
WHEN KIDS ARE MORE THAN SHY: AN INTRODUCTION TO SELECTIVE MUTISM

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LEARNING OBJECTIVES

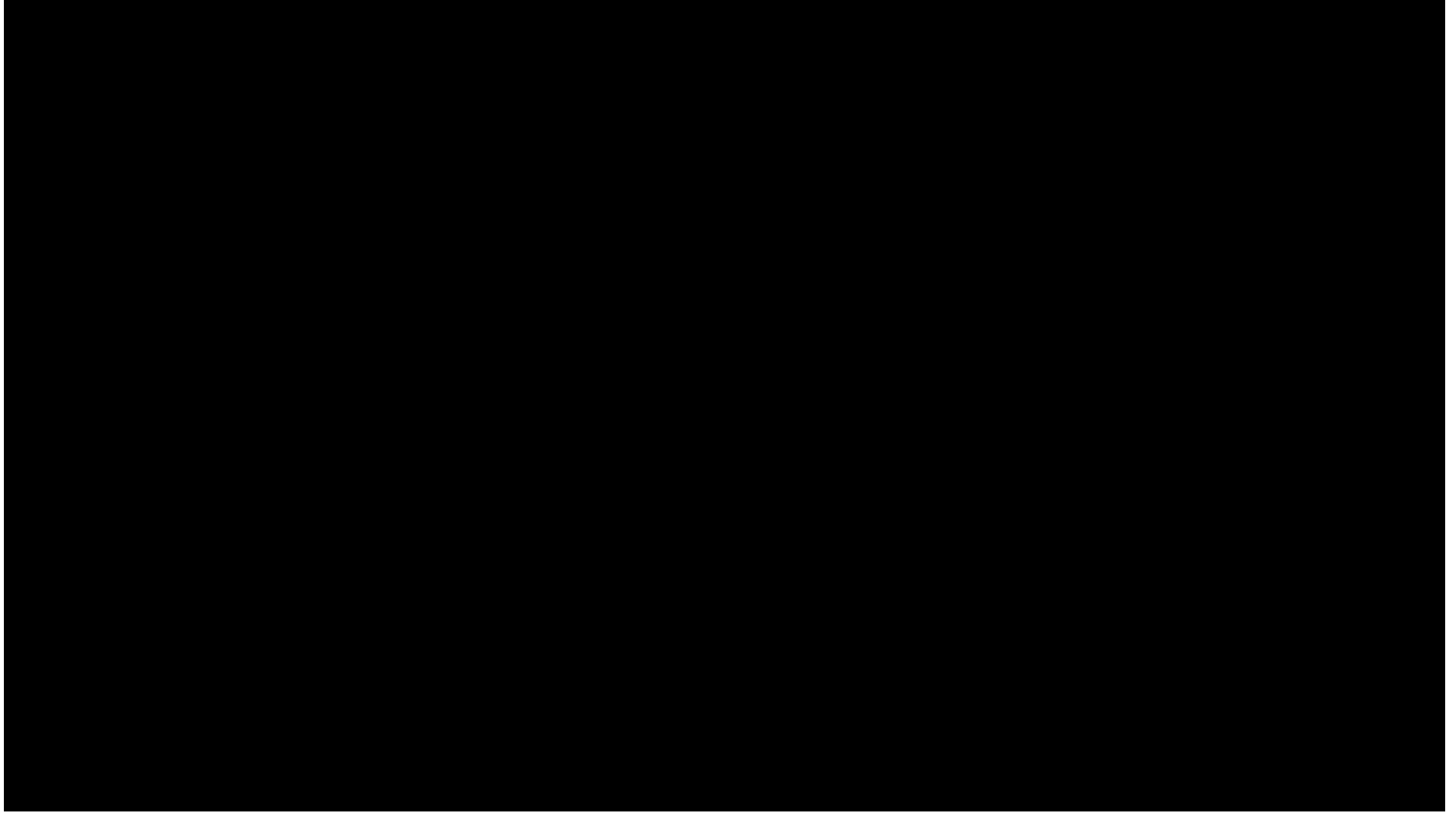
Upon completion of this session, participants will improve their competence and performance by being able to:

1. Identify and distinguish the symptoms of Selective Mutism from other early childhood developmental disorders
2. Discuss the role of genetics and learning in development of Selective Mutism
3. Distinguish ways to engage with children that encourage speech rather than enabling avoidance of speaking

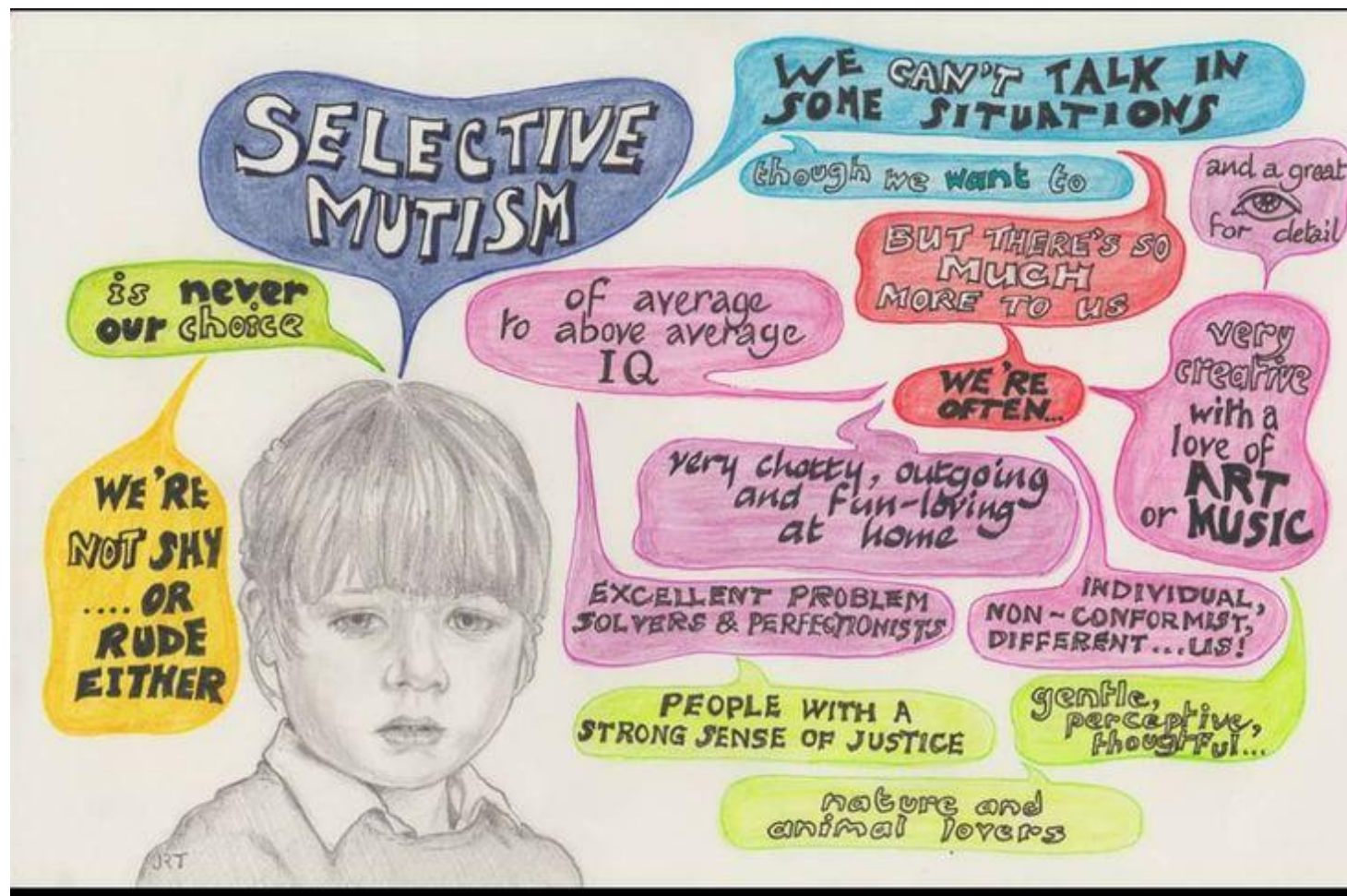
HOW DID WE GET HERE?



