

## Behavioral Interventions with Selectively Mute Students: Strategies & Symptom Severity

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## Selective Mutism

- Characterized by a refusal to speak in select social settings (e.g., school), despite the ability to speak in other settings in which child feels comfortable and secure (e.g., home)

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## Selective Mutism...

- Extent to which the child speaks in different contexts varies greatly
- The child often does not speak loudly in public
- There usually is a hierarchy of people with whom the child speaks

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## Severity of Symptoms

- A continuum of severity
  - Mild
  - Moderate
  - Moderately severe
  - Severe

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## Mild SM

- Child communicates with family and a select group of friends
- Child may use nonfluent language with gestures in settings in which s/he is less comfortable

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## Moderate SM

- Child vocalizes using sounds but not words

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## Moderately Severe SM

- Child communicates using nonverbal communication (e.g., gestures, head nod)

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## Severe SM

- Child is nonverbal and does not use nonverbal communication

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## The SM Child

- Some children may manifest noncompliant, manipulative behavior
  - Considered secondary to anxiety
- Some SM cases also exhibit obsessive compulsive disorder (OCD)

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## The SM Child...

- The majority of cases "outgrow" the disorder
  - But shyness and anxiety may persist
  - Can last several years
- However, some children do not "outgrow" disorder and develop social phobia if left untreated

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## Classroom Implications

- Inability to speak interferes with ability to function in the classroom setting
- Social interaction with peers and adults is impacted
- Frustrating teacher-student relationship

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## Typical School Behaviors

- Mutism
- Standing or sitting motionless and expressionless (when anxious)
- Staring into space when asked a question
- Heightened sensitivity to sensory input, including crowds
- Difficulty with social routines involving expressive language

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## Typical School Behaviors...

- Difficulty with eye contact (when anxious)
- Being the center of attention is incredibly difficult for children with SM
- They feel as if they are the "center" at all times

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## Typical School Behaviors...

- If left untreated, SM can lead to other problems, including low self-esteem, school phobia, among others

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## SM Children in School

- May feel as if they are onstage almost all the time
- May have significant physical problems that accompany the anxiety
  - Headaches, stomachaches, dizziness
  - Nausea, diarrhea, complaints of joint pain

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## School-Based Behavioral Intervention Plan

- System for nonverbal communication
- System for reinforcement
- Contingency Management
- Shaping
- Stimulus Fading
- Systematic desensitization

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## System for Nonverbal Communication

- Use of gestures, cards, symbols for child to communicate needs
- Recommended at the beginning
- First step in communication
- Increases a sense of comfort
- As the child progresses through treatment and anxiety is lowered, gradual weaning from nonverbal communication should be encouraged

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## Social Consequences of Nonverbal Communication

- SM children are infantilized by peers
- SM children are ignored

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## Reinforcement Lists

- Develop a list of reinforcements in conjunction with parent and teacher
- Token economy
  - Points or stickers can be traded in for rewards

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## Contingency Management

- Reward child for communicative behavior
  - Initially reward nonverbal behavior, including mouth movements
  - Later reinforce whispered responses and ultimately true speech

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## Up the Ante

- Once the child has gained confidence, the difficulty of the desired behavior can be increased

### BUT...

- Rushing progress will only backfire, as the SM child might regress

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## Up the Ante...

- Ignoring other than verbal responses should begin when child has spoken to a given individual (e.g., therapist) several times over a period of at least a week to ensure that s/he feels safe using words

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## Note:

- Be cautious about the exuberance of praise given to child
- Avoid making a public spectacle of him/her

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## Shaping

- A slow, gradual process
- Involves reinforcement of successive approximations of communicative behaviors until true speech is achieved

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## Shaping

### Example:

- Raising one's hand
- Mouthing a word
- Whispering to teacher
- Speaking in an increasingly louder voice

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## Loudness of Voice

1 2 3 4 5

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## Stimulus Fading

- Once child feels comfortable speaking in one environment, then an attempt is made to generalize speech to other individuals or environments
- Can begin only when child has begun talking

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## Systematic Desensitization in the Classroom

- 1:1
  - 1:2
  - Small groups
  - Increasingly larger groups
- Remember: Reinforce without drawing too much attention to talking; otherwise, child might regress

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## Facilitating Toileting At School

- Bathroom buddy
- Scheduled bathroom times
- An object to indicate need "to go"
- Hand signals
- Written notes or drawings

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## Facilitating Eating At School

