Importance of Interdisciplinary Practice in Selective Mutism

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Abstract
Selective mutism (SM) is a childhood psychiatric disorder that is characterized by the consistent failure to speak in specific social situations despite speaking in other situations. Challenges exist in both the diagnosis and treatment of selective mutism. Comorbidities of SM, such as anxiety and language disorders, can present similarly, making it hard to determine if it is truly SM or something else. Therefore, there is a need for communication across disciplines to provide an appropriate diagnosis and course of treatment. Lack of communication can result in consequences that prevent someone from getting appropriate care. A comparison of two hypothetical case studies illustrates the consequences of an incorrect diagnosis and the need for an interdisciplinary approach to both assessment and treatment of SM. Future directions for SM could include developing a framework for assessment and treatment that encompasses multiple disciplines, such as psychology and speech-language pathology, in order to provide a more accurate reflection of the person with SM.

Introduction
• Selective mutism (SM) is a childhood psychiatric disorder that is characterized by the consistent failure to speak in specific social situations in spite of speaking in other situations (e.g. home)\(^1\)
• Challenges exist in both the diagnosis and treatment of selective mutism
• Comorbidities fall under different scopes of practice
• Low prevalence rate (1 in 143\(^3\)) makes it a challenge for professionals to gain experience in its assessment, diagnosis, and treatment, and use that knowledge to make informed decisions

Comorbidities
• Anxiety and communication disorders are the most prevalent
• 50% of children with SM also have a communication disorder\(^3\)
• Children with SM present with characteristics similar to anxiety disorder\(^4\)

Communication Disorders in Children with SM (Kristensen, 2000)

Problems With Diagnosis
• No clear guidelines on who provides the diagnosis
• While technically an anxiety disorder, it could be argued to be a communication disorder
• Diagnostic criteria does not actually mention anxiety\(^1\)
• Requires an interdisciplinary team to diagnose
• Poor communication between disciplines could lead to incorrect or incomplete diagnosis
• Important parts of an evaluation may be left out due to this poor communication between disciplines

Problems With Treatment
• Treatment is dependent upon the evaluation
• Children who have anxiety but are diagnosed with language disorders and not SM do not receive help for their anxiety, leading to increased anxiety and frustration
• Children with language disorders but not elevated anxiety who are diagnosed with SM do not receive help with language, creating a further gap in language skills

Hypothetical Case Studies

Abby
- Referred to Psych
- Cognitive and anxiety assessment
- Dx: Selective Mutism
- Tx: Behavioral Intervention
- Outcome: No change in anxiety
- Why? Concurrent language impairment

Maria
- Referred to SLP
- Language assessment
- Dx: Pragmatic Language Disorder
- Tx: Social Skills Intervention
- Outcome: Increased frustration
- Why? Anxiety needs not met

Interpretation of Case Studies
• Though the cases are similar, there were key differences between the two children
• Abby received behavioral intervention but she still failed to communicate with her classmates, due to an undiagnosed expressive language disorder
• Maria received language intervention focused on social skills and functional communication but would not use the tools provided to her and became frustrated due to continued anxiety in speaking situations

Conclusions
• Lack of communication between disciplines is a problem due to possible comorbidities that a child may present with
• One solution is to develop a protocol to follow when a child demonstrates symptoms of selective mutism

• This protocol can serve as an interdisciplinary “how to” for assessing children with SM

References