Kurtz Psychology Consulting PC
Founder, Creator, and Disseminator of
Brave Buddies & Mighty Mouth Kids
and the inspiration for many other SM
programs by other local names.

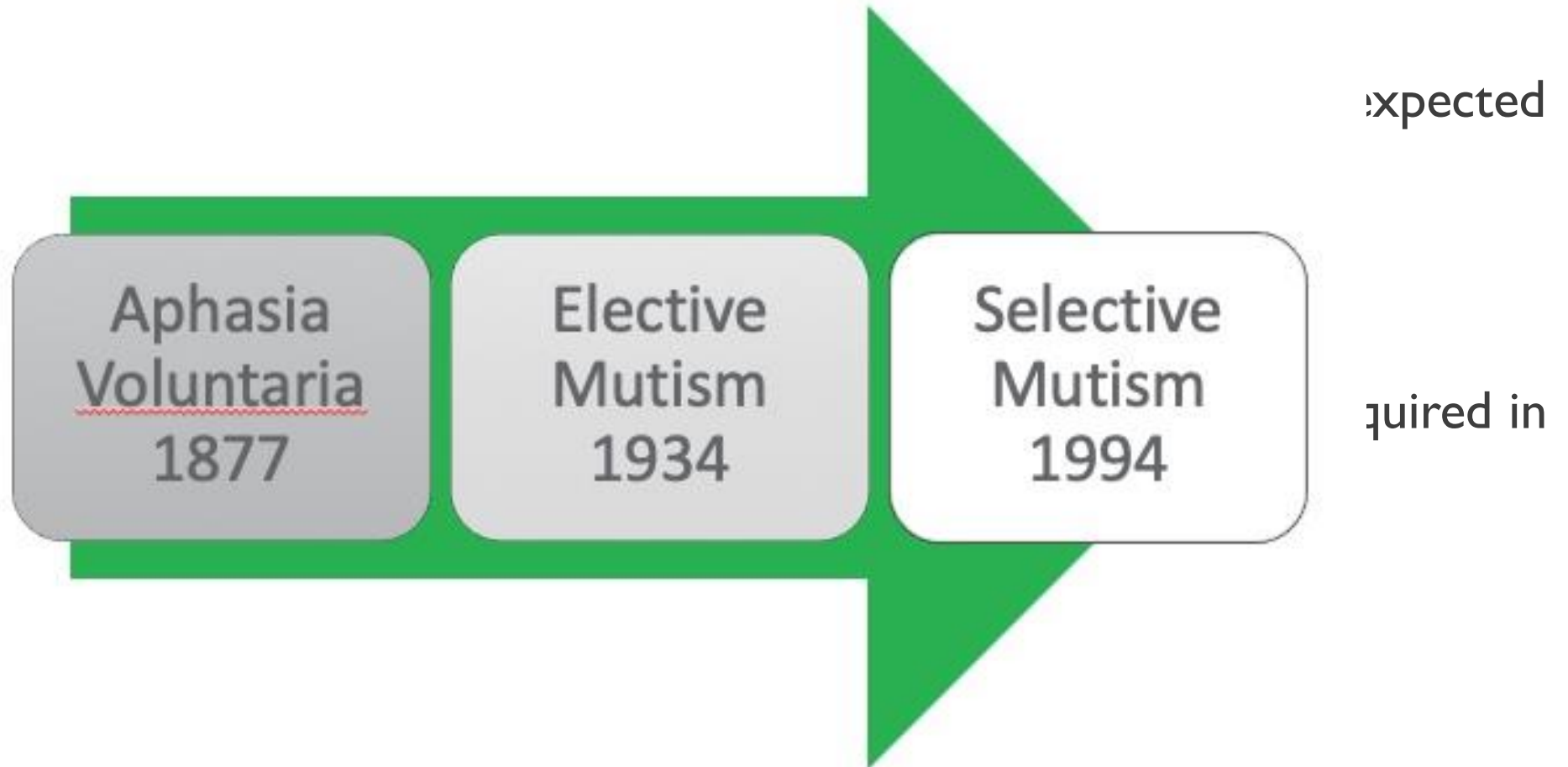


WHAT IS SELECTIVE MUTISM?



DSM-5 DIAGNOSTIC CRITERIA

- Consistent (e.g., school records)
- Impaired communication
- ≥ 1 month
- **Not** due to another condition
- **Not** better explained by another mental disorder
- **Not** better explained by a medical condition
- **Not** exclusively during a stressful event



DSM-5 DIAGNOSTIC CRITERIA

- Consistent failure to speak in **specific social situations** when speaking is expected (e.g., school) despite speaking in other situations
- **Impairment** in educ/occupational achievement or social communication
- **≥ 1 month** & not limited to 1st month of school
- **Not due to lack of knowledge or comfort** with the spoken language required in the social situation
- **Not** better accounted for by **Communication Disorder**
- **Not** exclusively due to **PDD** or other psychotic disorder

YOU ARE IMPAIRED & REALLY NEED HELP WHEN...



