

## **Suggested Accommodations to include on Individualized Education Plans or Section 504 Plans for children diagnosed with a Childhood Anxiety Disorder and Selective Mutism**

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- ~ Least Restrictive Environment
- ~ Allow nonverbal communication (pointing, head nods, shakes, thumbs up or down, facial expressions etc.)
- ~ Prior preparation or alternatives for presentations
- ~ Video/Audio taping
- ~ Verbal intermediary
- ~ Small group work
- ~ Testing accommodations...For example, taping reading fluency lessons at home via video or audiotape is appropriate, assuming a gradual weaning to “verbalization” is taking place. Consider this sequence of steps:
  - o Allow the child to tape her lessons at home.
  - o Next, encourage her to tape in a classroom with her parent present.
  - o Encourage her to tape part of a lesson on tape, then whisper the lesson to the parent (or teacher) within the class setting.
  - o Next, have her whisper the entire school lesson in the classroom with only the teacher present.
  - o Increase to another student (a preferred friend), plus the teacher.
  - o Increase all to verbalization.
- Each individual step is often a huge leap because the child feels that “the words just won’t come out” even though she desperately wants to speak to her peers. Even the slightest successes from the child—including looking at the teacher, or coming to the speech room—should be calmly but fully praised the adult.
- ~ Related services (emotional support, speech and language therapy, occupational therapy etc.)
- ~ Do not single out the child
- ~ Have a classroom routine / structured setting
- ~ Have a “safe” place in the room
- ~ Do not expect her to talk
- ~ Don’t comment if the child does talk
- ~ Seat child in close proximity to a “buddy” or friend
- ~ Don’t have child be the first to accomplish a demonstration
- ~ Phrase questions requiring single word responses
- ~ Do not pressure child for eye contact
- ~ Give advanced notice of changes in routine, field trips, outside speakers
- ~ To help with initiating peer interactions use language such as “\_\_\_ needs someone to help with a puzzle, why don’t we join her”
- ~ Weekly communication from the teacher
- ~ Don’t call out the child’s name or draw unnecessary attention to the child. If you are happy with something the child is doing, say something generic like “I love how kids are putting away their toys”
- ~ Be aware of child’s sensitivity to loud noises or being overwhelmed by lots of chaos
- ~ Use words to explain how you feel, not just facial expressions and body language
- ~ Be concrete – child often has difficulty understanding abstract language
- ~ Quarterly meetings with all related service providers and teacher
- ~ Minimize direct questioning
- ~ Arrange appropriate seating
- ~ Provide the child with word prediction software to encourage her written responses can be heard by all
- ~ Provide one-to-one time with the teacher (or speech/language pathologist, or psychologist) to play a simple, familiar board game or computer game. The relaxed atmosphere will allow the SM child to “open up.” Then, when the child is comfortable enough to speak in this situation, add one close friend in the room with the SM child and adult. Next, increase the peers to two in the same room with the SM child and adult, etc.

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Unlocking the Silence: Overview and Treatment of Selective Mutism

Presented by: Joleen R. Fernald, M.S., CCC-SLP, Doctoral Student, New Hampshire Selective Mutism Connections Coordinator

Moderator: Sandy Uhl, M.A., Director of Professional Development, SpeechPathology.com

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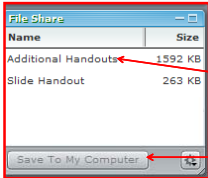
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### Download Handouts



Name	Size
Additional Handouts	1592 KB
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SELECTIVE MUTISM  
GROUP  
CHILDHOOD ANXIETY  
NETWORK

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## Unlocking the Silence: Overview and Treatment of Selective Mutism

Joleen R. Fernald, MS CCC-SLP  
Doctoral Student  
Speech-Language Pathologist  
JFernaldSLP@comcast.net



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SERIES OF  
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### SMG Mission

To increase public awareness of selective mutism and related childhood anxiety disorders, to promote greater understanding of these disorders through education, support of research and to provide support to professionals, affected individuals and their families.

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### Shyness vs. Selective Mutism

<p><u>Shyness</u></p> <ul style="list-style-type: none"> <li>* Slow warm up period</li> <li>* Can respond with a nod or small smile</li> <li>* Same demeanor everywhere - quiet and reserved</li> </ul>	<p><u>Selective Mutism</u></p> <ul style="list-style-type: none"> <li>* Warm-up time MUCH longer than expected</li> <li>* Cannot respond at all -may appear frozen</li> <li>* Dual personality - restrained at school and talkative at home</li> </ul>
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Difference between being shy and selectively mute... 

SM children are at the extreme end of the spectrum for timidity and shyness.

Matter of degree.

Important distinction is that SM interferes with the child's ability to function.

If untreated, it can often have a severe impact on a child's education, self-esteem, and social development.



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 SELECTIVE MUTISM  
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**Diagnostic criteria for  
313.23 Selective Mutism** 

**DSM IV-TR**

Consistent failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations).

The disturbance interferes with educational or occupational achievement or with social communication.

The duration of the disturbance is at least 1 month (not limited to the first month of school)

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**Diagnostic criteria for  
313.23 Selective Mutism** 

**DSM IV-TR**

The failure to speak is not due to a lack of knowledge of, or comfort with, the spoken language required in the social situation.

The disturbance is not better accounted for by a Communication Disorder (e.g., Stuttering) and does not occur exclusively during the course of a Pervasive Development Disorder, Schizophrenia, or other Psychotic Disorder.

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**Diagnosing SM** 

Easy Criteria...

Child is MUTE in one setting  
Child SPEAKS in one setting

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PTSD/PTSS

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### School Intervention

- \* IEP or Section 504? Which is better?
- \* If IEP, what identification? EH/ED, SLI, OHI etc.
- \* Accommodations (see handout)

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### Eligibility

- \* IDEA  
14 categories in which condition falls
- \* 504  
No categories  
Mental or physical impairment

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### Need for Special Education

- \* IDEA - condition so severe as to require special education  
Special education = specially designed *instruction*
- \* Section 504 - *typically* reasonable accommodations are all that student requires

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## Special Education Defined

- \* Specially designed instruction means adapting content, methodology or delivery of instruction
- \* to address child's unique needs resulting from disability
- \* to ensure access to general curriculum in order to meet state standards

34 C.F.R. § 300.39(b)(3)

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## Related Services Alone

- \* Do not render a student eligible for special education

34 C.F.R. § 300.39(a)(2)(i)

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## Possible IDEA Identification Codes

- \* Speech/language impaired
- \* Other health impaired
- \* Emotionally disturbed  
(In N.H. - emotionally handicapped)

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## Speech/Language Defined

- \* Communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment
- \* That adversely affects educational performance

34 C.F.R. § 300.8(a)(11)

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## Other Health Impairment Defined

- \* Limited strength, vitality or alertness
- \* Due to chronic or acute health problems
- \* Which adversely affects educational performance

34 C.F.R. § 300.8(a)(9)

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## Emotional Disturbance Defined

- \* Condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance

34 C.F.R. § 300.8(a)(4)

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## Characteristics for EH

- \* An inability to learn that cannot be explained by intellectual, sensory or health factors
- \* An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- \* Inappropriate types of behaviors or feelings under normal circumstances
- \* General pervasive mood of unhappiness or depression
- \* Tendency to develop physical symptoms or fears associated with personal or school problems

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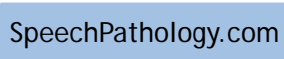
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## What All 3 Conditions Require

- \* Adverse educational performance
- \* To such a degree as to require special education

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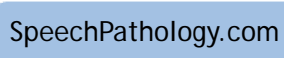

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## 504 "...individual with a disability..."

- \* A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities;
- \* A person who has a record of such an impairment; or
- \* A person who is regarded as having such an impairment.

29 U.S.C. § 706 (B)(B)

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## Who Is Entitled to a 504 Plan

- \* Only children who are *currently* disabled are entitled to be on a 504 plan
- \* The other provisions protect against *discrimination* and have no accommodation feature

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## 3 Elements

- \* Impairment
- \* Major life activity
- \* Substantial limitation

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## Defining "major life activities"

*Including but not limited to:*

* Seeing	* Caring for oneself
* Hearing	* Performing manual tasks
* Speaking	* Working
* Walking	* Learning
* Breathing	

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## Team Approach

- \* Parent
- \* Classroom Teacher
- \* School Psychologist/  
Guidance Counselor
- \* School  
Administration
- \* Psychiatrist
- \* Speech/Language  
Pathologist
- \* Occupational  
Therapist
- \* Social Worker



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"A habit cannot be tossed out of  
the window. It must be coaxed  
down the stairs a step at a time"  
Mark Twain

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## Treatment

Treatment focuses on

- \* alleviating anxiety
- \* increasing self-esteem
- \* communicating in social settings
- \* Do NOT expect the child to talk!



