

SELECTIVE MUTISM AND THE SPEECH-LANGUAGE PATHOLOGIST IN THE SCHOOLS

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WHAT DO I DO?

What do I do is usually the first question asked when a student with SM enters your professional world. Do what you already know as an SLP: educate yourself, create a trusting environment and foster communication through your knowledge of development, speech and language and social-pragmatic behavior. Although SM is considered an anxiety-based disorder, it has significant impact on a student's social-pragmatic development and functioning and language skills. This is where an SLP's expertise can be an integral part of an intervention plan.

GETTING STARTED

Educate yourself about SM and the individual child. Seek information from publications, workshops, internet sites, other professionals and parents. Inquire about the student's likes/dislikes, fears, extra curricular activities, academic strengths and weaknesses and parent concerns. This information will become the building blocks of the student's treatment plan.

It is imperative to confer with private therapists and medical professionals to best develop a plan which will incorporate targeted goals.

The parent is an integral part of the intervention but is not always readily available during the school day. Given the reality and constraints of the school day it is important to use your time creatively to design unique intervention plans and to become a fixture in the classroom. Throughout the day or week, provide reverse fade-in therapy to transfer skills from the speech room to the classroom. This could take the form of language enrichment groups provided in the classroom. It could involve a working snack with classroom peers during which you play a quick game while the students are having snack. A working snack does not detract from classroom instruction time but can effectively target social skills. If time is tight in your schedule, simply finding excuses to drop in so that the student sees you frequently coming and going can facilitate the transfer of skills.

An individual session is beneficial for establishing a rapport, promoting affective communication and intent. It also allows the student to experience and activity prior to the group session which can help reduce anxiety levels. Group sessions provided in both push-in and pull-out formats allow for generalization of skills. Try to pair the student with SM with socially animated speech partners.

WHAT ARE THE GOALS?

Interpersonal communication and communicative intent are the foundation of what we do as SLP's. Within the therapy sessions the content or targeted area may vary but the communication remains the same: Give and Take.

Keep in mind the student must come to the speech room and to the classroom free from the expectation to talk. The goal is not the speaking; rather it is to keep the communication going in a stress-free environment. The therapist must effect an affective change for measurable progress. This is manifested in smiles, eye contact,

shared space, joint attention, laughs and body language. These are goals achieved through creative lessons.

These goals can be achieved through the student's choice-making of preferred activities through gesture. Game playing, puppets and stuffed animals can elicit smiles and joint attention. Arts and crafts can facilitate requests and preferences. Friendly situations can elicit intentions nonverbally. Two therapists can replicate intervention strategies with very different outcomes. The key is to establish a trusting relationship with the child, parent and teacher.

The student with SM will need you to develop a means of communication specific to the severity of the SM. Use your experience in augmentative communication. Educate the teacher as to how these strategies can be implemented in the classroom.

If the student is completely silent, instruct the teacher to do the following while at the same time encouraging oral speech.

- Present yes/no questions instead of open-ended questions
- Have picture or written cues available for responses
- Allow gestures and pointing and the written form for response

These allowances will be necessary for the most basic yet important needs a student has. The student will need a way to communicate illness or the need for the bathroom. Sometimes it is helpful to let the student communicate these needs through a peer as opposed to directly addressing the teacher.

You can encourage oral speech but you cannot force it to happen. Until oral speech happens you must continue to create a communicative environment. Any way the student gains joint attention will need to be reinforced.

SOME SUGGESTIONS

If a student is completely silent, elements of speech sound development need to be incorporated into the communicative exchanges. These students tend to be more at ease with mouthing sounds and words without voice. Begin with sounds that have highly visible articulatory postures to match to a written cue while sitting side by side. Proceed to highly visible sounds, without voice, but facing the therapist. Add unvoiced continuants so the passage of air is audible. Over time, combine these "acquired" sounds into CVC words in a whisper with the therapist or speech partner's eyes covered. These CVC combinations can be made into animal sounds, sound effects and simple words through interactive games such as Go Fish, familiar board games or arts and crafts.

