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Editors' Comment

Selective mutism refers to selective silence in a child who speaks freely in very familiar situations. Children with selective mutism appear comfortable and talkative with close family members, but become quiet and shy whenever people other than the closest family members are present. Some children avoid eye contact and do not communicate in any form with others. Some refrain from the use of gestures or changes in facial expression. The symptoms serve to reduce the anxiety and protect the child from further anxiety-provoking social interaction. Although rare, selective mutism deserves careful attention because of its persistence and debilitating impact on young children. Obviously, these conditions can have dramatically negative effects on social and educational functioning.

Since its inception, the NYU Child Study Center has focused on assisting children who are socially anxious and selectively mute in social situations. The Co-Directors of our Selective Mutism Treatment and Research Team, Richard Gallagher, Ph.D., and Steven Kurtz, Ph.D., ABPP, have led our practice and research efforts, and their team has developed methods for overcoming the impact of these conditions. The cooperation of teachers and other school personnel has been critical to our efforts to help children who are socially anxious and selectively mute, and this issue of the NYU Child Study Center Letter presents guidelines to insure effective therapist/school/family collaboration.

HSK/AG

Helping Socially Anxious and Selectively Mute Children: Guidelines for Teachers and School Personnel

The Selective Mutism Treatment and Research Team

Richard Gallagher, Ph.D. and Steven Kurtz, Ph.D., ABPP, Co-Directors

Introduction

As a group, the Selective Mutism Treatment and Research Team has had experience with children with selective mutism and social anxiety that goes back nearly 20 years. The NYU Child Study Center, since its inception in 1997, has focused on research and practice with children who are selectively mute and socially anxious. The research team has tried to be creative in understanding these conditions and the methods for overcoming their impact. We have also attempted to critically review our approach to make sure it is based on the most effective methods. In these guidelines we wish to pass along what we have learned and to engage the cooperation of teachers and school personnel in helping children with these problems. Selective mutism and social anxiety usually become apparent in group settings and impair social functioning with peers and with adults outside of the nuclear family. They are often not noted until the child attends a daycare setting or school. Selective mutism and social anxiety impair a child's growth in many areas – social development, social acceptance, and academic achievement.

School Guidelines

Families and children who are affected by these conditions are often indebted to school personnel for recognizing problems and directing parents to

sources of help. We know that school personnel want to be of assistance, so we provide these general ideas as an aid in your interactions with socially anxious children. We believe that the ideas are useful, and we have had success in utilizing these principles with a number of children. However, we also know that our work has not yet received thorough evaluation, so others professionals may present equally useful suggestions for the challenging work of helping selectively mute children use their words.

Our efforts are based on the observation that both discomfort in social situations and selective mutism are the result of a high level of anxiety about the reactions of other people. The anxiety experienced may be part of the child's makeup just as hair color and physical appearance are.

Children vary in the comfort that they experience in new situations and in social situations. These differences can be found even in infancy. We have found that many children with selective mutism worry that they will be laughed at or criticized in some fashion when they speak. Our work helps children overcome their anxiety by teaching them to recognize when anxiety occurs, by gradually expecting children to talk in situations in which they are slightly uncomfortable, and by rewarding children to expand the number of people with whom they talk and the places where they

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talk. We do this by teaching skills to counteract anxiety and by having children practice social interactions in gradually more difficult situations.

Therapy step-by-step

To improve a child's comfort level and help the child speak freely, we have been experimenting with several steps that seem to be effective. First, we set up play and game situations with the child and family members in our clinical setting. We let the child know that we will not interfere and not attempt to hear the child speak at the beginning. We ask parents to present questions and conversational statements and praise the child for speaking in that setting.

Second, we let the child know that we are interested in having the child talk to family members while we gradually move into the vicinity. With care, we very gradually decrease the distance between ourselves and the family group while providing the child with praise and small rewards for continuing to speak even though we are getting closer. Eventually, with careful steps, we put ourselves in the room with the family and child while continuing to reward the child for speaking in front of us.

Finally, we have him speak to us, reward the child for that interaction, and begin the process of bringing in more people and more settings. These steps expand the audience with whom the child is comfortable. We then use ourselves to guide the child to speak in front of and with others while coaching the child in anxiety management strategies.

How school personnel can help

After the child is comfortable with us, we then get ready to take our work on the road so that the child has tasks that help him become comfortable in the neighborhood, school, and other households. We often seek the direct help of teachers and other school staff to facilitate this work.

Each child has an individual plan that

fits his needs, so we cannot tell you exactly what might happen. However, it may be useful to know some of our procedures and consider what approach you might take.

First, as an educator or counselor in the child's educational setting, we ask that you consider several ideas.

- Please be patient with the child. Although he may seem stubborn and willful when refusing to talk, we believe that the refusal simply helps him avoid extremely high levels of anxiety and discomfort. The child is likely to be scared rather than angry or stubborn. In the beginning, we may ask that you wait before you present a high number of requests for him to speak to you or in class in front of others. While we ask you to wait, we are working with the child and the family to get him to speak to us and speak to others in new situations.
- In the meantime, we suggest that you greet the child, talk to her, and sometimes present statements to her for which you would normally expect a response. But, if she does not answer, simply wait a few seconds and move on to another child. In the beginning, please respond to gestures from the child and other ways that she is communicating. However, don't try to guess at what she is intending to "tell" you. Spending a long time in nonverbal interactions may heighten the child's anxiety or diminish the motivation that she has for using words at a later time.
- Please be careful when describing the child. We have found that it is not helpful to talk about a child as being "shy" when the child

does not speak in response to you or others. This description may seem kind, but in fact it leads him and others to believe that the behavior cannot change and that it is part of the child's basic makeup. It is better when the child thinks that the behavior can change. It also helps others recognize that the situation is not going to be permanent.

