




Selective Mutism Case Study

A Multifaceted Approach to Meeting the Needs of A Student in the School Setting

A series of ten vertical lines of varying colors (light blue, green, yellow, pink, red, light green, brown, dark blue) arranged in two columns of five on the left side of the text area.

Not being able to speak
is NOT the same as
not having anything to say.

Rosemary Crossely

The team

3rd Grade Teacher

Rikki Bruggink

School Counselor

Laura Multer

4th Grade Teacher

Jennifer Roeber

Entire School Community

Parents

Specials Teachers

Principal

Support Staff

Students

Selective Mutism

What it is . . .

- A rare childhood anxiety disorder/phobia
- Inability or failure to speak in situations where talking is expected
- Child has the ability to converse normally
- Consistent failure to speak in specific situations; especially at school, with adults, or with strangers

What it is NOT . .

- A developmental or speech disorder
- A speech impediment
- Stubbornness, defiance or oppositional behavior
- Just refusing to talk
- Just extreme shyness
- Autism

Myths

- Children with Selective Mutism have experienced a trauma or have a deep dark secret.
- Children with selective mutism are shy and will outgrow their difficulties speaking to others.
- Children with selective mutism have speech problems and need speech therapy.
- Children with selective mutism are just being oppositional and manipulative.
- Selective mutism is a form of autism.

Facts

- Rare - typically thought to be less than 1% of children - range of .02% to 1.9% reported
- More common in girls - 2 to 1 female/male
- Classified as an anxiety disorder - can be comorbid with social anxiety disorder
- Onset typically between ages 2 and 4, but not typically identified until school entry, and often do not receive professional treatment until 6 - 8 years old
- The longer children with selective mutism go without treatment, the more difficult the condition is to treat

Why doesn't a child talk?

Challenge 1

Anxiety

Child experiences physical sensations - adrenaline rush, such as dizziness, rapid heartbeat, difficulty breathing, tense muscles, lump in throat, sweaty or shaky hands and feet.

Challenge 2

Audience

Unfamiliar individuals or individuals that child does not yet feel comfortable communicating verbally with or in front of at this time, fear of reaction of others

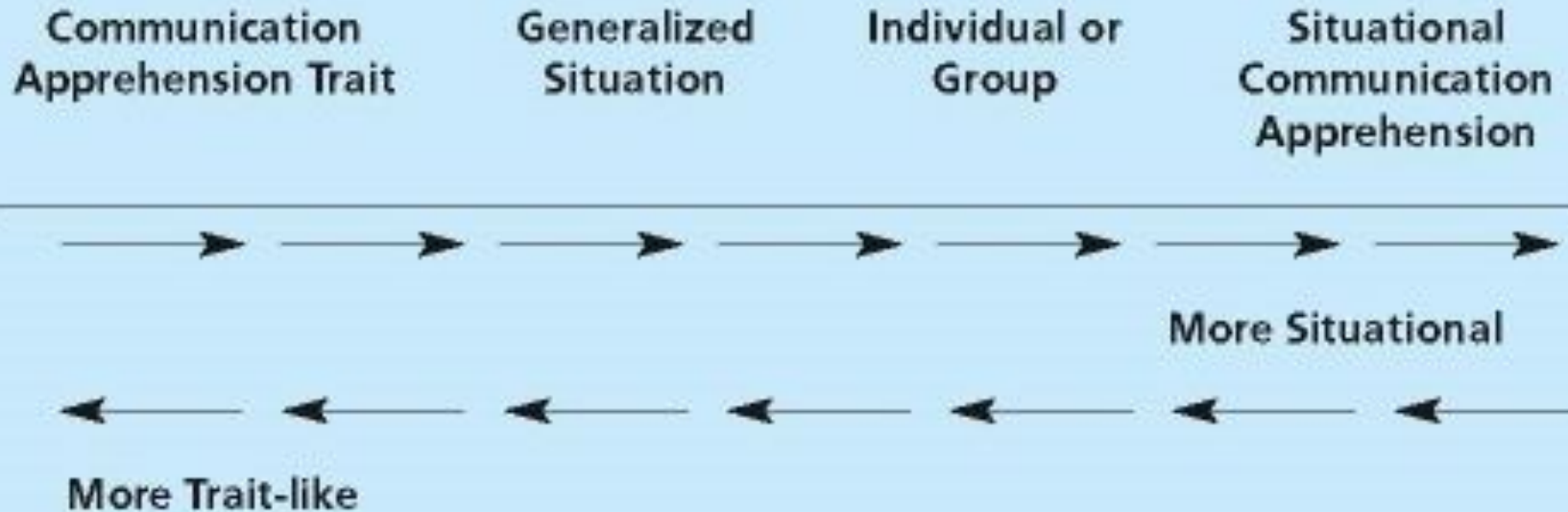
Challenge 3

Environment

New environment or environment in which the child has not yet spoken

Trait vs Situational

FIGURE 3.1 Continuum of Communication Apprehension

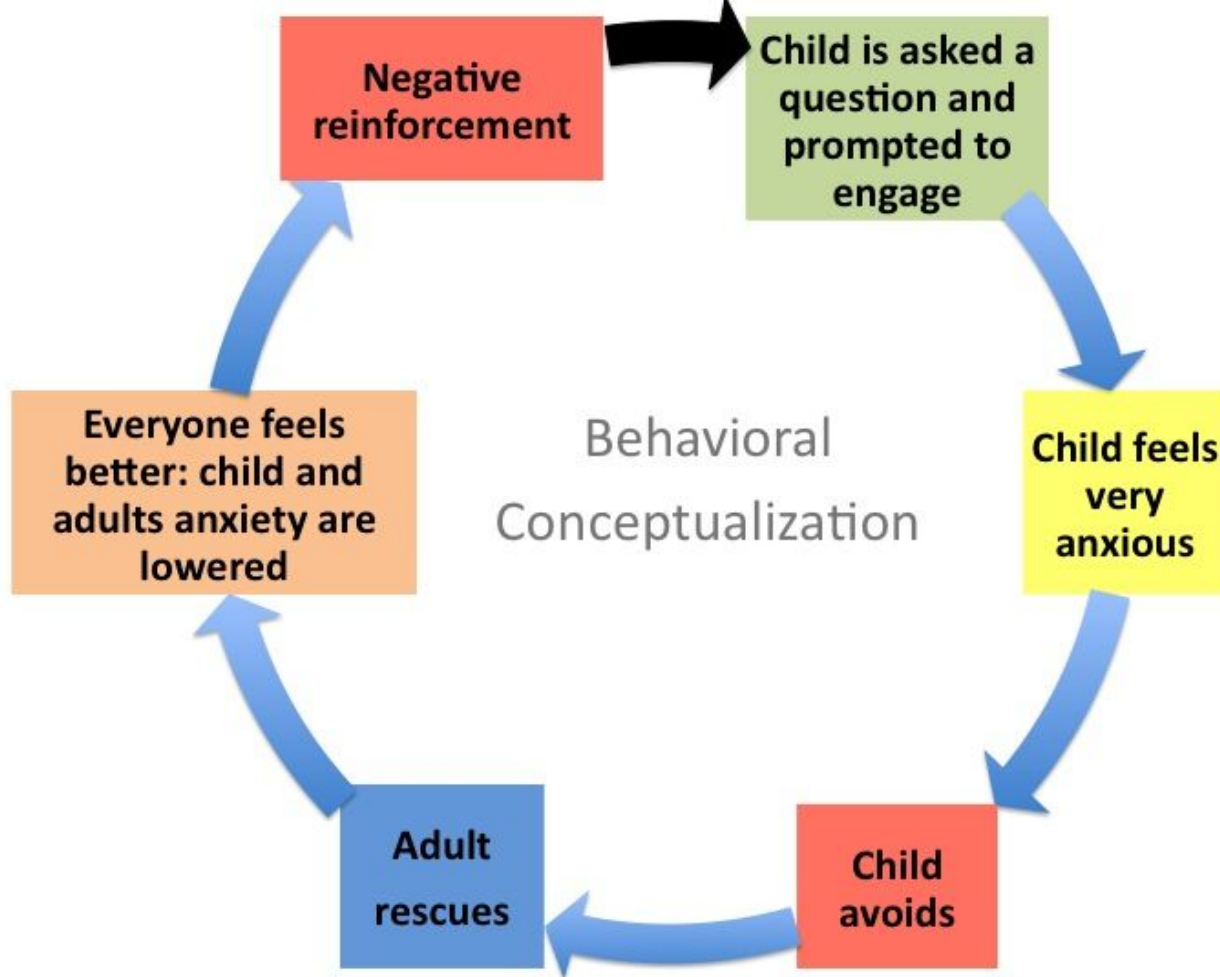


Nature ? Nurture? ~ combination

Possible predisposing factors: anxiety of child, shyness, hypersensitivity, bilingualism

Precipitating factors (triggers): enrollment in school, frequent geographical moves, family belonging to linguistic minority, perceived negative reaction to child talking

Maintaining factors: misdiagnosis, lack of early and appropriate intervention; lack of understanding by teachers, families, etc.; heightened anxiety levels caused by pressure to speak; ability to convey messages nonverbally; and acceptance of mutism.



Case study

- 8 year old, 3rd grader
- New to school district
- Had never spoken in school, including daycare, preschool, extracurriculars
- Multilingual experience - English not primary language spoken in home
- Prior school - 3rd language - immersion school
- Academically proficient/advanced

Baseline

- Spoke with parents, sibling, limited communication with extended family, particularly adults
- Spoke with limited number of same-age peers, in neighborhood park but not at school or home in previous community
- Family started treatment via distance specialized provider summer of 2016

School Intervention

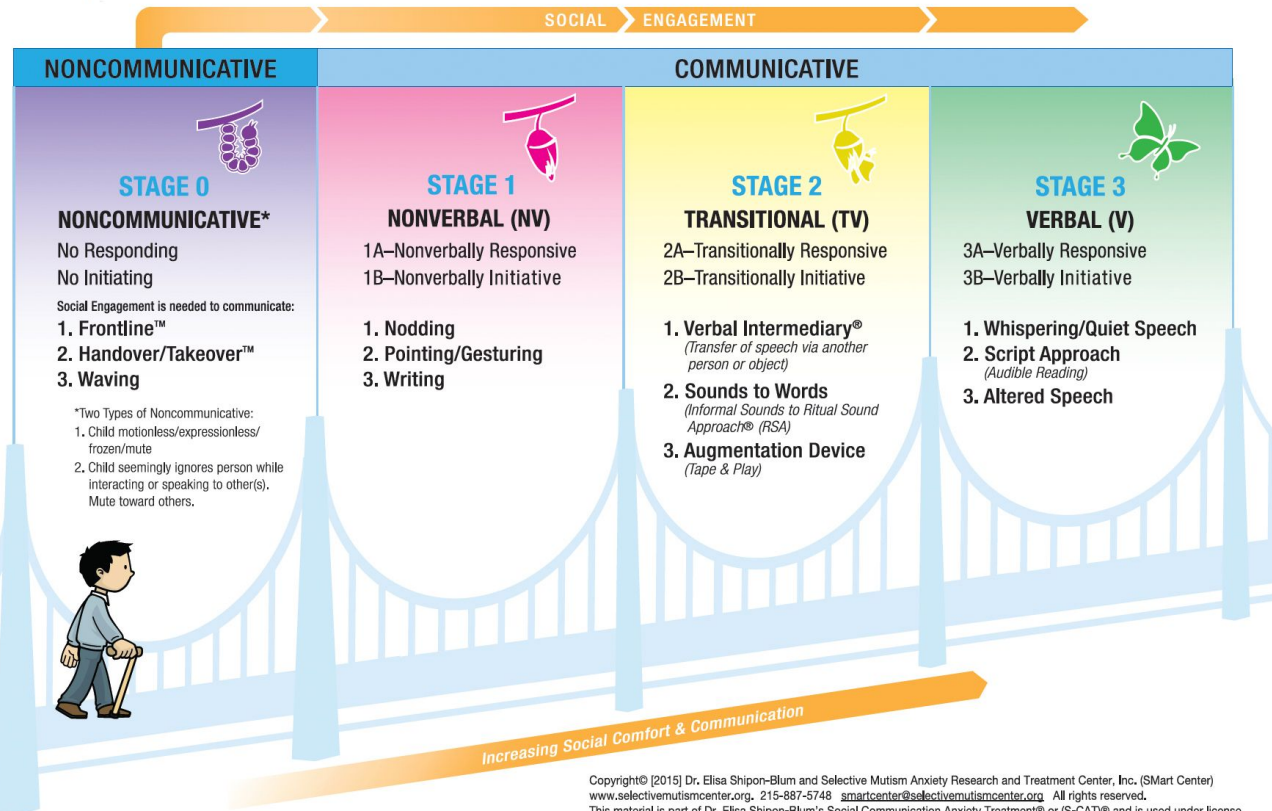
- Trusting relationships - KEY
 - Cognitive - behavioral approach
 - Graduated exposure to feared stimuli that desensitizes the child so he/she can habituate to his/her fear
 - Adults use prompting, monitoring and reinforcement
 - Shape behavior via modeling, corrective feedback and contingent reinforcement
 - Systematic, collaborative, intensive treatment
-



