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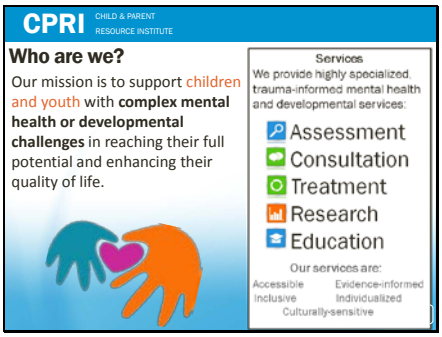

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Slide 4

Shy? - something more?
Non-clinical levels of mutism:

reticent (Merriam-Webster) *adjective*
1 : inclined to be silent or uncommunicative in speech **:** reserved
2 : restrained in expression, presentation, or appearance
3 : reluctant
taciturn (Merriam-Webster) *adjective*
: temperamentally disinclined to talk
synonyms see silent

We may variously refer to a shy child as bashful, embarrassed, inhibited, self-conscious, socially anxious

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Slide 5

We can be inhibited in some contexts (state) or as part of our overall personality (trait). Shyness as a trait can be thought of as on a continuum. About 15% of people are at the "extremely inhibited" end of the continuum (Coplan and Rudasill, 2016)

This is not the same as being introverted – enjoying time alone more than social gatherings. "Quiet" by Susan Cain

http://www.thepowerofintroverts.com/

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Slide 6

When do our inhibitions become impairing?

If a child never raises their hand in class to answer?
If a child talks to one classmate but no one else?
If a child will not do any oral presentations?
If a child will not join any extracurricular activities?

Can our inhibitions ever be adaptive? – protect us?

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Slide 7

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What is Anxiety?

- Anxiety/fear is a normal and necessary human experience
- It keeps us safe
- Warning Signal – real response to real or perceived danger

Arousal/Stress

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Slide 8

Psychologists and Psychiatrists can offer a diagnosis (label a mental health "disorder") when social or vocational or educational progress is impaired for a substantial period of time, or the person expresses personal distress or a loved one expresses serious concern in describing maladaptive behaviour. There is no blood test or brain scan we currently use to diagnose mental illness.

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Slide 9

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Anxiety "a painful uneasiness of mind over an impending or anticipated ill"
Merriam-Webster

!!!

What if we overanticipate danger?

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Slide 10

Learning Objectives

By the end of this workshop, you should be able to:

- ✓ define the diagnosis of selective mutism, social anxiety disorder, and separation anxiety disorder in children
- ✓ describe how to access readings and resources for selective mutism anxiety disorders
- ✓ summarize basic treatment principles
- ✓ contrast helpful parent/teacher strategies from unhelpful teacher strategies

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Evolutionary Aspects of Anxiety

- "Fight or Flight or Freeze Response"

(Sympathetic Nervous System)

- Our body's primitive, automatic, adaptive, inborn response to "fright" that prepares the body to "fight" or "flee" or "freeze" from perceived attack, harm, or threat

- Homeostatic mechanisms attempt to return us to "Rest and Digest"

(Parasympathetic Nervous System) – this is why relaxation and breathing = Practice, Practice, Practice

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Slide 12

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What are Anxiety Disorders?

- Volume turned up too much – hypervigilant to danger at a neurochemical level, creating false alarms
- Anxiety disorders are the most common mental health concern among children and adolescents (prevalence of 10-20%)
- Girls affected more than boys
- Anxiety disorders often co-occur with other disorders (e.g., depression)
- Anxiety is heritable (tends to run in families)

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Slide 13

What are Some Types of Anxiety Disorders as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)?

