

COLLABORATION IN SILENCE: AN INVESTIGATION OF THE ROLE OF THE SPEECH-LANGUAGE PATHOLOGIST IN TREATMENT FOR CHILDREN WITH SELECTIVE MUTISM



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Purpose

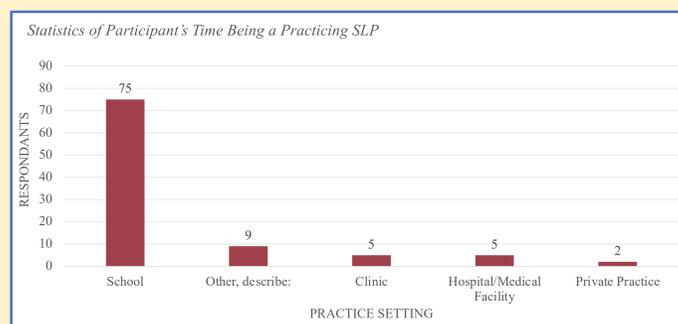
The purpose of this study was to examine the clinical practices utilized by speech-language pathologists (SLPs) when providing services to preschool to elementary-aged children diagnosed with selective mutism. This study specifically focused on the treatment methods used by SLPs, amount of involvement in treatment, and the degree to which these professionals perceive their role in a team approach when providing services for children with selective mutism.

Method

In order to carrying out this investigation, an online survey was distributed to Speech-Language Pathologists (SLPs) who specifically work with children, to gain insight into their understanding and treatment methods regarding selective mutism (SM). This study specifically focused on pediatric patients with SM, and whether clinicians are, are not, or to what degree, treatments are being provided to children with SM. This survey explored the understanding of their Scope of Practice on this topic and gather data on SLPs' participation as a member in a collaborative team when treating children with selective mutism.

Participants

The target population of this study was speech-language pathologists (SLPs) who work with preschool to elementary-school aged children in any type of practice setting. A total of 108 individuals began the survey, and 97 licensed and/or ASHA certified speech-language pathologists completed it. Selected demographic characteristics are graphed in the figures below.



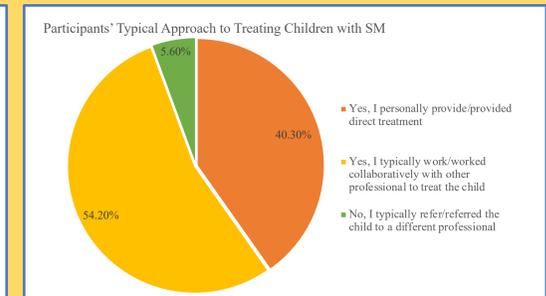
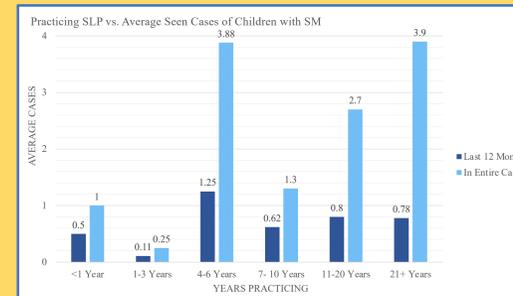
Results

