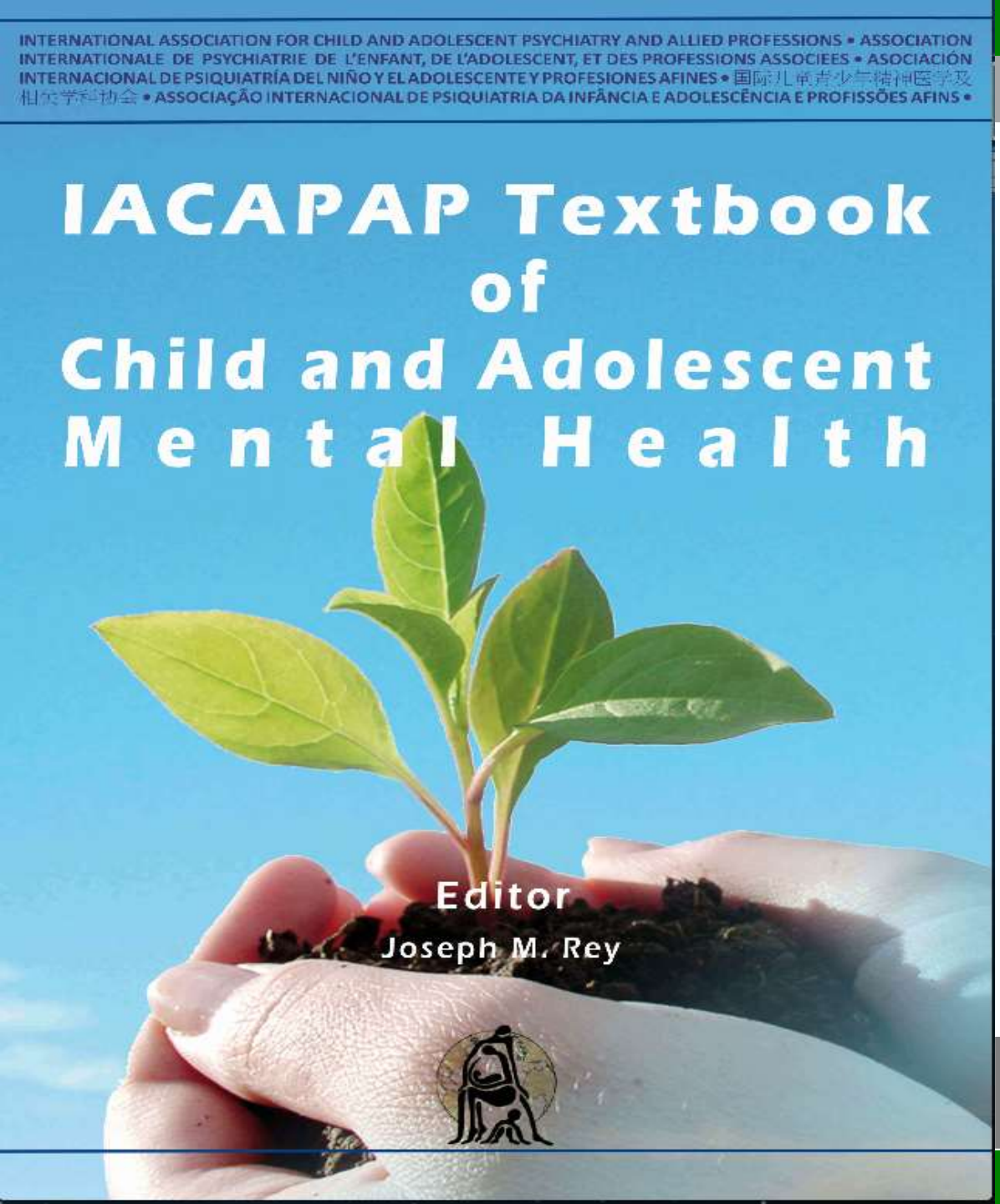

ANXIETY DISORDERS

Chapter F.5

SELECTIVE MUTISM

Beate Oerbeck,
Katharina Manassis,
Kristin Romvig Overgaard
& Hanne Kristenses

Companion PowerPoint Presentation

Adapted by Julie Chilton

The “IACAPAP Textbook of Child and Adolescent Mental Health” is available at the IACAPAP website http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health

Please note that this book and its companion powerpoint are:

