

# ACT, SELECTIVE MUTISM, AND SOCIAL PHOBIA (II): CASE CONCEPTUALIZATION AND INTERVENTION IN THE MOTHER-CHILD INTERACTION

Simone Napolitano\*, Giovanna Nardin\*, Margherita Gurrieri\*, Giovambattista Presti<sup>^</sup>\*, Paolo Moderato<sup>o</sup> \*

<sup>^</sup>IESCUM (Istituto Europeo per lo Studio del Comportamento Umano), Italy; <sup>^</sup>Department of Social and Human Sciences, Kore University, Enna (Italy)

<sup>o</sup> Istituto G. Fabris, IULM University, Milan (Italy)

## Background

Selective mutism is a complex disorder characterized by persistent inability to speak in specific social contexts, such as schools or other public situations, or even at home or with peers. Both spontaneous speaking and responding to requests can be reduced sometimes to zero levels. The onset of SM usually occurs before age 5 and it affects 1% of the clinical population (American Psychiatric Association, DSM 5, 2013). It is frequently associated and overlaps with social phobia. Both disorders are characterized by strong experiential avoidance. In SM, experiential avoidance is focused on communicative performance. This makes the differential diagnosis very complicated and often SM is confused with other developmental disorders, such as mental retardation.

The purpose of this poster is to offer a rationale for using ACT with those children and their families, being experiential avoidance a key feature of this disorder.

## Case presentation

Domenico is a 6 year old child with a clinical diagnosis of Moderate Mental Retardation (IQ = 42). His negative performance on the WIPPSI is linked to his difficulties in speaking in specific social contexts and with strangers. Indeed, at the end of the first year in school, Domenico was able to write and read at the same level of proficiency of his classmates. In his family context his communicative performance is completely adequate. However he refuses to speak if he isn't in a familiar context. Selective Mutism can be conceptualized as a strong experiential avoidance and great difficulties in accepting emotions such as shame and hindrance (Hayes, Strosahl, Bunting, Twohig, & Wilson, 2004).

## Intervention

Treatment was focused on both child's and mother's experiential avoidances, conceptualized as a set of behavior governed by verbal rules, not in line with one's own values.

The **first part** of the treatment was designed to promote mother's value-oriented behavior towards her child after defusing her from unpleasant thoughts and emotions related to her son's difficulties.

Her treatment consisted of 2-hour monthly sessions for 4 months.

Before the first session, she was tested with AAQ – II (Italian validation Miselli, G., Rabitti, E., Presti, G., & Moderato P., 2009).

Using a matrix (Schoendorff & Polk, 2014) the goals of the treatment were:

- Exploring parental values
- Examining workability (Making Creative Hopelessness)
- Observing and describing feelings she had at that moment (awareness) to increase her mindfulness abilities (*breathing awareness, thought awareness*)
- Learning to look at thoughts and not to neglect them in order to increase defusion (*thoughts on the highway, leaves on the stream*)
- Learning to contact her negative emotions to increase her willingness and forgiveness (*the caring hand: taking care of your pain, carry your emotions in your pocket*)
- Helping to discriminate behavior in order to promote the commitment to move toward her values.

The **second part** of the protocol was addressed to increase child's awareness of his verbal rules using the matrix (Schoendorff & Polk, 2014) built on Mickey Mouse metaphor.

Domenico's protocol consisted of 1-hour weekly sessions for a period of about 6 months with the followings goals:

- Learning to discriminate his sensations and thoughts using many sensory exercises (e.g. walking with closed eyes to discriminate sounds, smells and objects)
- Learning to discriminate his emotions through video modeling (Mickey Mouse's cartoon)
- Exploring child's values
- Helping to name negative thoughts and emotions with the name of Mickey Mouse enemies
- Increasing commitment actions using the metaphor of Mickey Mouse and his behavior when he engages with his enemies to complete his task/mission
- Generalizing this behavior to other contexts such as school and interaction with strangers