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Separation Anxiety Disorder

- Excessive anxiety concerning separation from the home or from those to whom the person is attached (parents, caregivers, siblings)
- Interferes with daily functioning, most notably school truancy, and sleep problems (afraid to sleep apart from parents)

Tips for parents handout
https://www.anxietybc.com/sites/default/files/Separation%20Anxiety%20Doc%20FINAL-2.pdf

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Specific Phobia

- A persistent and marked fear that is unreasonable and excessive
- Phobic object (e.g., insect) or situation (e.g., storm, vaccination, elevator) causes an immediate anxiety response (crying, freezing, clinging, or tantrum)
- Present for six months, and must interfere significantly with the individual's routine and activities

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Generalized Anxiety Disorder

- Excessive worry about upcoming events and occurrences
- Worry persists despite evidence and feedback
- Tend to redo tasks, perfectionism, conforming, unsure
- Often seek approval or reassurance, which does not reduce anxiety over time, present over 6 months
- **"what if ....."**

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Social Phobia
(Social Anxiety Disorder)

- A persistent/marked fear of developmentally appropriate social situations
- The feared situation will lead to anxiety: crying, meltdowns, shrinking away, failing to speak
- Fear of embarrassment under scrutiny
- Avoidance, anxious anticipation or distress must interfere with usual routine or social activities
- Lasting at least 6 months; age appropriate relationships with familiar people; specify if Performance only fear

More info at https://www.anxietybc.com/parenting/social-anxiety-disorder

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Selective Mutism

- Consistent Failure to Speak in Specific Situations despite speaking in other situations
- Interferes with:
  - Educational or Occupational Achievement
  - Social Communication
- Not due to :
  - Speech or Language Disorder, Autism
  - Knowledge of Language (e.g., ESL)
- One Month Duration

Source: DSM-V

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Intervention for Selective Mutism

- Family – school team approach
- Threats or incentives do not typically work
- Clinic based therapy will not guarantee speech at school, as SM is a form of social speaking anxiety that requires real world practice.
- However Cognitive Behaviour Therapy (CBT) may assist in reducing social anxiety.

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Cognitive Behaviour Therapy

- Treatment of anxiety disorders focusses on practicing new thoughts and new behaviours
- New thoughts that are more realistic (show me the proof I am in danger!)
- New behaviours that are less avoidant (face the fear slowly and see if anything bad happens!)
- Teaching our brain/body that avoidance coping worsens anxiety

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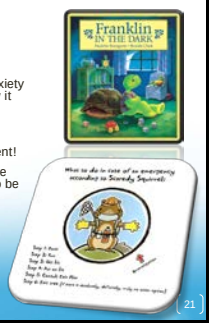
Fear

- Most interventions begin with education.
- This includes explaining what anxiety is at a physiological level, and how it effects our thoughts, feelings, and behaviours
- Fright, fight, flight response is adaptive if danger is actually present!
- For young children, normalize age appropriate fears and our ability to be brave by reading books
- For tweens and teens, start here

http://youth.anxietybc.com/



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F – Fear

E – what do I Expect to happen?

A – what Action can I take to get through this?

R – Reward

Taken from Phil Kendall's "Coping Cat" CBT Program

http://www.cope-a-lot.com/fearplan.swf

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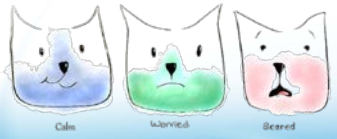
How scared Was I today?



www.anxietybc.com

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Fearmometer

https://www.anxietybc.com/parenting/social-anxiety/facing-my-fea

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Slide 25

Creating a Fear Ladder

- Steps from lowest to highest anxiety. Start low and go slow!
- Start with **exposure therapy** to medium anxiety tasks
- Repetition is key. Don't move up ladder until a step is mastered more than once with no fear
- Pick a lower step if not successful

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Slide 26

Goal: To be able to be near dogs without excessive fears.

