

Selective Mutism: Diagnosis and Effective Treatments

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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



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DSM-5 Criteria

- 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 • • 2 • • 3 • • 4

Child alone
with parent
and no
questions
asked

Child alone
with parent
and parent
asks questions

Child alone
with parent;
stranger walks
in and sits on
side away
from the duo

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.

02.

INTERVENTION



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Evidence-Based Interventions

Ages 2-10

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

Ages 8+

- Cognitive Behavioral Treatment (**CBT**)

Psychopharmacology

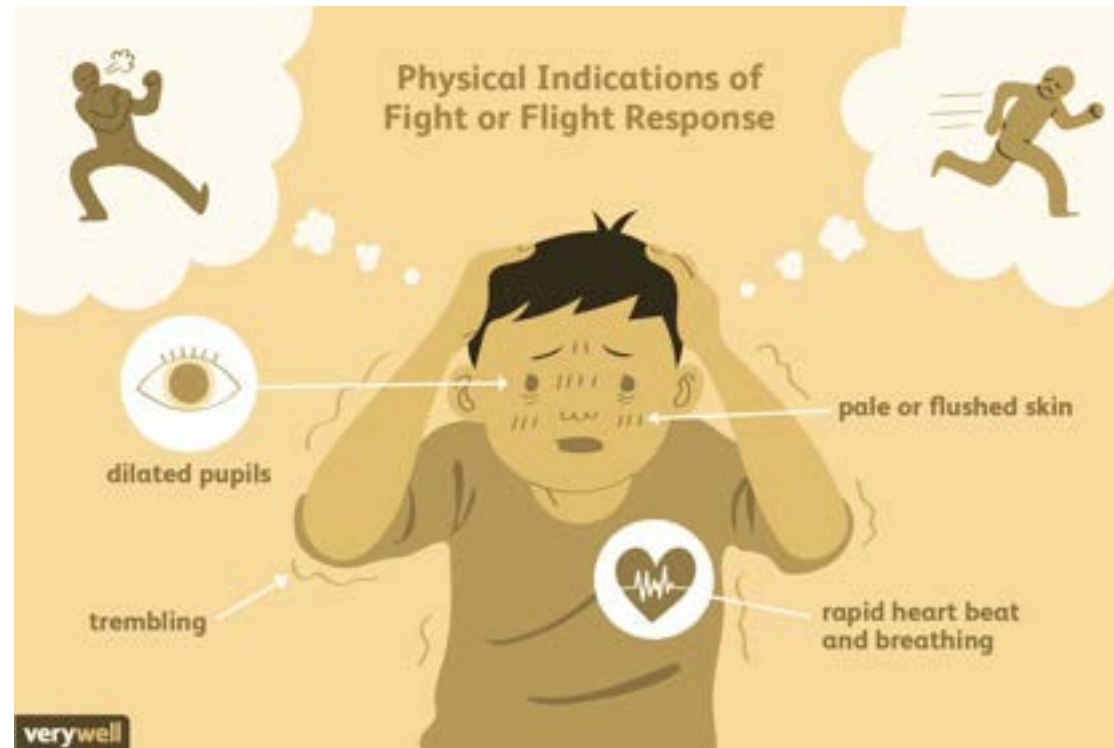
- Considered in combination with PCIT-SM/CBT if there is not expected progress or if functioning is severely impaired
- Reduces baseline anxiety level and often allows child to better access and engage in exposure-based treatment