- Children with SM may be embarrassed eating in front of others
  - Strategies:
    - Small groups at lunch tables
    - Sitting with just 1 or 2 children
    - If refuse to eat, perhaps eating alone
- \*This is due to anxiety not defiance

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## Facilitating Recess

- For the anxious child, recess can fuel anxiety
  - Fear of embarrassment (e.g., falling, being left out of the group)
- When child seems sad or withdrawn, teacher can interact with child on the playground
- Teacher can organize a small group, making sure not to heighten child's anxiety

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## Counseling Services

- Necessary component of intervention
- School-based counseling
  - Critical for it to occur within the feared setting
  - Individual counseling
  - Group counseling (eventually)
- Private counseling

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## Longitudinal Study

- Implementation of a school-based behavioral intervention plan using a consultation approach
  - Elizalde-Utnick's (2003) 2-prong approach
    1. Contingency management
    2. Exposure-based techniques

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## Goals of Plan

1. Decrease child's anxiety associated with speaking
2. Increase child's nonverbal communication
3. Increase child's social interaction
4. Increase child's verbal communication

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## General Research Plan

- PHASE 1: *Positive Reinforcement* of nonverbal, communicative behavior & *Desensitization* in classroom
- PHASE 2: *Shaping* of verbal, communicative responses & *Desensitization* in classroom
- PHASE 3: *Stimulus fading*

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## Participants (N=12)

- Preschool sample (N=4)
- School-age sample (N=6)
- Long-term SM sample (N=2)

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## Preschool Sample

- Two preschoolers entered study in Fall 2005; currently in 1<sup>st</sup> grade
- Two preschoolers entered in Fall 2006; one in 3-year-old program, and one in pre-K

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## School-Age Sample

- Two kindergarteners entered study in Fall 2005; currently in 2<sup>nd</sup> grade
- Three 2<sup>nd</sup> graders entered study in Fall 2005; currently in 4<sup>th</sup> grade
- One 1<sup>st</sup> grader entered study in Fall 2006 (ELL); currently in 2<sup>nd</sup> grade

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## Long-Term Sample

- One 4<sup>th</sup> grader entered study in January 2006 (SM since pre-k); currently in 6<sup>th</sup> grade
- One 5<sup>th</sup> grader entered study in January 2006 (SM since pre-k); currently in 7<sup>th</sup> grade
- Both students are ELLs

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## Procedure

- Once referral is made, a meeting is scheduled with the parents to discuss study and obtain informed consent
- Once consent is obtained, a meeting is scheduled with parents and school team

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## Initial Meeting with Team

- Degree of selective mutism is discussed by parents and teacher (and other providers involved)
  - Parents and team are provided with "key pointers" for working with SM children

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## Key Pointers

- Do not emphasize verbal performance
- Do not coerce child to speak; it will increase anxiety
- Ignore the selective mutism; do not bring attention to it
- Work on increasing trust and comfort
- Positively reinforce when child speaks or responds nonverbally without drawing direct attention to the speaking per se
- Treat child as normally as possible
- Use visual aides

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## Key Pointers...

- Make sure that there are “safe havens”
  - Manipulatives (e.g., legos, puzzles, blocks, playdough)
  - Allow for child to pursue an activity without asking for help from anyone else or having to negotiate play with other children
  - This way, child can move into the rest of the classroom activities when ready

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## Key Pointers...

- Encourage small-group settings, rather than large-group discussions
- Place child's desk next to child or children with whom s/he feels most comfortable
- Emphasize creativity and artistic expression within the classroom and in all subject areas
- Assign a partner if necessary

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## Key Pointers...

- Rushing progress will only backfire, as the selectively mute child might regress
- Ignoring other than verbal responses should begin only when child has spoken to a given individual (e.g., therapist) several times over a period of at least a week to ensure that s/he feels safe using words
- Be cautious about the exuberance of praise given to child; avoid making a public spectacle of him/her

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## Key Pointers...

- Direct questioning is often difficult and fuels anxiety
- Be patient, speak slowly, and repeat questioning, if necessary
- Allow for adequate time for verbal and nonverbal responses
- Timed tasks should not be emphasized
- Anxious children do not do well with unexpected changes

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## Key Pointers...

- Create a system for nonverbal communication (e.g., gestures, cards, symbols)
  - Recommended at the beginning – to allow the child to communicate
  - First step in communication
  - Increases a sense of comfort
  - Not used to enable the selective mutism
  - As the child progresses through treatment and anxiety is lowered, gradual weaning from nonverbal communication should be encouraged

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## Key Pointers...

