

2026 ANNUAL CONFERENCE**Limited Conference Recording Bundle for Caregivers/Professionals*****Maximize Parent Coaching, Minimize Accommodations, and Incorporating Sibling Support***

Brittany Roslin, Ph.D., Dana Jerusalem, Ph.D.

The Fade-In Playbook: Tactical Tools, Tone, Tempo and Timing

Taylor Hicks-Hoste, Ph.D., LP, NCSP, Katelyn Reed, M.S.

Beyond Silence: Developing Effective Treatment Plans for Older Children and Teens with Selective Mutism

Elisa Shipon-Blum, D.O., Jenna Blum, Psy.D.

Advocating for School-Based Interventions for Children with SM

Melissa Jeffay, Psy.D., & Kathryn Keough, Ph.D.

Navigating the Road to Brave Talking: Mid-Treatment Decision-Making in SM Treatment

Eleanor Ezell, LCSW, Rachel Busman, Psy.D., ABPP, Alisa Gudcz, Psy.D.

* Up to 5 hours of continuing education available for professionals

SESSION DESCRIPTIONS***Maximize Parent Coaching, Minimize Accommodations, and Incorporating Sibling Support***

Brittany Roslin, Ph.D., Dana Jerusalem, Ph.D.

Evidence-based interventions for the treatment of Selective Mutism (SM), such as PCIT-SM and SPACE, rely on parental involvement and parent coaching to improve treatment outcomes and promote functional communication. Often these treatment models also incorporate other family supporters, such as siblings. This presentation aims to help caregivers maximize coaching opportunities and minimize well-intentioned accommodation by reflecting upon situational factors, parent behaviors, and sibling support. After years of experience supervising and consulting in the assessment and treatment of SM we have thoughtfully identified some of the most common challenges related to parent coaching, including, but not limited to, time restraints, environmental distractibility, parental low distress tolerance, the use of ineffective reward systems, and sibling characteristics. After briefly reviewing the rationale and principles behind the evidence-based treatment approach, we will identify and explain how these common challenges impede treatment progress and provide practical strategies for parents to consider when facilitating exposures.

The Fade-In Playbook: Tactical Tools, Tone, Tempo and Timing

Taylor Hicks-Hoste, Ph.D., LP, NCSP, Katelyn Reed, M.S.

Stimulus fading is an important ingredient in the recipe for success, in terms of helping a child grow their talking circle to include new people and new places (Hipolito, et al, 2023; Steains et al., 2021, Zakszeski & DuPaul, 2016). However, fade-ins are reported to be under utilized in certain settings, such as schools (Boneff-Peng et al., 2025), in spite of their effectiveness. Parents often serve as key players in the fade-in process as they typically are their child's most comfortable speaking partner (Catchpole et al., 2019). Parents also play the critical role of facilitating the logistics of the fade-in process to set up all parties for success—from proactively equipping others with basic knowledge and tools to adjusting environmental variables.

This presentation will aim to equip parents and caregivers with increased knowledge and enhanced strategies to facilitate fade-ins, beyond the basic steps. This will include a brief overview of the fade-in process, paired with key questions caregivers should consider to amplify growth. Guiding questions will focus on the important details of With whom? Where? When? What activity? And what to do when things don't go as planned? We will also explore ways to break down foundational steps into microsteps, for those tricky moments when a child may need the process slowed down coupled with additional support.

Case examples and video illustrations, will be discussed to highlight common missteps across complex environments, such as navigating playdates, school settings, and community events (e.g., parties, extracurriculars). This will be paired with ideas on how to proactively plan for these common errors, as well as tips for pivoting in-the-moment.

Parents and caregivers will leave with increased knowledge and confidence in assuming this leadership role within their child's brave journey.

Beyond Silence: Developing Effective Treatment Plans for Older Children and Teens with Selective Mutism

Elisa Shipon-Blum, D.O., Jenna Blum, Psy.D.

Selective Mutism (SM) is a social communication anxiety disorder that may persist into adolescence when not effectively addressed in early childhood, often presenting with increased complexity and functional impact. Older children and teens with SM frequently demonstrate the ability to speak in certain settings, yet may struggle with social communication confidence, particularly in initiating, elaborating, and sustaining reciprocal interactions. As social and academic expectations increase, adolescents often experience heightened avoidance, internal distress, over-reliance on others, and difficulty reaching their full functional capacity as independent communicators.

This presentation offers a comprehensive, developmentally informed framework for designing individualized treatment plans for eliciting speech and supporting individuals in becoming confident, independent social communicators. Grounded in clinical expertise and evidence-based practice, and guided by the whole-person, CBT-based Social Communication Anxiety Treatment® (S-CAT®) framework, the session emphasizes the importance of thorough assessment across settings using structured tools and observable data. This process helps determine an individual's baseline stage of communication and identify contributing factors impacting performance. For many adolescents, the challenge is not an inability to speak, but difficulty accessing speech consistently and independently across environments.

