Assessment and Treatment of Comorbid Selective Mutism and Autism Spectrum Disorder

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Learning Objectives

- How to tell if SM may be present in ASD
- 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

(Ghaziuddin, 2002; Kristensen, 2000; Steffenberg, Steffenberg, Gillberg, & Billstedt, 2018; van Steensel, Bögels & Perrin, 2011; 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

The Selective Mutism Cycle

Dr. Rosalind Catchpole's slide

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, Pionek 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 1: Warm-up- *Child-Directed Interactions*

A) Parent and Child Alone

B) Therapist enters room

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

Treatment Phases

Phase II: Talking phase

Verbal-Directed Interactions

A) Introduce speech

B) Begin game that requires talking

C) Explicit focus on generalization

D) Transfer of control to parents

Based on work by Dr. Steven Kurtz and Dr. Catchpole

Important Aspects of Treatment

- Parent Coaching
- Office-based Practice
- Community Practice
- School Intervention

Based on work by Dr. Steven Kurtz and Dr. Catchpole

Treatment Video

- https://www.youtube.com/watch?v=tAkIXpykB5U

Anxiety Canada

How do you adapt SM treatment for children with ASD?

General Treatment Adaptations for ASD

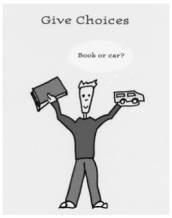
- Use past assessments to guide treatment
- Consider appropriate treatment goals
- Visual schedules
- Heavy on the 'B'
- Treatment length longer
- External rewards

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

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

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_geIWkkwHU
- Anxiety Canada
  - https://www.youtube.com/watch?v=tAkIXpykB5U
- Treatment that Works Series Book: