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Dr. Jami Furr is a Clinical Associate Professor and Senior Psychologist in the Mental Health Interventions and Novel Therapeutics (MINT) Program, and Developer of the Selective Mutism Program at Florida International University Center for Children and Families. Dr. Furr obtained her doctorate in clinical psychology from Temple University, and completed her clinical internship and postdoctoral fellowship at the NYU Child Study Center and Bellevue Hospital Program in New York. Dr. Furr has extensive expertise in cognitive-behavioral treatments of childhood anxiety and disruptive behavior disorders, with a focus on preschool mental health and children with selective mutism. Over the past 15 years, Dr. Furr has served as the Clinical Director of several federally funded randomized trials evaluating the acceptability and utility of telehealth strategies for expanding the scope and reach of mental health care. She directed the first randomized clinical trial of the intensive group behavioral treatment for selective mutism in young children and one of the first long-term outcome studies on children with selective mutism. She is the Past-President of the Selective Mutism Association and has continued to serve on their Board of Directors for the last 9 years. Dr. Furr currently serves as a Trainer for the Network for Expanding Child Wellness in Disaster-Affected Youth (NEW DAY), a SAMHSA-funded and National Child Traumatic Stress Network-affiliated program that provides large-scale training and consultation in disaster mental health to youth-serving professionals in disaster-hit and disaster-prone regions across the United States. Dr. Furr also currently provides training and supervision of graduate students conducting clinical services for anxiety, selective mutism, OCD, and/or disruptive behavior problems in youth. She has numerous peer-reviewed publications and chapters in the areas of trauma, anxiety, and selective mutism in youth.

HELPING KIDS FIND THEIR VOICE: APPROACHES TO SUPPORTING YOUTH WITH SELECTIVE MUTISM



This CE Credit fulfills a PsyPact Requirement

ABSTRACT

Selective mutism (SM) is an anxiety disorder in which an individual is unable to speak in certain social situations, such as at school or out in the community, and yet can speak fluently and comfortably in at least one other setting (e.g., at home; APA, 2022). SM, affecting mostly children, is one of the less common anxiety disorders, with estimates suggesting it only affects approximately 1% of the population (Bergman et al., 2002). That said, the COVID-19 pandemic led to decreased social interactions typically held during key developmental periods that are still coming to light in limited social skills (Breux et al., 2023) and increased rates of anxiety disorders in youth (Racine et al., 2021). Thus, the need for professionals to be proficient in how to address these limited social skills and increased anxiety is paramount. On a positive note, there has been a significant expansion in the treatment of SM in the past 15 years. Research has shown that behavioral and cognitive-behavioral methods are effective for reducing anxiety symptoms and increasing verbalization and comfort across different places, activities, and with other people (e.g., individual, intensive group, remote, in schools; Catchpole et al., 2019; Cornacchio et al., 2019; Haggerty et al., 2022; Hong et al., 2022). Parent-Child Interaction Therapy for SM (PCIT-SM; Carpenter et al., 2014; Furr et al., 2020) is a behavioral program that supports caregivers in learning how to enhance their relationship with their child through positive attention and reinforcement, in addition to learning how to be more effective at prompting for and directing child speech. This address will include didactics and videos to highlight psychoeducation about selective mutism and the basic skills involved in PCIT-SM. This talk will highlight the application of content to various PCIT-SM treatment formats (e.g., individual, group, remote, intensive) to promote the generalization of PCIT-SM skills across different settings (i.e., school, community), cultures, and backgrounds. In addition, the long-term outcomes of youth with SM will also be reviewed. Implications of these findings will be discussed within the context of our current treatment models and how we can incorporate additional therapeutic components into our future work to help more of these youth with SM maintain gains and find their voice.

LEARNING OBJECTIVES

1. Describe the role of negative reinforcement in the etiology of selective mutism in youth.
2. List 2 empirically supported behavioral, cognitive, and communication-based treatment techniques for selective mutism in youth.
3. Explain 2 unique findings from long-term outcome research in youth with selective mutism and the impact they have on current treatment methods.



This event fulfills 1 CE credit hour towards a PsyPact Requirement

REFERENCES

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2. Lorenzo, N. E., Cornacchio, D., Chou, T., Kurtz, S. M., Furr, J. M., & Comer, J. S. (2020). Expanding treatment options for children with selective mutism: rationale, principles, and procedures for an intensive group behavioral treatment. *Cognitive and Behavioral Practice*, 28(3), 379-392. <https://doi.org/10.1016/j.cbpra.2020.06.002>
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