



sma

SELECTIVE MUTISM
ASSOCIATION

Toolkit for Educators



welcome

WELCOME TO THE SELECTIVE MUTISM ASSOCIATION'S TOOLKIT FOR EDUCATORS!

This toolkit, compiled by members of the Selective Mutism Association, is meant to serve as a helpful guide for educators of all kinds: school administrators, teachers, speech-language pathologists, social workers, school psychologists, and counselors.

Within these pages, you'll find useful information, tips and strategies, and other assorted resources to help you best support children diagnosed with Selective Mutism. As an educator, you are in a uniquely well-suited position to observe symptoms of SM that occur in school settings and to help your students.

We hope that you find this toolkit informational and valuable to your work and to your student population. Feel free to share it with any colleagues, peers, and parents that you think may benefit from it, as well.

If you would like more information on Selective Mutism and the work of the Selective Mutism Association, please visit selectivemutism.org.

table of contents

- What is Selective Mutism? 4-6**
- How to Address Concerns with Parents 7-8**
- School Interventions 9-12**
- Quick Tips for Teachers 13-15**
- Discussing SM in the Classroom 16-19**
- 504/IEP Accommodations 20-23**
- Sample Letter to Send to School Personnel 24**
- Helpful Resources 25-26**



what is selective mutism?

Selective mutism (SM) is an anxiety disorder in which a child is unable to speak in some settings and to some people because of anxiety. Children with SM often are described as “chatterboxes” at home and in very comfortable settings. This is in stark contrast to how children with SM present in settings like school, playdates, and other social situations.

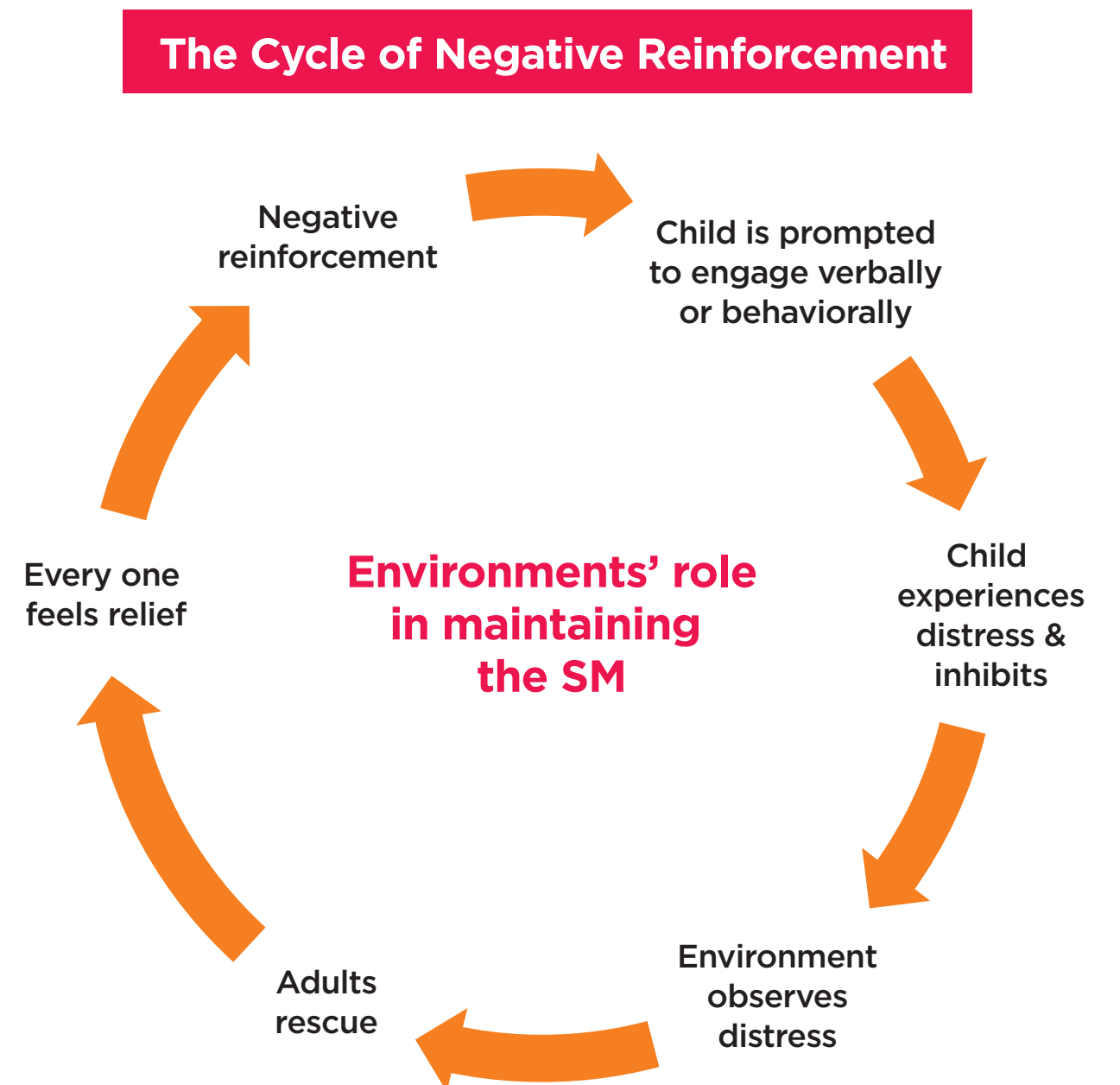
SM can manifest itself in a variety of ways. For example, a child with SM might:

- **Speak at full volume with their parents when alone**
- **Struggle to speak to peers, even if they want to**
- **Speak in a whisper in social settings (e.g., school, community events/outings)**
- **Rarely, if ever, speak in school**
- **Be unable to ask to go to the bathroom or the nurse**
- **Not engage in movement activities**
- **Use gestures in place of verbal communication**

Often, SM doesn't become apparent until a child reaches school-age. Parents might not realize their child has trouble speaking around other people if talking is not a problem at home. Or they may think that their child is shy, but not realize just how impairing their child's anxiety really is. Educators have the unique perspective of seeing the child in the school setting; therefore, it's crucial to understand what SM is and how to support your student effectively. Parents often are unaware that their child is having difficulty speaking at school, as the child may describe the day, talk about friends, and otherwise seem happy.

Selective Mutism, like other anxiety disorders, is not caused by a specific thing. Anxiety disorders are due to a combination of factors and they are usually a combination of a biological predisposition to anxiety and factors like the child's temperament and environment.

The cycle of negative reinforcement is really crucial when we think about how SM is maintained. Think about when a child is asked a question. Someone might say, “Oh you look as old as my son. How old are you?” This friendly question can make the child with SM quite anxious. He might look down, look to the parent and/or not respond. The parent might feel distressed because they know their child cannot answer. The other adult might feel unsure of what to do. Usually, an adult swoops in and “rescues.” The parent might say, “Oh, he's 5,” or the stranger might say, “Oh. I bet he is just shy!” Either way, the moment usually passes with everyone feeling a sense of relief (whether or not anyone realizes it). This actually gives the child practice in not answering and that same pattern is likely to continue the next time someone asks him/her a question.



how to address concerns with parents

The goal when working with a student with SM is to break this cycle of negative reinforcement!

There are two other important notes to consider when trying to decide if a child is demonstrating characteristics of selective mutism. First, there is often a stark contrast in the communication of a child with selective mutism: they talk normally when they are comfortable, but are unable to talk when they are uncomfortable. If the child also has difficulty communicating in the home environment, please be sure to share these concerns with your guidance counselor, school psychologist, or speech language pathologist, as this may be an indicator of communication difficulties other than selective mutism. Also, if a child is learning a second language it is often normal for him or her to be silent during the acquisition phase of the new language. This is known as the “silent period.” Please talk to your guidance counselor or school psychologist about your concerns.

How teachers can approach the topic of selective mutism with the parents of students exhibiting characteristics of SM.

It’s not uncommon for teachers to be the first ones to recognize the signs of selective mutism (SM). Since children with SM are often chatterboxes at home where they are comfortable, parents might not realize how crippling their child’s anxiety actually is at school. Often, parents have not ever heard of selective mutism. They might assume that their child is shy and just think that it’s something they will outgrow.

When a student is demonstrating nonverbal behavior in the classroom, it will be essential to obtain information from the parent/caregiver about the student’s communication in the home environment. Does the student engage in typical conversation (similar to same age peers) when they are comfortable (e.g. in their own home)? If the student talks normally at home, but you observe nonverbal behavior in the classroom, it is possible the student is demonstrating characteristics of SM.

If you suspect one of your students has selective mutism, it’s important to first share your observations with a school administrator, psychologist, or counselor. Then, these observations can be passed on to the child’s parents, as well. Keeping a notebook of observations might help you to be able to give specific examples of how and when the child is struggling. As a teacher, your role is not to diagnose a child, but detailed observations will help give the parents a clearer picture. A few examples might include if the child is speaking to the teacher, if the child is verbally interacting with peers, and/or if they are able to advocate for their needs and wants.

This news may sometimes come as a surprise to parents, since they often don’t see the same impaired child at home. Some parents might not understand how to move forward with the information that you just shared with them. You can refer them to the school psychologist and/or recommend that they bring up these concerns with their pediatrician.

school interventions

Some parents might want to give it more time to see if their child will come out of their shell, but generally a child with SM needs appropriate interventions to help them start speaking. If the parents are not receptive to what you have shared and the student is not progressing after implementing strategies, you might need to have a school psychologist, counselor, or administrator help express your concerns. You could also invite the parents into your classroom to observe their child's behavior inside the school setting.

It's not always easy to share concerns with parents, but it's important to remember that speaking up for your student is essential for their future success. Early intervention is key, and you'll want to work as a team with the parents and treating professional to help your student have a successful and social school year!

This section provides a description of potential interventions, setting appropriate goals for the child, speaking with and responding to him/her, and working with clinicians.

Interventions

The ideal interventionist may vary significantly depending on the child's age, symptoms, the district's requirements, and any co-occurring concerns. Some potential candidates to consider may be the school psychologist, school social worker, school counselor, school speech pathologist, or classroom aide. While the classroom teacher plays an important role in the intervention plan, s/he may not be the best person to play this key interventionist role. This is because the student with SM may simply require a much higher level of support than the teacher can provide while also meeting the needs of the other classmates. Some school staff may have worked with a student with SM, but most often they haven't. It's important to choose someone as the interventionist who is willing and able to learn more about SM and the best practices. It is helpful if the child is already verbal with the interventionist. Think also about the interventionist's scheduling availability. One-to-one meetings are typically necessary at the onset of intervention, and it may be better to meet in more frequent but shorter bursts (e.g., 4 times per week for 15 minutes) rather than one longer meeting per week.

How to Intervene

Appropriately intervening with a child with SM in school requires asking her to step outside of her comfort zone, so building up a good rapport and describing why you're asking her to do these hard things is a necessary first step. When first meeting with the child, allow her to get to know you without immediate pressure to start speaking. This means avoiding questions, which is hard but possible, and choosing activities that the child will enjoy (rather than academic tasks). To help the student prepare for the upcoming practices, talk with her about how most tasks get easier the more they are practiced. This is certainly true for most academic skills.

The student may be involved in an after-school sport, and can probably remember their first few practices when there was so much to learn. Now, however, she could probably demonstrate some advanced skills! Being brave in school will probably feel pretty similar. It may be challenging at first, but with practice, it will get easier. For older kids and adolescents, you may wish to talk about how anxiety works in the brain and how we can retrain our brains to respond differently in anxiety-provoking situations through repeated practice. You can also reiterate that you are there to help them and to make sure that they aren't asked to do anything that is too hard.

Goals

When working with a student with SM, you need to scaffold verbal goals for the child so that practices are organized in a stepwise format from easiest to hardest. In the best case scenario, the parent and child (if she is old enough) can be included in the development of the goals. Since each person's experience of anxiety is unique, each person's goals to tackle their anxiety will also be unique. The child should have every chance for success with each practice. This will allow them to feel accomplished and be more willing to progress into more advanced goals.

You'll notice that some of these goals may be best met when services are completed in a separate location (with no one else there), whereas others would be better accomplished if the interventionist pushed into the classroom, lunchroom, playground, etc. The interventionist may need to be flexible with the setting of the meetings based on the specific goals.

Easier Goals

- Making sounds with the interventionist or teacher
- Answering forced choice questions from the interventionist or teacher when alone with them
- Answering open-ended questions from an adult when alone with them
- Answering questions from a friend when alone
- Asking a question to a trusted communication partner when given a script of what to say
- Talking with a trusted communication partner in a new place (e.g., another private office, in their classroom when no one else is there)

Medium Goals

- Speaking to a trusted communication partner in front of another person or in a small group
- Playing verbal games with a few friends at recess
- Participating in a small group of students—in the classroom, in a social skills group, or in a speech therapy group
- Speaking to different adults around the school—e.g., to borrow supplies from another teacher, to get a bandage at the front office, to order lunch in the cafeteria

Hard Goals

- Answering when called upon in class
- Giving a speech in class
- Greeting someone with a “hello” or “good morning”
- Using social niceties like “please” and “thank you”
- Demonstrating self-advocacy skills
- Seeking out adult assistance when sick or injured

Scaffolding Goals

You may be wondering exactly how you may help a child who currently doesn't speak in school accomplish any of these goals! Think first about how you're placing expectations to speak. Are you asking the child to complete goals that are hard without first trying easier goals? Would the child speak with their parent or another family member at school to help you break the ice? Does the child speak to any friends while at school that you could include in the session? It's important to set realistic goals and be mindful about how you're prompting speech.

Questions

The type of question you ask of a child with SM is very important. Yes/no questions (e.g., “Do you like school?”) often lead to nonverbal responses (like nodding and shaking your head). Open-ended questions (e.g., “What's your favorite part about school?”) may be too complex for some kids who are afraid of saying the wrong thing. On the other hand, forced choice questions (e.g., “Do you like recess or math better?”) may be ideal since the script for the answer is already available. Be sure to wait a full 5-7 seconds after prompting for speech—kids with SM often need this time to reply. You may need to ask a couple of times in order to get the response you're

quick tips for teachers

looking for. If you've asked the same question a couple of times, you may need to find a different way to ask that question or even give the child a little longer to think. Even if you feel nervous or uncomfortable waiting in silence, try not to let the child see your nervousness as that would probably make them feel more nervous too!

Responding to Verbalization

Think also about how you may respond when the child does accomplish a particular verbalization goal. Many children with SM do not like to be the center of attention and would find an exaggerated response to be very uncomfortable. However, simple and casual praise is great. For instance, you might respond "Thanks for letting me know that you've selected Uno to play today" or "I bet Mrs. Jones appreciated how nice and loud you were when you told her you needed a Band-Aid."

Rewards

It's really important to pair practice with positive reinforcement, including specific praise and tangible reinforcers (stickers, check marks, and prizes). Parents often are willing to bring in small prizes that the teacher can keep for the child. Since we are asking these children to accomplish incredibly challenging tasks for them, there should probably be something in it for them! You could identify a few small items or privileges with the child that they can earn once they've accomplished a specific amount of brave work. It is also helpful if parents reinforce their child's bravery when they come home, so be sure to have a communication method to relay information about progress and any setbacks.

Collaborating with Clinicians

Teachers may also be asked to collaborate with a clinical professional if the family is pursuing treatment for the child too. This may involve the clinician joining in on 504 Plan/IEP meetings and periodically scheduling phone calls to discuss progress and goals. Some clinicians may wish to provide direct intervention at the school or during the school day as well. In fact, this is probably the most effective way to help a child learn to be brave at school. Treatment sessions in a clinical setting may not promote generalization of goals very readily since kids tend not to spend much time in offices, whereas intervention is often much more effective in the community or school because those are the settings where speech is necessary and functional. The clinician may wish to assist the child in speaking to their teacher, in speaking to their friends, in helping teachers to collect necessary assessment information, etc. The clinician may also offer some suggestions to educators about additional strategies to consider.

Some basic tips on how to interact with your SM student.

Provide a warm classroom environment with lots of encouragement.

- Whenever possible, incorporate the student into activities.
- To help them feel part of the classroom, it may be helpful to give the student a job that does not require verbal behavior, such as putting up a bulletin board or performing a special task for the teacher.

Initially, avoid questions.