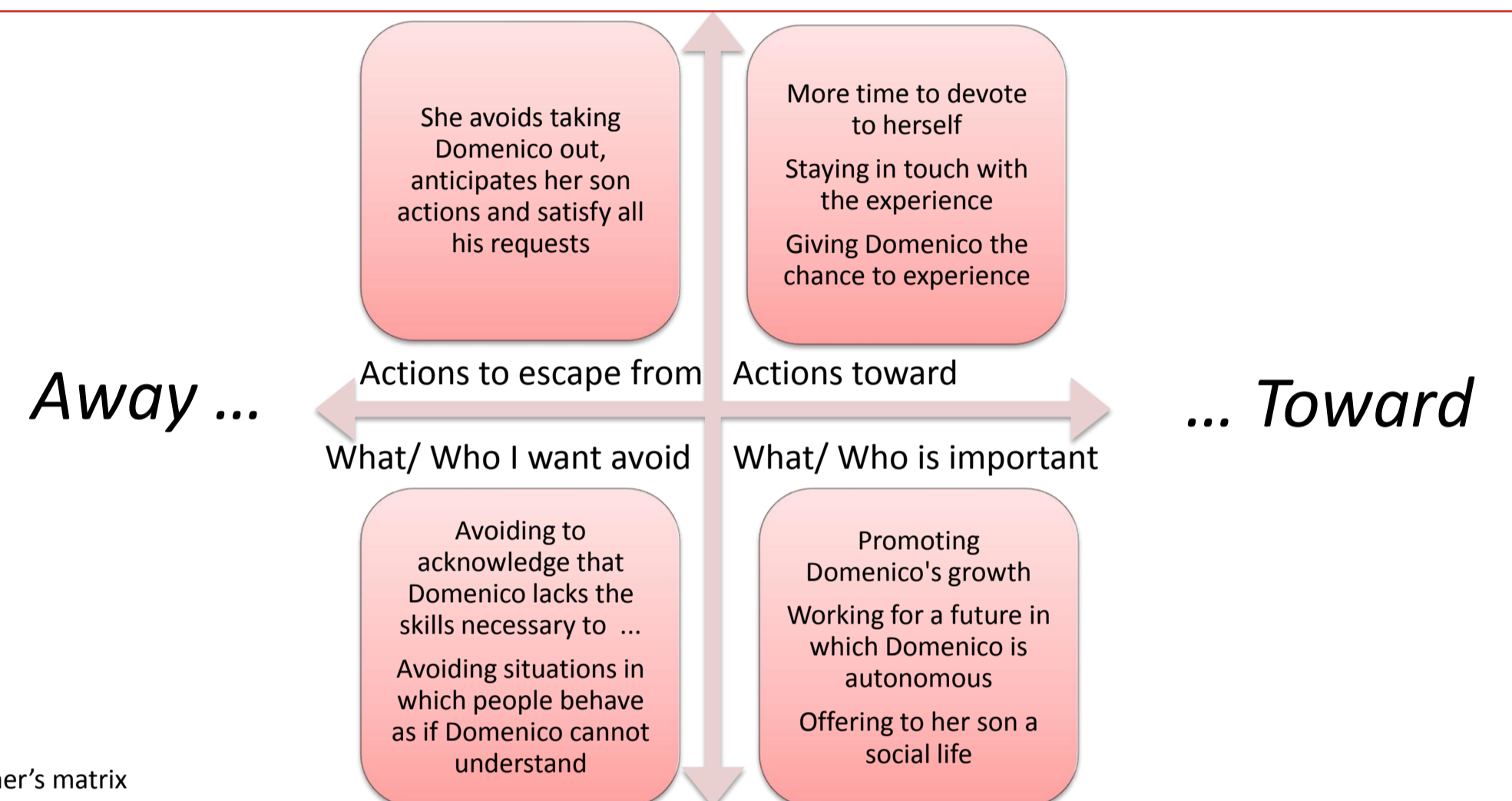


Fig. 1 Mother's matrix



Fig. 2 Domenico's metaphor

## Results and Discussions

Domenico's mother psychological flexibility increased as demonstrated by the AAQII scores. Domenico's mother became more able to get in contact with her unpleasant thoughts and emotions in order to be useful to her son and follow him during treatment.