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### Types of Treatment

- \* Behavioral Therapy,
- \* Cognitive Behavioral Therapy (CBT),
- \* Play Therapy or
- \* Psychoanalytic therapy,
- \* Medication, and
- \* in some cases, Family therapy.



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### Behavioral Therapy

- \* Desensitization,
- \* Fading, and
- \* Positive Reinforcement techniques

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### Cognitive Behavioral Therapy

- \* Cognitive: change children's thoughts
- \* Behavioral: change children's actions



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### Play Therapy

- \* an adaptation of psychoanalytic therapy, which is a psychological treatment based on helping people understand their unconscious thoughts.
- \* Uses play as communication;
- \* therapists who are trained in these techniques will observe and participate in play activities with the child and interpret the child's actions as a form of subconscious communication

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### Cheyenne before Medication

Cheyenne in winter pageant - Observe her physical behaviors

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### Methods of Intervention

- \* Visual Supports
- \* Picture Schedules
- \* Communication Board / Book
- \* Picture Exchange Communication System (PECS)
  - Teaches initiation within the program
- \* Social Stories
  - Carol Gray's Social Stories 10.0 (template for social stories) [www.thegraycenter.org](http://www.thegraycenter.org)
- \* Linda Hodgdon ([www.usevisualstrategies.com](http://www.usevisualstrategies.com))

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### Medication

- \* anxiety problems are related to an imbalance in some of the chemical "messengers" in the brain, or neurotransmitters.
- \* neurotransmitter called serotonin seems to be involved.



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### Medication

#### "Courage Medicine"

- \* Serotonin Reuptake Inhibitors (SSRI's) Prozac, Paxil, Celexa, Luvox, and Zoloft
- \* Other drugs that affect several of the neurotransmitters instead of just serotonin Effexor XR, Serzone, Buspar and Remeron.
- \* None of these medications is "approved" by the FDA for use in treating SM in children
- \* Goal is usually to have the child take the medication for 9-12 months



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## Cheyenne After Medication

Cheyenne in winter pageant - Observe her physical behaviors

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## Cheyenne's First Day with her "Courage Medicine"



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## Stages of Confident Speaking

© Johnson and Wintgens, The Selective Mutism Resource Manual

1. No Communication
2. Cooperation
3. Non-verbal Communication
4. Non-verbal Sound
5. Speech in earshot of new person
6. Single words with new person
7. Sentences with new person
- 8/10. Speech with more new people
9. Speech in a different place
- 9/10. Speech in more new places

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EPISODES

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### Dr. E's Stages of Selective Mutism

- \* Stage 0 - Non-Communicative  
No responding / No initiating  
Stiff, expressionless, motionless, frozen
- \* When is a child at Stage 0?  
When she senses she is unsafe  
The younger the child, the > Stage 0  
The child is in new or unfamiliar settings  
The child has feelings of high expectations

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### Dr. E's Stages of Selective Mutism

Stage 1 – Non-verbal Communication

Stage 1A – Responding  
Pointing, nodding, writing, sign language, use of objects, AAC device

Stage 1B – Initiating  
Getting someone's attention via handing over a note, pointing, raising one's hand, pulling, tugging, AAC device

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### Dr. E's Stages of Selective Mutism

**Stage 2 – Transition into VERBAL COMMUNICATION:**

Stage 2A Responding -Via any sounds, (e.g.grunts, animal sounds, letter sounds, moans, etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. simple message switch, multiple voice message device, tape recorder, video, etc.)