- You get on the wrong bus and don't tell the driver
- You wet yourself because you can't ask to go to the bathroom
- You can't say which activity you want to do
- You can't tell someone not to take your toy
- You can't tell your friend "I have that toy too"
- You break your arm and don't tell anyone

HOW COMMON IS SM?

Selective mutism affects approximately 1% of the population

1 in 140 children are affected by SM

It is nearly half as common as Autism, just less known

Most elementary schools will have at least one child if not more suffering from selective mutism

Higher prevalence rates have been noted in immigrant children and in language-minority children than in nonimmigrant children.

Selective mutism appears to affect more females than males by a ratio of about 1.5–2.5:1



MYTHS ABOUT SM

- SM ≠ Oppositionality
- SM ≠ Autism
- SM ≠ Shyness
- SM ≠ speech problem
- Not caused by trauma
- They don't just outgrow it



Social Anxiety Disorder (Social Phobia)

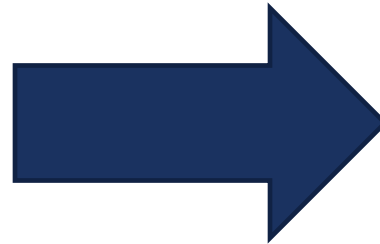
Diagnostic Criteria

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- A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).
- Note:** In children, the anxiety must occur in peer settings and not just during interactions with adults.
- B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).
- C. The social situations almost always provoke fear or anxiety.
- Note:** In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.
- D. The social situations are avoided or endured with intense fear or anxiety.
- E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.
- F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.
- G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
- I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.
- J. If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

Specify if:

Performance only: If the fear is restricted to speaking or performing in public.



SM AND SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)

SM:

Rich social lives
Enjoy participating and playdates
Interact even though reluctant
speakers

SM + Social Anxiety:

Reluctant and reticent speakers
Don't participate
Avoid interactions
May not eat in front of others or
use bathroom
Deer in headlights look at free play

More than 90% of children with Selective Mutism also
have social phobia or social anxiety.

LANGUAGE IS IMPORTANT

Introversion

- Personality trait
- Preference for low stimulation settings
- Limited social energy
- Prefer individuals or small groups

Shyness

- Personality trait
- Fear of negative social judgment
- Lack confidence, especially with strangers
- More comfortable with familiar people

Selective Mutism

- Mental health illness
- Overwhelming fear of talking in certain situations/to certain people
- Fear, anxiety may trigger avoidance

Social Anxiety Disorder

- Mental health illness
- Overwhelming fear of humiliation
- Social situations cause high stress
- Fear, anxiety may trigger avoidance

What contributes
to a child
developing SM?

- Genetic predisposition
- Inhibited temperament/inborn personality of mood
 - Decreased threshold of excitability in the amygdala
- Presence of one or more other anxiety disorders

Triggers

- Prompted/expected to speak
- Prompted/expected to engage in social interaction
- Prompted/expected to perform

The apple doesn't fall far from the tree





HOW DO ADULTS RESPOND WHEN A CHILD WON'T SPEAK TO THEM...

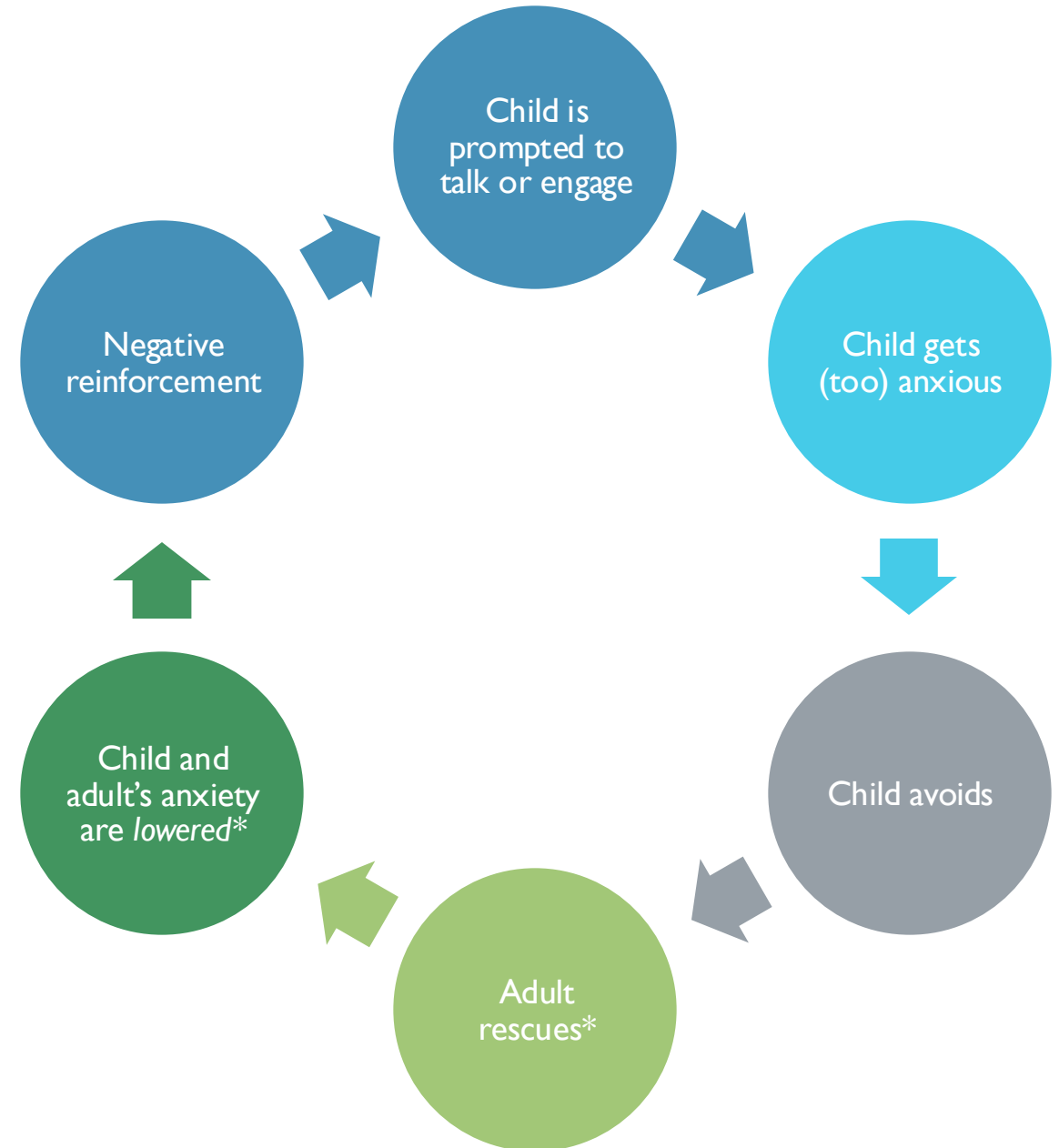
IN SCHOOL, AT THE DOCTORS, THE RELATIVES, OR AT THE STORE?



