



The SMG-CAN Newsletter

SELECTIVE MUTISM GROUP - CHILDHOOD ANXIETY NETWORK

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Expert Chat Educational Sessions are Coming Back!

By Vera Joffe, PhD, P.A.



Dear Members of the Selective Mutism Website:

We hope that you are having a good beginning of the year 2011! For those living in many parts of the country, you are probably already settled in the routine of winter after some time for vacation and holidays. No matter which stage of diagnosis and treatment you are in related to your child's Selective Mutism (SM), it is true that education is one of the most

important tools parents can obtain in order to help advocate for their child and educate others involved with your child. Teachers, school officials, physicians, mental health workers, speech-language pathologists, as well as extended family need to be informed.

One of the goals of SMG-CAN is to provide its members with empirically-based information about SM, such as how to appropriately diagnose SM, how to treat SM, and how to work as a team with other professionals involved to help your child feel more comfortable at school and in other settings. The ultimate goal is to help her/him decrease the effects of the social-anxiety communication disorder and feel comfortable to communicate with others at school and in other settings.

Maintaining the importance of education is one of the main goals of the Selective Mutism Group, and we are pleased to inform you that our expert chat sessions will begin again in March 2011. We value providing educational information and support to parents of children with SM as well as other people involved with SM, including mental health professionals, educators, physicians, speech-language pathologists, and adults with SM.

Continued -p.3



Language & Classifying Selective Mutism

By Evelyn R. Klein, PhD, CCC-SLP

There is debate about how to classify selective mutism (SM). Classification is important because knowledge of signs and symptoms help diagnose and guide best practices. In a recent study of 130 children with SM by Cohan, et al. (2008), three groups of children with SM were identified: exclusively anxious, anxious-communication delayed, and anxious-mildly oppositional. We know SM is comorbid with anxiety (Cunningham, McHolm, & Boyle, 2006; Manassis et al., 2007), developmental

issues (Elizur & Perednik, 2003), and some authors have included oppositional traits although others question these findings (Yeganeh et al., 2006). Research also indicates that children with SM produce shorter, simpler, and less detailed language than other children of the same developmental age (McInnes, et al, 2004). For children with SM, using language to communicate for functional purposes (pragmatic language) is affected in selected places

with selected people. Pragmatic language includes: (1) *Using language for different purposes* such as greeting others, providing information, making requests, promising, etc.; (2) *Changing language to suit the needs of a listener or situation*, such as talking differently to different people, providing background information when needed, etc., and 3) *Following rules for communication* such as engaging in conversations and telling stories with the ability to

Continued -p.2

Inside this issue:

- EXPERT CHATS TO CONTINUE 1
- LANGUAGE & SELECTIVE MUTISM 1
- A CASE ILLUSTRATION 2
- UPCOMING CONFERENCES / WORKSHOPS 3
- FLOOR-TIME AS PLAY THERAPY 4

The SMG-CAN Newsletter

Classifying SM



(continued from p. 1)

take turns in conversation and tell stories. Social language often presents great difficulty for children with SM. Questionnaires such as the *Pragmatic Profile* from the Clinical Evaluation of Language Fundamentals (CELF-4) can help identify pragmatic weaknesses.

While the etiology of SM appears to be related in part to temperament, genetics, developmental milestones, socialization,

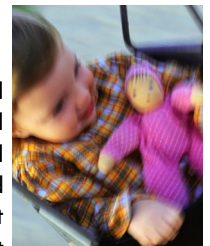
and psychological factors (Cohan, Price, & Stein, 2006), pragmatic language skills and expressive abilities may become delayed due to lack of experience in a variety of situations. Communication, both nonverbal and verbal, presents challenges for children with SM. With standardized, norm-referenced measures and the help of parents, investigators at the Selective Mutism Anxiety Research & Treatment Center have been collecting data on vocabulary and narrative language skills of children with SM. Thirty-three

children from 5-12 yrs. of age involved in a research study revealed that, on average, retelling a story to parents was a more difficult task than answering questions about a story. In both tasks children spoke to their parents while at the clinic. Speech output was reduced on expressive language tasks requiring more complex sentences and recall of information without supportive pictures. Research is ongoing. Stay tuned. ◇