The Social Communication Bridge®

Used with Social Communication Anxiety Treatment® or S-CAT®

Used in the treatment of Selective Mutism, Social Anxiety, Shyness,
and Related Social Communication Issues



Summer prior to 3rd grade

- Met with parents, reviewed report(s) from outside provider
- Allowed parents to come into school multiple times prior to 1st day
- Private time for supply drop off & 1-on-1 interview
- Parent provided “All about student” sheet

Semester 1 - 3rd Grade Classroom

- Remove pressure to speak aloud - critical
- Treat like any other student, include in all activities, even if may not participate
- Addressing entire grade, address misconceptions
- Growth mindset focus classroom
- Incremental interviews - classroom teacher, parent & student
- Started small group with teacher, student & two peers

Semester 2 - 3rd Grade

- School counselor takes over small group
- Math flashcards
- Phonics flashcards - use of tube
- Sight words flashcards - tracking chart
- Use of classroom level readers - 1 word, 2 words - work up to phrases then sentences
- Use of silly voices
- Cognitive Behavioral anxiety program w/ school counselor in individual sessions

Semester 2 - 3rd Grade continued

- Classroom teacher led a small group
- Teacher joined small group
- Added use of game to small group
- Held group in semi-public setting
- Recorded student reading story
- Students shared story with small group
- Included next grade teacher in last group mtg.

Summer Prior to 4th Grade

- Informal interactions between school counselor and student in community during the summer
- Student helped public librarian
- School counselor facilitated game between librarian and student
- School counselor facilitated game between principal and student
- School counselor facilitated meeting between new teacher and student

Semester 1 - 4th Grade

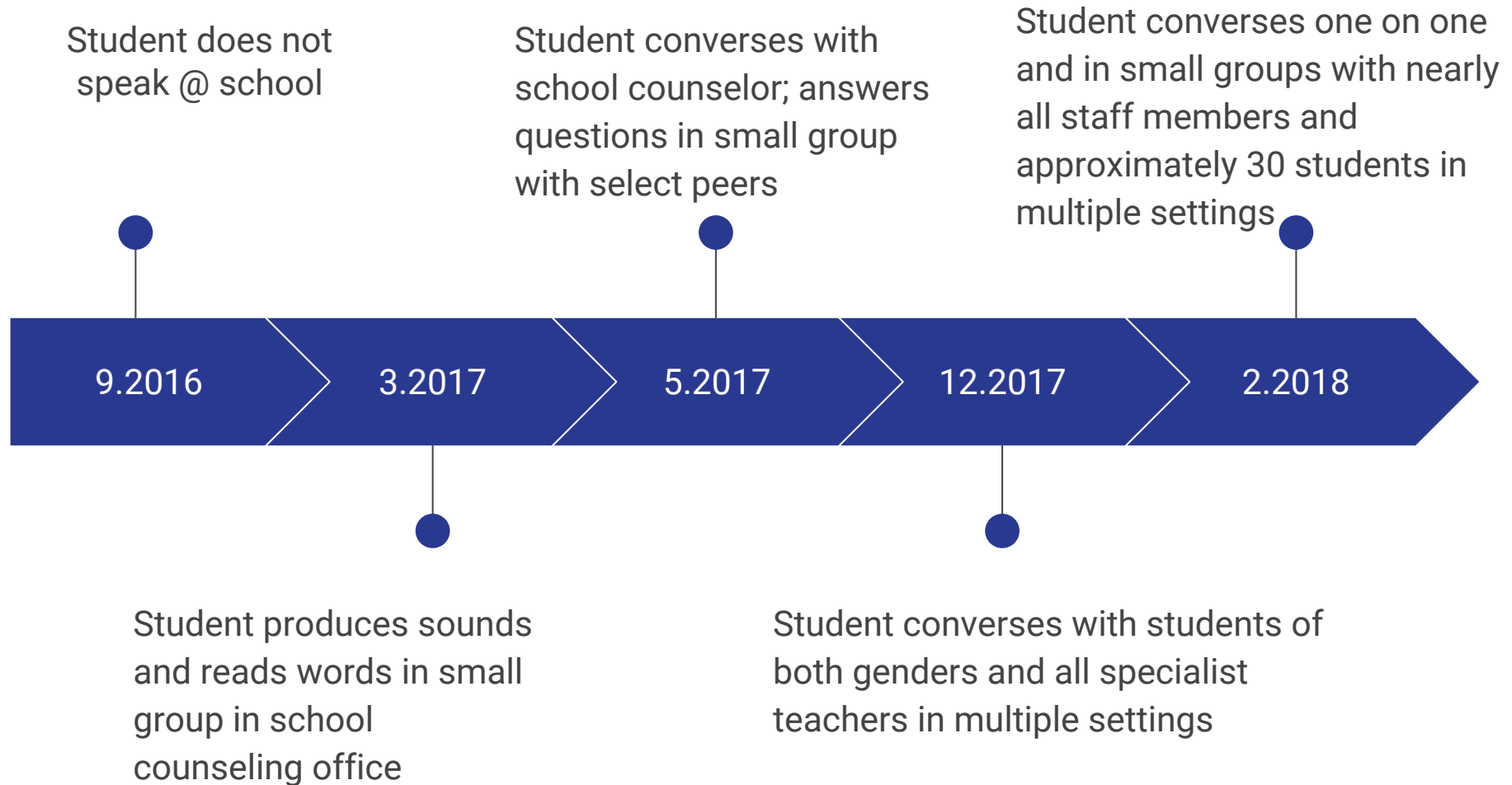
- Goal setting - individual sessions w/ school counselor
- Weekly small group - alternate between new student/new staff member
- Conversation/game format
- Small group sessions sometimes held in classroom
- Playdates with small group members
- Non-adult facilitated conversations w/ non group members

