

COVER PAGE

Name: Angela Diane Mitchell, PhD

Current Affiliation: Texas Woman's University

Mailing Address: Texas Woman's University
Department of Psychology and Philosophy
P.O. Box 425470
Denton, Texas 76204

E-mail: amitchell2@twu.edu

Fax Number: 940-898-2301

Phone Number: 940-898-2329

PERSONAL RESEARCH AGENDA

Submitted by: Angela Mitchell, PhD

It is not uncommon for children entering school to exhibit anxiety, shyness, or fear that may manifest itself in the child's failure to speak. Indeed, some kindergarten teachers are aware that during the first 6-8 weeks of school most children are adjusting to a new environment (i.e., school) and separation from their parents. However, when a child's mutism extends beyond the first weeks of school, there may be cause for concern, and a diagnosis of Selective Mutism (SM) may be indicated.

Since my tenure as a graduate student in school psychology, I have conducted research on the assessment and treatment of SM. This disorder is usually diagnosed in childhood and is characterized by a child consistently failing to communicate verbally in specific social situations, namely school. As a part of my Master's Thesis, I assessed and treated four children with the characteristics of SM using a psychosocial approach (i.e., stimulus fading, shaping, and contingency management) to treatment (Eke, 1999). For my Doctoral Dissertation, I expanded the work of my thesis, by assessing and treating four children with SM using a combination treatment approach that included pharmacotherapy with a psychosocial adjunct (Eke, 2001).

My work in the area of SM continued after graduate school as I worked as a school psychologist in a large, urban school district. Though the school district served over 80,000 students, whenever there was a student who exhibited the characteristics of SM, I was called to the child's school to intervene. It was at this time that I began to craft a school-based assessment and treatment protocol for the disorder that could be implemented by school-based professionals with the help of the school staff and the

child's parents. I found the protocol to be effective and was consistently able to increase the speech patterns of children who were not speaking in the school. Now that I have returned to a position in research, I want to investigate the validity and utility of this assessment and treatment protocol. In my opinion, there is a dearth of practical information that has been disseminated to school psychologists at large, and I want to add to the knowledge base in this area. Many school psychologists simply do not know where to begin to treat a child with SM, and I believe that in this area, I can make a significant contribution.

Though I am working on research in other areas of school psychology including the assessment of students' willingness to change their at-risk behaviors (Booker & Mitchell, 2008; Mitchell & Booker, 2008) and the investigation of various recruitment strategies used by training programs in school psychology, SM continues to be an area of research that is rewarding and interesting. My current work in the area of SM has been related to the treatment of the disorder using pharmacotherapy (Carlson, Mitchell, & Segool, 2008).

I am consistently asked to present to school psychologists, practicum students, and interns on the diagnosis, assessment, and treatment of SM; and I am convinced that my passion to conduct research that will assist school psychologists and increase the speech of children who struggle with SM will continue for at least the next 3 – 5 years.

References

- Booker, K. W., & Mitchell, A. D. (2008). Group differences in reasons for placement and recidivism among adolescents attending alternative schools. Manuscript under review.
- Carlson, J. S., Mitchell, A. D., Segool, N. (2008). The current state of empirical support for the pharmacological treatment of Selective Mutism. *School Psychology Quarterly*, 23(3), 354-372.
- Eke (Mitchell), A. D. (2001). *Pharmacopsychosocial treatment of selective mutism: A research investigation*. Unpublished doctoral dissertation, University of Wisconsin–Madison.
- Eke (Mitchell), A. D. (1999). *Psychosocial treatment of selective mutism: A research investigation*. Unpublished master's thesis, University of Wisconsin–Madison.
- Mitchell, A. D., & Booker, K. W. (2008). Measuring stage of change in students attending alternative schools. Manuscript under review.

VISION OF A COLLABORATIVE MULTI-SITE RESEARCH PROGRAM

Abstract

The purpose of this study is to evaluate the effectiveness of a school-based psychosocial approach to the treatment of Selective Mutism (SM), which is a psychiatric disorder that is characterized by a child's persistent failure to speak in specific social situations (e.g., school). A comprehensive assessment will be completed, which will include a functional behavioral assessment, a standardized behavioral observation system, rating scales, and diagnostic interviews; treatment will be implemented using a conjoint behavioral consultation framework, which includes parents and teachers in the consultation process; and a single-case experimental research design (i.e., multiple baseline) will be utilized. Data will be gathered from 16 to 20 school-aged children who exhibit the symptoms of SM and who attend school in one in several school sites across the United States chosen to implement this assessment and treatment protocol. The specific aim of this study is develop a practical and effective treatment protocol for children with SM that may be implemented in the school setting by school psychologists.

