

Considerations in Selecting a Treating Professional

The single most common question we receive is “Can you recommend a treating professional in my area?” Finding someone to guide you in your child’s therapy can be frustrating, particularly if you don’t know how SM should be treated, what to ask, or where to look.

The Selective Mutism Group~Childhood Anxiety Network has developed a Position Statement on the treatment of Selective Mutism. [THE POS. STMT. SHOULD BE A HYPERLINK.](#) This statement covers how our organization views SM and what we consider to be effective means of treatment. Please take some time to read this statement. You might also want to print it and discuss it when interviewing potential treating professionals.

The information below is provided to give you more information about how treatment may work and some examples to help you understand the process. We hope you find it to be helpful.

Who can treat SM?

The most critical qualification is that it be someone who is patient and supportive and who recognizes that SM is a communication disorder. This can be a pediatrician, psychiatrist, psychologist, speech and language pathologist or other therapist.

What is the primary goal of treatment?

Well that seems obvious...to get the child to TALK, right? NO. *‘Not talking’ is a symptom.* You have to treat the underlying *cause*, which is anxiety. Therefore, the goal of treatment is to reduce the anxiety sufficiently for the child to be able to *communicate*.

What should treatment include?

Lots of homework! Selective Mutism cannot be overcome in a therapist’s office. In fact, it doesn’t necessarily matter whether your child ever speaks in the therapist’s office. The child needs to learn coping skills that will allow him or her to progress along the communication spectrum in the real world. For most children, that means: school, restaurants, friends’ and relatives’ homes, stores, etc.

When you leave the therapists office, you should walk out with goals and objectives that you will be working on from the day you leave until you return for the next visit.

For a brief description of the various types of treatments, please [click here](#).

The SMG~CAN does not endorse any treatment modality that:

- Views SM as a defiant behavior and uses punishment or withdrawal of privileges to force communication
- Uses medication without adjunctive therapy

Who sets the goals?

This may surprise you, but the child is ultimately the one who should determine the goals for the interim period between visits. When you think about it, this makes sense. The children are the only ones who can measure how anxiety producing a particular task or setting makes them. Therefore, they are the only ones who can establish reasonably attainable goals.

How are goals set?

Ah, this is the part where a patient and supportive therapist comes in! Prior to meeting your child, the therapist will likely have requested and reviewed a great deal of historical information about your child and your family. When your therapist meets your child, he or she will have some basis for their expectations of the child's ability to communicate. This information, combined with your therapist's initial impressions of your child's body language and comfort level, will allow the therapist to begin the assessment.

Through casual interaction that is designed to minimize anxiety and alleviate fear, the professional will help the child determine his or her comfort level. This is often accomplished by using a feelings chart. The child may be asked (after having developed some sort of rapport with the therapist) to draw what it feels like not to be able to get the words out. The child may also be asked to create a rating scale, typically depicting five levels of comfort. It might be a frowning face with the hair standing up on end for a 5 and a smiling face for a 1. It doesn't matter what the scale looks like, but you want it to be something the child can relate to.

Now is a good time to talk about control. Isn't a selectively mute child just being controlling and manipulative? Absolutely not! If you any doubt about it, just [CLICK HERE](#) to view art work created by children suffering from SM. The 'mutism' of SM is the symptom. The cause is anxiety. In a way, they are scared silent. If you have ever given a speech in front of a large group of people and experienced the racing pulse, difficulty in concentrating, and feeling that you had to force yourself to deliver the speech, you have some small idea of how it feels to have SM. There is a very good article that compares SM to a fear of heights in an exceptional analogy. Please [CLICK HERE](#) to read *Have You Ever Had a Phobia of Heights*. You may find it helpful to print this article to give to family and friends who don't quite 'get it.'

Now, back to goal setting. Once you realize that SM is a social communication anxiety disorder, you can begin to help the child face their anxiety and conquer it. The treating professional assesses where the child is communicatively and then guides the child, typically by suggestion, to set goals that are within the child's reach. For example, if a child is not able to order his or her own food in a restaurant, any of the following goals might be appropriate. It all depends on the child's comfort level.

