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Writing SMART Goals for School-Based Intervention for SM

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The impact of symptoms in the school setting is varied but often significant for children with Selective Mutism (SM). Schools can observe functional impacts in relationship development with staff and peers, challenges with expressive communication, deficits in the ability to engage appropriately in classroom expectations, difficulty demonstrating knowledge and ability with academic tasks, and difficulty with self-advocacy and self-help skills in the school setting (Doll, 2021; Kovac & Furr, 2019; Martinez et al., 2015; Sanetti & Luiselli, 2009). Although some speaking improvements may be observed for a small population of students with SM symptoms over time without intervention, most children with SM display ongoing communication deficits and additional anxiety concerns compared to their peers (Bergman et al., 2002). As such, school-based behavioral intervention supports become especially important (Kortba, 2015; Oerbeck et al., 2014; Steains et al., 2021).

Within school systems, intervention goals become very important for school teams, as they determine areas to focus intervention and appropriate steps to reach determined goals. Despite this importance, school teams are not always sure about the appropriate areas for intervention or ways to phrase goals in order to demonstrate meaningful growth and progress over time (Caruana, 2015). School teams may have difficulty understanding places of specially designed instruction for children with SM and therefore also struggle to determine when interventions steps should be completed with or without support through special education.

This focused address will highlight critical information about school-based goal setting more generally and specific to development of a child's Individualized Education Plan (IEP). This presentation will highlight 1) common target areas for goal setting to address SM symptoms in schools based on current SM functioning and presenting symptoms, 2) behavioral intervention supports that could be used to help reach identified goals, 3) the process for developing SMART goals (i.e., Specific, Measurable, Attainable, Relevant, and Timely) related to symptoms of SM, and 3) data-based goal tracking symptoms for measuring and assessing growth and progress over time specific to SM intervention.

Special attention will be paid to appropriate language for professionals that may be advocating with school teams in order to address school questions and concerns around SM goals and intervention and dispel common myths.

Meeting the Social (Pragmatic) Language Needs of Students with SM

Kristin Rae Mathis, M.S., CCC-SLP

Research presents evidence that social communication difficulties precede and predict mental health problems such as anxiety and social anxiety, negatively affecting relationships with peers, the family, and teachers and consequently triggering and worsening emotional and behavioral issues related to anxiety. In addition, anxiety and social anxiety might, in turn, lead to withdrawal and a lack of opportunities to practice and develop age-appropriate social communication skills, representing a vicious circle. Many students with selective mutism experience this cycle, yet many times, the treating professionals and parents are not aware of and understand social (pragmatic) communication disorders; therefore, they never directly treat the student's social communication needs. Do children with Selective Mutism also meet this diagnostic criteria for SPCD? Yes, many students with a developmental history also meet the diagnostic criteria for a SPCD. Through participating in the training seminar, professionals and parents will gain an understanding of the social (pragmatic) language needs of students with Selective Mutism. Participants will understand the DSM-5 Diagnostic Criteria for Social (Pragmatic) Communication Disorder (F80.89) and the evaluation steps to assess SPCD in preschool through high school students. Once the students have gained confidence in using their words to meet their social needs with various communication partners, the next step in further expanding their social confidence is assisting them in building their social tool belt. Participants will gain an understanding of the many beneficial therapy strategies to address the social (pragmatic) language needs of students. Examples include teaching the student about conversation progression, specific strategies to maintain a conversation, and teaching the student about the spoken and unspoken do's and don'ts of social communication. Specific therapy strategies/programs for teaching preschool – high school students will be discussed and demonstrated. In addition, the seminar will explore the importance of teaching students the nuances of conversations between boys and girls via text or phone and the role of conversation in developing relationships.

Tricks for Tweens: Modifying SM Treatment Techniques to Enhance Motivation and Engagement in Preadolescent Patients