Stage 2B Initiating - Getting someone's attention via any sounds, (e.g. grunts, animal sounds, letter sounds, moans., etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. , simple message switch, multiple voice message device ,tape recorder, video, etc)

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### Dr. E's Stages of Selective Mutism

**STAGE 3: VERBAL COMMUNICATION:**

Stage 3A Responding  
Approximate speech/direct speech (baby talk, script/rehearsing script, soft whispering, speaking)

Stage 3B Initiating (via getting someone's attention via making any sound)  
Approximate speech/direct speech (baby talk, script/rehearsing script, soft whispering, speaking)

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### Dr. E's Stages of Selective Mutism

**Stage 4 = VERBAL**

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## Key Points

- \* SM is about CONTROL
- \* Big FIVE Words: Yes, No, Hi, Bye, Thanks
- \* SPEECH PHOBIC (Child in Stage 0 - 1)  
Child is STUCK in nonverbal stage of communication  
MUTE behavior is learned, ingrained  
Child unable to break out of mutism without help to UNLEARN  
Often globally mute  
Mutism may be isolated to limited settings, i.e., school (speaks everywhere else!)

Dr. Elise Shipon-Blum  
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## Video

Overview of Treatment

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## Where to Begin?

- \* Step 1  
Let the child know you understand their difficulty and the feelings they experience when they try to speak
- \* Step 2  
Let the child know he is not alone
- \* Step 3  
Impress on the child that the most important thing is for them to be happy, and that they have a friend in you to turn to, if they are feeling upset
- \* Step 4  
Explain how you are going to help

Johnson and Wintgers, p. 93,94  
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### Next...

- \* Find out how the child relates to the "difficulty" of getting the words out...  
"The words won't come out"  
"I'm scared" or "I'm afraid"  
"My body won't let me talk"
- \* **STOP** if child responds with...  
"I don't want to talk about it"  
"I'll talk when I get bigger/older"  
"I will never talk"

Dr. Elisa Shipon-Blum  
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### Next...

- \* Determine words to use when describing the difficulty...

Young children may use: feeling scared or afraid

Older children may use: difficult or hard to come out

**AVOID** using the word "TALK" - That's not the goal!

Dr. Elisa Shipon-Blum  
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### Next...

- \* Help child acknowledge or assess his/her feelings...

Child can 'RATE' feelings of being: scared, uncomfortable and/or where it is 'difficult' to communicate

Will need to give child examples of HOW he/she feels in different settings for the child to understand. Often extreme ends, NEED to help with 'middle ground'

Dr. Elisa Shipon-Blum  
Kid the silence.

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smg SELECTIVE MUTISM EXP. OF CHILDHOOD ANXIETY 2010/2009

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**(1) This chart was drawn by a 7 yr old boy.**

In this particular case, MR SUPER DUPER SCARY is how this child feels in circle time, Mr ITSY BITSY SCARY is how this child feels when driving to school. He feels like MR. FEELS GOOD when at home and playing with his friends.

Dr. Elisa Shipon-Blum  
Kid the silence.

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smg SELECTIVE MUTISM EXP. OF CHILDHOOD ANXIETY 2010/2009

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**(2) This chart was drawn by an 8 yr old little girl.**

This child feels like the RAINBOW when playing at recess with her friends, but feels like the TALL, number 5 flower when at gym or sitting at circle time. She

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Kid the silence.

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**Dr. E's Stages of Selective Mutism**

- \* Stage 0 - Non-Communicative  
No responding / No initiating  
Stiff, expressionless, motionless, frozen
- \* When is a child at Stage 0?  
When she senses she is unsafe  
The younger the child, the > Stage 0  
The child is in new or unfamiliar settings  
The child has feelings of high expectations

Dr. Elisa Shipon-Blum  
Kid the silence.

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smg SELECTIVE MUTISM CHILDHOOD ANXIETY DISORDER

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## Treatment for Stage 0

Improve engagement,  
build social comfort &  
Progress communicatively by...

utilizing a SMALL Environment  
involving a few people  
finding a space with less stimuli and quiet surroundings

Dr. Elise Shipen-Blum  
Rid the silence.

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## Video

Young Children Treatment for SM

Dr. Elise Shipen-Blum  
Rid the silence.

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smg SELECTIVE MUTISM CHILDHOOD ANXIETY DISORDER

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## For Nonverbal child who is uncomfortable socially, stimulate social engagement!

- \* WHEN? Child seems to ignore others, Is not communicating or acknowledging others. Shadows parents in public settings without interacting with others.
- \*\* Child may speak to parents or select few in this setting, but noncommunicative (ignores) others!
- \* TREATMENT STEP-Stimulate child's social-engagement system!
  - Handover
  - Takeover
  - HI/BYE GAME, Hi/Bye Copy Game, Waving Game (start with pets, people in buses!)
  - Interview game!
  - EYE SPY GAMES!

