

Understanding & Treating Selective Mutism (SM) in Teens

Anxiety

Anxiety is a **natural and adaptive** emotion that almost everyone experiences. Anxiety serves an important survival function, by alerting us to respond to signs of danger. Imagine you never felt anxious and, thus, never responded with caution: would you go to work? Pay the bills? Stop at red lights?

Although anxiety is typically mild and transitory, some anxiety systems are **over-sensitive**, leading to **excessive, persistent** feelings of anxiety that can cause **psychological distress**. The goal of anxiety treatment is not to turn off the “anxiety alarm,” but to increase its threshold for going off.

Anxiety can be activated, maintained, and, importantly, targeted by the environment (e.g., the way a parent or teacher responds to a child’s anxious behavior) through:

- **Accommodating or providing attention to avoidance behaviors**
- **Reinforcing “brave” (i.e., approach) behaviors**

The cycle of negative reinforcement (page 2) shows how anxiety is increased over time through the removal of an aversive stimulus.

The cycle of positive reinforcement (page 2) illustrates how anxiety can be reduced over time through consistent exposure to and reward for approaching anxiety-provoking situations.



SM

SM is an **anxiety disorder** characterized by a persistent **failure to speak** in one or more social situations for at least 1 month. Children usually develop SM before the age of 5, but it may not be diagnosed until school-age, when the disturbance becomes more noticeable and/or interfering. In addition, while SM is typically associated with young children, teens can also suffer from SM.

Children and teens with SM are usually able to speak comfortably at home and with their immediate families; **in less familiar settings or with unfamiliar people, however, they may refuse or feel unable to speak.**

Older children, who often have a longer history with SM, are also more likely to be **excessively shy, show significant social anxiety or fear of embarrassment**, and may at times prefer to be **isolated and/or withdrawn**. They also may be more effective at communicating through **nonverbal behaviors**, such as:

- **Nodding or shaking head**
- **Pointing or gesturing**
- **Inaudible, whispered, or abbreviated speech**

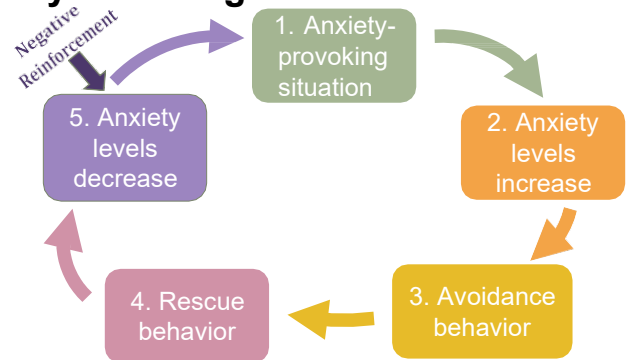
SM can be associated with considerable life impairment, reduced quality of life, and interference with family, school, and peer functioning.

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Behavioral Conceptualization of SM

SM behaviors may result from a long series of **negatively reinforced interactions**. Negative reinforcement is when a behavior increases due to the removal of an unwanted feeling/behavior. **When the anxiety of speaking is taken away due to an adult rescuing the teen from the expectation to speak, the teen's nonverbal behavior is reinforced.**

Cycle of Negative Reinforcement



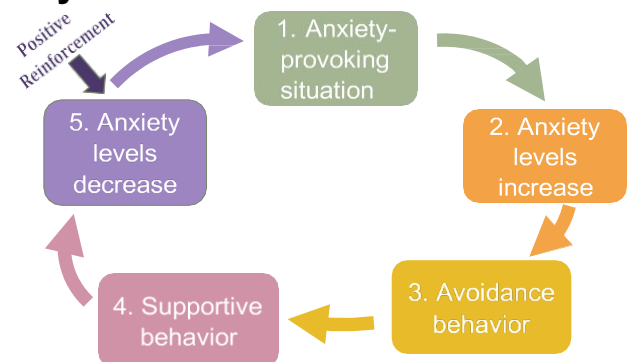
The cycle of negative reinforcement for SM proceeds as follows:

1. **Anxiety-provoking situation**: the teen is prompted to speak
2. **Anxiety levels increase**: the teen becomes overly anxious
3. **Avoidance behavior**: the teen tries to avoid speaking by nodding, gesturing, or freezing
4. **Rescue behavior**: another individual (often an adult) “rescues” the teen by removing the expectation to speak (e.g., answering for the teen)
5. **Anxiety levels decrease**: the teen feels less anxious once rescued (for the short term)

As a result, the teen makes the connection that avoidance behaviors are effective coping strategies to use to reduce anxiety levels. The more times this cycle repeats itself, the more reinforced the teen is to avoid speaking. After many years of practicing this avoidance, a child with SM may evolve into a teen who is very adept at communicating nonverbally.

Positive reinforcement is when a behavior increases due to the addition of a rewarding stimulus. So, **when the anxiety of speaking is reduced by an adult providing the teen with support to speak, the teen's verbal behavior is reinforced.**

Cycle of Positive Reinforcement



The cycle of positive reinforcement for SM proceeds as follows:

1. **Anxiety-provoking situation**: the teen is prompted to speak
2. **Anxiety levels increase**: the teen becomes overly anxious
 - ✦ the more the teen practices, the less anxious they will get in subsequent exposures
3. **Avoidance behavior**: the teen may try to avoid speaking by nodding, gesturing, or freezing
4. **Supportive behavior**: another individual provides the teen with support to speak by providing an opportunity to speak (e.g., 5-10 seconds), repeated or adjusted prompts, and positive attention (e.g., labeled praise) for verbal behavior
5. **Anxiety levels decrease**: the teen feels less anxious following speech

As a result, the teen makes the connection that speaking leads to rewarding responses and a reduction of anxiety levels. In addition, teens often need to recognize how SM interferes with something that is important to them (e.g., academic performance, peer relationships) in order to increase motivation to change, which is much more likely to happen when others limit their own use of “rescue” behaviors. Over time, with consistent exposure and practice, the teen will become increasingly reinforced to speak.