Project Overview

Selective Mutism (SM) is a disorder that is usually diagnosed in childhood and is thought to be rare and resistant to treatment. Various assessments and treatments have been proposed in the literature to be effective in the treatment of SM (SM; Freeman et al., 2004; Stone, Kratochwill, Sladeczek, & Serlin, 2002); however, many school psychologists are not aware of these treatment options, and a comprehensive assessment and treatment protocol that may be implemented in the school setting is not available.

The purpose of this study is to evaluate the effectiveness of a multi-site school-based psychosocial approach to the treatment of selective mutism. This study will feature: (a) a treatment protocol that incorporates generalization of the child's speech by conducting the treatment in the school setting, (b) the assessment of the utility of an assessment and treatment protocol for SM, (c) the use of single-case experimental research design, and (d) treatment implementation using a conjoint behavioral consultation framework, which includes parents and teachers.

Objectives

Given that selective mutism is a rare disorder, several school sites will be used to implement this study in order to increase the number of participants and to evaluate the effectiveness of this protocol. The specific objectives of the project include: reducing symptoms of selective mutism in 16 – 20 school-aged children, determining the utility of this assessment and treatment protocol, which may be implemented by such school professionals as school psychologists, and determining the treatment efficacy of this protocol as reported by the child's parent(s) and teacher.

Methodology

Sixteen to twenty children aged 5 to 12 years, who exhibit the characteristics of selective mutism based on DSM-IV-TR (2000) criteria, will be recruited to participate in this study. At least four children will be recruited from 4 – 5 different school districts across the United States. The parents and teachers of the children will also be involved.

Several measures will be used to obtain assessment information as well as to serve as dependent measures for this study. To document typical speech patterns of the child in the school setting parents, teachers, and independent observers will conduct direct observations.

This treatment study will be implemented in several phases (i.e., assessment, treatment, and follow-up). After eligibility to participate is determined, assessment measures will be given to the participants so that the current speech patterns of the child can be documented. The assessment information will be used to develop treatment manuals for parents and teachers, which will be individualized for each participant and will be used as a resource for the parents and teachers as they are trained to implement the treatment.

After the assessment phase, the treatment phase will begin. Parents and teachers will implement the treatments outlined in the manual. The treatment strategies will coincide with those that have been shown to be effective with this population (Freeman et al., 2004) namely, stimulus fading, contingency management, and shaping procedures. Treatment will be implemented at the child's school after school hours. The treatment sessions will occur weekly over 10 consecutive weeks.

During the treatment phase parents, teachers, and observers will complete dependent measures. At the end of the treatment phase, a meeting will be held with the child's parents and teachers to discuss the effectiveness of the treatment, and to discuss termination procedures. To

determine whether treatment effects are maintained parents and teachers will be asked to complete dependent measures for 6 months after the termination of treatment.

A combined series multiple-baseline design across participants will be used to evaluate the effectiveness of a psychosocial approach to the treatment of selective mutism during treatment sessions (Hayes, Barlow, & Nelson-Gray, 1999). Participants in this study will be randomly assigned to a baseline series, and a nonparametric randomization test developed by Wampold and Worsham (1986) will be used to provide a statistical measure of the effects of the treatment.

Significance of Project

Given the practical nature of this project, it is anticipated that the results may positively impact children with SM and school psychologists who in the past, may not have felt comfortable or competent to treat children with selective mutism. Finally, if the children's speech patterns increase in the school setting, it is also anticipated that parents and teachers will indicate that this school-based approach to the treatment of selective mutism is useful and effective.

Budget

To implement this multi-site research project, the following budget is proposed:

5 Graduate Research Assistants (1 per site) - \$14,400.00

5 Undergraduate Student Assistants (1 per site) - \$6000.00

Maintenance and Operations (for 5 sites) - \$1250.00

Travel for Direct Observations and Data Collection (for 5 sites) - \$7500.00

Reinforcers for contingency management (for 5 sites) - \$1250.00

Total: \$30,400.00

References

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders: Fourth Edition- Text Revision*. Washington DC: Author.
- Barlow, D. H. & Hersen, M. (1984). *Single-case experimental designs: Strategies for studying behavioral change*. New York: Pergamon Press.
- Freeman, J. B., Garcia, A. M., Miller, L. M., Dow, S. P., & Leonard, H. L. (2004). Selective mutism. In T. L. Morris & J. S. March (Eds.) *Anxiety disorders in children and adolescents* (pp. 280-304). Guilford Press: New York, NY.
- Hayes, S.C., Barlow, D.H., Nelson-Gray, R.O. (1999). *The scientist practitioner: Research and accountability in the age of managed care* (2nd ed.). Boston: Allyn and Bacon.
- Stone, B. P., Kratochwill, T. R., Sladeczek, I., & Serlin, R. C. (2002). Treatment of selective mutism: A best-evidence synthesis. *School Psychology Quarterly*, 17, 168-190.
- Wampold, B.E., & Worsham, N.L. (1986). Randomization tests for multiple-baseline designs. *Behavioral Assessment*, 8, 135-143.