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## Scoping Review of Treatment of Selective Mutism in Children and Adolescents in the Last 5 Years

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### Abstract

**Introduction :** Selective mutism (SM) characterized by the consistent absence of speaking in specific situations, while adequately speaking in other situations. SM can have a debilitating impact on the psychosocial and academic functioning in childhood. Cognitive behavioral therapy (CBT) is the recommended approach for SM.

**Methods:** A database research was performed to identify all relevant articles on the Treatment of selective mutism in children and adolescent patients in the last 5 years (from 2017 to 2022).

**Results:** 5 Articles were revealed by our literature research after exclusion the Articles that did not meet the inclusion criteria.

**Conclusions:** The psychological and the Pharmacological treatment for selective mutism was supported with these findings, while combination treatment generally limits the evidence. The potential involvement of autism spectrum disorder in SM has implications for clinical practice when treating children with SM. The intricacy of the etiology of SM makes a multimodal approach to diagnosis and treatment highly recommended. The identification of various illnesses with different etiologies and courses may sometimes begin with the diagnosis of selective mutism as a preliminary diagnostic. In people with selective mutism, developmental disorders and some other diseases frequently coincide.

**Keywords:** Child Psychiatry, Treatment Of Selective Mutism, Selective Mutism, Adolescent Psychiatry

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### Introduction and Background

Selective mutism characterized by the consistent absence of speaking in specific situations (e.g., in school), while adequately speaking in other situations (e.g., at home) [1]. According to the most recent classifications (DSM-5, ICD-11) belongs to the anxiety disorder spectrum [2]. This caused two important changes in the interpretation of the symptoms of selective mutism. It highlighted anxious etiology of the disorder and open the possibility to diagnose selective mutism in adults as a special category of anxiety disorders [3]. Selective mutism (SM) is a relatively rare disorder [4]. Its prevalence 1-2% [1]. The course is very variable and with some affected persons regression of the pathology occurs suddenly and completely and with others there is a slow regression of the symptoms. Equally the disorder can persist until adulthood. Whilst formerly a traumatic genesis was assumed, a multifactorial etiology with genetic, psychological, and language-associated effects is nowadays presumed [5]. SM can have a debilitating impact on the psychosocial and academic functioning in childhood [1]. Cognitive behavioral therapy (CBT) and pharmacological treatments are the best described treatments in the literature [6]. Cognitive behavioral therapy (CBT) is the recommended approach for SM [7]. Although little has been published about selective mutism in the general pediatric literature, pediatric clinicians are in a position to play an important role in the early diagnosis and treatment of this debilitating condition.

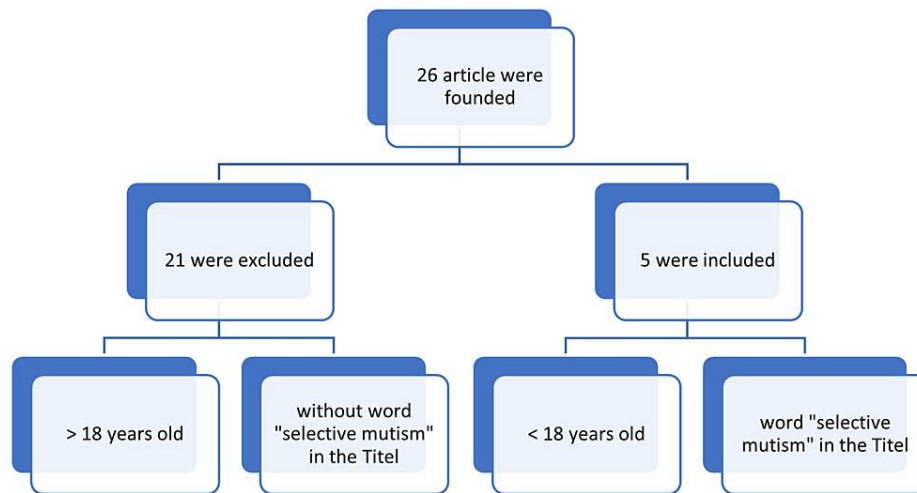
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### Review

#### Methods

For scoping research, we entered the terms “treatment of selective mutism” into the NCBI PubMed database to identify all relevant articles in the last 5 years (from 2017 to 2022). The language was limited to English. Articles with disease age at onset over 18 years and those without word “selective mutism” in the title of the article were excluded. We chose in the Article Type only Systematic review and Review.

We identified 26 articles with the above-mentioned search terms and excluded 21 that did not meet the inclusion criteria with age at onset below 18 years and word “selective mutism” in the Title of the article.



**Figure 1: Methods**

## Results of the Literature Research

Our literature research revealed 5 Articles. The first one is a meta-analysis of randomized controlled trials about Efficacy of psychological interventions for selective mutism in children. Five RCTs with a total of 233 participants were analyzed using a random-effects model. A quality assessment of the included studies was used in all studies [8].

The second Article is a Systematic review of the Treatment of selective mutism based on cognitive behavioral therapy, psychopharmacology, and combination therapy. Literature review on CBT and/or pharmacological treatments of SM was done. Literature was sought on PubMed, Embase and Psycinfo in March 2017. six articles examined CBT, seven articles were about pharmacologic treatment, and two articles were a combination of these. The Result showed that 53/60 children improved symptomatically by using CBT whilst respectively 55/67 and 6/7 improved using pharmacologic- and combination-treatment.

The third Article is Selective Mutism and Its Relations to Social Anxiety Disorder and Autism Spectrum Disorder [9]. It was noted that SM frequently exhibited anxiety, particularly social anxiety. Additionally, in addition to anxiety issues, problems with the autism spectrum are occasionally also linked to SM.

The fourth Article is an overview of the SM and its etiology regarding the question: is the absence of speech just the tip of the iceberg? The article demonstrated how mutism is only one symptom of a heterogeneous set of diseases. the interrelations between overlapping abnormalities favor SM manifestation in some crucial moment in an individual's life. Based on the developmental psychopathology [10]. The Fifth Article is a critical analysis of three different cases concerning the diagnostic problems of selective mutism (the child, the teenager and the persons who became adult during our observation) concerning current perspectives on SM. Since The position of selective mutism disorder - SM - has been changed in the last version of the classification of mental disorders DSM-5. It was removed from "Disorders of childhood and adolescence" and located in "anxiety disorders". It presented the current view on the etiology, course and available therapies for selective mutism [3].

## Conclusions

The efficacy of psychological treatment especially CBT for selective mutism showed promising results and was supported with these findings. The Pharmacologic treatment as well supported by some degree of evidence, while combination treatment generally limits the evidence. It showed small numbers, few RCTs, heterogeneous study designs, lack of consistent measures, short treatment, and follow-up periods, focused future research needed in this area.

Furthermore, the evidence showed that SM, social anxiety disorder (SAD), and autism spectrum disorder (ASD) are allied clinical conditions and share communalities in the realm of social difficulties. As well, the potential involvement of autism spectrum disorder in SM has implications for clinical practice when treating children with SM with respect to its classification, assessment, and treatment.

In addition, the identification of various illnesses with different etiologies and courses may sometimes begin with the diagnosis of selective mutism as a preliminary diagnostic. Among the psychiatric aspects of the disorder, the 'anxiety component' of SM is crucial. In people with selective mutism, developmental disorders, social cognition deficiencies, and neurocognitive dysfunctions of auditory processing frequently coincide. The severity and the type of comorbidities may determine the future course of the illness and the final effects of the therapy.

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**Additional Information****Disclosures**

**Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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