

Selective Mutism and Social Anxiety in CdLS

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Selective mutism is an anxiety-related disorder that is characterized by the persistent failure to speak when speaking is expected (such as school or social situations). It is rare in the general population, some biological conditions, such as those associated with CdLS

make it more likely that children will demonstrate higher levels of selective mutism and social anxiety than others (Goodban, 1993; Richards et al., 2009). Anxiety and other challenges are sometimes ignored in individuals with intellectual and developmental disabilities, these problems have correlations to other problems, including repetitive behaviors, aggression, and self-injury.

In 2013, our research group conducted a parent questionnaire to identify selective mutism and social anxiety characteristics in individuals with CdLS. Parents completed the Spence Children's Anxiety Scale (SCAS; Nauta et al., 2004) and the Selective Mutism Questionnaire (Bergman et al., 2008), a normed questionnaire that identifies characteristics and severity of selective mutism symptoms. All participants completed the SCAS and parents of children who are verbal completed the SMQ. In addition we requested information about challenging behaviors to look at relationships between anxiety, self-injury, and aggressive behaviors. We found that 15% of individuals with CdLS who are verbal are within the clinical range for selective mutism. In addition, we found that 61% of individuals with CdLS fell within the clinical range for any anxiety disorder. There was no relationship between anxiety levels and self-injury, however, there was a significant relationship between anxiety and aggression. These findings indicate that a majority of individuals with CdLS have anxiety disorders, and these anxiety disorders place individuals at-risk for aggressive behaviors.

Due to the limited presence in research literature, those interested in looking for treatments for these problems in CdLS should look at the extensive literature on the treatment of selective mutism for children with typical development. There are several handbooks and treatment manuals (see green box on page 5). The main treatments are based on research-based assessment and behavioral treatment approaches.

When assessing selective mutism it is important to identify situations where the child will speak and where the child struggles. A description of the situations should include information about who is present and where the difficulty speaking occurs. It is also important to be certain that the failure to speak is not due to speech and language impairments rather than anxiety. For example, if a child does not know how to engage in back-and-forth conversation or the demand is too challenging, then the failure to speak is not necessarily selective mutism.

Behavior principles such as positive reinforcement, shaping, and fading are used to help children with selective mutism speak in more situations. In addition, there has been a large amount of research done on an intervention called video self-modeling. A complete

description of these interventions would be too extensive for this publication, but the resources on page 5 may be helpful for clinicians in identifying some approaches to intervention for children with CdLS.

References

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