

## New Perspectives for Selective Mutism Treatment

**Marta Di Meo\***

*MDM SRL, Milano, Italy*

\***Corresponding Author:** Marta Di Meo, MDM SRL, Milano, Italy.

**Received:** December 30, 2019; **Published:** January 24, 2020

### Abstract

We applied Steven Kurtz's PCIT adapted for Selective Mutism, to a sample 21 Italian children.

The main goals were:

- To adapt the PCIT to the Italian culture;
- To reduce the length of therapy, providing psychoeducation to parents and teachers;
- To set up a therapy that can be used in different contexts and also using new technologies, like Skypecalls, FaceTime and WhatsApp calls.

**Keywords:** *Selective Mutism; Psychoeducation; CBT; PCIT*

### Introduction

Selective Mutism is an anxiety disorder in which a person who is normally capable of speech cannot speak in specific situations or to specific people.

The number of children with SM is increasing over time and with greater knowledge of the problem.

Many families need therapy that can help the child to reduce anxiety and that can help them and the teacher to manage the situations.

The CBT therapy we used in the past in Italy, took too long. The average time for therapy was 1,5 to 3 years.

The treatment was not supported by specific scientific researches and work with teachers was not planned.

The aim of this work is to demonstrate the efficacy of the treatment, adapted from the US model to the European environment and culture.

### Method

The setting consists of 21 patients in a private clinic, in the period between September 2017 and September 2018.

The patients come from 9 different regions of Italy, in a range of 1274 km, 791 miles.

The age of the patients was between 2,5 and 11 years old:

- Group A: 13 children, aged 2,5 and 5 years old;
- Group B: 8 children, aged 6 and 11 years old.

For group A the treatment was based on BT and psychoeducation, done on parents and teachers exclusively; For group B the treatment was based on CBT, psychoeducation and for 4 of them we also used individual CBT sessions with children.

15 of them, from both groups, were treated using Skypecalls, FaceTime calls and WhatsApp calls only.

The Behavioral Therapy was based on positive reinforcement, modeling, shaping and progressive imaginative and in vivo exposure, problem solving and provided to families and schools all the materials needed to work on it.

The Psychoeducation was provided with one-hour session every week, to parents; and with 3 meetings for teachers: at the beginning, halfway through and at the end.

The Cognitive Behavioral therapy was based on recognition and management of emotions, cognitive restructuring and systematic desensitization.

### Results

The research showed that family and school work is more effective than direct work on the child.

Increasing the ability of parents and teachers to handle situations we have significantly reduced the time of therapy:

- For Group A: 6,15 months is the average
- For Group B: 7,5 months is the average.

Those results are possible because parents feel more confident in dealing with situations; they also show less anxiety and they know how to handle all situations, 24 hours a day.

The teachers involved in the treatment also become more confident and prepared in managing situations in the school context.

The treatment provided through new technologies has had the same results as the treatment provided in the clinic.

The fact of being able to carry out the treatment even remotely allows families to save money and time.

In the future we expect:

- To create a network of collaborators in schools to optimize the time for greater results;
- To extend treatments to patients residing in other european territories;

### Discussion and Conclusion

Although documented in history since the 19<sup>th</sup> century, much remains to be elucidated about selective mutism today and about the treatment.

The majority of the data on selective mutism derives from case reports and small-scale populations that may not provide an accurate representation of selective mutism in the population.

Despite these limitations, much attention has been given to the treatment, because the selective mutism as a childhood disorder can profoundly disrupt the lives of individuals and families.

The Cognitive-Behavioural therapeutic approach, used in Italy, has only long term results and has been shown to create problems of therapeutic and school "pollution of the environment". This happens because the environment acts as a reinforcement.

Steven Kurtz's approach shows clear results in a short time therapy.

The approach however has applicability limits depending on the social context.

In Italy we have applied the treatment by making some structural changes, adapting them to the social and school contexts.

Research results show that the average therapy drops from 1,5 year to 6,15 and 7,5 months.

In the future we must continue to work to perfect the therapy and to create a school-family and specialists network, able to act on prevention and to further reduce intervention times.

The major limitations in Italy concern the fact that medical costs are not covered by insurance and public health and families pay for those health treatments privately.

Furthermore there are only a few specialists working in research on selective mutism treatment.

For all those reasons the goals are to go ahead with the research to reduce costs and to reduce intervention times, and to provide patients and families with a comprehensive, empirically proven clinical assessment and treatment options for selective mutism [1-8].

### Bibliography

1. Danielle Cornacchio., *et al.* "Intensive Group Behavioral Treatment (IGBT) for Children With Selective Mutism: A Preliminary Randomized Clinical Trial". *Journal of Consulting and Clinical Psychology* 87.8 (2019): 720-733.
2. T Rosalind Catchpole., *et al.* "Examining a novel, parent child interaction therapy-informed, behavioral treatment of selective mutism". *Journal of Anxiety Disorders* 66 (2019): 102112.
3. Allison Cotte., *et al.* "Parent-Child Interaction Therapy for Children with Selective Mutism (PCTI-SM)".
4. Steven MS Kurtz. "In focus: Selective Mutism. Who put the "C" in the CBT?" *Kurtz Psychology Consulting in Balance* 31.1 (2016): 10-11.
5. Steven MS Kurtz. "Untreated and Under-treated Selective Mutism and Early Childhood Anxiety as Gateways to Subsequent Mental Health Problems". *Kurtz Psychology*.
6. Elisa Shipon-Blum. "Comprendere il mutismo selettivo. Guida per genitori, insegnanti e terapeuti". Editore La Meridiana.
7. Iacchia E., *et al.* "Mutismo selettivo. Sviluppo, diagnosi e trattamento multisituazionale".
8. Mario D'Ambrosio Beatrice Coletti. "L'Intervento cognitivo comportamentale nel trattamento del mutismo selettivo". *Rivista "I care"* 27.3 (2002): 97-103.

**Volume 3 Issue 2 February 2020**

**©All rights reserved by Marta Di Meo.**