



Group therapy for selective mutism – A parents’ and children’s treatment group[☆]

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Abstract

Objective: To evaluate the feasibility and effectiveness of group therapy for children with selective mutism and their parents.

Method: Five children (mean age 6.1 years) with a diagnosis of selective mutism were administered group therapy over an 8-week period. Parents simultaneously attended a second group, aimed at providing education and advice on managing selective mutism in everyday situations, and in the school environment.

Results: At post-treatment, all children increased their level of confident speaking in school, clinic and community settings. Parents indicated a reduction in their own anxiety levels, from pre- to post-treatment on self-rating scales.

Conclusions: Findings support the feasibility and effectiveness of group therapy for children with selective mutism and their parents.

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1. Introduction

Selective mutism is a relatively rare childhood disorder characterised by a persistent failure to speak in specific social situations, despite demonstrating language competence in others. Epidemiological studies indicate that prevalence rates range on average between 0.18 and 0.71% (Bergman, Piacentini, & McCracken, 2002; Kopp & Gillberg, 1997). In addition, this disorder is associated with significant impairment in academic, social, familial and personal functioning and is thought to be an early expression of social phobia (Anstendig, 1999; Black & Uhde, 1992). Retrospective studies indicate that selective mutism has an early onset (Wright, Miller, Cook, & Littmann, 1985), is more common in girls (Steinhausen & Juzi, 1996), and predicts adult psychopathology, such as anxiety and mood disorders. Despite the very handicapping nature of this disorder and its negative impact on both short- and long-term functioning in children and adolescents, the evidence for effective treatments is sparse and predominantly in the form of single case reports or small series using a variety of techniques.

Reviews of the literature indicate that among psychosocial treatments, initial reports emphasize the use of psychodynamic psychotherapeutic models (Wergeland, 1979), followed by cognitive and behavioural methods (Fung, Manassis, Kenny, & Kiskesenbaum, 2002; Muller, Rothenberger, & Schmidt, 1993; Nolan & Pence, 1970; Reed & Mees, 1963). More recent reports advocate the benefits of psychopharmacological treatments in children with SM (Carlson, Kratochwill, & Johnston, 1999; Dummit, Klein, Tancer, Asche, & Martin, 1996).

The aim of this study is to examine the feasibility and effectiveness of group therapy for children with selective mutism and their parents.

2. Method

2.1. Participants

The sample for this study was recruited from an urban catchment area population in the Republic of Ireland. It included five Caucasian children (four girls and one boy, mean age 6.1 years) referred to the child psychiatry clinic with a diagnosis of selective mutism. For inclusion in the group, cases had to meet ICD 10 criteria for selective mutism and not be currently participating in psychiatric or psychosocial treatment aimed at reducing anxiety symptoms. Children were excluded if they had a psychiatric condition requiring more immediate or alternative treatment.

2.2. Measures

All children were assessed pre- and post-group using a number of clinician, parent and child rating scales.

2.2.1. Clinical Global Impression Scale (CGI)

CGI is a clinician rated measure used pre- and post-group, to assess the overall severity of the child's symptoms and changes in functioning over time (Guy, 1976; Stein et al., 1998). Previous studies have supported its use as an outcome measure in investigating the efficacy of pharmacological treatments for social anxiety disorder, (Liebowitz et al., 1992; Stein et al., 1998). It consists of a six-point likert-type scale that describes changes from baseline (minimum, moderate or marked improvement or disimprovement), receiving scores of ± 1 , ± 2 , ± 3 , according to degree and direction of change.

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