- Involve child in peer-group activities
- Play nonverbal games
- Organize activities that encourage social skills
- Implement small-group activities
- 1:1 time with child before and after school
- Preview lessons to increase confidence and lessen anxiety

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## Initial Meeting with Team

- Once “key pointers” are discussed, the study’s parameters are discussed and decided upon as a team
  - Teacher describes her/his classroom management strategies
    - SM child is discussed further and plan is articulated so as to apply teacher’s management plan to child

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## Initial Meeting...

- Response hierarchy is created
  - Example
    1. Nod yes/no
    2. Whisper single word
    3. Whisper multiple words
    4. Speak in increasingly louder voice, as per voice chart

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## Voice Chart

1 2 3 4 5

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## Initial Meeting...

- Desensitization plan is outlined
  - Example
    1. 1:1
    2. 2:1
    3. Small group
    4. Increasingly larger groups

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## Initial Meeting...

- Determine whether or not videotape will be used
  - Parental consent
  - Child’s assent

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## Initial Meeting...

- Determine
  - Toileting plan
  - Eating plan
  - Recess plan

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## Data Collection

- Pre-post measures
  - Child Behavior Checklist (Achenbach, 2001)
  - Selective Mutism Questionnaire (Bergman et al., 2002)
- Ongoing ratings of communicative behavior
  - Daily Communication Log
    - Nonverbal behavior
      - Vocalizations
      - Verbalizations (1 – 2 – 3 – 4 – 5)
      - Overall mood

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## Daily Communication Log

### TODAY'S NONVERBAL BEHAVIOR:

1. Eye contact when spoken to:  never  sometimes  mostly  always
2. Eye contact when "requesting":  never  sometimes  mostly  always
3. Pointed to communicate:  never  sometimes  mostly  always
4. Pulled others to communicate:  never  sometimes  mostly  always
5. Followed directions:  never  sometimes  mostly  always

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## Daily Communication Log...

### TODAY'S VOCALIZATIONS:

1. Grunted:  never  sometimes  mostly  always
2. Sighed:  never  sometimes  mostly  always
3. Laughed:  never  sometimes  mostly  always
4. Other (Specify: \_\_\_\_\_):  never  sometimes  mostly  always

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## Daily Communication Log...

### TODAY'S VERBALIZATIONS:

Using the following scale, rate the level of verbal response(s):

1 ---- 2 ---- 3 ---- 4 ---- 5

1 = whisper, 2 = low voice, 3 = regular voice, 4 = loud voice, 5 = shouting

Level(s) of Response (indicate all that occurred today): \_\_\_\_\_

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## Daily Communication Log...

TODAY'S OVERALL MOOD:  anxious  shy  happy  other: specify \_\_\_\_

COMMENTS:

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## Monthly Meetings

- Discuss progress
- Fine-tune behavior plan; set goals for up-coming month
- Collect daily communication logs
- Observe child in classroom, as needed

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## Results

- Decrease in severity of symptoms
  - Pre1: Moderate → no longer SM
  - Pre2: Severe → no longer SM
  - Pre3: Severe → Mild
  - Pre4: Moderate → no longer SM

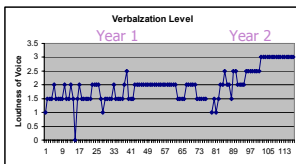
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## Results...

- Decrease in severity of symptoms...
  - SA1: Mild → No longer SM with teacher
  - SA2: Moderately Severe → no longer SM
  - SA3: Moderately Severe → mild overall (speaks to certain people)
  - SA4: Moderately Severe → Moderate
  - SA5: Mild → no longer SM
  - SA6: Severe → Mild

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## SA1 – Loudness of Voice



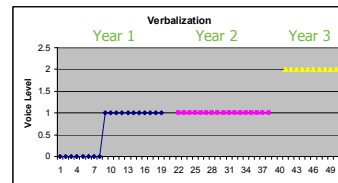
Year 3  
Follow-Up  
"3" voice  
continues

