When the Words Get "Stuck:" Selective Mutism Assessment

Katelyn Reed, MS, LLP
March 2026

Thriving Minds
Expert Behavioral Health Services
for Children and Families

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HELLO!

A little bit about me…

Thriving Minds
Expert Behavioral Health Services
for Children and Families

Confident Kids Camp

sma
SELECTIVE MUTISM ASSOCIATION

SELECTIVE MUTISM:
An Assessment and Intervention Guide
for Therapists, Educators, and Parents
Revised and Updated Edition
Aimee Kotrba, Ph.D & Katelyn Reed, M.S.

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HELLO!

A little bit about you…

1) Your setting- private practice, school, hospital, other
2) The age group you work with
3) Your knowledge of SM– beginning, novice, advanced

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Part 1 Agenda

1) Diagnostic criteria, prevalence, and comorbidities
2) Importance of appropriate diagnosis/treatment
3) Behavioral Conceptualization
4) Common Assessment tools
   a) Selective Mutism Questionnaire & School Speech Questionnaire
   b) Frankfurt Scale of Selective Mutism
5) Standardized tests and modifications/accommodations
6) Questions

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Selective Mutism 101

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Introduction to SM

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What is Selective Mutism?

DSM-5 Criteria 312.23 (F94.0)
A. Consistent **failure to speak** in **specific social situations** in which there is an expectation for speaking (e.g., school) despite speaking in other situations
B. The disturbance **interferes** with educational or occupational achievement or with social communication
C. The duration of the disturbance is **at least 1 month** (not limited to the first month of school)
D. The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation
E. The disturbance is not better explained by a communication disorder and does not occur exclusively during the course of autism spectrum disorder, schizophrenia, or another psychotic disorder
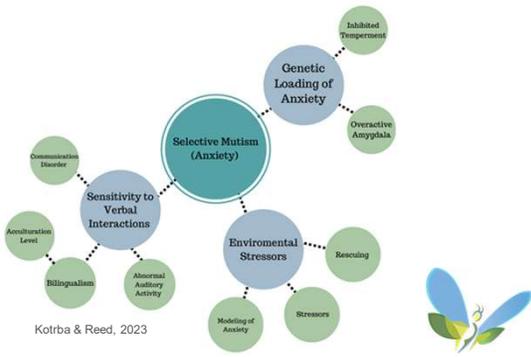
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Myth Busting

Selective Mutism is **not**
- Caused by a traumatic event
- Outgrown
- Cognitive deficits
- Autism Spectrum Disorder
- Defiance or oppositionality
- Poor parenting
- Improved by simply "making them feel more comfortable" in a given setting

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Kotrba & Reed, 2023

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Speech & Language Overlap

30-75% of individuals with SM have concurrent speech/language concerns:
- Pragmatics
- Voice
- Fluency
- Articulation
- Grammar
- Semantics
- Oral narration

Even when parents served as the evaluators

Increased laryngeal tension for voice initiation (Ruiz & Klein, 2018)

Kotrba & Reed, 2023

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The Unique Presentation of SM Symptoms

Marco, age 4	Emma, age 6	Ahmed, age 9
Does not speak to any school staff or peers. Will not speak to parents in community settings. Only verbal when at home.	Will speak to her teacher and classroom aide at full volume. Will not engage verbally or nonverbally with peers.	Will respond to therapist, only using an altered voice. Difficulties with verbal initiation.

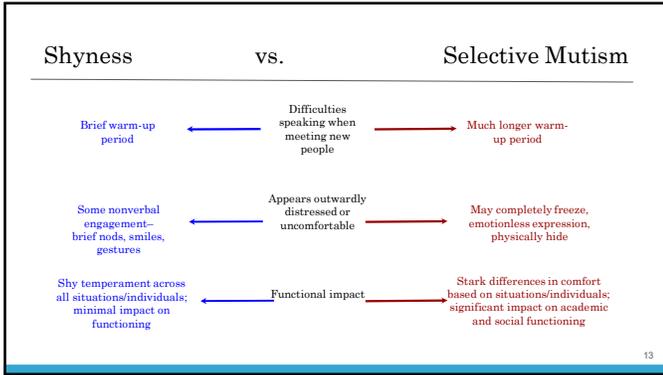| Raz, age 13	Sophia, age 16
Will consistently speak to familiar adults and peers at a whisper volume. Parents describe his language use as "bare minimum"	Speech with all adults and peers is minimal. If necessary, will offer a 1-word response. Also has trouble with written communication (e.g., emailing)

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Symptom Severity Continuum

Low Profile SM

May speak, infrequently and/or in whisper or quiet voice

Usually no spontaneous speech with unfamiliar people

Fear of disapproval outweighs fear of talking

High Profile SM

Entirely silent with certain people and in certain situations

May present as behaviorally "frozen"

Fear of talking outweighs fear of disapproval

White et al, 2022

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Shyness   vs.   Selective Mutism

	Difficulties speaking when meeting new people	
Brief warm-up period	← →	Much longer warm-up period
Some nonverbal engagement—brief nods, smiles, gestures	← Appears outwardly distressed or uncomfortable →	May completely freeze, emotionless expression, physically hide
Shy temperament across all situations/individuals; minimal impact on functioning	← Functional impact →	Stark differences in comfort based on situations/individuals; significant impact on academic and social functioning

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Functional Impact

Academic Impacts
- Difficulty assessing academic skills
- Limited engagement in classroom instruction
- Struggling with partnered work, small group, or full group instruction
- Difficulty asking clarifying questions to support learning