Nature AND Nurture

Environmental:

- Negative reinforcement cycle
- Parents may serve as a model
 - Parents of children with SM have been described as overprotective or more controlling
- Family accommodation



HOW DOES SM TYPICALLY PRESENT?

- Children with SM have rigid rules
 - World is divided into Talk/No Talk zones
 - Each child develops their own rules
 - Boundaries are **not** fluid
- **Contamination:** Long learned history of not talking
 - New people and places are uncontaminated
 - This is why we ask **NO** questions **at all** in first meeting(s)



EVERY DAY A CHILD CONTINUES WITH IMPAIRING SYMPTOMS, IT IS **NOT NEUTRAL**



Let's Do the Math

2 unanswered questions per minute = 120
unanswered questions per hour
720 unanswered questions per day
130,000 unanswered questions per school
year!!

"I'm not quiet because I
don't want to be here."

I'm quiet because

"I'm scared"

*Let's say it's only 100,000 per year
Practice anything 100,000 times and
you will get "good" at it!

-Olivia
Age 6

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TREATMENT FOR SELECTIVE MUTISM: PARENT-CHILD INTERACTION THERAPY FOR SELECTIVE MUTISM (PCIT-SM)

PRE-TREATMENT



POST-TREATMENT



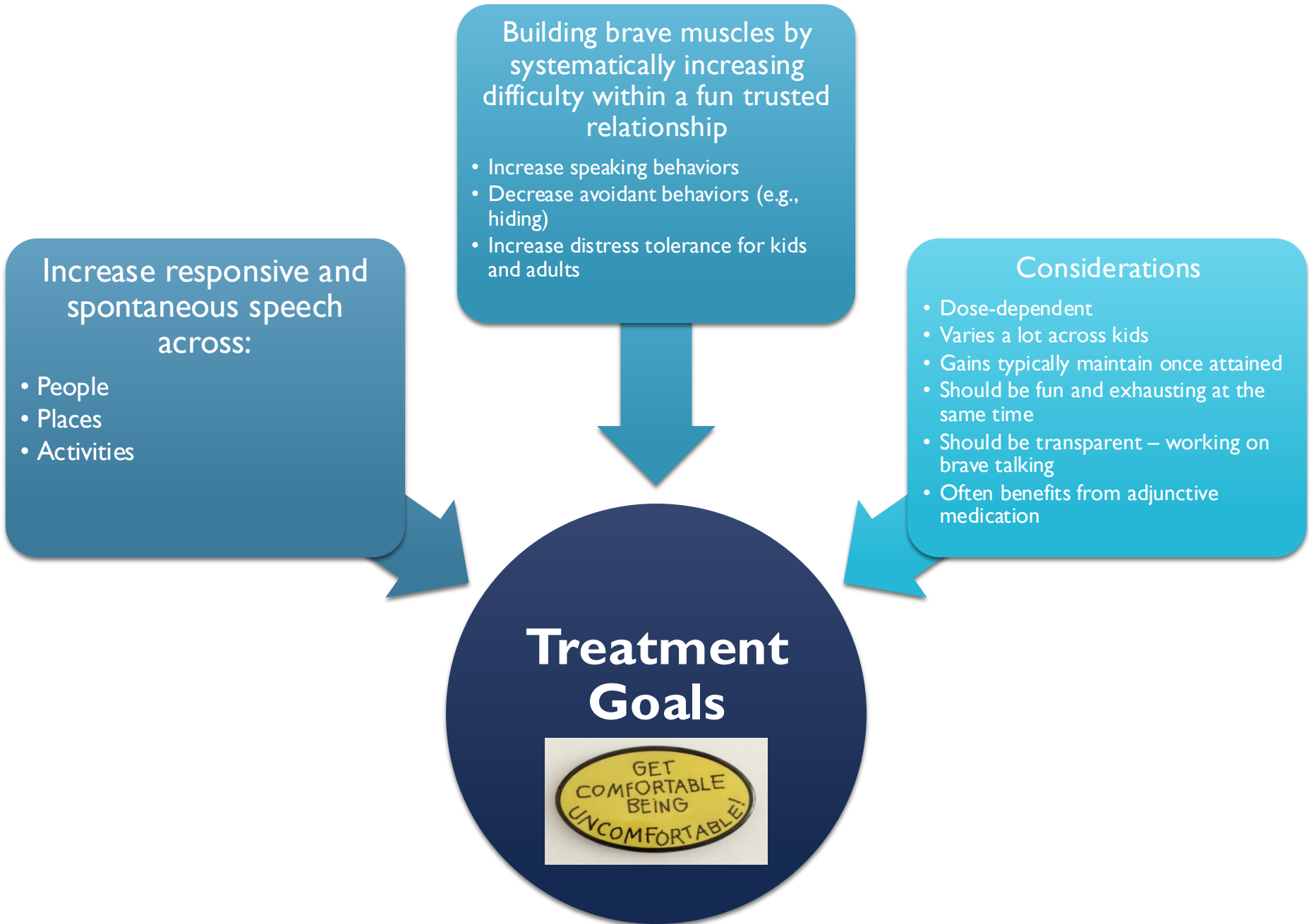
NOW



ADAPTATION OF PARENT CHILD INTERACTION THERAPY (PCIT) FOR SELECTIVE MUTISM

- Parent-Child Interaction Therapy is an empirically supported treatment for young children with disruptive behavior disorders developed by Dr. Sheila Eyberg.
- Dr. Steven Kurtz developed the adaptation of PCIT for SM.
 - PCIT-SM reverses the downward cycle of avoidant child behavior maintained by negative reinforcement
 - PCIT-SM creates an upward positive spiral of brave talking by adults consistently applying the key behavioral principles of shaping of successive approximations by stimulus fading, reinforcement, and planning generalization





BEHAVIOR SKILLS MODULES

- CHILD-DIRECTED INTERACTION (CDI)
- VERBAL-DIRECTED INTERACTION (VDI)
- FADE-IN/TARGETED EXPOSURES



CHILD-DIRECTED INTERACTION

What is CDI?