Dr. Elise Shipen-Blum  
Rid the silence.

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smg SELECTIVE MUTISM CLINIC OF CHILDHOOD ANXIETY DISTRESS

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### Dr. E's Stages of Selective Mutism

**Stage 1 – Non-verbal Communication**

Stage 1A – Responding  
Pointing, nodding, writing, sign language, use of objects, AAC device

Stage 1B – Initiating  
Getting someone's attention via handing over a note, pointing, raising one's hand, pulling, tugging, AAC device



Rid the silence.

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### Can Non-verbal child RESPOND to others in setting?...

- \* Show prewritten notes/signs in response to questions (3 x 5 cards)
- \* Point to something. i.e., picture in book,
- \* Item on menu, (Pointing game)
- \* Nod yes/no in response to question (hi/bye game!)
- \* Write replies
- \* Board GAMES
- \* 'waving games' -hand twist, hand rock
- \* "Mr/Mrs. Takeover"
- \* Use of sign language

Dr. Elisa Shipon-Blum

Rid the silence.

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### Can Non-verbal child INITIATE?

Go up to a person and:

- \* 'TAP 'n SNAP'
- \* Clockwatcher!
- \* Purposely hand things to or take things from others. (Mr/Mrs. HANDOVER) i.e., money to store cashier, menu to waiter
- \* Beat the clock to 'wave!'
- \* Beat the clock to SHOW
- \* HI/BYE cards!

Dr. Elisa Shipon-Blum

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DISORDERS

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### Dr. E's Stages of Selective Mutism

**Stage 2 – Transition into VERBAL COMMUNICATION:**

Stage 2A Responding -Via any sounds, (e.g.grunts, animal sounds, letter sounds, moans, etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. simple message switch, multiple voice message device, tape recorder, video, etc.)

Stage 2B Initiating - Getting someone's attention via any sounds, (e.g. grunts, animal sounds, letter sounds, moans., etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. , simple message switch, multiple voice message device ,tape recorder, video, etc)

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### Tools to Transition from Stage 2 - 3

- Augmentative Communication
  - Single message voice output device (talking picture album)
  - Multiple message voice output device (Go Talk or other static display device)
- Verbal Intermediary
  - Using an object or another person to express message (puppets are a wonderful tool for this)

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### Tools to Transition from Stage 2 - 3

Using child's feelings as a GUIDE, use person or object who child can speak to:

- Whisper close up
- Whisper at fist length away
- whisper at half arm length away
- Whisper at full arm length away
- Whisper across table
- Look in direction of person

Dr. Elisa Shipon-Blum

Rid the silence.

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CLINIC OF  
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PTSD/PTSD

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### Tools to Transition from Stage 2 - 3

Use Sounds

- This is great for kids who are speech phobic or who are already using sounds in play like animal sounds or audible laughing
- Begin making tapping noises, finger snapping noises.
  - 2 snaps/taps=YES & 1 snap/tap=NO
- Mouth Popping SOUND
  - 2 pops=Yes & 1 Pop=No

Dr. Elisa Shigon-Blum

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PTSD/PTSD

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### Tools to Transition from Stage 2 - 3

When child/teen able to make 'Pop' sound, let them know they made a 'P' sound

Child CROSSES OFF letters of the alphabet...

A B C D E F G H I J K L  
M N O P Q R S T U V W  
X Y Z

H sound = DEEP BREATH in/OUT

Dr. Elisa Shigon-Blum

Rid the silence.

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PTSD/PTSD

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### Ritual Sound Approach

Laura Huggins and Jacob Hanna

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### Tools to Transition from Stage 2 - 3

Use 'P' sound and SHAPE into other sounds. i.e., 'B' sound... Then, 'bbbbbbbb'=BYE

'hhh'=Hi,

As work thru sounds of letters, 'ssssssssss'=YES

'nnnnnnnn'=No.

Put beginning and ending sounds together.

'Y+S = YES and 'N+o =No

Dr. Elisa Shipon-Blum

Rid the silence.

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### Dr. E's Stages of Selective Mutism

STAGE 3: VERBAL COMMUNICATION:

Stage 3A Responding  
Approximate speech/direct speech (baby talk, script/rehearsing script, soft whispering, speaking)

Stage 3B Initiating (via getting someone's attention via making any sound)  
Approximate speech/direct speech (baby talk, script/rehearsing script, soft whispering, speaking)

Dr. Elisa Shipon-Blum

Rid the silence.