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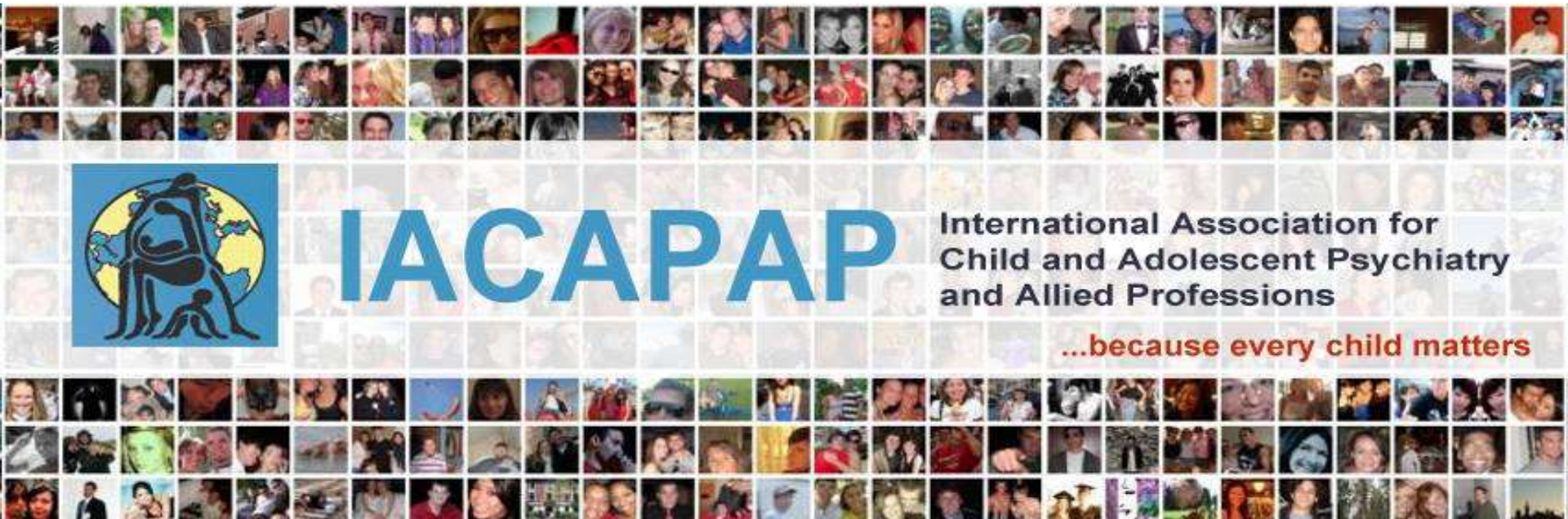


Selective Mutism

Outline

- Introduction
- Clinical Presentation
- Prevalence & Course
- Etiology
- Diagnosis
- Comorbidity
- Differential Diagnosis
- Assessment
- Treatment
- Culturally Specific Issues
- Key Points

Selective Mutism

Introduction: Definition

- A disorder characterized by a consistent failure to speak in specific settings (school, social situations) despite speaking normally in others (at home)
- Significant social and academic impairment if left untreated
- Rare but serious

"I can't start to talk, because then everybody will just talk about what I do…"

(Adolescent boy)

https://www.youtube.com/watch?v=NkXFULOtuns

Selective Mutism

Introduction

Table F.5.1 Shifts in the understanding of selective mutism over time

1877	1934	1994	2013
Neurologist Adolph Kussmaul: *Aphasia voluntaria*	Child psychiatrist Moritz Tramer: *Elective mutism*	DSM-IV: *Selective mutism* classified among disorders first diagnosed in infancy, childhood, or adolescence	DSM-5: *Selective mutism* classified as an anxiety disorder

Selective Mutism

Clinical Presentation

- Context and person specific
- Better with friendly, funny, talkative people
- Easier to talk to other children
- Some can whisper to a friend
- Differ widely in non-verbal communication
- School refusal rare
- Comorbid: anxiety & language disorders
- More common in immigrant, bilingual children
- Onset between 2 and 5 years
- Fear of mistakes and dislike attention

Selective Mutism

Clinical Presentation

When they occasionally do talk they get everybody's attention, which they find anxiety-provoking, perpetuating mutism in a vicious cycle

Selective Mutism

Clinical Presentation

https://www.youtube.com/watch?v=gn3CIGSsyK0

https://www.youtube.com/watch?v=SNPyXOPJonQ

Selective Mutism

Ann: A case example

- 5 year old girl
- Mutism since kindergarten at age 3
- Normal development
- Shy temperament like her parents
- Lively, happy, talkative at home
- No speech with paternal grandparents
- Parents speak for her outside the home
- Only nonverbal communication at school after a few months
- Included in play
- Other children speak for her at school