Step	Situation	Fear Rating
12.	*Petting a larger dog off leash*	10
11.	*Petting a larger dog on a leash*	9
10.	*Holding a puppy*	9
9.	*Petting a puppy that someone is holding*	8
8.	*Standing beside, but not touching, a dog on a leash*	7
7.	*Standing 4 feet away from a dog on a leash*	6
6.	*Standing 8 feet away from a dog on a leash*	5
5.	*Standing across the street from a dog on a leash*	4
4	*Looking at a dog across a park through binoculars*	3
3.	*Looking at a dog through a window*	3
2.	*Watching a film with dogs in it*	2
1.	*Looking at photos of dogs*	2

www.anxietybc.com

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Slide 27

What do I Expect? (detective work on our thoughts/cognitions)

- What are the chances that could really happen? (notice thinking errors)
- What else could happen?
- What is the worst thing that could happen?
- Is there anything I can do to stop worrying?

see Katharina Manassis book "Keys to Parenting Your Anxious Child"

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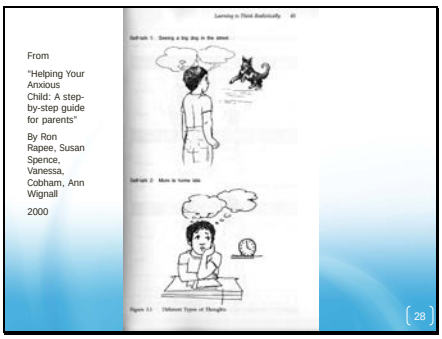

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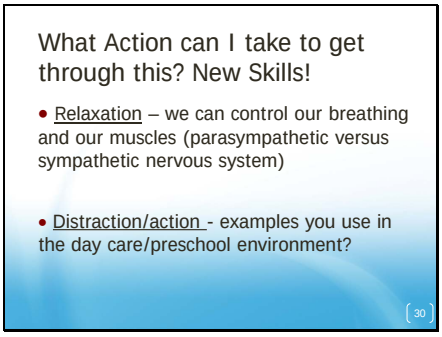

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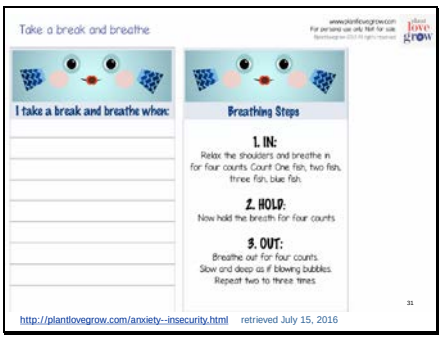

http://plantlovegrow.com/anxiety--insecurity.html retrieved July 15, 2016

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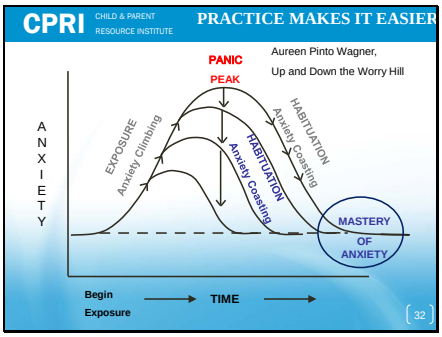

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Reward

- Facing your fears is hard work
- Avoidance increases fear
- Bodily feelings and thoughts of dread will naturally go away with graduated, repeated exposure
- Don't stop until anxiety is mastered and the task is boring
- Celebrate each success!

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When you make a chart, you need multiple steps, don't stop until anxiety is mastered (i.e., the activity becomes boring). Here are some free examples from www.plantlovegrow.com

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Parent Education

- Parents with anxiety disorders can not predict if their child will inherit similar difficulties
- When young children have an inhibited temperament, coupled with a parent who models avoidance of social relationships, fears etc., or engages in overprotective parenting which maintains childhood anxiety, then the risk of an anxiety disorder increases
- How do you learn to swim?