- Even saying "Hello, Lily!" elicits a response.
- Instead, say something like: "It's so good to see you this morning, Lily. We're going to have a great day today."

It's best to start with descriptions, reflections, and play by play.

- Great job walking to your seat this morning, Lily. Great job walking to your seat on the carpet. Now you're sitting down on the green circle, etc. I see you're picking up the red lego, and now you're reaching for the yellow piece, etc. I see you're building a tall tower with your legos—I love tall towers!

When child is warmed up, it's best to ask forced choice questions.

- "Do you like pink or purple better?" "Does your house have stairs or no stairs?" "Did you ride in a car or on a bus today?"
- Even if you begin asking a yes/no question, you can always add "something else" to the end to make it forced choice. "Would you like goldfish? ... Or something else?" "Did you ride with your mom today... Or with someone else?"
- When Lily answers a question, positively reinforce with a labeled praise: "Thank you for telling me pink!" "Great job telling me you want goldfish!"

Avoid mind reading. Instead, reinforce speech and not gestures.

- If you see Lily pointing or shaking her head yes/no, say, “I see that you’re pointing at the blue chair. Do you want to sit in the blue chair or somewhere else?”
- When Lily responds, positively reinforce with a labeled praise: “Great job telling me somewhere else! Would you like to sit in the red chair or the yellow chair?”

Wait 5 seconds.

If you ask a forced choice and the child doesn’t answer—wait 5 seconds. Then repeat the question. It’s important to give her time to process and answer.

Consider using video to communicate.

- Consider communicating with and getting to know your student by having them record a video at home of something they are interested in (e.g. about their pet, their room, what they did on the weekend, etc). It may be necessary to watch this video initially without them present and then talk with them about the video when you see them. Consider small steps to work toward watching the video together.

Use lots of specific praise.

- When you see any interaction, including a smile, a wave, moving closer to a peer, or handing you a piece of paper, acknowledge this with specific praise—“Great job handing me that paper!” “That was really brave to smile at Anna!” etc.
- Children with selective mutism can and do make lots of progress, but it usually occurs in small steps.

If other children say, “Lily doesn’t talk/speak/etc.”

- Correct them and say, “Lily does talk. Lily is working on building her brave muscles and talking at school.”

Help engage and facilitate play.

- Anxiety makes it very difficult for children with SM to initiate or join in play and other interactions with peers. Suggesting activities to do at free time and recess and giving tasks to the child with selective mutism and a peer to do together (“Sarah and Anna, go ahead and clean up the art center.”) are extremely helpful.

Offer small groups.

- If the child is too anxious to complete a task in front of the whole class, offer an opportunity with a small group or to complete the activity one-on-one with you. This lessens anxiety and social demands.

Accept non-verbal responses.

- If the child with selective mutism is just too anxious to answer or participate, offer and accept a way for them to respond non-verbally.
- Remember, this will be temporary—with the expectation that eventually they will be able to use their verbal responses.
- Say something like, “go ahead and point to the one you want.”

Remain positive.

- Do not reprimand or punish the child for not talking, and avoid using guilt to try to get the child to talk.
- Children with selective mutism are extremely sensitive to criticism and can easily be overwhelmed if they feel they are failing or disappointing someone. The student is not being defiant by not talking.

discussing SM in the classroom

Tips for teachers on how to talk about SM in their classroom, both in groups and individually.

Why you should talk about it

Often, students have questions when they notice their classmate isn't speaking at school. They may ask teachers "Can he talk?" or "He doesn't talk to me...does that mean he doesn't like me?" Some educators worry that by addressing the lack of speech, they will call unnecessary attention to the student with SM. But it is generally very clear that there is a student who "doesn't talk," and by addressing the situation in a developmentally-sensitive and factual way, educators may dispel any mistaken ideas that students have already developed. Moreover, in discussing the strategies highlighted in this guide, you can also foster a classroom culture that may encourage the child with SM to feel more comfortable and begin using their voice sooner.

Depending on the preferences of the student and their family, as well as the dynamics of the class, it may be better to address the group as a whole or address specific individual students in private conversations.

