

# Understanding & Treating Selective Mutism (SM)

## Anxiety

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

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

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

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

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

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



## SM

SM is an **anxiety disorder** characterized by a persistent **failure to speak** in one or more social situations for at least 1 month. Children usually develop SM before the age of 5, but it may not be diagnosed until school-age, when the disturbance becomes more noticeable and/or interfering.

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

Children with SM may also be **excessively shy, show significant social anxiety or fear of embarrassment**, and may at times prefer to be **isolated and/or withdrawn**. They also may communicate using **nonverbal behaviors**, such as:

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

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

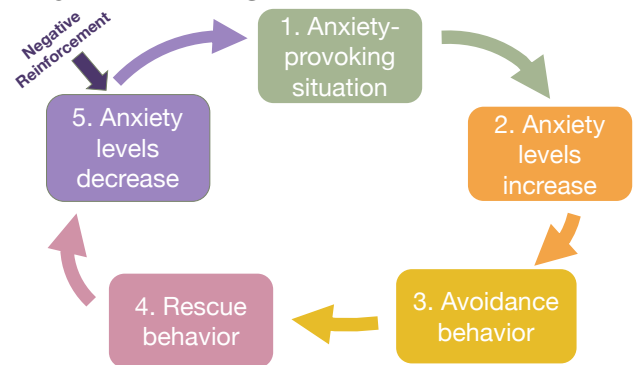
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## Behavioral Conceptualization of SM

SM behaviors may result from a long series of **negatively reinforced interactions**. Negative reinforcement is when a behavior increases due to the subtraction of an aversive stimulus.

**When the anxiety of speaking is taken away due to an adult rescuing the child from the expectation to speak, the child's nonverbal behavior is reinforced.**

### Cycle of Negative Reinforcement

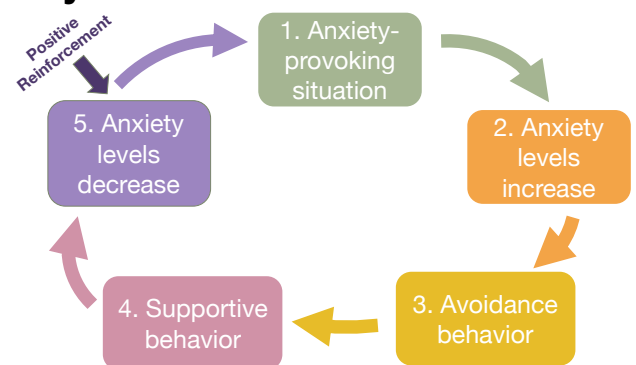


The cycle of negative reinforcement for SM proceeds as follows:

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

As a result, the child makes the connection that avoidance behaviors are effective coping strategies to use to reduce anxiety levels. The more times this cycle repeats itself, the more reinforced the child is to avoid speaking.

### Cycle of Positive Reinforcement



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

The cycle of positive reinforcement for SM proceeds as follows:

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

As a result, the child makes the connection that speaking leads to rewarding responses and a reduction of anxiety levels. Over time, with consistent exposure and practice with “brave talking,” the child becomes increasingly reinforced to speak.