- Warm-up when child isn't ready to be prompted – no demand for verbalizations
- Following the child's lead
- PRIDE Skills

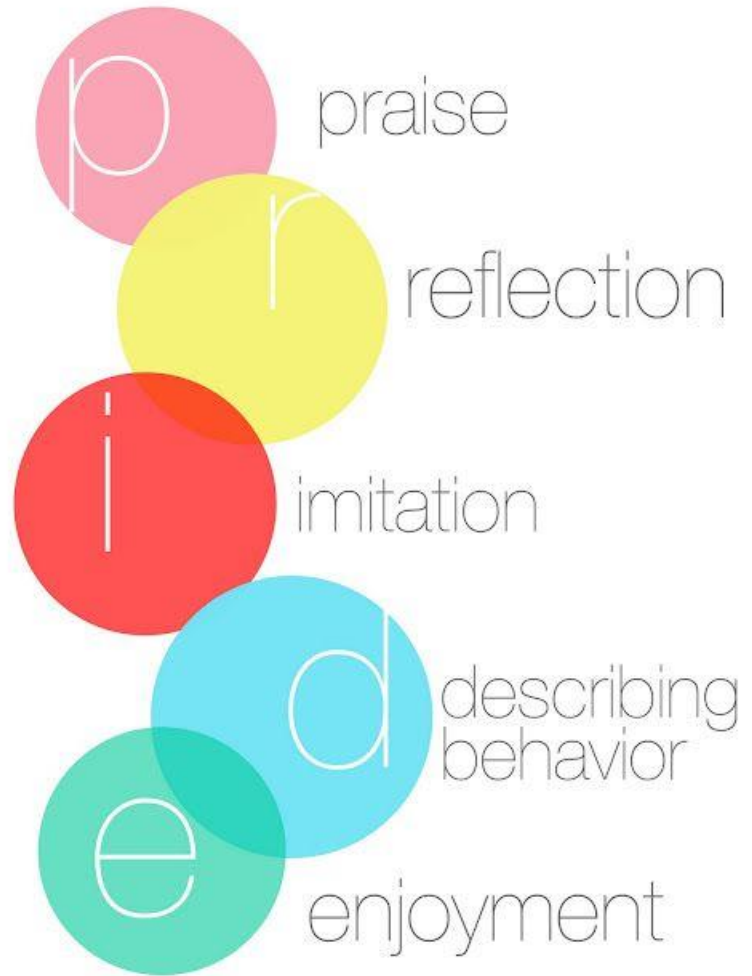


THE DON'TS OF CDI-SM

- Ask questions
 - Use end-arounds if needed (e.g., point to)
 - Accommodating vs. Enabling
- “Mind read”
- Give the the child a command to talk
- Take the lead in the play
 - AVOID **questions**, commands, and criticism/sarcasm
- Attend to negative/avoidant behavior



PRIDE SKILLS*



*Adapted from work of Sheila Eyberg in PCIT

PRAISE

Labeled Praise



- Examples:
 - “Thanks for telling me!”
 - “Great brave talking.”
 - “I love when you say hi to me.”
 - “Thank you for sharing your toys.”
- Reasons:
 - Reinforcing – they will do it more
 - Shows approval
 - Improves self-esteem and confidence

Unlabeled Praise



- Examples:
 - Thank you
 - Great!
 - Awesome!
 - Way to go!

LABELED OR UNLABELED?

- What a great idea to play a game together
- Great job
- You're doing a good job telling John about school
- Thank you for using your brave voice
- I like when you tell me what you need
- I'm so proud of you
- Great way to tell Sue your name
- I love how you are waiting so nicely for your turn
- Awesome job
- How nice of you to ask if you can borrow that toy

REFLECTIONS

- Repeat or paraphrase what the child says
 - Example:
 - Child: "I want to draw a castle."
 - Adult: "You want to draw a castle."
- Reasons:
 - ***Increases verbal communication
 - Changes others' perceptions of their ability to talk
 - Demonstrates acceptance and understanding
 - Improves speech



HOW WOULD YOU REFLECT?

- I like purple dogs.
- Mom and I are going to get ice cream today.
- I want to play with the blocks.
- My favorite hero is Spiderman because he can run and jump and climb things really good. He can even make spiderwebs!
- I don't really like playing outside when it's hot.

(BEHAVIOR) DESCRIPTIONS

- Say what the child is doing
 - Examples:
 - “You’re drawing circles.”
 - “You put the pink dress on the doll.”
 - “You are building a tower”
- Reasons:
 - Let’s them lead the play
 - Shows interest
 - Holds their attention on task



AFTER ANY VERBALIZATION....

- REFLECT
- For the
 - Prog
 - Trac
 - Ever
- Examp
- Chil
- Adu
- cho



AFTER ANY VERBALIZATION....

- REFLECT and/or LABEL PRAISE!
- For the **trifecta**... **STICKER!** (brave talking points)
 - Progressively shapes more talking
 - Trade points for prizes
 - Eventually fade out
- Example:
 - Child: I drew a dog.
 - Adult: A dog! Thanks for telling me. You can choose a sticker for brave talking



