SANA Selective Mutism WA

Situational/Selective Mutism

Presented by:
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Agenda

- What is Selective Mutism and what causes it
- How to differentiate SM from shyness and other conditions
- Strategies and games for therapy sessions.
- Typical therapy approaches and supports to seek





What Makes Me Less Likely to Speak Sometimes?

- . I'm worried I will say the wrong thing
- I'm not confident with the topic I don't want to get involved
- . I'm too tired to speak
- I'm feeling too emotional Someone has annoyed me and I don't feel like talking to them
- I'm embarrassed about my speech
- I can't think of anything to say
- I don't want to look stupid
- No matter how much I want to talk the words won't come out, it's like they are stuck in my throat

Activity taken from Maggie Johnson training 2022.

Children with SM

- Want to speak but are unable to it is not a choice Have a clear discrepancy in their ability to speak in some :
- environments vs others
- Are afraid of others hearing their voice and/or consequences of not . Speaking Can be hyper-vigilant and wary of getting things wrong or
- situations that trigger fear
- Can have anxiety that extends beyond just speaking e.g. writing, eating, sleeping, independence
- Silence is compounding and impacts peer interactions, achievements and self-esteem

SM looks very different in different children. There is a large variety in: Levels of social comfort •

- Level of non verbal communication
- Levels of verbal communication
- Who a child can talk to •
- . Where a child can talk



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Hallmarks Unique to SM

- A consistent pattern of not speaking. • Unable to do a preferred verbal activity with
- someone they know well. A sudden cessation of speech or lowering voice as someone from outside their comfort zone
- approaches.
- A frozen facial expression when they sense expectation to speak. A report that they want to speak but cant -
- something is stuck in their throat.
- Complete silence with some people unable to vocalise at all.

Prevalence and Population

 Prevalence ranges according to age and studies - 1 in 1000 to 1 in 140.

Profile:

- Onset 3-5years of age.
- More prevalent in multilingual families
- More common in girls (2:1)
- \blacktriangleright Speech and language delay/disorder common in up to $\frac{1}{2}$ population.
- Discrepancy in behaviour at home vs education/care settings

Children do NOT grow out of SM

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Assessment

Standard Assessment

- Case History
- > SMQ or Frankfurt Scale for the Assessment of Selective Mutism
- School/home reports of speaking patterns
- Communication skills screen and general learning levels academic and health reports

Extended Assessment

- In depth language assessment
- Functional assessment (COPM), Sensory Profile, Motor Assessment
- Emotions/behaviour
- Cognitive assessment
- Visual representations drawings, talking map, scaling



SM	Shyness	Autism	Social Anxiety Disorder
 Freeze/intense fear Invisible threshold for speaking Two different personalities Pattern of speaking is person dependent Automatic/phobic response without conscious thought Commonly associated with social anxiety. Complex mental health/anxiety disorder 	Tend to warm up to talking Not impacting day-to-day functioning Generally able to speak verbally with those they know well. Personality trait	Amount of speech related to individual communicative profile - variable according to topic, speaker skills, processing skills, sensory or emotional overload Maybe more able to speak about topic of interest Can co-occur with SM	More generalised anxiety with non- speech tasks Fear of being negatively judged that is out of proportion with reality Fear the consequences of speaking Commonly co- occurs with SM



Low Profile Selective Mutism: What it looks like

- Infrequently initiate speech and unable to engage in reciprocally conversations except with close family/friends.
- Pattern of minimal responses e.g. single words, short phrases often at lower volume/with less eye contact.
- Strong desire to be compliant, fearful of getting things wrong/making mistakes.
- Maybe able to be pressured into speaking despite still feeling uncomfortable.
- Considered shy, then develops into high profile SM over time. (DSM-5, 2013)



Intervention Focus

- Share information create understanding of the fear basis
- Target maintaining factors in the environment
- Small steps programme (informal and/or formal)
- Multidisciplinary referrals
- Wider emotional and social supports

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OT Supports

- Regulation interoception, linking feelings and emotions, tools
- Retained primitive reflexes
- Sensory needs
- Emotion coaching
- Accommodations and equipment home/school
- Toileting
- Sleep
- DIR Floortime
- Task Analysis small steps
- Graded exposure



Try	Avoid	
 Establish rapport first - use their interests and humour to develop a special relationship. Reassure them that they will not need to speak with you until they feel ready to. Accept non verbal means of commenting and making requests Change questions so that they can be answered with non verbals/visuals. Avert eye gaze and brush over social conventions - hello/goodbye, manners - continue to greet and move on. Anticipate requests so that the child doesn't need to ask e.g. drinks, toilet, need for help. Visit the child at home first. 	 Putting the child on the spot to answer questions. Discuss the non-speaking with parent in front of the child. Confuse a stern or aloof look with glaring/disinterest. Ask them why they are not speaking. Beg, bribe or trick the child into speaking. Work on eye contact as a goal. Penalise the child for not speaking or speaking to quietly. Prompt social conventions "hello/goodbye/please/thank you". Make a big fuss when the child does speak. 	

Strategies for th	Avoid
 Use commentary style speech and rhetorical questions I wonder if (choices). "that's a big tower isn't it", "I like how you have", "we always do this don't we" Use humour - make mistakes and show that it's ok Encourage speaking through a peer/parent - "tell mum which one you like the best and I'll come back in a minute", "Mum could you ask Jonny which character he likes best". Use movement - obstacle courses, treasure hunts, movement games - Red Light Green Light, What Time is it Mr Wolf. Visit the child at home first. 	 Take it personally if the child can't answer. Be surprised if the child looks confused or perseverates. Jump into spoken activities without warm up time. Expect the child to stretch speaking to others in the absence of graded exposure. Change more than one thing at a time e.g., person, place, activity.











The SMWA Handout Pack

This 13 handout pack provides the key ingredients for getting started with a programme targeting speech confidence skills. Each handout is a resource within itself and can be shared with teaching staff, therapists and family members alike to give them easily digestible information on the key strategies that your child needs.

- The handouts include: Selective Mutism summary and Do's and Don'ts Assessment forms including comfort logs and confident speaking log General Guidelines for Sliding-in *(Johnson and Wintgins, 2016)* Coal hierarchy examples for informal and formal Sliding-in *(Johnson and Wintgins, 2016)*
- 2016) Selective Mutism Therapy Games Reward Ladder and Ideas Talking to a child about their speech anxiety Transition Planning

- To purchase this handout pack for only \$20.00 AUD follow the link Order forms and handouts I solution muticm up (solutionmuticmus com)

Useful Resources

The Selective Mutism Resource Manual (Johnson and Wintgins) Speechmark Publishing 2016 ($2^{\rm nd}$ edition)

Information for Professionals - SMIRA (selectivemutism.org.uk) – The Sliding-In technique and progress charts

s/Webinars | selective-mutism-wa (selectivemutismwa.com) - FREE 15 minute information session

Order forms and handouts | selective-mutism-wa (selectivemutismwa.com) – FREE Do's and Don't Handout and The Getting Started Handout Pack.

My Friend Daniel Doesn't Talk (Longon), My Name is Eliza and I Don't Speak at School (Lucy Nathenson)

Situational / Selective Mutism - Autism Understood

www.selectivemutismwa.com

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