



Clinician User Guide

Using BraveVoiceJourney to Support Children with Selective Mutism

A free resource for licensed clinicians · bravevoicejourney.com

“You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face.”

— Eleanor Roosevelt



01 — INTRODUCTION

Welcome to BraveVoiceJourney

BraveVoiceJourney (BVJ) is a purpose-built clinical tool that helps children with Selective Mutism build speaking confidence through Video Self-Modeling. Children record and rewatch short video clips of themselves speaking — safely, joyfully, and on their own terms.

This guide is for you: the licensed professional. It covers the research foundation, how to use BVJ in-session, and how to support families between appointments.

□ Desktop App

A dedicated clinician desktop application keeps your workflow private and your practice data local.

□ PHI Protected

BVJ never sees or stores your patient data. All PHI/PII stays entirely on your device.

□ Free for Clinicians

The clinician platform is completely free. Families may optionally subscribe for extended home practice features.

The Clinician Desktop App & Privacy

□ Your Patient Data Never Leaves Your Device

BVJ's clinician platform runs as a dedicated desktop application. Patient names, session notes, video files, and any other identifying information are stored locally on your computer — never uploaded to BVJ's servers. BVJ has zero access to your PHI or PII at any time.

This architecture was a deliberate design decision. Clinicians told us they needed a tool that worked within their existing HIPAA-conscious workflows without requiring complex BAA negotiations or cloud-data agreements. The desktop app delivers that: you stay in full control of your patient data.

The clinician desktop platform is completely free. There is no cost to you or your practice, and no time limit on your access.

An Optional Home Practice Extension for Families

For parents who want to extend the work beyond your sessions, BVJ offers an optional paid parent membership. This gives families access to a mobile app where they can rewatch session videos together at home — a simple but powerful way to increase the dose of Video Self-Modeling between appointments.

Home practice is never required for clinical use of BVJ. It is an opt-in enhancement that some families find tremendously helpful. You are never obligated to recommend or sell it — that decision belongs to the family.

How to Frame It for Families

"BVJ is a free tool I use as part of our sessions. If you'd like to continue watching videos together at

home between appointments, there is an optional app for that — but it's completely your call."

Who This Guide Is For

This guide is written for licensed clinicians actively working with children diagnosed with or suspected of Selective Mutism:

- Licensed psychologists and clinical social workers
- Speech-language pathologists with SM experience
- School psychologists and counselors
- Pediatric occupational therapists supporting communication

Brief Overview: Selective Mutism



Selective Mutism is an anxiety disorder characterized by a consistent failure to speak in specific social situations — such as school or with unfamiliar people — despite speaking normally in other contexts. It is not defiance, shyness, or a speech delay. It is an anxiety-driven inhibition of speech.

Key Clinical Point

SM is classified under anxiety disorders in the DSM-5-TR. First-line treatment is Cognitive Behavioral Therapy (CBT) with behavioral exposure, often combined with family psychoeducation. BVJ is designed to support this framework — not replace it.

Children with SM experience significant functional impairment across school, social, and family settings. Early intervention is critical, and every tool that lowers the barrier to speaking practice matters enormously.

02 — EVIDENCE BASE

The Science Behind Video Self-Modeling



Video Self-Modeling (VSM) has been studied in speech-language pathology, educational psychology, and behavioral intervention for over 30 years. What BVJ does is operationalize VSM in a way that is accessible, engaging, and scalable for SM families.

Why VSM Works for SM

Selective Mutism is driven by anticipatory anxiety: the child's brain anticipates speaking as dangerous and activates the threat response before speech can occur. VSM short-circuits this cycle in a unique way — it shows the child their own brain, in their own body, already speaking.

When a child watches a video of themselves speaking, several things happen:

1. The brain registers the self-model as a real memory of speaking success.
2. Repeated viewing builds a competing neural pathway: speaking = safe.
3. The child's self-efficacy — their belief that they can speak — increases.
4. The “threat” response associated with speaking weakens over time.

Research Note

Kehle, Bray, and colleagues demonstrated that VSM produced rapid, significant increases in verbal behavior in children with SM, often within 2–4 weeks of consistent viewing. Results were maintained at 6-month follow-up (Kehle et al., 1998; Bray & Kehle, 2001).