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### Importance of Early Intervention

- \* Minimize negative impact on the child
- \* Prevent situation from becoming worse
- \* Prevent mutism from becoming engrained
- \* Prevent repeated ineffective attempts to elicit speech
- \* Minimize emotional and physical strain caused to parents and teachers

Dr. Elisa Shipon-Blum

Rid the silence.

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DISORDERS

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## Treatment Suggestions

- \* What to do
- \* What not to do

Rid the silence.

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DISORDERS

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DISORDERS

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McHolm, A.E, Cunningham, C.E, & Vanier, M.K. (2005). *Helping your child with selective mutism*. Oakland, CA: New Harbinger Publications, Inc.

**WEBSITE**

[www.selectivemutism.org](http://www.selectivemutism.org)

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# Social-Communication Anxiety Inventory (SCAI)©

By: Dr. Elisa Shipon-Blum

NAME of child: \_\_\_\_\_

Date: \_\_\_\_\_

LOCATION Check off level of 'usual' functioning -----→	N C	N V R	N V I	T V	V R	V I	Comments
<b>HOME</b>							
Home with family							
Home with peers (less familiar)							
Home with peers (familiar)							
At friends home with peer (s)							
At friends home with peer + peer's parent							
Relatives in home 1-1, small group							
Relatives in home, large gathering							
At relatives home 1-1, small group							
At relatives home , large gathering							
'Party' out of home (birthday parties)							
<b>At school</b>							
Classroom (large group) of peers							
Classroom (small group) of select peers							
Classroom 1-1 with peer (Child is MOST comfortable with)							
Classroom (large group) with teacher							
Classroom (small group) with teacher							
Classroom 1-1 with teacher							
In separate room with school personnel							
In separate room with school personnel + peer (s)							
Playground with peers							
Specials teachers							
With parents in classroom (during school)							
With parents in classroom (empty)							
Other School personnel - 1 on 1 (who?)							
<b>STORE</b>							
When addressed by unfamiliar person							
Walking around with parent							
At check out if addressed							
At check out if not addressed							
<b>Restaurant</b>							
In front of waiter							
With waiter not present							
With family + 'guests'							
<b>Other:</b>							

Scale:

NC= Noncommunicative= Does not socially engage ~ NVR= Nonverbal responding ~ NVI= Nonverbal initiating  
 TV= Transition to verbal communication (list how in comment section) ~ VR= Verbally responding VI=Verbally initiating  
 Indicate levels of function: **NEVER - SOMETIMES - MOST of the time - ALWAYS**

## Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:**

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	<b>0</b> Not True or Hardly Ever True	<b>1</b> Somewhat True or Sometimes True	<b>2</b> Very True or Often True
1. When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### **SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

*\*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

## Screen for Child Anxiety Related Disorders (SCARED)

### Parent Version—Pg. 1 of 2 (To be filled out by the PARENT)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:**

Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	<b>0</b> Not True or Hardly Ever True	<b>1</b> Somewhat True or Sometimes True	<b>2</b> Very True or Often True
1. When my child feels frightened, it is hard for him/her to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child gets headaches when he/she is at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When he/she gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. He/she gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Screen for Child Anxiety Related Disorders (SCARED)

Parent Version—Pg. 2 of 2 (To be filled out by the PARENT)

	<b>0</b> Not True or Hardly Ever True	<b>1</b> Somewhat True or Sometimes True	<b>2</b> Very True or Often True
21. My child worries about things working out for him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When my child gets frightened, he/she sweats a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My child is a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My child gets really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My child is afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for my child to talk with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When my child gets frightened, he/she feels like he/she is choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that my child worries too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. My child doesn't like to be away from his/her family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My child is afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. My child worries that something bad might happen to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. My child feels shy with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. My child worries about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When my child gets frightened, he/she feels like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. My child worries about how well he/she does things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My child is scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. My child worries about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When my child gets frightened, he/she feels dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My child is shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### **SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

# **SELECTIVE MUTISM-STAGES OF SOCIAL COMMUNICATION COMFORT SCALE ©**

## **SM-SCCS**

**NON-COMMUNICATIVE** -neither non-verbal nor verbal. **NO social engagement.**

### **STAGE 0 - NO Responding, NO initiating**

Child stands motionless (stiff body language), expressionless, averts eye gaze, appears 'frozen,' **MUTE**  
OR

Seemingly **IGNORES** person while interacting or speaking to other(s). **MUTE towards others**

For communication to occur, **Social Engagement** must occur

**COMMUNICATIVE** (Nonverbal and/or Verbal\*)

\*To ADVANCE FROM ONE STAGE OF COMMUNICATION TO THE NEXT, INCREASING SOCIAL COMFORT NEEDS TO OCCUR.

