

When the Words Get Stuck—pre and post questions
Assessment section

1. Which of the following presentations is consistent with Selective Mutism?
 - A. A child who has not spoken a single word at school for three months but speaks freely and age-appropriately at home.
 - B. A child who answers their classroom teacher and several friends using a whispered voice, and who stops speaking to their parent whenever community people get “too close”
 - C. A child who answers when called upon though only with brief answers, avoids eye contact, never initiates interactions, and seems to be speaking openly with one close friend at recess.
 - D. All of the above

2. Data suggests SM is linked with:
 - A. Concurrent speech and language concerns
 - B. Multilingualism & multiculturalism
 - C. Oppositional traits
 - D. A and B only

3. When differentiating SM from autism spectrum disorder, a key distinguishing feature is:
 - A. Presence of anxiety
 - B. Context-specific speech inhibition despite intact social reciprocity in comfortable settings
 - C. Speech delay
 - D. Amount of interactions the child initiates

4. Which assessment approach is most consistent with best practice for SM?
 - A. One standardized test session only
 - B. Teacher checklist only
 - C. Direct observation only
 - D. Multi-method, multi-informant assessment across settings

5. Avoidance of speaking is maintained primarily by:
 - A. Attention from adults
 - B. Sensory overload
 - C. Reduction of anxiety in the moment
 - D. Limited vocabulary

6. Early intervention is important because:
 - A. Most children outgrow it quickly
 - B. Anxiety patterns can become reinforced over time
 - C. It always develops into depression
 - D. It is caused by parenting style

7. Why is observing the child in a comfortable setting (e.g., via video recording) important in an SM evaluation?
- A. To evaluate whether parenting style is contributing to the mutism
 - B. To assess compliance with adult expectations
 - C. To understand the child's expressive language ability when anxiety is low
 - D. To assess attachment patterns
8. In an uncomfortable setting (e.g., school or clinic), which of the following would be most important to document during a direct observation for Selective Mutism?
- A. The child's latency to respond, use of nonverbal communication, and physical signs of anxiety (e.g., freezing, avoiding eye contact).
 - B. How adults prompt for communication, including question format, question frequency, and amount of wait time provided
 - C. How adults respond when the child does or does not speak
 - D. All of the above
9. When planning evaluation sessions for a child with SM, it is most helpful to:
- A. Start with some rapport building time and maintain test integrity by administering evaluation tools exactly as standardized
 - B. Switch all question formats to ensure the child can give nonverbal responses
 - C. Structure sessions to reduce novelty and slowly increase speech demands
 - D. Avoid caregiver involvement
10. Which adult behavior most likely reduces accommodation?
- A. Giving extended wait time with calm expectation
 - B. Immediately answering for the child
 - C. Lowering all speaking expectations
 - D. Removing the child from speaking situations entirely

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Treatment section

1. The primary treatment approach for Selective Mutism is:
- A. Punishment for non-speaking
 - B. Insight-oriented therapy
 - C. Gradual exposure with reinforcement
 - D. Reducing speech expectations to help the child feel comfortable across settings
 - E. Teaching the child strategies to cope with their anxiety
2. Which of the following statements about anxiety is MOST accurate?
- A. Anxiety is always maladaptive and should be eliminated whenever it occurs.
 - B. Anxiety is a biologically-driven emotion that helps protect and prepare us, but our fight-flight-freeze system is imperfect and can overreact to perceived threats.
 - C. Anxiety is purely a learned behavior and has no innate biological function.

D. People do not naturally respond to the distress of others; social support must be explicitly taught.

3. Which of the following statements are consistent with Child-Directed Interaction skills?

- A. "Can you tell me what happened next?"
- B. "You're pointing at a different game. Let's check out what that game is all about"
- C. "Thanks for letting me know"
- D. A & B only
- E. B & C only

4. During a therapy session, a clinician asks Anya, "What's your favorite subject?" The clinician has given 10 or so seconds for Anya to respond, and repeated the question, but Anya still hasn't answered. What is the next best choice?

- A. Rephrase the question into a forced-choice format, such as "Do you like math or reading more?"
- B. Move on to a new topic that might better capture Anya's interests
- C. Remind Anya that she needs to be brave in order to get a prize for the session
- D. Ask the Anya's parent what her favorite subject is.
- E. Say "I liked reading best when I was in school. Do you like reading?"

5. Which of the following statements is inconsistent with Verbal Directed Interaction skills?

- A. "Can you tell me what your favorite color is?"
- B. "Go ahead and tell me what favorite color is."
- C. "Is your favorite color blue or red or something different?"
- D. "Point to your favorite color."

6. "Fading in" refers to:

- A. Gradually increasing academic demands
- B. Slowly introducing new people into a comfortable speaking situation
- C. Ignoring the child until they speak
- D. Reducing therapy frequency

7. Which is an example of shaping?

- A. Requiring a full oral presentation
- B. Reinforcing whispering before prompting louder volume
- C. Ignoring nonverbal communication
- D. Removing recess until speech occurs

8. After a child with Selective Mutism begins to speak consistently in a therapy session, the clinician wants to maintain the behavior without creating dependency on tangible rewards. Which of the following strategies is recommended?

- A. Expect intrinsic motivation to take over, knowing that a feeling confidence and social reciprocity will help the child continue.

- B. Continue giving a sticker or tangible reward every single time the child speaks indefinitely.
- C. Thin out the external reward system, by providing a sticker every 2-3 instances of speech
- D. Stop all praise and rewards immediately, expecting the child to continue speaking.
- E. Only provide tangible rewards at the beginning of each session to motivate speech.

9. Which option best reflects evidence-based practice when treating a child with Selective Mutism from a multilingual family?

- A. Delay treatment until the child demonstrates full proficiency in the dominant school/community language.
- B. Use the same standardized exposure hierarchy for all children to ensure treatment fidelity.
- C. Encourage the family to transition the language used at home to match the language expected in school/community
- D. Implement behavioral exposure strategies while tailoring goals and communication targets to the child's linguistic and cultural context.

10. The overall goal of treatment is:

- A. Teaching caregivers other ways for the child to communicate nonverbally
- B. Elimination of anxiety
- C. Increased functional communication, in a way that is consistent with their expressive language ability
- D. Compliance with adult requests