Selective Mutism

Etiology

- No single cause
- Act of willfullness→ lack of ability
- Interplay of causes
  - Genetic
  - Temperament
  - Neurodevelopmental
  - Environmental

Selective Mutism

Diagnostic Criteria: DSM-5 and ICD-11

- Consistent failure to speak in specific settings despite talking normally in others
- At least for one month
- Not due to a lack of knowledge of or comfort with the required language
- Not better explained by a communication disorder
- Not occur during autism, schizophrenia or another psychotic disorder
- Interferes with daily functioning at school and in social situations

THE KEY DIAGNOSTIC QUESTION

Does the child speak normally in at least one setting (e.g., home) but show mutism in other settings (e.g., kindergarten or school)?

- If yes, ask parents to elaborate on the clinical presentation of their child's speaking behavior, how long the muteness has lasted, and what has been done, with what effect, to help the child.

In addition:

- Ensure that the child does not have a hearing problem.
- Gather information on the child's general developmental history (oral motor, motor, language) to exclude acute muteness due to psychological trauma or acquired brain damage.
- Information on academic functioning in kindergarten/school is mandatory.
- Assessment of nonverbal language and reasoning ability (intelligence) is advisable.

Selective Mutism

Diagnostic Challenges

- Overlap with other disorders
- “Consistent lack of speech” is unclear
- Some speaking ok if still impaired
- Bilingual children often overlooked
  - Lasts longer than 6 months
  - Is muteness due to lack of understanding new language?
  - Are there comorbid speech and language disorders?
  - Mutism prolonged or disproportionate to degree of new language knowledge and exposure

Selective Mutism

Comorbidity

- 90 % comorbid social anxiety disorder
- Separation anxiety but not school refusal
- Neurodevelopmental disorders
  - Speech and language problems
  - Elimination disorders
  - Motor delay
  - Autism disorder <10% of cases
  - ADHD rare
- No longer viewed primarily as oppositional; just oppositional when pressured to speak

Selective Mutism

Assessment

Information from both parents and teachers

- diagnostic interviews
  - K-SADS-PL
  - ADIS-IV-C/P
  - PAPA
- questionnaires
- behavioral observations

Patient interview

- “yes” and “no” nods
- written questionnaires
- talking maps & feelings thermometers

Selective Mutism

Practical Issues in Assessment

- Allow parents to join if child wishes
- Before beginning, tell child they do not have to talk to you
- Explain non verbal options: pointing, nodding or writing
- Sit beside not opposite
- No time limits on receptive vocabulary tests-Peabody Picture Vocabulary Test
- For articulation evaluation, parents record speech at home for clinician
- Pleasurable play activity for joint attention
- Thinking aloud> questioning directly
- Neutral conversation topics
- Allow periods of silence to give time to answer
- Continue dialogue even if no response
- Calmly acknowledge eventual verbal response

Child's name:_____Age:_____

Who helped to complete the map_____Date_____

On the way to school

In the classroom

In a small group

Alone with teacher or other adults (who?)

In other rooms at school

During meals

Out during recess

Selective Mutism

Rating Scales

- Revised Children's Anxiety & Depression Scale (RCADS)
- The Selective Mutism Questionnaire (for parents)
- School Speech Questionnaire (for teachers)
- Social Communication Anxiety Inventory (S-CAI)

Selective Mutism

Treatment: Factors to consider

- Vulnerability factors:
  - genetics, temperament, social anxiety, behavioral inhibition, neurodevelopmental disorders
- Triggering factors:
  - transitions, starting kindergarten or school, migration, use of a new language
- Sustaining factors:
  - either too much acceptance of non-speech or too much pressure put on the child to speak

