

Hello and welcome to the Selective Mutism HELP, Home Educational Learning Program, Podcast, my name is Kelly, and I will be your host. This podcast aims to give you the help you need to support the person in your life affected by selective mutism.

In this episode I'll be talking about treatment options to help a person overcome their Selective Mutism. I'll go over the various treatment options available and what worked for our daughter. Let's get started.

Welcome to episode 2 of the Selective Mutism HELP Home Educational Learning Program podcast. My name is Kelly, and I am a parent of a child with Selective Mutism. Being that I am a parent and not a medical professional, this podcast is for informational purposes only. For those of you who have done some research on Selective Mutism you have probably come across various ways to treat SM – cognitive behavior therapy, exposure therapy, play therapy, occupational therapy, therapy with a speech language pathologist, equine therapy, the list could go on and on. I'll do my best to break them down for you to give you a better understanding of what they all are and how they could help someone with SM.

Let's start with cognitive behavior therapy as this is commonly referred to as the "gold standard" for treating SM. According to the American Psychological Association, Cognitive behavior therapy, or CBT, is a psychological treatment that involves changing a person's thinking patterns. Some strategies include using problem-solving skills to cope with difficult situations, learning to develop more confidence, facing fears instead of avoiding them, role playing, and learning to calm the mind and relax the body. The eventual goal is that the person receiving CBT will learn to become their own therapist by developing coping skills. So, for someone with SM, they may work on understanding where their anxiety comes from and what anxiety feels like. They may work on self-talk and telling themselves that they *can* talk to their teacher or their grandparent and to not let fear get in their way.

This all sounds pretty good, right? Please be aware that cognitive behavior therapy is best for those over the age of seven because they will have more skills for causal reasoning, perspective taking, self-reflection, verbal expression, and memory of their own behavior. When our daughter was first diagnosed at the age of 4.5, we started with cognitive behavior therapy. A lot of it at the beginning was actually changing MY behavior and the way I interacted with my daughter in certain situations. As many of you parents can probably relate, I, unknowingly, rescued my daughter. If someone asked her a question and I could see how uncomfortable she was, I would answer for her. She never got practice talking in situations that made her anxious because I talked for her. I wasn't being a bad parent and because of it I didn't cause her SM, I was a loving parent and wanted to protect my daughter. With that being said, if you are a parent, please don't blame yourself. You are doing what comes natural for any parent – protecting their child from harm. But you do have to make some changes and it may not come naturally, it didn't for me. The biggest change was to wait 5 seconds for my daughter to answer a question from someone. 5 seconds doesn't seem long, but I'm the type of person that answers questions very quickly so 5 seconds was an eternity. Let's practice "What's your name" one...two...three...four...five...Kelly. It's a long, potentially awkward pause. I don't think I ever made it to five, but I could at least get to three which was better than nothing. The reason for waiting is because when in an anxious state, the brain may need a little extra time to process the question and to select a response.

Another change I had to make was saying things like “thanks for telling me” or “good job using your brave voice.” Again, this was another awkward and unnatural way to speak, at first, but it gives your child the encouragement they need in that moment. Soon, if you say it enough times, they’ll start saying it to themselves when you aren’t there. It will set them on the path towards intrinsic motivation - meaning they start doing brave things because it makes them feel good inside which is what cognitive behavior therapy is all about.

Now, you may be thinking, “Kelly, it seems like you are only talking about things you had to change, what was therapy like for your SM daughter?” Well, to be honest, it was really hard for her. She couldn’t make eye contact with the therapist, she had a hard time rolling the alphabet ball back and forth, she couldn’t play the games with the SM rules associated with them because her anxiety was so high. I was completely unaware of how bad things really were for her until we started therapy. We went to therapy once a week for 11 weeks. Our psychologist told us most kids by the 6th week are able to be separated from the parent and talk easily with her. At 11 weeks, our daughter was barely able to get out a whisper. Our psychologist said there wasn’t much else she could do and she taught me as much as she knew. So she said we could either go to an intensive camp out of state or go at it on our own.

This brings me to another type of therapy for SM kids – intensive camps. There are various intensive camps in the US. Generally, it is a weeklong, classroom simulated camp which gives kids with SM an opportunity to practice speaking in a school setting. They will practice talking with a teacher, a peer, asking to go to the restroom, share during show and tell, go on field trips, and other opportunities similar to a school day. They are usually paired up with a therapist who works one on one with them giving them the tools they need to help overcome their SM. While the child is in class, the parents also attend their own classes to learn how to support their child once the camp is over. For us, this seemed too intense for our daughter. She needed more practice getting comfortable with basic things like eye contact, handover/takeover, and nodding her head before jumping into a camp. For those kids who have those basic communication steps in place, camps may be a very good option to give them the jump start they need to get them to the next level of overcoming their SM. I’ll post a link in the episode notes for a list of camps throughout the US.