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Treatment of Anxiety Disorders

- School aged children with Sep Anx, SP, GAD (n=488)
- Large, multisite RCT study (CAMS; Walkup et al. 2008) using 14 one hour sessions of "Coping Cat" found that at tx end (12 weeks) gains for CBT and medication were:
  - **81% combination CBT + medicine therapy**
  - **60% Cognitive Behaviour Therapy**
  - **55% SSRI (Sertraline/Zoloft)**
  - **24% placebo**
- At follow-up with 79% of the sample 6 months later (Piacentini et al 2014), clinicians continued to rate benefits as being maintained. The monotherapies slowly were "catching up" to the benefits seen in the combined group, possibly due to the addition of 'off-protocol' tx (e.g., 30% of SSRI sample sought psychosocial tx or changed meds).
- Other research indicates that once meds stop, benefits cease, whereas CBT benefits tend to continue as it focuses on skill development

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Outcome research on ICBT

- Good research evidence for adults, little scientific evidence yet for the benefits of children and youth using computer and phone apps to reduce their own anxious behaviours
- www.anxietybc.com/resources/mindshift-app
- www.stopbreathethink.org
- www.calm.com
- www.cpri.ca services, Selective Mutism to look at my reading list which I update regularly

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Selective Mutism

- A rare disorder, more common in girls
- How many? – estimates vary widely best guess

~ 7 in 1000 longer term impact. This is much more than shyness!

- Onset usually ages 3-5, first recognized at pre-school, day care or early school
- Not due to abuse/severe traumatic event (myth buster)
- Huge variation in the restrictions in social communication, and how long it lasts

- Typically, most do talk "later in life" – WHEN?

but may experience ongoing anxiety – HOW MUCH?

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Etiology

Historical differences or subtypes or different pathways to social speaking fears:

Social anxiety or social phobia

- Family history of anxiety disorder
- one study of 30 SM children found social phobia present in 70% of families
- our clients, about half the children receive both diagnoses

Speech-Language problems

- some research indicates up to half of children had speech and language difficulties such as articulation disorder (speech problems)
- we see about 60% overlap
- Learning a new language - ESL

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CPRI Selective Mutism Service

- Assessment by a psychologist and speech language pathologist
- Offer consultation to the family-school team for one year
- Resources (www.cpri.ca click on Programs/Services, Selective Mutism, scroll down to PDF resource file)
- Referred elsewhere (MCYS agency) for treatment for anxiety disorder

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Assessment

- Early identification allows us to rule out communication problems, and begin supports before other problems become entrenched - e.g., social isolation, toileting, academic failures, and more systematic avoidance of social contact
- We begin by getting a language sample and parent and teacher carefully map out speech location behaviours

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Language Acquisition in Immigrant children

- SM rates are higher in immigrant language minority children, but…
- Children acquiring a second language normally undergo a "silent period":
  - common in 3-8 year olds, typically shorter than 6 months, maybe longer in young children
  - progresses from persistence silence to repeating and practicing words quietly to "public" communication and interaction
- not speaking due to trauma (refugees) is a different problem

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ESL and SM Research

- Anxiety can hinder acquisition of a foreign language
- ESL children from some cultures are rated by their teachers as more shy and anxious, fewer behaviour concerns, less developed social competencies, and more learning concerns (Spomer & Cowen, 2001)
- Conclusion: Only if we don't see language progression over 6 months, and see SM in both languages, or also see social phobia (high nonverbal inhibition) is SM in ESL a diagnosis to pursue

(Toppelberg et. al., 2005)

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Poll:

What strategies have you used in helping a child overcome shyness and social fears?

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Teacher strategies for shy children (Coplan and Rudasill, 2016)

Coping with Novelty – establish clear routines and expectations, familiarize the child with people and classroom, structure time for one to one communication with child and their parents

Easing fear of Evaluation – display warmth and acceptance, know the child's interests, vary ways a child can participate

Promote Positive Interactions – use peer mentors, choose pairings, monitor play, teach and model social scripts

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What helps?

