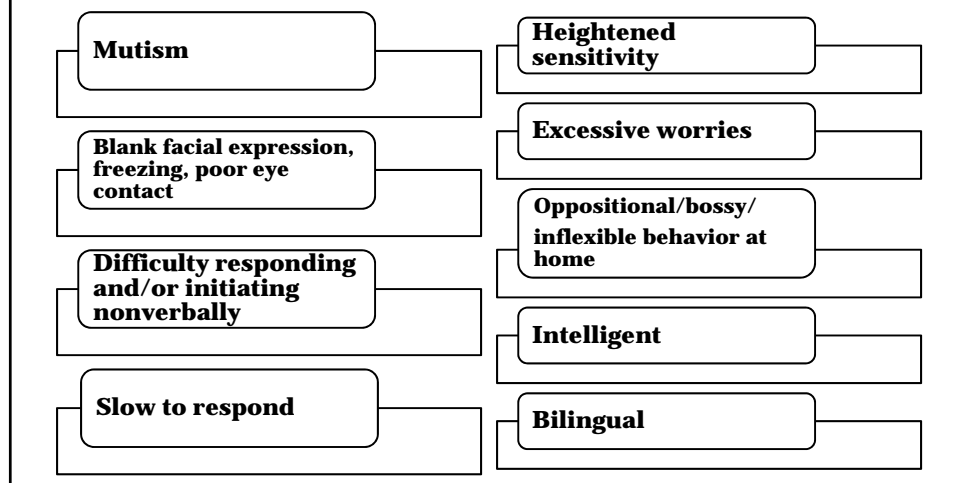
Elective  
Mutism  
1934

Selective  
Mutism  
1994

## Definition of SM (DSM-IV)

- Specific anxiety disorder
- Consistent, ongoing failure to speak in specific social situations, especially school
- Not due to a primary language disorder
- Other disorders (e.g., stuttering, autism) have been ruled out
- A relatively rare childhood disorder, affecting approximately 1% of children in elementary school settings
- Behavior is deliberate self-protection, not deliberate oppositionality

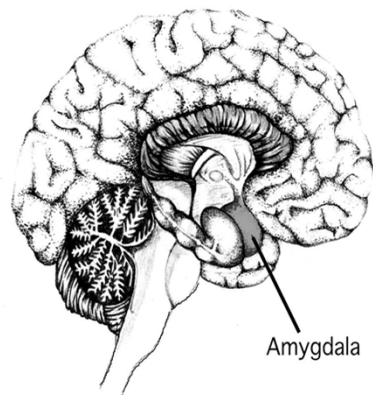
## Common Traits



## Video on Common Traits

## Where Does SM Originate?

- NO evidence of causal relationship to abuse, neglect, or trauma
- Genetic predisposition model (genetic loading)
- Biological indicators
  - Decreased threshold of excitability in amygdala
  - Amygdala reacts more and takes longer to return to normal



## Physiological Characteristics

- Why don't children with SM look anxious???
- More chronically over-aroused than children with social phobia alone
  - Higher levels of arousal at baseline in studies, not just when asked to engage with others
- Children with SM appear to modulate their anxiety **better** than children with social anxiety, thereby not **appearing** as anxious outwardly.

## Prevalence Statistics

- 7-8 year-olds    2%                      Finland (1998)
- 7-15 year-olds   .18%                      Sweden (1997)
- 5-8 year-olds    .71%                      California (2002)
- 1.5-2.6 / 1      female / male    Garcia et al (2004)
- 4-7 year-olds    .03-.72%                      England (1975, 1979)

## Coexisting Problems

- Generalized Anxiety Disorder
- Other Specific Phobias
- Speech problems (20-50%)
- Defiance/Oppositionality
- Enuresis
- Sensory Dysfunction
- Separation Anxiety

## Coexisting Problems Cont.

- Language Based Learning Disorder or communication deficits
  - Including pragmatics, grammar, semantics, articulation, voice, and fluency
  - Produce shorter, linguistically simpler, and less detailed language than typically developing children (McInnes, Fung, Fiksenbaum, & Tannock, 2004)
  - Possibly weaker auditory-verbal memory span (Kristenson & Oerbeck, 2006)
  - Lower receptive language scores than age matched peers (Nowakowski et al., 2009)
- May be:
  - Independent of SM
  - Precursor to SM
  - Be exacerbating SM
  - Arising from lack of experience communicating due to the social anxiety of SM