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



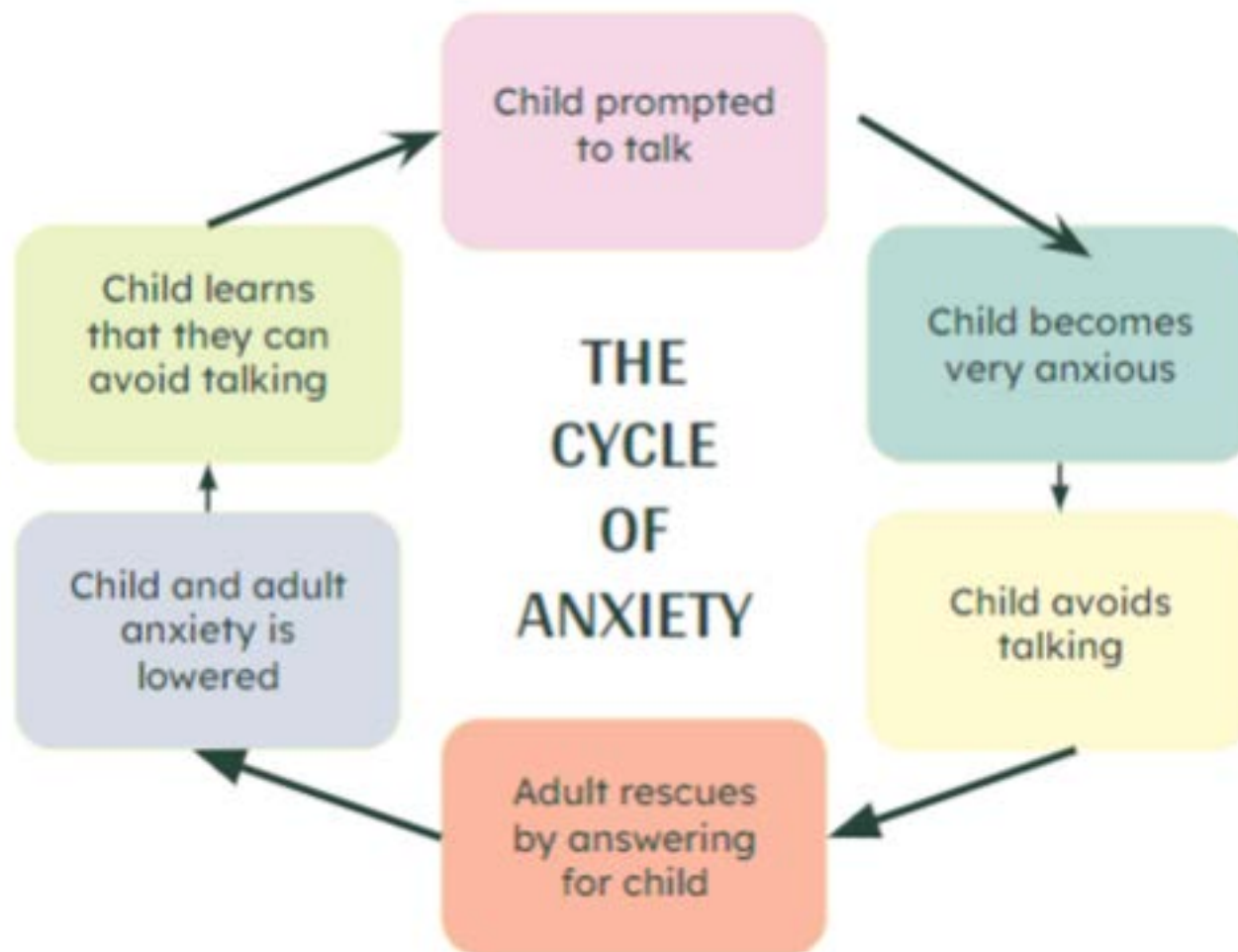
True vs. False Alarms



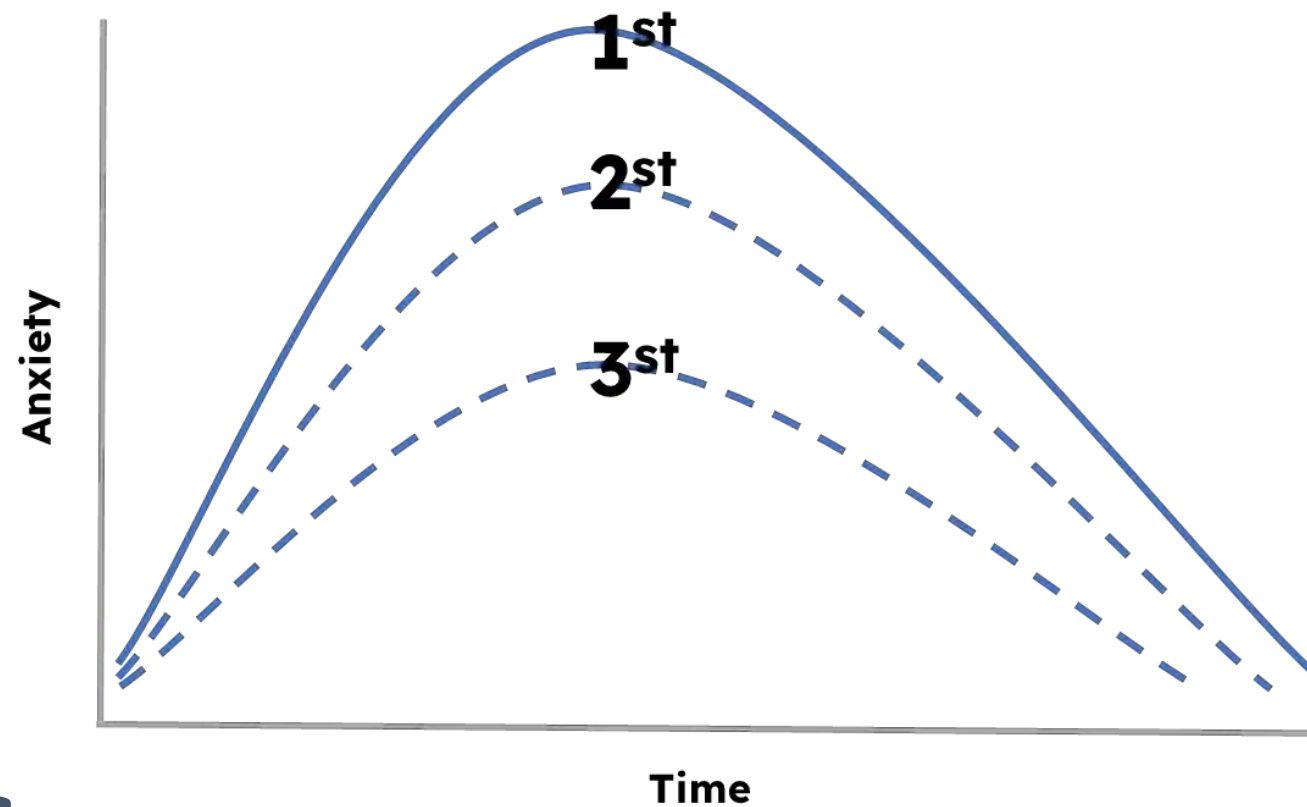
**TRUE
ALARM**



**FALSE
ALARM**



Exposures



Level of Anxiety

10 = Highest
0 = Lowest

10	Stand 1 foot from a rat
7	Stand 3 feet from a rat
5	Watch a video of real-life rat
4	Look at picture of real-life rat biting someone
3	Look at picture of real-life rat



Bravery Ladder



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Level of Anxiety

10 = Highest
0 = Lowest

- | | |
|----|--|
| 10 | <u>Answer 2 unplanned questions that are opinion-based</u> |
| 7 | <u>Answer unplanned question that is opinion-based</u> |
| 5 | <u>Answer unplanned question that is fact-based</u> |
| 4 | <u>Answer planned question with teacher at front of desk</u> |
| 3 | <u>Answer planned question with teacher next to desk</u> |