In the meantime, thanks to a greater awareness of his verbal rules and his willingness to stay in contact with his negative feelings instead of avoiding them, Domenico was able to improve his communicative and social skills. It was also possible to generalize these changes in other contexts, such as school and interaction with the strangers. At the end of the first year in school he passed with good grades and acquired all the academic skills required.

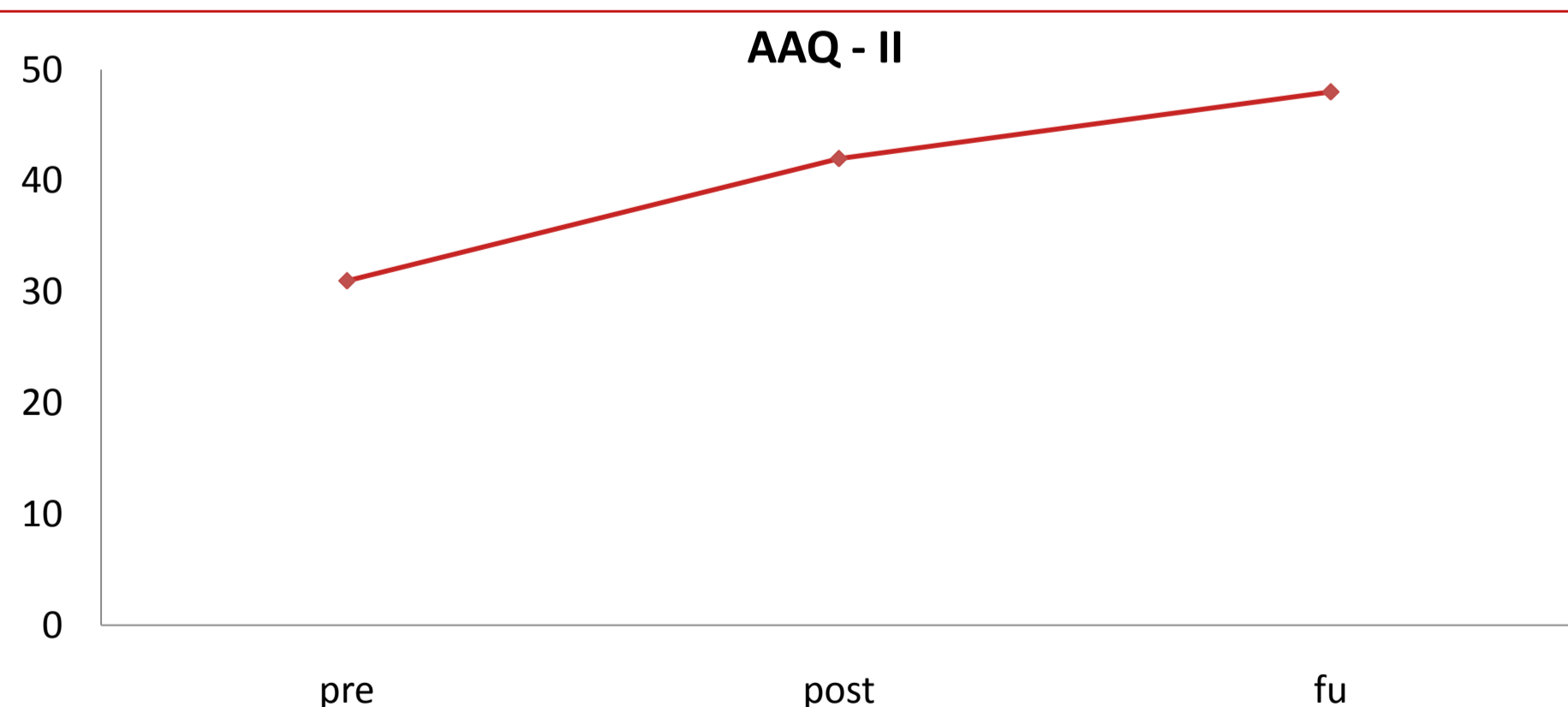


Fig. 1 Domenico's mother psychological flexibility pre - post - and two month follow up after treatment