- Goal is to increase coping, not "cure"
- Behavioural fear reduction, build relationships, speech shaping approach
- Avoid making their fear worse by telling them "you have to talk or else"
- Unplanned, uncoordinated efforts to get the child to speak may make the mutism more resistant to change
- Daily, structured, planned speech opportunities in one to one situations
- Encourage participation in learning and socializing, with accommodations as needed

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What can ECE's do?

- let parents know if children are not interacting
- invite parent in to observe
- note if they use bathroom, drink, eat
- spend one on one time daily
- use "child's game" – use verbal attending skills and follow the child's lead in parallel play to build rapport
- ask parents if hearing has been assessed
- refer for assessment to speech language pathologist if SM continues

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What can teachers do?

- include child in conversations
- when asked by peers, answer - "yes Jess can speak and she will when she feels comfortable"
- have a class discussion about fears – read a book about common fears
- do not force speech – punishment will not reduce fear
- teacher chosen peer pairings
- one on one time in games with teacher at least 3 x/week
- ensure basic needs met daily (e.g., toilet, safety)

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Probing Communication options for teachers

Three types of questions

Closed = head nod (do you want ice cream?)

Forced Choice = single word (do you want chocolate or vanilla)

Open = What kind of ice cream do you want?

Ask less questions – but as comfort builds, we build toward forced choice opportunities

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What do we recommend?

Consultation process:

1. We will consult to a parent-teacher team
2. Parent-teacher/ECE worker should make a schedule to meet on a regular basis
3. Parents, listen to the child's fears and explain to the child the plan to help
4. Map speech across settings, activities, people (note conversational partners and places on paper)
5. Use map of speech locations, activities, people to pick a place to begin speech
6. Set daily contrived settings to allow speech to occur, don't wait for it to happen
7. Review and revise recommendations

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What works in Treatment?

1. Verbal sounds generated in "safe" setting - eliciting speech
2. Speech is systematically generalized through stimulus fading - speech occurring in one setting is gradually transferred
3. Plan transfer slowly, changing only one thing (situation, activity, person) at a time
4. Write the plan down (informal or IEP)
5. If can't get speech, start with recordings so the teacher can offer assessment and grades using an accommodated approach.

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10 Stages in the Emergence of Speaking at School

(Developed by Charles E. Cunningham, Ph.D.)

	Stage	Description
1	Complete Mutism at School	Child speaks at home but is silent at school. Appears anxious at school and may resist attending.
2	Relaxed Nonverbal Participation	Child speaks at home but not at school. Begins relaxing and participating nonverbally in classroom activities. May begin to talk positively about school.
3	Speaking to Parent at School	When alone with parent, where students and teachers cannot hear or see, the child speaks at school, often in a whispered voice.
4	Speaking Observed by Peers	Child speaks at school, usually to a parent. Peers observe but do not hear the child speaking.
5	Speaking Overheard by Peers	Child speaks at school, usually to a parent. Other children observe and hear the child speaking. Child does not speak directly to other children or teachers.
6	Child Speaks Through Parent to Peers	Child speaks to parent who conveys message to another child sitting nearby. The other child may overhear the child speaking and respond directly.
7	Child Speaks to Peers	Child speaks at school to one peer, often on the playground. Child does not speak to teachers.
8	Speaking to Several Peers	Child speaks to several children at school. Child does not speak to teachers.
9	Speaking to Teacher	Child begins speaking to teacher and to several peers.
10	Normal Speaking	Child speaks to most adults and peers in a normal conversational tone.

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What works between grades?