Semester 1 - 4th Grade continued

- Cognitive Behavioral social anxiety program w/school counselor in individual sessions
- Added opposite gender students to group
- Student started using e-mail to communicate with staff
- Student whispers to other students to respond in class
- Student will participate in partner work in classroom

Semester 2 - 4th Grade

- Expanding small groups to include additional peers from other 4th grade classes
- Expanding small groups to include students in other grades that participate in same extracurricular
- Expanding small groups to include 5th grade teachers
- Communication in small group in classroom
- Communication in large group in classroom



Impact

... beyond the target student

Grade Level	Group Topic	ASCA Domain and Mindsets & Behaviors Standard(s)	Projected Start/End	Process Data (# of Students affected)	Perception Data	Outcome Data (Achievement, attendance and/or behavior data)	Implications
3	Communication & Peer Relationships	<p>Academic Domain Social/</p> <p>Emotional Domain</p> <p>Standards: M1, M2, M3 B-SMS 6 B-SS 1 B-SS 2 B-SS 3 B-SS 4</p>	2.13.2017 - 6.13.2017	5	<p>Teacher & Parent report: Target student did not speak with any classmates nor staff members besides the School Counselor</p> <p>At the end of the group the target student was speaking to 4 classmates and 2 additional staff members</p>	<p>Behavior: 4 Behavioral Referrals for members of the group during the 2016-2017 school year prior to the start of the group. 0 Behavioral Referrals after the initiation of the group 100% decrease in Behavioral Referrals</p> <p>Achievement: Participants in the group had a 33% improvement in grades</p>	<p>This group was successful in allowing a new student with selective mutism develop relationships and the ability to communicate with several peers and additional adults in the school setting.</p> <p>The other participants improved their social skills, including their ability to have empathy for a classmate who struggles with communication.</p> <p>As an added benefit participating students improved their academic performance and decreased their behavioral referrals.</p>

Do

- Include student in activities & hold to participation expectations (modified)
- Use open-ended & forced-choice questions
- Give lots of wait time
- Prompt through an intermediary
- Reflect communication and/or behavior
- Acknowledge non-verbal responses
- Praise for brave
- Play - release endorphins vs cortisol