Desensitization Through Repeated Viewing

Repeated viewing is not passive — it is an active desensitization process. Each time a child watches themselves speak, the emotional charge of the experience decreases. What initially feels impossible begins to feel familiar, then achievable.

This is why BVJ encourages rewatching existing videos as much as recording new ones. The magic is in the frequency of exposure, not just the creation of new recordings.

How BVJ Operationalizes VSM

BVJ provides three core mechanisms that bring VSM to life in a clinical context:

- Safe recording — The child controls when and what is captured. Recording is always optional.
- Curated library — Videos are organized by milestone, making it easy to track and celebrate progress.
- Home practice extension — Families can optionally continue rewatching between sessions via the parent app, extending exposure beyond the therapy room.

03 — CLINICAL PRACTICE

Using BVJ In-Session



BVJ is designed to slot into your existing session structure without disrupting it. Think of it as a 10-minute warm-up or end-of-session ritual — brief, low-pressure, and celebratory. It should never feel like a separate treatment module.

Where BVJ Fits

There is no single right moment for BVJ — use your clinical judgment. Two approaches work well:

▶ **As a warm-up (first 10 minutes)**

Rewatch a past video together to build rapport, reduce anxiety, and prime the child's brain for a speaking-positive session. Works especially well on harder days.

▶ **As an end-of-session ritual (final 10 minutes)**

Record a new brave moment after the session's core work — when the child is most regulated and open. Ends the session on a high note that children look forward to.

□ **Keep It Brief**

The BVJ window should feel light and fast — never clinical. 5 to 10 minutes is plenty. If it starts to feel

like a task, it's too long.

Recording a New Video with Your Patient

When the child is ready to record, keep the process casual and child-led:

1. Open BVJ and navigate to the child's profile, then tap New Recording.
2. Frame the shot so the child is comfortable — let them hold the device if they want.
3. Name the clip together: something celebratory, like “Brave Moment: Said Hi to Maria!”
4. Record. Keep it short — 15 to 90 seconds is ideal.
5. Watch it back together immediately and celebrate!

Recording Tips

Don't force smiles or retakes. An authentic, imperfect clip is more powerful than a polished performance. The goal is a real moment of speaking — not a production.

Reviewing and Rewatching Existing Videos

Sometimes the most powerful BVJ session is just watching. When a child is having a harder day, or when they are close to a new exposure but not quite ready, pull up a past video and watch it together.

Narrate what you see: “Look at you! You walked right up and said your name. That was YOU.” This verbal scaffolding amplifies the self-modeling effect.

When to Record vs. When to Rewatch

- Record — Child is regulated, session went well, they seem open to trying.
- Rewatch — Child is anxious or dysregulated. Past success is the medicine.
- Skip entirely — If the child is truly struggling, skip BVJ and prioritize co-regulation. Revisit next week.

Keeping It Low-Pressure and Celebratory

The #1 rule of BVJ in session: the child is never required to do anything. If they say no, that's information and it's okay. Celebrate the no as much as the yes — “You told me you weren't ready today. That's using your voice too.”

Tone Matters

Your energy in the BVJ window sets the tone. Bring genuine delight — not clinical detachment. Think less “treatment” and more “watching home videos with a friend.”

04 — HOME PRACTICE

Between-Session Recommendations



The dose of BVJ matters. Research on VSM suggests that frequency of viewing — not just volume of new recordings — drives outcomes. Between-session home use is where the magic compounds.

Guiding Parents on Home Use

Coaching parents well is one of the highest-leverage things you can do in SM treatment. For families who have opted into the parent membership, share this guidance:

- Watch 1–2 existing clips together every day — keep it to 2–3 minutes total.
- Never pressure the child to record at home. Rewatching is the priority.
- React with warmth and celebration — no corrections, no “next time do more.”
- Make it a ritual — same time, same cozy spot, same cozy blanket if they have one.

Parent Handout Available

The BVJ Resource Library includes a one-page parent handout called “How to Watch Together” — downloadable and printable from your clinician dashboard.

Encouraging Independent Rewatching

As children progress, encourage them to rewatch videos on their own — without a parent present. This signals growing autonomy and self-directed courage.

Some children will naturally begin doing this within a few weeks. Others need explicit permission: “You’re allowed to watch your brave videos any time you want. They’re yours.”

Track independent viewing milestones in the child’s BVJ profile — these are meaningful clinical data points.