Descriptive Statistics for Statements Concerning SLP involvement in Treating SM

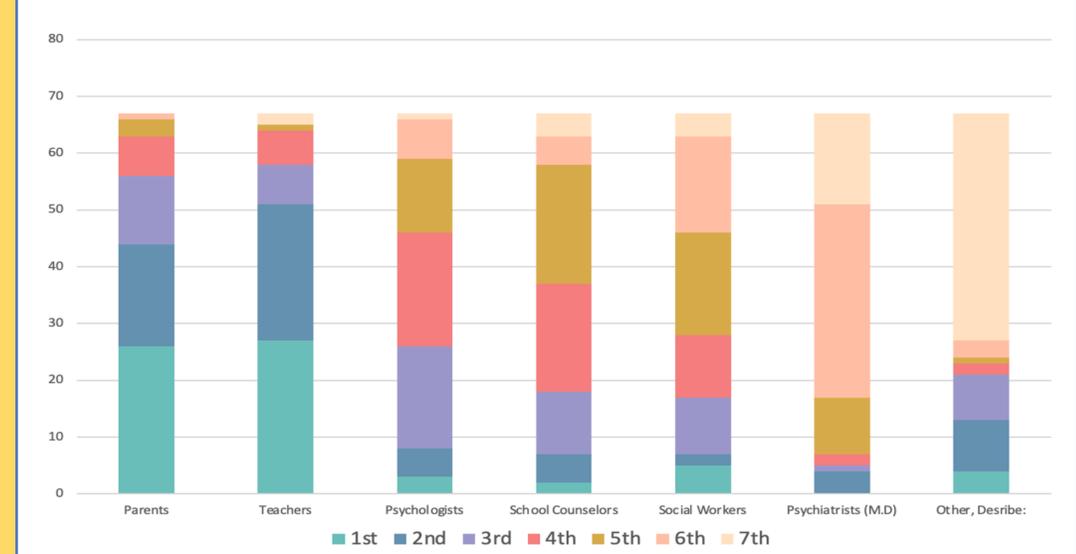
| Statement | Mean | SD | Range |
|--|------|------|---------|
| SLPs need more education if treating a child with SM | 1.65 | .57 | -1 to 2 |
| The ASHA Scope of Practice states that SLPs have a role in treating children with SM | 1.21 | .85 | -1 to 2 |
| SLPs should treat children with selective mutism | 1.02 | 1.04 | -1 to 2 |

Paired-Samples *t* Tests of Knowledge vs. Confidence of Treatments

| Treatment Type | Knowledge | | Confidence | | <i>t</i> (27) | <i>p</i> |
|--|-----------|------|------------|------|---------------|----------|
| | Mean | SD | Mean | SD | | |
| Prompting | 2.10 | 1.22 | 2.03 | 1.26 | .53 | .602 |
| Cognitive Behavioral Approach | 1.86 | 1.20 | 1.75 | 1.32 | 1.00 | .326 |
| Stimulus Fading | 1.78 | 1.31 | 1.75 | 1.40 | .33 | .745 |
| Shaping | 1.71 | 1.30 | 1.60 | 1.37 | 1.00 | .326 |
| Exposure-Based Therapy | 1.68 | 1.30 | 1.39 | 1.40 | 2.83 | .009 |
| Social Communication Anxiety Treatment (S-CAT) | 0.96 | 1.20 | 0.82 | 1.06 | 1.69 | .103 |
| Ritual-Sound Approach | 0.64 | 1.06 | 0.64 | 1.06 | .00 | 1.00 |



Rankings of Collaboration with Team Members When Providing Treatment



Major Conclusions

- The first major conclusion is that SLPs are providing services to children with SM. Even though the incidence of SM is less than 1.9% of school-aged children, a majority of participants reported they had worked or currently work with a child with SM. Moreover, there was a balance between providing collaborative treatment and individual treatment to the child with SM.
- The second major conclusion is that SLPs may not be as prepared as would be ideal when providing services to children with SM. SLPs agreed they need more education when providing services to a child with SM. Participants also reported lower levels of knowledge of the treatments that may be utilized for SM, than they did for treatments to address a variety of communication impairments. In addition, participants' confidence levels when implementing these treatments aligned with their knowledge.
- A third major conclusion from this study is that SLPs reported having positive experiences when working in a team approach to provide services to children with SM. Participants reported both feeling involved and included on treatment teams for children with SM. Moreover, they reported that their professional opinions were heard most of the time on their respective teams.

Recommendations for Future Research

Future research could potentially investigate additional perspectives from the team members involved in treatment for children with SM. This could include surveying parents to see if they felt their child benefited from having an SLP involved in the treatment process. This could also entail surveying the entire team on their understanding of the role the SLP plays in treatment, as well as their perspective if SLPs can contribute positively to the team.

I would additionally, recommend future research consider interviewing SLPs who had experience with working with children with SM. Interviews would provide explanations from the SLPs who reported working individually to provided treatment to children with SM, as to why a team was not included. Interviews would also provide clarification of the team model being implemented.

There is limited research on the role of the SLP and the interventions they currently use when providing services to a child with SM. Future research should continue to explore the role of the SLP and the education they have received for this disorder.