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Intervention for Selective Mutism: The Nuts and Bolts of Behavioral Treatment

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Peer Review Process

Interested in Becoming a Peer Reviewer?

APPLY TODAY!

- 3+ years SLP Professional Experience Required
- Contact Amy Natho at anatho@speechpathology.com



The Treatment Toolbox for Selective Mutism

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

Mutism

Heightened sensitivity

Blank facial expression, freezing, poor eye contact

Excessive worries

Difficulty responding and/or initiating nonverbally

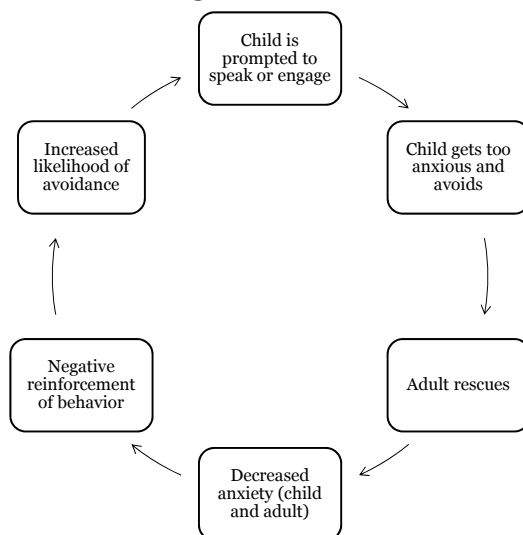
Oppositional/bossy/inflexible behavior at home

Intelligent

Slow to respond

Bilingual

Conceptualizing Selective Mutism

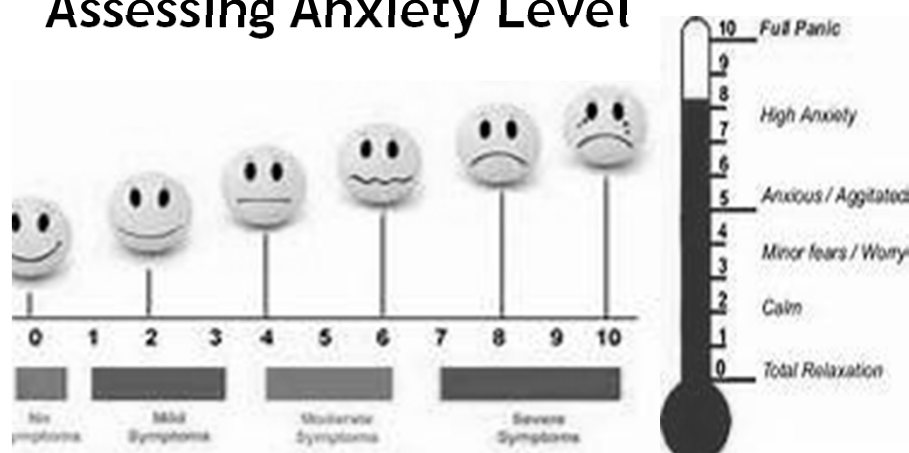


Importance of Assessment

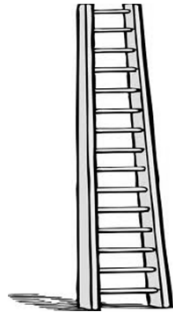
- Assessment is CRUCIAL in determining treatment
 - Diagnostic intake
 - Psycho-educational evaluation
 - Functional Behavioral Analysis

Speech Frequency (How?)	Communication Partners (Who?)	Setting Variable (Where?)	Intervention Recommended
Limited	Most people	Most environments	Contingency management
Typical	One or limited people	Most environments	Stimulus fading of new people in specific environments
Typical	Most people	One environment	Stimulus fading of environments
Limited	One or limited people	One environment	Stimulus fading of new people into comfortable environment AND stimulus fading of environments
No speech	No people	No environments	Shaping AND Stimulus fading of new people and environments