- Quietly praise the child and provide support when she uses forms of communication that involve reaching out and responding to others. Gestures, nodding of the head, and changes in facial expression can provide the foundation for verbal communication as the child works in therapy. Treatment efforts can build upon these forms of interaction. However, once you have been asked to expect verbal responses, it will be useful to refrain from attending to gestures and non-verbal interactions. The child's therapist is likely to let you know when to require verbal interactions.

School/therapist/family collaboration

When we move into the school setting, we have often used several of the following approaches.

Therapist-based help: The clinician who has been working with the child and family in the therapeutic setting comes to school and works with the child and school personnel.

When using this option, we work to get the child to speak with us in private and gradually introduce teachers and school personnel. We ask teachers to observe the child talking at a distance and gradually bring the teacher into the vicinity of the child and therapist. This process

works in the same way as our work in the clinic as the therapist gradually gets involved in talking with the child.

Family-based help: After being trained in how to help their child relax and speak in new situations, parents or other family member visit with the child in school. The child is expected to speak to the parent in the building when others are not around. Gradually, in small steps, people from school are asked to observe, then listen, then interact with the parent and child. Eventually, the child and the person from school are directed to interact.

Once the child speaks with this person, other persons are added in gradual fashion. With this option, school personnel and the family member are directed by the therapist. The child is provided with rewards for meeting the goals spelled out for each gradual step. It is helpful if speaking goals are practiced as often as possible. Therefore, an effort that includes several visits a week by the family member is best.

School personnel-based help: Sometimes a child is already talking in private with one member of the school staff. Or, using the family-based effort described above, a school staff member gets involved in talking to the student. When this is done, we are often able to consult with school personnel to guide them in selecting tasks and approaches to use with the child. This approach is often used for children at a distance from the Child Study Center.

Several special methods may also be used in the school setting. They can include:

1. Special audio and video tapes of the child speaking

Audio and visual recordings of the child speaking at home or another setting in which the child speaks with comfort. A conversation by the child is recorded and played for school personnel.

At first, the child does not observe the person listening to or looking at the

tape. Next, once the child knows that the school person has listened to the tape or heard and seen the video, the child and the school person listen to or observe the tape together. To facilitate even further progress, the tape is sometimes played in the background in the classroom.

Other children may listen to or observe the tape without making it a show or special event. As this is done over and over, the other children become used to the idea that the child does speak and they treat that as if it were a typical event. When the child who is anxious sees the other children responding calmly and without special attention, she may begin to consider that having other children hear and see her speak "is no big deal". This can make it easier for the child to speak to others after a long period of never speaking. It may make the first episode of speaking an event that is not as dramatic as the child imagines it could be. The child who is anxious sometimes worries that the other children will react so strongly and with so much social attention that the anxious child will be the uncomfortable center of attention. Although the anxious child may want some praise and attention from others when first speaking, the child usually does not want to be focused upon for a long period of time. Cheers, congratulations, and lots of discussion on how the child never spoke before are likely to inhibit rather than encourage the child.

2. Simulated conversations with the child

Using several steps, a video tape is made that includes two parts: First, the child is asked questions and asked to respond to statements by someone with whom he speaks easily.

The child is recorded providing responses with the camera focused on the child. In a separate recording, a teacher or school staff member asks the same questions or statements while the camera is focused on that person. Later, the two recordings

are edited in a way that the teacher or school staff asks the questions followed by the child's responses. When completed, the tape appears to show the child responding to questions from a new person. This method has often increased the speed with which a child becomes comfortable in speaking to school personnel.

3. Use of behavior report cards

Children are often given goals for speaking in school situations. School personnel are asked to indicate when the child has spoken in the selected situations. The child takes the report home and receives rewards for meeting the goals. The goals selected are gradually more demanding, but never so demanding so that they arouse excessive anxiety for the child. They are usually manageable next steps worked out with the therapist.

Reminders for parents and teachers

- Be patient
- Ask, wait, move on
- Ask "forced choice" questions
- Provide positive reinforcement
- Provide labeled, specific praise
- Rewards
- Provide graduated talking opportunities
- Be happy for progress
- Let the child "own" the anxiety
- Wait for responses

Don't

- Mind read
- Ask "yes/no" questions
- Ask open-ended questions
- Be overly excited
- Pressure to be among the "chosen few"
- Label the child as "shy"
- Repeat questions without waiting
- Rescue too soon

It is hoped families, schools, and therapists working together will improve the lives of children with social anxiety or selective mutism. NOTE: The ideas in this CSC Letter are provided as suggestions for others

working with children with selective mutism and social anxiety. The exact content of the approach of the research team is contained in a copyright protected manual.

About the Authors

Richard Gallagher, Ph.D., is a behavior therapist and neuropsychologist at the NYU Child Study Center, who serves as the Director of Special Projects for the Institute for Attention Deficit Hyperactivity and Behavior Disorders. One of those projects is the Selective Mutism program, which he co-directs with Dr. Kurtz based on a treatment protocol that he originated and modified over the last 15 years.

Steven M.S. Kurtz, Ph.D., is the Co-Director of the NYU Child Study Center's Selective Mutism Program and the Clinical Director of the Center's Institute for Attention Deficit Hyperactivity and Behavior Disorders. He is a Board Certified Diplomate in Cognitive and Behavior Therapy and a Fellow in the Academy of Behavioral Psychology. He led the development of the Selective Mutism Interaction Coding System, used in the assessment and treatment of youngsters with selective mutism. Dr. Kurtz has presented locally and nationally on this and other topics.