**Sample Abstract: Traditional Workshop**

**Title: Parent Child Interaction Therapy for Selective Mutism**

**Participants earn 3 continuing education credits**

**Abstract:**

Selective Mutism (SM) is an anxiety disorder characterized by a persistent inability to speak in some situations, such as at school or in the community, despite the ability to speak in other places, such as at home. SM affects about 1% of the population (APA, 2013). Often first diagnosed in early childhood, SM can persist for many years, and treatment can be more challenging as the disorder progresses.

Although cognitive behavioral therapy is a widely used empirically-supported treatment for child anxiety (Walkup et al., 2008), this intervention, which relies heavily on the ability to share thoughts and feelings, does not always lead to meaningful change for youth with SM (Ooi et al., 2016). Rather, treatments that focus on behavioral interventions may result in more robust outcomes including increased speech and reduced anxiety (Bergman et al., 2013; Oerbeck et al., 2014). In particular, adaptations of Parent Child Interaction Therapy have shown promise treating internalizing disorders in young children (Carpenter et al., 2014), including SM (Catchpole et al., 2019; Cornaccio et al., 2019).

Parent Child Interaction Therapy for Selective Mutism (PCIT-SM) offers a structured, yet individualized, approach for working with youth with SM and their caregivers. Child Directed Interaction (CDI) strategies strengthen parent-child relationships, build rapport with new speaking partners, and increase an anxious child’s comfort in new settings. Verbal Directed Interaction (VDI) strategies offer a framework for practicing “brave talking” using shaping, fading, exposure, and positive reinforcement (see Furr et al., 2020 for more details).

In our clinical experience, families seeking SM treatment have often struggled to find providers who are well versed in this impairing anxiety disorder. Even clinicians with expertise treating child anxiety more broadly often have difficulty effectively addressing SM. As such, this institute will provide attendees with a robust foundation in PCIT-SM through didactic content, live demonstrations, videos, role plays, and interactive activities. Attendees will learn CDI and VDI strategies, ways to optimally involve caregivers in treatment, and how to support the generalization of gains from the clinic to real world settings.

**Long-term Goals:**

1. Recognize, diagnosis, and treat selective mutism with increased confidence, nuance, and sophistication.
2. Describe selective mutism symptoms, educate caregivers and school personnel about SM, and correct common misperceptions about the disorder.

**Learning Objectives:**

1. Explain the negative reinforcement cycle that leads to the development and maintenance of selective mutism symptoms.
2. Describe at least three assessment measures and procedures used in the evaluation/diagnosis of youth with selective mutism.
3. Explain the skills used for warm up (Child Directed Interaction) and effectively prompting and reinforcing speech (Verbal Directed Interaction).
4. Describe how to transfer speech to a new communication partner using principles such as shaping, fading, and positive reinforcement.
5. List at least three strategies for generalizing speaking to school and community settings.

**Session Outline:**

* Selective Mutism Psychoeducation
	+ Diagnostic criteria and prevalence rates
	+ Related features and comorbidity patterns
	+ Common SM misconceptions
	+ Factors that impact the development and maintenance of SM
* Parent-Child Interaction Therapy for SM (PCIT-SM)
	+ Overview and research base
	+ Child Directed Interaction (CDI)
		- PRIDE skills
	+ Verbal Directed Interaction (VDI)
		- Setting speaking goals/creating a “brave talking” hierarchy
		- Using effective prompts for eliciting speech
		- Positive reinforcement for brave behavior
	+ PCIT-SM Skills Implementation
		- Transferring speech with fading and shaping
			* In the clinic
			* At school
			* In the community

**Recommended Readings:**

Carpenter, A., Puliafico, A., Kurtz, S., Pincus, D., & Comer, J. (2014). Extending Parent-Child Interaction Therapy for early childhood internalizing problems: New advances for an overlooked population. Clinical Child and Family Psychological Review, 17, 340-356.

Catchpole, R., Young, A., Baer, S., & Salih, T. (2019). Examining a novel, parent-child interaction therapy informed behavioral treatment of selective mutism. Journal of Anxiety Disorders, 66, 102-112.

Cornacchio, D., Furr, J. M., Sanchez, A. L., Hong, N., Feinberg, L. K., Tenenbaum, R., Del Busto, C., Bry, L. J., Poznanski, B., Miguel, E., Ollendick, T. H., Kurtz, S. M. S., & Comer, J. S. (2019). Intensive group behavioral treatment (IGBT) for children with selective mutism: A preliminary randomized clinical trial. Journal of Consulting and Clinical Psychology, 87, 720–733.

Furr, J.M., Sanchez, A., Hong, N., & Comer, J.S. (2020). Exposure therapy in selective mutism. In Peris, T., Storch, E., & McGuire, J. (Eds.), Exposure therapy for children with anxiety and OCD: Clinician’s guide to integrated treatment (pp.113-142). Amsterdam, Netherlands: Elsevier.

Kotrba, A. (2015). Selective mutism: An assessment and intervention guide for therapists, educators, & parents. Eau Claire, WI: PESI.