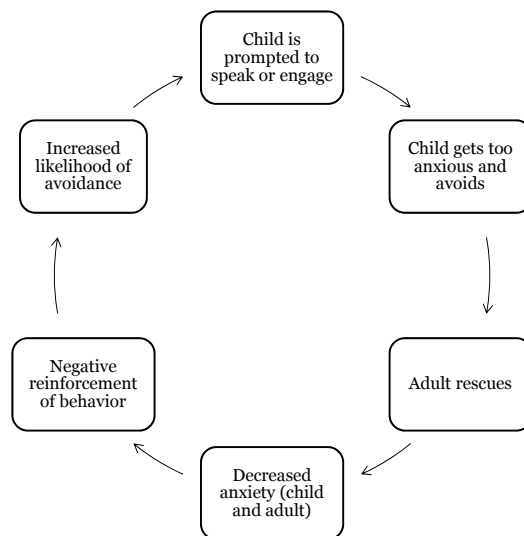
## Types of Selective Mutism

**Anxious**

**Anxious-  
Oppositional**

**Anxious-  
Communication Delayed**

## Conceptualizing Selective Mutism





## Rules of Engagement

- Rigidity – divide universe into those they talk to and those they don't
- Boundaries are not fluid

## School Implications

- Academic implications
  - Inability to assess skills (especially reading)
  - Possibly limited peer relationships
  - Shorter narrative length than peers
  - Decreased chances for engagement, resulting in fewer opportunities for practice of social problem solving skills
- Behavioral implications (participation)
- Social Implications (how peers see child)

# Evaluation of Selective Mutism

## Diagnostic Interview

<b>Modes of Communication</b>	<b>Family</b>	<b>Child</b>
<ul style="list-style-type: none"><li>• <b>Who</b></li><li>• <b>What</b></li><li>• <b>Where</b></li><li>• <b>How</b></li><li>• <b>Speech issues?</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Genetic history</b></li><li>• <b>Home life description</b></li><li>• <b>Recent stressors</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Behavioral characteristics</b></li><li>• <b>Medical history</b></li><li>• <b>Repetitive or restricted interests, obsessive thoughts, etc.</b></li></ul>

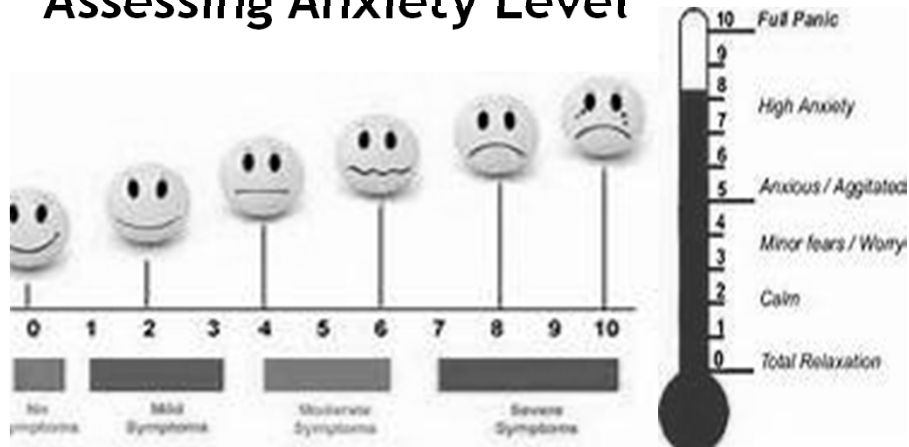
## Modes of Communication Continued....

- Who are the communication partners?
- More likely to talk to novel or known individuals?
- What type of communication does the child use with specific individuals?
- What environments does the child communicate in?
- What seems to help/hinder the child's engagement?
- Does the child speak to parents in front of others or in public places?

