Selective Mutism: Diagnosis and Effective Treatments

January 25, 2024

Nazia Denese, Ph.D.
Staff Psychologist, The Baker Center for Children and Families
Instructor in Psychology, Harvard Medical School
Today’s Agenda

01. ASSESSMENT
02. INTERVENTION
03. APPLICATION
Common Misconceptions

“They’re choosing not to talk. They’re being oppositional.”

“They’re just being shy. They’ll get over it.”

“They’ve been traumatized.”
01.

ASSESSMENT
A. Consistent failure to speak in specific social situations in which there is an expectation for speaking (such as school) despite speaking in other situations.

B. Disturbance interferes with educational or occupational achievement or with social communication.

C. Duration of the disturbance is at least 1 month (not limited to the 1st month of school).

D. Failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.

E. Disturbance is not better explained by a communication disorder (e.g., childhood onset fluency disorder) and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder.
Less than 1%

Prevalence rate of selective mutism in general population
Questionnaires

• Selective Mutism Questionnaire (SMQ)
• School Speech Questionnaire (SSQ)

Clinical Interviews

• Anxiety and Related Disorders Schedule for DSM-5 (ADIS-5)
• Kiddie Schedule for Affective Disorders and Schizophrenia KSADS Present and Lifetime Version for DSM-5 (KSADS-PL DSM-5)

Behavioral Observations

• SM-Behavioral Observation Task (SM-BOT)
Behavioral Observations

Alone with Parent

Alone with Stranger
SM-BOT Phases

1. Child alone with parent and no questions asked
2. Child alone with parent and parent asks questions
3. Child alone with parent; stranger walks in and sits on side away from the duo
4. Stranger joins the duo and asks 1 forced choice question
Selective Mutism & Social Anxiety Disorder

- High comorbidity rates
- Sometimes very difficult to distinguish
- Selective Mutism:
  - Involves activities that require speaking
  - Children can participate in activities that do not involve speaking such as eating in front of others, showing their drawings to others, etc.
- Social Anxiety Disorder:
  - Children cannot participate even during non-speaking activities like playing sports or drawing.
Evidence-Based Interventions

Ages 2-10

- Behavioral Treatment
  - Parent-Child Interaction Therapy for Selective Mutism (PCIT-SM)

Ages 8+

- Cognitive Behavioral Treatment (CBT)

Psychopharmacology

- Considered in combination with PCIT-SM/CBT if there is not expected progress or if functioning is severely impaired
- Reduces baseline anxiety level and often allows child to better access and engage in exposure-based treatment
Intervention Components

- **Psychoeducation** (assists with reduction of enabling behaviors)
- **Behavioral Therapy** (sometimes w/ medication)
  - Graduated exposure tasks and reward contingency
  - Adapted PCIT-SM
  - Individual/Group Therapy
  - Intensives
- **Skills Training/Consultation** (Parents, School Staff, Psychiatrist, etc.)
- **Ongoing Assessment**
The Stress Response

Physical Indications of Fight or Flight Response

- dilated pupils
- pale or flushed skin
- trembling
- rapid heart beat and breathing
True vs. False Alarms
THE CYCLE OF ANXIETY

1. Child prompted to talk
2. Child becomes very anxious
3. Child avoids talking
4. Adult rescues by answering for child
5. Child and adult anxiety is lowered
6. Child learns that they can avoid talking
Exposures
### Bravery Ladder

#### Level of Anxiety

- 10 = Highest
- 0 = Lowest

<table>
<thead>
<tr>
<th>Level of Anxiety</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Stand 1 foot from a rat</td>
</tr>
<tr>
<td>7</td>
<td>Stand 3 feet from a rat</td>
</tr>
<tr>
<td>5</td>
<td>Watch a video of real-life rat</td>
</tr>
<tr>
<td>4</td>
<td>Look at picture of real-life rat biting someone</td>
</tr>
<tr>
<td>3</td>
<td>Look at picture of real-life rat</td>
</tr>
</tbody>
</table>
Bravery Ladder

Level of Anxiety

10 = Highest
0 = Lowest

10  Answer 2 unplanned questions that are opinion-based
7   Answer unplanned question that is opinion-based
5   Answer unplanned question that is fact-based
4   Answer planned question with teacher at front of desk
3   Answer planned question with teacher next to desk
Treatment Goals
<table>
<thead>
<tr>
<th></th>
<th>Home</th>
<th>School</th>
<th>Gymnastics</th>
<th>Soccer</th>
<th>Store</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store Clerk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stranger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Talking Map**

**THE BAKER CENTER**
FOR CHILDREN AND FAMILIES

**HARVARD MEDICAL SCHOOL**
AFFILIATE
Parent-Child Interaction Therapy for Selective Mutism (PCIT-SM)

- Child-Directed Interaction (CDI)
  - NO questions
- Verbal-Directed Interaction (VDI)
CDI Sequence (PRIDE skills)

**Praise**
- Labeled praise for appropriate behavior, such as talking

**Reflect**
- Repeat or paraphrase appropriate talk

**Imitate**
- Imitate appropriate non-verbal behavior

**Describe**
- Sportscaster play-by-play of appropriate non-verbal behavior

**Enjoy**
- Express enjoyment through verbal/non-verbal gestures
Thank you for telling me that ____.

You’re telling me that you love this toy.

