Selective Mutism: Coordinated Behavioral Approaches for Therapists, Parents, and Schools

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Youth Anxiety and Depression Clinic (YAD-C)

For Information:
- http://yadc.rutgers.edu
- Client population:
  - Ages 8 – 16 years old
  - Any Anxiety or Mood disorders
- Services provided:
  - Diagnostic assessments
  - Goal-directed Cognitive Behavioral Therapy
  - Research Clinic
To schedule Intake:
- Phone: (732) 445-2000, ext. 131
- As of 3/1/11: (848) 445-3905
- Email: YAD-C@rci.Rutgers.edu

Selective Mutism

- Affects 0.2 – 2.0% of children and adolescents
- Typically noticed between 5-10 years old; signs appear earlier.
- More girls than boys (1.5 : 1 ratio)

DSM-IV-TR criteria:
A. Persistent failure to speak in specific social situations where speaking is expected, despite speaking in other situations
B. Interferes with educational achievement or social communication
C. Lasts > 1 month; not 1st month of school
D. Is not due to lack of language knowledge/comfort
E. Not better accounted for by Communication Disorder, Pervasive Developmental Disorder, etc.
Struggling with SM

- 7 yo girl, extremely anxious in social situations, won’t speak to classmates but whispers to adults. She refused to talk during the first interview while her younger sister (3 yo) served as mediator. Girl is “loud at home” and no event triggered mutism. Academic grades good, but gym and music poor because of refusal to participate. Won’t ask for help when needed. Clings to parents at parties. Parents worry what others think of child when she refuses to speak/say, “hello” or “thank you.” Also worry about effect of SM on younger sister.

Struggling with SM

- 11 yo boy SM in school b/c anxious and self-conscious. Child does have some learning difficulties (left back in 1st grade) and current grades C’s and D’s. Fa was called to school b/c teacher wasn’t sure if Ch spoke English. Ch worries that teachers will “be mean,” so won’t answer questions or ask for help. Worries kids will ignore him or think he’s stupid. At a party a few years ago, he accidentally blew out a candle and broke a balloon and panicked (even though no one else noticed). Now when he “does something dumb,” it “ruins the whole party” and he can’t enjoy himself. At home Ch is very talkative, and he even created a series of spoken/visual “how to” videos for YouTube on how to win several video games.

Interference/Impairment

- Social
  - Loss of friends, social withdrawal, increasing isolation, poor social skills
  - Reliance on accommodations and safety people/behaviors
- Academic
  - Academic problems: poor class participation, failure to ask questions
- Family
  - Family discord: parenting disagreements, fairness among siblings
  - Oppositional behavior: resistance, arguments with families or teachers
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**Predominant Features Associated with SM**

- Anxiety: 51%
- Behavior: 31%
- Anxiety, Behavior, Communication: 15%
- Behavior & Communication: 3%

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**Dimensional/Degree of Impairment**

- **Non-anxious**
  - Normally speaking to peers and teachers
  - Speaks to peers/teachers in low audible voice
  - Reluctantly speaks to only some peers/teachers (whispering)
  - Talks mostly through other people (parents, safety person)
  - Won't speak even with parent, but may participate nonverbally
  - Will not speak to anyone (except safe person) and will not participate nonverbally
  - Will not speak to anyone and will freeze or flee in situation.
  - Will actively resist, avoid, and become oppositional before leaving home.

- **Severe**

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**Being Realistic: Getting the Right Help**

<table>
<thead>
<tr>
<th></th>
<th>Mild Mutism</th>
<th>Moderate Mutism</th>
<th>Severe Mutism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside Therapist</td>
<td>Limited talk, but whispering to teachers, peers; needs encouragement</td>
<td>Only communicates through safety person</td>
<td>Won't talk to anyone but parents</td>
</tr>
<tr>
<td>Parent/Family</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**Therapist’s (and child’s) Role**

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**Assessment: Where are the triggers?**
- **Where: Context?**
  - School: small/big classes, certain teachers, HW or test, class requires verbal participation, certain kids, extracurricular...
  - Home: good with some family members, other adults/kids, activities
  - Outside: malls, parks, doctor’s offices
- **Why: Function?**
  - To decrease/avoid anxiety?
  - Get attention/rewards/reinforcement?
  - Avoid aversive directives
  - Under-developed speaking/social skills
- **Extent: How much?**
  - Different degrees in different situations
- **Accommodation**
  - How much/what ways do parents/others “cover” for the child?

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**Treatment Conceptualization: CBT Model of Anxiety**

- Anxiety
  - Thoughts
  - Actions/Behavior
  - Physical Feelings
CBT Model for SM: How does child respond to trigger?

**Physical Feelings**
- Feeling “blank”
- Jittery
- Panic-like feelings

**Thoughts**
- [not always apparent]
- “I can’t”
- “I don’t have the words.”
- “I don’t know what to say.”
- “I’ll sound funny; others will laugh.”