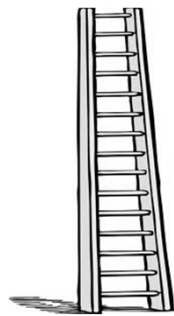
## Assessing Anxiety Level

- Child's self-report
- 1-5 temperature rating
- Provides us with information to develop treatment
- Helps monitor progress
- Provides child with a way of communicating about fear/anxiety (but I describe it as things that are "hard")

## Assessing Anxiety Level



## Development of a Fear Hierarchy



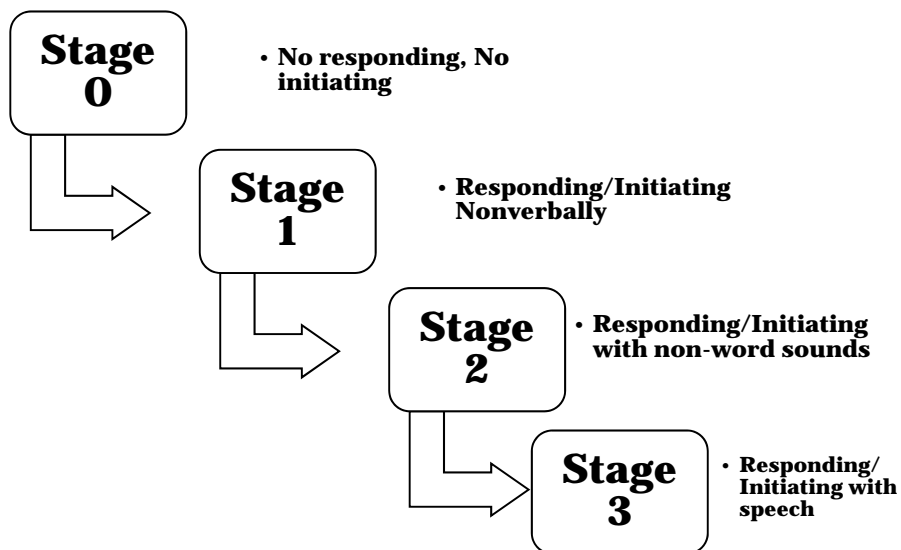
Example:

- Speaking to teacher in classroom
- Speaking to teacher in hallway
- Speaking to teacher in private office
- Whispering to teacher in private office
- Speaking to mom in front of teacher
- Whispering to mom in front of teacher
- Answering teacher with nonverbals

## Evaluative Tools

- Selective Mutism Questionnaire (attached)
- SCARED (Self-Report for Childhood Anxiety Related Disorders)
- And...
  - Autism Diagnostic Observation Schedule (ADOS)
  - Speech/language evaluation
  - IQ (nonverbal)
  - Etc...

Dr. Elisa Shipon-Blum's Stages of Social Communication Comfort Scale  
<http://www.selectivemutismcenter.org/resources/HandoutsandArticles>



Name of Child: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Selective Mutism Questionnaire (SMQ)**  
(to be filled out by parents)

Please consider your child's behavior and activities of the past month and rate how frequently each statement is true for your child.

**Scoring**

- Add totals in each section
- Divide by number of items in section
- For total score, add up totals in each section – DO NOT divide

**AT SCHOOL**

	3	2	1	0
	Always	Often	Seldom	Never
1. When appropriate, my child talks to most peers at school				X
2. When appropriate, my child talks to selected peers (his/her friends) at school				X
3. When called on by his or her teacher, my child answers				X
4. When appropriate, my child asks his or her teacher questions				X
5. When appropriate, my child speaks to most teachers or staff at school				X
6. When appropriate, my child speaks in groups or in front of the class				X
How much does not talking interfere with school for your child? (see note)	Not at all	Slightly	Moderately	Extremely

**WITH FAMILY**

	3	2	1	0
	Always	Often	Seldom	Never
7. When at home, my child speaks comfortably with the other family members who live there	X			
8. When appropriate, my child talks to family members while in unfamiliar places		X		
9. When appropriate, my child talks to family members that don't live with him/her (e.g. grandparents, cousin)		X		
10. When appropriate, my child talks on the phone to his/her parents and siblings	X			
11. When appropriate, my child speaks with family friends		X		
12. My child speaks to at least one babysitter		X		
How much does not talking interfere with family relationships? (see note)	Not at all	Slightly	Moderately	Extremely