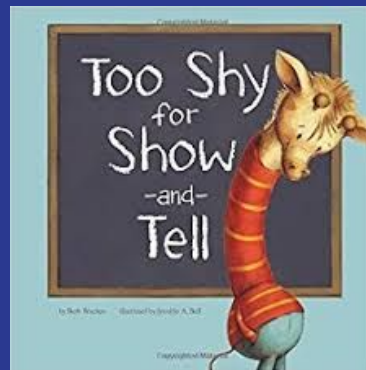
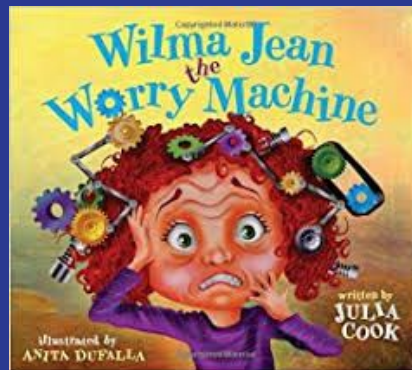
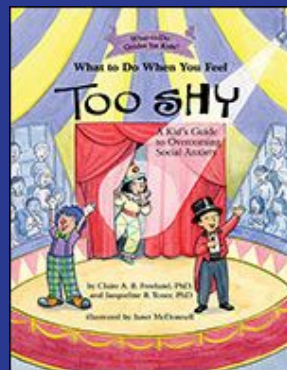
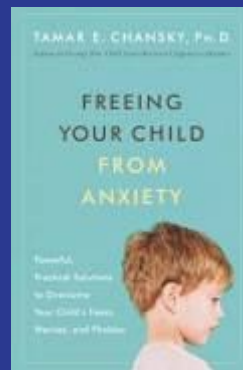
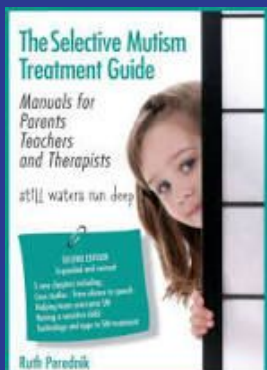
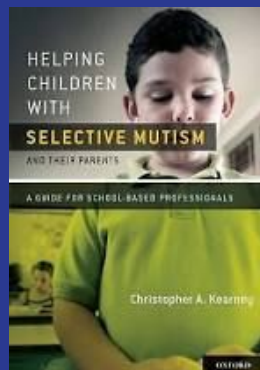
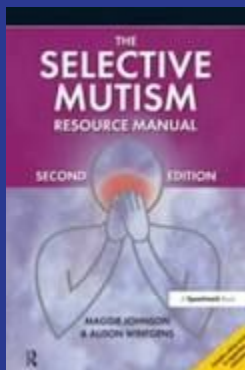
Don't

- Ask yes/no questions - once verbal
 - Enable
 - Show disappointment
 - Mind read
 - Be negative
 - End an interaction with a “failure” to communicate - end with “success”
-

Plans for the future

- Professional development for all staff on anxiety, communication apprehension & selective mutism
 - School counselor to participate in additional specialized training and camp for children with SM
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Resources



Resources

<https://www.youtube.com/watch?v=QOYwGjl4vVw>



https://www.youtube.com/watch?time_continue=3&v=36vRzTcviQA



https://www.youtube.com/watch?time_continue=7&v=tAkIXpykB5U



<https://www.youtube.com/watch?v=APTpq8sXWe0>



<https://www.youtube.com/watch?v=WzlhqoLZwNw&t=1s>



<https://www.youtube.com/watch?v=7Xl2ZIWobUM>





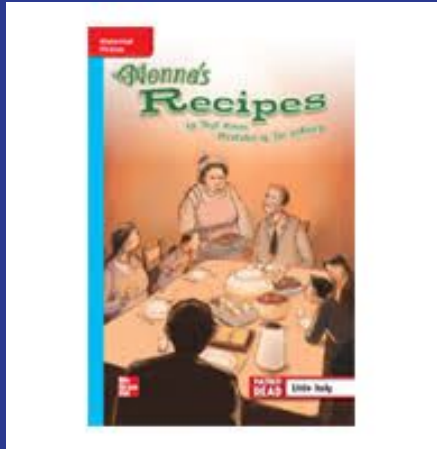
Websites:

<https://selectivemutismcenter.org/whatisselectivemutism/>

<https://childmind.org/topics/disorders/selective-mutism/>

https://www.youtube.com/watch?v=C_qeJWkkwHU

Resources



Questions - Comments

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Thank You!