Social Impacts
- May play alone or exclusively nonverbally
- Friends may "move on" due to mixed messages
- May have fewer friends
- Others may have hurt feelings

Meeting Needs Impacts
- Difficulty accessing bathroom, asking for help, getting assistance if hurt or ill

Behavioral Impacts
- May appear "shut down" or dysregulated/oppositional when anxious
- May have trouble separating from comfortable communication partners
- May seem standoffish or rude

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Commonly Reported Fears/Worries — Vogel et al 2019

Table 2 Categories of reported fears with descriptions and frequencies

Category	Description	Percentage of participants who reported this specific fear (%)	Percentage of reported fears compared to all reported fears (%)
Social fears	Fears that conceptually belong to the spectrum of social anxiety	In sum 67	In sum 59
Fear of negative reaction	Fear that others react negatively to the individual's spoken words	35	24
Fear of social evaluation	Fear that others evaluate the individual because of his/her spoken words	23	16
Interactional fears	Fear of social interactions, especially with strangers or authority persons	12	8
Observational fears	Fear of getting attention from others while speaking	12	8
Fear of showing anxiety symptoms	Fear that others might notice individual's anxiety symptoms (e.g., heart beat)	5	3
Fear of mistakes	Fear to give an incorrect answer / to say something wrong in a content-related way / to deviate from expectations	40	28
Language-related fears	Fears that are related to the individual's language such as pronunciation, grammatical correctness etc. of spoken words	12	8
Voice-related fears	Fears that are related to the sound of the individual's voice	7	5

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What are the stats?

Onset
2-5 years old

Symptoms typically emerge
(or are noticed) when child enters
school

The more behavioral inhibition present
in toddler years, the more likely to
develop SM (Gensthaler et al, 2016)

Prevalence
Ranges from .11 to 1.9%
~1% school-aged children
2:1 female-to-male ratio

Common Comorbidities

- Social Anxiety (70%)
- Separation Anxiety
- Specific Phobia
- Oppositional Defiant Disorder (*symptoms most often reported when child is expected to speak*)
- School refusal behaviors
- Communication delays/disorders (Driessen et al, 2020)

80% meet criteria for 2 or more anxiety
disorders

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More stats

Awareness

Less than 1 in 5 U.S. adults (15%) have
heard of SM (Harris Poll, 2017)

Only 3 in 10 adults (30%) who personally
know someone who meets criteria for SM
have heard of the diagnosis (Harris Poll
2017)

On a measure of knowledge and
misconceptions about SM, teachers
responded correctly to only
40% of the items and school psychs
responded correctly to about 70%
(Dillion, 2016)

Intervention Access

Average age at which individuals with SM are first
referred to a treatment provider is 6.5 to 9 years of age
(Sharp et al., 2007; Cunningham et al., 2004)
Gap of 2-7 years

School interventions provided vary greatly
- 40% receive speech therapy
- 22% receive counseling support
- Only 8-16% are receiving SM-specific interventions (Boneff-Peng, et. al 2023)

Children who had never received treatment
demonstrate significantly more severe symptoms
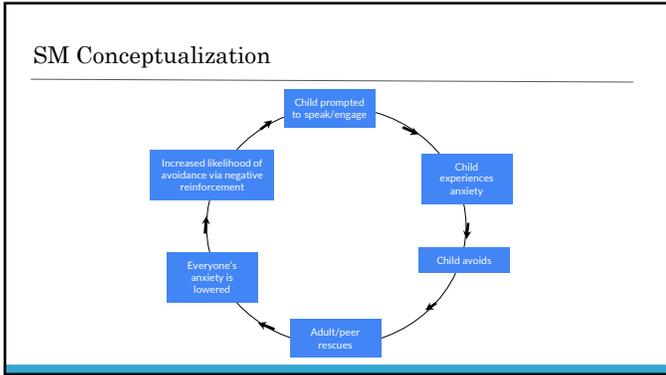(Boneff-Peng, et al. 2023)

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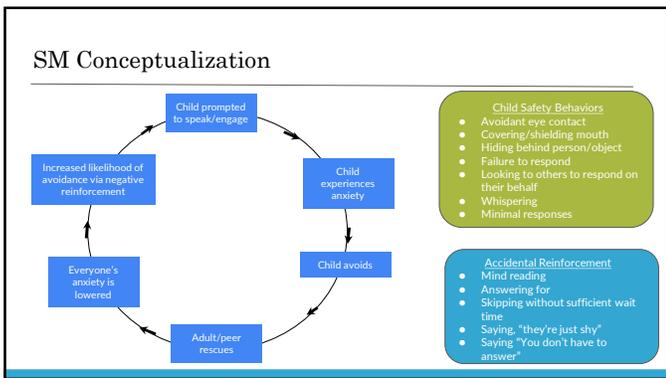## If left untreated, individuals with SM…