**IN SOCIAL SITUATIONS (OUTSIDE OF SCHOOL)**

	3	2	1	0
	Always	Often	Seldom	Never
13. When appropriate, my child speaks with other children who s/he doesn't know				X
14. When appropriate, my child speaks with family friends who s/he doesn't know			X	
15. When appropriate, my child speaks with his or her doctor and/or dentist		X		
16. When appropriate, my child speaks to store clerks and/or waiters				X
17. When appropriate, my child talks when in clubs, teams or organized activities outside of school				X
How much does not talking interfere in social situations for your child? (see note)	Not at all	Slightly	Moderately	Extremely

**Calculations:**

0+0+0+0+0+0=0  
0/6=School=0

3+2+2+3+2+2=14/6=Family=2.33

0+1+2+0+0=3/5=Other=.6

**Total 0+14+3=17**

The Selective Mutism Questionnaire (SMQ) assesses the degree of a child's speech inhibition in various situations. The SMQ includes 17 statements describing typical situations in which children are expected to speak spanning three domains: at school, with family, and in social situations. Parents rate the frequency of each item using a 4-point scale (3=always, 2=often, 1=seldom, 0=never for speaking situations).

Lower scores represent less frequent speaking behavior (more severe selective mutism symptoms).

	Child's Score	Average Scores For Children with SM who are Age 3 - 5 years	Scores for Children with SM	Scores for Children without SM
School	0	.33 (-.11 - .77)	.30	2.65
Home/Family	2.33	1.62 (.99 - 2.25)	1.70	2.90
Public/Social	.6	.28 (-.12 - .68)	.34	2.50
<b>Total</b>	<b>17</b>	<b>13.18 (7.14 - 19.22)</b>	<b>12.99</b>	<b>46</b>

At school, child is more severe than most children with SM (average = .33)

	Child's Score	Average Scores For Children with SM who are Age 6 - 8 years	Scores for Children with SM	Scores for Children without SM
School	.34 (0 - 1.08)	.30	2.65	
Home/Family	1.52 (.90 - 2.14)	1.70	2.90	
Public/Social	.40 (-.07 - .87)	.34	2.50	
<b>Total</b>	<b>14.37 (6.93 - 21.81)</b>	<b>12.99</b>	<b>46</b>	

At home, child is less severe than most children with SM (average = 1.62)

	Child's Score	Average Scores For Children with SM who are Age 9 - 11 years	Scores for Children with SM	Scores for Children without SM
School	.62 (.06 - 1.18)	.30	2.65	
Home/Family	1.58 (.85 - 2.31)	1.70	2.90	
Public/Social	.53 (-.03 - 1.09)	.34	2.50	
<b>Total</b>	<b>15.73 (7.9 - 23.56)</b>	<b>12.99</b>	<b>46</b>	

In public, child is less severe than most children with SM (average = .28)

**Total shows the child is less severe than many children with SM**

Bergman, R. Lindsey, Keller, Melody L., Piacentini, John and Bergman, Andrea J. (2008) *The Development and Psychometric Properties of the Selective Mutism Questionnaire*. Journal of Clinical Child and Adolescent Psychology, 37: 2, 456-464.

Name of Child: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Selective Mutism Questionnaire\* (SMQ)**  
(to be filled out by parents)

Please consider your child's behavior and activities of the past month and rate how frequently each statement is true for your child.

**AT SCHOOL**

	3 Always	2 Often	1 Seldom	0 Never
1. When appropriate, my child talks to most peers at school.				X
2. When appropriate, my child talks to selected peers (his/her friends) at school.				X
3. When called on by his or her teacher, my child answers.				X
4. When appropriate, my child asks his or her teacher questions.				X
5. When appropriate, my child speaks to most teachers or staff at school.				X
6. When appropriate, my child speaks in groups or in front of the class.				X
How much does not talking interfere with school for your child? (circle one)	Not at all	Slightly	Moderately	Extremely