Since a camp wasn’t the right option for us at that time, we decided to go with the second option which was going at it ourselves. As you may have noticed, I’m a pretty self-motivated person and when I see a problem, I do everything I can to solve it. Going at it ourselves was the right choice for our family. Exposure therapy was a big part of us going at it ourselves. I’ll save our journey with exposure therapy for another podcast episode as it entails a lot of information, but for now I’ll tell you what exposure therapy is. Exposure therapy is a psychological treatment to help people confront their fears/anxieties. Think of it as someone who is afraid dogs or spiders or snakes. You wouldn’t throw them into the dog park or make them hold a tarantula, or feed a snake, you would expose them gradually to their fear until they are at a point of overcoming it. You may show them different pictures of a dog, spider, or snake, then watch videos, then find a dog walking in their neighborhood and pass it on the opposite side of the street, then the same side of the street, then letting the dog sniff their feet, then their hands, then they can pet the dog. Exposure therapy is about finding the sweet spot into getting the person out of their comfort zone just enough to accomplish a small step. Same

goes for an SM child. We would start with “How hard would it be to...” and then name something we wanted to work on. For example, we would ask “How hard would it be to wave to your friend at school?” Our daughter could say easy, medium or hard. If it was hard or easy, we wouldn’t do it, we would go for medium. Again, I’ll go into more details on specific exposures we did in an upcoming episode. If you are eager and want to hear about it sooner, check out Day 1 of the Spring 2021 Online Summit where I have a discussion about our experience with exposure therapy.

As we went through the CBT route and the exposure therapy route on treatment in the beginning, I always felt like something was missing. I felt like she needed something to support her mind and body. I started looking into Occupational Therapy or OT. I had a good friend of mine who was an OT so I asked her a bunch of questions. I sat down for coffee with a fellow mom of an SM child and listened to her experience with her child in OT. To be honest, I think I was more confused after I talked to them than before, because it didn’t make sense to me on how it actually worked. Then I would read definitions such as OT is a form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through the performance of activities required in daily life. What? That doesn’t make sense. If you want to hear my ‘AH-HA’ moment of when I finally understood the definition of occupational therapy, check out Day 3 of the 2021 Online Summit. Even though I was confused, I wanted to give it a try. I figured if it didn’t work out, it didn’t work out and at least we tried it. I was truly amazed at what occupational therapy can actually accomplish! It gave us an inside look as to where our daughter’s anxiety was coming from and she was able to have a ton of fun while connecting brain and body and learning coping mechanisms. We found that our daughter had an underdeveloped vestibular system – again, something that was super confusing to me at first. Basically, the vestibular system lets your body know where you are in space by utilizing different components of the ear and ear canal among other anatomical and physiological processes that are over my head. Since her system was underdeveloped, she didn’t know where her body was in space which caused her to have anxiety. If she’s sitting at a desk and her feet can’t touch the floor, she doesn’t know where her feet are. If she spins in a slow circle, her eyes would dart back and forth trying to figure out where she was. Due to this underdevelopment she can never sit still, she has to be moving all the time to give her body input so it knows where it is. Yeah, I can see how that can cause anxiety. And for some, the anxiety causes selective mutism! I was overjoyed with finally understanding where her anxiety was coming from. Once we started OT, we really saw her come out of her shell. We were able to cut her dose of medication in half three months after starting occupational therapy. She was speaking to more teachers and peers at school which is what we were striving for. I talked to a pair of amazing occupational therapists during the Spring 2021 online summit. If you want to know more in-depth information about OT in kids with anxiety, definitely check out Day 3 and the talk I had with SENSE-ational Spaces. You won’t be disappointed.

Next, I want to talk about speech language pathology, which can also be called speech language therapy. This was another area that I was not well educated on and didn’t understand the need for it. Our daughter could speak fine, why would she need an SLP? Plus, our daughter couldn’t speak to anyone outside of about 4 people, how is an SLP going to work on speech if she isn’t going to speak? Well, there is a part of language called pragmatics. This is the part of language that refers to the social language skills that we use when interacting with others. A big component is eye contact, facial expressions and body language. Plus, it includes what we say and how we say it. Think about it, if a child goes years without practicing conversation with

others – taking turns in a conversation, understanding exaggerations or sarcasm, using the right facial expressions for the topic being discussed – they are going to be lagging in those skills. That is where an SLP could come in handy. But please make sure they are trained in SM prior to starting work with an SM child or are willing to learn. As a parent, you may have to become the expert and train professional so they understand that SM is an anxiety disorder and they need to allow the child time to warm up and not force them to speak – probably difficult for an SLP to do being that their career is based on hearing people speak and helping them with speaking issues. Many schools in the US have SLPs in the school, so if your child is on an IEP, they may qualify to get services in school.