VERBAL-DIRECTED INTERACTION

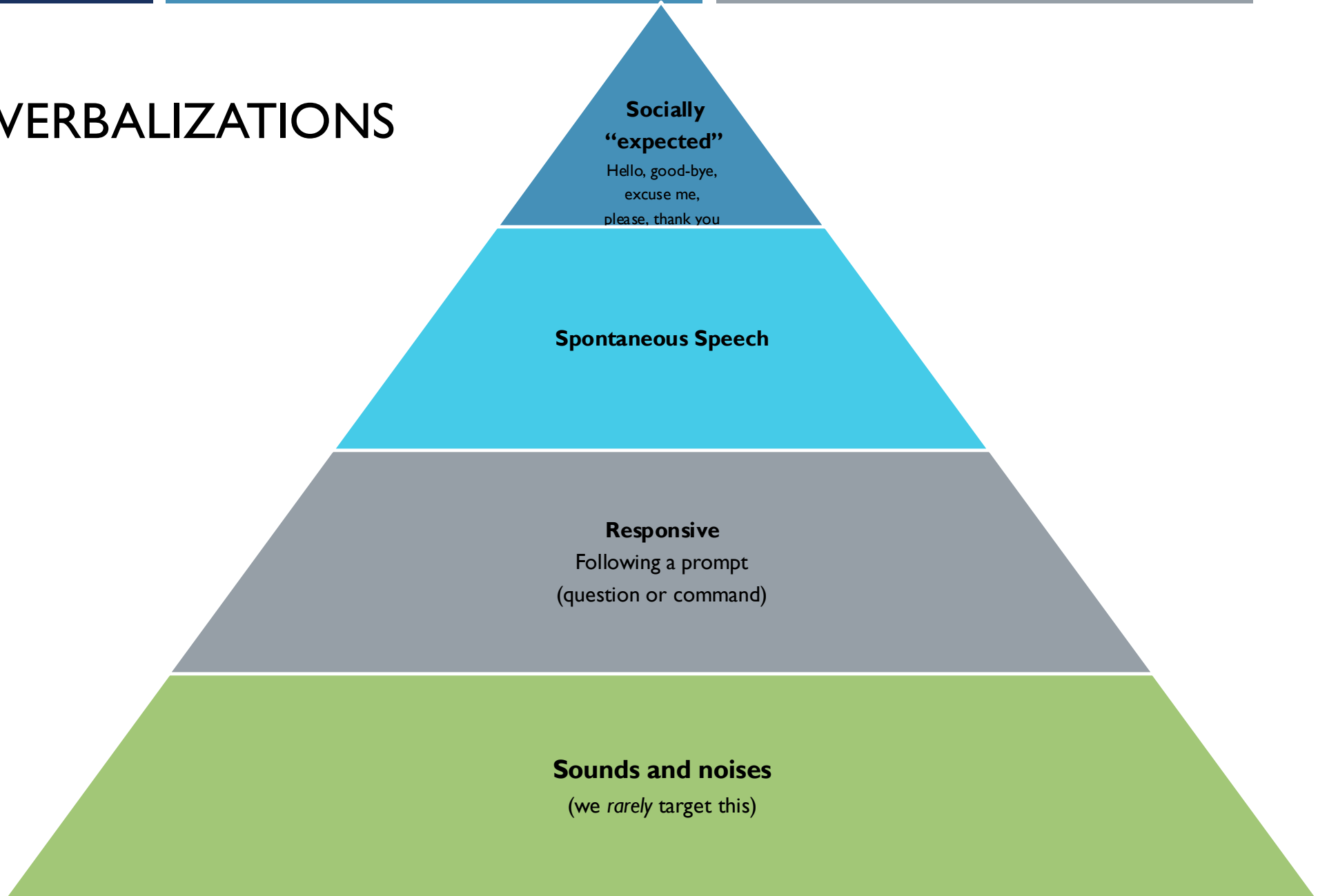
What is VDI?

- Prompting child to talk
- How do you know when a child is ready to be prompted?



Be
brave

HIERARCHY OF VERBALIZATIONS



THE DON'T'S OF VDI

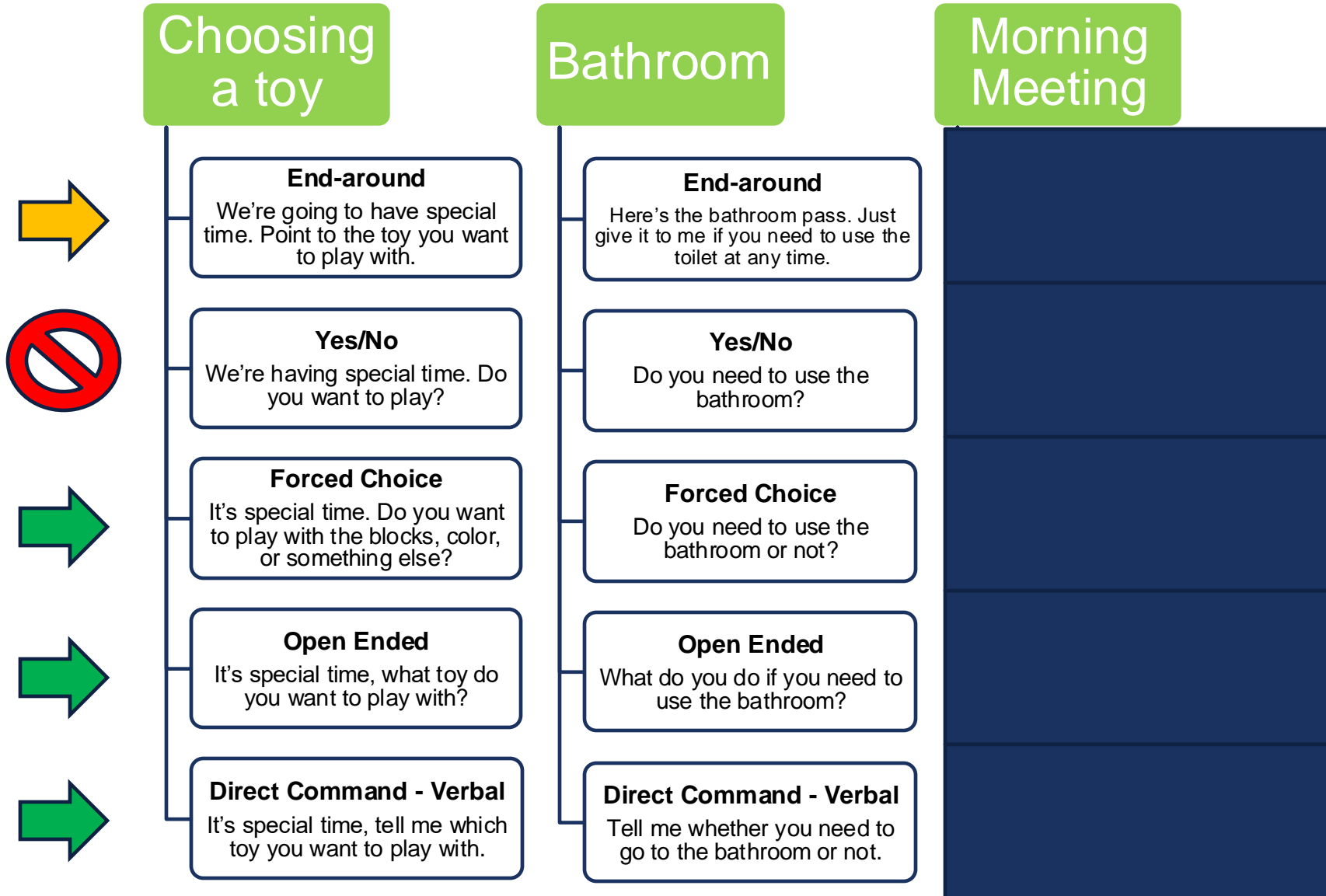
- Enable – **what's the difference between enabling and accommodating?**
- Negative talk
- Indirect commands to talk
- Rapid fire questions