**WITH FAMILY**

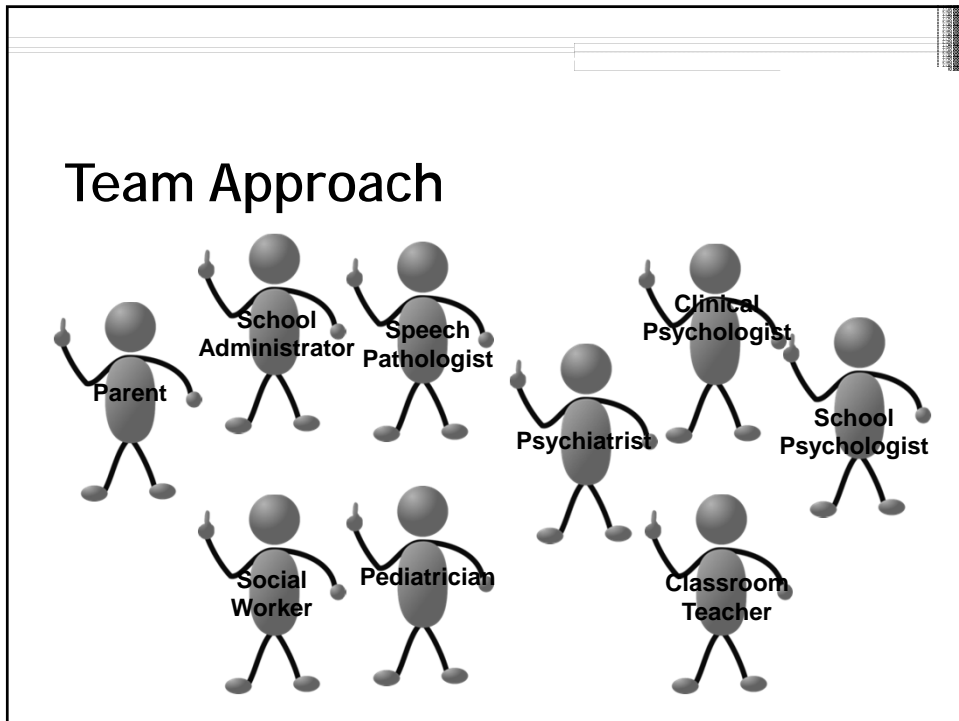
	3 Always	2 Often	1 Seldom	0 Never
7. While at home, my child speaks comfortably with the other family members who live there.	X			
8. When appropriate, my child talks to family members while in unfamiliar places.		X		
9. When appropriate, my child talks to family members that don't live with him/her (e.g. grandparent, cousin).		X		
10. When appropriate, my child talks on the phone to his/her parents and siblings.	X			
11. When appropriate, my child speaks with family friends.		X		
12. My child speaks to at least one babysitter.		X		
How much does not talking interfere with family relationships? (circle one)	Not at all	Slightly	Moderately	Extremely

**IN SOCIAL SITUATIONS (OUTSIDE OF SCHOOL)**

	3 Always	2 Often	1 Seldom	0 Never
13. When appropriate, my child speaks with other children who s/he doesn't know.				X
14. When appropriate, my child speaks with family friends who s/he doesn't know.			X	
15. When appropriate, my child speaks with his or her doctor and/or dentist.		X		
16. When appropriate, my child speaks to store clerks and/or waiters.				X
17. When appropriate, my child talks when in clubs, teams or organized activities outside of school.				X
How much does not talking interfere in social situations for your child? (circle one)	Not at all	Slightly	Moderately	Extremely

To determine Stages of Communication Comfort, check visually to see where the majority of the Xs are located.

School = Stage 0  
Home = Stage 2  
Other = Stage 0



## School-Based SLP

Responsibilities when assessing a student with dysfunctional social-emotional communication include...

assisting educators in identifying behavior patterns that may be related to language dysfunction as well as identifying behavior that negatively affects communication (e.g., selective mutism)...

**Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist**

**American Speech-Language-Hearing Association, 2000**

## Role of SLPs

ASHA's Scope of Practice in Speech-Language Pathology includes treatment and intervention (i.e., prevention, restoration, amelioration, compensation) and follow-up services for disorders of:

“language (involving the 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)”



## Social Pragmatics Involve 3 Communication Skills:

- (1) *Using language* for different purposes such as:
  - greeting,
  - informing,
  - making demands,
  - promising, and
  - requesting;

- (2) *Changing language* to suit the needs of a listener or situation, such as:
  - talking differently to different people in different places,
  - providing needed background information; and

- (3) *Following rules for communication*, such as:
  - engaging in conversations and telling stories with the ability to take turns in conversation,
  - introduce topics of conversation,
  - stay on topic,
  - paraphrase when not understood,
  - use verbal and nonverbal signals,
  - know how far to stand from someone when communicating, and
  - how to make eye contact and use facial expressions for social communication.