Summer and next year planning

- plan regular classmate social activities
- plan specific peer contacts, play dates
- plan visits to next class or kindergarten setting alone with family!!
- meet the teacher, make a safety plan, choose class with friends (speaking partners), ensure detailed information passed on
- use the school toilet with your child early each school year to ensure success
- the gains made this year can continue if you meet in September and renew goals

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Parent Support

- While parents do not cause selective mutism, they could inadvertently make it more difficult to change by "overprotecting" the child from normal social activities
- For anyone to overcome a fear, we need to support them in "exposure therapy"

Three steps

- model how to face our fears
- support and model gradual, ongoing social practice and "being brave"
- celebrate meeting goals of being brave

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A. Pocock

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Evidence to Support

- Behavioural treatment more effective than no treatment of SM (Oerbeck et. al., 2015; Bergman et al, 2013).
- Two randomized control trials of CBT, speech shaping and stimulus fading
- Literature on medication (SSRIs) is mainly a series of case studies. At this point the findings on anti-anxiety medication in young selectively mute children indicate mixed results. Most likely used when mutism long standing and accompanied by debilitating social anxiety. We recommend medication be considered after social support and behavioural methods tried.
- CBT can be very effective for anxiety disorders in children. In SM, younger children much easier to treat.

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Treatment

Oerbeck (2015) 1 year follow up study method.

Modules	Description of the goal to be obtained in each speaking level at school
I	Speaks to the therapist (T) in a separate room with parent (P) present
II	Speaks to T in a separate room without P present
III	Speaks to one teacher in a separate room with T present
IV	Speaks to other teachers (and children) in a separate room with T present
V	Speaks to teachers (and children) in some settings without T present (speaks to some, but not all adults and/or in some groups in the classroom, but not in all larger settings, such as full class
VI	Speaks to teachers and children in all settings without T present (normal speech, indistinguishable from other children)

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What have we learned?

- Must take long term approach
- Don't let it persist - vast majority of children do begin speaking, but once this is well established it is hard to treat
- Essential to create a working parent-school team that will monitor the child THROUGHOUT the year and AGAIN THE NEXT YEAR
- Children we diagnose with both SP and SM struggle more and may benefit from anxiety treatment at some point in their lives
- If obstacles exist for parents to integrate their child (culture, $, language, anxiety) to ensure social participation and school programming is not maintained, then gains may not occur
- McHolm & Cunningham – factors affecting progress: SM duration and severity, temperament, home-school-peer network, momentum and pace of program

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Evidence to Support

Oerbeck et al (2015). Selective mutism: follow-up study 1 year after end of treatment. Eur Child Adolesc Psychiatry (2015) 24:757–766
RCT N = 24 delayed wait list control

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Cohan, S.L., Chavira, D.A., & Murray, B.S. (2006). Practitioner review: Psychosocial interventions for children with selective mutism: a critical evaluation of the literature from 1990-2005. *Journal of Child Psychology and Psychiatry,* 47(11), 1085-1097.

Cohan, S.L., Price, J.M., & Stein, M.B. (2006). Suffering in silence: why a developmental psychopathology perspective on selective mutism is needed. *Journal of Developmental and Behavioral Pediatrics*, 27(4), 341-356.

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Published Research

Nowakowski, M.E., Schmidt, L.A., Cunningham, C., McHolm, A.E., Edison, S., St. Pierre, J., Boyle, M.H., & Tasker, S.L. (2011). Joint attention in parent-child dyads involving children with selective mutism: A comparison with anxious and typically developing children. *Child Psychiatry & Human Development, 42,* 78-92.

Carbone, D., Schmidt, L.A., Cunningham, C., McHolm, A.E., Edison, S., St. Pierre, J., & Boyle, M.H. (2010). Behavioral and socio-emotional functioning in children with selective mutism: A comparison with anxious and typically developing children across multiple informants. *Journal of Abnormal Child Psychology, 38(8),* 1057-1067.

Nowakowski, M.E., Cunningham, C., Schmidt, L.A., McHolm, A.E., Evans, M.A., Edison, S., St. Pierre, J., & Boyle, M.H. (2009). Language and academic abilities in children with selective mutism. *Infant and Child Development, 18, 271-290*

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What have we learned?

