

BASC-3 Parent Rating Scales: Portrayals of Children with Selective Mutism

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.

BASC-3 PARENT RATING SCALES: PORTRAYALS OF CHILDREN WITH SELECTIVE MUTISM

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Introduction

Children with selective mutism (SM) fail to speak in specific situations, while exhibiting no difficulties speaking in others. Research shows that children with SM typically demonstrate unique patterns of behavioral and socio-emotional functioning (Bergman, Piacentini, & McCracken, 2002). The present study examines descriptive behavioral and socio-emotional characteristics collected from 86 children with SM using the BASC-3 Parent Rating Scales (PRS). The BASC-3 PRS is a parent-report measure used to examine children's observable behavioral and emotional functioning (Reynolds & Kamphaus, 2015). Analyses indicate that children with SM exhibit higher anxiety and withdrawal symptoms, and a lower degree of adaptive skills compared to norms.

Selective mutism (SM) is a childhood anxiety disorder in which children experience difficulty speaking in at least one social setting, while experiencing no difficulty speaking in other settings (American Psychiatric Association, 2013). Previous research has shown that children with SM experience particular difficulties in some areas of behavioral and socio-emotional functioning. Specifically, past research has demonstrated a relationship between internalizing symptoms such as anxiety, and the prevalence of SM in children (Vaccaro & Keamey, 2005), though other research has failed to demonstrate the same relationship (Clout & Feredrik, 2003). Thus, while anxiety appears to be a prominent comorbid feature for many individuals with SM, it is not a universal trait in this population. Therefore, more comprehensive exploration is needed to discover other factors that may contribute to the development of SM. For example, some research has suggested higher rates of other cognitive and behavioral difficulties, including shyness (Chavira & Stein, 2005), mild developmental delays (Kristensen & Torgersen, 2008), underlying speech and language deficits (Armstrong, Klein, & Shipon-Blum, 2012), autism spectrum disorders and other social deficits (Anderson & Thomsen, 1998; Kristensen, 2000), sensory processing problems (Van Hulle, Schmidt, & Goldsmith, 2012), auditory processing problems (Henkin & Bar-Haim, 2015), behavioral regulation (Muris & Ollendick, 2015), and academic and learning problems (Cruzvel, 2006).

The current study attempted to provide a more comprehensive assessment of the social and emotional functioning of children and adolescents with SM. Data was collected at a specialty treatment center for SM in the Philadelphia area. The present research study used the BASC-3 Parent Rating Scales (PRS) to examine the unique trends present for children with SM across multiple domains of behavioral and socio-emotional functioning.

Methods

Data was collected from a total of 86 consecutive new patients seeking treatment for SM at a specialty center in the Philadelphia area. Parents completed the BASC-3 PRS prior to the first treatment session. The 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 139-175 items, and took parents approximately 10-20 minutes to complete on a computer. Parents were required to choose one of four response choices for each item including "Never," "Sometimes," "Often," and "Almost Always." Data collection began in September 2016, and final data was collected on September 15, 2017. The current sample of children (n = 86) has a mean age of 8.04 years (SD = 3.69), is 67% female, and is 76% Caucasian.

Results

Analyses indicate that this 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 = 61.80) and adolescents (mean T-score = 63.54) experience anxiety symptoms in the "At-Risk" range. On the Withdrawal subscale, mean T-scores for all age groups fell in the clinically significant range (mean T-score = 78.76 for preschoolers; mean T-score = 75.91 for children; mean T-score = 76.08 for adolescents). Compared to norms, parents endorsed a lower degree of adaptive skills, specifically with regard to measures of functional communication, leadership, social skills, and developmental social disorders. On the functional communication subscale, parents reported mean T-scores that fell in the At-Risk range for children (mean T-score = 39.86) and adolescents (mean T-score = 30.46). On the leadership subscale, parents reported a mean T-score that fell in the At-Risk range for adolescents (mean T-score = 37.23). On the social skills subscale, parents reported mean T-scores that fell in the At-Risk range for children and adolescents (mean T-score = 38.47). Parent-ratings also fell in the At-Risk range on subscales designed to screen for developmental social disorders (mean T-score = 65.08 for adolescents), autism (mean T-score = 65.73 for children; mean T-score = 68.77 for adolescents) and functional impairment (mean T-score = 60.17 for preschoolers; mean T-score = 68.85 for adolescents).

Table 1:

Subscale	Preschool	Children	Adolescents	Mean T-Score	Standard Error	Normative Range
Anxiety	61.80	63.54	63.54	63.54	1.50	40-70
Withdrawal	78.76	75.91	76.08	76.08	1.50	40-70
Adaptive Skills	39.86	30.46	30.46	30.46	1.50	40-70
Functional Communication	39.86	30.46	30.46	30.46	1.50	40-70
Leadership	30.46	30.46	30.46	30.46	1.50	40-70
Social Skills	38.47	38.47	38.47	38.47	1.50	40-70
Developmental Social Disorders	65.08	65.08	65.08	65.08	1.50	40-70
Autism	65.73	65.73	65.73	65.73	1.50	40-70
Functional Impairment	60.17	60.17	60.17	60.17	1.50	40-70
Internalizing	61.80	63.54	63.54	63.54	1.50	40-70
Externalizing	39.86	30.46	30.46	30.46	1.50	40-70
Attention Deficit Hyperactivity Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Conduct Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Oppositional Defiant Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Manic Depressive Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Substance Use Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Self-Harm	39.86	30.46	30.46	30.46	1.50	40-70
Internalizing/Externalizing	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Attention Deficit Hyperactivity Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Conduct Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Oppositional Defiant Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Manic Depressive Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Substance Use Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Self-Harm	61.80	63.54	63.54	63.54	1.50	40-70
Externalizing/Attention Deficit Hyperactivity Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Conduct Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Oppositional Defiant Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Manic Depressive Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Substance Use Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Self-Harm	39.86	30.46	30.46	30.46	1.50	40-70
Internalizing/Externalizing	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Attention Deficit Hyperactivity Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Conduct Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Oppositional Defiant Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Manic Depressive Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Substance Use Disorder	61.80	63.54	63.54	63.54	1.50	40-70
Internalizing/Self-Harm	61.80	63.54	63.54	63.54	1.50	40-70
Externalizing/Attention Deficit Hyperactivity Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Conduct Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Oppositional Defiant Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Manic Depressive Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Substance Use Disorder	39.86	30.46	30.46	30.46	1.50	40-70
Externalizing/Self-Harm	39.86	30.46	30.46	30.46	1.50	40-70

Discussion

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. Due to the cross-sectional nature of the study, it cannot be determined whether these symptoms worsen over time or whether adolescents who continue to experience SM represent a different group than those who are successfully treated earlier in life. These results also highlight the social and emotional impact of SM, and suggest areas to emphasize in treatment. 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.

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To learn more, visit www.SelectiveMutismCenter.org or www.SelectiveMutismResearchInstitute.org.
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