- 0 = no voice
- 1 = whispered response
- 2 = low voice
- 3 = regular voice

\*Uses "3" voice  
primarily with teacher

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## SA2 – Loudness of Voice

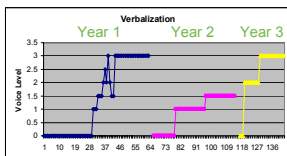


- 0 = no voice
- 1 = whispered response
- 2 = low voice

Year 2: Spoke  
about feelings of  
fear to teacher

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## SA3 – Loudness of Voice



- 0 = no voice
- 1 = whispered response
- 2 = low voice
- 3 = regular voice

• Graph reflects data with  
teachers in *other room*  
(during small-group work)

• Since Year 1, Child speaks  
in full voice with speech  
therapist

• Child refuses to speak  
with counselor

\*Year 2 teacher resisted  
pulling child out of  
classroom for instruction  
Year 1 & 3: Same teacher

Year 3: Video introduced to generalize  
speaking to larger audience

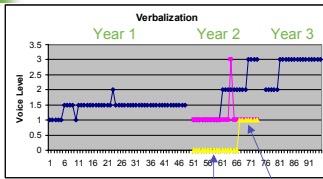
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## SA4

- Resistant to behavioral intervention
  - Refuses to speak
- Recently agreed to taping self at home
- However, gains present
  - Vocalizes
    - Grunts, laughs aloud
  - Communicates through writing
  - In counseling, beginning to engage in "dialogue"

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## SA5 – Loudness of Voice



**Year 1** - female teacher:  
Speaking only with females (teacher/peers)

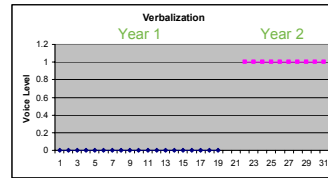
**Year 2** - male teacher:  
Blue line → informal communication with teacher  
Pink line → academic communication  
Yellow line → communication in reading group

**Year 3** - female teacher:  
communication with all

- 0 = no voice
- 1 = whispered response
- 2 = low voice
- 3 = regular voice

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## SA6 – Loudness of Voice

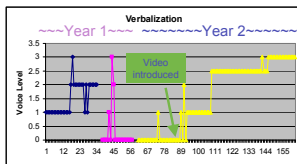


**Year 1** - resisted all sounds; covered smiles; gestured  
**Year 2** - whispers 1- to 3-word utterances

- 0 = no voice
  - 1 = whispered response
- Resists video tapes
  - Much underlying anger

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## PRE1 – Loudness of Voice



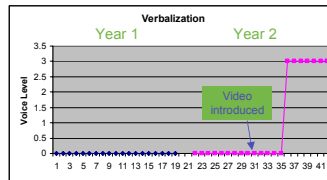
**Year 1** = Pre-K  
**Year 2** = K  
**Year 3** Follow-Up:  
"3" voice continues

- 0 = no voice
- 1 = whispered response
- 2 = low voice
- 3 = regular voice

School 1: Research plan implemented  
School 2: No demands placed  
School 3: Research plan implemented

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## PRE2 – Loudness of Voice



**Year 1** = Pre-K  
Very flat affect  
**Year 2** = K  
Smiling; Full voice suddenly appeared; video instrumental

- 0 = no voice
- 1 = whispered response
- 2 = low voice
- 3 = regular voice

**Year 3** Follow-Up:  
"3" voice continues

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## Use of Video

- Types of home video samples
  - Natural behavior (e.g., talking with siblings)
  - Reading a book
  - Speaking to teacher (social language)
  - Speaking to teacher re: academic task

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## Use of Video...

- Shaping procedure
  - Teacher watches video alone
  - Teacher and child watch video together
  - Teacher, child, and 1 peer
  - Increasingly larger group

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## Proceed with Caution!

- The use of video can backfire
- Child must be in agreement
- Video is used to jumpstart speaking; but child should have a good relationship with teacher/therapist



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## Interpretative Considerations

- Willingness of teacher to carry out plan and differentiate instruction
- Change in teachers across academic years
- Severity of selective mutism
- Level of service delivery
  - General ed vs. special ed
  - Counseling
- Developmental level
- Parental follow-through and parental anxiety level

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## References

- Bergman, R.L., Piacentini, J., McCracken, J.T. (2002). Prevalence and description of selective mutism in a school-based sample. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*(8), 938-946.
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- Elizalde-Utnick, G. (2003, April). *Selective mutism and English language learners*. Paper presented at the meeting of the Long Island ESOL Conference, Rockville Centre, NY.

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## Further Reading

- Elizalde-Utnick, G. (2007). Young selectively mute English language learners: School-based intervention strategies. *Journal of Early Childhood and Infant Psychology, 3*, 141-161.

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