A central focus of this presentation is how to design effective, goal-oriented treatment plans that translate intervention into measurable, functional steps. Written goals serve as the foundation for guiding, tracking, and reinforcing progress while promoting consistency, confidence, and independence. Through purposeful and repeated engagement, whether in peer interactions, community-based exposures, school participation, or facilitated small group experiences, individuals build familiarity, reduce avoidance, and strengthen communication pathways.

Motivation, a critical and often fluctuating factor in adolescents, is addressed through individualized, meaningful goal setting and reinforcement strategies that foster engagement and ownership of the treatment process.

Key strategies highlighted include the use of foundational communication tools such as the Big Five Words to establish entry points for engagement, and the Common Questions process to prepare for predictable interactions. Structured frameworks such as SM Action Plans and Sandwich Questions support individuals in anticipating interactions, organizing responses, and engaging in reciprocal communication while reducing processing demands. Additionally, SM Roadmaps

(Beyond Silence: continued)

provide visual and strategic guidance for navigating social situations, while interview-style ‘assignments’ offer structured, script-based opportunities to practice initiating and responding across settings.

All strategies are individualized and adaptable based on the individual’s stage of communication, allowing for flexible progression toward independent verbal communication. Caregivers play a critical role as partners in treatment, supporting implementation, facilitating opportunities, and reinforcing progress across home, school, and community settings.

By the conclusion, participants will have a clear, structured framework for developing individualized treatment plans that emphasize social engagement, motivation, real-world application, independence, caregiver involvement, supporting older children and teens with Selective Mutism in reaching their full communicative potential.

Advocating for School-Based Interventions for Children with SM

Melissa Jeffay, Psy.D., & Kathryn Keough, Ph.D.

For a child with Selective Mutism (SM), it can be extremely effective when the child’s caregivers, school team, and outside treatment team collaborate to provide the child with comprehensive treatment (White & Bond, 2022; Elizalde-Utnick, 2007; Hartati et al., 2024). Schools play an integral role in a child’s daily life and can provide fruitful exposure opportunities for a child to practice speaking with new people, in new locations, during new activities (Kurtz et al., 2026). However, lack of 1) knowledge from the school team, 2) perceived impairment of the child, 3) advocacy skills from caregivers, and 4) self-efficacy from educators can affect a school’s ability to intervene effectively (Johnson, Jemmett, and Firth 2015; White & Bond, 2022). These misunderstandings can result in a school blaming or shaming a child for their SM or using other inappropriate strategies which might inadvertently reinforce SM symptoms (White & Bond, 2022). Even for school teams who are motivated to help, there are many common misconceptions of SM that can get in the way of effective school-based interventions (White & Bond, 2022; Harwood & Bork, 2011; Johnson, Jemmett, and Firth, 2015). The aim of this workshop is to expand caregivers’ skillset in advocating for and enhancing the effectiveness of school-based interventions for their child with SM, including pathways to informal and formal school-based support, psychoeducation for the school team, accurate assessment of a child’s abilities in school, school accommodations and services, and communication amongst the treatment team. This interactive 60-minute learning experience includes presentations, discussions, and demonstrations. Presentations describe the common misconceptions of SM and the need for evidence-based school support that involves unique considerations for each child. Discussions focus on school-based interventions and how to implement them using various school supports. Workshop participants will demonstrate the use of effective advocacy skills and indicate methods to use these techniques with a child’s school team to improve the child’s ability to verbalize across people, settings, and activities.

Navigating the Road to Brave Talking: Mid-Treatment Decision-Making in SM Treatment

Eleanor Ezell, LCSW, Rachel Busman, Psy.D., ABPP, Alisa Gudz, Psy.D.

Selective Mutism (SM) is an anxiety disorder that has historically been misunderstood, but advances in evidence-based assessment and intervention have reduced stigma and expanded access to appropriate care. Parent-Child Interaction Therapy for SM (PCIT-SM) is an established evidence-based treatment with a growing provider base over the past two decades (Cotter & Breston-Knight, 2018). Clinicians have robust tools for initiating SM treatment, but less is understood about mid treatment decisions. Children and adolescents with SM can present with significant clinical complexity, including comorbid conditions, school-based barriers, and family system variables that complicate treatment trajectories. Despite a strong evidence base for treatment initiation, clinicians can frequently encounter plateaus that require real-time clinical recalibration. Vigilance to mid-treatment progress — and willingness to pivot when indicated — is essential to achieving the foundational goal of establishing functional speech and social competency. Two SM and early childhood anxiety experts will review key mid-treatment decision points, including: monitoring progress by using objective measures and tracking family accommodation and school adherence; diagnosing comorbid conditions and adjusting treatment planning accordingly; addressing school-related barriers and supporting caregivers requiring additional intervention; and managing extended plateaus, including considerations for neuropsychological evaluation, medication initiation or adjustment, and intensive treatment models. Case examples will be presented, and attendees are encouraged to bring their own clinical questions.