References: Cohan, S.L., Price, J.M., & Stein, M.B. (2006). Suffering in silence: Why a developmental psychopathology perspective on SM is needed. *Journal of Developmental & Behavioral Pediatrics*, 27, 341-355.; Cohan, S.L., Chavira, D.A., Shipon-Blum, E., Hitchcock, C., Roesch, S.C., & Stein, M.B. (2008). Refining the classification of children with selective mutism: A latent profile analysis. *Journal of Clinical Child & Adolescent Psychology*, 37(4), 770-784.; Cunningham, C.E., McHolm, A.E., & Boyle, M.H. (2006). Social phobia, anxiety, oppositional behavior, social skills, and self-concept in children with specific selective mutism, generalized SM, and community controls. *European Journal of Child & Adolescent Psychiatry*, 15, 245-255.; Elzur, Y. & Perednik, R. (2003). Prevalence and description of selective mutism in immigrant and native families: A controlled study. *Journal of American Academy of Child & Adolescent Psychiatry*, 42, 1451-1459.; Manassis, K., Tannock, R., Garland, E.J., Minde, K., McInnes, A., & Clark, S. (2007). The sounds of silence: Language, cognition and anxiety in SM. *Journal of American Academy of Child & Adolescent Psychiatry*, 46, 1187-1195.; McInnes, A., Fung, D., Manassis, K., Fiksenbaum, L., & Tannock, R. (2004). Narrative skills in children with SM: An exploratory study. *American Journal of Speech & Language Pathology*, 13, 304-315.; Yeganeh, R., Beidel, D.C., & Turner, S.M. (2006). Selective mutism: More than social anxiety? *Depression & Anxiety*, 23, 117-123.

A Case Illustration with Floor-Time™ By Esther B. Hess, PhD

Sara, a 4 year old girl impacted by selective mutism entered into the play room and uncharacteristically began to take the puppets off of the puppet tree and throw them around the room in a rather chaotic random way. The clinician had no idea what was causing the unusual outburst, but rather than stop the flow of activity, she followed the child's lead and simply reflected back to her the feelings that she (the therapist) was feeling as the tumult unfolded, guessing that the child might also share the same experience, "Boy, I feel angry today, I feel so angry that I just want to throw everything around. And I don't care if I make a mess... I am not cleaning up." At this point in the exchange, the child momentarily stopped her actions, took in the clinician's words and with renewed frustration, picked up the doctor puppet figure and the toy doctor kit and began to put multiple Band-Aids over the mouth of the toy. Again the clinician followed the lead of the child and began to expand reflectively on the play scene. "I am very angry at you doctor. You put tape over my mouth and it really hurts." The child vigorously shook her head in agreement and for first time in the session began to speak. "He put tape on my mouth and it cut my mouth here" (indicating the side of her left cheek).



The clinician turned to the parents who were also participating in the therapeutic plan and had them fill in the missing pieces of the story concerning their child's recent visit to a dentist, which was perceived by their daughter as being extremely intrusive. Both parents, under the guidance of the interventionist, continued the theme of their child's play and began to help her work out the trauma that she had experienced in the dentist's office by becoming the various play figures in the drama. Sara's language flowed easily at this point as she was encouraged through the play to express her feelings of anxiety, frustration and helplessness. With Dr. Hess' assistance, the family was encouraged to help Sara find an alternate solution to the dental visit and provide the child with the control that she so badly needed.

Dr. Hess met later in the therapeutic hour with the parents by themselves and expressed the need for all members of the intervention team (parents, clinicians, educators, etc.) to work together as a unit by being informed of important experiences in their child's life ahead of a session, so that the session might reflect more accurately the experiences of the day. To the parents' credit, they admitted that they had not thought to share the dental incident with the therapist because they did not want to acknowledge to themselves the gravity of their daughter's issues which would necessitate both the preparation for and reviewing after of what they had hoped would be a routine dental visit. ◇

Expert Chats to Continue...

(continued from p. 1)

Dr. Vera Joffe, one of the SMG-CAN National Board of Directors, will be coordinating the Expert Chat Sessions and she would like to hear from members of SMG-CAN about topics of interest.

Please email connectionscoordinator@selectivemutism.org and use the subject line: Chat Questions & Suggestions about any information or topic you would like to hear during the Expert Chat

Meetings. Please make sure to do so in the next few weeks (preferably by 2/18/11) if possible as we are currently planning the Expert Chat topic list and presenters for 2011! Even after that date, please keep your questions and suggestions coming! Stay tuned to the SMG website (www.selectivemutism.org) for information and to RSVP for an upcoming Expert Chat session. Our next chat is

planned for March and details will be available in the coming weeks on the SMG website. We look forward to a very informative, educational, and cooperative year with all the members of SMG-CAN!