The other two types of therapy I mentioned at the beginning of this podcast were play therapy and equine therapy. We did not have any direct experience with these types of therapies, but I have spoken with people who have. From my understanding, play therapy is just as it sounds. A therapist follows the child's lead, and they play how the child wants to play. This can increase their confidence, help them to earn to play with others, learn to experience and express emotion, become better problem solvers, among other benefits. I think if play therapy can be a place of lowered anxiety, a child will have a better opportunity to communicate. If the therapist understands how to build rapport and remove the expectation to talk, but encourage communication, it could be beneficial. But, if it turns into your child playing by themselves or not at all, and the therapist is expecting too much out of the child too soon, it may not be the best type of therapy.

Finally, I had mentioned equine or horse therapy. I recently interviewed Gaye James, author of Living beyond the Silence – about her journey with her son who had SM as a child. She told me about her son doing equine therapy and how helpful it was. Although he didn't have to speak to the trainer or even the horse, he still was able to show control for something much larger than him which gave him a new sense of confidence and purpose. She said the amount of meltdowns at home decreased and he looked forward to going. What I like about equine therapy, or being around animals in general, is that they don't talk back. They hear what you are saying, but it doesn't really affect them too much. The horse still goes about walking the trail or munching on some hay whether you are talking or not. Because there is no pressure from the horse to have the person talk, anxiety is lowered, and the child may start talking to the horse. Obviously, if your child is afraid of horses or large animals, this may not be the right option, but if they show an interest, it could be beneficial. If you want to hear the full interview with Gaye, listen to Day 1 of the Spring 2021 Summit.

Wow, that was a lot of information I talked about! I think the main take away about knowing which treatment is best, is to really look at your child. Are they a little older and have the potential to understand the concepts used in cognitive behavior therapy? Do they like doing challenges and are motivated by a reward system to use in exposure therapy? Do they have a lot of underlying anxieties that you want to know where it is coming from? OT may be a good place to turn. Are you looking for a way for your child to interact in a non-anxiety producing environment? Maybe play therapy or equine therapy is right for your child. Whatever you choose, you need to make sure the therapist has an understanding into what selective mutism is. They cannot force the child to speak or tell them "I can't help you if you won't talk to me" - which was told to our daughter by a school counselor. Needless to say my daughter never spoke to that counselor.

Another thing I wanted to mention is that more than one type of therapy may be needed. Maybe a combination of cognitive behavior therapy and occupational therapy will be the best combination. Or, the type of therapy may change as your child progress – maybe starting with play therapy, then switching to cognitive behavior therapy, while doing your own exposure therapy.

You may have heard me mention various days of past Online Summits in this podcast. Twice a year I host free SM online Summits and record interviews with some amazing professionals from around the world discussing topics surrounding SM. After the Summit is over, the videos are available to purchase which gives you lifetime access to those videos. Because I want you to have as much information you can at a price that fits in your budget, I'm offering a special discount code just for those listening to this podcast. If you use the code "podcast2" all lower case letters with the number 2 after it, you will save 25% off the cost of the days I mentioned which were Days 1 and 3 of the Spring 2021 Summit. It drops the price from \$27 to only \$20.25. Not only will you hear about my story and Gaye's story in Day 1, you will also hear from a young woman who grew up with SM and how she overcame it. In Day 3, you will hear from the two OT's I mentioned, plus you will hear from someone who is well versed in sound therapy and rhythmic movement therapy, which, in my opinion is an area that needs to be incorporated into all SM kids therapy, plus hearing from an SM specialist talk about how to support a child with SM whether you are a parent or a teacher when their anxiety is high and they can't get the words out. All of this for just over \$20 for each day! Visit www.smhelp.org for more information. Again, the code is "podcast2"

Thank you so much for joining me for this episode. My next episode will be available July 15th and I will be talking about a potentially controversial topic which is the use of medication for an SM child. I'll be sharing our choices and how our thoughts on medicating has changed during the course of our journey. As always, if you have a topic you would like discussed or any questions pertaining to Selective Mutism, you can email me at smhelp2020@gmail.com or visit www.smhelp.org. Take care!