- Are at higher risk of developing:
  - Social Anxiety Disorder
  - Generalized Anxiety disorder
  - Specific phobias
  - Major depressive disorder
- At greater risk for school refusal and poor school performance
- In adulthood, may be at risk for self-medication with substances
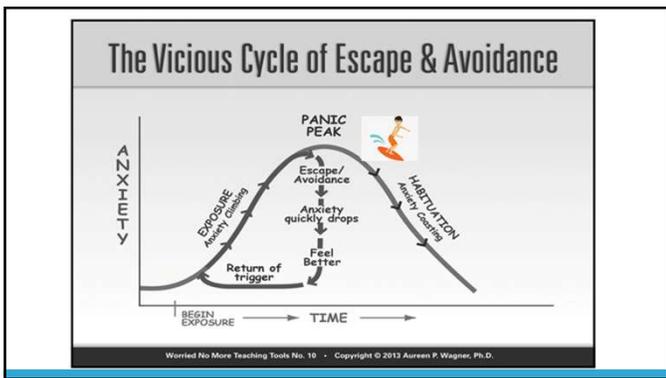- More likely to seek out occupations with reduced social/verbal expectations

CAUTION

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SM Conceptualization

- Child prompted to speak/engage
- Child experiences anxiety
- Child avoids
- Adult/peer rescues
- Everyone's anxiety is lowered
- Increased likelihood of avoidance via negative reinforcement

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SM Conceptualization

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Child Safety Behaviors
- Avoidant eye contact
- Covering/shielding mouth
- Hiding behind person/object
- Failure to respond
- Looking to others to respond on their behalf
- Whispering
- Minimal responses

Accidental Reinforcement
- Mind reading
- Answering for
- Skipping without sufficient wait time
- Saying, "they're just shy"
- Saying "You don't have to answer"

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The Vicious Cycle of Escape & Avoidance

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Assessment Tools

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Assessment Components

Direct Observation

Interview(s)

Questionnaires

Standardized assessments

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Interviewing

Who, what, when, where, how, and why

Key settings:

- Home
- Family's social circles
- School
- Extracurricular settings
- Public/Social

Goals:

- Understand symptom profile
- Identify potential starting spots for intervention

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Direct Observations

Multiple settings preferred: home AND uncomfortable setting(s)

- School
- Clinic
- Community?

Recording:

- How are caregivers prompting communication
- How is the client responding
- Other indicators of anxiety
- Strategies used

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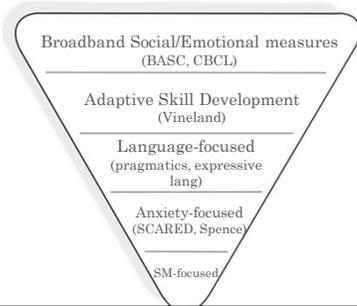|	Condition	Communication Partner	Speech	Communication Type	Volume
1	Alone with mother *(10 minutes)*	Mother	Responding & initiating	Mix of short to sentence-length utterances	Quiet, but audible
2	New communication partner (NCP) in room, but not attending to play *(15 minutes)*	Mother	Responding to mother; occasional initiation	Preferred nonverbal for first 5 minutes; Mix of short to sentence-length utterances	Whispered
3	Verbal demands from NCP *(15 minutes)*	Mother NCP	Responses only to NCP; some initiating with mom	Occasional nonverbal; Mostly 1-3 word utterances	Increased with time from whisper > gravelly voice > typical voice
4	Alone with NCP *(10 minutes)*	NCP	Responses	1 word utterances	Whispered

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Don't forget!

How did your child's communication and anxiety today compare to other similar scenarios?

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Parent/Educator Reports

Broadband Social/Emotional measures
(BASC, CBCL)

Adaptive Skill Development
(Vineland)

Language-focused
(pragmatics, expressive lang)

Anxiety-focused
(SCARED, Spence)

SM-focused

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SM Specific Assessment Tools

Selective Mutism Questionnaire

+ School Speech Questionnaire

Frankfurt Scale for Selective Mutism (FSSM)

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Which Measure?

SMQ		FSSM
3-11	Age Range	3-18
Parent (Teachers can complete a companion measure called the School Speech Questionnaire or SSQ)	Reporter	Parent
SM and non-SM samples	Comparative Categories	Varies by age; SM, social anxiety, internalizing children, and non-anxious
23	Number of Items	Varies by age; 51 - 52
American youth; since validated in Norwegian, Spanish, and Dutch samples	Validation sample	German youth; not yet validated with other populations
Communication Behavior in School, Home/Family, & Public/Social Settings	Primary Scales	Diagnostic Scale Severity Scale

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Slide 34

	X's Score	Average Scores For Children with SM who are Age 3-5 years	Average Scores for Children with SM	Average Scores for Children without SM
School		0.33	.30	2.65
Home/Family		1.62	1.70	2.90
Public/Social		0.28	.34	2.50
Total		13.18	12.99	46

SMQ Reporting

	X's Score	Average Scores For Children with SM who are Age 6-8 years	Average Scores for Children with SM	Average Scores for Children without SM
School	0.5	0.54	.30	2.65
Home/Family	1.67	1.52	1.70	2.90
Public/Social	0.2	0.40	.34	2.50
Total	14	14.37	12.99	46

	X's Score	Average Scores for Children with SM who are Age 9-11	Average Scores for Children with SM	Average Scores for Children without SM
School		0.62	.30	2.65
Home/Family		1.58	1.70	2.90
Public/Social		0.53	.34	2.50
Total		15.73	12.99	46

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School Speech Questionnaire (SSQ) – Teacher Only

When responding to the following items, please consider the behavior of your student, _____, and activities of the past month and rate how often each statement is true.