## What is desensitization?

- Increasing ability to communicate slowly through facing fears at a reasonable pace (development of a ladder)
- Stops pattern of reinforcement of avoidance
- Allows for slow decrease of anxiety
- Demonstrates successes, which increases motivation
- Practice, practice, practice!

“A habit cannot be tossed out of the window. It must be coaxed down the stairs one step at a time.”

Mark Twain

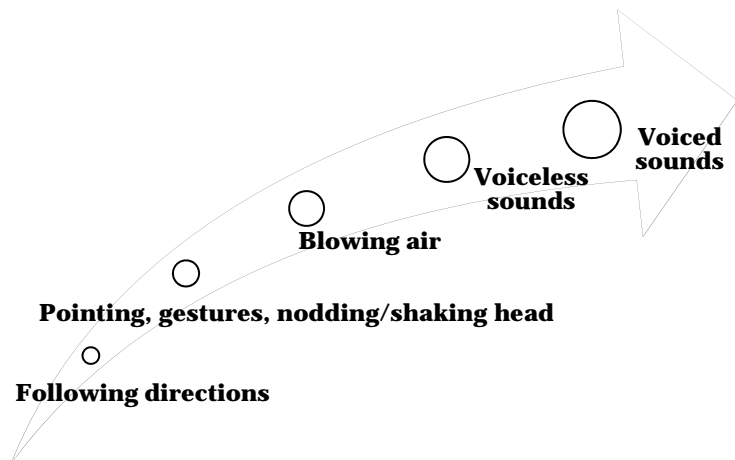
## Key Players

- Desensitization is done by:
  - Psychologist/mental health professional outside school (helping with family training and public practice, consulting with school)
  - Keyworker – school personnel who is primarily in charge of:
    - Working through communication ladder
    - Generalizing to all school environments
    - Communicating with teacher
    - Communicating with parent and psychologist

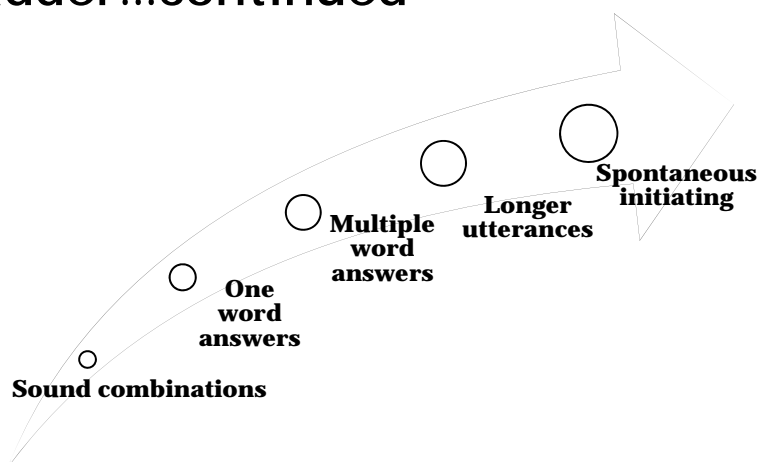
## Communication Ladder (Shaping)

- Shaping
  - Reinforcing successive approximations of verbalizations
  - Initially reinforcing more frequently occurring behaviors (nonverbals, simple sounds, etc.)
  - Gradually reinforcing behaviors that approximate full speech (words, sentences, etc.)