Ordering Options:

- ✓ Point to the item on the menu
- ✓ Draw the item
- ✓ Write the order on a piece of paper and hand it to the waiter
- ✓ Write the order on a piece of paper and hand it to the parent to hand to the waiter
- ✓ Whisper the item to a parent (i.e., verbal intermediary) in the presence of the waiter
- ✓ Play a tape of his or her recorded menu choice (SMG~CAN has a small recorder in the e-store that can be used for this purpose.)
- ✓ Say the order to a parent in front of the waiter

The possibilities are limited only by your creativity. The idea is to break any communication task down until you have established a goal that the child agrees they can work toward.

Let's continue with this example. Assume the child, we'll call her Julie, indicates that writing the order and handing it to the waiter would be a 3 on her 'scary chart' and that is her goal for the week. The family goes to a familiar restaurant (you don't want to try this in a completely new environment). Julie selects what she wants and has her notepad and favorite pen to write it down, which she does. The waiter comes to the table, the other family members order and then it is Julie's turn. She starts to hand the note to the waiter but freezes midway. What do you do? Do you coax her in front of the waiter by saying, "Go ahead Julie. You said you could do this. Give the note to the waiter."? NO. *You need to be prepared to accommodate down.* In this case, the parent might wait 30 to 60 seconds and then say, "Julie, do you want me to give it to him?" Julie hands the note to the parent and the parent hands it to the waiter. Did Julie fail? NO! As long as Julie's parents didn't order for her without participation from Julie, she has progressed communicatively. Celebrate that success! And, keep working toward Julie handing the note to the waiter. With each approximation toward ordering, the task will become easier.

Why do children with SM say they will do something and then not do it?

Because they really *want to* do it, they just *can't* at that particular moment. To put this in perspective, consider a boy who plans to go off the high dive for the first time. He climbs the ladder with every intention of jumping; he is ready! Then he discovers that it looks a lot different from the top. If he climbs back down the ladder, does that mean he will never go off the high dive? No, he just has a clearer understanding of the feat than he had before climbing

the ladder. Next time, he might make it! But maybe he should try to low dive first or diving from the side of the pool.

How can you find a treating professional?

So, now that you understand a little more about how to treat SM, where do you find qualified, experienced treating professionals? That is the tricky part. It would be nice if you could just ask a doctor if he or she has treated SM successfully and, if they say yes, make an appointment. Many people have tried this approach and many of them have been disappointed. Once again, you need to do your homework before selecting a treating professional. You need to understand their treatment approach and philosophy. Some of the questions you may want to ask before beginning treatment are:

1. What are your areas of expertise?
2. Have you ever treated a child with selective mutism? If so, what was your approach?
3. How do you view Selective Mutism? In other words, what do you think are the reasons a child manifests mutism?
4. What is your treatment approach?
5. What is my role in the treatment?
6. Will you involve my child's teacher(s) in the treatment plan?
7. What is your opinion on [medication in treating SM?](#) HYPERLINK
8. Can you supply references from families you have worked with?

We also recommend you visit the [Professional Members](#) (HYPERLINK) page of our website. While we cannot 'refer' you to these individuals, their membership in the SMG~CAN demonstrates a commitment to helping people with SM. However, you still must do your due diligence. Ask them the same questions you would ask any other treating professional before hiring (yes, hiring) them to help you.

You may also want to search the referral databases on the following websites:

- Anxiety Disorder Association of America at www.adaa.org
- American Association of Behavioral Therapists at www.aabt.org
- The American Academy of Child and Adolescent Psychiatrists at www.aacap.org

Additional organizations that might be able to provide recommendations or information about treating professionals:

- Area hospitals, particularly children's hospitals
- Colleges or universities
- Your family physician (often, they are not the treating professional for SM)
- Mental health facilities and government agencies

Other Resources:

You may want to post a question on our [Open Forum](#) (HYPERLINK) asking if anyone in your area has found a treating professional they recommend. (Remember, you still have to go through the interview and evaluation process!)

One of the member benefits of the SMG~CAN is the [Connections](#) (HYPERLINK) program. We have coordinators in most states and multiple coordinators in many states. These individuals can be a tremendous resource in identifying resources available in your state. If you are not a member of the SMG~CAN, [CLICK HERE](#) to learn more about our [member benefits](#).

What now?

Do your homework!

1. Learn all you can about Selective Mutism – For information about upcoming Selective Mutism conferences and retreats, [click here](#)
2. Interview potential treating professionals carefully
3. Work on the established goals between office visits

Remember, Selective Mutism cannot be overcome in a therapist's or doctor's office! You must conquer it in the real world.