SSQ

	Never	Sometimes	Often	Always
1. When appropriate, this student talks to most peers at school.	0	1	2	3
2. When appropriate, this student talks to selected peers (his/her friends) at school.	0	1	2	3
3. When called on by his/her teacher, this student answers verbally.	0	1	2	3
4. When appropriate, this student asks you (the teacher) questions.	0	1	2	3
5. When appropriate, this student speaks to most teachers or staff at school.	0	1	2	3
6. When appropriate, this student speaks in groups or in front of the class.	0	1	2	3

Communication Type	Teacher Response
When appropriate, this student talks to most peers at school.	Never
When appropriate, this student talks to selected peers (i.e., his friends) at school.	Sometimes
When called on by his teacher, this student answers verbally.	Never
When appropriate, this student asks his teachers questions.	Never
When appropriate, this student speaks to most teachers or other staff at school.	Never
When appropriate, this student speaks in groups or in front of the class.	Never
When appropriate, this student participates nonverbally in class (i.e., pointing, gesturing, writing notes).	Always

TOTAL SCORE: _____ = _____ + _____ + _____ + _____

Additional Questions

	Never	Sometimes	Often	Always
7. When appropriate, this student participates nonverbally in class (i.e., points, gestures, writes notes).	0	1	2	3

	Not at all	Slightly	Moderately	Extremely
8. How much does not talking interfere with school for this student?				

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FSSM 3-7
Frankfurt Scale of Selective Mutism

This questionnaire has been created to help us better understand your child's difficulties. In certain situations or in the presence of certain individuals, some children demonstrate shyness, or feel inhibited or anxious; they can be taciturn or even mute. The questions below are concerned with everyday situations in your child's life and are meant to reveal whether he/she has such difficulties. There are no right or wrong answers. Please check which answer most accurately describes your child's behavior in your opinion.

Child's age: _____   Child's sex: ☐ F   ☐ M
You are the child's: ☐ mother   ☐ father
Date: _____

First, please judge whether the following questions apply to your child.

General speaking behavior	Yes	No
1. Does your child fail to speak in certain situations and/or with certain individuals even though it is expected of him/her?	1	0
2. Does he/she speak in certain situations and/or with certain individuals only very softly and tonelessly, or only use single words?	1	0
3. Is your child incapable in certain situations of shaking his/her head, of nodding or of pointing to something when asked to?	1	0
4. Do his/her movements seem slow or frozen-like to you in certain situations?	1	0
5. Does your child's facial expression appear less vivid or even expressionless and "frozen" in certain situations?	1	0
6. Does he/she fall increasingly silent, the more he/she is pushed to speak?	1	0
7. Does your child lower his/her head and/or avoid eye contact in certain situations, if he/she is spoken to?	1	0
8. Does your child suppress noises (i.e., coughing, sneezing, clearing the throat, laughing, crying) in certain situations?	1	0
9. Does your child try to avoid situations in which he/she is expected to speak by withdrawal, defiance or refusal?	1	0
10. Is there an obvious difference between your child's speaking behavior at home (more talkative) and outside the home (taciturn or mute)?	1	0

FSSM

Younger Kids

9. Does your child sing along during the music class?	4	3	2	1	0
10. Does your child participate in the physical education class?	4	3	2	1	0
11. Does your child speak with all the teachers?	4	3	2	1	0
12. Does he/she speak with a few select teachers?	4	3	2	1	0
13. Does your child speak with individuals who are not direct caretakers (i.e., the school secretary, principal, janitor)?	4	3	2	1	0

Adolescents

4. Does your child speak during summer jobs (vocational: at his/her workplace) with her colleagues?	4	3	2	1	0
5. Does your child generally speak with all the teens (girls and boys) in his/her class?	4	3	2	1	0
6. Does your child speak with a few select classmates?	4	3	2	1	0

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FSSM 3-7 Diagnostic Scale

Selective Mutism
Social Anxiety
Non-Anxious
Client's Score

0 1 2 3 4 5 6 7 8 9

Clinical cut off

FSSM Reporting

	S's Score (August 2025)	S's Score (January 2026)	Average Ages 3-7	Categorization
Severity Scale	98	82	89.9	Statistically similar to same-aged peers with SM at both data points

Current FSSM by Setting

4
3.5
3
2.5
2
1.5
1
0.5
0

School   Public   Home

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Speech Frequency (How?)	Communication Partners (Who?)	Setting Variable (Where?)	Intervention Recommended
Limited	Most people	Most environments	Contingency management
Typical	One or limited people	Most environments	Stimulus fading of new people in specific environments
Typical	Most people	One environment	Stimulus fading of environments
Limited	One or limited people	One environment	Stimulus fading of new people into comfortable environment AND stimulus fading of environments
No speech	No people	No environments	Shaping AND Stimulus fading of new people and environments

(Shriver, 2011)

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Standardized Testing Accommodations

- Intervene first so they are verbally comfortable
- Clear expectations
- Small chunks of time
- Incorporate caregivers
  - Present in room— no additional support
  - Caregiver serving as verbal intermediary
  - Caregiver administers (evaluator observes live, provides live coaching, scores from a recording)
- Presentation order: least verbal demand > higher verbal demand
  - Receptive > articulation > expressive with shorter utterances > expressive with longer utterances
- Start at a lower basal/floor
- Increased support as they approach their individual ceiling
  - "take your best guess,"
  - "do you have a guess or do you not know the answer to this one?"
  - "remember, your job is just to try your best."
- Testing of Limit protocol

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When the Words Get "Stuck:" Selective Mutism Evidence-Based Intervention