### **STAGE 1 - Nonverbal Communication: (NV)**

**1A** Responding -pointing, nodding, writing, sign language, gesturing, use of 'objects' (e.g. whistles, bells, Non-voice augmentative device (e.g. communication boards/cards, symbols, photos)

**1B** Initiating -getting someone's attention via pointing, gesturing, writing, use of 'objects' to get attention (e.g. whistles, bells, Non-voice augmentative device (e.g. communication boards/cards, symbols, photos)

### **STAGE 2 - Transition into Verbal Communication (TV)**

**2A** Responding -Via any sounds, (e.g. grunts, animal sounds, letter sounds, moans, etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. simple message switch, multiple voice message device, tape recorder, video, etc.)

**2B** Initiating -Getting someone's attention via any sounds, (e.g. grunts, animal sounds, letter sounds, moans., etc.): Verbal Intermediary or Whisper Buddy; Augmentative Device with sound, (e.g. , simple message switch, multiple voice message device ,tape recorder, video, etc)

### **STAGE 3 - Verbal Communication (VC)**

**3A** Responding – Approximate speech/direct speech (e.g. altered or made-up language, baby talk, reading/rehearsing script, soft whispering, speaking)

**3B** Initiating - Approximate speech/direct speech (e.g. altered or made-up language, baby talk, reading/rehearsing script, soft whispering, speaking)



Name of Child: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Selective Mutism Questionnaire\* (SMQ)**  
(to be filled out by parents)

**Please consider your child’s behavior and activities of the past month and rate how frequently each statement is true for your child.**

**AT SCHOOL**

	Always	Often	Seldom	Never
1. When appropriate, my child talks to most peers at school.				
2. When appropriate, my child talks to selected peers (his/her friends) at school.				
3. When called on by his or her teacher, my child answers.				
4. When appropriate, my child asks his or her teacher questions.				
5. When appropriate, my child speaks to most teachers or staff at school.				
6. When appropriate, my child speaks in groups or in front of the class.				
How much does not talking interfere with school for your child? (please circle)	Not at all   Slightly   Moderately   Extremely			

**WITH FAMILY**

	Always	Often	Seldom	Never
7. While at home, my child speaks comfortably with the other family members who live there.				
8. When appropriate, my child talks to family members while in unfamiliar places.				
9. When appropriate, my child talks to family members that don't live with him/her (e.g. grandparent, cousin).				
10. When appropriate, my child talks on the phone to his/her parents and siblings.				
11. When appropriate, my child speaks with family friends.				
12. My child speaks to at least one babysitter.				
How much does not talking interfere with family Relationships? (please circle)	Not at all   Slightly   Moderately   Extremely			

**IN SOCIAL SITUATIONS (OUTSIDE OF SCHOOL)**

	Always	Often	Seldom	Never
13. When appropriate, my child speaks with other children who s/he doesn't know.				
14. When appropriate, my child speaks with family friends who s/he doesn't know.				
15. When appropriate, my child speaks with his or her doctor and/or dentist.				
16. When appropriate, my child speaks to store clerks and/or waiters.				
17. When appropriate, my child talks when in clubs, teams or organized activities outside of school.				
How much does not talking interfere in social situations for your child? (please circle)	Not at all   Slightly   Moderately   Extremely			

\*SMQ under development; use with permission of author, Lindsey Bergman, Ph.D.; lbergman@ucla.edu

# MUTE VERBAL

Social engagement!



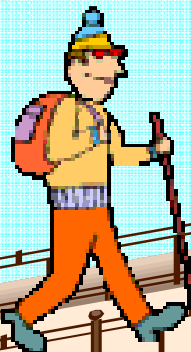
Noncommunicative Nonverbal

Transitional

Verbal Intermediary

RITUAL SOUND APPROACH

Verbal



Increasing Social Comfort & Communication →