Bravery Ladder

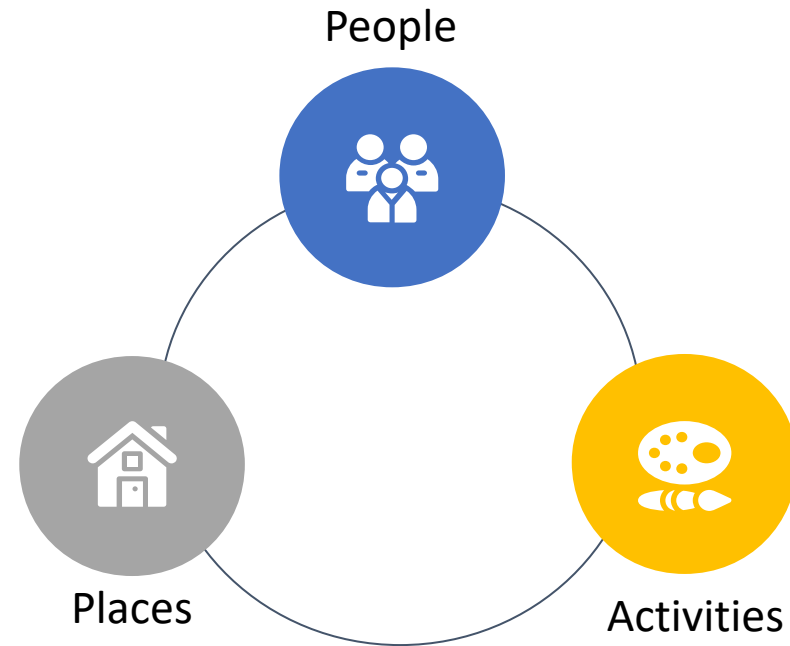


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Treatment Goals



	Home	School	Gymnastics	Soccer	Store
Parent					
Sibling					
Extended Family					
Teacher					
Peer					
Store Clerk					
Stranger					

Talking Map



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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

CDI Sequence (PRIDE skills)

Praise

Thank you for telling me that _____.

Reflect

You're telling me that you love this toy.

Imitate

Creates same Lego structure as child

Describe

You're drawing a line with the blue marker.

Enjoy

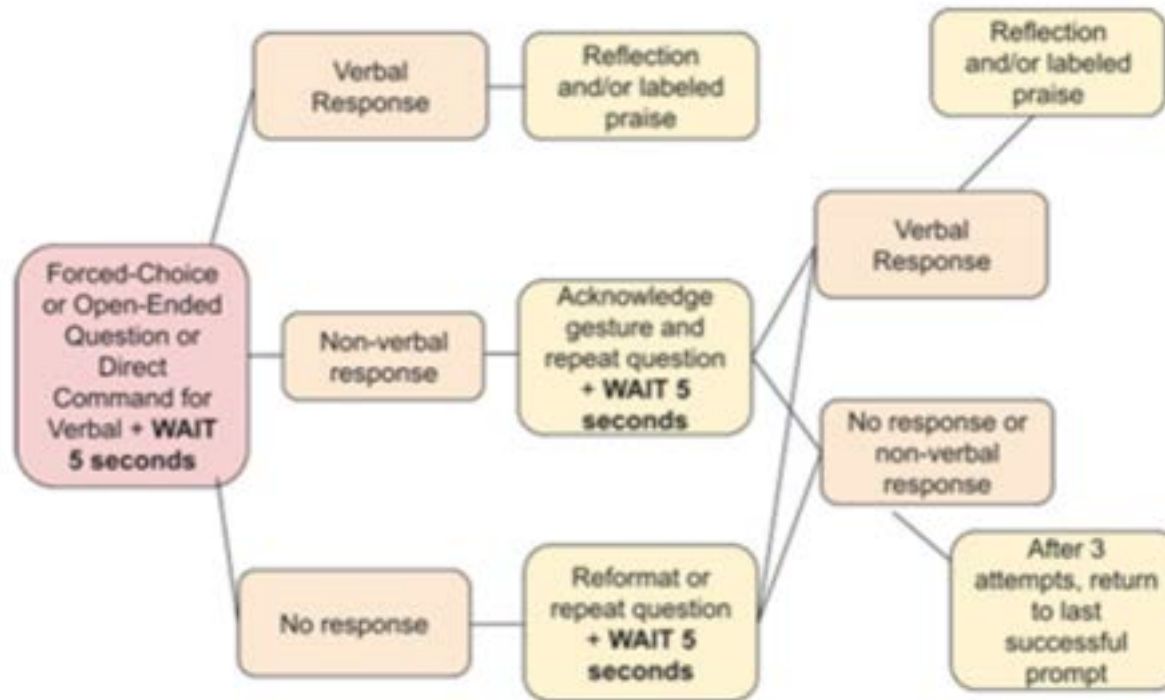
I enjoy getting to know you.