Thriving Minds
Expert Behavioral Health Services
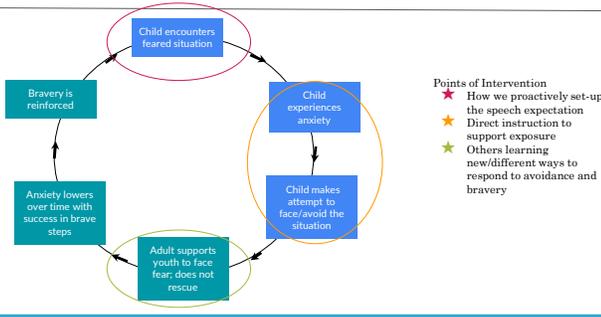for Children and Families

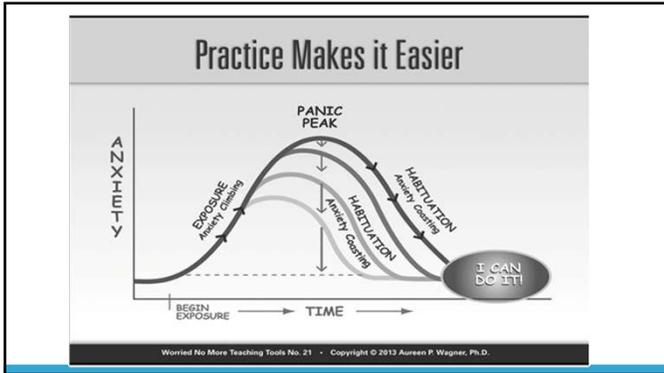Katelyn Reed, MS, LLP
August 2025

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Part 2 Agenda

1) Conceptualization from intervention lens
2) Introduction to Cognitive Behavioral Therapy (CBT)
   a) Child Directed Interaction (CDI) and Verbal Directed Interaction (VDI) skills
   b) Stimulus Fading
   c) Shaping
   d) Reinforcement
   e) Generalization of communication goals
3) Questions

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Rewriting the Learning History

Cycle:
- Child encounters feared situation
- Child experiences anxiety
- Child makes attempt to face/avoid the situation
- Adult supports youth to face fear; does not rescue
- Anxiety lowers over time with success in brave steps
- Bravery is reinforced

Points of Intervention
- ★ How we proactively set-up the speech expectation
- ★ Direct instruction to support exposure
- ★ Others learning new/different ways to respond to avoidance and bravery

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Practice Makes it Easier

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Evidence-Based Practice Overview

Clinical Expertise

Best Research Evidence

Patient Values and Preferences

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What is exposure therapy?

Exposure therapy = learning through experience that its not as hard/scary/bad as it seems

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Key Considerations

- Anxiety is a useful, and important emotion
- Anxiety serves to protect & prepare us
  - This is a biologically-driven response
- We are hardwired to support others when we see them in distress
- Our fight-flight-freeze response system is imperfect
  - We can easily fall into behavioral response patterns of reacting/overreacting to "false alarms"

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**Avoiding/reducing use of rescue
behaviors can be challenging
and anxiety-provoking for the adult!**

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Evidence-Based Practice "Ingredients"

Child-Directed Interactions (CDI)

Verbally Directed Interactions (VDI)

Stimulus Fading

Shaping

Contingency Management

Generalization

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Behavior Therapy for SM

REVIEW ARTICLE   WILEY

Efficacy of psychological interventions for selective mutism in children: A meta-analysis of randomized controlled trials

Sophie Y. Steains | John M. Malouff | Nicola S. Schutte

Steains et al (2021) meta-analysis

- Behavioral interventions (coupled with systems interventions such as parent and teacher education) were highly effective in treating SM
- Reported improvements including increased verbal output and general improvements in anxiety and overall well-being

Recognition of need for further research

- Only two treatment studies include teens with SM

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What is the Research?

TABLE 1   Key characteristics of included studies

Study	N	% fem	Mean age	Age range	Treatment condition	Treatment setting	No. of weeks	No. of sessions	Control condition	SM-specific	Non-SM-specific
Bergman et al. (2013)	21	48	5.43	4–8	Behavioural, systems	Clinic and school	24*	20*	Waitlist	SMQ, SSQ, SNAP	SASC-P/T
Cornacchio et al. (2019)	29	76	6.60	5–9	Behavioural, systems	Clinic	1	5	Waitlist with psychoed.	SMQ, SM CSR	CBCL-A, SA CSR, CGAS
Esposito et al. (2017)	138	48	7.79	6–16	Behavioural, systems	Home	24	72	Psychoed.	SMQ	CBCL
Oerbeck et al. (2014)	24	67	6.53	3–9	Behavioural, systems	Home and school	12	21	Waitlist with psychoed.	SMQ, SSQ	NA
Ooi et al. (2016)	21	38	8.62	6–12	Behavioural	Clinic	14	14	Video games with attention	SMQ	ACAS-P/C, CGI-S

Steains at al 2021

First Author	Number of Hours/Weeks	Rapport Building	Parent Involvement	Shaping/Fading	Gradual Exposure	In-Session Community Practice	Reward/Contingency Management	School Consultation Sessions	Between Session Practice	Anxiety Management Strategies
Bergman (2013)	20/24	☑	☑	☑	☑	☑	☑	☑	☑	☐
Oerbeck (2014)	21/12	☑	☑	☑	☑	☐	☑	☑	☐	☐
Ooi (2016)	14/14	☑	☐	☑	☑	☐	☑	☐	☑	☑
Esposito (2017)	54/24	☐	☐	☐	☐	☐	☐	☐	☐	☐
Klein (2017)	3/9*	☑	☑	☑	☑	☐	☑	☐	☑	☐
Cornacchio (2019)	30/1	☑	☑	☑	☑	☑	☑	☑	☐	☑
Catchpole (2019)	16/22	☑	☑	☑	☑	☑	☑	☑	☑	☐