## Communication Ladder



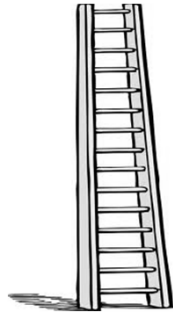
## Communication Ladder...continued



## Generalizing Ladder

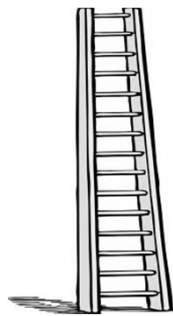
- Create hierarchy (with child if possible) of school environments
- After obtaining speech in office 1-on-1, spend an increasing amount of time in other environments to generalize
- Move to a new place when you have obtained two separate successful practices (but keep going back occasionally)
- Only change one factor at a time – person involved or place
  - E.g., if going to practice in principal's office, practice with child alone before involving principal

## Ladder with Communication Partners



Example:  
Principal  
Teacher  
Social Worker  
Jennie  
Sarah  
Brian  
Zach

## Ladder with Environments



Example:  
Classroom  
Corner of Classroom  
Hallway  
Cafeteria  
Principal's office  
Library  
Private office

## Specific Questions?

- Consultation services
- Individual treatment
- Skype treatment
- Training video
- National workshops – [www.pesi.com](http://www.pesi.com)
  
- Information on all can be found at [www.selectivemutismtreatment.com](http://www.selectivemutismtreatment.com).

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Child's Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

## Selective Mutism Questionnaire\* (SMQ)

Please consider your child's behavior and activities of the past month and rate how frequently each statement is true for your child.

### AT SCHOOL

- |  |        |       |        |       |
|--|--------|-------|--------|-------|
| 1. When appropriate, my child talks to most peers at school.                       | Always | Often | Seldom | Never |
| 2. When appropriate, my child talks to selected peers (his/her friends) at school. | Always | Often | Seldom | Never |
| 3. When my child is asked a question by his/her teacher, s/he answers.             | Always | Often | Seldom | Never |
| 4. When appropriate, my child asks his or her teacher questions.                   | Always | Often | Seldom | Never |
| 5. When appropriate, my child speaks to most teachers or staff at school.          | Always | Often | Seldom | Never |
| 6. When appropriate, my child speaks in groups or in front of the class.           | Always | Often | Seldom | Never |

### HOME/ FAMILY

- |  |        |       |        |       |
|--|--------|-------|--------|-------|
| 7. When appropriate, my child talks to family members living at home when other people are present.            | Always | Often | Seldom | Never |
| 8. When appropriate, my child talks to family members while in unfamiliar places.                              | Always | Often | Seldom | Never |
| 9. When appropriate, my child talks to family members that don't live with him/her (e.g. grandparent, cousin). | Always | Often | Seldom | Never |
| 10. When appropriate, my child talks on the phone to his/her parents and siblings.                             | Always | Often | Seldom | Never |

\*SMQ under development; use with permission of author, Lindsey Bergman, Ph.D.; [lbergman@ucla.edu](mailto:lbergman@ucla.edu)

Entered by (initials)

Date

Assessment Phase

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Baseline MidTx EndTx F/U

11. When appropriate, my child speaks with family friends who are well-known to him/her. Always Often Seldom Never

12. My child speaks to at least one babysitter. Always Often Seldom Never N/A

**IN SOCIAL SITUATIONS (OUTSIDE OF SCHOOL)**

13. When appropriate, my child speaks with other children who s/he doesn't know. Always Often Seldom Never

14. When appropriate, my child speaks with family friends who s/he doesn't know. Always Often Seldom Never

15. When appropriate, my child speaks with his or her doctor and/or dentist. Always Often Seldom Never

16. When appropriate, my child speaks to store clerks and/or waiters. Always Often Seldom Never

17. When appropriate, my child talks when in clubs, teams or organized activities outside of school. Always Often Seldom Never

**Interference/Distress**

18. How much does not talking interfere with school for your child? Not at all Slightly Moderately Extremely

19. How much does not talking interfere with family relationships? Not at all Slightly Moderately Extremely

20. How much does not talking interfere in social situations for your child? Not at all Slightly Moderately Extremely

21. Overall, how much does not talking interfere with daily living for your child? Not at all Slightly Moderately Extremely

22. Overall, how much does not talking bother your child? Not at all Slightly Moderately Extremely

23. Overall, how much does your child's not talking bother you? Not at all Slightly Moderately Extremely

Initials

Date

Assessment Week

IE

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Selective Mutism Questionnaire (SMQ) assesses the degree of a child's speech inhibition in various situations. The SMQ includes 17 statements describing typical situations in which children are expected to speak spanning three domains: at school, with family, and in social situations. Parents rate the frequency of each item using a 4-point scale (3=always, 2=often, 1=seldom, 0=never for speaking situations).

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