WAYS TO PROMPT

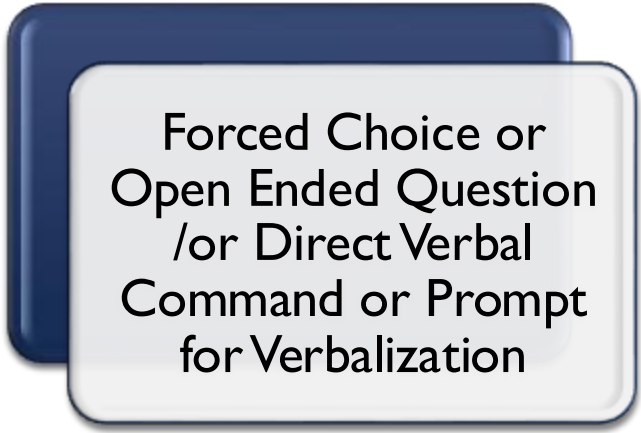
- Questions
 - Forced Choice
 - Open Ended
- Direct Commands
 - “Tell me...”
 - “Tell Shelley...”



PRACTICING PROMPTS



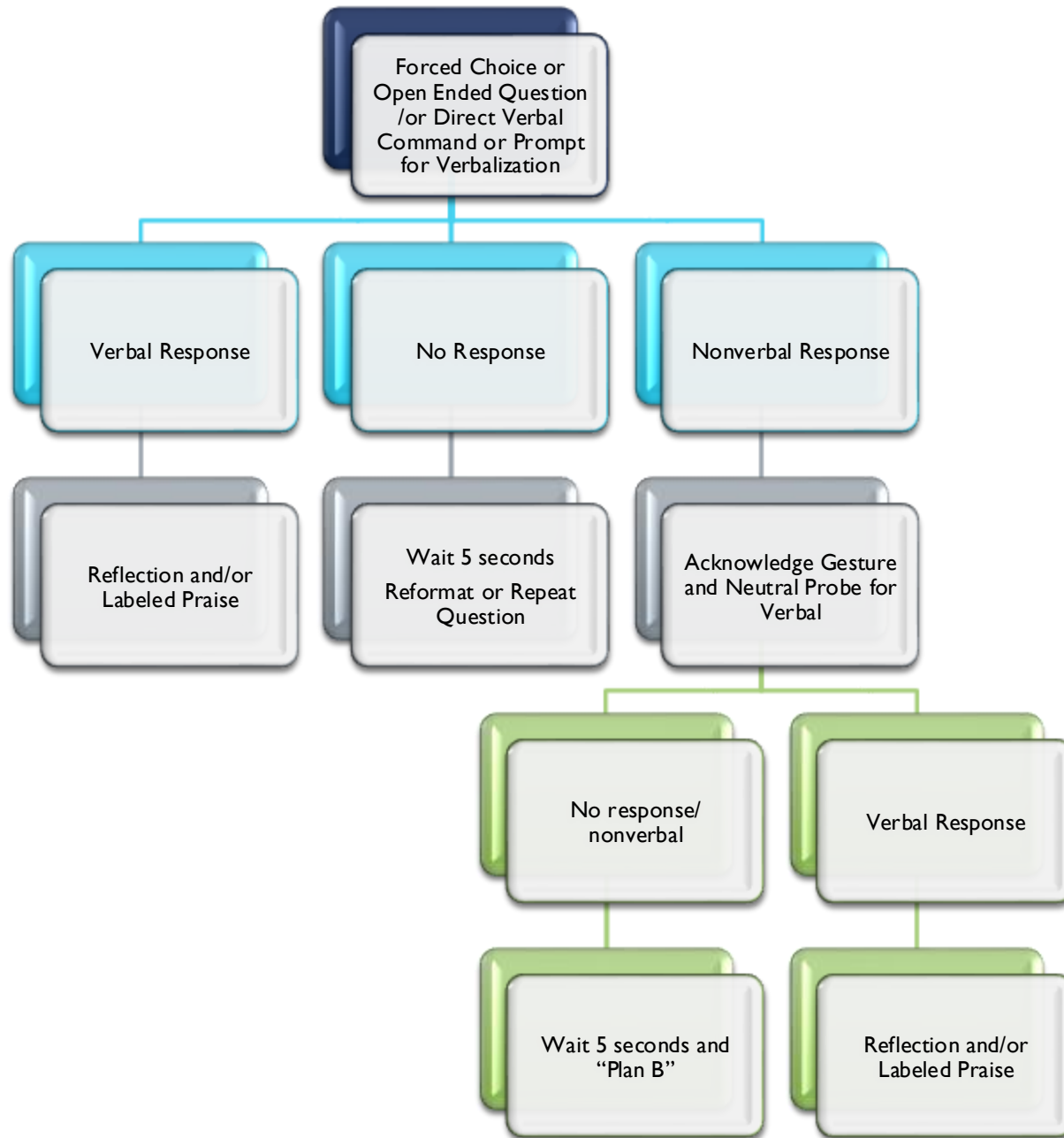
EFFECTIVE VDI SEQUENCE



Forced Choice or
Open Ended Question
/or Direct Verbal
Command or Prompt
for Verbalization