Merson 2021

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Team Approach

Who is involved?	
- Student - Caregivers - Additional Family Members - Teacher(s) - School support staff (e.g., Psych, Social Worker, Counselor, SLP, etc.)	- Coaches, extracurricular teachers - Pediatrician - Community-based providers

Benefits?	Potential Pitfalls?
- Everyone has the potential to accommodate the student's anxiety; so all should be involved in support strategies - Positive coordination of care - Collaboration on progress towards goals & intervention approaches - Can coordinate more effectively if multiple diagnoses and/or skill deficits are co-occurring	- Consistency and fidelity of intervention implementation - Difficulties communicating and coordinating amongst key stakeholders

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Evidence-Based Practice "Ingredients"

- **Child-Directed Interactions (CDI)**
- Verbally Directed Interactions (VDI)
- Stimulus Fading
- Shaping
- Contingency Management
- Generalization

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Relationship-Building via Child-Directed Interaction Skills

PRIDE Skills are used to establish comfort and rapport with a student *before* placing any verbal expectations on them

Praise	Provide specific verbal praise by describing exactly the verbal and/or nonverbal behavior you want to reinforce
Reflection	Reflect, repeat or paraphrase what the child/teen has said to acknowledge that you were listening and heard them
Imitation	Join in the activity the child/teen is engaged in
Behavioral **D**escription	Describe (i.e., sportscast) what the child/teen is doing
Enthusiasm	Engage with the child/teen in a way that demonstrates genuine interest (without overdoing it)

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Praise

	Child Examples	Tween/Teen Examples	Non-Examples
For non-verbal behaviors	*Nice job coloring that bird. I can tell you're really concentrating.* *I noticed you using our new counting strategy on your math worksheet; great work.*	*Wow, you have Uno again! Let's see if I can try to block you.* *Thanks for showing me that funny TikTok video. You always find the coolest ones to share.*	*Good job* *Nice* *Great* *Cool* *Thanks*
For verbal behaviors	*Nice job telling me you want to be the red player.* *Thanks for asking me that question using your brave voice*	*Nice contribution during class discussion today.* *Thanks for sharing your preference. I appreciate that.*	

**At times, nonverbal praise (e.g., thumbs up, high five) may be useful/appropriate

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Reflection Statements

Child Examples	Tween/Teen Examples
Child: *I want to play with cars* Adult: *You want to play with the cars.* Child: *Help* Adult: *Thank you for telling me that you need help on this problem.*	Teen: *I'm going to order an ice cream.* Adult: *Oh ice cream. That sounds good. I think I might need to order one too.* Teen: *I hate science.* Adult: *I get that. Science wasn't my favorite subject either.*

We reflect less for our tweens/teens

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Behavioral Descriptions

Child Examples	Tween/Teen Examples
Child grabs a new crayon Adult: *You're picking the yellow color– that's my favorite.* Child considers possible toys/activities Adult: *Looks like you are thinking carefully about what we should play*	Teen selects a chair and sits down Adult: *You picked the most comfy seat in my office. Great selection.* Teen shuffles through backpack Adult: *You are mission to find something in your bag.*

We tone it down for our tweens/teens

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Important Don'ts

When using PRIDE skills, do **not**:

- Ask any questions
- Prompt the student to speak
- Mindread
- Given any commands
- Provide any teaching/correction
- Use a harsh, critical tone

These are especially hard to avoid! So practice, practice, practice!

If you need to get information from the client but it's too soon to place verbal demands, switch up your prompt

What book do you want?
vs.
Go ahead and grab the book that you want.

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CDI (PRIDE) Skills in Action

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Evidence-Based
Practice
"Ingredients"

Child-Directed Interactions (CDI)

Verbally Directed Interactions (VDI)

Stimulus Fading

Shaping

Contingency Management

Generalization

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Verbally Directed Interaction (VDI) Skills

VDI Skills: These are the tools we use to prompt for speech, ***when a student is ready.***

With VDI Skills, we:

- Use in tandem with CDI Skills
- Carefully consider our question prompt
- We allow at least 8-10 seconds wait time for the student to respond
  - If the student fails to respond on the first try, we follow our prompt tree
  - Adjust/pivot as needed to ensure some type of verbal response, even if it's less than desired
- We use **direct prompts** for speech
  - *Go ahead and tell me* vs. *Can you tell me?* or *Do you want to tell me?*
- Pair with validation and reinforcement

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Question and Prompt Format

1 clear prompt > clear answer > praise/reinforce

Avoid	Recommended
Yes/No Questions "Do you want chocolate ice cream?"	**Forced Choice Questions** "Do you want chocolate, vanilla or a different flavor of ice cream?" **Open-Ended Questions*** "What kind of ice cream do you want?"
Indirect Prompts "Can you order chocolate ice cream?"	**Direct Prompts** "Go ahead and say 'chocolate ice cream.'"

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Forced Choice Fun

Change these questions into the forced choice format:

Do you like to go on the swings?

How was your weekend?

What's your favorite movie?

What is your second hour class?

Do you know what you're doing for Halloween yet?