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



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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



When I have **4 checks** in a row, I win a prize
from the prize box at school or home! 😊

Sample School Bravery Chart

Activities



Activities

imited nes or ted is?	Have no elbows or no knees?	Eat uncooked rice or uncooked spaghetti?	Have a head the size of a tennis ball or a car tyre?	Live on Mars or the Moon?
Never go on holiday or never have a pet?		Would You Rather?		
Have carrots for fingers or peas for toes?	Swim in a pool of jelly or a pool of yogurt?	Always have your shirt inside out or your trousers backwards?	Spend the weekend with pirates or ninjas?	

WHAT'S IN MY ROOM SCAVENGER HUNT

<input type="checkbox"/> SOMETHING BLUE	<input type="checkbox"/> SOMETHING STICKY
<input type="checkbox"/> MONEY	<input type="checkbox"/> A PILLOW
<input type="checkbox"/> AN ANIMAL	<input type="checkbox"/> COLORFUL SOCKS
<input type="checkbox"/> A BOOK	<input type="checkbox"/> A BACKPACK
<input type="checkbox"/> PIECE OF PAPER	<input type="checkbox"/> A GAME
<input type="checkbox"/> A PICTURE	<input type="checkbox"/> A HANGER
<input type="checkbox"/> A RACECAR	<input type="checkbox"/> SOMETHING WARM
<input type="checkbox"/> A DOLL	<input type="checkbox"/> PAIR OF SHOES
<input type="checkbox"/> SOMETHING SOFT	<input type="checkbox"/> A LEGG/BLANK
<input type="checkbox"/> MY FAVORITE TOY	<input type="checkbox"/> SOMETHING THAT MAKES NOISE

FIND SOMEONE WHO...

HAS A SISTER.	LOVES BASKETBALL.	HAS FURRY ON A PLANE.	HAS WORN A CAST.	HAS A BIRTHDAY THIS MONTH.
CAN SAY ALL 26 SINGLE LETTERS.	LOVES SOUR CREAM.	IS AFRAID OF SPIDERS.	HAS A BROTHER.	CAN PLAY AN INSTRUMENT.
IS WEARING GREEN.	IS LEFT HANDED.	HAS BLUE EYES.	LOVES MATHE.	CAN SPEAK MORE THAN 3 LANGUAGES.
DROPPED A PIECE OF PIZZA.	WEARS GLASSES.	WROTE A ROMANCE NOVEL.	GOES TO YOUR SCHOOL.	HAS BEEN IN A CONTEST.
IS WEARING PINK.	SPRANG TWO LATELINES.	LOVES PINEAPPLE.	CAN SKATEBOARD.	HAS BEEN IN A FIGHT.

YOUR NAME: _____

Activities



Credit:  **Kurtz**
Psychology

Presentations/ Show & Tell

Sample Questions:

My name is _____.

I am ___ years old.

My favorite color
is _____.



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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**

Credit: Wall Street Journal: When A Child Doesn't Speak: Treating Selective Mutism



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



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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 - Select **Get Started** to schedule your initial phone screen with our intake staff.