



Selective Mutism and Pediatric Oncology: A Case Example of Repeated Exposure across Medical Settings

Shweta Ghosh, Ph.D.,^{1,2} Kendra L. Read, Ph.D.^{1,3}, Joanna Patten, PsyD^{1,2}

BACKGROUND

Up to 40% of children diagnosed with a chronic or terminal illness endorse anxiety^{2, 3, 5, 6}

Selective mutism, the persistent failure to speak in situations where speaking is expected, is one such anxiety disorder^{1,5}

Selective mutism can present in children with complex medical conditions.^{4,9} This, as well as cultural and lingual factors, complicates clinical presentation and obscures both psychological treatment and involvement in medical care.

AIM

We present a case study describing the collaborative, interdisciplinary treatment of selective mutism using repeated exposure and contingency management in a child who was simultaneously undergoing treatment for cancer.

CASE EXAMPLE AND METHODS

Our patient is a 9-year-old, Vietnamese, male with recent diagnosis of desmoplastic small round cell tumor.

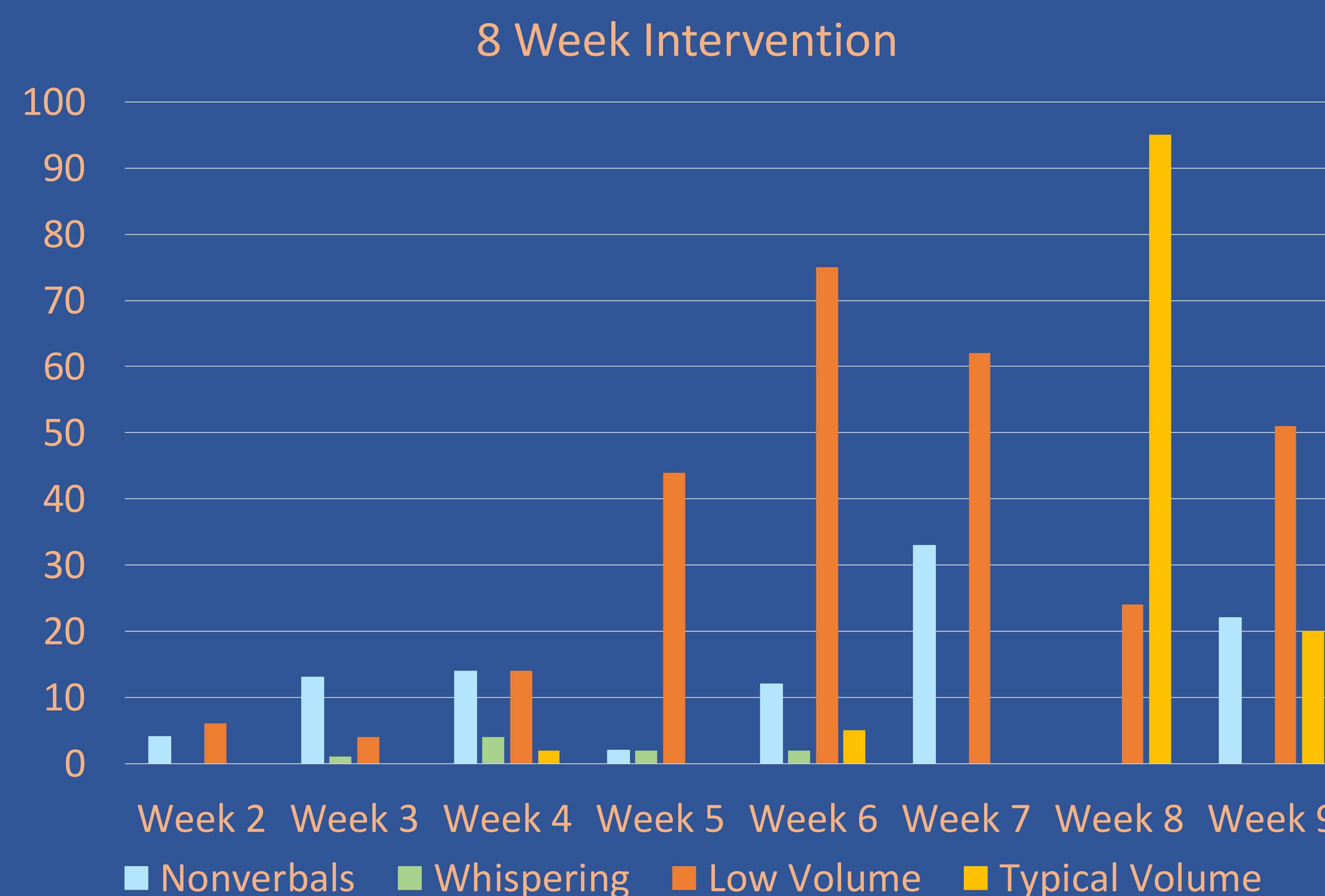
He was referred for psychological services due to poor functional communication in the context of his treatment for cancer.

We adapted interventions from PCIT-SM⁴ that included in-vivo parent coaching, contingency management, and exposure exercises to both inpatient and outpatient medical settings.

We also provided psychoeducation and engaged our multidisciplinary colleagues in the Cancer Center in order to generalize treatment effects and enhance his engagement in communication.

Pediatric patients are at a **higher risk** of developing anxiety disorders, which may include selective mutism.

Treatment of selective mutism in medically complex patients requires **adaptation of evidence-based psychological interventions such as exposure therapy** to account for medical needs and settings.



** Treatment was halted due to COVID-19 Restrictions. The family will restart sessions when in-person visits are available.

PROCEDURES:

This patient and his family completed a comprehensive intake, a pre-intervention session to orient them to the intervention, and 8 sessions of In-Vivo Repeated Verbal Exposures and Contingency Management.

RESULTS:

Following treatment in both inpatient and outpatient settings, **the patient demonstrated increased engagement in medically related tasks and functional communication by 45%** (e.g. non-verbal communication, low volume responses) with his family and cancer treatment team.

Anxious/avoidance behaviors (e.g., turning away, moaning) also **decreased** and his family noted **improved relationships with unfamiliar people and his cancer treatment team.**

CONCLUSIONS:

Collaborative treatment models are essential to treating selective mutism in medically complex children due to the transactional relationship between medical and psychological symptomatology.

Correspondence: Shweta.Ghosh@seattlechildrens.org Twitter: [@DrShwetaGhosh](https://twitter.com/DrShwetaGhosh)

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