Do you have any siblings?

Do you bus home normally?

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VDI Prompt Tree

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Example VDI Sequence
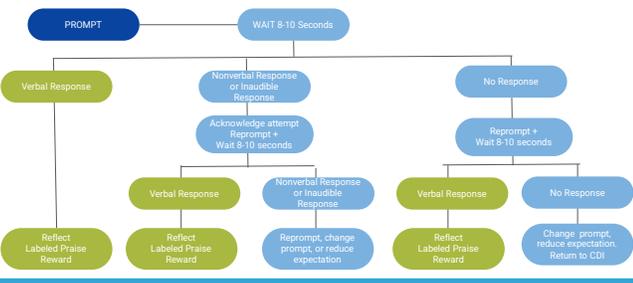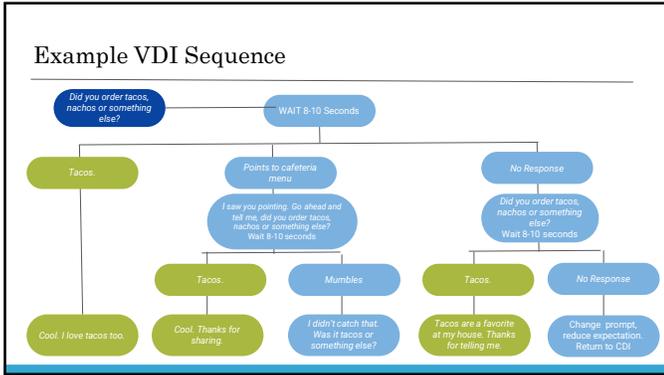
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What happens if we're stuck?

- Change the prompt
  - Open-ended → Forced-choice question
  - Ask the same question, but offer a different choice (e.g., "Or something else")
- Do a sidebar & practice
  - Step away from the new person/environment and practice 1:1 with comfortable communication partner before returning
- Change environment
  - Large group → Small group → 1:1
- Acknowledge/validate the student's experience
- Temporarily change topics (and revisit sticky question later)
- Return to last point of success
  - E.g., previous topic or setting in which student was last comfortable and verbal
- Always aim to end on a positive note
  - Some speech (even if less preferred) is better than no speech

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VDI Skills in Action
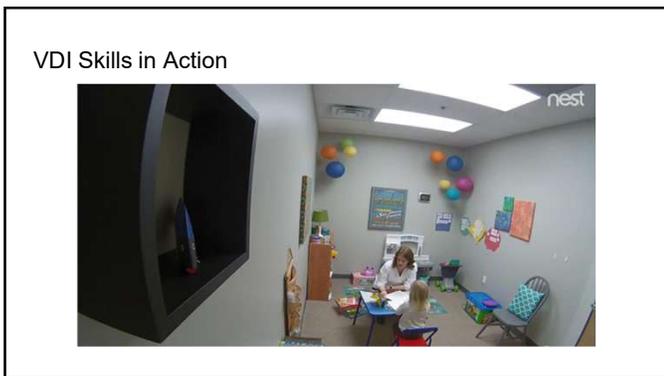
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Evidence-Based Practice "Ingredients"

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Stimulus Fading

This process is used to grow the client's comfortable speech to include speaking

- With new people
- In new places
- In new situations

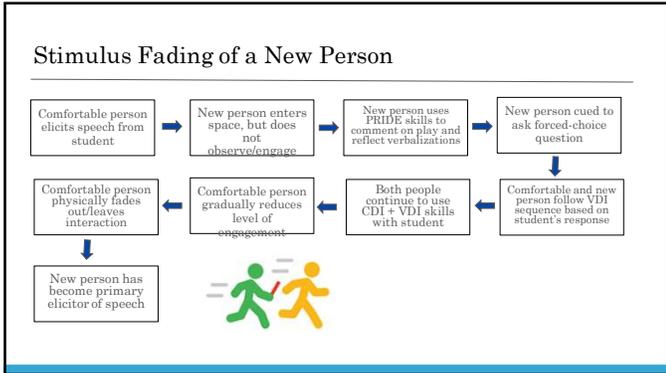By slowly and gradually desensitizing the client to the new target variable
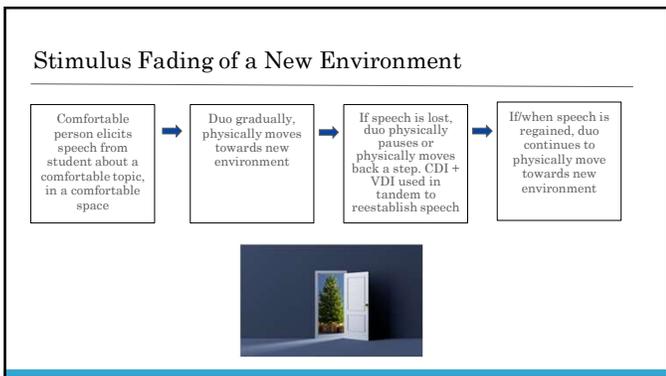

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Only change 1 variable at a time!