**Actions/Behavior**
- Freezes, blank stares
- Clings, hides
- Talks through safety person
- Avoiding, Escapes, Resists

Typical CBT Modules for Anxiety
1. Emotions education
2. Relaxation
3. Problem-solving
4. Thought monitoring and cognitive restructuring
5. Imaginal or In vivo Exposure tasks = Active, real life practice!
6. Rewarding approach behaviors
7. Homework to generalize lessons

What happens to anxiety over time?
Example of Fear Hierarchy: Graded talking

**Hardest**
- Go to playground, ask for one thing
- Go to playground, play nonverbally with kids
- Go to playground, watch kids
- Asking for a pen, returning to front desk and saying you lost it.
- Going to front desk, asking for a pen
- Structured talk with novel adult
- Unstructured talk: Ask 3 questions of therapist
- Unstructured talk: Answer 3 questions from therapist
- Inviting parent in, reading facts out loud.
- Reading the 3 facts out loud.
- Writing down 3 things about yourself.
- Child uses drawings/cartoons to answer questions
- Therapist takes lead: verbal modeling, gives multiple-choice questions

**Easiest**

The Parent’s Role

**Parent Plan**
- **Assessment:** Highlight parent-child patterns that maintain mutism (or at least doesn't encourage speech where it could be encouraged)
- **Reinforce Good Speech and ALL Approach Behaviors:**
  - Active reinforcement of positive behaviors (attendance/approach behavior)
  - Active ignoring of unwanted behavior (complaining, reassurance-seeking, crying, whining, physical complaints)
- Develop reward chart and assign rewards
- Planning Gradual Hierarchies together
  - Hierarchy = a list of graded challenges ranked from easier to harder challenges
- **Goals:**
  - Reduce child dependence on adults
  - Increase child confidence
  - Increase actual speaking and social skills
Accommodation Cycle

- Accommodating is usually:
  - Easiest
  - Feels most compassionate

- Child misses opportunities
  - To gain confidence
  - To learn to tolerate distress

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Step 1: Behavior Record Form – Anxiety

<table>
<thead>
<tr>
<th>Situation</th>
<th>Anxious behavior</th>
<th>Adult Reaction</th>
<th>Child Reaction to Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ordering at restaurant</td>
<td>Hides behind me. Won't look at server.</td>
<td>I feel bad. There's a line behind us. I order for her.</td>
<td>Child seems relieved. Child gets ice cream. Child is talkative and happy with me.</td>
</tr>
<tr>
<td>2. Visiting kids' B-day party</td>
<td>Playing (on side) non-verbally with other kids</td>
<td></td>
<td></td>
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Keeping Track:
How accommodation and avoidance takes hold

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<th>Anxious behavior</th>
<th>Parental Reaction</th>
<th>Child Reaction to Parent</th>
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</thead>
<tbody>
<tr>
<td>1. Ordering at restaurant</td>
<td>Hides behind me. Won't look at server.</td>
<td>I feel bad. There's a line behind us. I order for her.</td>
<td>Child seems relieved. Child gets ice cream. Child is talkative and happy with me.</td>
</tr>
<tr>
<td>2. Visiting kids' B-day party</td>
<td>Playing (on side) non-verbally with other kids</td>
<td></td>
<td>Child readily comes to me. Stays by my side while I talk to other parents.</td>
</tr>
</tbody>
</table>
Step 2: Re-structuring Parental Responses to Child Distress:

- **Empathize and Encourage!**
  - Show confidence in child’s ability to manage distress and problems
  
- **Empathize**
  - Active listening
  - Help child identify and label feelings & thoughts.

- **Encourage**
  - Demonstrate calm, accepting attitude towards child.
  - Give calm encouragement
  - Engage in problem solving

**BUT!**
- Resist temptation to pacify or give easy reassurance
- Do NOT problem-solve FOR the child
- Be cliché: “I know you’re nervous but I know you can do it.”

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School Professionals

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Joint Family-School Plan

1. **Identify Liaison:** School personnel who is familiar with goals and plan.
2. **Family-School meeting:** with and without child
   - Agree on goals
   - Know Resources and Limits school is willing to offer.
   - Agree on child, parent, school roles
3. **Goals:**
   - Increase talking
   - Increase verbal and non-verbal socialization
4. **Break goal into small steps (problem-solve)**
   - Encourage to accomplish whatever steps are tolerable.
   - Accept all non-avoiding behavior. Better to have non-verbal participation than no participation at all.
5. **Establish rewards both inside and outside of schools**
6. **Enact practice inside and outside of school**
Assigning Roles

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<th>Moderate - Severe Mutism</th>
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<td>Outside Therapist</td>
<td>Consults with child/family</td>
<td>Direct work/consultation with child, family, school; School visits</td>
</tr>
<tr>
<td>Parent/Family</td>
<td>Monitors home behavior;</td>
<td>Monitoring &amp; reward programs; Practice exposures; Socializing opportunities; Potential speech/occupational therapy</td>
</tr>
<tr>
<td></td>
<td>Institutes reward plan;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice exposures;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Create opportunities for socializing</td>
<td></td>
</tr>
<tr>
<td>School Counselor/</td>
<td>School perspective;</td>
<td>Local champion! Liaison b/t teachers and family; Helps institute school exposures</td>
</tr>
<tr>
<td>psychologist/ case</td>
<td>Monitors school behavior;</td>
<td></td>
</tr>
<tr>
<td>worker</td>
<td>Ensures academic needs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seeks practice opportunities</td>
<td></td>
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</table>

School Professionals

- **Be a local champion**: be knowledgeable about SM; be willing to educate without demanding too many accommodations.

- **Educate** teachers about child’s anxiety and suggest strategies to facilitate child’s participation. Teach teachers about empathize and encourage. We want to avoid both criticism and over-accommodation. Calm and Confident is what we preach (or Patience without patronizing).

- **School-family liaison**:  
  - Inform family about school behavior (using tracker), successes, barriers.  
  - Keep teachers updated about family efforts (so they know parents are trying).

- Help plan graded (hierarchical) expectations/practice for in-class participation. Identify naturalistic practice opportunities in class/school (small lunch group, art class, library groups).

- Explore possibility/need for learning assessment. Although most children with SM do NOT have a formal learning disability, it is sometimes helpful to get a full assessment to rule this out.

Resources


3. Consumer network: [www.selectivemutism.org](http://www.selectivemutism.org)
**Additional References**


