

Treating Selective Mutism in Children with Autism Spectrum Disorder

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Learning Objectives

- Review core components of behavioural treatment for selective mutism (SM)
- Review how to adapt SM treatment for youth with ASD
- Illustrate this treatment approach with a case

Diagnostic Criteria: Selective Mutism (DSM-V)

- A: Consistent failure to speak in specific social situations in which there is an expectation for speaking, despite speaking in other situations
- B: Interferes with educational OR occupational achievement OR social communication.
- C: Must last for at least one month (not 1st month of school).
- D: Not due to lack of knowledge of or comfort with the language in use.
- E: Not better explained by communication disorder (ex. Stuttering).

How often does SM co-occur in ASD?



- Anxiety is most common presenting problem for school-age children and adolescents with ASD
- SM, developmental disorders and anxiety disorders often co-occur

(Bögels & Perrin, 2011; Ghaziuddin, 2002; Kristensen, 2000; van Steensel; White et al., 2009)

Diagnostic Overshadowing



What is it important to 'catch' SM in ASD?

- Negative reinforcement cycle perpetuated
- Missed learning opportunities
 - Peers
 - Adults
 - More pronounced adaptive functioning difficulties
- Harder to treat the longer the lag

Evidence-Based Treatment for Selective Mutism



What is the evidence?

★ *Research has only been done on youth who do not have ASD*

- 3 treatment specific reviews (Anstendig, 1998, Cohan, Chavira, & Stein, 2006, Plonek et al. 2002)
- 2 randomized controlled trials (Bergman et al. 2013, Oerbeck et al. 2014)
 - Behavioural intervention > wait list control
 - Psychosocial intervention > wait list control
- Outcome: increased functional speech

Core SM Evidence-Base Treatment Elements

- *Evidence based on children who do not have ASD*
- Behavioural therapy across 16-30 weeks
- Often accompanied by audio/video self-modeling, play, role-playing, pharmacotherapy
- Home, clinic, school
- Goal: break habit of reinforcing non responding

Behavioural Intervention

- Contingency management (positive reinforcement upon verbalization)
- Shaping
- Stimulus fading: fading in people/number of people when child speaking
- Exposure goal: increased brave talking
 - labelled praise important

Treatment Phases

Phase I: Warm-up ("Child-Directed Interactions")



Describe what you see



Praise



No questions

Based on work by Dr. Steven Kurtz

Treatment Phases

Phase II: Talking phase ("Verbal-Directed Interactions")



Avoid yes/no questions



Wait 5 seconds



Praise

Based on work by Dr. Steven Kurtz

How do you adapt SM treatment for children with ASD?

General Treatment Adaptations for ASD

- Use past assessments to guide treatment
- Consider appropriate treatment goals
- Visual schedules
- Heavy on the B
- Treatment length longer
- External rewards

SM Specific Treatment Adaptations for ASD

- CDI phase shorter and adapted
- Pre-teaching is key
- A specific focus on generalization locations
- Intense interests often incorporated into treatment

Case Study

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Baseline Questionnaires

Before Treatment

- No behavioural problems
- ✓ internalizing problems
- ✓ adaptive problems
- ✓ anxiety
- ✓ social interaction difficulties

Selective Mutism Questionnaire

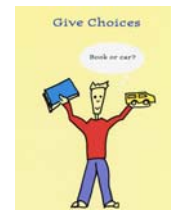
- Teacher:
 - never speaks to peers or teachers
 - extreme interference
- Parent:
 - never speaks at school
 - seldom speaks at home
 - never speaks outside of school
 - moderate to extreme interference/distress

Treatment

- 19 sessions
- Goal: increase Dañ s talking with family and people outside of the home
- Brave talking exposures, coping skills, parent/teacher coaching
- Clinic/around hospital
- School visit: workshop, on-going consultation
- Home generalization practice

Examples of Adaptations

CDI < VDI



visual presentation of rewards

Exposure Hierarchy

Order food at the mall with Dad with a script
Order food at cafeteria with Mom with a script
Order food at cafeteria with clinician with a script
Ask strangers questions at the hospital with clinician/script support
Answer forced choice questions asked by stranger in hospital
Answer forced choice questions with a familiar person



Treatment Outcomes

- Improvement in speaking at:
 - home
 - community
 - school
- Next steps: on-going generalization plan

Take Home Messages

- SM can be co-occur in ASD
 - Often missed
 - Assess early to avoid tx lag
- Can further impact core sx of ASD
- Treatment should be behavioural, systematic and focused on increasing functional speech

Resources

- Child Mind Institute: parent and teacher resources
- <https://childmind.org/topics/disorders/selective-mutism/>
- Dr. Annie Simpson's talk
- https://www.youtube.com/watch?v=C_qeJWkkwHU