Group Discussions

The first step will be securing the student's and his family's consent to start a discussion. Likewise, you will want to confirm if the student would like to be present for the discussion. Some children with SM don't mind (or even appreciate their teacher handling the class's questions), while others would feel uncomfortable with the extra attention. If the child elects not to be present, perhaps he could come in late or visit a different teacher at the designated time. Involving the family may also be helpful; for instance, the student's parent may be a guest reader for story time and may wish to lead or support the group discussion.

For preschool and elementary-aged students, the story format may be an excellent place to start. There are a growing number of story books featuring children with selective mutism. Some examples are *Leo's Words Disappeared (Lola's Words Disappeared)* by Elaheh Bos, *Maya's Voice* by Wen-Wen Cheng, and *The Loudest Roar* by Clair Maskell. Another idea

would be for the child/family to lead a nonverbal game to enhance the classmates' understanding (e.g., Mad Libs, charades, etc.). This could be done in small groups or with the entire class, depending on the child's comfort level.

It's important for the other students to know that their classmate with SM is just like them in many ways. The group discussion could include a list of hobbies, pets, favorite sports teams, video games, etc., to demonstrate that just because the child with SM doesn't speak at school, he is a regular kid! Some children with SM also feel comfortable in showing a video of themselves speaking openly from home with their classmates. This can be a great way to let the class get to know the student with SM in a much more personal way and it can be a great goal for the child with SM to practice being braver at school. If the student with SM isn't quite ready for a video, a good alternative could be to show photos from home where the child is relaxed, playing with siblings, enjoying a favorite hobby, or on a family vacation.

Teachers will also probably need to offer more information and answer questions. Here are some important points to consider including:

- The student CAN and DOES talk, but talking at school feels hard for him right now.
- By being accepting and inclusive, the class can help their friend feel comfortable. The class should be sure to include him in play activities and group work.
- Students should never try to pressure their classmate to speak.
- If the student with SM does talk to another student or in front of the class, it will be important for the others not to make a big deal about it.
- It's important to give the student opportunities to speak for himself and to be patient if it takes longer for him to answer.
- Asking choice questions may help the student feel more comfortable speaking (students may need some assistance in how to use forced-choice questions).

Since many students will have never met another child who "doesn't talk at school," they may not understand that their classmate is unable to speak due to anxiety. So, you may also wish to talk about other anxieties that may appear in school to help them understand. For example, many students

can remember feeling nervous about giving a speech in class, about taking a big test, or about making new friends early in the school year. They might even remember asking their parents to stay home or getting a stomachache because they were so nervous. Their classmate with SM feels those same butterflies in their stomach, that same racing heart, the same nervous thoughts when others ask them questions. By drawing a parallel between SM and other worries and anxieties, the class may be able to better empathize with their classmate with SM.

Individual Discussions

- There are some situations when a group discussion would be inappropriate:
- The child with SM or their parents/guardians do not feel comfortable with a group discussion
- A particular child or group of children are being overly “helpful”
- The child with SM is being mistreated or bullied

Some well-intentioned children will engage in lots of “rescuing” behaviors such as speaking for the child, mind-reading, and/or helping their friend in other ways (e.g., gathering their materials for them at the end of the day). If you notice this, speaking to the child or children about what is helpful and what is not would be appropriate. You may wish to offer something like, “I can see that by answering for him, you are trying to be helpful. I bet he appreciates that you’re trying to be a good friend; I know I do! Since he can talk though, it’s important to give him the chance to speak up. That’s the best way to help him feel braver here at school.”

On the other hand, when a peer is mistreating a child with SM, it’s important for educators to step in. While this (thankfully) doesn’t happen too frequently, it’s important to intercede as the child with SM will likely be unable to assert themselves or ask for assistance from the teacher. To hopefully prevent such situations, educators may wish to pair the child with a “buddy” who is kind and compassionate, whose presence might diffuse negative behavior. If the child is completely non-verbal, the buddy can also report if any mistreatment is happening when the teacher isn’t present. It may also be a good idea for the teacher and the child to come up with a non-verbal sign to signify that he/she needs help.