05 — TRACKING PROGRESS

Tracking Progress

BVJ is built to help you track what matters — not just activity, but meaningful growth over time.

Using Patient Profiles to Monitor Video History

Each patient profile includes a chronological Video Timeline showing every recorded clip, with the date, title, and whether it was recorded in-session or at home. Look for two key patterns over time:

- Increasing diversity of speaking contexts — are they recording in new places, with new people?
- Decreasing prompting needed — are they initiating recording themselves?

Progress Metrics

Use the Progress tab in the patient profile to view a month-by-month graph of recording frequency and rewatch counts. Export as PDF for session notes or progress reports.

Noting Milestones and Breakthroughs

Every breakthrough deserves to be named and celebrated inside BVJ. The Milestone feature lets you flag a specific video as a breakthrough moment — these become anchor memories for the child to return to during harder weeks.

Common milestones to flag:

- First recording ever
- First recording outside the therapy room
- First recording with a peer or sibling present
- First spontaneous speech moment captured on video
- First time child watched a video with a new adult present

When you flag a milestone, BVJ automatically sends a celebratory notification to any linked family account. Parents often report that these moments become family celebrations — which reinforces the positive experience of the whole journey.

06 — CLINICAL SCENARIOS

Tips for Common Scenarios



A quick-reference guide to the clinical situations you're most likely to encounter when introducing BVJ into your practice.

| Scenario | Recommended Approach |
|--------------------------------|---|
| Child hesitant to be recorded | Start with rewatching only. Let them hold the device. Offer a sticker for trying. |
| Child watches but won't record | Honor this as progress. Repeated viewing builds confidence — recording will come. |
| Low parent engagement | Keep the home task simple: 2 minutes of watching per day. Share the parent FAQ. |
| Very young children (3–5) | Keep clips under 60 seconds. Use silly voices. Focus on play, not 'brave moments.' |
| Older kids & teens (10+) | Give them control — let them choose clips, set their own goals, and manage their library. |

A Note on Cultural Sensitivity

Not all families will have the same comfort level with video recording. Some cultures, religious communities, or family structures may have specific concerns. Always discuss the video component explicitly before starting — and never record without full family consent.

If video recording is not appropriate for a specific child or family, BVJ's audio-only mode allows children to record voice clips without video. These can still be rewatched and are equally effective for many children.

07 — FREQUENTLY ASKED QUESTIONS

FAQs

| Question | Answer |
|--|---|
| Is BVJ a replacement for therapy? | No — BVJ is a clinical adjunct. It works best as part of a structured CBT or exposure-based treatment plan guided by a qualified clinician. |
| Does BVJ store my patient data? | Never. The clinician desktop app stores all session data locally on your device. BVJ's servers have zero access to any patient names, videos, or identifying information. |
| What ages is BVJ designed for? | BVJ is designed for children ages 3–17. Younger children focus on playful short clips while teens can self-manage their video library and milestones. |
| Is there a cost for clinicians? | No — the clinician platform is completely free. Families who want to extend the work at home can subscribe to an optional paid parent membership, but this is never required. |
| How long until I see results? | Many families notice increased confidence within 4–6 weeks of consistent use. VSM research typically reports meaningful gains over 8–12 sessions. |
| Does BVJ replace an SMEP? | BVJ complements a full SM Education Plan. It addresses the self-modeling piece; school accommodation and exposure hierarchy planning remain your clinical domain. |
| What if a child refuses every recording attempt? | That's okay. Shift to 'observer mode' — let them watch demo library videos while you work on readiness. The rewatch habit can begin before any recording happens. |

Support & Contact

We built BVJ because we believe every quiet child deserves to be heard. That mission extends to you — the clinician who shows up for these kids every week. We're here to support you.

□ Website

bravevoicejourney.com

□ Email Support

hello@bravevoicejourney.com

□ Video Tutorials

Available in the Clinician Resource Library

□ Quick-Start Checklist

1. Download the BVJ Desktop App
2. Create your free clinician account
3. Add your first patient profile
4. Open BVJ at your next session — warm-up or close
5. Record the first brave moment and celebrate!

Thank You for Showing Up

Every session you show up for a quiet child is an act of courage modeled. BVJ is here to help you document and celebrate the moments those kids discover their own brave voice.

— The BraveVoiceJourney Team