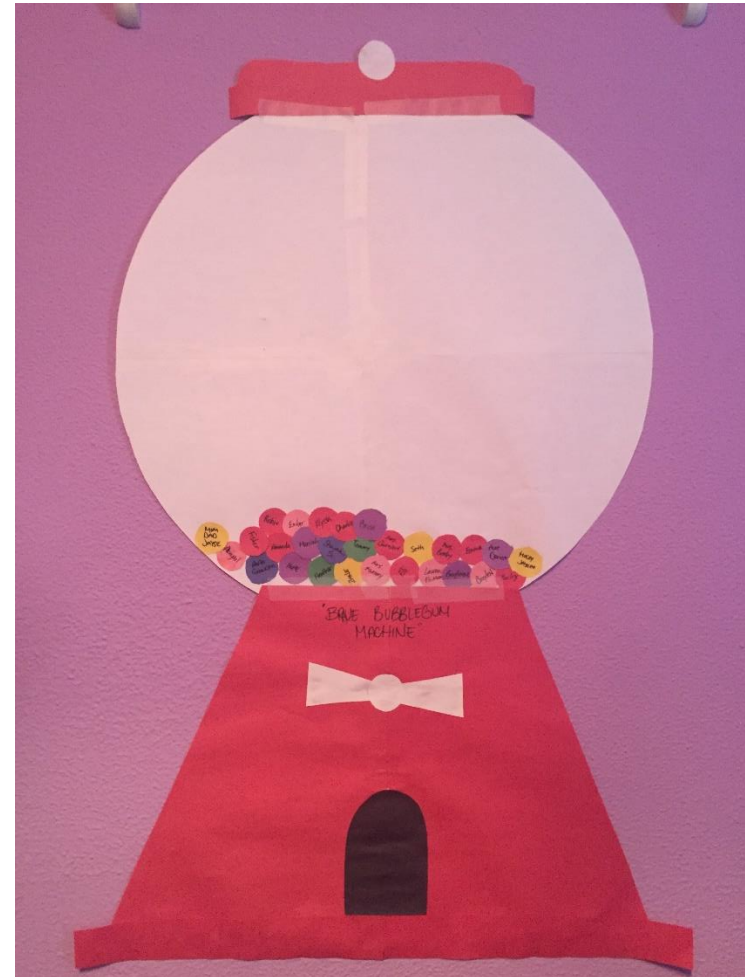
WAIT 5 SECONDS

(THE LONGEST 5 SECONDS EVER)
REQUIRES... DISTRESS TOLERANCE!



Fade-Ins

- Generalization to new people
 - Passing the “talking baton”
- Change one variable at a time
 - Fade into routine activities
- Stay focused on the child
 - When/how to slow down?
 - Go back to where child was last successful if needed)
- Be transparent
- Don't linger





EXPOSURES



WHAT'S AN EXPOSURE?

- Small, incremental, systematic steps toward bravery
- Promotes generalization to new people, places, and activities
- Finding and “titrating” half steps as needed if child is struggling with given step (scaling it back)
- In vivo exposure



WHERE COULD BE A PLACE TO PRACTICE BRAVE TALKING?

Restaurants:
Hostess
Waiter/Waitresses

Doctors Office
 Dentist
 Sports Coach
 Summer Camp

Girls Scouts
 Dance Class
 Art Teacher

Aquarium
 Bagel Shop
 Coney Island

Ice Cream Shop:
 Baskin Robbins

Veterinary office

Toy store

Dry Cleaners

Grocery Store

Movies:
 Ticket Office
 Concession Stand

Swimming Pool: Coach

Soccer

PAL Program Coaches

Gymnastics

School

Skate boarding

Starbucks

Taxi Cabs

Hair dresser

Beach



ANSWERING DURING MORNING MEETING

Help child meet goal – whispering answer to counselor,
whispering answer to teacher, saying answer aloud, etc.

Take a step back and practice until child is successful

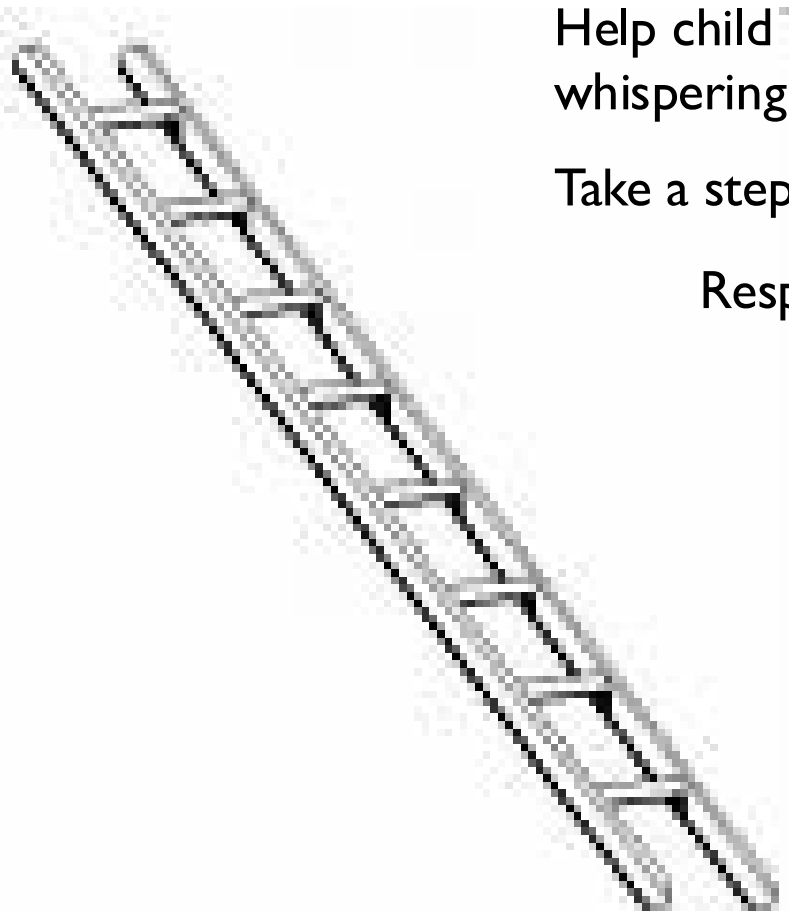
Responding to teacher's question in group setting

Practice several times in preparation for teacher's
question

Role play with familiar counselor to answer the
question; open ended or FC to meet child's
level

Planning for situation when teacher will ask "What
day is today?"

start



FACILITATING PEER-TO-PEER INTERACTIONS



FACILITATING IN THE SCHOOL SETTING



Free Play



Show & Tell



Story Time



Circle time



MIGHTY MOUTHS KIDS CAMP - OKC



Additional Resources

<https://www.selectivemutismokc.com/>

www.SelectiveMutismLearning.org

<https://www.selectivemutism.org/>

<https://childmind.org/center/selective-mutism-service/>

FINAL THOUGHTS/QUESTIONS ?



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