Sometimes children with SM aren’t being mistreated or bullied, but they are being bothered by their classmates in other ways. For example, other classmates may get into their personal space or make them play the same non-preferred game each day during recess. Depending on the child’s goals and comfort level, you could help the student with SM come up with a script of what to say to help them handle the situation her/himself (e.g., “Let’s play something different today.”) or ask the child with SM something like “Do you want to keep playing this game today or would you rather play something else?” to help them speak up to their friend.

504/IEP accommodations

Under the Individuals with Disabilities Education Act (IDEA), a student is eligible to receive special education and/or related services if it can be determined that the student has a disability, and as a result of that disability, needs special education to make progress. According to the Department of Education, any public school child who is eligible for and receives special education and related services must have an Individualized Education Program (IEP). Students who do not meet the criteria spelled out by IDEA may still qualify for help under Section 504 of the Rehabilitation Act of 1973, also known as “Section 504” or “a 504 Plan.”

The following are potential accommodations that can be incorporated into an IEP or 504 Plan for children with SM. The level of accommodation should change as the child progresses. Goals should be reviewed and revised frequently.

How are most children classified?

Every district and even different districts in the same state approach classifications differently, so there is no one way to approach this question. The most commonly used IEP classifications are:

1 Other Health Impaired (OHI)

This covers SM as an anxiety disorder and the child would be eligible for the full range of interventions/services

2 Speech and Language Impaired

Children with SM may also have a co-occurring speech/language disorder. It is challenging to fully assess this when the child cannot yet speak during assessments. Nevertheless, this classification may be appropriate at times and can open up speech/language services for the child. Some children will receive this classification without other co-occurring speech/language disorders.

3 Emotional/Behavioral Disability, Impairment, or Disturbance

(ED; labeled differently throughout the country) - ED is typically characterized by severe behavioral difficulties (significant conduct problems) so many clinicians who work with children with SM opt for OHI as a classification. ED may carry some stigma and parents may have concerns about specific long term consequences related to that label.

Similarly, there is a great deal of variability in terms of what a school can or will provide with a 504 or IEP. For example, some schools are quite open to accommodations at the 504 level even if it involves intervention. Other schools would require an IEP. A list of possible accommodations and interventions is below.

Accommodations

• Speaking with Adults

- Child can nonverbally indicate lunch choice
- Adults avoid placing speech demands that would be too hard for the child
- Scheduling private meetings with any new teachers, preferably before the school year starts

• Speaking with Peers

- School to help parents identify children for playdates outside of school
- Interventionist facilitates play and verbal interaction between student with SM and a preferred friend

• Tracking Progress

- Across days and weeks, to be shared with caregivers, school team and others working with the child
- Behavior chart/Daily report card (DRC) to communicate progress (e.g., raises hand in class twice during morning meeting, answers to teacher in group discussion during morning and afternoon; see sample on page 23.)

• Accommodations for the bathroom

- Nonverbal signal that the child needs to go to the bathroom
- Child is prompted to use the bathroom at specific intervals (particularly appropriate for young children)

• Accommodations for Assessment

- Parents invited to be present during assessment administration
- Parents trained to administer some assessment protocols at home
- A comfortable communication partner (e.g., previous teacher, interventionist) administers the assessments

- Provide exclusively nonverbal methods of assessment until the child is verbal with the assessor
- Allow child to record content at home when appropriate
- **Outside Consultation**
 - School team should participate in consultation with outside treating professional to learn the strategies being used to help the child with their speaking goals; this may include a training session where specific skills and strategies are reviewed
 - School team should collaborate with the outside treating professionals on a regular basis (e.g., weekly, biweekly, monthly) depending on the level of impairment

Interventions in the School (may only apply to students with an IEP)

- “Lunch bunch” or other social based group, where the child has an opportunity to practice speaking in a small group, often led by a school social worker, psychologist, or counselor; ideally, this would start with peers the child already speaks to and then would vary the children over time
- **Counseling**
 - May include 1:1 sessions with a counselor or psychologist to facilitate and extend speech and ideally would move out of the classroom to include more people, places, and activities, such as visits to specials teachers or a scavenger hunt around the school
 - Counseling or speech/language services can be very successful in helping speech generalize when the intervention is in the classroom or in a small group setting