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Stimulus Fading of a New Person

Comfortable person elicits speech from student → New person enters space, but does not observe/engage → New person uses PRIDE skills to comment on play and reflect verbalizations → New person cued to ask forced-choice question

Comfortable person physically fades out/leaves interaction ← Comfortable person gradually reduces level of engagement ← Both people continue to use CDI + VDI skills with student ← Comfortable and new person follow VDI sequence based on student's response

New person has become primary elicitor of speech

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Stimulus Fading In Action

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Stimulus Fading of a New Environment

Comfortable person elicits speech from student about a comfortable topic, in a comfortable space → Duo gradually, physically moves towards new environment → If speech is lost, duo physically pauses or physically moves back a step. CDI + VDI used in tandem to reestablish speech → If/when speech is regained, duo continues to physically move towards new environment

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Evidence-Based Practice "Ingredients"
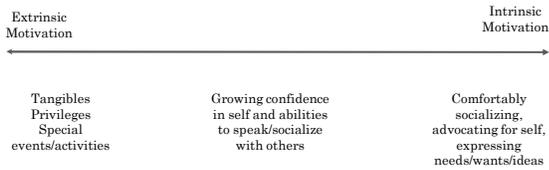
Child-Directed Interactions (CDI)

Verbally Directed Interactions (VDI)

Stimulus Fading

Shaping

Contingency Management

Generalization

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Shaping

Meet the child where they are able to currently speak

SLOWLY increase the demand

"Start low and go slow"

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Example Goal Hierarchies

Talking with new therapist

Sound combinations

Discrete sounds

} Voiced Sounds
Voiceless Sounds
"Body sounds"

Blowing Air

Nonverbal communication

Following Directions

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Shaping Illustration

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Evidence-Based Practice "Ingredients"

Child-Directed Interactions (CDI)

Verbally Directed Interactions (VDI)

Stimulus Fading

Shaping

Contingency Management

Generalization

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The Purpose Behind Reinforcement Strategies

We are asking our clients/students to engage in **incredibly hard work.**

We want to acknowledge, and celebrate, their efforts.

Extrinsic Motivation → Intrinsic Motivation

| Tangibles Privileges Special events/activities | Growing confidence in self and abilities to speak/socialize with others | Comfortably socializing, advocating for self, expressing needs/wants/ideas |

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Rewards vs. Bribes

Rewards are:
- Predetermined
- Tied to explicitly defined goals
- Delivered in a fair and systematic fashion
- Appropriately match the situation and/or level of effort put forth
- Used a celebration tool – *You worked really hard. We're going to celebrate by X.*

Bribes are:
- Thought of and/or introduced in-the-moment or after-the-fact
- Unclear/inconsistent criteria
- Often times do not match the situation and/or level of effort put forth
- An adult-tool used to try and change/shape a student's behavior – *I want/need you to do X, and if you do, I'll give you Y.*

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Reinforcement

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Be sure to thin out the reinforcement over time

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Evidence-Based Practice "Ingredients"

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Moving beyond the office

Brave practices are **targeted exposure practices**

- They aim to help a client set, practice, and accomplish speaking-related goals, in order to gradually expand comfortable speech to new people and settings.

- Goal are arranged hierarchically, with input from the student, parent, and teachers in terms of predicted level of difficulty.

- Used in conjunction with CDI/VDI, stimulus fading, and reward strategies

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Goal Setting

Collaborate with the student to identify what people, settings, and/or circumstances feel comfortable vs. those that feel most difficult.

Arrange in a hierarchical fashion.

Most difficult

10
9
8
7
6
5
4
3
2
1

Medium

Most comfortable/ easy

Answering FC question posed by teacher in 1:1 settings

Answering FC questions from mom in front of teacher

Talking with parent at home

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Possible Goal Areas

- Verbally responding in new setting or to new person
- Verbally initiating
- Increasing volume
- Increasing sentence length
- Self-advocacy goals
  - Asking for help
  - Denying a peer's request
  - Getting someone's attention
  - Sharing opinion
- Social goals
  - Social niceties (*Hi, goodbye, how are you*)
  - Polite words (*Excuse me, Thank you*)
  - Making/maintaining friendships
  - Peer negotiation/conflict
- Nonverbals
  - Body posture, eye contact, hand raising

> Reminder: A goal may need to be broken down into multiple, smaller practice steps

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Example Goal Hierarchies

Adding in new people

- Talking 1:3 with teacher, 1 preferred peer & 1 non-preferred peer
- Talking 1:2 with teacher & 1 preferred peer
- Talking 1:1 with teacher only
- Talking 1:2 with keyworker & 1 teacher
- Talking 1:1 with keyworker only
- Talking 1:2 with parent & keyworker
- Talking 1:1 with parent

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Example Goal Hierarchies

Increasing speech expectation

- Spontaneous Initiation
- Scripted Verbal Initiation
- Full sentences
- Small Phrases
- One word responses

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Example Goal Hierarchies

Giving an oral presentation

Presenting 1: whole group

Presenting 1: small group

Presenting 1:3 - teacher and 2 peers

Presenting 1:2 - teacher and preferred peer

Presenting 1:1 with teacher

Video recording presentation at home and watching with teacher

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Adjusting Accommodations Over Time

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Thriving Minds
Expert Behavioral Health Services
for Children and Families

Thank you!

Questions?
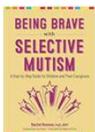
kreed@thrivingminds.info

Additional professional development offerings through Thriving Minds:
www.thrivingmindsbehavioralhealth.com/professional-resources

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Recommended Resources

Selective Mutism Association:

- Youtube Channel
- Educator's Toolkit
- Caregiver's Toolkit
- Educator's Webcourse

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Quick Survey

Thriving Minds
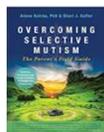
Scan the QR code to complete a 2-minute survey about this presentation. We appreciate your feedback!

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