The present research study used the BASC-3 Parent Rating Scales (PRS) to examine the unique trends present for 86 children with SM across multiple domains of behavioral and socio-emotional functioning. The current sample includes preschoolers (ages 2-5, n = 29), children (ages 6-11, n = 44), and adolescents (ages 12-21, n = 13).

The present research is consistent with previous research indicating that children with SM experience heightened levels of anxiety and withdrawal symptoms, and lower levels of adaptive skills, as compared to neurotypical children (Shipon-Blum et al., 2016). However, these results suggest that these difficulties are more common in adolescents with SM. Data collected from this sample also demonstrated elevations in related areas, including developmental social problems and risk for autism spectrum disorder, even though the members of this sample did not meet diagnostic criteria for these disorders. These elevations highlight the increased risk of inaccurate or inappropriate diagnosis, or misinterpretation of the child’s symptoms. These results highlight the necessity of thorough and comprehensive assessments for children with SM so that appropriate treatment can be initiated. Finally, the current study does not support previous interpretations of SM symptoms as manifestations of oppositional, defiant, or manipulative behaviors, as scores on these scales were within normal limits.

**Introduction**

Citation with selective mutism (SM) to speak in specific situations, while exhibiting no difficulty speaking in other contexts. Research shows that this children with SM experience difficulties in specific situations, while retaining the ability to communicate in other contexts. This study is consistent with previous research indicating that children with SM experience heightened levels of anxiety and withdrawal symptoms, and lower levels of adaptive skills, as compared to neurotypical children (Shipon-Blum et al., 2016). However, these results suggest that these difficulties are more common in adolescents with SM. Data collected from this sample also demonstrated elevations in related areas, including developmental social problems and risk for autism spectrum disorder, even though the members of this sample did not meet diagnostic criteria for these disorders. These elevations highlight the increased risk of inaccurate or inappropriate diagnosis, or misinterpretation of the child’s symptoms. These results highlight the necessity of thorough and comprehensive assessments for children with SM so that appropriate treatment can be initiated. Finally, the current study does not support previous interpretations of SM symptoms as manifestations of oppositional, defiant, or manipulative behaviors, as scores on these scales were within normal limits.

**Results**

An analysis indicates that the sample of children with SM experience specific patterns of behavioral and socio-emotional functioning that deviate from the normative sample, and may vary according to age. Parents reported that children mean T-score = 51.92 and adolescents mean T-score = 52.3. A significant difference between the two groups was found in the emotionality subscale, where the adolescents had a higher T-score. This finding suggests that adolescents with SM experience heightened levels of anxiety and withdrawal symptoms, and lower levels of adaptive skills, as compared to neurotypical children (Shipon-Blum et al., 2016). However, these results suggest that these difficulties are more common in adolescents with SM. Data collected from this sample also demonstrated elevations in related areas, including developmental social problems and risk for autism spectrum disorder, even though the members of this sample did not meet diagnostic criteria for these disorders. These elevations highlight the increased risk of inaccurate or inappropriate diagnosis, or misinterpretation of the child’s symptoms. These results highlight the necessity of thorough and comprehensive assessments for children with SM so that appropriate treatment can be initiated. Finally, the current study does not support previous interpretations of SM symptoms as manifestations of oppositional, defiant, or manipulative behaviors, as scores on these scales were within normal limits.

**Discussion**

The present research study used the BASC-3 Parent Rating Scales (PRS) to examine the unique trends present for 86 children with SM across multiple domains of behavioral and socio-emotional functioning. The current sample includes preschoolers (ages 2-5, n = 29), children (ages 6-11, n = 44), and adolescents (ages 12-21, n = 13).

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**Methods**

Data were collected from a total of 86 children at the Selective Mutism Research Institute (SMRI) in Philadelphia, PA. The current sample includes preschoolers (ages 2-5, n = 29), children (ages 6-11, n = 44), and adolescents (ages 12-21, n = 13). The BASC-3/PRS includes 100 items and five sub-scales, each measuring a different aspect of emotional, behavioral, and social functioning. The current sample included children with SM across multiple domains of behavioral and socio-emotional functioning.