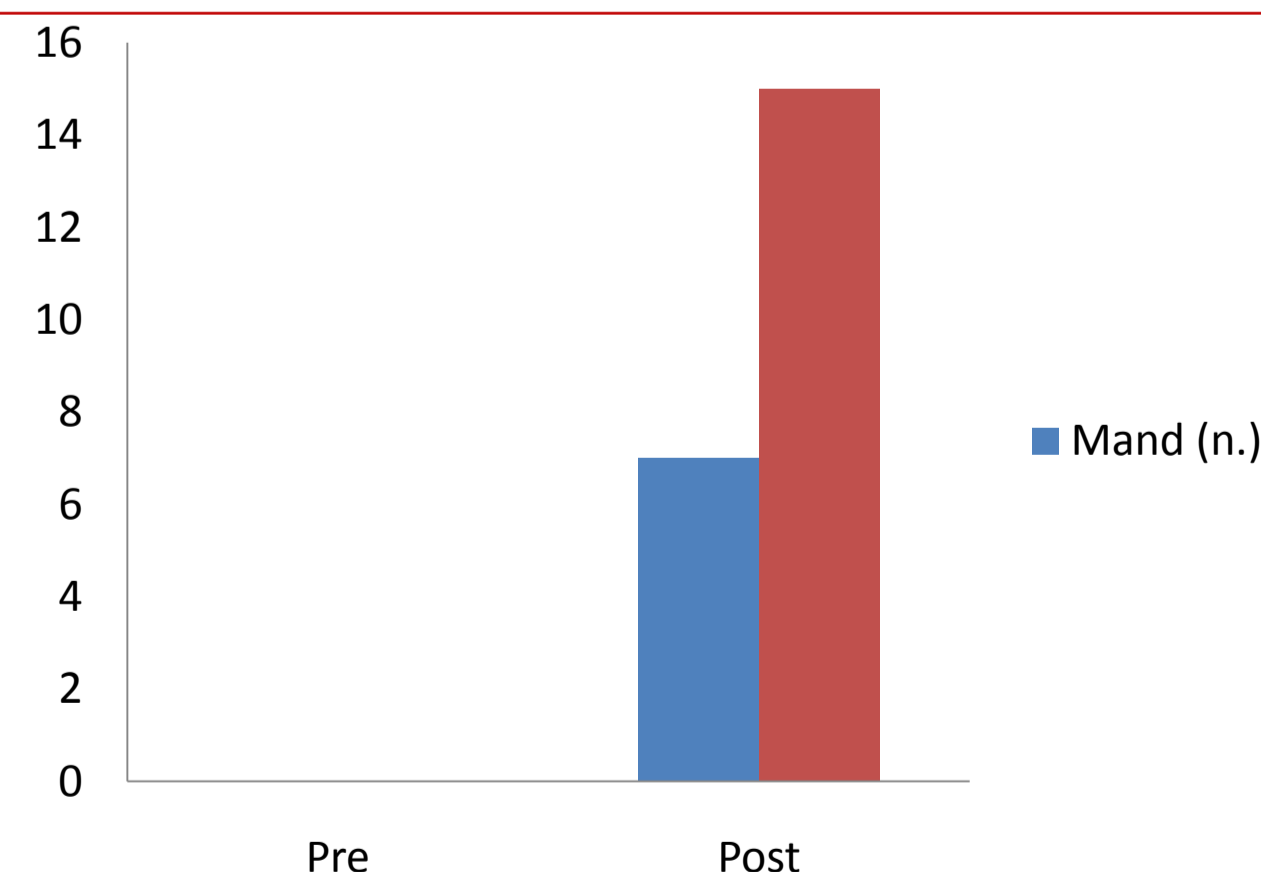


Fig. 2 Number of Mands and Intra-verbals emitted by Domenico in 1h of clinical observation before and after 6 months of treatment

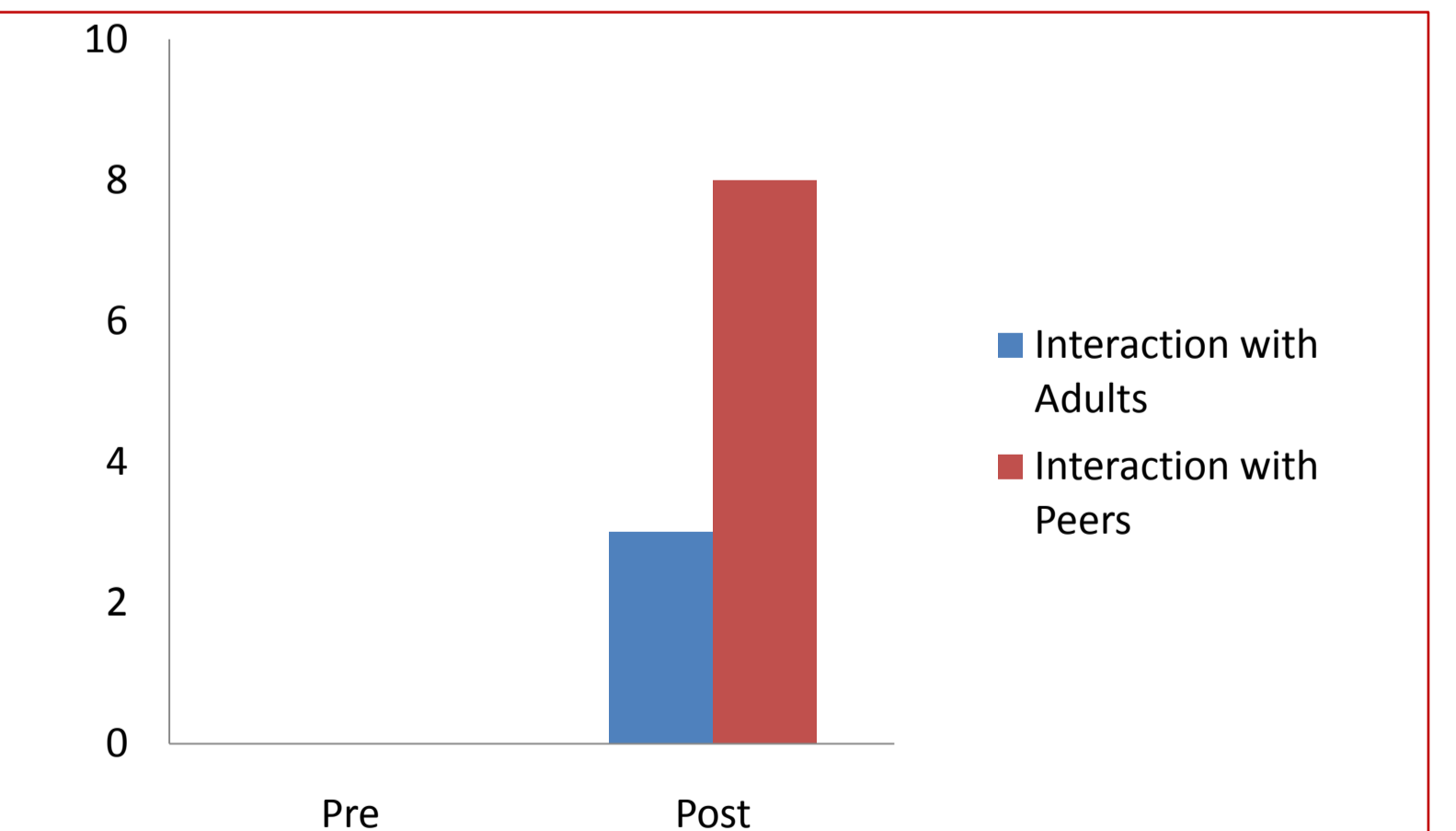


Fig. 3 Number of Interaction autonomously initiated by Domenico with Adult and Peers in 1h of observation outside the family context before and after 6 months of treatment

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