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

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

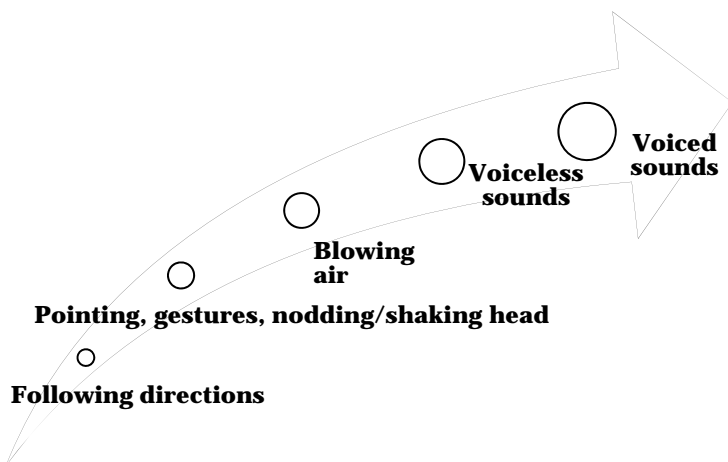
Key Players -

- 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

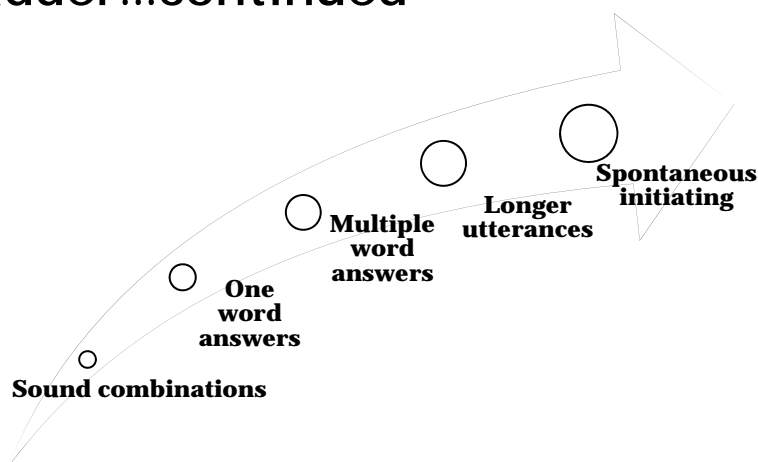
Communication Ladder (Shaping)

- 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



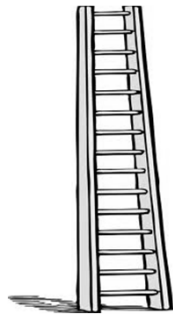
Communication Ladder...continued



Generalizing Ladder

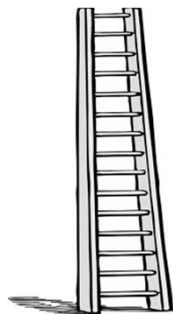
- Create hierarchy (with child if possible) of school environments
- After obtaining speech in office 1-on-1, spend an increasing amount of time in other environments to generalize
- Move to a new place when you have obtained two separate successful practices (but keep going back occasionally)
- Only 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

Stimulus Fading

- Gradually increasing the number of different people the child speaks to and settings the child speaks in
 - Gradually introducing new people into conversations
 - Speaking in new settings with the help of stimulus associated with speaking (e.g., communication ladders with speaking partner or keyworker)

Innovative Interventions

- Video feedforward (Blum, Kell, Starr, & Lloyd, 1998)
 - Audio or video tapes spliced to depict child speaking in situations in which he/she is not currently speaking
 - Based on desensitization/self-modeling
- Web-based Cognitive Behavioral Therapy
 - Hasn't been fully evaluated for effectiveness yet
- Intensive Camp for SM
 - www.confidentkidscamp.com

Contingency Management

- Child avoids talking = reduction of anxiety = negative reinforcement
 - Child is more likely to avoid speaking

GOAL – making nonverbal communication less reinforcing and verbal communication more reinforcing

- No longer accepting nonverbal gestures as a response
- Not answering for the child
- Stop avoiding asking the child questions
- Providing positive reinforcement following verbalizations (e.g., praise, stickers, points, toys)

Avoid Accidental Reinforcement

- Actions that accidentally reinforce symptoms
 - Speaking for child
 - Allowing avoidance to occur
 - Decreased expectations in school
 - Decreased expectations at home
 - Peer “enabling” at school

Tips for Encouraging Speech

- REMAIN CALM!!!
- Use specific praise
- Judicious use of direct prompts to speak
- Brave talking is target behavior, not correctness
- Always wait 5 seconds for reply – child needs opportunity to respond
- Try to always ask forced-choice instead of yes/no questions (to avoid head-shaking)
- Use situations that are motivationally driven to encourage more speech
- Don't mind read

"Don'ts" for Treatment

- Enabling
- Mind reading (letting nonverbals speak for verbals)
- Asking the child "why"
- Yes/no questions after the child is verbal
- Jumping rungs on the ladder
- Getting "greedy"
- Showing disappointment
- Don't say "don't worry – no one can hear you!"

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.