Once a whisper is achieved attempts at whispers with the listener's eyes uncovered are made. Walkie-talkie style telephones are fun to use and they make the whispered utterance more audible.

Once important note is that some students with SM will not let even a cough escape their mouth let alone speech. Oral motor techniques can encourage this behavior. Have races blowing cotton balls or feathers with a straw to get the student used to air flowing out.

ASSESSMENT AND LANGUAGE INTERVENTION

Once oral speech is established the therapist can begin assessing language skills. Knowledge of language development and its impact on academics is essential for working with a student with SM. The students could display poor language organization skills to define, sequence and explain. The student may have difficulty with the concepts of main idea and supporting details. This may be reflected in both the oral and written form. SLP's have the understanding of development and the training on how to specifically elicit skills in a scaffolding fashion. In the early grades the groundwork can be laid in the language area. If the language difficulties continue to impact academics to a marked degree then a assistance from the resource room special education teacher may be warranted. It is a team approach.

Students with SM may have difficulty with pragmatic judgment, non literal language and inferencing. Their responses may be vague and nonspecific to the context.

There are some diagnostic tools that help justify services at an initial referral and to continue approved speech and language services. Qualitative measures are as equally valid as quantitative measures in cases of SM. These include the following.

Classroom Communication Skills Inventory (CCSI, 1993 Psychological Corporation): an inventory of classroom communication skills, completed by the classroom teacher, through ratings of below average to above average

Expressive Language Test (ELT, 1998 Linguistics): a language assessment that measures the quality and sophistication of oral expression and appears to have a decent correlation with written language skills

The Listening Test (Linguistics): a good instrument to assess the language skills inherent in literacy including main idea, details and reasoning.

Strong Narrative Assessment Profile (SNAP, 1998, Thinking Publications): A decent tool to assess the language of literacy .

Comprehensive Assessment of Spoken Language (CASL, AGS Publications) The Pragmatic Judgment and Inferencing subtests are helpful in assessing the student's ability to use language to identify and explain. The pragmatic portion seems to correlate well with their social functioning. The inferencing portion can support language difficulties and its impact on academics especially in the written form.

Home videos: Helpful if a student is completely silent at school. It can be used to assess articulation, grammar and language skills.

IST, IEP, 540? WHICH WAY DO WE GO?

Consider curricular and testing modifications for the student. Classroom reading assessments can be accomplished through audio tape with whom the student is comfortable speaking Oral presentations can be video taped at home or in school and watched by the teacher or by the class. The student should be asked if it should be viewed by the teacher only or by the class and the decision respected. Over time, viewing by the class should be encouraged. This should be a goal and worked on over time.

These accommodations can be offered as good pedagogy as a recommendation from the building instructional support team (IST) or through an IEP if the case has been heard and services approved through CSE. A student with SM can also be included in existing speech and language groups while the referral process is conducted. Be creative with your time!

These are some different options to discuss with the school IST that can be presented to the CSE. These include a 504 Accommodation Plan as a result of the anxiety disorder. Speech and Language Impairment for the younger student not yet medically diagnosed, or Other Health Impaired if there is a medical diagnosis of anxiety and medication is prescribed. Some Committees will recommend a diagnosis of Emotionally Handicapped which is always up for debate. Be prepared with your facts and make a clear, informed presentation. Whichever the avenue, services are essential for the student to succeed.

REMEMBER THESE KEY POINTS

- Manage expectations and truly understand that oral speech is not the goal. The goal is communication. This will limit frustration in the process.
- Work within a flexible framework and continually build a relationship. This will maximize the experience.
- Use practical applications that are practical and relevant to each child in each situation. There is no recipe.
- Incorporate all resources and prior experiences into your work and don't be afraid that you will make a mistake.