Upcoming Conferences & Workshops for Families & Professionals

Educational Meeting & Presentation about SM

Speaker—Dr. Vera Joffe

Monday, 2/7/11 from 5:30-7:00pm in Coral Springs, FL

To register contact:
Dr. Joffe's office at 954-341-4441

Educational Meeting School Advocacy for Your Child with SM

Speaker—Susan Schwartz, MA, Ed

Thursday, 2/17/11 from 6:00-7:30pm on line real-time

To register contact: The Child Mind Institute at www.childmind.org

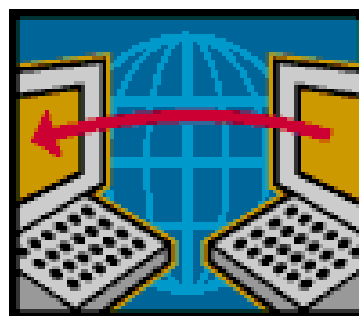
Assessment & Treatment of Selective Mutism: Beyond the Basics

Speaker—Dr. Elisa Shipon-Blum

Wednesday, 4/6/11 (full day workshop) in King of Prussia, PA

Friday, 4/8/11 (full day workshop) in Cherry Hill, NJ

To register contact:
The Smart Center at
<http://www.selectivemutismcenter.org/cms/Conference.aspx>



SMG-CAN ...

**KEEPS YOU UP
ON THE LATEST
INFORMATION!
ATTEND A
WORKSHOP AND
LEARN MORE!**

School's Out, Now What? Brave Buddies & Other Summer Programs

Speaker—Dr. Steven Kurtz

Thursday, 3/10/11 from 6:00-7:30pm online real-time

To register contact:
The Child Mind Institute at www.childmind.org

Video streaming workshops are live at www.ustream.tv/channel/child-mind-institute

Rid the Silence!

SELECTIVE MUTISM GROUP - CHILDHOOD ANXIETY NETWORK NEWSLETTER



Floor-Time as a Play Therapy Intervention for Children Impacted by Selective Mutism

By Esther B. Hess, PhD

Selective mutism (SM) is a psychiatric disorder that affects approximately 7 of every 1,000 children (making it almost twice as common as autism) yet; it is seldom dealt with within the confines of a psycho-therapist's office. It is an extreme form of social anxiety disorder where a child cannot speak in select settings, most typically at school, even though they can (usually) speak normally at home. There is little understanding and subsequently little empathy for these children who often are frozen with fear as they try to confront specific social settings. Children with SM are not choosing to be silent nor refusing to speak, nor are they being oppositional. They are literally so anxious that they have developed dysfunctional coping skills to combat their anxiety. This most often includes avoiding social interactions. As a consequence of these dysfunctional coping skills, children with SM are often misdiagnosed with a variety of disorders that range from being "just shy" to autistic to oppositional and defiant to selectively mute.

Another misconception from the past was that SM was a form of post-traumatic stress disorder and that the child stopped talking in public due to some deep dark secret at home. For the typical child with SM, the longer the mutism persists, the more difficult it is to overcome. Left untreated, defenses can grow into social isolation, poor school performance, self-medication with drugs and alcohol, the inability to seek employment as an adult, and in extreme cases even suicide (Shipon-Blum, 2003). Pediatricians often tell parents not to worry; their children will outgrow the problem. That reassurance is well meaning but misguided. A correct diagnosis and treatment should begin as early as possible. Treatment can include behavioral, cognitive and developmental techniques that gradually expose a child to frightening situations, with a lot of positive reinforcement.

Floor-Time™ is a developmental intervention created by Dr. Stanley Greenspan that encourages play between the child and his/her parent, teaching the parent to utilize their child's level of interest and motivation to get involved in social interactions with them. As one of Dr. Greenspan's Senior Clinicians on the West coast, I emphasize a 'no pressure' approach where between parent and child that is not about speaking but rather about the relationship that is developing between the impacted child and their mom or dad. Normal communication patterns eventually emerge as a consequence of these relational interactions. As part of the treatment plan, I often ask parents to expose their children to a variety of extracurricular activities and play dates 'in real time' in an effort to desensitize them to social experiences. In addition, I work with both parents and individual family members to help them process their own feelings of having a child with SM.

SM is an extreme form of social phobia that impacts thousands of children world wide, but is only recently being addressed by the psychiatric play community. Floor-Time is a developmental play method that harnesses a child's interests or concerns as the starting point for intervention. In addition, underlying neurological differences are acknowledged and supported within the context of the therapy so that the interactions and subsequent speech that emerges from the interactions can be sustained. It is an ideal tool for servicing children impacted by this disorder due to the emphasis on the relational aspects of play that view the production of language as a byproduct of animated interpersonal exchanges, rather than a means to an end. Extended family members are routinely drawn into the activities to facilitate both therapeutic resolution for the child as well as deal with their own conflicted feelings associated with this often misunderstood and maligned anxiety disorder of childhood.

[See page 2 for a 'Case Illustration of Floor-Time'].

Reference: Shipon-Blum, E. (2003). *The ideal classroom setting for the selectively mute child*. Selective Mutism Anxiety Research & Treatment Center, Jenkintown, PA.

