Identifying and Assessing Selective Mutism

Presenter: Aimee Kotrba, Ph.D.

Moderated by:
Amy Hansen, M.A., CCC-SLP, Managing Editor, SpeechPathology.com

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Identifying and Assessing Selective Mutism

Evidence-Based Intervention for Schools and Parents

Aimee Kotrba, Ph.D.
www.selectivemutismtreatment.com
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**

<table>
<thead>
<tr>
<th>Mutism</th>
<th>Heightened sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank facial expression, freezing, poor eye contact</td>
<td>Excessive worries</td>
</tr>
<tr>
<td>Difficulty responding and/or initiating nonverbally</td>
<td>Oppositional/bossy/inflexible behavior at home</td>
</tr>
<tr>
<td>Slow to respond</td>
<td>Intelligent</td>
</tr>
<tr>
<td></td>
<td>Bilingual</td>
</tr>
</tbody>
</table>
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

- Child is prompted to speak or engage
- Increased likelihood of avoidance
- Child gets too anxious and avoids
- Adult rescues
- Negative reinforcement of behavior
- Decreased anxiety (child and adult)
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

<table>
<thead>
<tr>
<th>Modes of Communication</th>
<th>Family</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Who</td>
<td>• Genetic history</td>
<td>• Behavioral characteristics</td>
</tr>
<tr>
<td>• What</td>
<td>• Home life description</td>
<td>• Medical history</td>
</tr>
<tr>
<td>• Where</td>
<td>• Recent stressors</td>
<td>• Repetitive or restricted interests, obsessive thoughts, etc.</td>
</tr>
<tr>
<td>• How</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Speech issues?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

Stage 0
- No responding, No initiating

Stage 1
- Responding/Initiating Nonverbally

Stage 2
- Responding/Initiating with non-word sounds

Stage 3
- Responding/Initiating with speech
Scoring
1. Add totals in each section
2. Divide by number of items in section
3. For total score, add up totals in each section—DO NOT divide

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

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

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
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…continued

- Sound combinations
- One word answers
- Multiple word answers
- Longer utterances
- Spontaneous initiating

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

- Information on all can be found at www.selectivemutismtreatment.com.


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

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).

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

<table>
<thead>
<tr>
<th>Child’s Score</th>
<th>Average Scores For Children with SM who are Age 3 – 5 years</th>
<th>Scores for Children with SM</th>
<th>Scores for Children without SM</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>.33 (-.11 - .77)</td>
<td>.30</td>
<td>2.65</td>
</tr>
<tr>
<td>Home/Family</td>
<td>1.62 (.99 – 2.25)</td>
<td>1.70</td>
<td>2.90</td>
</tr>
<tr>
<td>Public/Social</td>
<td>.28 (-.12 -.68)</td>
<td>.34</td>
<td>2.50</td>
</tr>
<tr>
<td>Total</td>
<td>13.18 (7.14 – 19.22)</td>
<td>12.99</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s Score</th>
<th>Average Scores For Children with SM who are Age 6 - 8 years</th>
<th>Scores for Children with SM</th>
<th>Scores for Children without SM</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>.54 (0 – 1.08)</td>
<td>.30</td>
<td>2.65</td>
</tr>
<tr>
<td>Home/Family</td>
<td>1.52 (.90 – 2.14)</td>
<td>1.70</td>
<td>2.90</td>
</tr>
<tr>
<td>Public/Social</td>
<td>.40 (-.07 -.87)</td>
<td>.34</td>
<td>2.50</td>
</tr>
<tr>
<td>Total</td>
<td>14.37 (6.93 – 21.81)</td>
<td>12.99</td>
<td>46</td>
</tr>
</tbody>
</table>

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