- At initial assessment and one year later we collect parent and teacher ratings of:
- Speech Location Questionnaire
- Social Skills Rating Scale

If over age 7 we can ask for paper and pencil self-report

- Self-esteem (Piers-Harris)
- Anxiety self-report (SPAI-C and MASC-II)

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Findings

Teacher Communication (n=93)

- At the time of our initial assessment, on average, 54% will not talk with their teacher in any situation, 40% will use nonverbal communication, 25% will whisper in private, and 15% will not even use head nods (no nonverbal communication)

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Findings

Peer Communication (n=110)

- 36% were not talking to peers on the school playground
- 48% were not talking to peers in their classroom

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Selective Mutism Over Time

Does it get any better?
- yes! But slowly
with targeted goals

Should we use
augmentative communication?
- We do not recommend message cards as a first accommodation. This would indicate we do not expect speech. However in tweens/teens we have recommended alternate communication strategies.

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Selective Mutism Over Time

Teacher Communication (for those who completed our one year follow-up scales)

- At intake 80% would not answer a question asked by the teacher in class (25% did not even nod yes or no).
- One year later, 40% of children continued to be mute when asked a question by the teacher, with 10% still not using nonverbal communication of some kind.

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Selective Mutism Over Time

Class Communication (of those who completed one year follow-up)

- 65% were mute in small groups at Time1
- 25% were mute in small groups at Time2

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Social skills

When we first met them, parents saw some social skills that teachers did not get to see, due to the inhibition and mutism in the child at school, but overall social skills are well below average.

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Social skills

Of those parents and teachers who completed a standardized social skills scale at the time of assessment and 12 or more months later, very small gains were reported socially, remaining in the below average range.

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CPRI CHILD & PARENT RESOURCE INSTITUTE

Resources – full list updated frequently at:
http://www.cpri.ca/families/programs-services/selective-mutism/recommended-resources/

- www.selectivemutism.org
  many SM resources at this website and their Facebook page
- www.anxietybc.com a great place to learn about anxiety and CBT
- www.selectivemutismlearning.org

Dr. Kurtz uses video teaching of Parent-Child Interaction Therapy

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CPRI CHILD & PARENT RESOURCE INSTITUTE

Resources

www.cpri.ca

- **Selective Mutism: An Assessment and Intervention Guide for Therapists, Educators and Parents**. Aimee Kotrba, PESI Publishing, 2015.

What is selective mutism?
http://www.anxietybc.com/parenting/selective-mutism

My Anxiety Plan for Selective Mutism:
http://www.anxietybc.com/parenting/my-anxiety-plan-selective-mutism

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Resources

www.cpri.ca

- **Helping your child with selective mutism.** McHolm, A., Cunningham, C., Vanier, M. New Harbinger Publications, 2005.

- **The ideal classroom setting for the selectively mute child: A guide for parents, teachers and treating professionals** / Dr. Elisa Shipon-Blum, Childhood Anxiety Network, Inc., 2001

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General Parent Reading

- Keys to parenting your anxious child / Katharina Manassis. -- Hauppage, N.Y. : Barron's, 3rd ed. 2015.
- Helping your anxious child - a step-by-step guide for parents / Ronald M. Rapee .. [et al.]. -- Oakland, Calif. : New Harbinger Publications, 2nd ed., 2008.

A BC online parenting program focuses on the many skills we can teach children who experience anxiety:

- http://www.earlyyears.friendsparentprogram.com/ (parents of 4-7 year olds)
- http://www.child-youth.friendsparentprogram.com/ (parents of school aged kids)

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Picture Books

There are many picture books for anxious children, and even SM, e.g., "Understanding Katie"; "Lola's Words Disappeared"

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General Reading

Quiet at School: An Educator's Guide to Shy Children (2016)
by Robert J. Coplan and Kathleen Rudasill

Quiet: The Power of Introverts in a World That Can't Stop Talking
by Susan Cain
http://www.quietrev.com/ted-talk/