Selective Mutism

Treatment: Components

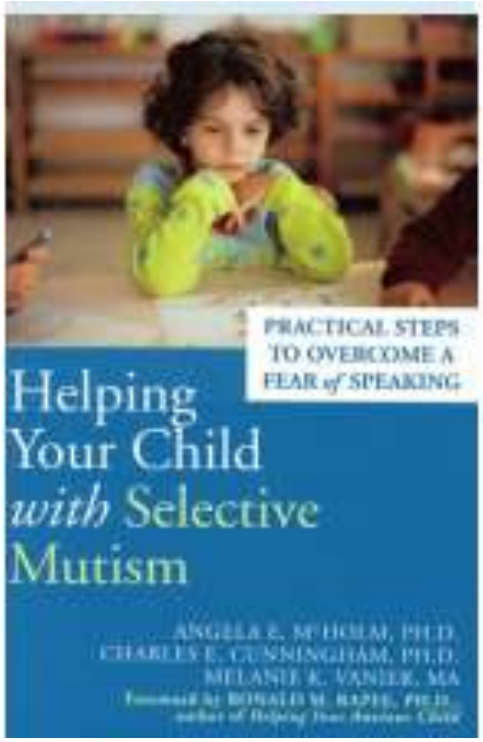
- Cognitive Behavioral Therapy
  - Decrease speech anxiety
  - Graduated exposure tasks
  - Rewards for speaking behavior

- Psychosocial Treatments
  - Psycho-educational literature for parents
  - Coordination with teachers

- Pharmacotherapy

Selective Mutism

Psycho-educational Literature



Selective Mutism

Treatment

https://www.youtube.com/watch?v=yPIEgeZiWDo

https://www.youtube.com/watch?v=QgFKuBCKhUw

Selective Mutism

Psychotherapy: Integrated Behavioral Therapy by Lindsey Bergman

- Conducted at clinic by experienced clinicians with parental participation
- 20 sessions
- Graded exposure tasks to feared stimuli/situation
- Therapists in close communication with teachers about exposure tasks
- Pilot randomized controlled trial of 21 children
  - Significant increase of speech after treatment
  - 67% no longer qualified for selective mutism
  - Clinical gains maintained at 3 months
  - Social anxiety symptoms improved per parent not teacher report

Selective Mutism

Psychotherapy: Social Communication Anxiety Treatment (S-CAT) by Elisa Shipon-Blum

- Nine 3-weekly sessions
- Also at the clinic with parental participation using graduated exposure tasks and consultation with teachers
- Increasingly demanding verbalization stages using SM-Social Communication Comfort Scale
- Pilot study of 40 children
  - Significant increase of speech by parent rating
  - Low SM symptom severity and high family therapy compliance associated with better outcome

Selective Mutism

Psychotherapy: Home & School Based Intervention for SM by Hanne Kristensen

- Starts at home and extends to school
- Useful in rural areas or where limited access to experts
- Teacher etc can carry out intervention under supervision from clinician
- Pilot study of 7 children:
  - 6 spoke freely after 14 weeks
  - Continued 1.5 years later
- RCT of 24 children
  - Significant increase of speech after 3 months
- Multiple other studies positive

Selective Mutism

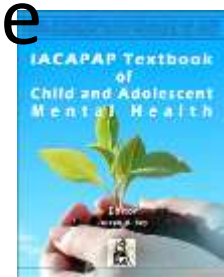
Medication Treatment: Factors to consider

- Not much evidence, so off-label
- 2 trials: fluoxetine and sertraline
- Potential side effects
- Use in concert with therapy
- Child must have failed therapy alone
- Symptoms severe and handicapping
- May be more effective in older children

Selective Mutism

How should medication be prescribed?

- Younger children: 5mg fluoxetine or 12.5mg sertraline
- Monitor for weight change, behavioral activation, increased suicidal behavior
- Improvement more noticeable at school
- Improvement after 2-4 weeks at optimal dose
- Taper off medication once good social and academic functioning
- If symptoms return, resume lowest effective dose
- Long term effects unknown



Selective Mutism

Culturally Specific Issues

International variation

- Importance of children's ability to present orally at school
- Amount of acceptable pressure on children to increase speaking
- How acceptable it is for health personnel to help children at home or school
- How readily people are willing to use medication

Selective Mutism

Key Points

- Relatively rare
- Significant social/academic impairment
- Cardinal symptom=consistent failure to speak in specific setting despite normal speaking in other setting
- Runs in families
- Associated with behavioral inhibition
- Prevalent comorbidities: anxiety and neurodevelopmental disorders
- Input from parents and teachers
- First steps: psychoeducation and behavioral management
- Gradual exposure and reward contingency=treatment of choice

Selective Mutism

Key Points (cont'd)

- Consider medication:
  - If no or partial response to psychosocial treatment
  - If psychosocial treatment not available
  - Only in conjunction with psychosocial treatment
- No medication approved in children and adolescents
- Studies suggest cautious optimism for SSRIs
- If untreated, high risk for:
  - Other psychiatric disorders
  - Anxiety disorders
  - Continued social/academic impairment

Selective Mutism

Thank You!