

# Speaking up: Supporting Students with Selective Mutism

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# WHO WE ARE

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# AGENDA

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- ▣ Definitions, prevalence, and what research says about Selective Mutism
- ▣ How can we support and advocate for students with Selective Mutism...
  - ...as school psychologists
  - ...in schools
  - ...using CBT

# Understanding Selective Mutism (SM)



# What is Selective Mutism?

- ❑ Consistent failure to speak in specific social situations where there is an expectation for speaking, despite speaking in other situations
- ❑ The disturbance interferes with educational or occupational achievement or with social communication
- ❑ The duration of the disturbance is at least 1 month
- ❑ The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation
- ❑ The disturbance is not better accounted for by a communication disorder & does not occur exclusively during the course of ASD, Schizophrenia, or another psychotic disorder

# SM Prevalence & Background

- Clinical and school samples: **0.03%-1%**
- Prevalence .71%
- (16 / 2,256) kindergarten, first, & second-grade teachers
- Generalized social phobia occurred in 37% of a sample of 140 parents/caregivers with children diagnosed with SM vs 14.1% of 62 control group

Bergman and colleagues (2002)

- **What about COVID-19?**

# MYTHS about SM

SM is caused by trauma or abuse

1

Children are simply being manipulative, stubborn, & oppositional

3

Children with SM can speak if adults make clearer demands

5

“SM is a form of autism”

7

Children are simply shy and will “grow out of it”

2

Families are socially isolated or “dysfunctional”

4

ALL children with SM have a speech problem

6

# undeniable Impact

- Heightened anxiety
- Social skill deficits
- Delay in academic and school functioning
- Further developmental impact
- Think “ecological...”





# Assessing SM

## Observations

- ▣ Interactions with others (peers, teachers)
- ▣ Interactions with surrounding environment
- ▣ Other possible emotional factors

## Questionnaires

- ▣ Selective mutism questionnaire
- ▣ Completed by caregivers
- ▣ Who does the child speak to, where, and when
- ▣ Other helpful worksheets



# How to support students with SM



# Supports in Schools

- ▣ Early identification and prevention for at-risk students
- ▣ Providing caregivers & teacher information
  - Increases awareness
- ▣ Anxiety screenings
- ▣ Home-school communication
- ▣ School-wide & classroom oral communication strategies
- ▣ Preparation for school readiness
- ▣ Group Therapy

# Cognitive + Behavioral Strategies

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- ▣ Contingency management
- ▣ Shaping
- ▣ Communication Ladders
- ▣ Systematic desensitization
  - Relaxation training,
  - Developing a fear hierarchy, &
  - Exposure (vitro vs vivo)
- ▣ Teaching coping skills (i.e. breathing techniques)
- ▣ Social skills training
- ▣ Minimizing escape & avoidance
- ▣ Challenge maladaptive beliefs
- ▣ Self-modeling
- ▣ Stimulus fading

### Easiest, starting steps

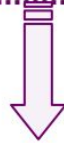
- Non-verbal communication (gestures, writing, email, facebook)
- Whispering to close family
- Speaking to others through parent

### Middle steps

- Whispering to teacher or classmates
- Speaking in normal tone with yes or no responses

### Hardest steps

- Conversations with anyone in full sentences



# Starting Treatment

- ❑ Let them know that you know talking is scary & that you are there to help them
- ❑ Educate kids, caregivers, teachers, etc.
- ❑ Teach simple relaxation techniques
- ❑ Remember to ALWAYS progress monitor & adjust

# Treatment: Phase I

- ▣ Alter the environment that may be reinforcing the non-speaking
  - Maintain expectations for speaking
  - Stop other children & caregivers from talking for the student
  - Avoid yes/no questions
  - Stop talking to the student about talking
- ▣ Normalize the environment & provide opportunities for speaking
  - Allow time to respond
  - Minimize task demands
  - Small groups, lunch bunch, talking games, etc.

# Treatment: Phase 2

- ▣ Shaping verbal responses
- ▣ Teaching alternative competing responses
  - i.e. relaxation or social skills
- ▣ Systematic desensitization & stimulus-fading





# Helpful Reminders

- SM is a learned behavior - similar to social phobia
- Always accept nonverbal communication for the bathroom, illness, or food
- Meet the student & their family where they are at
- Engage in home-school communication
- Be consistent! & progress monitor
- Be ready for a possible extinction burst
  - Some kids may act out

## Do ...

- ❑ Understand that it is not a “choice”
- ❑ Give them time to speak
- ❑ Describe their behavior & praise effort
- ❑ Work with the family
- ❑ Remember it is a gradual process that needs consistency

## Don't ...

- ❑ Assume defiance
- ❑ Force speaking
- ❑ Punish them for not speaking
- ❑ Ask too many questions
- ❑ Criticize
- ❑ Ignore the child
- ❑ Tell others, “They don’t talk”
- ❑ Give up

# School Psychologists!

- ▣ CASP & NASP - School Psych are crucial in supporting mental health needs of students
- ▣ Kids with SM are often first noticed in schools
- ▣ Remain up-to-date on research
- ▣ Advocate for students
- ▣ Implementing prevention at the universal level
- ▣ Work alongside teachers, caregivers, speech pathologists, & other support staff
  - Consultation for classroom & home-based strategies
- ▣ Providing more focused interventions for children at-risk for SM

Resources!



# Questions?

- ▣ Current cases?
- ▣ Questions about assessment?
- ▣ Questions about treatment?

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