- Sample Daily Report Card to be sent back and forth between teacher and home

★ Jose’s Weekly Chart ★					
	Monday	Tuesday	Wednesday	Thursday	Friday
Goal 1: Raised his hand to volunteer					
Goal 2: Spoke to peer during buddy reading					
Total Checks This Week:	Teacher’s Notes				

sample letter to send to school personnel

Dear faculty and staff,

You are receiving this handout because a child in your class/school has an anxiety disorder called selective mutism. Children with selective mutism are able to speak comfortably in some situations (usually with their families at home), but are persistently silent in other situations (school or other social settings). When asked a question, a child with selective mutism might appear to look frozen, have a blank expression, and/or have awkward/stiff body language. Selective mutism is NOT normal shyness, stubbornness, or deliberate defiance. Children with selective mutism are anxious and can't talk in these situations. With your help, your student can feel safe and comfortable in your school setting.

Quick Tips for Interacting with a Child with Selective Mutism:

- Change your, "hello" to, "nice to see you" or, "I'm so glad you are here today." The word "hello" can make kids feel pressure to speak.
- Engage the student by commenting or describing things they are doing without asking questions until they are comfortable.
- When your student is comfortable, ask forced-choice questions ("Do you want the red marker or the blue marker?") You can also ask an open-ended question ("What color marker do you want?"), but please avoid yes/no questions.
- Wait at least 5 seconds for a response after asking a question.
- Give positive feedback/labeled praise for any response ("Thank you for telling me that you want the red marker.")
- Never punish the student for not being able to talk.
- Remember that even though the student is not speaking, they are hearing everything that you say.

helpful resources

Websites:

selectivemutism.org

anxietybc.com

asha.org/public/speech/disorders/Selective-Mutism

childmind.org/guide/selective-mutism

selectivemutismcenter.org

selectivemutismlearning.org

Books for Teachers/Parents of Youth with Selective Mutism: (see more at <https://www.selectivemutism.org/learn/shop/>)

Kearney, C. (2010). *Helping children with selective mutism and their parents: A guide for school-based professionals*. Oxford University Press.

Kervatt, G. G. (1999). *The silence within: A teacher/parent guide to helping selectively mute and shy children*.

Kotrba, A. (2014). *Selective mutism: An assessment and intervention guide for therapists, educators & parents*. PESI Publishing & Media.

Perednik, R. (2011). *The selective mutism treatment guide: Manuals for parents, teachers, and therapists: Still waters run deep*. Oakland.

Shipon-Blum, E. (2007). *The ideal classroom setting for the selectively mute child: A guide for parents, teachers and treatment professionals 'understanding the selectively mute child'*. 2nd Ed. Selective Mutism Anxiety Research & Treatment Center Publishing.

Wintgens, A., & Johnson, M. (2012). *Can I tell you about selective mutism?: A guide for friends, family and professionals*. Jessica Kingsley Publishers.

Helpful Books to use in the Classroom:

Bos, E. (2013). *A spot of blue*. CreateSpace Independent Publishing Platform.

Cheng, W. (2013). *Maya's voice*. CreateSpace Independent Publishing Platform.

Longo, S. (2006). *My friend Daniel doesn't talk*. Speechmark Publishing.

Moldan, M. (2014). *Charli's choices*. Archway Publishing.

Books for Parents of Youth with SM/Anxiety:

Albano, A.M., & Pepper, L. (2013). *You and your anxious child: Free your child from fears and worries and create a joyful family life*. Avery Publishing.

Chansky, T. E. (2014). *Freeing Your child from anxiety: Powerful, practical solutions to overcome your child's fears, worries, and phobias*. Harmony Publishing.

Kotrba, A., & Saffer, S. (2018). *Overcoming selective mutism: The parent's field guide*. Summit & Krest Publishing.

Lebowitz, E.R., & Omer, H. (2013). *Treating childhood and adolescent anxiety: A guide for caregivers*. Wiley Publishing.

Pincus, D.B. (2012). *Growing up brave: Expert strategies for helping your child overcome fear, stress, and anxiety*. Little Brown Spark Publishing.

Rapee, R., Wignall, A., Spence, S., Cobham, V., & Lyneham, H. (2008). *Helping your anxious child: A step-by-step guide for parents*. New Harbinger Publications.



sma

SELECTIVE MUTISM
ASSOCIATION