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

Selective Mutism (SM) is an anxiety disorder characterized by restricted speech in certain social contexts, such as school or community settings, despite the ability to speak in others, like at home with immediate family. The relatively small body of research on psychosocial interventions provides support for the efficacy of interventions with a significant behavioral component, including strategies like gradual exposure, shaping, stimulus fading, and contingency management, and the treatments commonly involve psychoeducation and training for parents and schools (Catchpole et al., 2019; Lorenzo et al., 2021; Oerbeck et al., 2015; Steains et al., 2021). Older children with SM, however, have been found to have a poorer response to treatment than their younger peers (Oerbeck et al., 2018). There is potential to enhance treatment for preadolescents with SM by considering their unique developmental characteristics in the treatment design and delivery (Creswell et al., 2020; Kendall et al., 2005; Sauter et al., 2009). The aim of this workshop is to expand professionals' skillset in enhancing treatment motivation and engagement among preadolescents with SM through creative, developmentally appropriate modifications to the cognitive behavioral techniques. The interactive 60-minute learning experience includes presentations, demonstrations, discussion, and case examples. Presentations and discussions focus on developmental considerations and creative adaptations to cognitive behavioral treatment strategies and delivery for this age group. Participants engage in hands-on exercises to practice these behavioral skills and apply a developmental lens through case examples. This workshop equips treating professionals with the necessary skills to effectively motivate and engage their preadolescent patients with SM in treatment, given their unique developmental characteristics. Participants gain an understanding of how to adapt evidence-based treatment techniques, as well as experience by practicing these techniques, and learn how to apply the strategies in their clinical practice. By increasing professionals' understanding of the ways to creatively modify evidence-based strategies to appeal to preadolescents with SM, intervention for this hard-to-treat population may improve.

All Things Extracurricular: Incorporating Exposure Therapy into After-School Activities for Children and Adolescents with SM

Katelyn Reed, M.S., Becky Thomson, Ph.D.

Children and adolescents with Selective Mutism are involved in extracurricular activities at the same frequency as their peers without Selective Mutism (Cunningham et al., 2004). While such programming offers a number of benefits including opportunities to cultivate peer relationships and build self-confidence in skill acquisition and mastery, participation in extracurricular activities can also pose challenges which are unique to individuals with Selective Mutism including anxiety about speaking during the program and especially difficulty in self-advocacy in times of injury/illness. Given that 69% of children with Selective Mutism also experience Social Anxiety (Driessen et al., 2020), a further challenge is the potential for concurrent anxiety about physical movement and any performances in addition to the direct speech demands.

Treatment for SM often includes exposure, an intervention strategy wherein individuals are asked to encounter anxiety-provoking situations in a slow and controlled way. Indeed, behavioral interventions including exposure therapy have garnered increased research support in recent years (Steains et al, 2021), with some study protocols delivering intervention directly in the context of simulated classrooms and extracurriculars to offer real-world, replicable exposure opportunities (Cornacchio, et al, 2019; Hagerty et al, 2022). Exposure therapy is most effective when there are frequent opportunities to encounter anxiety (Whiteside et al, 2020). Therefore, addressing exposure goals in extracurricular environments (in addition to school and community practicing) can support the overall reduction of anxiety about verbal communication.

This workshop will offer practical strategies for caregivers to incorporate exposure work into extracurricular programming. Presenters will address a variety of topics pertaining to extracurricular programming including how to pick the right extracurricular, preparing a child with SM for participation, how to identify and organize possible communication goals for extracurricular settings, promoting positive peer interactions, and how to collaborate with coaches/instructors to find the right balance of encouraging growth while accounting for unrealistic expectations.

Tips on How to Maximize Insurance Coverage for Exposure Therapy in Selective Mutism/ Social Anxiety Treatment

Carmen M. Tumialan Lynas, Ph.D.

October begins the open enrollment period for many employer-sponsored health insurance plans. However, many people have limited understanding of how their insurance coverage works, which can lead to selecting a plan that doesn't meet their needs, leading to higher bills and healthcare costs than they anticipated. Furthermore, treatment for selective mutism is more complicated than other anxiety disorders and does not always fit within the "usual and customary" care on which insurance bases their reimbursement; for this reason, specialists treating selective mutism may opt to be out-of-network providers. Those seeking treatment for selective mutism or social anxiety often feel stuck if they do not have or cannot afford out-of-network care. Furthermore, there are aspects of insurance that the lay person typically doesn't know or understand, as well as misconceptions about treatment people have that can either delay or interfere with making an informed decision about their care. This presentation will aim to fill these gaps in knowledge on both the insurance information and the treatment process, paving the way for you to maximize your insurance coverage for exposure therapy for selective mutism and social anxiety. First, basic tips to consider when selecting an insurance plan for the coming year will be presented, which is relevant this time of year given that open enrollment to select a plan will start soon. Next, common phrases and acronyms that are used in insurance lingo (e.g., allowable amount, EOB), but often unknown or misunderstood by the lay person will be explained. In addition, common misconceptions about treatment and best practices will also be discussed, followed by ways to fill the gaps between in-network and out-of-network care, including terms used by insurance to categorize these options (e.g., in-network exception, single case agreement, gap exception, etc.). Finally, a case example will be presented to illustrate how to apply this knowledge to maximize insurance coverage and treatment for exposure therapy to treat selective mutism and social anxiety.