*Creates same Lego structure as child*

You’re drawing a line with the blue marker.

I enjoy getting to know you.
Verbal-Directed Interaction (VDI)

- Forced Choice Questions
- Open-Ended Questions
- Wait 5 Seconds
- Avoid Yes/No Questions
- Use Regular Voice
- Revisit Unanswered Questions
VDI Sequence (CDI & VDI Dance)
03.

APPLICATION
Individualized Treatment Goals

**Examples:**
- Increase volume
- Increase verbalization with peers of same age
- Increase verbalization during unstructured times
- Increase spontaneous speech *(speech that is not prompted)*

**Lower → Higher Level Goals:**
1. Ask a question to peer with prompting or choices (ex. Do you want to ask Sam _____ or _____? Or Go ahead and ask Sam, “What is your favorite color?”)
2. Develop and ask own question
Sample Fade-In

Credit: Kurtz Psychology
### Sample School Bravery Chart

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Checkboxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I used my brave voice to ask for help. Ex. “Can you help me tie my shoes?”</td>
<td></td>
</tr>
<tr>
<td>I answered an open-ended question from a classmate. Ex. “What is your favorite color?”</td>
<td></td>
</tr>
<tr>
<td>I answered an open-ended question from an adult. Ex. “What did you do over the weekend?”</td>
<td></td>
</tr>
</tbody>
</table>

When I have 4 checks in a row, I win a prize from the prize box at school or home! 😊
Activities
Activities
Presentations/
Show & Tell

Sample Questions:

My name is ______.

I am ___ years old.

My favorite color is ______.
Virtual Adaptations

ABCYA

SPOT IT
Ongoing Assessment

- **Volume**
- **Latency** (response time for questions or prompts)
- **Group Interactions**
  - **Non-verbal Engagement** (Do they raise their hand to participate, clap to celebrate, follow dance moves in groups...etc.)
- **Spontaneous Speech**
- **Asking for help/bathroom**
- **Peer-to-Peer Interactions and Adult Interactions**
Group-Based Intensives

- Intensive group behavioral treatment program for children (3-12 years old) with selective mutism
- Classroom-like setting and community setting exposures
- Individualized speaking goals, such as presenting, spontaneous speech, larger group interactions, etc.
- Parent training
Considerations for the Classroom

Non-verbal Communication:
- Initial goals should not involve greetings such as “hi” or “bye”
- Nonverbal methods of communicating (assistive technology, pointing, etc.) should be temporary and there should be a plan in place to gradually have student engage verbally
- If student is only non-verbal in classroom, adult can provide commands such as “Point to which color you would like” BUT if student points without being instructed to, adult should use the VDI sequence in response.

Talking Opportunities:
- Pair student with peers they appear most comfortable with (remain behaviorally engaged with) and have potentially verbally communicated with (even if only whispers)
- Identify strengths and use to encourage student (making them line leader if they enjoy leadership opportunities, etc.)
Considerations for the Classroom

Fade-In:
- Process of passing talking baton between parent or adult at school that child already talks consistently with and child’s teacher

Bravery Chart:
- Incorporate “bravery chart” in classroom with targeted goals for school setting (ex. Ask teacher a question, Answer question during morning meeting)

School Consultation:
- Child’s therapist can engage in school consultation to provide training in CDI/VDI skills, conduct or facilitate fade-ins, develop bravery goals/charts, etc.
Accommodation ✓ vs. Enabling X

**Example:** Student struggles with answering verbally in front of class and currently only uses non-verbal gestures such as pointing.

✓ **Accommodation:** Teacher prompts student to point to item in front of class and creates graduated exposure plan to eventually have student verbalize the choice (ex. Using bravery chart with reinforcement system)

X **Enabling:** Once student has shown mastery of verbalizing choice in front of class, teacher should no longer prompt student to point in front of class as that would be enabling
Additional Resources

- The Baker Center for Children and Families bakercenter.org
- Selective Mutism Association selectivemutism.org
- Kurtz Psychology kurtzpsychology.com
- SM Learning University kurtzpsychology.com/selective-mutism/sm-learning-university
- Parent Child Interaction Therapy pcit.org
Thank you!

Contact the Center for Effective Therapy

**Boston:** 617-278-4288  
**Waltham:** 617-278-5300  
**Email:** cet@bakercenter.org

**Website:** [bakercenter.org](http://bakercenter.org) - Select **Get Started** to schedule your initial phone screen with our intake staff.